

**From:** CDCExecSec (CDC) <[CDCExecSec@cdc.gov](mailto:CDCExecSec@cdc.gov)>

**Sent:** Wednesday, October 27, 2021 5:14 PM

**To:** Carl Schmid <[cschmid@hivhep.org](mailto:cschmid@hivhep.org)>

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

Dear Mr. Schmid:

Thank you for [your letter](#) signed by 67 community-based organizations, providers, community health centers, and advocacy organizations, regarding increasing pre-exposure prophylaxis (PrEP) uptake in the United States. I am responding on behalf of Dr. Walensky.

The Centers for Disease Control and Prevention (CDC) prioritizes PrEP as a critically important prevention tool, and the current guidance for our flagship health department program, [Integrated Human Immunodeficiency Virus \(HIV\) Surveillance and Prevention Programs for Health Departments \(PS18-1802\)](#), includes PrEP as a part of a comprehensive HIV prevention program. The existing PrEP activities supported with CDC resources focus on education, training, communication and linking people who would benefit to providers.

To date, CDC has not allowed for non-*Ending the HIV Epidemic in the U.S.* (EHE) HIV prevention funding to cover PrEP ancillary services because resources were needed to support other high-impact HIV prevention strategies and paying for these PrEP services would have been cost prohibitive. However, with the updated [U.S. Preventive Services Task Force's Grade A recommendation](#) and [Centers for Medicare and Medicaid Services' latest frequently asked questions](#) clarifying coverage requirements for PrEP ancillary services, the costs should no longer consume a large portion of the HIV prevention budget if jurisdictions decide to use CDC HIV prevention funds for those purposes. Therefore, CDC is working to make this an allowable expense under certain CDC funding awards. CDC is determining what modifications are allowable and feasible in the health department program (PS18-1802) to permit grantees to pay for PrEP clinical services with CDC funds. If the health department program awards under PS18-1802 are modified, CDC would require grantees to ensure that CDC is the payer of last resort for these ancillary services.

We know that access to quality PrEP care is critical to HIV prevention efforts and we will continue to work with our partners to look for ways to expand PrEP services and commit to equitably expanding access to and uptake of PrEP. As part of Ending the HIV Epidemic in the U.S., state and local communities (in partnership with CDC and other federal agencies) are employing innovative strategies, such as telePrEP and same-day PrEP delivery, to increase access to and use of PrEP. These efforts focus on African American and Latino gay and bisexual men, African American women, and other populations disproportionately affected by HIV. We appreciate the input from you and your co-signatories and our partnership in HIV prevention.

Sincerely,

Jonathan Mermin, MD, MPH (RADM, USPHS)  
Director, National Center for HIV, Viral Hepatitis, STD, and TB Prevention