



2601 N HOWARD ST
BALTIMORE, MD 21218

TEL 410) 625-LGBT (5428)

FAX 410) 625-7423

www.freestate-justice.org

Health Committee

240 Taylor House Office Building
241 Taylor House Office Building
Annapolis, Maryland 21401

Monday, March 2, 2026

Chair Bagnall, Vice Chair Cullison, and Members of the Health Committee:

My name is Ronnie L. Taylor, and I serve as the Community Impact Director at FreeState Justice, Inc., a statewide legal advocacy organization dedicated to promoting equity and justice for Maryland's LGBTQ+ community. Our efforts include HIV decriminalization, increasing access to affirming healthcare, and advocating for policy reforms to address structural health disparities.

I am writing to strongly support **HB1114**. This bill eliminates preventable barriers to HIV prevention and updates Maryland's public health framework to align with current clinical standards and federal public health strategies.

HB1114 highlights a significant gap between medical progress and accessibility.

Pre-exposure prophylaxis (PrEP) reduces the risk of acquiring HIV through sexual transmission by about 99% when taken as prescribed. Despite this high effectiveness, access remains uneven across different races and ethnicities.

According to AIDSvu's 2024 Maryland profile:

- Black Marylanders make up 65.3% of new HIV diagnoses but only 35.3% of PrEP users.
- Latino Marylanders account for 18.7% of new diagnoses but just 7.9% of PrEP users.

These disparities result from structural barriers such as insurance design, limited access to providers, stigma, and affordability issues.

HB1114 directly tackles those barriers by allowing pharmacists to prescribe and dispense PrEP according to CDC clinical guidelines and by banning prior authorization, step therapy, and cost sharing for PrEP and PEP.

When PrEP coverage goes up, new diagnoses decrease. A longitudinal study published in *The Lancet HIV* found that states with the highest PrEP coverage experienced a 38% drop in new HIV diagnoses, while states with the lowest coverage saw a 27% increase during the same time.

LEADERSHIP TEAM

Phillip Westry, Esq.
Executive Director

Lauren Pruitt, Esq.
Legal Director

Ronnie L. Taylor
Community Impact Director

BOARD

Andrew Adelman, Esq.
President
Correia & Puth PLLC

Adam Farra, Esq.
Vice-President
Farra & Wang, PLLC

Darien Nolin
Treasurer
Total Healthcare

Lauren Fleming, Esq.
Secretary
Miles & Stockbridge

Ben Galloway
Greenspring Advisors

Lauren DiMartino, Esq.
Brown, Goldstein & Levy, LLP

Tommy Lamont
Retired

Shawn McIntosh
Center for a Healthy Maryland

Bonnie Smith
Retired

Andrew Ansel
*National Association of the
Education of Young Children*

Diana Philip
DMP Consulting

Kaitlyn Drake
University of Maryland School of Law

Chris Uhl
Sweet Spot Baltimore

At FreeState Justice, we envision a Maryland where LGBTQ+ people live openly with the dignity they deserve. Facing discrimination shouldn't keep anyone from being themselves. Through pro bono legal services, policy advocacy, resource connections, and community support, FreeState works to break down those barriers so all Marylanders can thrive.

Researchers further estimate that even a modest 3 percent annual decline in PrEP coverage nationwide could lead to more than 8,600 preventable infections and \$3.6 billion in lifetime healthcare costs.

Maryland cannot afford to regress on prevention.

HB1114 accomplishes three key policy goals.

1. Expands Pharmacist Authority Under Clinical Guidelines

HB1114 authorizes pharmacists to prescribe and dispense PrEP following CDC guidelines and requires pharmacist training, counseling, and coordination or referral to primary care providers.

Pharmacies are among the most accessible healthcare locations in the United States. About 90% of Americans live within five miles of a pharmacy, making these locations a highly accessible entry point for preventive care.

For those without a primary care provider, facing appointment delays, or concerned about stigma, pharmacy-based access reduces structural barriers while maintaining clinical safeguards.

This is a structured, guideline-driven expansion of care, not deregulation.

2. Eliminates Insurance Barriers

HB1114 eliminates prior authorization, step therapy, and cost sharing for PrEP, PEP, and related services, including HIV testing, kidney function testing, STI screening, hepatitis testing, pregnancy testing, follow-up visits, and vaccinations.

These provisions align with federal preventive services requirements under Section 2713 of the Affordable Care Act, which mandates coverage without cost sharing for U.S. Preventive Services Task Force Grade A recommendations, including PrEP.

Insurance barriers delay access. For PEP, which must be started within 72 hours of exposure, administrative obstacles can directly compromise effectiveness.

3. Strengthens Medicaid Coverage

The bill mandates that the Maryland Medical Assistance Program cover medically appropriate, FDA-approved HIV prevention drugs starting January 1, 2027, subject to budget constraints.

Medicaid plays a key role in reducing racial and economic disparities in HIV outcomes. The Maryland Department of Health reports that HIV continues to disproportionately impact Black Marylanders.

Ending the HIV epidemic depends on ensuring that low-income Marylanders have consistent, barrier-free access to prevention medication.

HIV disproportionately affects gay and bisexual men, transgender women, and communities of color.

Nationwide, people aged 25 to 34 make up about 37% of new HIV diagnoses.

For transgender individuals, obstacles to receiving affirming healthcare further reduce their participation in preventive services. When primary care settings are difficult to access or stigmatizing, pharmacy-based options provide a lower-barrier alternative.

HB1114 promotes health equity by increasing access points and eliminating cost barriers.

The bill also supports the federal Ending the HIV Epidemic initiative, which considers increased PrEP access a key prevention method.

At FreeState Justice, we assist clients facing insurance denials, provider shortages, and stigma in healthcare environments.

We have observed individuals delaying prevention due to cost concerns or lack of a primary care provider. Administrative barriers hinder engagement in care.

HB1114 eliminates barriers that hinder public health.

As a Black transgender leader in Maryland, I understand how healthcare systems can seem inaccessible or unsafe. Reducing barriers and providing guideline-based access builds trust, encourages uptake, and promotes long-term engagement in care.

Prevention works best when it's easy to access without stigma or delay.

HB1114 is evidence-based, fiscally responsible, and equity-focused.

- It expands pharmacist authority within defined clinical safeguards.
- It eliminates insurance practices that delay prevention.
- It strengthens Medicaid coverage.
- It aligns Maryland with national HIV prevention strategy.

For these reasons, FreeState Justice respectfully requests that the Committee issue a favorable report on **HB1114**.

In Community,

Ronnie L. Taylor

Ronnie L. Taylor

Sources:

1. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>
2. https://www.cdc.gov/hiv/prevention/prep.html?CDC_AAref_Val=https://www.cdc.gov/hiv/basics/prep.html
3. <https://map.aidsvu.org/profiles/nation/usa/overview>
4. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>