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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

To increase access to pre-exposure prophylaxis to reduce the transmission
of HIV.

IN THE HOUSE OF REPRESENTATIVES

Mr. SCHIFF introduced the following bill; which was referred to the Committee
on _____

A BILL

To increase access to pre-exposure prophylaxis to reduce
the transmission of HIV.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “PrEP Access and Cov-
5 erage Act”.

6 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress finds as follows:

1 (1) The Centers for Disease Control and Pre-
2 vention estimates that approximately 1,100,000 peo-
3 ple in the United States are living with HIV.

4 (2) In 2019, there were 36,398 new diagnoses
5 of HIV in the United States.

6 (3) HIV disproportionately impacts gay and bi-
7 sexual men, transgender women, and, in particular,
8 people of color. For example, in 2019, approximately
9 66 percent of new HIV diagnoses were among gay
10 and bisexual men, 42 percent of new HIV diagnoses
11 were among Black people, and 22 percent of new
12 HIV diagnoses were among Latinx people. Recent
13 studies suggest that transgender women are up to
14 49 times more likely to be diagnosed with HIV than
15 the general population. Members of communities at
16 the intersections of these groups are most heavily
17 impacted.

18 (4) Pre-exposure prophylaxis (referred to in this
19 section as “PrEP”) is a daily antiretroviral medica-
20 tion that helps prevent individuals from acquiring
21 HIV. Daily PrEP use reduces the risk of getting
22 HIV from sex by about 99 percent. It reduces the
23 risk of getting HIV from injection drug use by at
24 least 74 percent.

1 (5) Many individuals at risk of exposure to HIV
2 do not use PrEP. Of the approximately 1,100,000
3 people in the United States who could benefit from
4 PrEP, only 23 percent, or nearly 285,000 individ-
5 uals, filled prescriptions for the drug in 2019.

6 (6) PrEP usage is inconsistent across racial
7 and gender lines. In 2019, only 8 percent of Black/
8 African American and 14 percent of Hispanic/Latinx
9 persons who were eligible for PrEP were prescribed
10 it, compared to 63 percent of white persons. Addi-
11 tionally, slightly less than 10 percent of women eligi-
12 ble for PrEP received a prescription in 2019.

13 (7) There are currently 2 brand name drugs
14 and 1 generic drug approved by the Food and Drug
15 Administration for the use of PrEP on a daily basis.
16 Other types of HIV prevention treatments, including
17 a long-acting injectable, which is currently under
18 FDA review, and long-acting oral pills, implants,
19 and vaginal rings are in the research pipeline. These
20 new innovations can increase widespread use of
21 PrEP along with adherence, which can speed the
22 Nation's goal to end HIV and address inequities in
23 health care.

24 (8) Section 2713 of the Public Health Service
25 Act (42 U.S.C. 300gg-13) requires most private

1 health insurance plans to cover preventive services
2 without cost-sharing, including such services with a
3 rating of “A” or “B” under recommendations of the
4 United States Preventive Services Task Force. On
5 June 11, 2019, the United States Preventive Serv-
6 ices Task Force issued a final recommendation giv-
7 ing an “A” grade for PrEP for individuals at high
8 risk of HIV; non-grandfathered private health insur-
9 ance plans have to cover PrEP for such individuals
10 without cost-sharing effective January 2021.

11 (9) Joint guidance issued by the Department of
12 Labor, the Department of Health and Human Serv-
13 ices, and the Department of the Treasury on July
14 19, 2021, clarifies that ancillary services necessary
15 to maintain the PrEP regime, including subsequent
16 provider visits, clinical testing, and other services, is
17 required to be covered by health insurers without
18 cost-sharing.

19 (10) Permanently expanding access to cost-free
20 PrEP and ancillary services for all individuals, in-
21 cluding individuals who do not have health insur-
22 ance, through legislation, is a critical step towards
23 eliminating HIV transmission.

24 (11) Post-exposure prophylaxis (referred to in
25 this section as “PEP”) is a daily antiretroviral

1 treatment which, when initiated promptly after a
2 sexual or other exposure to blood or body fluids that
3 is associated with a high risk of HIV transmission,
4 is highly effective at preventing HIV infection.

5 (12) The Centers for Disease Control and Pre-
6 vention recommends PEP for an individual who has
7 experienced a high-risk exposure incident, provided
8 that the individual tests HIV-negative, initiates such
9 treatment no later than 72 hours after exposure,
10 and continues the treatment for 28 days.

11 (13) Despite PEP's proven effectiveness in pre-
12 venting HIV infection after high-risk sexual expo-
13 sures, awareness of PEP is low among individuals
14 who would benefit from the treatment. Studies sug-
15 gest that awareness of PEP and of the importance
16 of its prompt initiation is particularly low among
17 young gay and bisexual men of color, transgender
18 persons, and women of all gender identities.

