**HIV+Hep Draft Workshop Abstract**

January 29, 2024

**Track**: Community mobilization and advocacy strategies

**Presentation Title**:  ***Scaling Up*** ***PrEP Use Now by Leveraging Existing Programs***

**Level**: Advanced

**Abstract Format**: Format II: Addressing a broader issue area, problem, or community need

1. **Workshop Description**:

*Budget constraints and partisan politics make it difficult at this time to secure passage of a national program to improve PrEP access and close disparities. Nevertheless, more people than ever are taking PrEP, and innovative work is happening around the country.*

*HIV+Hepatitis Policy Institute will convene a panel to examine how PrEP is provided today by entities including community health centers, CBOs, pharmacies, telemedicine platforms, and state health departments. We will examine how this work is financed by leveraging existing programs and systems, as well as current barriers and what can be done to close PrEP access gaps in underserved populations.*

*The interactive workshop will allow attendees to share perspectives and best practices, including uses of CDC prevention and Ending the Epidemic Initiative funding, as well as programs including Medicaid, Medicare, private insurance and 340B.*

*The workshop will conclude by discussing how advocacy can improve PrEP access and eliminate disparities.*

1. **Issues:**

*Increasing PrEP access is a key component of the Ending the HIV Epidemic initiative, which aims to reduce new HIV infections in the US by 90% by 2030 by scaling up proven prevention interventions including PrEP. There has been significant progress in PrEP uptake over in the past few years: from 2019-2022, the number of Black individuals on PrEP increased by 38%; Latino individuals increased by 41%; and women increased by 36%. CDC estimates that only 36% of the 1.2 million Americans who can benefit from PrEP are on it. However, there are wide disparities with the percentage of current users among those eligible ranging from 94% among White people to 13% among Black people and 24% among Latinos; 40% of males eligible for PrEP are on it, but only 15% of females.*

*HIV+Hepatitis Policy Institute has modeled the amount of new federal funding needed to help increase uptake and close gaps in underserved communities. Our work also modeled insurance coverage for the 1.2 million people who are eligible for PrEP, finding that 20% of potential PrEP users are uninsured, including 17% of Whites, 18% of Blacks, but 31% of Latinos. The uninsured and the insured face different PrEP access obstacles. Our model also takes into account the greater number of cases averted by new long-acting forms of PrEP.*

*Given the challenging funding outlook in a divided Congress, while we advocate for new funding, we must ensure that we are doing our best to leverage existing programs, including federal resources and healthcare financing systems.*

*While there is no dedicated funding stream for PrEP, current PrEP work is funded by CDC prevention funding, including grants to state health departments and CBOs. EHE funds distributed by CDC also can be used for PrEP, while another component of EHE funding at HRSA supports PrEP implementation at community health centers.*

*These funding streams do not encompass everything needed to scale up PrEP and eliminate disparities but must be leveraged to expand PrEP access. There is only limited support to pay for PrEP medications, labs, and clinical visits and community or provider outreach, including PrEP navigation staff. It has been difficult to determine just how federal funds are being used for PrEP and program results.*

*Most eligible PrEP users have some form of health coverage. Private insurers must cover PrEP without cost-sharing, but PrEP users often encounter these and other barriers. Medicare beneficiaries also have cost-sharing, although new policies will help eliminate those barriers.*

*With the availability of new provider-administered long-acting PrEP, HIV prevention faces new implementation challenges. With other long-acting products in development people will be able to choose the PrEP medication most suited to their needs from a wide array of options and modalities. However, the correct policies and programs must be in place for people to access these new forms of PrEP.*

*There are still many uninsured people eligible for PrEP and there are ways entities are leveraging current systems to ensure they can access PrEP.*

1. **Learning Objectives:**

*The audience will learn about current available funding streams and programs, what is being done with them, current barriers and how PrEP access can be improved using each of the programs. Our workshop assembles panelists who can speak to ways federal funding and health financing program are being used to advance PrEP access by state health departments, community health centers, pharmacies, telemedicine, and insurance programs. Each of them represent a unique perspective and will present on how they leverage existing programs and resources.*

*Attendees will learn how federal funding is currently being used by grantees for PrEP, how they stretch limited dollars and discuss their results, barriers and potential solutions. Speakers will specifically discuss how they are providing PrEP to priority populations and how they intend to decrease disparities.*

*Attendees will also learn how PrEP is being provided and financed by various payers including private insurance, Medicaid, Medicare and the 340B program. They will discuss how these programs interact with federal funding especially in order to fill in gaps. Barriers, such as cost-sharing, will be discussed, and efforts to address them will be highlighted, with a focus on decreasing disparities.*

*They will also learn about potential threats to PrEP access, such as the Braidwood case.*

*Finally, workshop participants will learn and strategize about ways local, state, and federal advocacy can be most effective to bolster PrEP access to overcome current barriers and how they can participate in these efforts. A focus will be on how these policies will include new forms of PrEP.*

1. **Strategies, Methods, Models, Examples:**

*The workshop aims to highlight emerging best practices and innovations related to PrEP implementation among those funded by existing federal funding – especially Ending the HIV Epidemic and CDC HIV prevention, and HRSA’s PrEP funding for community health centers and health financing systems – by directly hearing from a state health department, a community health center, a pharmacy chain, and a telemedicine platform for PrEP who all leverage this funding and these programs in different ways.*

*Additionally, the panel, which will include two national HIV policy experts, will consider what national, state, and local advocacy can do to more effectively leveraging existing funding and programs.*

*Each panelist will provide opening comments, with a Powerpoint and data, then there will be a moderated discussion among the panelists, followed by Q&A with the workshop attendees.*

**Presenters and Co-Presenters**

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