

Sustaining Momentum and Increasing Access to PrEP in Uncertain Times

Policy Action is Needed to Make It Easier to Start and Stay on PrEP

Helping individuals start and stay on pre-exposure prophylaxis (PrEP) is a critical part of efforts to end the HIV epidemic in the United States. Investments in PrEP and HIV prevention not only help protect lives, but lower costs, save taxpayer dollars, and alleviate pressure on healthcare delivery systems. While other effective HIV prevention tools exist, including condoms and various risk reduction strategies, none are as effective or offer the same durability of protection as PrEP. At this time there is uncertainty and significant disruption to HIV prevention in the United States. A June 2025 decision by the U.S. Supreme Court maintains the current requirement that PrEP be provided without cost-sharing in most private insurance plans and Medicaid expansion plans, but cuts and staff reductions at the Department of Health and Human Services (HHS) including essentially decimating the Division of HIV Prevention (DHP) at the Centers for Disease Control and Prevention (CDC) have created chaos. Preventing HIV is a necessity and not a luxury. Sustaining access to effective prevention must remain a national priority.

1) ENSURING ADEQUATE FUNDING FOR HIV PREVENTION

POLICY ACTION: *Protect federal funding for HIV prevention and retain the core HIV prevention and surveillance functions of the CDC Division of HIV Prevention*

POLICY ACTION: *Promote strategies to reduce barriers to remaining on PrEP*

POLICY ACTION: *State legislatures should pass laws expanding scope of practice for pharmacists allowing them to prescribe PrEP*

2) PROTECTING PATIENT ACCESS TO ALL PREP REGIMENS WITH NO COST-SHARING OR BARRIERS

POLICY ACTION: *Federal and state regulators should continue policy efforts to fully implement the nationwide PrEP coverage mandate*

POLICY ACTION: *Insurance regulators should take enforcement actions to ensure compliance with PrEP coverage mandates*

POLICY ACTION: *State legislatures should pass laws to ensure zero cost-sharing and limit barriers to PrEP such as inappropriate utilization management*

Effectively preventing HIV is at the center of any national plan to end the HIV epidemic. We have the tools and a growing number of options for delivering PrEP to large numbers of people. Translating effective interventions from research studies into the real world, however, remains challenging. Overcoming financial barriers, health system obstacles, and integrating PrEP into individuals' lives remains a work in progress. In addition to advocating to preserve federal funding for HIV prevention and care, all stakeholders must remain focused on the tangible actions we can take to enable more people to obtain and persist in using PrEP for effective HIV prevention.

3) MAINTAINING THE CAPACITY TO MONITOR TRENDS AND DELIVER RESOURCES TO YIELD THE BIGGEST PUBLIC HEALTH IMPACT

POLICY ACTION: *State health departments should work with providers and community partners to disseminate and use state epidemiological data*

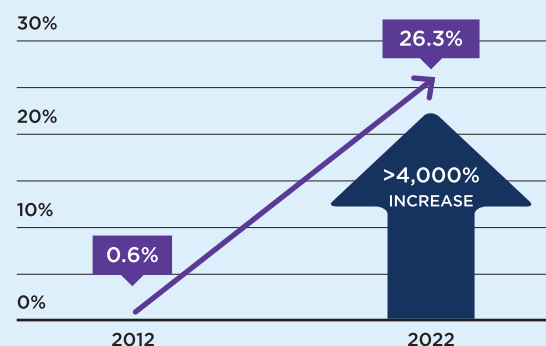
POLICY ACTION: *Adopt the PrEP-to-Need Ratio (PnR) as a core metric at the clinic and jurisdictional level for achieving public health impact from greater PrEP use*

4) MAKING IT EASIER TO START AND STAY ON PREP

POLICY ACTION: *Make rapid start of PrEP the standard practice at most PrEP enrollment sites*

PrEP USE IS RISING, BUT FAR BELOW THE GOAL OF 50%

Average PrEP coverage increased from 0.6% to 26.3% from 2012-2022—But this is far below President Trump's Ending the HIV Epidemic (EHE) goal of 50% PrEP coverage.



Source: AIDSvu, <https://aidsvu.org/news-updates/aidsvu-releases-2024-prep-use-data-showing-growing-use-across-the-u-s/>.