19 (14) Adequate knowledge of guidelines issued
20 by the Centers for Disease Control and Prevention
21 for assessing indications for PEP and for initiating
22 and sustaining PEP are low among health care pro-
23 viders and staff. Because PEP is an emergency
24 intervention, insufficient knowledge among providers
25 and staff in hospital emergency rooms, urgent care

1 centers, community health centers, and primary care
2 physicians is of particular concern.

3 (15) Private and public health insurance plans
4 and programs frequently impose requirements for
5 coverage of PEP, including pre-authorization re-
6 quirements and requirements to obtain the medica-
7 tions through designated specialty pharmacies and
8 mail-order programs that pose significant obstacles
9 to timely initiation of treatment.

10 (16) Insurance deductibles and co-payments for
11 PEP medications create significant barriers to PEP
12 utilization by many individuals who have experienced
13 high-risk incidents.

14 (b) SENSE OF CONGRESS.—It is the sense of Con-
15 gress that the Department of Labor, the Department of
16 Health and Human Services, and the Department of the
17 Treasury should ensure compliance with the requirements
18 described in paragraphs (8) and (9) of subsection (a).

19 **SEC. 3. COVERAGE OF HIV TESTING AND PREVENTION**
20 **SERVICES.**

21 (a) PRIVATE INSURANCE.—

22 (1) IN GENERAL.—Section 2713(a) of the Public
23 Health Service Act (42 U.S.C. 300gg–13(a)) is
24 amended—

1 (A) in paragraph (2), by striking “; and”
2 and inserting a semicolon;

3 (B) in paragraph (3), by striking the pe-
4 riod and inserting a semicolon;

5 (C) in paragraph (4), by striking the pe-
6 riod and inserting a semicolon;

7 (D) in paragraph (5), by striking the pe-
8 riod and inserting “; and”; and

9 (E) by adding at the end the following:

10 “(6) any prescription drug approved by the
11 Food and Drug Administration for the prevention of
12 HIV (other than a drug subject to preauthorization
13 requirements consistent with section 2729A), admin-
14 istrative fees for such drugs, laboratory and other
15 diagnostic procedures associated with the use of
16 such drugs, and clinical follow up and monitoring,
17 including any related services recommended in cur-
18 rent United States Public Health Service clinical
19 practice guidelines, without limitation.”.

20 (2) PROHIBITION ON PREAUTHORIZATION RE-
21 QUIREMENTS.—Subpart II of part A of title XXVII
22 of the Public Health Service Act (42 U.S.C. 300gg–
23 11 et seq.) is amended by adding at the end the fol-
24 lowing:

1 **“SEC. 2729A. PROHIBITION ON PREAUTHORIZATION RE-**
2 **QUIREMENTS WITH RESPECT TO CERTAIN**
3 **SERVICES.**

4 “A group health plan or a health insurance issuer of-
5 fering group or individual health insurance coverage shall
6 not impose any preauthorization requirements with re-
7 spect to coverage of the services described in section
8 2713(a)(6), except that a plan or issuer may impose
9 preauthorization requirements with respect to coverage of
10 a particular drug approved under section 505(c) of the
11 Federal Food, Drug, and Cosmetic Act or section 351(a)
12 of this Act if such plan or issuer provides coverage without
13 any preauthorization requirements for a drug that is ther-
14 apeutically equivalent.”.

15 (b) **COVERAGE UNDER FEDERAL EMPLOYEES**
16 **HEALTH BENEFITS PROGRAM.**—Section 8904 of title 5,
17 United States Code, is amended by adding at the end the
18 following:

19 “(c) Any health benefits plan offered under this chap-
20 ter shall include benefits for, and may not impose any cost
21 sharing requirements for, any prescription drug approved
22 by the Food and Drug Administration for the prevention
23 of HIV, administrative fees for such drugs, laboratory and
24 other diagnostic procedures associated with the use of
25 such drugs, and clinical follow up and monitoring, includ-
26 ing any related services recommended in current United

1 States Public Health Service clinical practice guidelines,
2 without limitation.”.

3 (c) MEDICAID.—

4 (1) IN GENERAL.—Section 1905 of the Social
5 Security Act (42 U.S.C. 1396d) is amended—

6 (A) in subsection (a)(4)—

7 (i) by striking “; and (D)” and insert-
8 ing “; (D)”;

9 (ii) by striking “; and (E)” and in-
10 sserting “; (E)”;

11 (iii) by striking “; and (F)” and in-
12 sserting “; (F)”;

