June 8, 2022

The Honorable Rosa L. DeLauro
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patrick Leahy
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

Subject: HIV Community Funding Request for a National HIV Pre-Exposure Prophylaxis Program

Dear Chairwoman DeLauro, Ranking Member Granger, Chairman Leahy, and Vice Chairman Shelby:

The undersigned 100 organizations, in partnership with PrEP4All, and the AIDS Budget and Appropriations Coalition and HIV Prevention Action Coalition of the Federal AIDS Policy Partnership, write to urge you to significantly invest in expanding HIV pre-exposure prophylaxis (PrEP) in the FY 2023 appropriations bills. We specifically urge you to fund a new national PrEP program within the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention at $400 million in FY 2023. The funding would be a necessary first step toward achieving the “PrEP for All to End the HIV Epidemic” program proposed in President Biden’s FY 2023 Budget Request. Following significant disruptions during the COVID pandemic, it is also an essential investment to reach the ambitious targets put forth in President Trump’s Ending the HIV Epidemic initiative.

The first PrEP drug was approved by the FDA nearly ten years ago. This intervention, now available as a daily oral pill as well as a longer-acting injectable, effectively prevents a person from acquiring HIV through sexual contact or intravenous substance use. Expanding PrEP use is essential in our nation’s work to end the HIV epidemic. Both the National HIV/AIDS Strategy and the Ending the HIV Epidemic Initiative rely on PrEP expansion as a key tool to ending the HIV epidemic by 2030. To achieve this, much more must be done. It is estimated that only 25% of people who could benefit from PrEP have received a prescription. PrEP use is highest among white people, at 66% of those who could benefit from receiving PrEP, yet only 9% of Black people and 16% of Hispanic/Latino people who could benefit from PrEP in the United States
have a prescription. Additionally, only 9.7% of women who could benefit from PrEP currently have a prescription. It is no coincidence that many of these same populations are disproportionately uninsured.

Thanks to the entry of generic competitors driving the cost of daily oral PrEP down to as low as $20/month, Congress now has the opportunity to enact a PrEP program that will be cost saving to the federal government while achieving equitable access for all communities who need PrEP the most. With lifetime healthcare costs estimated at $500,000 for each new HIV diagnosis and around 35,000 new diagnoses each year in the US, an investment in PrEP access would both prevent the spread of HIV and significantly reduce health care costs.

We believe that Congress and the Federal government must quickly act to ensure that anyone who could benefit from PrEP can access the medication and other PrEP services without any costs. For every year that we delay effective, evidence-based scale up of PrEP access, thousands of unnecessary new infections will occur, primarily within vulnerable communities. We are asking Congress to appropriate $400 million in FY 2023 for a new national PrEP program within the CDC’s Division of HIV Prevention. This program will support the expansion and creation of PrEP programs by providing grants for the purchase of medications, costs of labs, essential support services (e.g., counseling, linkage, and adherence services), PrEP outreach and education activities, and the expansion of PrEP provider capacity. We believe that this grant should be available to a wide range of provider networks, including traditional and non-traditional clinical providers (including OB/GYNs and providers serving young adults) and community-based organizations, establishing provider eligibility to directly and easily connect patients to the benefits of the program. The end result must be a simple and streamlined pathway to access for communities who most need PrEP.

President Biden’s FY 2023 Budget Request called for a 10-year mandatory funding program to expand PrEP across the United States to provide medication to un- and under-insured individuals and to support and expand PrEP programs across a variety of agencies. We believe that this proposal will have a great impact on the equitable expansion of PrEP, though we recognize that enacting such a program will take time. As a first step toward that goal, we ask the Appropriations Committees to quickly appropriate this discretionary funding so that PrEP expansion can occur as soon as possible. PrEP expansion cannot wait.

As part of this request, we urge the Committee to adopt the following report language to ensure that this $400 million is effectively distributed:

_The Committee is concerned that in 2020, only 25% of people who could benefit from pre-exposure prophylaxis (PrEP) received a prescription. Black and Hispanic/Latino people account for the majority of people for whom PrEP is recommended but have the lowest rates of PrEP use among all racial/ethnic groups. CDC data show only 9% of the nearly 469,000 Black people who could benefit from PrEP received a prescription in 2020, and only 16% of the nearly 313,000 Hispanic/Latino people who could benefit from PrEP received a prescription. There are also disparities in PrEP usage based on gender/sex assigned at birth with uptake about three times as high in 2020 among males (28%) as among females (10%)._

_The Committee is, therefore, appropriating $400M to the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention for a new National PrEP Program. The National PrEP Program will provide funds to CDC HIV prevention grantees to support_
PrEP access, including for PrEP medications, laboratory services, essential support services (e.g., counseling, linkage and adherence services), robust PrEP outreach and education activities, and PrEP provider capacity building. Funding must ensure that the National PrEP Program PrEP provider network includes traditional clinical providers as well as non-traditional community-based partners, including family planning clinics, domestic violence organizations, local health departments, STD clinics, Ryan White funded and other community-based organizations with deep reach into communities most impacted by HIV.

Additionally, the Committee is concerned that CDC currently prohibits the use of HIV prevention grants and cooperative agreements to cover the cost of PrEP medications and clinic visits. The Committee directs CDC to examine and remove limitations on grantees’ abilities to use HIV prevention grants and cooperative agreements for PrEP medications, clinic visits, and all necessary support services.

We thank you for considering this request. Your Committees have been very supportive of HIV funding, and we hope that your leadership will ensure that we can end the HIV epidemic in the United States. Should you have any questions, please reach out to our coalition.

Sincerely,

ADAP Educational Initiative (OH)
Advocacy House Services, Inc. (NC)
Advocates for Youth (DC)
AIDS Action Baltimore (MD)
AIDS Alabama (AL)
AIDS Alabama South (AL)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)
AIDS Foundation of Chicago (IL)
AIDS United (DC)
Aliveness Project (MN)
American Academy of HIV Medicine (DC)
American Psychological Association (DC)
American Sexual Health Association (NC)
APLA Health (CA)
Appalachian Learning Initiative Inc. (WV)
Association of Nurses in AIDS Care (OH)
AVAC (NY)
Black AIDS Institute (GA)
CAEAR Coalition (DC)
Callen-Lorde Community Health Center (NY)
CARES of Southwest Michigan (MI)
Cascade AIDS Project (OR)
CenterLink: The Community of LGBT Centers (FL)
Chicago House and Social Service Agency (IL)
Chicago Women's AIDS Project (IL)
Colorado Organizations and Individuals Responding to HIV/AIDS(CORA) (CO)
Community Education Group (CEG)
R2H Action [Right to Health] (MA)
Rainbow Café (IL)
Reproductive Health Access Project (NY)
Ryan White Medical Providers Coalition (DC)
San Francisco AIDS Foundation (CA)
SisterLove, Inc. (GA)
Southwest Center for HIV/AIDS (AZ)
Southwest Recovery Alliance (AZ)
Strategies for High Impact (S4HI)
The AIDS Institute (DC)
The Aliveness Project, Inc. (MN)
The Matrix Consulting, LLC (VA)
The Well Project (NY)
Thomas Judd Care Center at Munson Medical Center (MI)
Thrive Alabama (AL)
THRIVE SS Inc (GA)
Treatment Action Group (NY)
UCSF (CA)
UNIFIED- HIV Health and Beyond (MI)
URGE: Unite for Reproductive & Gender Equity (DC)
Vivent Health (CO, MO, TX, WI)
Wellness AIDS Services, Inc. (MI)
Whitman-Walker Institute (DC)
Woodhull Freedom Foundation (DC)