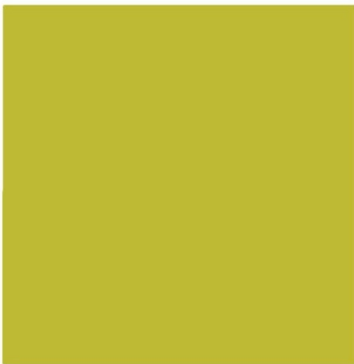




THE AIDS INSTITUTE



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Pre-Exposure Prophylaxis

*Coverage, Compliance, and
Ending the HIV Epidemic*

POLICY REPORT

INTRODUCTION

Pre-exposure prophylaxis for HIV (PrEP), was approved by the Food and Drug Administration (FDA) in 2012. It was a game-changing innovation, allowing people at risk of acquiring HIV to protect themselves by taking a safe and effective daily pill. PrEP was a transformative advancement in the fight to end the HIV epidemic, offering the promise that this goal could finally be achieved. Yet over a decade later, just one-third of the people at greatest risk for HIV are taking PrEP, with stark disparities by race and gender: While an estimated 94% of white people who could benefit from PrEP have a prescription, just 13% of Black, and 24% of Hispanic/Latinx have a prescription for PrEP. Moreover, only 15% of women who could benefit from PrEP are taking it.¹ Removing barriers to PrEP use will prevent thousands of new HIV cases every year and is a crucial component of our national plan to end the HIV epidemic.

One important avenue to gain access to PrEP is through health insurance. Since 2021, private health insurance plans and Medicaid expansion health plans have been required to cover PrEP and the essential services necessary to get and maintain a prescription for PrEP without cost-sharing.² However, despite this requirement, many people who use PrEP continue to report being charged for either the drug, the essential services, or both. There is no central data system to ascertain how often, when, or where PrEP users are erroneously charged for PrEP (or any other preventive service). However, recent research by the Centers for Disease Control and Prevention (CDC) shows that 20-30% of people who have commercial insurance were charged for PrEP-related services in 2021 and 2022, even though insurance plans are required to cover these services without cost³

State and federal regulators generally presume that health insurers are following federal health insurance coverage rules unless they hear otherwise from enrollees. That means that they rely on health insurance enrollees to know when they have been incorrectly charged for health care services, to appeal those charges to their health insurer, and to file a complaint with either their state health insurance commissioner or the Department of Labor if their appeal does not result in the reversal of charges. A key assumption embedded in that system is that health insurance enrollees know what their health insurance plans cover, how much they should expect to be charged, and how that coverage compares to federal requirements. For this information, enrollees commonly turn to their insurance plan documents and websites.

To learn more about how health plans are communicating their coverage of PrEP and its related services, The AIDS Institute reviewed publicly available plan documents for insurance plans available on the 2024 Health Insurance Marketplace. While these documents do not include information about how health insurers process claims for PrEP and PrEP-related services, they do show what plans tell their enrollees and prospective enrollees about their coverage for PrEP. In our research, we found that health insurance plans are inconsistent with what they share publicly about their coverage of PrEP.

While there has been improvement since the requirement to offer no-cost PrEP went into effect, among the 2024 plans we reviewed:

- More than one-tenth (13%) of marketplace health insurance plans in 2024 still do not clearly indicate on their formulary that at least one PrEP drug is available without a copayment;
- Nearly a third (30%) of the plans we reviewed do not include PrEP on a preventive service list;
- Two-thirds (66%) do not include any information about the availability of cost-free PrEP-related provider visits, labs, and screenings; and
- Almost three-quarters (71%) have no detail about which labs, screenings, or provider visits are covered without cost.

Increasing access to PrEP requires that people who are at risk for HIV know that PrEP is available, how to get it, and that it should be free if they have health insurance. Health insurers play a significant role in that educational effort. Our research demonstrates that there is more work to be done to ensure that health insurance plans clearly convey to their enrollees and prospective enrollees that PrEP and its related services are covered without cost-sharing. State and federal health insurance regulators must ensure that plans are consistent in describing PrEP coverage and holding insurance companies accountable for ensuring they comply with all ACA (Affordable Care Act) preventive services regulations. State and local health public health departments also must ensure that people who use PrEP understand that that if they have private insurance, they should not be charged for PrEP and its related services.

METHODOLOGY

The AIDS Institute reviewed insurance plan documents available on insurer websites for all individual insurance plans available for the 2024 plan year through the federal health insurance marketplace and state-based health insurance marketplaces. In total, we reviewed 325 plans available in all fifty states and the District of Columbia. The documents we reviewed included the plan's drug formulary, the plan's detailed evidence of coverage, and the plan's list of preventive services (if available).

We evaluated plans based on the following four criteria:

1. Is one version of PrEP clearly listed as available without cost-sharing in the plan's drug formulary?
2. In the plan documents, is PrEP listed as a free preventive service?
3. In the plan documents, are PrEP essential services listed as covered without cost-sharing?
4. In the plan documents, are the specific necessary labs and essential PrEP services listed without cost-sharing?

We searched drug formularies for the brand names for oral PrEP (Truvada 200-300 mg, Descovy 200-25 mg), as well as the drug names (emtricitabine/tenofovir disoproxil fumarate [TDF/FTC])

200-300 mg, and emtricitabine and tenofovir alafenamide 200-25 mg), and long-acting injectable PrEP (Apretude [cabotegravir extended-release injectable suspension]). We noted whether the drug was listed with or without cost-sharing.⁴ We also searched the evidence of coverage documents for “silver” plans and, if available separately, a plan's preventive services guidelines to see if PrEP and the associated essential services were listed as a no-cost preventive benefit.

We note that more than half (55%) of people with insurance in the United States (63% of people under age 65) are enrolled in an employer-sponsored insurance plan. These plans are not included in our research because their plan documents are not publicly available. However, our research suggests that many employer-sponsored insurance plans, like individual plans on the health insurance marketplace, may not clearly indicate coverage of PrEP and related services without cost-sharing.

It is also important to note that the lack of clear information about PrEP coverage in plan documents is not necessarily evidence that an insurance issuer is not properly implementing the ACA requirement to cover PrEP without cost-sharing. But four years after the requirement to provide this coverage free of charge, plan documents should be reflective of actual coverage policy. Moreover, plan documents are an important source of information for enrollees and prospective enrollees about what the plan covers and how to dispute charges.

