

Senator Sanborn, Representative Tepler, and Honorable Members of the Committee on Health Coverage, Insurance and Financial Services: My name is Logan Mills. I am a community organizer living in Portland Maine, but today will be testifying as a private citizen in strong support of LD 1115, *An Act to Improve Access to HIV Prevention Medications*.

For the last four years I have been taking Truvada for PrEP. It is difficult to overstate how revolutionary this drug has been for myself and other members of the LGBTQ community. To have a once-a-day pill that reduces the chance of contracting HIV by almost 100% is a game changer in the decades-long fight to eradicate this illness. Additionally, the requirement that all PrEP users get tested for HIV every three months normalizes STD/STI testing and connects members of my community to a regular provider of sexual healthcare services.

I am not currently taking Truvada, and will not be able to until I pay the \$4,600 bill that I owe to the out-of-state specialty pharmacy that my insurer requires me to use. Truvada costs \$1800 per month. Usually my health insurance company pays for all but \$500 of the monthly cost, and then a co-pay assistance program through the drug manufacturer pays for the rest, leaving me with no charge for the medication.

So what happened? Last year my health insurance company decided that they would change the way they pay for Tier 5 drugs such as Truvada and Retrovir, one of the primary drugs used to treat people who are HIV positive. They would no longer contribute a cent toward the monthly medication cost until I hit my \$3,000 out of pocket deductible. At the time of the policy change there was no available generic for Truvada. After draining my co-pay assistance funds (which, by the way, do not count toward my out-of-pocket deductible), I was left with a \$3,000 charge to hit my deductible and then \$500 monthly payments for the rest of the year. My insurer's failure to adequately inform impacted patients of this policy change meant that I didn't know anything was wrong until I was informed of a \$4,600 bill in February of 2021.

It is unfair and immoral that the cost of a drug that is so desperately needed by my community can be raised from \$0 to a minimum of \$3,000 per year, especially when there is no available generic. The LGBTQ community has always faced an uphill battle to access healthcare, and health insurance companies today are carrying on that tradition with no consequences. LD 1115 would insulate my community from predatory policy changes like the one I experienced by requiring PrEP to be covered at the tier with the lowest cost-sharing requirement on the carrier's formulary..

It is also worth mentioning that my current situation could have also been avoided if LD 1151: *An Act To Lower Out-of-pocket Prescription Medicine Costs by Requiring Health Insurers To Offer Plans with No Deductibles* had been in place. My insurance carrier did everything in their power to keep me from hitting the annual out-of-pocket deductible that would have required them to start assisting me with the cost of this medication, including taking \$7200 of copay assistance money that apparently didn't count toward my deductible. Mainers deserve healthcare plans that provide consistent coverage of their medication cost.

As a member of the vibrant Maine LGBTQ community, I am urging the committee to vote *ought to pass* on both LD 1115 and LD 1151. Thank you.

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