

FOR IMMEDIATE RELEASE: 7/22/2021

**Contact 1:** Kenyon Farrow  
**Cell:** (202) 236-3274  
**Email:** [kenyon@prep4all.org](mailto:kenyon@prep4all.org)



**Contact 2:** Carl Schmid  
**Cell:** (202) 365-7725  
**Email:** [cschmid@hivhep.org](mailto:cschmid@hivhep.org)



**PrEP4All and the HIV+Hepatitis Policy Institute Lead National Call to End Ban on PrEP Services Spending with CDC Grant Funding**

[NEW YORK, NY] – Today, [PrEP4All](#) with [HIV+Hepatitis Policy Institute](#) submitted [a letter](#) of over 60 signatures of leading HIV organizations calling on the Centers for Disease Control & Prevention (CDC) and the White House Office of National AIDS Policy (ONAP) to request the CDC to reverse its decision to prohibit the use of CDC prevention funds to pay for the additional costs of PrEP, including provider visits, labs for screening and monitoring.

“While we are witnessing an 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. 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.”

[Recent guidance by the Center for Medicare and Medicaid Services](#) ensures that anyone with insurance coverage can access PrEP with no cost-sharing for the drug, labs, or clinic visits pushed on to patients. But the parts of the country with the highest HIV transmission rates also have the highest rates of people who are uninsured and have the lowest rates of PrEP use. The CDC estimates that at least 300,000 Americans who need PrEP do not currently have insurance, and thus, would not benefit from this change.

CDC and other federal agencies must quickly move to change this ruling for grants disbursed to health departments, clinics, and community-based organizations, so that the CDC can become the payer of last resort for HIV prevention services, much in the way that the Ryan White Program is the payer for people living with HIV without other health coverage. Increasing access to PrEP for both the insured and uninsured is critical to ensuring that poor, Southern, rural, Black & Brown communities can see the same kind of decreases in HIV incidence we’ve seen among whites in the United States.

**About PrEP4All:** *PrEP4All is a public health activist organization that works to increase access to HIV and COVID-19 drugs. More information is available at [www.prep4all.org](http://www.prep4all.org).*

**About HIV+Hepatitis Policy Institute:** *The HIV+Hepatitis Policy Institute promotes quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions. More information is available at <https://hivhep.org>.*

###