13 (iv) by striking the semicolon at the
14 end and inserting “; and (G) HIV preven-
15 tion services;”; and

16 (B) by adding at the end the following new
17 subsection:

18 “(jj) HIV PREVENTION SERVICES.—For purposes of
19 subsection (a)(4)(G), the term ‘HIV prevention services’
20 means prescription drugs for the prevention of HIV acqui-
21 sition, administrative fees for such drugs, laboratory and
22 other diagnostic procedures associated with the use of
23 such drugs, and clinical follow up and monitoring, includ-
24 ing any related services recommended in current United

1 States Public Health Service clinical practice guidelines,
2 without limitation.”.

3 (2) NO COST SHARING.—Title XIX of the So-
4 cial Security Act (42 U.S.C. 1396 et seq.) is amend-
5 ed—

6 (A) in section 1916, by inserting “HIV
7 prevention services described in section
8 1905(a)(4)(G),” after “section 1905(a)(4)(C),”
9 each place it appears; and

10 (B) in section 1916A(b)(3)(B), by adding
11 at the end the following new clause:

12 “(xii) HIV prevention services de-
13 scribed in section 1905(a)(4)(G).”.

14 (3) INCLUSION IN BENCHMARK COVERAGE.—
15 Section 1937(b)(7) of the Social Security Act (42
16 U.S.C. 1396u–7(b)(7)) is amended—

17 (A) in the paragraph header, by inserting
18 “AND HIV PREVENTION SERVICES” after “SUP-
19 PLIES”; and

20 (B) by striking “includes for any individual
21 described in section 1905(a)(4)(C), medical as-
22 sistance for family planning services and sup-
23 plies in accordance with such section” and in-
24 serting “includes medical assistance for HIV
25 prevention services described in section

1 1905(a)(4)(G), and includes, for any individual
2 described in section 1905(a)(4)(C), medical as-
3 sistance for family planning services and sup-
4 plies in accordance with such section”.

5 (d) CHIP.—

6 (1) IN GENERAL.—Section 2103 of the Social
7 Security Act (42 U.S.C. 1397cc) is amended—

8 (A) in subsection (a), by striking “and
9 (8)” and inserting “(8), (10), (11), and (12)”;
10 and

11 (B) in subsection (e), by adding at the end
12 the following new paragraph:

13 “(12) HIV PREVENTION SERVICES.—Regard-
14 less of the type of coverage elected by a State under
15 subsection (a), the child health assistance provided
16 for a targeted low-income child, and, in the case of
17 a State that elects to provide pregnancy-related as-
18 sistance pursuant to section 2112, the pregnancy-re-
19 lated assistance provided for a targeted low-income
20 pregnant woman (as such terms are defined for pur-
21 poses of such section), shall include coverage of HIV
22 prevention services (as defined in section 1905(jj)).”.

23 (2) NO COST SHARING.—Section 2103(e)(2) of
24 the Social Security Act (42 U.S.C. 1397cc(e)(2)) is
25 amended by inserting “HIV prevention services de-

1 scribed in subsection (c)(12),” before “or for preg-
2 nancy-related assistance”.

3 (3) EFFECTIVE DATE.—

4 (A) IN GENERAL.—Subject to subpara-
5 graph (A), the amendments made by subsection
6 (c) and this subsection shall take effect on Jan-
7 uary 1, 2023.

8 (B) DELAY PERMITTED IF STATE LEGISLA-
9 TION REQUIRED.—In the case of a State plan
10 approved under title XIX of the Social Security
11 Act which the Secretary of Health and Human
12 Services determines requires State legislation
13 (other than legislation appropriating funds) in
14 order for the plan to meet the additional re-
15 quirements imposed by this section, the State
16 plan shall not be regarded as failing to comply
17 with the requirements of such title solely on the
18 basis of the failure of the plan to meet such ad-
19 ditional requirements before the 1st day of the
20 1st calendar quarter beginning after the close
21 of the 1st regular session of the State legisla-
22 ture that ends after the 1-year period beginning
23 with the date of the enactment of this section.
24 For purposes of the preceding sentence, in the
25 case of a State that has a 2-year legislative ses-

1 sion, each year of the session is deemed to be
2 a separate regular session of the State legisla-
3 ture.

4 (e) COVERAGE AND ELIMINATION OF COST-SHARING
5 UNDER MEDICARE.—

6 (1) COVERAGE OF HIV PREVENTION SERVICES
7 UNDER PART B.—

8 (A) COVERAGE.—

9 (i) IN GENERAL.—Section 1861(s)(2)
10 of the Social Security Act (42 U.S.C.
11 1395x(s)(2)) is amended—

12 (I) in subparagraph (GG), by
13 striking “and” at the end;

14 (II) in subparagraph (HH), by
15 striking the period at the end and in-
16 serting “; and”; and

17 (III) by adding at the end the
18 following new subparagraph:

19 “(II) HIV prevention services (as defined in
20 subsection (lll));”.

