

February x, 2022

President Joseph R. Biden
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Re: National PrEP Grant Program to Prevent HIV

Dear President Biden,

The undersigned x public health, HIV, hepatitis, and STD community-based organizations, along with providers, community health centers, and advocacy organizations are writing to **urge you to support the creation of a national PrEP grant program to prevent HIV in the United States.**

We commend you and your Administration for releasing the updated National HIV/AIDS Strategy (NHAS) for the U.S. 2022–2025 on December 1st, World AIDS Day. We look forward to working in partnership with federal agencies to decrease new infections by 90 percent by 2030. As you remarked on World AIDS Day, central to achieving this goal is increasing uptake of PrEP, or pre-exposure prophylaxis.

PrEP is nearly 10 years old, however it is underutilized, particularly by the communities most impacted by HIV. Only 23 percent of the approximately 1.2 million people indicated for PrEP are receiving it. Expanding PrEP into minority communities is critical in addressing the ongoing disparities in PrEP access and uptake. In 2019, only 8 percent of Black/African Americans and 14 percent of Hispanic/Latino persons who were eligible for PrEP were prescribed it, compared to 63 percent of white persons.

Increasing access to PrEP requires dedicated funding and a program focused on increasing education to providers and those at risk of HIV, and providing funding for ancillary services and the drugs for underinsured and uninsured individuals (especially in non-Medicaid expansion states). While the Ryan White HIV/AIDS Program is widely lauded for its care and treatment programs for people living with HIV, there does not exist a comprehensive nationwide program dedicated for the provision of PrEP for people who are at risk of HIV.

In the months and years ahead, new long-acting forms of PrEP are expected to be brought to market—in fact, the FDA approved the first long-acting injectable PrEP just last December. Now is the time for the federal government to increase its investment in this key intervention to help bring about the end of HIV in the United States.

We ask that you include at least \$400 million in your FY2023 budget to establish and fund a national PrEP grant program to increase awareness and access to PrEP and related services. This program should provide funding to community-based organizations including state and city public health departments, Indian tribal communities, rural health clinic, community health centers, Ryan White clinics, sexual health and family-planning clinics, community-based organizations providing HIV prevention services, and others to ensure that PrEP reaches the communities most in need. The program should also be designed to allow for the low-cost purchase of PrEP medications via the 340B drug pricing program and utilization of

generic PrEP. It should also work with people's existing health care coverage and take advantage of zero dollar cost-sharing for PrEP and associated ancillary services for those who have private insurance.

The new program would build upon a component of the *Ending the HIV Epidemic in the U.S.* (EHE) initiative that provides funding to community health centers to expand PrEP and PrEP-related services in EHE jurisdictions. To date, \$102 million has been divided among 271 health centers to help increase PrEP uptake. However, additional funding is needed and only community health centers are eligible for this program. We believe a more broadened effort is needed in order to have a greater impact.

Members of Congress have recently introduced two different bills to increase and support PrEP access. While the PrEP Assistance Program Act (HR 5605) and the PrEP Access and Coverage Act (S 3295, HR 6117) differ in some respects, both establish national grant programs to pay for PrEP and ancillary services along with community and provider outreach needed to carry out successful PrEP programs. The PrEP Access and Coverage Act, among other things, would also ensure comprehensive coverage and eliminate out-of-pocket costs for PrEP for individuals who have private insurance, Medicare, and Medicaid.

Establishing a national PrEP program will allow communities across the country to help meet the goal in the Strategic Plan to increase PrEP coverage to 50 percent by 2025. It will also help address ongoing racial and ethnic disparities and decrease new HIV infections.

Thank you for your consideration of this request. If you have questions or need additional information, please do not hesitate to contact Carl Schmid, Executive Director, HIV+Hepatitis Policy Institute at cschmid@hivhep.org; Mike Weir, Senior Manager, Policy & Legislative Affairs, NASTAD at mweir@nastad.org; Andrea Levario, Senior Public Policy Advocate, Human Rights Campaign at andrea.levario@hrc.org; or Rachel Klein, Deputy Executive Director, The AIDS Institute at rklein@taimail.org.

Thank you very much.

Sincerely,

[List in Formation]

cc: Harold Phillips, Director, The White House, Office of National AIDS Policy
Xavier Barrera, Secretary, Department of Health and Human Services (HHS)
Admiral Rachel Levine, Assistant Secretary for Health, HHS
Dr. Rochelle Walensky, Director, Centers for Disease Control and Prevention (CDC)
Dr. Jonathan Mermin, Director, National Center for HIV, Hepatitis, STI, & TB
Prevention (NCHHSTP), CDC
Dr. Demetre Daskalakis, Director, HIV Prevention, NCHHSTP, CDC
Carole Johnson, Administrator, Health Resources and Services Administration (HRSA)
Dr. Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
Jim McCrae, Associate Administrator, Bureau of Primary Health Care, HRSA