

Aspen Ruhlin  
Bangor

In Support of LD 1115, "An Act to Improve Access to HIV Prevention Medications"

Though we are past the days of an HIV diagnosis being an automatic death sentence, there is still much to be done in the fight to both prevent HIV and support those living with HIV. The medication to treat this virus has progressed by leaps and bounds over the years, and those who are HIV positive and able to access appropriate treatment can even achieve the status of "undetectable." This is usually called U=U, or "undetectable equals untransmittable."

When a person living with HIV has an undetectable viral load, it means that they are unable to transmit the virus, even during unprotected sex. Even with the progress of U=U and treatment as prevention, HIV still persists, due in large part to the most insidious factor of this virus -- stigma. Stigma has led to people being disowned by their families, due to their actual or suspected diagnosis of HIV/AIDS. Stigma stops people from accessing regular HIV testing. Stigma prevents the open and honest communication that is needed to prevent the spread of HIV. Stigma fuels the ignorance and misinformation that leads so many to think they could not possibly be at risk of contracting the human immunodeficiency virus, when the greatest risk is simply being human. This is not to say that there aren't things that increase risk, but rather to remind us that we must unite together to fight HIV, not fight people living with HIV.

Along with U=U and treatment as prevention, modern medicine has made other vital progress in the fight against HIV. Medications like PrEP and PEP are vital for HIV prevention, and we are long overdue to guarantee access to these much-needed medications. PrEP, or pre-exposure prophylaxis, is a medication that a person can take regularly to prevent the contraction of HIV even if they are exposed to the virus. PEP, or post-exposure prophylaxis, is a medication that a person can take to prevent contracting HIV after having already been exposed to the virus.

For too long, insurance companies have been allowed to deny or limit coverage of these medications, putting them out of reach for far too many. While the cost of these medications is often cited as why, I am sure we are all familiar with the phrase, "an ounce of prevention is worth a pound of cure." In this case, of course, it would be not a "pound of cure" but instead a lifetime of treatment.

Mainers deserve to access the healthcare that they need without unnecessary and harmful barriers getting in the way. This is also why the part of this bill that allows pharmacists to dispense HIV prevention drugs without a prescription in certain situations is so important, as it can be hard for many to find a healthcare provider in a timely fashion, especially with the time constraints of taking PEP after HIV exposure.

The fact that access to PrEP and PEP for HIV prevention has not been guaranteed already speaks volumes to the stigma surrounding HIV, including its prevention. I want to thank Senator Heather Sanborn for proposing this important legislation. There are many steps that need to be taken to prevent the spread of HIV, and this is one deeply important step.

Access to these medications is vital for the health and wellbeing of Mainers, and I am asking all of the members of the Committee on Health Coverage, Insurance and Financial Services to vote in support of this bill. Thank you.

Aspen Ruhlin  
Bangor, Maine