21 (ii) DEFINITION.—Section 1861 of
22 the Social Security Act (42 U.S.C. 1395x)
23 is amended by adding at the end the fol-
24 lowing new subsection:

1 “(lll) HIV PREVENTION SERVICES.—The term ‘HIV
2 prevention services’ means—

3 “(1) drugs or biologicals approved by the Food
4 and Drug Administration for the prevention of HIV;

5 “(2) administrative fees for such drugs;

6 “(3) laboratory and other diagnostic procedures
7 associated with the use of such drugs; and

8 “(4) clinical follow up and monitoring, including
9 any related services recommended in current United
10 States Public Health Service clinical practice guide-
11 lines, without limitation.”.

12 (B) ELIMINATION OF COINSURANCE.—Sec-
13 tion 1833(a)(1) of the Social Security Act (42
14 U.S.C. 1395l(a)(1)) is amended—

15 (i) by striking “and (DD)” and in-
16 serting “(DD)”; and

17 (ii) by inserting before the semicolon
18 at the end the following: “and (EE) with
19 respect to HIV prevention services (as de-
20 fined in section 1861(lll)), the amount paid
21 shall be 100 percent of (i) except as pro-
22 vided in clause (ii), the lesser of the actual
23 charge for the service or the amount deter-
24 mined under the fee schedule that applies
25 to such services under this part, and (ii) in

1 the case of such services that are covered
2 OPD services (as defined in subsection
3 (t)(1)(B)), the amount determined under
4 subsection (t)”.

5 (C) EXEMPTION FROM PART B DEDUCT-
6 IBLE.—Section 1833(b) of the Social Security
7 Act (42 U.S.C. 1395l(b)) is amended—

8 (i) in paragraph (11), by striking
9 “and” at the end; and

10 (ii) in paragraph (12), by striking the
11 period at the end and inserting “, and (13)
12 such deductible shall not apply with re-
13 spect to HIV prevention services (as de-
14 fined in section 1861(l)).”.

15 (D) EFFECTIVE DATE.—The amendments
16 made by this paragraph shall apply to items
17 and services furnished on or after January 1,
18 2023.

19 (2) ELIMINATION OF COST-SHARING FOR
20 DRUGS FOR THE PREVENTION OF HIV UNDER PART
21 D.—

22 (A) IN GENERAL.—Section 1860D–2(b) of
23 the Social Security Act (42 U.S.C. 1395w–
24 102(b)) is amended—

1 (i) in paragraph (1)(A), by striking
2 “The coverage” and inserting “Subject to
3 paragraph (8), the coverage”;

4 (ii) in paragraph (2)(A), by striking
5 “and (D)” and inserting “and (D) and
6 paragraph (8)”;

7 (iii) in paragraph (3)(A), by striking
8 “and (4)” and inserting “(4), and (8)”;

9 (iv) in paragraph (4)(A)(i), by strik-
10 ing “The coverage” and inserting “Subject
11 to paragraph (8), the coverage”; and

12 (v) by adding at the end the following
13 new paragraph:

14 “(8) ELIMINATION OF COST-SHARING FOR
15 DRUGS FOR THE PREVENTION OF HIV.—

16 “(A) IN GENERAL.—For plan year 2023
17 and each subsequent plan year, there shall be
18 no cost-sharing under this part (including
19 under section 1814D–14) for covered part D
20 drugs that are for the prevention of HIV.

21 “(B) COST-SHARING.—For purposes of
22 subparagraph (A), the elimination of cost-shar-
23 ing shall include the following:

1 “(i) NO APPLICATION OF DEDUCT-
2 IBLE.—The waiver of the deductible under
3 paragraph (1).

4 “(ii) NO APPLICATION OF COINSUR-
5 ANCE.—The waiver of coinsurance under
6 paragraph (2).

7 “(iii) NO APPLICATION OF INITIAL
8 COVERAGE LIMIT.—The initial coverage
9 limit under paragraph (3) shall not apply.

10 “(iv) NO COST SHARING ABOVE AN-
11 NUAL OUT-OF-POCKET THRESHOLD.—The
12 waiver of cost sharing under paragraph
13 (4).”.