FINDINGS

Below are the overall findings in our review of the 2024 individual marketplace plans. In 2024, of the 325 plans reviewed:

- 43 plans (13%) still do not indicate on their formulary that any PrEP drugs are available without a copayment.
- 100 plans (31%) did not include PrEP on a preventive services list.
- 216 plans (66%) did not clearly indicate that they cover essential PrEP-related services without cost-sharing.
- 231 plans (71%) did not list the specific lab tests covered without cost-sharing for people starting or using PrEP.

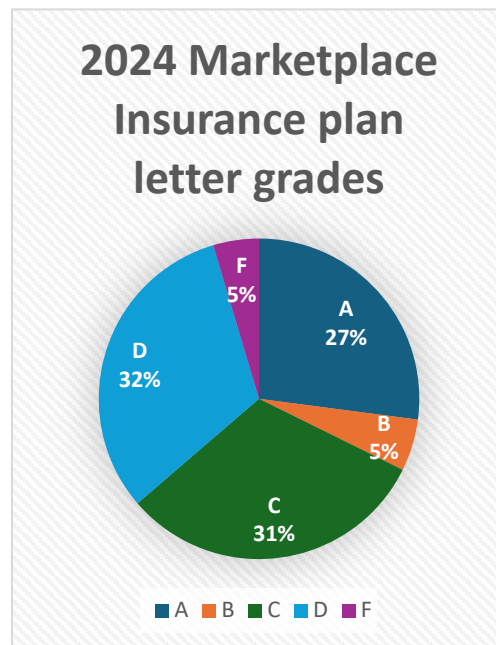
Do Plan Documents Show that PrEP is Covered Without Cost-sharing in 2024?	Yes	No
1. At least 1 PrEP drug is included in the plan’s formulary without cost-sharing	87%	13%
2. PrEP is included on a preventive services list	69%	31%
3. PrEP-related services are clearly shown to have \$0 cost-sharing	34%	66%
4. Specific PrEP-related labs listed in the plan document	29%	71%

We graded individual plans based on the number of “yes” responses to the questions above, with four points possible. See *Appendix A* for a list of all the plans, their individual grades, and the individual research findings for each of our questions. Of the 325 plans we reviewed:

- 90 plans (27%) received a grade A
- 33 plans (5%) received a grade B
- 92 plans (31%) received a grade C
- 95 plans (32%) received a grade D
- 15 plans (5%) received a grade F
- 202 plans (68%) reviewed received a grade of C, D, or F

There is wide variation among plans and within states across the nation.

- **All plans in two states** received an “A” grade (AL and CO).
- **Three plans** (Ambetter, Cigna, and UnitedHealthcare) received an “A” grade in **all** the states in which they operate. In some states, they were the only plan that received an “A.” These three issuers accounted for 66% of all plans that received a grade “A.”
 - Ambetter (AL, AZ, AR, DE, GA, IL, IN, KS, LA, MI, MS, MO, NE, NV, NH, NM, NC, OH, OK, SC, TN, TX)
 - Cigna (AZ, CO, FL, GA, IL, IN, MS, NC, PA, TN, TX, UT, VA)
 - United Healthcare (AL, AZ, FL, GA, IL, KS, LA, MD, MA, MI, MS, MO, NJ, NM, NY, NC, OH, OK, SC, TN, TX, WA, WI)
- Notably, **nine** plans received an F grade because they did not clearly indicate any no-cost coverage for PrEP or PrEP-related services.
 - Network Health (WI)
 - Common Ground Healthcare Cooperative (WI)
 - CareSource (IN, KY, NC, OH, WV)
 - MVP Health Care (VT)
 - Imperial Insurance Companies (TX)
 - MedMutual (OH)
 - Health New England (MA)
 - US Health & Life (IN, KS, TN, TX)
 - Health First (FL)



PrEP Medication Covered Without Cost-Sharing

- In **21 states**, all plans indicated that they cover PrEP medication without cost-sharing (AL, CA, CO, CT, DC, DE, HI, LA, ME, MD, MN, MO, MT, NE, NH, NJ, NM, NY, OK, RI, WY)
- In **20 states**, only one plan did not clearly indicate that PrEP is covered without cost-sharing (AK, AZ, GA, ID, IL, IA, KS, MA, MS, NV, NC, ND, OR, PA, SC, TN, UT, VT, VA, WV)

- In **8 states**, two or more plans did not clearly indicate that PrEP is covered without cost-sharing (FL, IN, KY, OH, SD, TX, WA, WI)

PrEP Included on Preventive Service List

- In **13 states**, all plans included PrEP on a preventive service list (AL, AK, AZ, CO, DC, DE, HI, IL, NM, PA, RI, SD, WA)
- In **12 states**, one plan did not include PrEP on a preventive service list (IA, LA, ME, MD, MI, MS, MT, NE, NH, OK, TN, WY)
- In **3 states**, only one plan included PrEP on a preventive service list (AR, WV, WY)

PrEP-related Services Covered without Cost-Sharing

- In only **2 states**, all plans clearly indicated that PrEP-related services are covered without cost-sharing (AL, CO)
- In **6 states**, all plans except one clearly indicated that PrEP-related services are covered without cost-sharing (AK, AZ, DC, HI, NM, VT)
- In **13 states**, only one plan clearly indicated that PrEP-related services are covered without cost-sharing (AK, AR, DC, HI, IA, KY, NE, NV, NH, NY, SD, UT, VT)
- In **8 states**, no plan clearly indicated that PrEP-related services are covered without cost-sharing (CT, ID, ME, MT, ND, RI, WV, WY)

Specific PrEP-related Services Covered without Cost-Sharing

- In only **2 states**, all plans clearly indicated that PrEP-related services are covered without cost-sharing (AL, CO)
- In **5 states**, all plans except one clearly indicated specific PrEP-related services are covered without cost-sharing (AK, DC, HI, NM, VT)
- In **12 states**, only one plan clearly indicated which PrEP-related services are covered without cost-sharing (AK, AR, DC, DE, HI, KY, NE, NV, NH, NY, UT, VT)
- In **11 states**, no plan clearly indicated which PrEP-related services are covered without cost-sharing (CT, IA, ID, ME, MN, MT, ND, RI, SD, WV, WY)

BACKGROUND

What is PrEP?

