

# Presidential Advisory Council on HIV/AIDS

**DRAFT**

## **Resolution to Increase Uptake in the Ready, Set, PrEP (RSP) Program**

**Whereas**, the *Ending the HIV Epidemic: A Plan for America* (EHE) initiative calls for reducing new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030;

**Whereas**, in order to meet these goals, prevention of HIV, including the uptake of Pre-Exposure Prophylaxis (PrEP), must be increased;

**Whereas**, in May, 2019, in an effort to increase access to PrEP, Gilead Sciences, Inc. announced that it would donate to the United States government up to 2.4 million bottles of the drugs used for PrEP for uninsured people who are at risk of HIV;

**Whereas**, a year after this announcement, which included time to address administrative, legal and technical issues, and months of implementing an aggressive education and public relations campaign, which included naming the program **Ready, Set, PrEP (RSP)**, and the COVID-19 pandemic, Admiral Brett Giroir, MD, Assistant Secretary for Health, U.S. Department of Health and Human Services (HHS) announced during the June 2020 PACHA meeting that only 891 individuals had taken advantage of **RSP**;

**Whereas**, to provide PrEP to more people at risk of HIV who are uninsured, Adm. Giroir asked PACHA to develop recommendations for HHS' consideration to improve uptake in the **RSP**;

**Therefore, be it resolved** that PACHA recommends that the HHS Secretary implement the following actions to increase uptake in **RSP**:

- 1) Ensure that there is associated funding for services associated with taking PrEP, including provider visits and laboratory tests, for people using **RSP** through the Centers for Disease Control and Prevention (CDC), the Human Resources and Services Administration (HRSA) Bureau of Primary Care, Indian Health Service, and other federal agencies whose grantees provide PrEP and that there be a system in place that **RSP** users can be directly linked to them;
- 2) Ask that the CDC and NIH review its guidance that dictates the necessity and frequency of various provider visits and laboratory and other tests associated with taking PrEP, particularly after the approval of a new drug for the use of PrEP;

- 39 3) Continued aggressive educational outreach to potential **RSP** users about the  
40 availability of the free drug through public relations campaigns that are culturally  
41 appropriate and available in multiple languages. These efforts should be focused on  
42 communities and areas where there are high numbers of people who are uninsured  
43 and in need of PrEP, including non-Medicaid expansion states;  
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- 45 4) Undertake an equally aggressive educational outreach program to providers to  
46 prescribe PrEP through **RSP** focusing on providers located in areas where there are  
47 high number of people who are uninsured and who serve communities who are  
48 potential users of PrEP;  
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- 50 5) Catalogue and publicize providers who prescribe PrEP;  
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- 52 6) Identify **RSP** users and ask that they become spokespeople for the program;  
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- 54 7) Make clear that potential **RSP** users are available to all uninsured people who are at  
55 risk of HIV and immigration status is not a barrier;  
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- 57 8) Continue to increase the pharmacy network participating in **RSP**;  
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- 59 9) Request dedicated funding from the Congress for **RSP** and other *EHE* activities for  
60 the Office of the Assistant Secretary of Health;  
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- 62 10) As people are tested for COVID-19, leverage the opportunity to inform uninsured  
63 people who are at risk of HIV about **RSP**;  
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- 65 11) Collect information on the location, race and ethnicity, sexual orientation and  
66 gender identify of **RSP** users to measure progress and tailor outreach programs and  
67 survey participants to seek answers to why participants utilize or leave the program;  
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- 69 12) Invest in an intensive pilot program to expand **RSP** in individual communities, and  
70 measure results and approaches that can be applied to other areas.  
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72 **Be it further resolved** that HHS should acknowledge that there are other mechanisms in place  
73 for uninsured individuals to receive PrEP that provide financial benefits for entities prescribing  
74 PrEP that then can be used to cover the costs of PrEP services, such as lab tests, outreach and  
75 staff. HHS should review the various avenues through which uninsured people receive PrEP and  
76 recalibrate the potential number of individuals that might utilize **RSP**. Based on its findings,  
77 HHS may want to revise its education and public relations efforts to be more expansive.  
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