14 (B) CONFORMING AMENDMENTS TO COST
15 SHARING FOR LOW-INCOME INDIVIDUALS.—Sec-
16 tion 1860D–14(a) of the Social Security Act
17 (42 U.S.C. 1395w–114(a)) is amended—

18 (i) in paragraph (1), in the matter
19 preceding subparagraph (A), by striking
20 “In the case” and inserting “Subject to
21 section 1860D–2(b)(8), in the case”; and

22 (ii) in paragraph (2), in the matter
23 preceding subparagraph (A), by striking
24 “In the case” and inserting “Subject to
25 section 1860D–2(b)(8), in the case”.

1 (f) COVERAGE OF HIV PREVENTION TREATMENT BY
2 DEPARTMENT OF VETERANS AFFAIRS.—

3 (1) ELIMINATION OF MEDICATION COPAY-
4 MENTS.—Section 1722A(a) of title 38, United
5 States Code, is amended by adding at the end the
6 following new paragraph:

7 “(5) Paragraph (1) does not apply to a medication
8 for the prevention of HIV.”.

9 (2) ELIMINATION OF HOSPITAL CARE AND MED-
10 ICAL SERVICES COPAYMENTS.—Section 1710 of such
11 title is amended—

12 (A) in subsection (f)—

13 (i) by redesignating paragraph (5) as
14 paragraph (6); and

15 (ii) by inserting after paragraph (4)
16 the following new paragraph (5):

17 “(5) A veteran shall not be liable to the United States
18 under this subsection for any amounts for laboratory and
19 other diagnostic procedures associated with the use of any
20 prescription drug approved by the Food and Drug Admin-
21 istration for the prevention of HIV, administrative fees for
22 such drugs, or for laboratory or other diagnostic proce-
23 dures associated with the use of such drugs, or clinical
24 follow up and monitoring, including any related services
25 recommended in current United States Public Health

1 Service clinical practice guidelines, without limitation.”;
2 and

3 (B) in subsection (g)(3), by adding at the
4 end the following new subparagraph:

5 “(C) Any prescription drug approved by the
6 Food and Drug Administration for the prevention of
7 HIV, administrative fees for such drugs, laboratory
8 and other diagnostic procedures associated with the
9 use of such drugs, and clinical follow up and moni-
10 toring, including any related services recommended
11 in current United States Public Health Service clin-
12 ical practice guidelines, without limitation.”.

13 (3) INCLUSION AS PREVENTIVE HEALTH SERV-
14 ICE.—Section 1701(9) of such title is amended—

15 (A) in subparagraph (K), by striking “;
16 and” and inserting a semicolon;

17 (B) by redesignating subparagraph (L) as
18 subparagraph (M); and

19 (C) by inserting after subparagraph (K)
20 the following new subparagraph (L):

21 “(L) any prescription drug approved by
22 the Food and Drug Administration for the pre-
23 vention of HIV, administrative fees for such
24 drugs, laboratory and other diagnostic proce-
25 dures associated with the use of such drugs,

1 and clinical follow up and monitoring, including
2 any related services recommended in current
3 United States Public Health Service clinical
4 practice guidelines, without limitation; and”.

5 (g) COVERAGE OF HIV PREVENTION TREATMENT BY
6 DEPARTMENT OF DEFENSE.—

7 (1) IN GENERAL.—Chapter 55 of title 10,
8 United States Code, is amended by inserting after
9 section 1079c the following new section:

10 **“§ 1079d. Coverage of HIV prevention treatment**

11 “(a) IN GENERAL.—The Secretary of Defense shall
12 ensure coverage under the TRICARE program of HIV
13 prevention treatment described in subsection (b) for any
14 beneficiary under section 1074(a) of this title.

15 “(b) HIV PREVENTION TREATMENT DESCRIBED.—
16 HIV prevention treatment described in this subsection in-
17 cludes any prescription drug approved by the Food and
18 Drug Administration for the prevention of HIV, adminis-
19 trative fees for such drugs, laboratory and other diagnostic
20 procedures associated with the use of such drugs, and clin-
21 ical follow up and monitoring, including any related serv-
22 ices recommended in current United States Public Health
23 Service clinical practice guidelines, without limitation.

24 “(c) NO COST-SHARING.—Notwithstanding section
25 1075, 1075a, or 1074g(a)(6) of this title or any other pro-

1 vision of law, there is no cost-sharing requirement for HIV
2 prevention treatment covered under this section.”.

3 (2) CLERICAL AMENDMENT.—The table of sec-
4 tions at the beginning of such chapter is amended
5 by inserting after the item relating to section 1079c
6 the following new item:

“1079d. Coverage of HIV prevention treatment.”.

