



**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS  
IN SUPPORT OF H 7625**

**Relating to Insurance – Accident and Sickness Insurance Policies –  
Insurance Coverage for Prevention of HIV Infection**

**House Health and Human Services Committee  
February 29, 2024**

Dear Chair Donovan and Members of the Committee,

GLBTQ Legal Advocates & Defenders (GLAD) works in the New England states and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. GLAD’s AIDS Law Project was founded in 1984 to protect all people affected by HIV and advocate for sound public health policies to end the epidemic. GLAD has litigated precedent-setting cases establishing legal rights for people with HIV, including *Bragdon v. Abbott*, a 1998 U.S. Supreme Court ruling establishing nationwide antidiscrimination protections for people with HIV under the Americans with Disabilities Act.

GLAD applauds the General Assembly for its leadership in eliminating barriers to ending the HIV epidemic. Last session, this legislature codified critical protections in the federal Affordable Care Act (ACA). Rhode Island also became one of only 12 states in the country to expand access to HIV preexposure prophylaxis (PrEP) by passing legislation to authorize pharmacists to dispense a time-limited supply of PrEP without a physician prescription.<sup>1</sup>

This bill is the next step in that important work. GLAD is appreciative of the continued efforts of the sponsors of this bill, including Speaker Shekarchi and several members of this Committee – lead sponsor Representative Kislak, Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter, and Representative McGaw. Your leadership will ensure the best HIV prevention policies in Rhode Island.

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<sup>1</sup> Lori R. Donnelly, *Pharmacist Prescribing Helps Pave the Way to PrEP Access in Several States*, Pharmacy Times (Jan. 11, 2024), <https://www.pharmacytimes.com/view/pharmacist-prescribing-helps-pave-the-way-to-prep-access-in-several-states>.

GLAD strongly supports H 7625 which: (1) ensures that people get access to HIV preventive medications by prohibiting health insurers from subjecting HIV prevention drugs to prior authorization or step therapy; and (2) explicitly codifies the ACA’s prohibition on cost sharing for these vital prevention drugs. Prior authorization and cost sharing are major obstacles to fulfilling the promise of PrEP to end the HIV epidemic.

**PrEP Can End the HIV Epidemic, But It Is Vastly Underutilized.**

It would have been unfathomable to the hundreds of thousands of young Americans who died in the first three decades of the HIV epidemic – and to the parents, children, spouses, partners, friends, and caretakers who survived them – that there would one day be a fully effective daily pill that prevents HIV transmission by close to 100 percent. Yet, PrEP is just that: an extraordinary medical breakthrough. There are now two oral medications and one long-acting injectable medication approved by the FDA for PrEP. Once considered unthinkable early on, we now have the medical tools to curb, and eventually end, the HIV epidemic.

PrEP is a key pillar of the strategy to end the HIV epidemic.<sup>2</sup> The challenge is that too few people who are vulnerable to HIV infection are currently taking PrEP. **According to the CDC, in 2023 only 35% of the people in Rhode Island for whom PrEP was indicated to prevent HIV were taking it.**<sup>3</sup>

There are also glaring racial disparities in access to PrEP. The CDC’s latest data released in October 2023 indicated that “the largest increase [in PrEP uptake] occurred among Whites, where uptake climbed from 78 percent of those eligible in 2021 to 94 percent in 2022. Among

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<sup>2</sup> The United States Department of Health and Human Services has rolled out the Ending the HIV Epidemic (“EHE”) initiative that seeks to curtail new HIV infections by 90% by 2030. Anthony Fauci et al., *Ending the HIV Epidemic: A Plan for the United States*, 321 JAMA 844, 844 (2019), <https://jamanetwork.com/journals/jama/fullarticle/2724455>. PrEP is a critical instrument for achieving EHE’s objectives, acting as both a preventative measure and a means to empower individuals to take charge of their health outcomes. Deven T Hamilton et al., *Achieving the “Ending the HIV Epidemic in the U.S.” incidence reduction goals among at-risk populations in the South*, 23 BMC PUB. HEALTH 1, 2 (2023), <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15563-5>.