PrEP is a medication that effectively prevents the acquisition of HIV. Since its approval in 2012, increasing the number of people at risk for HIV who have access to PrEP and who choose to take PrEP has been a cornerstone of our national strategy to end the HIV epidemic in the United States.⁵ Until 2019, there was only one FDA approved drug for PrEP in the United States. In 2024, there are now three forms of PrEP approved by the FDA: two formulations of daily oral medications, and one long-acting injectable version of PrEP. One version of daily oral PrEP (TDF/FTC, or Truvada) has multiple low-cost generic options. The requirement to provide PrEP

and essential PrEP services without cost-sharing coincided with market availability of generic oral PrEP drugs, reducing the cost for that component of the PrEP benefit.

Getting and renewing a prescription for PrEP requires a provider visit and basic screenings and lab services to ensure that PrEP is medically appropriate. These must be repeated every two or three months (depending on the PrEP medication), according to the U.S. Centers for Disease Control and Prevention (CDC) PrEP Clinical Practice Guidelines. The essential services required to start and maintain a prescription for PrEP can include:⁶

- HIV testing;
- Sexually transmitted infection screening and counseling;
- Hepatitis B and C testing;
- Creatinine testing and calculated estimated creatine clearance or glomerular filtration rate;
- Pregnancy testing for individuals with childbearing potential;
- Adherence counseling;
- Office visits are associated with each preventive service listed above.

PrEP Disparities Undermine Goal of Ending the Epidemic

There is strong evidence that all of the medications used for PrEP are safe and effective at preventing the acquisition of HIV. But, according to the CDC's most recent estimate, only one-third of the 1.2 million people who could benefit from PrEP had a prescription in 2022.⁷ That figure masks the stark racial, ethnic, and gender disparities that mark the use of PrEP: While an estimated 94% of white people who could benefit from PrEP have a prescription, only 13% of Black, and 24% of Hispanic/Latinx people who could benefit from PrEP have a prescription for it. Moreover, only 15% of women who could benefit from PrEP are taking it.⁸ These disparities are especially concerning because the HIV epidemic disproportionately impacts people of color: in 2021, Black Americans represented 12% of the total population, but 40 percent of new HIV diagnosis in the United States.⁹

Achieving equitable access to PrEP is a crucial step toward ending the HIV epidemic. Recent research presented at the Conference on Retroviruses and Opportunistic Infections (CROI) shows that when more people at risk for HIV are using PrEP, HIV infection rates decrease. The study found that in the 10 U.S. states with the greatest PrEP coverage rates, HIV diagnoses declined by 8% *annually* between 2012 and 2021. Conversely, in the 10 states with the lowest PrEP coverage rates new HIV cases increased by 1.7 percent annually in that same period.¹⁰ Outside of the U.S., widespread access to and use of PrEP is credited with reducing new HIV infections by as much as 88% in at least one locality, leading to optimism that HIV can one day be eliminated as a public health threat.¹¹

Coverage of PrEP without Cost-Sharing Overcomes Cost Barrier

Historically, cost has been cited as a key barrier to PrEP uptake by people in the U.S., including the cost of provider visits and lab services. In 2019, the U.S. Preventive Services Task Force

(USPSTF) gave PrEP a Grade A rating, which went into effect on January 1, 2021.¹² This recommendation requires that a PrEP prescription must be covered by marketplace insurance without cost-sharing.¹³ Federal guidance issued in July 2021 clarified that the preventive PrEP benefit that plans must also cover without cost-sharing includes at least one form of PrEP and the related essential services needed to start or maintain a prescription for PrEP. It also requires plans to provide access to alternative PrEP drugs without cost-sharing when medically appropriate.¹⁴ This guidance applies to non-grandfathered private insurance plans (purchased through the Marketplace or provided by employers), and Medicaid plans in the 41 states that have expanded Medicaid.

Coverage of PrEP and PrEP-related services without cost-sharing in private health insurance plans is important. Of the people who could benefit from PrEP, the Centers for Disease Control and Prevention estimates that 63.6% are covered by private health insurance. Among men who have sex with men, a population that accounts for over two-thirds of new HIV infections, 71% are enrolled in private health insurance.¹⁵

Having clear information in plan documents that accurately shows that PrEP and related PrEP services are covered without cost is important because cost is frequently cited as the biggest barrier to PrEP uptake.¹⁶ Moreover, accurate information helps PrEP users and prospective PrEP users know whether they are being charged appropriately for their care, and provides a basis upon which to appeal if and when they receive a bill for PrEP or PrEP-related services. Anecdotal reports from PrEP users around the country reveal confusion about the coverage of PrEP as a preventive benefit, as people continue to face charges.

Recent data from the CDC shows that 20-30% of people who have commercial insurance were charged for PrEP-related services in 2021 and 2022, after the requirement to cover PrEP without cost-sharing went into effect. In 2022, those costs averaged \$226 for the year.¹⁷ Another analysis of pharmacy claims data showed that in the beginning of 2023, approximately one in three prescription fills for PrEP medications among commercial insurance claims still had an associated out-of-pocket cost.¹⁸

Clear plan information is also important for PrEP users and prospective PrEP users who are shopping for insurance so they can focus on the many other factors that go into choosing the right health plan like premium cost, provider network, or coverage of other prescription drugs they take. When no-cost PrEP is presented as an option included in some plans but not others, people shopping for insurance may be faced with a false choice that leads them to a plan that does not otherwise meet their needs.

DISCUSSION

Plan Information Varies within States

Choosing the right health insurance plan is hard. Insurance is complicated, and people often have to compare multiple plans with different monthly premiums, provider networks, formularies, cost-sharing amounts, and coverage limitations. Whether a plan covers PrEP

without cost-sharing should be one variable that PrEP users and prospective PrEP users can take off their list, since it is a federal requirement. However, our data shows that plans are not clearly communicating to their current and prospective enrollees that they cover PrEP and its related services free of charge.

In every state except Alabama and Colorado, PrEP users will encounter a confusing mix of information about health insurance plan coverage of PrEP. In Maryland, for example, all five of the plans indicate in their formularies that PrEP medications are covered without cost-sharing, but only two plans received an A grade in our analysis. That is because none of the remaining three plans include any information about coverage of the associated provider visits, labs, and screenings, and one plan still does not include PrEP on a preventive services list.

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
Maryland	C	Aetna CVS Health		X	X	X
	B	CareFirst Blue Choice			X	X
	B	CareFirst of MD BCBS			X	X
	A	Kaiser				
	A	UnitedHealthcare				

Some Improvement Over Time

The AIDS Institute conducted similar research in 2023. Of the 306 plans we reviewed in 2023:

- 9% did not clearly indicate in their formulary that PrEP medication is available without cost-sharing.
- 41% of plans failed to include PrEP on a preventive services list.
- 74% of plans failed to clearly indicate that they cover essential services without cost-sharing.

