

HIV+HEP

POLICY INSTITUTE

PRESS RELEASE

November 28, 2022

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HIV+Hep Releases Report Detailing Funding Needed to Increase PrEP Uptake

Urges Congress to Fund PrEP Program to Close Racial & Ethnic Disparities

Washington DC... In advance of World AIDS Day on December 1st, the **HIV+Hepatitis Policy Institute** has released a [report](#) modeling the resources needed to fund a national Pre-Exposure Prophylaxis (PrEP) program. PrEP, which are drugs that prevent HIV, is a central pillar of the [National HIV/AIDS Strategy](#) and a key component of the [Ending the Epidemic initiative](#), which aims to end HIV by 2030.

According to the analysis conducted by RTI International, \$521 million would be needed in year one and \$6.18 billion would be needed over ten years to meet the PrEP goals in the strategy and decrease the number of new HIV infections by 75 percent.

“Missing from our nation’s effort to end HIV is a national PrEP program that covers the cost of the medications, associated labs, and prescriber time for those who lack health insurance along with the necessary provider and community outreach to increase PrEP uptake, particularly among the communities most impacted by HIV,” said **Carl Schmid, executive director** of the **HIV+Hepatitis Policy Institute**. “We call on Congress to take immediate steps to correct this by including new funding to begin a national PrEP program at the CDC in the fiscal year 2023 spending bill currently being considered.”

As part of the FY2023 budget, President Biden proposed a ten-year \$9.8 billion PrEP program and earlier this month requested emergency funding to begin a national PrEP program.

Although the CDC has estimated that 1.2 million people are eligible for PrEP, only about 363,000 were taking PrEP in 2021. There are stark and widening racial, ethnic, and gender disparities in PrEP use. For instance, while Black people represent 42 percent of HIV diagnoses, they represent only 14 percent of PrEP users; Latinos comprise only 17 percent of PrEP users while making up 27 percent of HIV diagnoses. White people are 65 percent of PrEP users, while making up only 26 percent of HIV diagnoses. For the first time, the RTI *PrEP Cost Calculator* presents in detail what new funding is needed to increase PrEP usage

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in each of the racial and ethnic communities by payer to correct these wide disparities to reach 50 percent of those eligible by 2027.

The model estimates how much new funding would be needed to provide grants to community-based organizations, health centers, and Ryan White Program grantees to scale up PrEP and pay for medications and services for the uninsured and underinsured. The national PrEP program envisioned complements existing successful PrEP programs being conducted by community health centers, cities and states, CDC STD grantees, and the private sector which are operating, for the most part, with very little federal funding by leveraging existing funding and programs. However, in order to increase the uptake of PrEP, overcome current disparities, and increase the number of entities providing PrEP, the model demonstrates that more funding is needed, particularly to carry out provider and community outreach and provide broader PrEP navigation capacity in underserved populations

Existing programs, for the most part, do not rely on federal funding to purchase medications but rather revenues generated from the 340B program and other sources. The cost estimates for a PrEP program included in the RTI model emphasize the need for federal funding for lab services, along with provider and community outreach and adherence programs. This is due to the existence of free drug programs from manufacturers and the government's [Ready, Set, PrEP](#) program. Additionally, the model takes into account the fact that health insurance can be purchased by entities for PrEP users, often at very low or even no cost.

The RTI model assumes a mix of both daily oral and long-acting PrEP drugs, with the use of long-acting drugs growing each year as new drugs are expected to come to market.

“While securing additional federal funding is paramount, how it is distributed is also important,” added **Schmid**. “In order to close the disparities that exist in PrEP usage, any new funding, along with the existing programs that can be used for PrEP, should be carefully targeted.”

Inputs to the RTI *PrEP Cost Calculator* can be changed over time. Factors such as the cost and mix of drugs, labs, outreach and number of people, provider sites, and payer mix can all be modified. **HIV+Hep** intends to conduct webinars on these results in the beginning of 2023 and will also continue to update and improve the model to reflect the evolving PrEP landscape. For example, we will be updating estimates of the number of HIV cases that can be averted by increased uptake of long-acting PrEP. While the model calls for a gradual increase in the use of long-acting drugs, the cases averted presented in the report only consider oral PrEP use. There are new studies that show that long-acting PrEP advertises more HIV cases.

Some other key data points in the report include:

- Estimates that 20 percent of potential PrEP users are uninsured, including 18 percent of Blacks, 31 percent of Latinos, and 17 percent of Whites;
- By focusing PrEP funding on closing racial and ethnic gaps and bringing all groups up to 50 percent coverage would result in 300,000 new PrEP users by 2027;

- The model includes the entry of 2,730 new sites to conduct PrEP;
- The results of the model conclude that 77 percent of the funds needed would be allocated to support community and provider outreach and patient navigation, 16 percent for ancillary services, and 7 percent for medications;
- 74,540 person years of HIV infections would be avoided over 10 years with a medical cost savings of \$2.27 billion (assuming oral PrEP use only).

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The **HIV+Hepatitis Policy Institute** is a national, non-profit organization whose mission is to promote quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.