

March 8, 2021

House Health Finance and Policy Committee

Madame Chair, and members of the Committee, my name is George Konstantinides and it is an honor to be with you today. I am a pharmacist at Hennepin Healthcare, or HCMC, in downtown Minneapolis. Over the past ten years, I have had the privilege of providing direct medical care to patients living with HIV. Our clinic, the Positive Care Center, serves approximately one in four patients living with HIV in the state of Minnesota. The Positive Care Center aims to deliver healthcare for both HIV and primary care conditions, and as a result we often have the opportunity to care for patients over many decades.

Human Immunodeficiency Virus, often known as HIV, is a chronic progressive illness that results in harm to the immune system. Because our immune system plays a pivotal role in protecting us each and every day, patients living with HIV who are not on appropriate HIV treatment, run the risk of becoming sick. Unlike other illnesses, once a patient has become infected with HIV, there is no cure. HIV medicines work to decrease the amount of HIV virus in the body. Doing so has a number of benefits, including increasing the strength of the immune system, reducing the incidence of secondary diseases of the heart and kidneys, and lastly, decreasing the risk of HIV transmission. Thanks to the potent medicines used today, we now realize that getting the HIV virus count low helps reduce transmission. Selecting an HIV medicine for a patient remains both an art and science. It is critical patients are able to take their medicines each day, manage side effects, and avoid interactions with other medicines.

In many ways, HIV care diverges in two directions: prevention and treatment. From the standpoint of prevention, we are either focusing on reducing the risk of known exposures (pre-exposure prophylaxis, or PrEP) or working to reduce transmission following an exposure (post-exposure prophylaxis, PEP). Both preventative interventions are accomplished the same way: prescribing HIV medicines to patients. In the case of PrEP, patients take a single tablet of HIV medicine each day, effectively reducing their risk of transmission significantly when exposed. For PEP, the post-exposure strategy, patients take HIV medicines for a finite time following exposure. Starting these medicines as soon as possible after exposure is paramount to their effectiveness in prevention of HIV.

Switching gears to treatment, there are two major foci for this element of patient care. The first is early access to HIV medicines for those who are newly diagnosed with HIV. For clinics like the Positive Care Center at HCMC, there are few lengths we will not go to get a patient in promptly for their first visit after diagnosis. Data suggests that starting HIV medicines within 2 weeks of diagnosis is especially important. This first visit often involves a provider, pharmacist, social worker, and financial support staff, just to name a few. Our goal is to start HIV medicines during that initial visit. The second major HIV treatment foci is medication support for patients as they age. Medicines for HIV help patients live for decades. Ultimately the medicine a patient takes in their 20's might not be the medicine they take in their 60's. Our responsibility as healthcare professionals remains to assure we are selecting the best medicine for each patient at all stages of life.

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Patients struggle with medicine access for lots of reasons. Some patients do not have insurance or have insurance that requires arduous prior authorizations. Some insurance plans have limited formularies, which makes it more challenging to find the right medicine for each patient. Cost is a consideration for many patients as well, with out-of-pocket cost for HIV medications being a possible reason why a patient may not be able to take HIV medicines. Lastly, our healthcare system is complex and at times patients simply cannot navigate their way. A shared goal of stakeholders in providing care to patients living with and working to prevent HIV is reliable and consistent access to HIV medications.

The bills before you today will impact the lives of patients currently living with HIV, including increasing access to the critical medicines that prevent HIV. Thank you for this opportunity to share information about HIV and I am here for any questions, I will also submit this testimony in writing for your reference. Thank you.

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