

AFTER 10 YEARS OF PREP: HOW DO WE INCREASE ACCESS AND USE IN BLACK AMERICA?

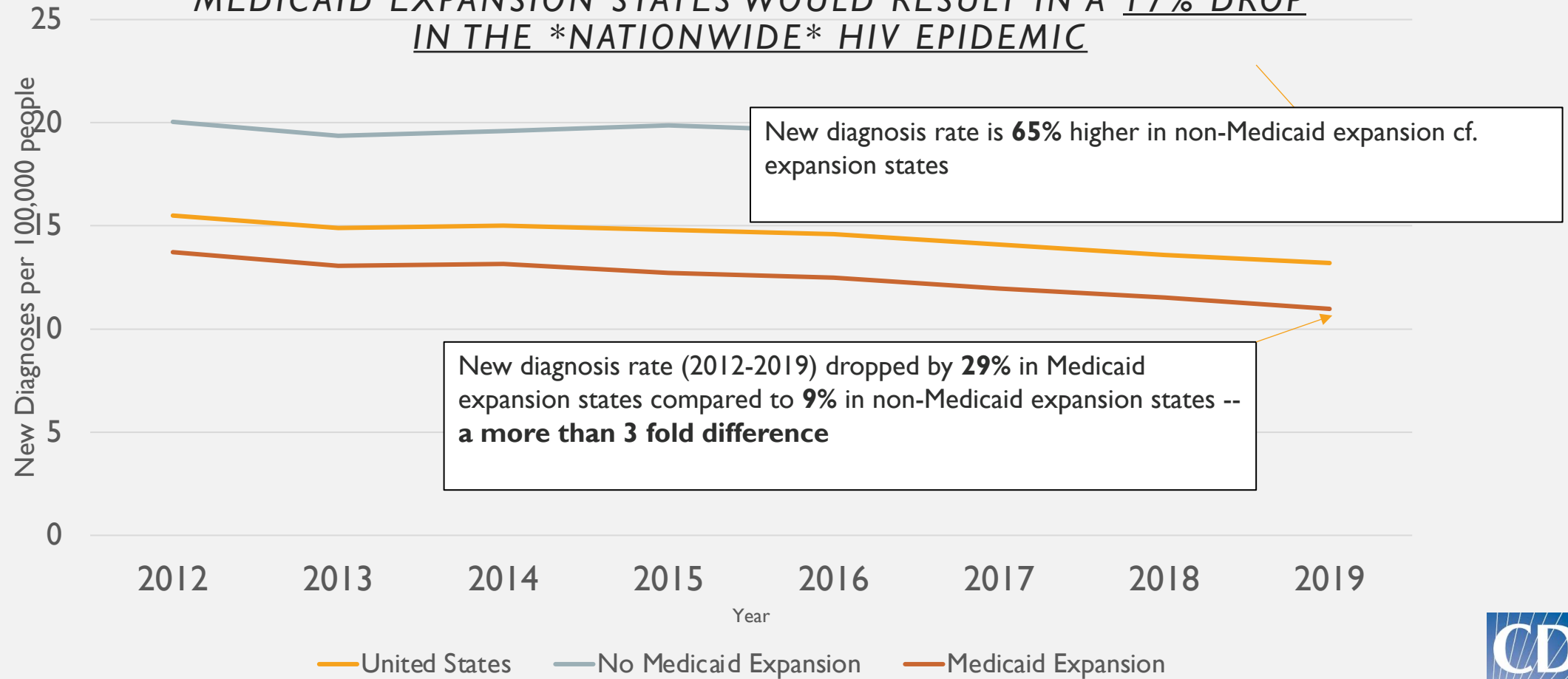
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PrEP4All

THE HIV EPIDEMIC IS DISPROPORTIONATELY CONCENTRATED IN NON-MEDICAID EXPANSION STATES

BRINGING THE RATE OF NEW HIV DIAGNOSES IN NON-MEDICAID EXPANSION STATES DOWN TO THE SAME LEVEL AS MEDICAID EXPANSION STATES WOULD RESULT IN A 17% DROP IN THE *NATIONWIDE* HIV EPIDEMIC

