

Murray builds on last session progress with second HIV prevention bill

By **STELLA LORENCE** stlorence@woonsocketcall.com medications passed the Senate unanimously last week. The bill builds on legislation Murray sponsored last year, which mandated insurance coverage for pre-exposure prophylaxis, known as PrEP, and post-exposure prophylaxis, known as PEP. This year's legislation prohibits out-of-pocket costs for the two medications and also bans prior authorization for them, elements Murray said were stripped from the bill last year when it passed the House. "The House made some changes on the last day of the session very late at night," she said. "This is just trying to restore the bill back to last year's version." Murray said the ban on prior authorization, which requires patients to get approval from their insurer before receiving a PrEP or PEP prescription, is especially important. To be most effective, PEP needs to be taken within 72 hours of exposure to HIV, and prior authorization often causes delays that can last several days.

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Bill

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“It would be like having prior authorization for a rabies shot or a tetanus shot,” Murray said.

Murray worked with Dr. Phil Chan and Dr. Amy Num, respectively the chief medical officer and executive director of Providence-based Open Door Health, to craft the bills. Both Nunn and Chan were coauthors of a published study that evaluated a sample of over 58,500 patients with new prescriptions for PrEP and found that out-of-pocket costs as low as \$10 increased the percentage of patients who did not fill the prescription.

Chan testified before the Senate Committee on Health and Human Services in support of the bill, telling the committee members that the state still sees between 60 and 80 new HIV diagnoses each year, which he said is “frustrating” because “it’s all preventable.”

“Ten dollars, \$20 may not be a lot to a lot of people, but to the people most affected by HIV – LGBTQ+, African American Black, Hispanic, Latinx – that can be a barrier for those groups especially,” he said in his testimony.

Last year’s bill took a winding, three-month long path to passage, getting pulled back into committee for hearings on potential

amendments before getting to the House, where more amendments were made on the floor. Murray said she’s hopeful the bill will see a smoother path to passage this time around since a lot of the legwork took place last year.

“It took a lot of work and many meetings with a lot of stakeholders at the table,” she said. “We sat down with the insurance companies, even.”

This set of HIV bills is one of many healthcare-related issues Murray has gone after in the past few years. In 2021, she also sponsored successful legislation that capped the cost of insulin copays at \$40 for a 30-day supply, and since then, she has been

submitting legislation to cap the copays for diabetes supplies such as insulin pumps and glucose testing strips as well. She has also submitted a bill to cap the copay for asthma inhalers to \$25 for a 30-day supply.

“When I set out to run for Senate, I never thought one of my main focus areas would be pushing back against Big Pharma,” she said. “People are really concerned about the cost of healthcare. It was really just a common theme. Everybody has a story to tell.”

Murray has also been working on a bill that’s part of the sweeping 25-bill HEALTH Initiative introduced by Senate leadership earlier this month. Murray’s bill would prohibit

hospitals and other medical providers from reporting medical debt to consumer reporting agencies, which she said has been a difficult policy to get right.

“If you have an accident or you get sick, you shouldn’t lose your home,” she said.

Though she supports broader healthcare reform, Murray said she’s been focused on tackling issues with bills that have a “reasonable” shot of passing.

“We absolutely need a broad reform but this of course is much more difficult,” she said. “There’s a lot of Big Pharma greed. Folks have been talking about it on all levels of government.”

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