

July 22, 2021

Dr. Rochelle Walensky  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

Re: Request for Policy Change for CDC HIV Grantees to Pay for PrEP Ancillary Services

Dear Director Walensky:

The undersigned 67 public health, HIV, hepatitis, and STD community-based organizations, along with providers, community health centers, and advocacy organizations are writing to urge you to change a Centers for Disease Control and Prevention (CDC) policy that can immediately help increase access to pre-exposure prophylaxis (PrEP) for the prevention of HIV. **We ask the CDC to reverse its current prohibition and allow recipients of all HIV prevention funds to pay for PrEP ancillary services such as laboratory services for PrEP screening and monitoring.** In order to end the HIV epidemic in the U.S. the federal government must update its practices and ensure flexibility to allow for innovative programming to occur on the ground.

As you know, one of the most exciting developments in HIV prevention was the approval of the first drug used for PrEP in 2012, which is currently a once daily pill that prevents HIV. PrEP requires a prescription from a provider and periodic lab tests, along with HIV, hepatitis, and STD testing. While we are witnessing uptake in the number of people taking PrEP, only 23 percent of the approximately 1.2 million people indicated for PrEP are receiving it. Additionally, significant disparities exist in PrEP coverage. In 2019, only 8 percent of Black/African American and 14 percent of Hispanic/Latino persons who were eligible for PrEP were prescribed it, compared to 63 percent of white persons.<sup>1</sup> There are several reasons PrEP uptake has been low, including lack of awareness by individuals and providers, lack of access to the medication, and difficulty paying for the periodic required screening and testing services.

Paying for PrEP and the required laboratory tests has been a significant barrier particularly for the uninsured and underinsured individuals. While the Ryan White HIV/AIDS Program provides care and treatment for low-income people living with HIV, its mandate does not include people who are at risk of HIV. The *Ending the HIV Epidemic in the U.S.* (EHE) initiative has worked to increase access to PrEP by developing two programs to pay for PrEP – funding for

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<sup>1</sup> Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021; 26(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed July 7, 2021.

community health centers and the federally administered program, Ready, Set, PrEP, which only provides for the actual drug. These programs do not reach everyone and there is still much work to be done to ensure everyone who wants PrEP is able to receive it and maintain their access.

**We believe CDC can and should provide additional resources and flexibility to grantees to support PrEP prescription and maintenance.** Currently, CDC allows the 57 funded EHE grantees to use a portion of their EHE funding to support ancillary services associated with PrEP. The funding guidance states that recipients may use EHE funds to pay “for laboratory costs for screening or monitoring PrEP per CDC Guidelines for uninsured or underinsured people receiving PrEP in not-for-profit or government clinics.”<sup>2</sup> In fiscal year 2021, CDC was appropriated \$175 million, and the fiscal year 2022 budget request includes \$275 million for EHE-related activities.

However, CDC prohibits state and local governments and community-based organizations to use a portion of their ongoing CDC HIV funding for PrEP services. In FY 2021, total funding for the CDC Division of HIV/AIDS Prevention was \$755 million.

Increasing PrEP uptake across the entire U.S., not just in EHE jurisdictions, is critical to ending the HIV epidemic in the U.S. Our public health programs and community-based organizations must have all resources available to ensure that uninsured individuals are able to receive the ancillary services needed to ensure and maintain access to PrEP now. **We ask that the CDC immediately allow all HIV prevention grant recipients to use their funds to support laboratory costs for PrEP screening and monitoring in the same way as CDC EHE funds can be used.**

**We also ask that you publicly report for each jurisdiction how EHE funding is being used to support PrEP services on an annual basis.**

We thank you for attention to this matter. If you have any questions or comments, please do not hesitate to contact Carl Schmid, Executive Director, HIV+Hepatitis Policy Institute at [cschmid@hivhep.org](mailto:cschmid@hivhep.org) or Kenyon Farrow, Managing Director of Advocacy & Organizing, PrEP4All at [kenyon@prep4all.org](mailto:kenyon@prep4all.org).

Sincerely,

ADAP Advocacy Association  
 Advocates for Youth  
 African American Health Alliance  
 AIDS Action Baltimore  
 AIDS Alabama  
 AIDS Alabama South  
 AIDS Alliance for Women, Infants,  
 Children, Youth & Families

AIDS Cure Research Collaborative  
 AIDS Foundation Chicago  
 AIDS United  
 American Academy of HIV Medicine  
 American Psychological Association  
 Amida Care  
 APLA Health  
 Aunt Rita's Foundation

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<sup>2</sup> Centers for Disease Control and Prevention, “Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States CDC-RFA-PS20-2010,” <https://www.cdc.gov/hiv/pdf/funding/announcements/ps20-2010/CDC-RFA-PS20-2010.pdf>.

AVAC	Latinos Salud
Black AIDS Institute	Let's Kick Ass NY
CAEAR Coalition	Michael Reese Care Program
CARES of Southwest Michigan	NASTAD
Cascade AIDS Project	National Association of County and City Health Officials
Center on Halsted	National Black Gay Men's Advocacy Coalition
Chicago BTAN	National Coalition of STD Directors
Collaboratory of AIDS Researchers for Eradication - Community Advisory Board	National Coalition for LGBT Health
Community Access National Network (CANN)	National Family Planning & Reproductive Health Association
Community Education Group	National Working Positive Coalition
Desert AIDS Project dba DAP Health	NMAC
End AIDS Now	New York Transgender Advocacy Group (NYTAG)
Friends For Life	North Carolina AIDS Action Network
Georgia AIDS Coalition	Piedmont Care, Inc.
GLMA: Health Professionals Advancing LGBTQ Equality	PrEP4All
Health GAP	Prevention Access Campaign
HealthHIV	Ryan White Medical Providers Coalition
HIV + Aging Research Project--Palm Springs	San Francisco AIDS Foundation
HIV AIDS Alliance of Michigan	Southern AIDS Coalition
HIV Care Directions	Southwest Center
HIV Medicine Association	Spectrum Medical
HIV+Hepatitis Policy Institute	The AIDS Institute
Howard Brown Health	The Counter Narrative Project
Human Rights Campaign	The Well Project
International Association of Providers of AIDS Care	Treatment Action Group
Latino Commission on AIDS	Vivent Health

cc: Dr. Rachel Levine, Assistant Secretary of Health, HHS  
Harold J. Phillips, Director, White House Office of National AIDS Policy  
Dr. Jonathan Mermin, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC  
Dr. Demetre Daskalakis, Director, Division of HIV Prevention, CDC  
Dr. Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA  
James Macrae, Associate Administrator, Bureau of Primary Health Care, HRSA