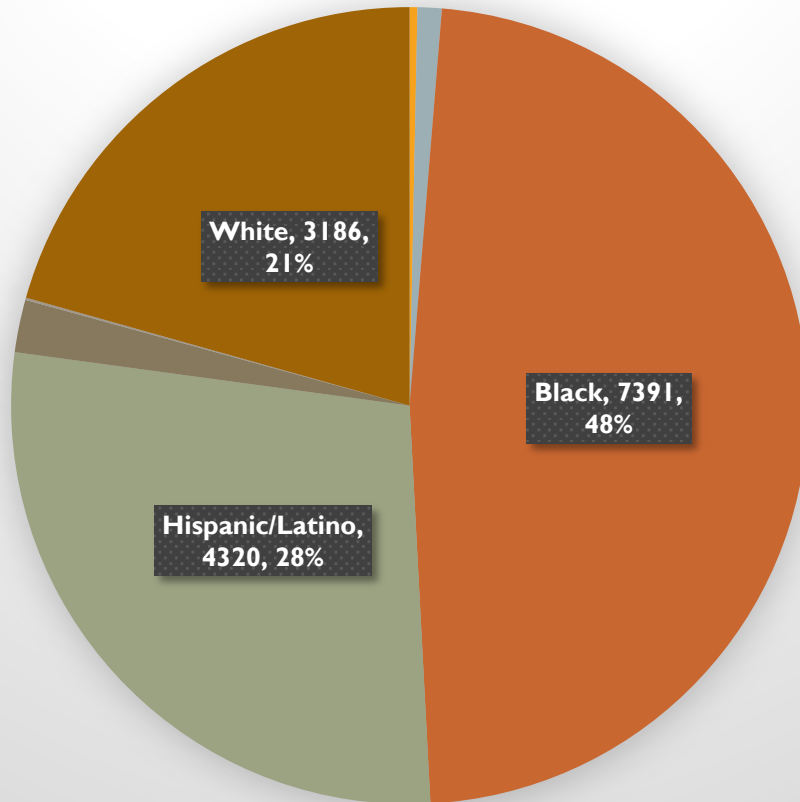


Data from CDC NCHSSTP Atlas

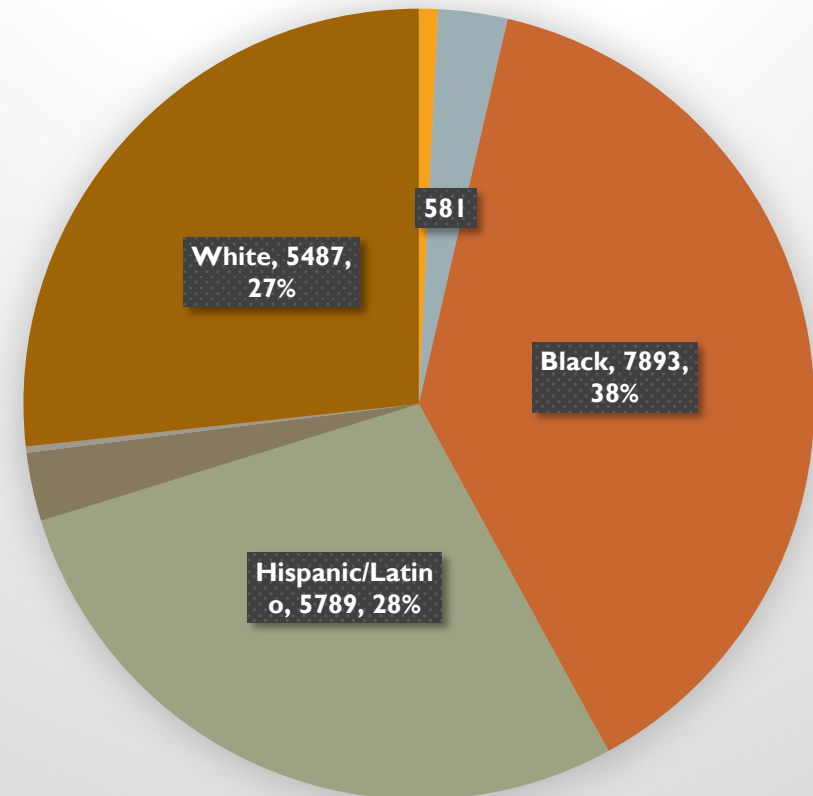
The HIV Epidemic in Non-Expansion States Disproportionately Impacts Black/Brown Folks cf. Expansion States