Between 2023 and 2024, there were some clear improvements, particularly with regard to inclusion of PrEP and PrEP-related services on preventive services lists. In 2024, we found a 10% increase in the share of plans that list PrEP as a preventive service and an 8% increase in the share of plans that indicate no-cost coverage of PrEP-related services. But we also found a **4% decrease** in the share of plans that have at least one PrEP medication listed without cost-sharing in their formularies. This decrease was caused by a change in one insurer’s (Molina) formulary, which in 2024 no longer indicated that PrEP drugs are covered without cost-sharing. Molina operates plans in 15 states.

Do Plan Documents Show that PrEP is Covered Without Cost-sharing in 2023?	Yes	No
1) At least 1 PrEP drug is included in the plan’s formulary without cost-sharing	91%	9%
2) PrEP is included on a preventive services list	59%	41%
3) PrEP-related services are clearly shown to have \$0 cost-sharing	26%	74%

Confusing Plan Information Undermines Access

Our research also found that some insurers had consistent and correct documentation of PrEP coverage across all their plans offered in all states, while others varied. Ambetter, which offers plans in 22 state marketplaces, clearly indicated that PrEP medications and PrEP-related services are covered without cost sharing in every plan they offered in 2024. Additionally, we found that Ambetter's preventive services guide offered details about which PrEP-related services are covered without cost-sharing and is easily accessible to someone shopping for plans on the insurer’s website. Cigna and UnitedHealthcare also had consistent language used in their formularies and plan documents across all states where they offered services.

Ambetter for Peach State Health Plan 2024 Preventive Services Guide ¹⁹		
Service	Population	Summary
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis	Adolescents and Adults	<p>USPSTF Rating (June 2019): A</p> <p>The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.</p> <p>Includes related benefits: Kidney function testing (creatinine),</p> <ul style="list-style-type: none"> • Serologic testing for hepatitis B and C virus, • Testing for other STIs, • Pregnancy testing when appropriate and • Ongoing follow-up and monitoring, including HIV testing every 3 months.

Some plans listed PrEP-related services as covered without cost-sharing, but with vague or inaccessible language. For example, Harvard Pilgrim’s preventive care document states that they cover “HIV screening, counseling, and support services (consistent with CDC guidelines) and antiretroviral therapy for people at high risk of HIV acquisition.”²⁰ PrEP users may not make the connection between “an antiretroviral therapy used to prevent HIV” and the “PrEP” drug they take. This language also does not make it clear that the associated labs and office visits are covered without cost-sharing.

More frequently, plans did not list PrEP in their preventive services guides, made the guides difficult to find, or had preventive services guides that were incomplete or not up to date. Some insurance companies also had inconsistencies across states. Kaiser, which offers insurance in 9 states, uses the same preventive services guide for all states, which lists PrEP as a preventive service as well as the specific labs that are covered. However, Kaiser has different formularies in each state. In Washington, PrEP medications are listed on Tiers 1 and 4, which are associated with cost-sharing. Kaiser plans in other states like Colorado and DC use a different formulary where PrEP is listed as preventive medication. Not only are there inconsistencies when shopping within a state, but insurance companies are not consistent with their PrEP language when offering insurance between different states.

Federal Regulatory Actions

In July 2021, the Center for Consumer Information and Insurance Oversight (CCIIO) within the Centers for Medicare and Medicaid Services (CMS), issued guidance to health insurance plan sponsors and pharmacy benefit managers (PBMs) describing how plans must cover PrEP pursuant to the USPSTF Grade A decision issued in December 2019. This guidance clearly states that plans must cover at least one PrEP medication and associated labs, screenings, counseling, and office visits without cost-sharing.²¹ It also requires that plans cover alternative PrEP medications without cost-sharing when they are medically necessary. In response to concerns about plan coverage of preventive services including PrEP, CCIIO issued further guidance in December 2023 urging plans and PBMs to review their “processes and systems to ensure they are providing full coverage, without cost-sharing, of preventive services as required by federal law.”²²

On April 26, 2024, HHS’s Office of Civil Rights (OCR) released a final rule under Section 1557 of the ACA which prohibits discrimination in healthcare based on race, color, national origin, age, disability, sex, sexual orientation, or gender identity. This final rule cited The AIDS Institute’s research on 2022 Marketplace plans for PrEP coverage, stating that insurance plans could be engaged in discriminatory marketing practices if their insurance plan documents steer certain people away from enrolling in their plans.²³

State Regulatory Actions

Some state insurance regulators have taken proactive steps to foster compliance with USPSTF regulations regarding out-of-pocket costs for PrEP. Insurance commissioners in nine states (Alabama, California, Colorado, Georgia, Illinois, Massachusetts, Michigan, New Mexico, and New York) have issued bulletins, industry guidance, or letters to insurance companies regarding no-cost coverage of PrEP and PrEP-related services. Our research shows that in two of these states, Alabama and Colorado, all insurance plans offered on the exchanges in 2024 correctly document no-cost coverage of PrEP as a preventive medication including all essential PrEP-related services. These two states were the only two states where all insurance companies did so.

Of the other states where insurance commissioners have issued guidance, California, Colorado, Georgia, Illinois, Michigan, and New Mexico's state average grades for their insurance plans were *above* the national average in our research. However, Massachusetts and New York had state averages below the national average.

While these regulatory actions by states are associated with higher-than-average grades for insurance plans in their states, only 18% of state insurance regulators have issued guidance to insurance plans within their states. In a letter to the National Association of Insurance Commissioners (NAIC), Consumer Representatives presented findings consistent with our research, showing that insurance plans inconsistently and incorrectly show cost-sharing in their plan documents for other preventive services like smoking cessation medications and colorectal cancer screenings.²⁴ More must be done by state insurance regulators to not only ensure that these plans are correctly documenting no-cost preventive services like PrEP but also holding insurance companies accountable for any violations of the ACA's preventive services mandate.

Implications of Braidwood Management, Inc. v. Becerra

Our research was conducted within the current legal and regulatory landscape governing coverage of preventive services in health insurance. However, there is pending litigation questioning the validity of the ACA's preventive services requirements. In the case, *Braidwood Management, Inc. v. Becerra*, a small business in Texas claimed that it should not be required to include no-cost PrEP in its employee insurance plan on the grounds that doing so violates the owner's religious beliefs, and because the USPSTF's recommendations should not carry the force of law.²⁵

In September of 2022, US District Court Judge Reed O'Connor found in favor of the plaintiffs, issuing a ruling that struck down the ACA's preventive services requirement. This decision was appealed to the 5th Circuit Court of Appeals, where Judge O'Connor's decision was stayed. The 5th Circuit Court heard oral arguments on the case in March of 2024.