7 (h) INDIAN HEALTH SERVICE TESTING, MONI-
8 TORING, AND PRESCRIPTION DRUGS FOR THE PREVEN-
9 TION OF HIV.—The Indian Health Care Improvement Act
10 is amended by inserting after section 223 (25 U.S.C.
11 1621v) the following:

12 **“SEC. 224. TESTING, MONITORING, AND PRESCRIPTION**
13 **DRUGS FOR THE PREVENTION OF HIV.**

14 “(a) IN GENERAL.—The Secretary, acting through
15 the Service, Indian tribes, and tribal organizations, shall
16 provide funding for any prescription drug approved by the
17 Food and Drug Administration for the prevention of
18 human immunodeficiency virus (commonly known as
19 ‘HIV’), administrative fees for such a drug, laboratory and
20 other diagnostic procedures associated with the use of
21 such a drug, and clinical follow up and monitoring, includ-
22 ing any related services recommended in current United
23 States Public Health Service clinical practice guidelines,
24 without limitation.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated such sums as may be
3 necessary to carry out this section.”.

4 (i) EFFECTIVE DATE.—The amendments made by
5 subsections (a), (b), (e), (f), (g), and (h) shall take effect
6 with respect to plan years beginning on or after January
7 1, 2023.

8 **SEC. 4. PROHIBITION ON DENIAL OF COVERAGE OR IN-**
9 **CREASE IN PREMIUMS OF LIFE, DISABILITY,**
10 **OR LONG-TERM CARE INSURANCE FOR INDI-**
11 **VIDUALS TAKING MEDICATION FOR THE PRE-**
12 **VENTION OF HIV ACQUISITION.**

13 (a) PROHIBITION.—Notwithstanding any other provi-
14 sion of law, it shall be unlawful to—

15 (1) decline or limit coverage of a person under
16 any life insurance policy, disability insurance policy,
17 or long-term care insurance policy, on account of the
18 individual taking medication for the purpose of pre-
19 venting the acquisition of HIV;

20 (2) preclude an individual from taking medica-
21 tion for the purpose of preventing the acquisition of
22 HIV as a condition of receiving a life insurance pol-
23 icy, disability insurance policy, or long-term care in-
24 surance policy;

1 (3) consider whether an individual is taking
2 medication for the purpose of preventing the acquisi-
3 tion of HIV in determining the premium rate for
4 coverage of such individual under a life insurance
5 policy, disability insurance policy, or long-term care
6 insurance policy; or

7 (4) otherwise discriminate in the offering,
8 issuance, cancellation, amount of such coverage,
9 price, or any other condition of a life insurance pol-
10 icy, disability insurance policy, or long-term care in-
11 surance policy for an individual, based solely and
12 without any additional actuarial risks upon whether
13 the individual is taking medication for the purpose
14 of preventing the acquisition of HIV.

15 (b) ENFORCEMENT.—A State insurance regulator
16 may take such actions to enforce subsection (a) as are spe-
17 cifically authorized under the laws of such State.

18 (c) DEFINITIONS.—In this section:

19 (1) DISABILITY INSURANCE POLICY.—The term
20 “disability insurance policy” means a contract under
21 which an entity promises to pay a person a sum of
22 money in the event that an illness or injury resulting
23 in a disability prevents such person from working.

24 (2) LIFE INSURANCE POLICY.—The term “life
25 insurance policy” means a contract under which an

1 entity promises to pay a designated beneficiary a
2 sum of money upon the death of the insured.

3 (3) LONG-TERM CARE INSURANCE POLICY.—

4 The term “long-term care insurance policy” means
5 a contract for which the only insurance protection
6 provided under the contract is coverage of qualified
7 long-term care services (as defined in section
8 7702B(c) of the Internal Revenue Code of 1986).

9 **SEC. 5. PUBLIC EDUCATION CAMPAIGN.**

10 Part P of title III of the Public Health Service Act
11 (42 U.S.C. 280g et seq.) is amended by adding at the end
12 the following:

13 **“SEC. 399V-7. PRE-EXPOSURE PROPHYLAXIS AND POST-EX-**
14 **POSURE PROPHYLAXIS EDUCATION CAM-**
15 **PAIGNS.**

16 “(a) PUBLIC EDUCATION CAMPAIGN.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Director of the Centers for Disease
19 Control and Prevention, in consultation with the Di-
20 rector of the Office of Infectious Disease and HIV/
21 AIDS Policy, shall establish a public health cam-
22 paign for the purpose of educating the public on
23 medication for the prevention of HIV acquisition.

24 “(2) REQUIREMENTS.—In carrying out this
25 subsection, the Secretary shall ensure cultural com-

1 petency and efficacy within high-need communities
2 in which PrEP or PEP are underutilized by devel-
3 oping the campaign in collaboration with organiza-
4 tions that are indigenous to communities that are
5 overrepresented in the domestic HIV epidemic, in-
6 cluding communities of color and the lesbian, gay,
7 bisexual, transgender, and queer community. The
8 Secretary shall ensure that the campaign is designed
9 to increase awareness of the safety and effectiveness
10 of PrEP and PEP, the recommended clinical prac-
11 tices for providing PrEP-related and PEP-related
12 clinical care, and the local availability of PrEP and
13 PEP providers, and to counter stigma associated
14 with the use of PrEP and PEP.