Diagnoses for 2019

Non-Expansion States



Expansion States



Data from CDC NCHSSTP Atlas

THREATS TO THE INSURED POPULATION

- CMS FAQ in 2021 Clarified ACA Marketplace Plans & Employer-based plans had to cover meds, visits and labs at no cost to patients—no enforcement mechanism
 - PrEP4All has documented over 100 people who are still being charged, most expensive charges are labs
 - Senators Merkley & Smith sent letter to AHIP last week with P4A quoted demanding a response in 30 days on this issue
 - Texas court ruling may give employers an out for “religious freedom to not cover PrEP” is a challenge to the ACA and CMS ruling

MOMENTUM TOWARDS A NATIONAL PREP PROGRAM

- 2018: PrEP4ALL Releases National PrEP Program Plan for Uninsured
- 2021: Johns Hopkins University Releases a National PrEP Program Plan
- 2022: Biden Announces National PrEP for All National Program Budget Request

President Biden in his proposed fiscal year 2023 budget promised to funnel additional funds into efforts to combat the nation's HIV epidemic. **The budget commits to a 75 percent reduction in HIV infection by 2025 and promises \$9.8 billion for a 10-year nationwide PrEP delivery program.** Mar 30, 2022

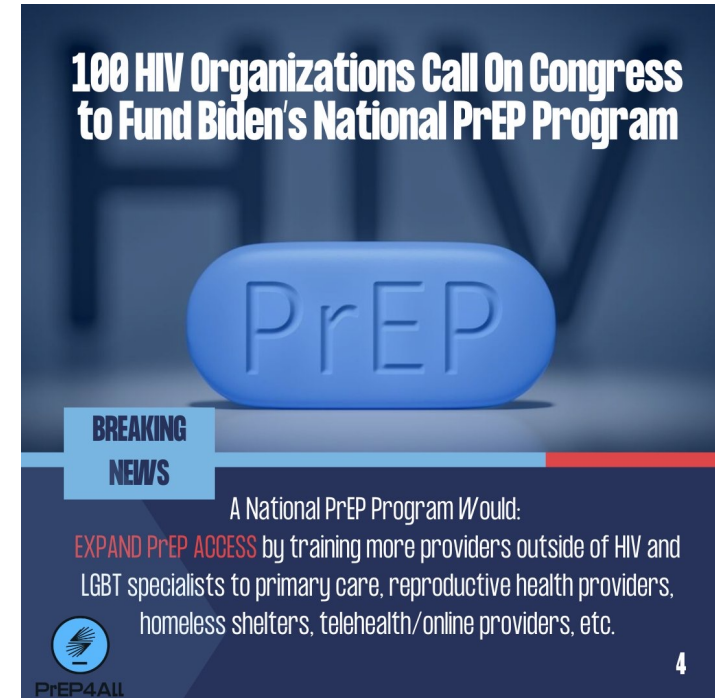


[https://thehill.com › changing-america › respect › equality](https://thehill.com/changing-america/respect/equality) ⋮

Biden budget proposes \$9.8 billion for national PrEP program

ADVOCATE FOR FUNDING IN CONGRESS

- PrEP 4 All and many organizations have formed a coalition to advocate for Congress to allocate \$\$\$ for this program
- The \$10B national program is difficult sell based on political dynamics
- We have gotten some House and Senate leaders to champion this and may see a much smaller number for FY23.



