



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

May 16, 2019

United States House of Representatives  
Committee on Oversight and Reform  
2157 Rayburn House Office Building  
Washington, D.C. 20515

Dear Members of the House Committee on Oversight and Reform,

The Louisiana Department of Health (LDH) offers this letter to share our experience with HIV Pre-Exposure Prophylaxis (PrEP), including common barriers that limit access to and uptake of PrEP among Louisiana residents. PrEP for HIV prevention has been approved by the United States Food and Drug Administration (FDA) since 2012. Louisiana has seen uptake of PrEP improve every year since that time, but still too few residents at risk of contracting HIV are able to avail themselves of this highly effective prevention method. For example, there were an estimated 1,017 Louisiana residents using PrEP by the end of 2017<sup>i</sup>. This represents only 7.6% of the 13,390 Louisiana residents who have been estimated by the Centers for Disease Control and Prevention (CDC) to be at high risk for HIV acquisition and have indications for PrEP<sup>ii</sup>.

Like many states across the nation, Louisiana faces several barriers to increasing the uptake of PrEP for HIV prevention. Chief among these is the high cost of PrEP, along with public lack of awareness or education about PrEP (uninformed providers and patients, concerns about side effects, etc.) and HIV-related stigma (affecting providers' willingness to discuss or prescribe PrEP and patients' willingness to seek out PrEP)<sup>iii</sup>. LDH has implemented a number of innovative programs and public health measures to counteract many of these barriers, including most importantly expanding Medicaid, as well as covering PrEP with no cost sharing, educating the public on PrEP through a robust statewide awareness campaign, providing PrEP public health detailing and training for providers, integrating PrEP education with existing HIV and STI services, launching a PrEP navigation program with community based organizations, and implementing a telemedicine program (TelePrEP) to increase statewide PrEP access. Nevertheless, barriers related to the high costs of PrEP remain for many residents, particularly those who are uninsured or underinsured, including those who may have high deductibles or copays as well as private insurances that do not cover PrEP at all.

While many uninsured and insured/underinsured residents are able to access PrEP medication for no or little cost through Gilead's patient assistance program (PAP) or copay assistance program (CAP), the future of these programs is not certain. The recent announcement that Gilead has reached an 11 year agreement with Health and Human Services (HHS) to provide PrEP at no cost for uninsured individuals brings a level of stability to this arrangement, but the copay assistance program for insured/underinsured residents remains tenuous. In addition to affordable medications, maintaining individuals on PrEP requires quarterly provider visits and quarterly lab

work which many private insurers do not fully cover or cover with high cost sharing to participants, making PrEP cost prohibitive for many residents. Furthermore, these cost barriers are exacerbated by current restrictions on the use of federal HIV and STD related funding from CDC and the Health Resources & Services Administration (HRSA) that prevent health departments from directly assisting with PrEP related clinical care costs.

Increasing PrEP access and utilization is a cornerstone of HHS' *Ending the HIV Epidemic: A Plan for America*, as well as of Louisiana's own *State of Louisiana HIV/AIDS Strategy For Prevention, Treatment and Care Services*. Realizing those plans will require innovative strategies that address and eliminate the barriers to PrEP access and utilization, particularly those related to the high costs of PrEP medications and associated clinical care highlighted in this letter. Additional FDA-approved PrEP regimens and the availability of generic PrEP alternatives are greatly needed to reduce the costs associated with PrEP uptake, but a comprehensive strategy must also include mechanisms to assist individuals with accessing PrEP-related clinical care and lab work without cost sharing. One helpful step in the right direction would be to lift federal funding restrictions to enable health departments to directly support PrEP provision, which is in line with how health departments have traditionally provided other HIV prevention and treatment services for many years.

Thank you for inviting LDH to share the challenges that we face in Louisiana, as well as the innovative strategies that we have implemented to increase access to PrEP in our State. We are committed to working together to End the HIV Epidemic!

Sincerely,



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Secretary of Health  
Louisiana Department of Health



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Office of Public Health

<sup>i</sup> <https://map.aidsvu.org/map?prep=1> May 14, 2019.

<sup>ii</sup> Smith, D. et al. *Estimates of Adults with Indications for HIV Pre-Exposure Prophylaxis by Jurisdiction, Transmission Risk Group, and Race/Ethnicity, United States, 2015*. *Annals of Epidemiology*. May 18, 2018.

<sup>iii</sup> Bauermeister, J. et. al. *PrEP awareness and perceived barriers among single young men who have sex with men in the United States*, *Current HIV Research*. September 3, 2014;

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