



How Can States Stop HIV Transmission? Increase Access to Pre-Exposure Prophylaxis (PrEP)

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Introduction

Pre-exposure prophylaxis, known as PrEP, is the cornerstone of a national effort to reduce new HIV infections. PrEP is a comprehensive HIV intervention that combines an antiretroviral drug, HIV testing, and counseling to help prevent infection in HIV-negative individuals who are at high-risk of infection. The US Centers for Disease Control and Prevention (CDC) estimates that 1.2 million individuals in the United States are currently at substantial risk of HIV and could benefit from PrEP as an HIV prevention strategy. States also benefit from effective HIV prevention. People living with HIV are among states' most complex and high-cost Medicaid beneficiaries. By preventing future infections, PrEP can help states reduce costs and better manage their limited health care resources.

In the past year, HealthHIV and the National Academy for State Health Policy (NASHP) brought together state Medicaid and public health officials from Maryland, Michigan, and Connecticut to discuss PrEP policy options and share program implementation challenges. The three state teams explored strategies to increase access to and use of PrEP, which included improving coordination between Medicaid agencies and state health departments, overcoming the practical and legal challenges of sharing and using state HIV data, and building provider capacity. The following are some of the key policy issues and lessons learned from the PrEP Policy Learning Series.



What is the PrEP Policy Learning Series?

The PrEP Policy Learning Series, led by HealthHIV and the National Academy for State Health Policy, brought together teams of state and local officials from Maryland, Michigan, and Connecticut to share policy innovations, learn from peers in other states, and improve and expand PrEP implementation.

Build Strong Partnerships to Increase PrEP Access and Use

PrEP is at the intersection of prevention and treatment, and both public health and state Medicaid agencies play important roles in structuring and sustaining PrEP programs. Strong partnerships between the two programs can help move this work forward. For example, under the leadership of Gov. Jay Inslee, Washington State launched the [End AIDS Washington Campaign](#) in 2014, and employing the PrEP initiative with its testing and counseling is one of the project's priorities. The initiative engaged state legislators, health care providers, Medicaid officials, state, county, and municipal health departments, community-based organizations, and others in coordinated efforts to reduce the rate of new HIV infections in the state. Through this broad effort, Washington was able to align resources across multiple agencies to increase access to and use of PrEP.

Strong partnerships with local health departments, providers, and other community organizations can also help identify and train providers to deliver PrEP services. These partnerships provide valuable “boots on the ground” feedback to state agencies to identify specific barriers to care. This collaboration can also help engage and educate local providers about the PrEP antiviral (brand name Truvada, which contains tenofovir and emtricitabine), HIV testing and counseling, and other HIV prevention services. This strategy has proven effective in Maryland, where state officials are conducting outreach and training with local health departments, and have provided funding to establish local PrEP clinics. The state successfully launched PrEP clinics in 11 counties and clinics are under development in three new counties. Starting in July 2018, five health departments received additional funding to hire a regional PrEP navigator, ensuring that every county across Maryland had a navigator working to increase PrEP awareness and knowledge among both patients and providers, and enhance patient adherence to PrEP. The state also hosted the first Maryland PrEP Summit on Sept. 17, 2018 that was attended by nearly 200, including medical providers and staff from federal qualified health centers and local health departments; the summit is expected to become an annual event.

Use Data to Improve Policy and Outreach

Both Medicaid and public health agencies collect data that can help state policymakers better understand how and where to target scarce PrEP resources. Michigan used a multi-pronged data strategy to inform its policymaking and use of resources, including tracking PrEP uptake and identifying physician barriers to prescribing PrEP. Michigan worked with Optum and Blue Cross Blue Shield to assess trends in PrEP prescribing by gender, race, and geography for individuals enrolled in these plans. The state also surveyed providers and clients to better understand barriers both in prescribing and accessing PrEP: results from surveys have been shared with Medicaid managed care plans to help develop strategies to increase uptake of PrEP across Michigan. Recognizing that sexually-transmitted disease (STD) diagnoses may predict HIV infection risk, Michigan mined its gonorrhea surveillance data among males to find HIV-negative people at high risk of HIV in order to provide them with a “facilitated” referral for PrEP. Michigan officials plan to use these diverse data resources to target information and other resources, such as public health detailing.