PRINCIPLES FOR A NATIONAL PREP PROGRAM FROM COMMUNITY SIGN ON LETTER

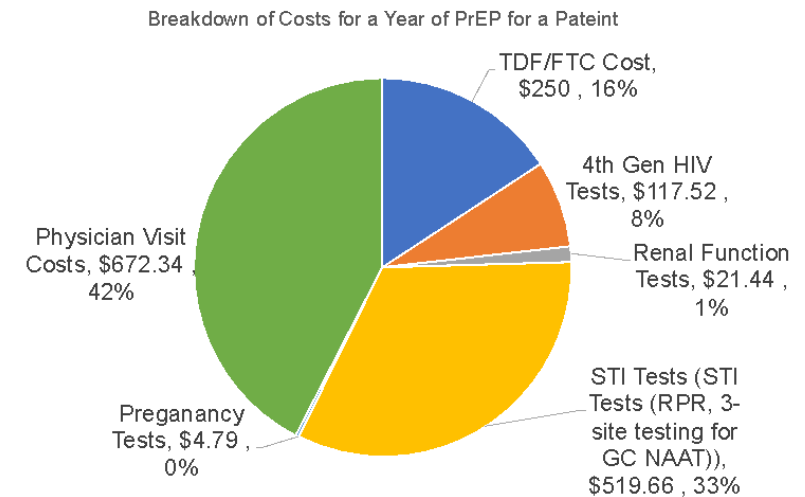
Creating a more cost-efficient system is the only way to generate the savings that can be re-invested into equitable distribution of PrEP

- 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 provides access to other PrEP options when indicated
- 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

WHAT NEEDS TO BE COVERED?

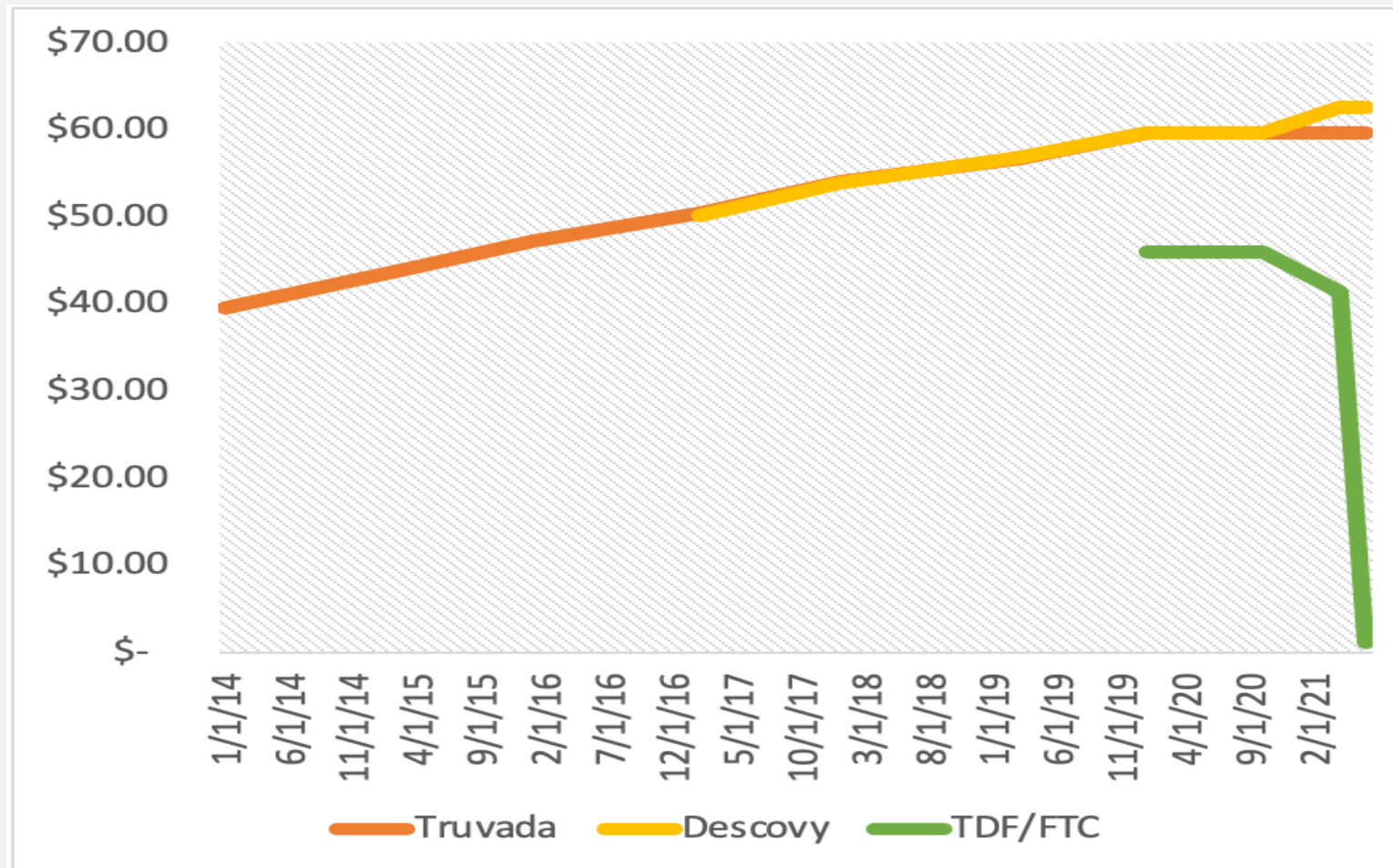
- Essential items:
 - Medications
 - HIV testing
 - Other labs
 - Physician visits
 - Supportive services (incl. PrEP navigation)