Pending a decision in this case, the ACA's preventive services requirements are still the law of the land, and insurance companies must still comply with these regulations. However, legal experts expect this case to make its way to the Supreme Court, where there is the possibility that the preventive services requirement could be ruled unconstitutional. In that case, health plans will not be required to continue no-cost PrEP coverage, but some plans will, either because prevention is cost-effective, because employers want it in their plans, or because state law requires it (16 states and the District of Columbia have enacted legislation codifying the ACA's preventive services requirements into state law).²⁶ Under these circumstances, having accurate plan documents will be even more important for PrEP users, because knowing how much their plan will charge for PrEP and related services will be an important factor in choosing the right plan.

POLICY RECOMMENDATIONS

State and federal policymakers can help ensure that plans are properly covering PrEP without cost-sharing, and that health plans are accurately conveying their coverage of PrEP to enrollees and prospective enrollees.

Recommendations For Insurers

Health insurers have an important role to help educate people about the importance of preventive care and coverage of preventive services without cost. Insurers should:

1. update their formularies, preventive services lists, evidence of coverage documents, and websites to clearly indicate that they are covering PrEP and PrEP-related services without cost-sharing;
2. review their claims data to ensure that they are not erroneously charging for PrEP and PrEP-related services;
3. include information on their websites about the importance of PrEP to prevent acquisition of HIV; ensuring that educational materials are culturally appropriate and that they speak to communities of color and women, who have the lowest rates of PrEP use.

State Regulators

1. State insurance commissioners who have not yet done so should issue bulletins to plans in their jurisdiction describing their obligation to comply with Federal requirements for PrEP. Specifically, we ask that this guidance require:
 - medications approved for PrEP to be clearly listed on insurer drug formularies as covered without cost-sharing;
 - medications approved for PrEP be included in the plan's preventative drug list or the appropriate section of the plan's explanation of benefits;
 - all essential services associated with PrEP as an ongoing treatment to be covered at no cost, and essential PrEP-related services to be included in the plan's preventive services list;
 - plans establish a speedy appeals or exceptions process to ensure that enrollees have timely access to the PrEP drug their provider deems medically appropriate for them, without cost-sharing;
 - if a plan erroneously charged patients for PrEP or PrEP-related services, they are required to reimburse patients for those charges.
2. State insurance commissioners should proactively ask plans to affirm that they are providing no-cost PrEP coverage, and to share their updated plan documents to ensure that they are providing accurate information to enrollees.
3. In states with a State Based Marketplace, state regulators should ensure that there is accurate information about PrEP benefits on their marketplace website.

4. State-run health insurance navigator and assister programs should ensure that staff who work in communities with greater risk of HIV – in particular communities of color and LGBTQ communities – educate their clients about the obligation of insurers to cover PrEP *and PrEP-related services* without cost-sharing.

Recommendations For Federal Regulators

Federal regulators, specifically the Departments of Health and Human Services, Treasury, and Labor, must continue to hold insurance companies accountable for following ACA coverage requirements. In 2022, the Secretaries of each department sent a letter to all group health plan sponsors and insurers regarding cost-sharing requirements under the ACA for contraceptive coverage.²⁷ This letter also included the creation of a complaint system where patients could report non-enforcement of contraceptive coverage requirements.

We urge federal regulators to write a similar letter to health plan sponsors and insurers reminding them of their obligations for converging PrEP medications and essential PrEP-related services without cost-sharing. As part of this letter, the Centers for Medicare and Medicaid Services (CMS) should set up a centralized complaints system where PrEP users, PrEP prescribers, and pharmacists who prescribe PrEP can report if insurance companies have imposed cost-sharing on medications or essential services.

We also encourage CCIIO's Compliance and Enforcement Division to ensure that coverage of preventive services, including PrEP, are included in the divisions' audit, review, and examination activities. CMS should take proactive steps to ensure that insurance plans are complying with PrEP coverage requirements and not just rely on complaints from consumers. This will be key to ensuring that insurance companies are held accountable and that state insurance commissioners can begin enforcement activities as needed.

Federally-funded navigator and assister program should ensure that staff who work in communities with greater HIV risk – in particular communities of color and LGBTQ communities – educate their clients about the obligation of insurers to cover PrEP and PrEP-related services without cost-sharing.

Recommendations For State and Local Public Health Departments

State and local public health departments also can play a role in ensuring that patients have access to PrEP without cost-sharing. We urge health departments engaged in increasing education and demand for PrEP among their populations to include messaging related to the expected costs of PrEP. This is particularly important in communities of color and LGBTQ communities, which are at greater risk of HIV and where PrEP use has been low. People should understand that PrEP is accessible, and depending on their insurance status, may have no cost barriers. Public health messaging on PrEP should clearly indicate that almost all private insurance companies must cover PrEP medications and all related lab costs and office visits for free.

CONCLUSION

To end the HIV epidemic in the United States, there must be a concentrated effort to reduce barriers to PrEP access, especially for the Black, Hispanic, Asian, and Native/Indigenous communities with the greatest HIV risk and least take-up of PrEP. Ensuring that there are no costs for starting and maintaining a PrEP prescription will help reduce cost barriers and address the disparities in access to this crucial prevention strategy.

It has been four years since health insurance plans have been required to cover PrEP without cost for enrollees. Use of PrEP among people in communities of color and women remains perilously low, and people who are using PrEP continue to report erroneous charges for PrEP and PrEP-related preventive services. It is time for policymakers to take swift action to hold health plans accountable for properly implementing the requirement to provide PrEP without cost, and to ensure that their members know about this coverage.

