



Health Department

March 6, 2025

Committee On Behavioral Health and Health Care
900 Court St. NE
Salem, Oregon 97301

Subject: Support for HB 2942, Reimbursing pharmacies and pharmacists for certain HIV medications.

Chair Nosse, Vice-Chairs Javadi and Nelson, and members of the Committee on Behavioral Health and Health Care:

Thank you for the opportunity to share Multnomah County's support for House Bill 2942, which seeks to establish payment parity for key medical services by requiring the Oregon Health Authority (OHA) and Coordinated Care Organizations to reimburse pharmacies and pharmacists in the same manner as other health care providers for certain services related to HIV treatment.

Multnomah County supports the health and wellness of over 800,000 Oregonians through the Health Department's services. Our Community Health Center is the largest public health federally qualified health center in Oregon. Multnomah County's Community Health Center provides integrated healthcare services to over 56,000 patients a year. These services include a Health Services Center that provides tailored care for individuals living with HIV. Our Harm Reduction program also provides HIV testing and treatment. Within Harm Reduction's client population, 60% identify as houseless, 12% are in transitional housing, and 20% travel to Multnomah County from neighboring counties to access services available here. Pharmacy services are a critical component of the health care that we provide to our patients, as we dispense nearly 400,000 prescriptions per year.

Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) are both highly effective biomedical interventions for HIV prevention. PrEP, a daily medication, reduces HIV transmission risk by 99%. PEP, which consists of several medications initiated promptly after an HIV exposure, can reduce the risk of infection by more than 80%. Currently, only 27% of individuals in Oregon who could benefit from PrEP are utilizing it. While many people at risk of HIV are aware of PEP, accessing the medications within

the required 72-hour window can be difficult and expensive. There was a concerning decline in PrEP initiation rates in 2020, reversing previous upward trends. Furthermore, adherence to PrEP is an important component of its effectiveness, so any effort to reduce barriers to allow for continuous access to this safe and effective medication is paramount.

Stark disparities exist in PrEP utilization among certain demographics, resulting in many preventable cases of HIV. In particular, the rate of new HIV cases among Black Oregonians is nearly four times that of the average Oregonian. The [ratio of PrEP uptake to HIV incidence](#) indicates that BIPOC individuals and women are not taking PrEP at a rate proportionate to their risk. Expanding access through pharmacies, particularly in underserved communities, is crucial to reaching everyone who is being left behind. While HB 2942 may increase PrEP/PEP access pro forma, patients may still need to be connected with providers for ongoing testing and care. Pharmacies should prepare by being well-connected with their Local Public Health Authority (LPHA) to seek technical assistance and to be aware of the resources available to their patients, including expedited linkage to HIV care, partner services, and alternative options for access to PrEP/PEP.

In 2017, the Oregon Legislature passed HB 2397, granting the Oregon Board of Pharmacy the authority to allow Oregon-licensed pharmacists to prescribe, dispense, and administer board-approved drugs and devices according to a standard protocol. In 2021, HB 2958 codified the requirement allowing pharmacists to prescribe, dispense, and administer pre-exposure prophylactic antiretroviral therapies and post-exposure prophylactic antiretroviral therapies, and required insurers to reimburse pharmacists in the same manner as other healthcare providers for these services. As a result, the State Board of Pharmacy has adopted protocols for [pre-exposure prophylaxis \(PrEP\)](#) and [post-exposure prophylaxis \(PEP\)](#).

HB 2942 would align Medicaid payment practices with what is outlined for other insurers, which is an important step to ensuring equitable access. Ensuring these medications are readily available when a patient presents with need is key to improving health outcomes, as well as a cost-effective preventive measure. Payment parity for equivalent health care services delivered in the pharmacy setting is necessary to keep pharmacies operational and maintain imperative access to these important and time-sensitive services for Oregonians.

Please reach out to me if you have any further questions.

Thank you,

A handwritten signature in black ink that reads "Kirsten Aird". The signature is written in a cursive, flowing style.

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