PrEP Barriers Overview – Breakdown of Costs (Utilizing Medicare Fee Schedule 2021)



WE HAVE AN UNPRECEDENTED OPPORTUNITY

NADAC* Pricing Trends (Per Tablet)



Data from National Average Drug Acquisition Cost (data.medicicaid.org); chart courtesy of Tim Horn at NASTAD

BUILDING BROAD SUPPORT

- Pillar of 2019 *Ending the HIV Epidemic: A Plan for America*
- President Biden's FY 23 proposal for a *PrEP for All to End the HIV Epidemic*
- One hundred HIV organizations sign on to a letter calling for a national PrEP program
- Building off of the expertise and years of work from PrEP4All's proposal for a national PrEP program, a recent proposal out of Johns Hopkins, the *PrEP Access and Coverage Act*, and the *PrEP Assistance Program Act*.

COMMUNITY ASKS

- The Federal AIDS Policy Partnership and the newly formed National PrEP Program Working Group have all aligned on FY23 appropriations ask:
 - \$ for CDC/DHP for a National PrEP Program for uninsured persons
 - Funding for: provider network expansion (including engagement of nontraditional providers); demand creation activities, and streamlined coverage of essential PrEP services (medication, labs, clinic visits, and support/adherence)
 - Report language supporting the use of CDC HIV Prevention funds for PrEP medications and clinic visits

HOW SHOULD THE FUNDS BE DISTRIBUTED?

