

February 13, 2020

Dear Rep. Salinas, Vice-Chair Hayden, and Members of the Committee.

On behalf of Cascade AIDS Project and Prism Health, we would like to submit our support of HB 4116.

Cascade AIDS Project is the oldest and largest community-based provider of HIV services in Oregon and Southwest Washington. Every year, our HIV support and prevention programs touch the lives of thousands of Oregonians. Prism Health is our LGBTQ+ focused Primary Care and Behavioral Health Center which provides nearly 2000 patients from across Oregon with compassionate and culturally relevant care.

HB 4116 expands critical access to both **PEP** (*pre-exposure prophylaxis*)—a treatment regimen which can prevent HIV infection if begun within 72 hours of exposure and **PrEP** (*post exposure prophylaxis*)—a single pill that can reduce the risk of contracting HIV by more than 99% percent when taken daily.

By increasing access to these critical medications, Oregon can begin to realize the goals of the state's plan to end HIV which calls for **100% of Oregonians in need of these medications to have access to them**. The CDC likewise has recognized PrEP as an essential tool for finally ending the HIV epidemic once and for all – and has called for the estimated 1.2M people at risk for HIV in the US to be on PrEP.

However, there are critical gaps in accessibility. As it currently stands only one-in-four people recommended to take PrEP are currently accessing the medication. The majority of providers willing to prescribe PrEP operate in the Portland Metro region. As a result, PEP and PrEP utilization is significantly worse in rural areas. The state's plan to end HIV is not attainable unless we decrease the barriers to access PrEP and PEP for all Oregonians, not just those living in the Portland Metro region.

HB 4116 allows us to increase access to PEP and PrEP in a meaningful way by ensuring that: (1) Oregon is aligned with national standards of care by prohibiting insurance companies from requiring patients to obtain prior authorization before using their insurance benefits to obtain anti-retroviral drugs such as PEP and PrEP; (2) ensure timely access to care by requiring insurers to cover PrEP and PEP by a pharmacist at an out-of-network pharmacy; and (3) closing a loophole in current law that can stick patients with the full cost of a consultation with a pharmacist.

These three measures working together will ensure that (1) patients are able to access these drug when they need them, (2) patients are able to access these drug where they live, and (3) that pharmacists are properly incentivized to become trained under the board of pharmacy guidelines to dispense these medications.

Without these measures, patients will be confronted with needless barriers to accessing these medications – and as a result, we will continue to see HIV infections remain steady in Oregon.

We urge you to pass HB4116 and increase Oregonians from every part of the state's ability to access these critical medications.

Thank you for your time and consideration.



Peter Parisot
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Cascade AIDS Project & Prism Health