



The Rhode Island Public Health Institute
PO Box 6088
Providence, RI 02940
February 29, 2024

Committee on Health and Human Services
Rhode Island House of Representatives
82 Smith Street
Providence, RI 02908

Dear Chairwoman Donovan and Members of the Committee:

We are writing in strong support of House Bill H 7625, An Act Relating to Insurance—Insurance Coverage For Prevention of HIV Infection. This act requires coverage for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for the prevention of HIV infection.

We write to you today with decades of combined work in HIV prevention and treatment, both having dedicated much of our professional careers to HIV prevention and care. Last year, our state led the way by passing an important PrEP bill. We are testifying today to encourage you to adopt some minor changes to last year's bill to help make it even more effective. These include eliminating copayments and arduous prior authorization requirements that make it hard to prescribe and access PrEP and PEP.

The Rhode Island Public Health Institute's mission is to reduce health disparities in Rhode Island and beyond and we are proud to offer comprehensive solutions to complex public health challenges. We own and operate Open Door Health, the state's only LGBTQ+ dedicated primary care and sexual health clinic located in Providence and serving over 7,000 patients.

Open Door Health operates one of the largest PrEP clinics in the state of Rhode Island. Our team of clinicians and researchers bring applicable, first-hand, expertise to this conversation that is shaped by our patients' experiences.

PrEP is most commonly prescribed as a once-daily medication. When taken as prescribed, PrEP helps stop the HIV virus from replicating in your body, creating a defense against HIV infection. PrEP is both safe and effective, reducing the risk of HIV infection by up to 99%. PEP, if taken within 72 hours after possible exposure to HIV, is highly effective in preventing HIV infection.

These medications are critical tools in eliminating HIV here in Rhode Island yet are far too often not used due to prohibitive and nuanced healthcare insurance policies. Rhode Island is a leader in PrEP utilization and the state has seen new HIV infection rates decline dramatically since its introduction to the market. When looking at the rate of PrEP use—the number of people in a state using PrEP per 100,000 population—Rhode Island has been among the top states with the highest rates. With your support and the passage of this act, we believe that elimination of HIV in Rhode Island is within reach.

PrEP can be very expensive for people who are uninsured or underinsured, with most patients,

even those with quality coverage, experiencing prohibitively high out-of-pocket costs (i.e., copayments and deductibles) for both the medication and associated medical visits including routine laboratory/blood work required when taking PrEP. Patients who have been identified as high risk for HIV infection, have expressed interest in taking PrEP, and have discussed the processes at length with their clinicians often don't follow through with the prescription and are lost to follow-up care due to these associated costs.

A national study of over 60,000 people across the US, recently published recently by our team, found that nearly 20% of people who are newly prescribed PrEP do not pick up their initial prescription within the first few weeks. These individuals had over five times the risk of contracting HIV. To our knowledge, this is the first study to link the patient experience at the pharmacy point of sale to HIV transmission. We believe this underscores the importance of out-of-pocket costs like copayments and deductibles, for undermining access to PrEP. Another recent study our team published in *Health Affairs*, the premier health policy journal, found that people drop out of PrEP care with each marginal dollar required for out-of-pocket costs.

Rhode Island has been a leader in addressing the HIV epidemic and PrEP has been a key component of this approach. Minimizing or eliminating out-of-pocket costs and prior authorization for PrEP (and PEP) address the most commonly reported barrier to these medications. This will also work to address disparities in HIV prevention and access to PrEP given that HIV disproportionately impacts sexual and gender minority groups, as well as African American/Black and Hispanic/Latino communities.

These challenges are addressable, and many HIV cases are preventable if we intervene in a timely way. We urge you to support this bill so we can end the HIV epidemic in Rhode Island.

Respectfully,

Dr. Amy Nunn



Chief Executive Officer
RIPHI and Open Door Health

Dr. Philp A Chan, MD



Chief Medical Officer
RIPHI and Open Door Health

PROTECTING \$0 HIV PREP ACCESS IS KEY TO PRESERVING PROGRESS TOWARD ENDING THE HIV EPIDEMIC IN THE U.S.



HIV PRE-EXPOSURE PROPHYLAXIS (PREP)

PrEP has an "A" rating from the USPSTF.

A preventive medication first introduced in 2012 that is highly effective at reducing the chance of HIV by as much as 99%.

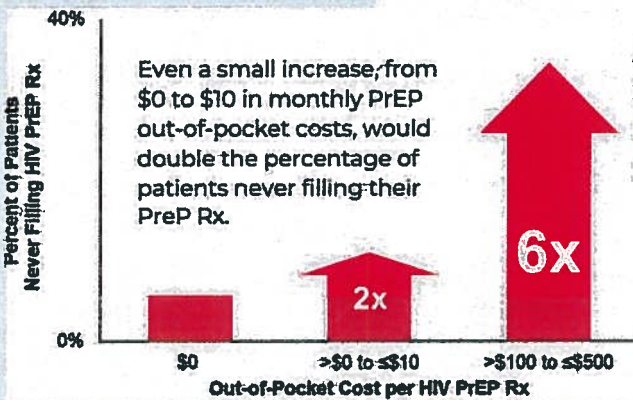


A rise from \$0 to \$500 would lead to a six-fold increase in abandonment rates, causing more than one in three patients to refrain from filling their PrEP prescription.

AFFORDABLE ACCESS TO PREP/ HIGH OUT-OF-POCKET COSTS

- Threatened by a recent legal challenge. (Braidwood Management, Inc. v. Becerra) a federal district court judge struck down the ACA free preventive services provision.
- As of 2021, the ACA mandates that nearly all private insurers cover PrEP at no cost to patients.
- However, no-cost PrEP has recently been threatened by the Braidwood Management v Becerra Supreme Court case after a federal district court judge struck down the ACA free preventive services provision.
- Initially, there were restrictions on the utilization of PrEP. However, starting from 2021, the Affordable Care Act (ACA) mandates nearly all private insurers to provide coverage for PrEP without any cost to patients.

Rate of new HIV cases 2-3 times higher.



Even a small increase, from \$0 to \$10 in monthly PrEP out-of-pocket costs, would double the percentage of patients never filling their PrEP Rx.

An increase from \$0 to between \$100 and \$500 would increase abandonment rates by 6 times, resulting in more than 1 in 3 patients never filling their PrEP prescription.



A NEW NIH-FUNDED STUDY IN HEALTH AFFAIRS

Found that the percentage of patients who abandoned (i.e. never filled) their PrEP prescription increased as the out-of-pocket costs increased.

This ranges from 5.5% for patients facing \$0 cost-sharing to 42.6% for those responsible for >\$500 in out-of-pocket costs.

Dean LT, Nunn AS, Chang HY, Bakre S, Goedel WC, Dawit R, Saberi P, Chan PA, Doshi JA. Estimating The Impact Of Out-Of-Pocket Cost Changes On Abandonment Of HIV Pre-Exposure Prophylaxis: Study examines the impact of out-of-pocket spending changes on abandonment of HIV pre-exposure prophylaxis. Health Affairs. 2024 Jan 1;43(1):36-45.