15 “(3) EVALUATION OF PROGRAM.—The Sec-
16 retary shall develop measures to evaluate the effec-
17 tiveness of activities conducted under this subsection
18 that are aimed at reducing disparities in access to
19 PrEP and PEP and supporting the local commu-
20 nity. Such measures shall evaluate community out-
21 reach activities, language services, workforce cultural
22 competence, and other areas as determined by the
23 Secretary.

24 “(b) PROVIDER EDUCATION CAMPAIGN.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention and the Administration of
4 the Health Resources Services Administration and
5 the Office of Infectious Disease and HIV/AIDS Pol-
6 icy, shall establish a provider campaign for the pur-
7 pose of educating prescribers and other associated
8 health professionals on medication for the prevention
9 of HIV acquisition.

10 “(2) REQUIREMENTS.—In carrying out this
11 subsection, the Secretary shall increase awareness
12 and readiness among health care providers to offer
13 PrEP or PEP, as appropriate, with a focus on areas
14 of high-need communities in which PrEP or PEP is
15 underutilized by developing an educational campaign
16 with input from health care providers and organiza-
17 tions that are indigenous to communities that are
18 overrepresented in the domestic HIV epidemic, in-
19 cluding communities of color and the lesbian, gay,
20 bisexual, transgender, and queer community. The
21 Secretary shall ensure that the campaign is designed
22 to increase awareness of the safety and effectiveness
23 of PrEP and PEP, the recommended clinical prac-
24 tices for providing PrEP-related and PEP-related
25 clinical care, cultural competency among PrEP and

1 PEP prescribers, and to counter stigma associated
2 with the use of PrEP and PEP.

3 “(3) EVALUATION OF PROGRAM.—The Sec-
4 retary shall develop measures to evaluate the effec-
5 tiveness of activities conducted under this subsection
6 that are aimed at increasing the number of health
7 care professionals offering PrEP and PEP and re-
8 ducing disparities in access to PrEP and PEP. Such
9 measures shall evaluate availability of PrEP and
10 PEP services, education and outreach activities, lan-
11 guage services, workforce cultural competence, and
12 other areas as determined by the Secretary.

13 “(c) DEFINITIONS.—In this section and section
14 399V–8—

15 “(1) the term ‘PEP’ means any drug or com-
16 bination of drugs approved by the Food and Drug
17 Administration for preventing HIV infection after a
18 sexual or other exposure associated with a high risk
19 of HIV transmission; and

20 “(2) the term ‘PrEP’ means any drug approved
21 by the Food and Drug Administration for the pur-
22 pose of pre-exposure prophylaxis with respect to
23 HIV.

24 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated such sums as may be necessary for each of fiscal
2 years 2023 through 2028.”.

3 **SEC. 6. PATIENT CONFIDENTIALITY.**

4 The Secretary of Health and Human Services shall
5 amend the regulations promulgated under section 264(c)
6 of the Health Insurance Portability and Accountability
7 Act of 1996 (42 U.S.C. 1320d–2 note), as necessary, to
8 ensure that individuals are able to access the benefits de-
9 scribed in section 2713(a)(6) under a family plan without
10 any other individual enrolled in such family plan, including
11 a primary subscriber of or policyholder, being informed of
12 such use of such benefits.

13 **SEC. 7. PRE-EXPOSURE PROPHYLAXIS AND POST-EXPO-
14 SURE PROPHYLAXIS FUNDING.**

15 Part P of title III of the Public Health Service Act
16 (42 U.S.C. 280g et seq.), as amended by section 5, is fur-
17 ther amended by adding at the end the following:

18 **“SEC. 399V-8. PRE-EXPOSURE PROPHYLAXIS AND POST-EX-
19 POSURE PROPHYLAXIS FUNDING.**

20 “(a) IN GENERAL.—Not later than 1 year after the
21 date of enactment of the PrEP Access and Coverage Act,
22 the Secretary shall establish a program that awards grants
23 to States, territories, Indian Tribes, and directly eligible
24 entities for the establishment and support of pre-exposure
25 prophylaxis (referred to in this section as ‘PrEP’) and

1 post-exposure prophylaxis (referred to in this section as
2 ‘PEP’) programs.

