

**Testimony for the House Committee on Appropriations
Labor, Health & Human Services, Education, and Related Agencies Subcommittee
Submitted by Michael Chanclley, MSW
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Working in East Point, GA**

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Chairman Aderholt, Ranking Member DeLauro, and members of the Subcommittee, I am Michael Chanclley, MSW, the Communications and Mobilization Manager for PrEP4All and a volunteer Community Organizer for PrEP in Black America. I am pleased to submit testimony on behalf of PrEP4All, a leading HIV prevention advocacy organization. First, I want to thank the Subcommittee for maintaining level FY24 funding for the Ending the HIV Epidemic and funding for PrEP and inclusion of National PrEP Program report language. **For FY25, I urge Congress to appropriate \$100 million to help support a National PrEP (HIV prevention medication) Program as part of a \$175 million increase for the Ending the HIV Epidemic program at the Centers for Disease Control and Prevention (CDC).** The bipartisan federal Ending the HIV Epidemic initiative, developed and initiated by the Trump Administration, calls for 50% of the approximately 1.2 million people in the U.S. who are at risk for HIV to have access to PrEP by 2030. ***Currently, only 36% of people who could benefit from taking PrEP are able to access it. Failure to increase access to PrEP harms people in communities who are disproportionately at risk for HIV and will lead to failure of the Ending the HIV Epidemic initiative. A national PrEP program would decrease disparities in access to this effective medication, improve health, and reduce health care and other costs.***

PrEP has been proven to effectively reduce the rates of new HIV transmissions, and while 94% of white individuals who can benefit from PrEP have received a prescription, only 14% of Black individuals who could benefit from PrEP have been able to access the revolutionary drug. While women make up 19% of new HIV diagnoses, only 10% of women who could benefit from PrEP have received a prescription. These numbers highlight the vast racial and gender disparities in new HIV cases that could be averted with the funding and implementation of a National PrEP Program.

Approximately 35,000 new HIV infections each year impact individual and public health and generate significant costs. HIV can shorten a person's lifespan if untreated and can exacerbate other health issues. While there has been effective treatment for HIV for many years, it is just within the last decade that an effective, easy to take HIV prevention medication has become available. Fully expanding access to this effective HIV prevention tool is paramount, and will help end HIV in the U.S., resulting in saved lives and reduced costs.

The Center for Disease Control and Prevention's August 2022 HIV Surveillance supplemental report estimated that 1.2 million persons in the U.S. were eligible for PrEP, but only 36% were prescribed PrEP in 2022, resulting in a 64% gap in access to

this effective HIV prevention medication. In the state of Georgia where I reside, the CDC's October 2023 National HIV Surveillance System also reported that during 2022, there were approximately 39,000 people who would be eligible for PrEP in the state, but of these people, only 13,750 or 35.2% were prescribed PrEP.¹

PrEP is Cost-Effective. With approximately 35,000 new infections each year and a lifetime healthcare cost of approximately \$500,000 per infection, **for each year we delay in ending the HIV epidemic our nation sees a collective total lifetime increase in expenditures of \$17.5 billion for HIV.** Expanding access to PrEP, a highly effective medication that can prevent HIV, would avert new HIV infections and help drive down these costs. As a 2022 paper from Johns Hopkins and published in the Journal of Law, Medicine and Ethics noted, the lower-cost generic form of PrEP could cost as little as \$26/month for a 30-day supply (**less than \$1/day**).² The authors estimated that every 1,000 monthly PrEP prescriptions would cost \$80,000. **6,000 monthly PrEP prescriptions would cost less than \$500,000, the lifetime cost of just 1 prevented HIV infection.**

A national PrEP program that expands ready access to PrEP nationwide and among populations at risk for HIV both would reduce HIV transmission, improve health outcomes, and cut health care and other costs. Funding a National PrEP Program would reduce or eliminate gaps in PrEP access to ensure that this effective HIV prevention medication reaches all people at risk for HIV. This strategy is necessary to end HIV in the U.S.

In 2023, PrEP In Black America released “For Us By Us: PrEP in Black America: A Master Plan for HIV Prevention in Black America.”³ The report, which includes input from Black HIV prevention advocates across the United States, recommends support for a federally-funded National PrEP Program, as well as “Universal access to essential benefits without judicial, legal or financial impediments.” Three main criteria of a federally-funded National PrEP program were identified:

1. PrEP should be available as a standard component of routine health services;
2. PrEP should be inexpensive or no cost to users, including medication and labs; and
3. It is necessary to expand the pool of racially-reflective providers who prescribe PrEP.

¹ Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (Preliminary Data): National HIV Surveillance System Data Reported through September 2023; and Preexposure Prophylaxis (PrEP) Data Reported through June 2023, Vol. 4 Nbr. 4.

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance-data-tables/cdc-hiv-surveillance-data-tables-vol-4-no-4.pdf> Table 3b, Accessed Apr 30, 2024

² Killelea A, Johnson J, Dangerfield DT, Beyrer C, McGough M, McIntyre J, Gee RE, Ballreich J, Conti R, Horn T, Pickett J, Sharfstein JM. Financing and Delivering Pre-Exposure Prophylaxis (PrEP) to End the HIV Epidemic. J Law Med Ethics. 2022;50(S1):8-23. doi: 10.1017/jme.2022.30. PMID: 35902089; PMCID: PMC9341207.

³ See https://actionnetwork.org/user_files/user_files/000/087/723/original/23_fubu_hiv_plan-3.pdf , Accessed May 3, 2024

In one recent study, States with the highest PrEP coverage showed an annual percentage decrease in HIV diagnoses of 8% (2012 - 2021). States with low PrEP coverage saw HIV diagnoses increase by 2%.⁴ Two recent NIH studies indicate that people living in the US South are underserved by PrEP relative to their epidemic need due to a confluence of factors that are likely limiting PrEP uptake. A study in Birmingham, AL, showed that both Black women and men had limited uptake of PrEP services.⁵ Another study showed that a variety of approaches are needed to increase uptake including using alternative PrEP provision strategies, expanding STI screening programs and increasing correct perception of risk.⁶ A national PrEP program is crucial to help implement these strategies.

A national PrEP program will increase access to PrEP and related labs and supportive services, making these more readily available nationwide. As a social worker who has developed programs to link patients to HIV prevention and care services in communities throughout the South since 2014, I have seen the impact of empowering community members to take control of their health in a way that improves their personal health, the public health, and reduces human and financial costs. I also have seen the impact of numerous systemic challenges to accessing PrEP, resulting in new patients receiving HIV diagnoses daily. Implementing a National PrEP initiative would reduce the incidence of those preventable HIV infections.

PrEP4all urges Congress to pass a \$175 million increase for CDC's Ending the HIV Epidemic Program, of which \$100 million would support a National PrEP Program in the FY25 LHHS appropriations bill. Thank you for your time and consideration of my testimony, and please do not hesitate to contact me at michael@prep4all.org or Jenny Collier at jcollier@colliercollective.org if you have questions or need additional information.

⁴ Sullivan, Patrick, Association of State-Level PrEP Coverage and State-Level HIV Diagnoses, US, 2012-2021, Conference on Retroviruses and Opportunistic Infections (CROI)

⁵ Elopre L, et.al. Brief Report: The Right People, Right Places, and Right Practices: Disparities in PrEP Access Among African American Men, Women, and MSM in the Deep South

⁶ Sullivan PS, Mena L, et.al. Implementation Strategies to Increase PrEP Uptake in the South