Public Comment by

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Expanding PrEP Access Now

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Good afternoon. I am Carl Schmid, Executive Director of the HIV+Hepatitis Policy Institute. While my term on PACHA ended in June, I promised I would continue to be involved. So today I am doing that by offering public comment. Before that I would like to recognize all the members rolling off today for all your work and dedication-it was great to work with each of you over the years. And Congratulations to all the new members. You have a lot of work ahead of you.

One of the areas that I hope PACHA will continue to focus on is improving the uptake of PrEP and addressing the disparities. Even though we don't have a National PrEP Program, there are things that our government can do now.

For one, private insurers are still illegally charging people for their PrEP and associated services. CCIIO, which is the part of CMS that oversees the regulation of private insurance, along with the Department of Labor, that regulates employer plans, must do more to ensure there is compliance and take action against guilty insurers. State regulators need to do the same. Insurers must also provide prescribers the necessary billing codes to get this right. The new ICD10 code and billing guide will help, but we need to make sure all this information is communicated. The CDC must also be involved and work with all parties.

And now that the USPSTF has added long-acting PrEP to its recommendation, we need new guidance from the federal government on what and when insurers must cover without cost sharing.

Second, the CDC must ensure that it, along with its grantees, are doing all they can to provide PrEP services. While CDC doesn't pay for drugs, they can pay for labs and associated services. To date, we have no reports on how many states are

using this new flexibility. We also suggest that there be more opportunities for directly funded CBOs to carry out PrEP activities. Bottom line, we need more reporting and accountability from the CDC.

Finally, we need more data on HRSA's PrEP program for community health centers. Currently funded at $157 million it now provides grants to 412 clinics. While we have some top-level national results and some state data, we still don't have individual clinic data, nor know anyone's gender, sexual orientation or race and ethnicity. PACHA has gone on record asking for this information. We also suggest that you ask HRSA to look closer at the reported outcomes and provide TA to correct deficiencies. For example, 10 clinics are both funded in the states of Alabama and Georgia but while AL reports 732 PrEP users, Georgia only reports 71. Something is not right.

I hope you have found these comments helpful and stand ready to help you as you continue to address efforts to expand PrEP. Thank you.

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