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**Leading HIV PrEP Advocates Applaud \$9.8B 10-Year Commitment to Access,  
Call for Strategic Investment Plan**

WASHINGTON, DC— As leading advocates for HIV pre-exposure prophylaxis (PrEP) access in the US, we strongly support the Biden Administration’s [FY 2023 \\$850 million request](#) to fund national [Ending the HIV Epidemic](#) activities and the 10-year \$9.8 billion commitment to widespread PrEP access outlined in the [Department of Health and Human Services’ FY 2023 Budget in Brief](#). If the US has any hope of meeting its commitment to *End HIV as an Epidemic* by 2030, budget and appropriations committees in the House and Senate must heed the call for this new mandatory funding to address critical gaps in PrEP services that disproportionately limit access for Black, Latinx/Hispanic, and transgender and gender diverse individuals.

The new funding must be paired with a strategic approach for the investment to have the greatest impact. Such an approach should smartly and effectively use public funding to cover essential PrEP services— including medication and required labs— and create an expanded PrEP access network for uninsured, under-insured, and Medicaid-covered individuals. Without a strategic approach, there is a high risk that new funding will go to high priced medications instead of the essential outreach and wraparound services that can mean the difference in access for hundreds of thousands of people.

Coverage of comprehensive services for PrEP users is a major obstacle for the communities who most need access. The estimated 30 million Americans who remain without insurance are disproportionately Black, Latinx, and transgender; the very same populations who have the lowest rates of PrEP use. In 2019, the CDC found that 63 percent of White Americans recommended for PrEP received a prescription, compared to 14 percent of Latinx/Hispanic Americans and just 8 percent of Black Americans. While some options do exist to cover PrEP expenses, they are incomplete, fragmented, and complicated. The new funding in the FY 2023 proposed budget can be used to overcome these barriers and help put the national HIV strategy on track for success.

“To scale up PrEP as part of an effective, sustainable strategy to end the HIV epidemic, a national PrEP infrastructure must move away from the current reliance on high-cost, brand-name drugs that have resulted in overly complex, difficult-to-navigate programs for the un- and under-uninsured and a relatively small number of access points in the Medicaid program.” Said Kenyon Farrow, Managing Director of Advocacy and Organizing at PrEP4All.

A proposal, co-authored by public health consultant Amy Killelea and several prominent advocates from the field of HIV/AIDS, provides one potential path for a national PrEP program focused on populations with insufficient coverage and network options for core PrEP services. Loosely based on the highly successful Vaccines for Children program established in 1994, the proposed federal program would take advantage of newly affordable generic PrEP options to cheaply procure medication through bulk purchasing and provide it through an extensive national pharmacy and clinical network. It would also revolutionize PrEP access by establishing contracts with national laboratories for in person and at-home testing and lab services and leveraging telehealth to build a network of nontraditional PrEP providers that already provide other critical services to key populations. PrEP4All has been calling for a similar [PrEP investment plan](#) since 2018.

“We urge Congress to make this important investment in HIV prevention and public health and, with the anticipated funding for the Department of Health and Human Services, to create a national PrEP program for uninsured and under-insured individuals that is accessible, equitable, simple, affordable, sustainable, and adaptable. Although the exact, best pathway forward will require additional discussion and consideration, the plan from Killelea and colleagues is a great baseline for beginning that work,” notes Marwan Haddad, MD, MPH, Chair, HIVMA.

To reduce the growing inequities enabled by America’s fragmented PrEP financing system, PrEP4All, TAG, NASTAD, HIVMA, IAPAC, and the Latino Commission on AIDS among others are calling for a national PrEP program which:

- Expands access to PrEP medications and lab services for people who are uninsured and on Medicaid
- Allows the federal government to negotiate with manufacturers and labs for fair public health prices
- Scales-up access to generic PrEP medication as a safe, effective, and cost-effective option for the majority of those indicated for PrEP and works toward affordable and equitable access to other PrEP options, including long-acting injectables
- Creates an expansive provider network of non-clinical community-based PrEP providers and local health departments serving the uninsured and Medicaid that are paired with clinical providers via telehealth partnerships
- Works in tandem with existing PrEP funding and programs to supplement, not supplant programs and activities that are working
- Creates a platform for the effective and rapid deployment of novel PrEP medications
- Provides new opportunities to effectively raise awareness and combat stigma by enrolling and educating a new, broad network of providers and building community-led campaigns that connect key populations to this new PrEP infrastructure

“Access to PrEP is a vital component of any plan to end the HIV epidemic in the United States by 2030. NASTAD applauds the Biden Administration’s commitment to invest nearly \$1 billion annually over 10-years to fund national PrEP access and urges Congress to take this opportunity to create a national PrEP program that is equitable and accessible for all Americans,” said Stephen Lee, Executive Director, NASTAD.

"Ever since the first medication for PrEP was approved by FDA, we have seen shameful inequities in access to this highly effective HIV prevention tool. These inequities are largely the result of impediments that will require structural and multi-level interventions in order to resolve persistent HIV disparities among heavily impacted populations and communities. Treatment Action Group applauds and strongly endorses this proposal to establish a national PrEP program that will significantly increase opportunities to engage individuals in learning about PrEP, while also expanding the network of testing options and access points to ensure that every person who chooses to use PrEP — ultimately in all of its available formulations — will be able to do so unencumbered by unnecessary, yet entirely intervenable barriers." notes Riko Boone, HIV Project Director at Treatment Action Group (TAG) and Suraj Madoori, TAG's U.S. and Global Health Policy Director. "Much work remains to be done by policymakers, the HIV community and public health institutions to address structural racism and advocate for Medicaid expansion across the U.S. South to truly make PrEP for all possible,"

"Nearly 10 years following FDA approval of the first PrEP option, HIV prevention services to increase PrEP and utilization access are in dire need of revitalization. We cannot achieve our collective goal of ending an epidemic that has been raging in America's most vulnerable communities for over 40 years without equitable PrEP access. A national PrEP program would help put the U.S. back on track to ending the HIV epidemic." Said José M. Zuniga, PhD, MPH, President/CEO, IAPAC

"PrEP is underutilized particularly by communities of color impacted by HIV. Expanding PrEP into communities most impacted is critical in addressing the ongoing HIV disparities. To ensure that PrEP reaches the communities most in need, we must increase funding for state and city public health departments and community-based organizations, including native nations, rural health clinics, community health centers, Ryan White clinics, and sexual health and family-planning clinics. A national PrEP program would be essential in our efforts to end the HIV epidemic by 2030," stated Guillermo Chacon, President of the Latino Commission on AIDS.

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