

The Path Forward for a National PrEP Program: Policy and Implementation Priorities

For more information, download our full report at bit.ly/preppathforward or contact **Michael Chanclay, Communications and Mobilization Manager** at michael@prep4all.org.

In **The Path Forward for a National PrEP Program: Policy and Implementation Priorities**, PrEP4All presents a concise and comprehensive summary of two convenings, supported by Arnold Ventures, that were held in 2024. These think-tank style sessions brought together over 50 PrEP users, community leaders, health department representatives, PrEP providers, financing researchers, and community mobilization experts to discuss the requirements and considerations for a National PrEP Program for un- and underinsured populations that addresses the growing health equity crisis in PrEP access. Top line recommendations also reflect review and feedback from PrEP4All's [PrEP Users Union](#), a group of current and former PrEP users convened by PrEP4All. Participants identified short and long-term policy interventions with the potential to remove barriers and expand access to PrEP in communities failed by the current system. This document summarizes:

- ▶ Recommendations for policy change and implementation activities that can, if executed, pave the way for a National PrEP Program.
- ▶ Recommendations on what can be done within state and local PrEP Programs, including in the five jurisdictions recently selected by CDC for supplemental PrEP funding to ensure the success of these initiatives that are testing key elements of a National PrEP Program.

Rationale

Twelve years after approval, HIV pre-exposure prophylaxis (PrEP) has still not been effectively deployed. PrEP use in America replicates the health disparities and inequities that plague low-income, BIPOC, LGBTQI+, undocumented, and un- and under-insured communities. The people who need PrEP most do not have it, according to data illuminating the growing disparities across race and ethnicity, geography, gender, and gender identity.

Systemic racism, stigma, and a fundamentally broken United States healthcare system all contribute to the ongoing failure to leverage a powerful HIV prevention tool for the individuals and communities that need it most. The present system for delivering PrEP is fragmented, inefficient and frequently inaccessible. To mount an integrated, comprehensive, and equity driven response to PrEP, especially for uninsured and under-insured individuals, radical, innovative change is needed. The change must be led by and geared towards communities who have been historically marginalized and left out of traditional health care systems.

PrEP4All and other partners have developed a simple yet comprehensive approach to achieving this change: **a National PrEP Program (NPP) that would create an integrated and simple delivery system for PrEP that leverages an efficient and centralized financing system for PrEP.** This concept proposes a **"PrEP Pass,"** a printable or virtual card that allows un- and under-insured individuals to access the PrEP services they need at zero cost. Such an approach would be accompanied by other critical interventions to increase access to PrEP prescribers, including the innovative use of telehealth to expand into nonclinical touch points within communities, and campaigns made by and for priority communities.

The convenings supported by Arnold Ventures allowed a range of highly-informed and -invested stakeholders to explore, in depth, the opportunities and challenges involved in making an NPP a reality.

Core Outcomes

I. An Action Plan for the Four Pillars of a National PrEP Program

The report identifies six action steps across the four pillars of an NPP, as identified during these think tanks.

PILLAR I: Medication Access

PrEP is based on the use of antiretroviral medications that must be available in the right formulations, at the right price and in the right quantities for an NPP to succeed.

Action steps:

1. **Leverage generic PrEP** by addressing misinformation about safety and efficacy of generics among PrEP users and providers, and proactively selecting generic medications for national, state, and local programs to save funds, circumvent market manipulation, and fund novel access approaches such as same-day starts.
2. **Prepare for new PrEP products** by addressing the affordability, acceptability and availability questions that are presently barriers to uptake of CAB-LA, the only current FDA-approved long-acting injectable formulation, and will likely emerge for lenacapavir, Gilead Sciences' once-every-six-month injectable, without proactive planning and action.

PILLAR 2: Lab Access

PrEP use requires basic laboratory tests including periodic HIV testing. Right now these lab costs are not consistently covered, even by programs offering free or subsidized PrEP medication.

Action steps:

1. **Establish a centralized federal contracting approach** for public health, commercial, and self-testing labs that ensures a uniform fee schedule for PrEP labs.
2. **Ensure that state and local PrEP programs support a diversity of testing options** including brick and mortar clinics and self-testing.

PILLAR 3: Provider Expansion

Across the nation, and particularly in the South, people who need PrEP live in "PrEP deserts"--without convenient providers. Expanding access to licensed PrEP prescribers is essential.

Action steps:

1. **Advance hub-and-spokes models** in which licensed prescribers serve multiple sites and types of services that reach or connect with people who need PrEP through virtual appointments and referral networks.

2. **Ensure affected communities lead in selection of provider networks and that community-based infrastructure is a core, funded component of a National PrEP Program.**
3. **Explore and invest in expansion of pharmacist-provided PrEP and tele-PrEP** where relevant and effective.

Pillar 4: Demand Creation

Products only work if people take them, and this decision often depends on well-crafted messages from trusted sources.

Action steps:

1. **Advance a National PrEP Program with a well-funded demand creation effort** that is comprehensive (inclusive of both WHAT PrEP is and WHERE To get it) culturally competent, linguistically accessible, and context specific (a mix of local and national campaigns.)

II. Recommendations for Funding a National PrEP Program

1. Congress must fund all HIV programs, including allocations for a National HIV Program, at the levels necessary to continue the nation's effort to end new HIV transmissions.
2. Congress must authorize a National PrEP Program the size and scale of the initiative included in President Biden's FY2023, FY2024, and FY2025 budgets. We strongly support an allocation of funding to ensure that the program is sustainable over the long-term and should include funding for all aspects of the PrEP intervention.
3. CDC must provide comprehensive support to the jurisdictions who receive funding through its new PrEP funding initiative to ensure they are successful. Support should include technical assistance to program implementers and evaluation activities that are able to discern how these programs can be replicated in other jurisdictions and nationally.
4. HHS/CDC must provide greater transparency on current federal PrEP expenditures and their impact. This may improve synergy with CDC's new pilot initiative and identify additional funding to immediately expand PrEP access in other jurisdictions.