Congressional appropriation for PrEP

CDC

HHS/OASH

HRSA

NCHHSTP

Ready, Set, PrEP

BPHC

HAB

Division of HIV
Prevention

Flagship health
department
cooperative
agreement

Targeted funding
to community-
based
organizations

Vendor to
reimburse for
drug and lab
costs for
uninsured

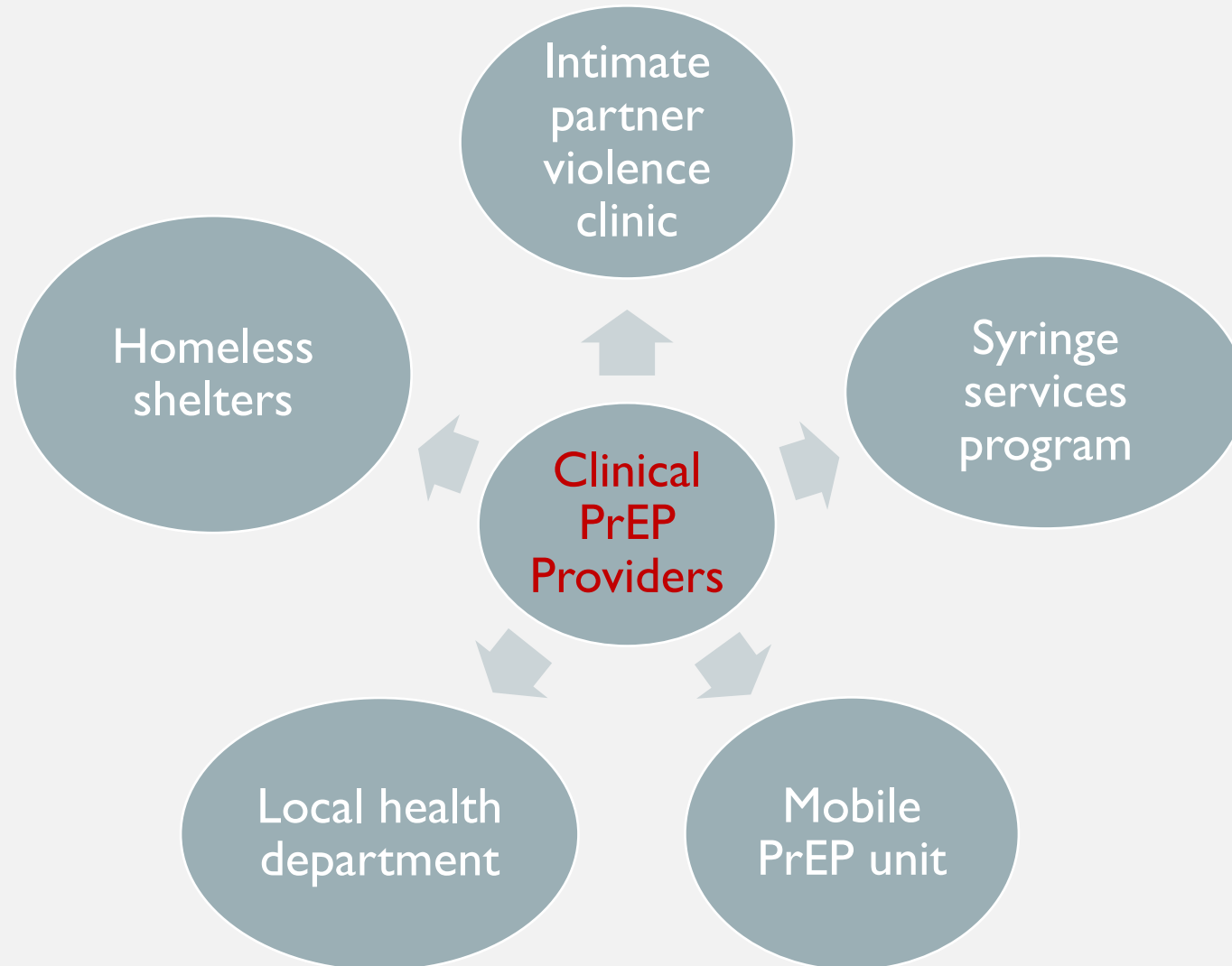
PrEP providers (clinical
and non-clinical)

Select
community
health centers
in EHE
jurisdictions

AETC provider
training includes
PrEP

340B entities – 318 grantees, CHCs, and Title X family planning clinics – are generating program income to pay for PrEP services

ENGAGE NONTRADITIONAL PREP
PROVIDERS AND DRIVE DEMAND IN
COMMUNITIES MOST IN NEED OF PREP



SUMMARY

- Despite significant threats to community efforts to scale up PrEP for uninsured populations, we have an unprecedented opportunity to open the floodgates thanks to public health pricing for PrEP, President Biden's vision for PrEP access, and bipartisan support to end HIV as an epidemic.
- Discretionary funding and report language for FY23— with streamlined coverage of meds, labs, and clinician services— is a vital first step as community advocates struggle with funding cuts in a post-COVID environment
- The establishment of a broader network of PrEP access will meet vulnerable individuals where they are at

ARTICLE RECOMMENDATIONS:

1. **Intentionality:** a program must be designed specifically with racial, ethnic and gender equity in mind...consider if vulnerable Black, Latinx, transgender, and gender diverse communities are likely to benefit in rural, suburban, and urban contexts.
2. **Financial transparency and accountability:** program budgets should transparently account for the costs of a national PrEP program...
3. **Representation matters:** PrEP programs designed by and for the communities they aim to serve have been shown to be highly effective. ..[a]n expanded provider network must be shown to increase the number of Black, Latinx, and transgender providers offering services.
4. **Effective community outreach:** innovative messaging approaches must be pursued as knowledge of PrEP has not fully permeated vulnerable communities....