<sup>3</sup> *Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (Preliminary Data): National HIV Surveillance System Data Reported through June 2023; and Preexposure Prophylaxis (PrEP) Data Reported through March 2023*, Centers for Disease Control and Prevention (Oct. 17, 2023), <https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-4-no-3/index.html>.

Blacks, uptake stands at only 13 percent of those who are eligible, up from 11 percent in 2021.”<sup>4</sup> In 2021, the CDC estimated that only 20% of Hispanic/Latino people who could benefit from PrEP were prescribed it.

Prior authorization requirements, especially for newer long-acting injectable PrEP (see below), are a major barrier to accessing PrEP. The passage of H 7625 will address this impediment and facilitate access to PrEP for the 65% of Rhode Islanders who need it and do not have it.

It is clear from the medical literature that any type of prior authorization practice means that significant numbers of people abandon their prescriptions. One American Medical Association study surveyed physicians on prior authorization practices; 91% of physicians reported that prior authorization requirements negatively impacted clinical outcomes for their patients.<sup>5</sup> Another study found that prior authorization requirements further exacerbated medical nonadherence, resulting in patients **abandoning prescriptions almost 40% of the time.**<sup>6</sup>

Prior authorization presents a particular barrier to accessing new and improved forms of PrEP. The advent of long-acting injectable medication brings us into a new era in the quest to end the HIV epidemic. Studies have demonstrated that long-acting injectable medication is more effective at preventing HIV transmission than a daily oral PrEP medication because of better adherence for people who cannot be compliant with a daily pill regimen. Patients can be given one injection at a medical visit, which then protects them from HIV for two months. Even longer duration injectables are on the horizon. Prior authorization requirements undermine the ability to provide an at-risk individual with immediate longer-term protection than a daily pill.

**HIV, Even with Early Diagnosis and Treatment, Remains a Serious and Highly Stigmatized Health Condition.**

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<sup>4</sup> HIV and HEP Policy Institute, *New CDC PrEP Data Demonstrated Importance of Federal Funding*, October 17, 2023, <https://hivhep.org/press-releases/new-cdc-prep-data-demonstrates-importance-of-federal-funding/>.

<sup>5</sup> Americans Medical Association. (2021). Prior authorization and step therapy. Retrieved from <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

<sup>6</sup> Lauffenburger JC et al., Impact of implementing electronic prior authorization on medication filing in an electronic health record system in a large healthcare system. *J AM Med Inform Assoc.* 2021 Sep 18;28(10):2233-2240. doi:10.1093/jamia/ocab119. PMID: 34279657; PMCID:PMC8449617. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8449617/#ocab119-B23>

Today, people with HIV are able to live well while managing a chronic disease if they can access and adhere to lifelong antiretroviral medication. These remarkable treatment advances have led to misperceptions about the profound impact of an HIV diagnosis. In considering the importance of passing this bill and removing all possible barriers to HIV prevention medication, GLAD wants to bring to the Committee's attention the reality that even well-controlled HIV disease presents increased risks of serious, life-threatening complications.

For example, people with HIV are at higher risk than age-matched controls for all types of cardiovascular disease, including acute myocardial infarction (heart attack), heart failure, stroke, and arrhythmias.<sup>7</sup> In a comprehensive analysis involving over 27,000 people with HIV conducted by the Veterans Administration, patients with HIV, even those managing their HIV well, had nearly 1.5 times the risk of having a heart attack compared to HIV-negative individuals.<sup>8</sup> A meta-analysis of 24 studies showed that women with HIV have a six-fold higher risk of developing cervical cancer relative to their counterparts without HIV, and an estimated 5% of all cervical cancers are attributable to HIV.<sup>9</sup> The incidence of anal cancer in MSM with HIV is 80 times higher than men in the general population.<sup>10</sup> The risk for both chronic obstructive pulmonary disease and lung cancer remains significantly higher in people with HIV.<sup>11</sup> Both HIV disease and exposure to antiretroviral medication significantly increase the prevalence of diabetes mellitus in people with HIV.<sup>12</sup> The spectrum of additional health risks

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<sup>7</sup> Revery P. Barnes et al., *HIV Infection and Risk of Cardiovascular Diseases Beyond Coronary Artery Disease*, 19 CURRENT ATHEROSCLEROSIS REPS. 1, 1 (2017).