APPENDIX A: DATA TABLE

2024 Marketplace Insurance Plans' Description of PrEP Coverage

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
Alabama	A	Ambetter/Celtic				
	A	BCBS				
	A	United HealthCare				
Alaska	A	Premera (BCBS)				
	C	Moda			X	X
Arizona	A	Ambetter for Arizona Complete Health				
	C	BannerAetna			X	X
	B	BCBS of Arizona				X
	A	Cigna HealthCare of Arizona				
	C	Imperial Insurance Companies	X			X
	A	Medica				
	B	Oscar Health Plan, Inc.				X
	A	UnitedHealthcare				
Arkansas	A	Ambetter from Arkansas Health & Wellness				
	D	Arkansas Blue Cross Blue Shield		X	X	X
	D	Health Advantage		X	X	X
	D	Octave		X	X	X
California	C	Aetna/CVS			X	X
	C	Anthem Blue Cross of CA			X	X
	D	Balance by CCHP		X	X	X
	A	BlueShield of CA				
	A	Health Net				
	C	Inland Empire Health Plan			X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	A	Kaiser Permanente				
	B	LA Care Health Plan				X
	B	Molina			X	X
	C	Sharp Health		X	X	X
	C	Valley Health Plan		X	X	X
	B	Western Health Advantage			X	X
Colorado	A	Anthem Blue Cross & Blue Shield				
	A	Cigna				
	A	Denver Health Medical Plan				
	A	Kaiser Permanente				
	A	Select Health				
	A	Rocky Mountain Health Plans				
Connecticut	D	Anthem Blue Cross & Blue Shield		X	X	X
	D	ConnectiCare Benefits, Inc.		X	X	X
	D	ConnectiCare Insurance Company, Inc.		X	X	X
DC	C	CareFirst (BCBS)			X	X
	A	Kaiser Permanente				
Delaware	C	Aetna CVS Health			X	X
	A	Ambetter Health of Delaware				
	C	AmeriHealth Caritas Next			X	X
	B	Highmark Blue Cross Blue Shield Delaware				X
Florida	A	Celtic				
	B	AetnaCVS			X	X
	B	AmeriHealth Caritas			X	X
	C	AvMed		X	X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	C	Capital Health Plan		X	X	X
	A	Cigna				
	C	Florida Blue HMO (Health Options)		X	X	X
	B	Florida Health Care Plan			X	X
	F	Health First	X	X	X	X
	B	Florida Blue (BCBS)			X	X
	C	Molina	X		X	X
	B	Oscar			X	X
	A	Sushine Health				
	A	UnitedHealthCare				
Georgia	B	Aetna CVS Health			X	X
	A	Ambetter from Peach State Health Plan				
	D	Anthem Blue Cross and Blue Shield		X	X	X
	D	CareSource		X	X	X
	A	Cigna HealthCare of Georgia				
	B	Kaiser Permanente	X			
	C	Oscar Health Plan of Georgia			X	X
	A	United Healthcare				
Hawaii	C	HMSA			X	X
	A	Kaiser				
Idaho	D	Blue Cross of Idaho		X	X	X
	B	Moda			X	X
	D	Molina	X		X	X
	D	Mountain Health CO-OP		X	X	X
	C	PacificSource			X	X
	D	Regence BS		X	X	X
	D	SelectHealth		X	X	X
	D	St. Luke's Health Plan		X	X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
Illinois	C	Aetna CVS Health			X	X
	A	Ambetter of Illinois				
	B	Blue Cross and Blue Shield of Illinois				X
	A	Cigna Healthcare				
	A	Health Alliance				
	C	Medica			X	X
	B	MercyCare Health Plans				X
	D	Molina Healthcare	X		X	X
	B	Oscar Health Plan, Inc.				X
	C	Quartz			X	X
	A	UnitedHealthcare				
Indiana	D	Aetna		X	X	X
	A	Ambetter from MHS				
	D	Anthem		X	X	X
	F	CareSource	X	X	X	X
	A	Cigna				
	F	US Health & Life (Ascension)	X	X	X	X
Iowa	D	Medica		X	X	X
	C	Oscar			X	X
	C	Wellmark Health Plan	X			X
Kansas	D	Aetna CVS		X	X	X
	A	Ambetter from Sunflower Health				
	D	BCBS of Kansas		X	X	X
	C	Blue Cross and Blue Shield of Kansas City			X	X
	D	Medica		X	X	X
	C	Oscar			X	X
	A	United Healthcare				
	F	US Health & Life (Ascension)	X	X	X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
Kentucky	D	Anthem Health Plans of KY		X	X	X
	D	Passport by Molina Healthcare	X		X	X
	F	CareSource Kentucky Co.	X	X	X	X
	A	Wellcare Health Plans of Kentucky, Inc.				
Louisiana	A	Ambetter from Louisiana Healthcare Connections				
	B	Blue Cross and Blue Shield of Louisiana			X	X
	C	CHRISTUS Health Plan		X	X	X
	A	HMO Louisiana				
	A	United Healthcare				
Maine	B	Anthem Blue Cross and Blue Shield			X	X
	C	Community Health Options		X	X	X
	B	Harvard Pilgrim Health Care			X	X
	B	Taro Health			X	X
Maryland	C	Aetna CVS Health		X	X	X
	B	CareFirst Blue Choice			X	X
	B	CareFirst of MD BCBS			X	X
	A	Kaiser				
	A	UnitedHealthcare				
Massachusetts	B	Mass General Brigham			X	X
	C	BCBS		X	X	X
	A	Fallon Community Health Plan				
	B	Harvard Pilgrim Health Care			X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	F	Health New England	X	X	X	X
	D	Tufts Health Plans		X	X	X
	C	WellSense			X	X
	A	United Healthcare				
Michigan	C	Blue Care Network of MI			X	X
	C	Blue Cross Blue Shield of Michigan Mutual Insurance Company			X	X
	D	McLaren Health		X	X	X
	A	Ambetter by Meridian				
	D	Molina	X		X	X
	C	Oscar Health			X	X
	C	Physicians Health Plan			X	X
	C	Priority Health			X	X
A	United HealthCare					
Minnesota	B	BCBS Minnesota				X
	D	Health Partners		X	X	X
	D	Medica		X	X	X
	B	Quartz				X
	C	UCare			X	X
Mississippi	A	Ambetter/Magnolia				
	A	Cigna Health & Life				
	D	Molina	X		X	X
	D	Primewell Health Services of Mississippi		X	X	X
	A	UnitedHealthcare				
Missouri	D	Aetna		X	X	X
	D	Anthem Blue Cross and Blue Shield		X	X	X
	A	Ambetter from Home State Health				

