



Testimony of Whitney A. Parrish
LD 274 - Ought To Pass
Joint Standing Committee on Health Coverage, Insurance and
Financial Services
April 8, 2021

Good morning Senator Sanborn, Representative Tepler, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services:

My name is Whitney Parrish, and I am the Advocacy and Communications Director of Health Equity Alliance (HEAL). Health Equity Alliance is a nonpartisan, nonprofit public health and harm reduction organization that envisions a world where health justice is realized for all Mainers and works for equitable access for all people, including and especially the most vulnerable among us. HEAL has offices in Bangor, Belfast, Calais, Ellsworth, Machias, and Rockland.

HEAL strongly supports LD 1115, *An Act to Improve Access to HIV Prevention Medications*, because we see every day how **access to low-to-no barrier, destigmatized services for our clients improve their lives and keeps them safe from contracting preventable infectious diseases like HIV**. We believe creating simpler access points for Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) is key to a prevention effort that will move us all closer to ending the HIV epidemic that has claimed too many lives, placed too many vulnerable people in financial and medical crisis, and is a direct example of how our health care system and government supports have failed both LGBTQ+ people and people who use drugs intravenously.

Health Equity Alliance carries on the work of our founding organization, the Down East AIDS Network, which merged with its sister organization Eastern Maine AIDS Network in 2013. For over thirty years, we have provided HIV/AIDS care to countless individuals throughout Northern, Down East, and Midcoast Maine. We have also offered extensive education throughout the state and the region through our partnership with the New England AIDS Education & Training Center Program.¹

¹ New England AIDS Education and Training Center Program. <https://www.neaetc.org/>



At HEAL, if we have learned one thing through our service provision, advocacy, and education efforts, it is that **stigma reduction is critical to accessing the appropriate care needed to keep people safer, healthier, and connected to their community.**

We hear again and again from our community that the presence and availability of PrEP is a significant stigma reducer, and its very existence breaks down walls of shame and barriers to safety, security, and wellness. In turn, that normalization creates opportunities for access to critical prevention tools and increases the use of those methods. Reducing the stigma of PrEP and PEP access by making it safely available through a participating pharmacist supports people, communities, and the vital public health infrastructure often cited as a barrier to appropriate care in rural areas like Maine.²

As a service provider working with people who inject drugs, we meet countless community members who have experience the collateral consequences of limited and confusing public health infrastructure, arbitrarily challenging access to health care, often generational patterns of poverty, and a lack of access to a consistent health care provider for many vulnerable citizens who may be most in need of direct, specific, and attentive care. These barriers are cited³ as primary reasons why underserved rural areas have higher prevalence of HIV. Easy access to PrEP and PEP for people who inject drugs gives rural and vulnerable Mainers another avenue to stay safer and healthier, and it gives them an opportunity to be connected with the health care they need and deserve. Being able to guide our clients to this care, and then work with them to ensure continued access to that care, would be an actual game changer for our community.

In the world of Harm Reduction, we know that simple, pragmatic, dignified solutions to often-complex challenges are the ones that resonate and work. We believe the proposals within LD 1115 embody this description and can help to achieve this outcome.

Given this, HEAL strongly urges the committee to vote **‘Ought To Pass’** on LD 1115.

² National Advisory Committee on Rural Health and Human Services. HIV Prevention and Treatment Challenges in Rural America. 2020. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2020-rural-hiv-prev-treat-call.pdf>.

³ Ibid.



Thank you for your time and consideration.