

Congress of the United States

Washington, DC 20515

August 9, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

We write to express strong support for the Centers for Medicare and Medicaid Services (CMS) announcement on July 12, 2023, regarding the Proposed National Coverage Determination (NCD) for Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Infection Prevention.¹ This proposed rule takes critical steps to ensure that Medicare beneficiaries have access to both daily oral and long-acting PrEP medication without the burden of out-of-pocket costs, including the cost of ancillary services. We applaud the decision by CMS to expand access to this lifesaving medication and urge the administration to take additional steps to ensure all forms of FDA-approved PrEP medication are available without cost-sharing to those who need it.

PrEP is highly effective at preventing the transmission of HIV. Despite this, the medication remains highly underutilized in the United States, particularly among people of color. According to the Centers for Disease Control and Prevention (CDC), in 2021, only 30 percent of the 1.2 million people for whom PrEP was recommended were prescribed it. While Black individuals and Hispanic and Latino individuals account for the majority of people for whom PrEP is recommended, only 11 percent and 21 percent, respectively, of Black individuals and Hispanic and Latino individuals who could benefit from PrEP were prescribed it in 2021. By comparison, 78 percent of white individuals eligible for PrEP in 2021 were prescribed it.

These disparities are partially driven by limited coverage of PrEP medication, including the lab tests and follow-up visits required for using these medications, by payers. Currently, Medicare beneficiaries can only access daily oral PrEP under Medicare Part D, resulting in out-of-pocket costs. The NCD expands access to long-acting injectable PrEP, which many patients may prefer based on convenience, for Medicare beneficiaries. Eliminating cost-sharing for ancillary services – including counseling visits and HIV and hepatitis B testing – will help reduce financial barriers and incentivize uptake among those for whom the medication is recommended. In the final NCD, we encourage CMS to mirror CDC recommendations regarding the need for and frequency of STI testing, as well as recommendations related to identifying who is eligible for PrEP.

¹ <https://www.cms.gov/medicare-coverage-database/view/nca.aspx?NCAId=310>

We believe that every individual in the United States who is considered at-risk for HIV should have access to the preventative health care services they need, including PrEP, without out-of-pocket costs. This proposed rule takes a critical step in achieving universal access for these patients. We strongly urge CMS to finalize and implement this proposed National Coverage Determination and encourage the administration to take additional steps to eliminate out-of-pocket costs, including enforcement of existing requirements for insurers, in order to reduce barriers that limit access to HIV preventative services for Americans.

We look forward to working with you on this important issue.

Sincerely,



Adam B. Schiff
Member of Congress



Tina Smith
United States Senator