While sharing data across state agencies can be an important tool to improve policy and targeting resources, many state officials cited the inability to share data as one of their biggest stumbling blocks to effective PrEP deployment. Federal laws such as HIPAA and 42 CFR Part 2 do permit data exchange, even of sensitive information, under the right circumstances. Data-use agreements between agencies can support data sharing and also safeguard individuals' privacy. Additional information on establishing data-use agreements to enable HIV-related policies can be found in NASHP's [How States Use Medicaid and State Health Department Data to Improve Health Outcomes of People Living with HIV](#).

Identify Resources across State Agencies

States can marshal diverse resources across state agencies to support PrEP:

- Illinois' PrEP demonstration project provides mini-grants to local public health departments to build infrastructure for PrEP prescribing at local clinics. The mini-grants are bundled into [Local Health Protection Grants](#), managed by the state's Department of Public Health. Illinois also supports a website (PrEP4Illinois.com) that provides clients with education about PrEP, immediate referrals to PrEP clinics and prescribers, financial screening, enrollment in patient assistance co-pay programs, and other referral services. [PrEP4Illinois.com](#) also covers the cost of PrEP, as a payer of last resort.
- Washington's Department of Health created the nation's first PrEP Drug Assistance Program (PrEP DAP) funded exclusively by state general funds. Eligibility for the program is determined by HIV risk level, not income. The Department of Health's Business Development also conducts reviews of commercial insurance denials of PrEP and works with insurers to remove barriers to PrEP access.
- In California, the state Medicaid program (Medi-Cal) made policy changes to increase access to PrEP. The service is now available to Medi-Cal members without prior authorization and limitations on quantity, frequency, and duration of PrEP treatment were eliminated. The California Department of Public Health, Office of AIDS, also provides a PrEP Assistance Program (PrEP-AP) for individuals not eligible for Medi-Cal, which covers PrEP-related medical out-of-pocket costs, and the PrEP medication cost gap between a member's insurance plan and the manufacturer's co-payment assistance program. Uninsured individuals receive PrEP medication for free from the manufacturer's patient assistance program.

Build Workforce Capacity

Primary care providers (PCPs) can prescribe PrEP and frequently treat people who may be at risk of HIV infection. However, PCPs may be unaware of PrEP, not familiar with clinical protocols, or may not understand how to accurately identify individuals at risk of HIV. Provider training can help PCPs deliver the service, build organizational capacity to provide PrEP, and ultimately, increase access to and utilization of PrEP.

Washington's Department of Health conducts ongoing provider outreach to build workforce familiarity with PrEP. Some of the state's outreach is provided by Project ECHO, which supports health provider long-distance learning about a number of conditions, including HIV/AIDS. Through Project ECHO and other outlets, providers receive training and support about a variety of PrEP topics, such as prescribing guidelines, contracting, prevention navigation, billing guidelines, and patient enrollment in PrEP-DAP. The state's provider education and outreach is supplemented by a media campaign and representatives who provide resources at professional events. The Department of Health also worked collaboratively with Public Health - Seattle & King County to develop [provider guidelines](#) for local implementation of PrEP.

Similarly, as part of the Illinois Getting to Zero project, the state expanded its existing infrastructure for PrEP prescribing and completed cross-training of all HIV staff so that PrEP capacity was embedded throughout the continuum of care for people at risk of HIV. The Illinois Department of Health now provides PrEP prescribing guidance (based on CDC guidelines), holds monthly technical assistance calls for providers, conducts onsite capacity-building training for each new PrEP project, and maintains an online blog with helpful information for providers.

Conclusions and Recommendations

As states work to implement PrEP program model practices and pursue their own innovations to expand PrEP services and access, they can:

- Build strong partnerships to increase access to and use of PrEP;
- Use data to improve policy and outreach;
- Identify resources across state agencies; and
- Build workforce capacity to increase awareness of PrEP.

Many states - particularly smaller, more rural states – may not have large populations living with or at risk of HIV infection. However, while low HIV infection rates is good news, it also can make implementing a comprehensive and effective HIV prevention strategy more challenging if there are few available resources. State officials participating in the PrEP Policy Learning Series shared common strategies, including collaboration, cross-agency partnerships, and targeting scarce resources, that can help policymakers in states without significant HIV prevention infrastructure who are looking to increase use of PrEP services. These strategies can prove especially effective when promoted by high-level leaders who articulate HIV prevention as a clear state priority while building collaborative relationships between Medicaid and state health departments.

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