



**PRESIDENTIAL**  
ADVISORY COUNCIL ON HIV/AIDS

March 15, 2022

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Recommendations to Scale-Up Uptake of PrEP Nationwide**

Dear Secretary Becerra:

As you and the Biden administration proceed with implementing the National HIV/AIDS Strategy (NHAS) for the U.S. 2022–2025 and the *Ending the HIV Epidemic in the U.S.* (EHE) initiative, we urge you to support the creation of a national PrEP program to ensure there is a concerted scale up of PrEP so that all those who need it can access and afford PrEP along with any associated services.

As part of this effort, we recommend that the following components be included:

- 1) Addressing Racial, Ethnic and Other Inequities Must be Prioritized.** Only 23 percent of the approximately 1.2 million people indicated for PrEP are receiving it. 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. In order to ensure PrEP uptake is increased among certain populations and communities, all PrEP programs and efforts must first prioritize those communities and areas of the country that are most in need of PrEP and currently not utilizing it. Expanding PrEP into minoritized racial/ethnic communities is critical in addressing the ongoing and widening disparities in PrEP access and uptake. In order to increase PrEP uptake among American Indian/Alaska Native (AI/AN) communities PrEP must be on the Indian Health Service (IHS) National Core Formulary and made available without cost-sharing as part of trust and treaty obligations to Tribal Nations.
- 2) Utilize and maximize existing payer systems including private insurance, Medicaid and Medicare.** Thanks to your efforts and the Biden administration more people have health care coverage than ever before. We urge you to ensure that all payers cover PrEP and associated services to the fullest extent possible under the law. This includes zero cost sharing for those with private insurance under the Affordable Care Act. We urge you to ensure insurers are in compliance with the [guidance](#) CCIIO issued on July 19, 2021, and that new PrEP drugs, such as the long-acting injectable, be covered as quickly as legally possible. We also urge that similar guidance be issued for Medicaid and Medicare programs.

3) **Create and fund a national PrEP Grant Program for Community and Provider outreach and pay for PrEP and associated services for those who are uninsured and underinsured.** The *Ending the HIV Epidemic* initiative already includes the provision of PrEP for community health centers. Some elements needed to implement PrEP currently exist in CDC's HIV and STD prevention programs and among their grantees. Each of these efforts should be dramatically scaled up with additional resources. In order to broaden the reach to more areas of the country and more people who need PrEP, particularly for the uninsured and underinsured, we urge you to estimate the resources needed to achieve the PrEP goals identified in the NHAS and support the creation of and fund a national PrEP grant program. This program should provide funding to public health departments, Indian tribal communities/IHS/tribal health programs, rural health clinics, community health centers, Ryan White Program grantees, 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 be designed to allow for the lower cost purchase of PrEP medications via the 340B drug pricing program, the utilization of generic PrEP, and free PrEP medication programs, PrEP peer navigation programs, PrEP marketing campaigns, and other culturally-relevant programs as appropriate. Funding of innovative strategies that effectively decrease PrEP usage disparities will be critical to close the widening racial and gender disparities of PrEP usage. This should include examining opportunities for clinics that are solely funded by the Ryan White Program to provide both PrEP and post-exposure prophylaxis (PEP). Reducing stigma and discrimination against potential PrEP users must be a central element of the provider outreach efforts.

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.

This letter was unanimously adopted by PACHA at its meeting, conducted virtually, on March 15, 2022. We look forward to your response and working with you and your Department on implementing our recommendations. Thank you very much.

Sincerely,



Marlene McNeese  
Co-Chair



John Wiesman  
Co-Chair

cc: Admiral Rachel L. Levine, MD, Assistant Secretary for Health, Admiral, U.S. Public Health Service, U.S. Department of Health and Human Services (HHS)  
B. Kaye Hayes, MPH, Acting Director, Office of Infectious Disease and HIV/AIDS Policy (OIDP) and Executive Director of PACHA, OASH, HHS  
Harold Phillips, MRP, Director, White House Office of National AIDS Policy