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	C	Blue Cross and Blue Shield of Kansas City			X	X
	D	Cox HealthPlans		X	X	X
	D	Medica		X	X	X
	C	Oscar			X	X
	A	United Healthcare				
Montana	C	Blue Cross and Blue Shield of Montana			X	X
	D	Mountain Health CO-OP		X	X	X
	C	PacificSource			X	X
Nebraska	A	Ambetter from NE Total Care				
	C	Blue Cross and Blue Shield of Nebraska			X	X
	D	Medica		X	X	X
	C	Oscar			X	X
Nevada	D	Aetna Health (of Utah Inc.)		X	X	X
	D	Anthem BCBS		X	X	X
	C	Health Plan of NV			X	X
	D	Hometown Health		X	X	X
	A	Ambetter from SilverSummit				
	D	SelectHealth		X	X	X
	C	Imperial Insurance Co.			X	X
	D	Molina Healthcare of NV	X		X	X
New Hampshire	A	Ambetter from NH Healthy Families				
	D	Anthem Blue Cross and Blue Shield		X	X	X
	C	Harvard Pilgrim			X	X
New Jersey	D	Aetna CVS Health		X	X	X
	C	AmeriHealth			X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	D	Horizon Healthcare Services (BCBS)		X	X	X
	C	Oscar			X	X
	A	United HealthCare				
	A	WellCare Health Insurance Company of New Jersey, Inc.				
New Mexico	A	Ambetter Plan of WSCC				
	A	BlueCross BlueShield of New Mexico				
	C	Molina Healthcare of New Mexico, Inc.			X	X
	A	Presbyterian Health Plan				
	A	UnitedHealthcare of New Mexico, Inc.				
New York	D	Anthem Blue Cross Blue Shield		X	X	X
	D	CDPHP		X	X	X
	D	Excellus BCBS		X	X	X
	C	Fidelis Care			X	X
	D	EmblemHealth		X	X	X
	D	healthfirst		X	X	X
	C	Highmark Blue Cross Blue Shield			X	X
	C	Independent Health			X	X
	C	MVP Health			X	X
	C	MetroPlus Health			X	X
	C	Oscar			X	X
	A	United Healthcare				
North Carolina	D	Aetna CVS Health		X	X	X
	A	Ambetter of North Carolina				
	C	AmeriHealth Caritas Next			X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	C	Blue Cross and Blue Shield of NC			X	X
	F	CareSource	X	X	X	X
	A	Cigna Healthcare				
	C	Oscar Health Plan of North Carolina, Inc			X	X
	A	UnitedHealthcare				
	D	WellCare of North Carolina		X	X	X
North Dakota	D	BCBS of North Dakota		X	X	X
	D	Medica		X	X	X
	D	Sanford	X		X	X
Ohio	D	AultCare Insurance Company	X		X	X
	A	Ambetter from Buckeye Health Plan				
	D	Aetna CVS Health		X	X	X
	D	Anthem Blue Cross and Blue Shield		X	X	X
	F	CareSource	X	X	X	X
	C	MedMutual			X	X
	D	Molina	X		X	X
	C	Oscar Health Insurance			X	X
	C	Oscar Insurance Corporation of Ohio			X	X
	C	Paramount			X	X
	D	Summacare	X		X	X
	A	United Healthcare				
Oklahoma	A	Ambetter of Oklahoma				
	C	Blue Cross and Blue Shield of Oklahoma			X	X
	C	CommunityCare			X	X
	D	Medica		X	X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	C	Oscar Insurance Company			X	X
	C	Taro Health Plan			X	X
	A	United Healthcare				
Oregon	D	BridgeSpan		X	X	X
	A	Kaiser	X			
	C	Moda Health Plan, Inc.			X	X
	C	PacificSource Health Plans			X	X
	A	Providence Health Plan				
	D	Regence BlueCross BlueShield of Oregon		X	X	X
Pennsylvania	B	Capital Advantage Assurance				X
	C	Geisinger Health Plan			X	X
	C	Geisinger Quality Options			X	X
	C	Highmark Blue Cross Blue Shield			X	X
	C	Highmark Inc.			X	X
	B	Independence Blue Cross PPO				X
	D	UPMC Health Plan			X	X
	A	PA Health and Wellness (Ambetter)				
	D	Oscar			X	X
	A	Cigna				
	D	Jefferson Health Plans	X			X
Rhode Island	D	Blue Cross Blue Shield of Rhode Island			X	X
	D	Neighborhood Health Plan of RI			X	X
South Carolina	A	Ambetter from Absolute Total Care				

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	D	BlueCross BlueShield of South Carolina		X	X	X
	A	Cigna				
	D	Molina Healthcare	X		X	X
	A	UnitedHealthcare				
	D	First Choice Next		X	X	X
South Dakota	C	Avera Health Plans			X	X
	D	Sanford Health Plan	X		X	X
	C	Wellmark of South Dakota	X			X
Tennessee	A	Ambetter of Tennessee				
	C	BlueCross BlueShield of Tennessee			X	X
	A	Cigna Healthcare				
	C	Oscar Insurance Company			X	X
	A	UnitedHealthcare				
	F	US Health and Life	X	X	X	X
Texas	D	Aetna CVS Health		X	X	X
	A	Ambetter from Superior HealthPlan				
	D	Baylor Scott and White Health Plan		X	X	X
	C	Blue Cross and Blue Shield of Texas			X	X
	D	CHRISTUS Health Plan		X	X	X
	A	Cigna Healthcare				
	D	Community First		X	X	X
	D	Community Health Choice		X	X	X
	F	Imperial Insurance Companies, Inc.	X	X	X	X
	C	Moda Health, Inc.			X	X
	D	Molina Healthcare	X		X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	C	Oscar Insurance Company			X	X
	C	Sendero Health Plans, Local Nonprofit			X	X
	A	UnitedHealthcare				
	F	US Health and Life	X	X	X	X
Utah	D	Aetna CVS Health		X	X	X
	D	BridgeSpan Health Company		X	X	X
	A	Cigna Healthcare				
	C	Imperial Health Plan of the Southwest, Inc.			X	X
	D	Molina Healthcare	X		X	X
	C	Regence BlueCross BlueShield of Utah		X	X	X
	C	SelectHealth		X	X	X
	C	University of Utah Health Plans		X	X	X
Vermont	A	BCBS of VT				
	F	MVP Health Care	X	X	X	X
Virginia	D	Aetna Health Inc.		X	X	X
	D	Aetna Life Insurance Company		X	X	X
	C	CareFirst BlueChoice, Inc.			X	X
	A	Cigna Health and Life Insurance Company				
	D	HealthKeepers, Inc.		X	X	X
	D	Innovation Health Plan, Inc.		X	X	X
	A	Kaiser Foundation Health Plan of the Mid-Atlantic				
	A	Optimum Choice, Inc.				
	C	Oscar Insurance Company			X	X