Building Racial and Gender Equity into a National PrEP Access Program

Jeremiah Johnson, Asa Radix, Raniyah Copeland,
and Guillermo Chacón

Keywords: Pre-exposure Prophylaxis (PrEP), HIV, Uninsured, Racial Equity, Gender Equity

Abstract: Transgender and gender diverse (TGD), Black, and Latinx communities have long borne a disproportionate share of the U.S. HIV epidemic, yet these same key demographics are continually underrepresented in national PrEP prescriptions. Black, Latinx, and TGD individuals are also more likely to be uninsured, meaning that a proposed federal program to cover PrEP for people without insurance could provide significant benefit to potential PrEP users from these populations. However, coverage of PrEP costs alone will not end disparities in uptake. This commentary provides additional context and recommendations to maximize effectiveness of a national PrEP program for TGD, Black, and Latinx populations in the US.

The U.S. HIV epidemic is a case study of health disparities. While there have been reductions in incidence in recent years for white Americans, Black and Latinx communities have seen their

epidemics stagnate or worsen. Black populations made up 29% of new infections in 1981 and 41% of new infections in 2019.¹

Hispanic/Latino individuals made up 16% of new infections in 1981 and 29% of new infections in 2019.² There are also high rates of HIV in transgender and gender diverse individuals. It is no coincidence that these same populations experiencing the highest number of HIV infections are disproportionately likely to be uninsured and are also much less likely to access PrEP therapy than white Americans.³ Recent CDC data found 17% of transgender women surveyed had no insurance.⁴ A plan must also factor in the challenges of addressing the needs of key populations across several different geographic settings, including following expert guidance to leverage telehealth for PrEP in rural areas which also experience significant racial and gender disparities in HIV outcomes.

There is no chance of success in addressing HIV in the United States without reducing disparities in coverage and PrEP access. It follows that any national PrEP access program, such as the one proposed by Killelea and colleagues,⁵ must consider and address unique barriers for the most affected communities from conception all the way through implementation with a constant focus on race and ethnicity, gender,

Jeremiah Johnson, M.P.H., is the PrEP Project Manager at PrEP4All in New York, New York, USA. Diagnosed with HIV in 2008, he has spent over a decade advocating for access to comprehensive HIV prevention, ethical community-driven research, and user-friendly prevention strategies that center the most vulnerable communities. He received a Master of Public Health (M.P.H.) from the Columbia University Mailman School of Public Health in New York, New York. Asa Radix, M.D., Ph.D., is the Senior Director of Research and Education at the Cullen-Loride Community Health Center and a Clinical Associate Professor of Medicine at New York University in New York, New York, USA. Dr. Radix is board certified in internal medicine and infectious disease. He holds a Ph.D. in epidemiology from Columbia University, New York, New York; a M.Phil. from Cambridge University, Cambridge, UK; an M.D. from St. George's University, Grenada; and an M.P.H. from the University of Connecticut, Farmington, Connecticut. Raniyah Copeland, M.P.H., is a seasoned public health and racial justice expert in Los Angeles, California, USA, who has aligned her personal values and career path to elevating Black Americans towards liberation. (Continued on page 56)

ARTICLE RECOMMENDATIONS:

5. **Effective provider education:** In addition to receiving basic clinical guidance, any extended provider network established through a national PrEP access program must be effectively educated on unique barriers to uptake and access for Black, Latinx, and transgender populations.
6. **Socioeconomic factors:** PrEP access must be specifically paired with services that help to combat socioeconomic risk factors...[t]his should be considered in recruitment of a provider network...
7. **Ongoing research:** Implementation of a federally coordinated access program should partner with NIH to study the effectiveness of scale up for Black, Hispanic/Latinx, and transgender populations, any persistent barriers to uptake, and potential extrapolation to other hard to access preventive healthcare services (e.g. Narcan)...

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FINANCING AND DELIVERING PRE-EXPOSURE PROPHYLAXIS (PREP) TO END THE HIV EPIDEMIC • SUMMER 2022 55

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