<sup>8</sup> Matthew S. Freiberg et al., *HIV Infection and the Risk of Acute Myocardial Infarction*, 173 JAMA INTERNAL MED. 614, 614 (2013).

<sup>9</sup> Dominik Stelzle et al., *Estimates of the Global Burden of Cervical Cancer Associated with HIV*, 9 LANCET GLOB. HEALTH e161, e161 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7815633/>.

<sup>10</sup> Chia-Ching J. Wang & Joel M. Palefsky, *HPV - Associated Anal Cancer in the HIV/AIDS Patient*, 177 HIV/AIDS-ASSOCIATED VIRAL ONCOGENESIS: CANCER TREATMENT & RSCH. 183, 194 (2018).

<sup>11</sup> Janice M. Leung, *HIV and Chronic Lung Disease*, 17 CURRENT OP. IN HIV & AIDS 1, 1 (2022); Keith Sigel et al., *Lung Cancer in Persons with HIV*, 12 CURRENT OP. IN HIV & AIDS 31, 31 (2017).

<sup>12</sup> Fanta Duguma et al., *Diabetes Mellitus and Associated Factors Among Adult HIV Patients on Highly Active Anti-Retroviral Treatment*, 12 HIV/AIDS – RSCH. & PALLIATIVE CARE 657, 658 (2020), <https://www.dovepress.com/getfile.php?fileID=63352>; Emile Camille Noubissi et al., *Diabetes and HIV*, 18 CURRENT DIABETES REPS. 1, 1 (2018).

also includes liver disease, kidney disease, bone diseases such as osteoporosis and osteopenia, neurocognitive disorders, and additional non-AIDS related cancers such as Hodgkin's lymphoma.<sup>13</sup> Given the varied medical complications that result from an HIV infection, prevention in the first instance is essential.

People with HIV today also live with a disease that continues to be highly stigmatized. Although somewhat improved compared to past decades, the stigma remains evident. In a 2019 Kaiser Family Foundation survey, thirty-seven percent of respondents reported that they would be somewhat or very uncomfortable sharing a living space with someone who has HIV.<sup>14</sup> One in five respondents reported that they would be somewhat or very uncomfortable either working with or having a close friendship with a person with HIV.<sup>15</sup> Four decades after the onset of the HIV epidemic, most people with HIV struggle with the fear that others will learn their HIV status.<sup>16</sup>

**In sum, GLAD strongly supports H 7625 as a critical public health measure to help stop HIV in Rhode Island.**

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<sup>13</sup> Steven G. Deeks et al., *The End of AIDS: HIV Infection as a Chronic Disease*, 382 LANCET 1525, 1526-27 (2013); Leung, *supra* note 10, at 1; Michael M. Lederman et al., *Residual Immune Dysregulation Syndrome in Treated HIV Infection*, 119 ADVANCES IN IMMUNOLOGY 51, 52 (2013).

<sup>14</sup> Kaiser Fam. Found., *KFF Health Tracking Poll – March 2019* 15 (2019), <https://files.kff.org/attachment/Topline-KFF-Health-Tracking-Poll-March-2019>.

<sup>15</sup> *Id.*

<sup>16</sup> See Amy R. Baugher, et al., *Prevalence of Internalized HIV-Related Stigma Among HIV-Infected Adults in Care, United States, 2011-2013*, AIDS BEHAV. 2600, 2605 (2017). (“Almost two-thirds [of people receiving HIV care in the United States] said that it was difficult to tell others about their HIV infection.”). HIV-related stigma can be made more complicated by other stigmas. Researchers working for the CDC have shown through survey data that “[o]verall, women and transgender persons had higher stigma scores than men and, compared to non-Hispanic whites, all other racial/ethnic groups had higher stigma scores.” *Id.*