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
	D	Sentara Health Plans	X		X	X
Washington	C	BridgeSpan			X	X
	B	Premera	X			
	D	Molina	X		X	X
	C	Community Health Plan of Washington			X	X
	B	Kaiser WA	X			
	B	LifeWise WA	X			
	C	Regence BlueShield			X	X
	A	Coordinated Care Corporation				
	A	UnitedHealthcare				
	West Virginia	F	CareSource	X	X	X
C		Highmark Blue Cross Blue Shield West Virginia			X	X
Wisconsin	D	Anthem Blue Cross and Blue Shield		X	X	X
	B	Aspirus Health Plan			X	X
	D	Chorus Community Health Plans		X	X	X
	F	Common Ground Healthcare Cooperative	X	X	X	X
	D	Dean Health Plan		X	X	X
	C	Group Health Cooperative-SCW			X	X
	A	HealthPartners				
	D	Medica		X	X	X
	D	MercyCare Health Plans		X	X	X
	D	Molina	X		X	X
	F	Network Health	X	X	X	X
	C	Quartz			X	X
	D	Security Health Plan		X	X	X
	A	United HealthCare				

State	Overall Grade	Insurer	\$0 PrEP	On Preventive Services List	\$0 PrEP-Related Services	Specific Labs Identified
Wyoming	C	Blue Cross Blue Shield of Wyoming			X	X
	D	Mountain Health CO-OP		X	X	X

¹ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. *HIV Surveillance Supplemental Report*, 2023; 28(No. 4), <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023.

² The Affordable Care Act requires non-grandfathered commercial insurance plans, including individual, small group, large group fully- and self-insured plans to include coverage of preventive services given a “Grade A” or “Grade B” by the United States Preventive Services Task Force (USPSTF) beginning with the first full plan year that begins one calendar year after the grade is issued. For PrEP, that clock started in December 2019. (42 U.S. Code § 300gg–13) In July 2021, the Centers for Consumer Information and Insurance Oversight (CCIIO) issued guidance to insurers that coverage of PrEP includes essential PrEP-related services required to get and renew a prescription for PrEP according to the Centers for Disease Control and Prevention (CDC) PrEP Practice Guidelines (<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>). The status of preventive services coverage is currently in question after a decision issued in *Braidwood v Becerra* in November 2022 found this provision unconstitutional, and a subsequent order issued in February 2023 prohibited the U.S. Department of Health and Human Services (HHS) from enforcing it. On May 15, the decision was “stayed” by the Fifth Circuit Court of Appeals, allowing HHS to enforce the provision pending the appeal.

³ Huang, Y.-L., Zhu, W., Patel, R., Bowman, S., & Hoover, K. (2024, March 3). Out-of-Pocket Payments for PrEP Ancillary Services Among US Commercially Insured Persons, 2017-2022. Conference on Retroviruses and Opportunistic Infections, Denver, CO. <https://www.croiconference.org/wp-content/uploads/sites/2/posters/2024/1117.pdf>

⁴ Medications used to prevent HIV transmission may also be used to treat HIV and thus may be listed in a plan's formulary both in a tier without cost-sharing and in a tier that requires cost-sharing. In some cases, the medication was listed only in a tier with cost-sharing, but with a notation that, when used for preventive purposes, the plan would not charge enrollees cost-sharing. In that case, we credited the plan as clearly indicating that at least one PrEP drug is available without cost-sharing.

⁵ The White House, National HIV/AIDS Strategy for the United States 2022–2025, December 1, 2021.

⁶ US Public Health Service, Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States: A Clinical Practice Guideline (2021), available at <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021>.

⁷ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. *HIV Surveillance Supplemental Report*, 2023; 28(No. 4), <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023.

⁸ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. *HIV Surveillance Supplemental Report*, 2023; 28(No. 4), <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023.

⁹ Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2021; vol. 34. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023. Accessed March 2024.

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- ¹¹ Gray, R., McManus, H., King, J., & Petoumenos, A. (2023, July 24). *Australia's progress towards ending HIV as a public health threat: Trends in epidemiological metrics over 2004-2021*. International AIDS Society, Brisbane, Australia. <https://programme.ias2023.org/Abstract/Abstract/?abstractid=3538>
- ¹² US Preventative Services Task Force. Prevention of HIV Infection: Pre-Exposure Prophylaxis. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hivinfection-pre-exposure-prophylaxis>
- ¹³ The Affordable Care Act (ACA) requires that all services or items recommended by the USPSTF with a Grade A or B rating be covered without cost-sharing in non-grandfathered health insurance plans. 45 CFR § 147.130 - Coverage of preventive health services, available at <https://www.law.cornell.edu/cfr/text/45/147.130>
- ¹⁴ Departments of Labor, Health and Human Services, and the Treasury, FAQs About Affordable Care Act Implementation Part 47, <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-47.pdf> (July 19, 2021).
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- ¹⁶ Sosnowy C, Predmore Z, Dean LT, et al. Paying for PrEP: A qualitative study of cost factors that impact pre-exposure prophylaxis uptake in the US. *International Journal of STD & AIDS*. 2022;33(14):1199-1205. doi:10.1177/09564624221132406
- ¹⁷ Huang, Y.-L., Zhu, W., Patel, R., Bowman, S., & Hoover, K. (2024, March 3). *Out-of-Pocket Payments for PrEP Ancillary Services Among US Commercially Insured Persons, 2017-2022*. Conference on Retroviruses and Opportunistic Infections, Denver, CO. <https://www.croiconference.org/wp-content/uploads/sites/2/posters/2024/1117.pdf>
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- ¹⁹ Ambetter for Peach State Health Plan. Preventive Services Guide. <https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/GA-PrevntveServicsGuid2023.pdf> (Jan, 2023)
- ²⁰ Harvard Pilgrim. Preventive Care: Services Covered Under the Affordable Care Act. <https://www.harvardpilgrim.org/public/docs/preventive-care-services-covered-under-the-affordable-care-act> (Dec, 2023)
- ²¹ Departments of Labor, Health and Human Services, and the Treasury, FAQs About Affordable Care Act Implementation Part 47, <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-47.pdf> (July 19, 2021).
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²⁴ Killelea, A. (2023). *Preventive Services Coverage and Cost-Sharing Protections Are Inconsistently and Inequitably Implemented*. National Association of Insurance Commissioners. <https://healthyfuturega.org/wp-content/uploads/2023/08/NAIC-Letter.pdf>

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