

TO Oregon State Legislature
House Committee on Behavioral Health & Health Care
900 Court Street NE
Salem, OR 97301

DATE March 6, 2026

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the committee,

My name is David Ramos, and I am the Public Policy Manager for Cascade AIDS Project -- the oldest and largest community-based provider of HIV services, housing, education, and advocacy in Oregon and Southwest Washington. I am here today to express our **strong support of House Bill 2942**.

In 2021, the legislature passed HB 2958, which expanded the prescriptive authority of pharmacists to include HIV Pre- and Post-Exposure Prophylaxis¹. This was a huge win for healthcare access in our state as it provided a low barrier means for Oregonians to access these highly effective preventative medications at their local pharmacy. It is especially important today, because we have seen the highest incidence rate for HIV in the since 2013².

What we have found, however, is that pharmacists have not been prescribing PrEP or PEP. When we passed HB 2958, we knew there was a need for this service. And we know that pharmacists are being reimbursed for the medications they dispense. So, **what is the problem?**

Pharmacists aren't getting reimbursed for the services they provide as part of the protocol for PrEP and PEP. Before a patient can receive PrEP, a provider must:

1. Complete a clinical assessment to determine the patient's risk factors and eligibility.
2. Order a set of labs to confirm that the patient is HIV-negative.
3. Review the labs to confirm a patient's status and eligibility.
4. Go over lab results with the patient.
5. Write the prescription.
6. Dispense the medication.
7. Provide a consultation with the patient upon delivery.

Historically, steps 1-5 of this protocol would have been handled by a physician. It still can be, but HB 2958 eliminated the *need* for one. If a patient goes straight to their pharmacist to seek a prescription for PrEP, then, the pharmacist takes on every step of the protocol.

¹ Oregon Legislative Information System - [HB2958 \(2021\)](#)

² Oregon Health Authority - [End HIV Oregon](#)

As “participating” or in-network providers, physicians have always been able to bill insurers for the services they provided to get the prescription to the patient. They submit a reimbursement claim and it gets processed by the insurer through medical billing.

As “non-participating” or out-of-network providers, pharmacists’ claims for reimbursement are processed through *pharmacy dispensing*. So, when a pharmacist goes to seek reimbursement for the *time* they spend completing the first five steps of the protocol, their claims are denied.

This can sometimes result in accidental patient responsibilities and that is why many pharmacists have opted out of providing this service to Oregonians. The process of seeking reimbursement as an out-of-network provider is difficult enough. If they know they’re probably not going to get reimbursed even after navigating it, why would they do the work at all?

Technically a pharmacist *could* call the CCO or insurer to get the request re-processed through the correct channels, but that would be time-consuming. And it shouldn’t have to be this way.

Pharmacists deserve to be compensated for their time and their work.

Oregonians deserve to have access to potentially life-saving medication, too. When taken as prescribed, PrEP is 99% effective at preventing HIV transmission via sexual intercourse³. PEP is about 80% effective, but the regimen *must* be started within 72 hours of the potential exposure⁴.

The wait for an appointment with a primary care provider can be long. There’s no reason for a patient to need to go to a hospital to access PEP. This bill has the potential to reduce missed opportunities for HIV prevention and improve public health outcomes in our state by putting pharmacists in a position to be able to prescribe PrEP and PEP with ease.

This bill is a step in the right direction, but **we believe that we can do more to address the root of the problem by allowing pharmacists to credential and enroll with CCOs and other insurers as in-network providers. This would streamline the billing process for pharmacists and incentivize them to begin prescribing PrEP and PEP to patients across the state.**

On behalf of the Cascade AIDS Project, we urge the committee’s support of HB 2942.

Sincerely,

David Ramos
Public Policy Manager
Cascade AIDS Project

³ HIV.gov - [Pre-Exposure Prophylaxis](#)

⁴ NIH - [Post-Exposure Prophylaxis](#)

P 503.223.5907

E info@capnw.org

F 503.223.6437