3 “(b) APPLICATIONS.—To be eligible to receive a
4 grant under subsection (a), a State, territory, Indian
5 Tribe, or directly eligible entity shall—

6 “(1) submit an application to the Secretary at
7 such time, in such manner, and containing such in-
8 formation as the Secretary may require, including a
9 plan describing how any funds awarded will be used
10 to increase access to PrEP for uninsured and under-
11 insured individuals and reduce disparities in access
12 to PrEP and PEP for uninsured and underinsured
13 individuals and reduce disparities in access to PrEP
14 and PEP; and

15 “(2) appoint a PrEP and PEP grant adminis-
16 trator to manage the program.

17 “(c) DIRECTLY ELIGIBLE ENTITY.—For purposes of
18 this section, the term ‘directly eligible entity’—

19 “(1) means a Federally qualified health center
20 or other nonprofit entity engaged in providing PrEP
21 and PEP information and services; and

22 “(2) may include—

23 “(A) a Federally qualified health center
24 (as defined in section 1861(aa)(4) of the Social
25 Security Act (42 U.S.C. 1395x(aa)(4));

1 “(B) a family planning grantee (other than
2 States) funded under section 1001 of the Public
3 Health Service Act (42 U.S.C. 300);

4 “(C) a rural health clinic (as defined in
5 section 1861(aa)(2) of the Social Security Act
6 (42 U.S.C. 1395x(aa)(2));

7 “(D) a health facility operated by or pur-
8 suant to a contract with the Indian Health
9 Service;

10 “(E) a community-based organization, clin-
11 ic, hospital, or other health facility that pro-
12 vides services to individuals at risk for or living
13 with HIV; and

14 “(F) a nonprofit private entity providing
15 comprehensive primary care to populations at
16 risk of HIV, including faith-based and commu-
17 nity-based organizations.

18 “(d) AWARDS.—In determining whether to award a
19 grant, and the grant amount for each grant awarded, the
20 Secretary shall consider the grant application and the
21 need for PrEP and PEP services in the area, the number
22 of uninsured and underinsured individuals in the area, and
23 how the State, territory, or Indian Tribe coordinates
24 PrEP and PEP activities with the directly funded entity,

1 if the State, territory, or Indian Tribe applies for the
2 funds.

3 “(e) USE OF FUNDS.—

4 “(1) IN GENERAL.—Any State, territory, Indian
5 Tribe, or directly eligible entity that is awarded
6 funds under subsection (a) shall use such funds for
7 eligible PrEP and PEP expenses.

8 “(2) ELIGIBLE PREP EXPENSES.—The Sec-
9 retary shall publish a list of expenses that qualify as
10 eligible PrEP and PEP expenses for purposes of this
11 section, which shall include—

12 “(A) any prescription drug approved by
13 the Food and Drug Administration for the pre-
14 vention of HIV, administrative fees for such
15 drugs, laboratory and other diagnostic proce-
16 dures associated with the use of such drugs,
17 and clinical follow up and monitoring, including
18 any related services recommended in current
19 United States Public Health Service clinical
20 practice guidelines, without limitation;

21 “(B) outreach and public education activi-
22 ties directed toward populations overrepresented
23 in the domestic HIV epidemic that increase
24 awareness about the existence of PrEP and
25 PEP, provide education about access to and

1 health care coverage of PrEP and PEP, PrEP
2 and PEP adherence programs, and counter
3 stigma associated with the use of PrEP and
4 PEP; and

5 “(C) outreach activities directed toward
6 physicians and other providers that provide
7 education about PrEP and PEP.

8 “(f) REPORT TO CONGRESS.—The Secretary shall, in
9 each of the first 5 years beginning one year after the date
10 of the enactment of the PrEP Access and Coverage Act,
11 submit to Congress, and make public on the internet
12 website of Department of Health and Human Services, a
13 report on the impact of any grants provided to States, ter-
14 ritories, and Indian Tribes and directly eligible entities for
15 the establishment and support of pre-exposure prophylaxis
16 programs under this section.

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there are authorized to be appro-
19 priated such sums as may be necessary for each of fiscal
20 years 2023 through 2028.”.

21 **SEC. 8. CLARIFICATION.**

22 This Act, including the amendments made by this
23 Act, shall apply notwithstanding any other provision of
24 law, including Public Law 103–141.

1 **SEC. 9. PRIVATE RIGHT OF ACTION.**

2 Any person aggrieved by a violation of this Act, in-
3 cluding the amendments made by this Act, may commence
4 a civil action in an appropriate United States District
5 Court or other court of competent jurisdiction to obtain
6 relief as allowed by law as either an individual or member
7 of a class. If the plaintiff is the prevailing party in such
8 an action, the court shall order the defendant to pay the
9 costs and reasonable attorney fees of the plaintiff.