



601 Pennsylvania Avenue, NW  
South Building, Suite 500  
Washington, D.C. 20004

T 202.778.3200  
F 202.331.7487  
ahip.org

The Honorable Jeffrey A. Merkley  
531 Hart Senate Office Building  
Washington, DC 20510

The Honorable Bernard Sanders  
332 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Tina Smith  
720 Hart Senate Office Building  
Washington, DC 20510

The Honorable Tammy Baldwin  
709 Hart Senate Office Building  
Washington, DC 20510

The Honorable Chris Van Hollen  
110 Hart Senate Office Building  
Washington, DC 20510

The Honorable Edward J. Markey  
255 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Elizabeth Warren  
309 Hart Senate Office Building  
Washington, DC 20510

The Honorable Cory A. Booker  
717 Hart Senate Office Building  
Washington, DC 20510

## **RE: Inquiry Regarding PrEP and Related Services Coverage**

As the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day, we are responding to your inquiry regarding pre-exposure prophylaxis (PrEP) for preventing transmission of human immunodeficiency virus (HIV) and related services coverage. AHIP has provided critical information and resources to our member health insurance providers on this very important issue, enabling them to provide recommended preventive services to their enrollees, including PrEP and related services. We appreciate the opportunity to provide additional details about health insurance providers' commitments and actions to support PrEP access.

Every American deserves access to affordable coverage that provides them with resources to prevent, diagnose, and manage acute and chronic health conditions, including HIV – a disease that affects 1.2 million Americans.<sup>1</sup> HIV disproportionately impacts the LGBTQIA+ community and other communities that already face greater health disparities, especially Black and Hispanic populations. Health insurance providers share your commitment to health equity and accessible care for all Americans, and work every day to promote the health and wellness of people who may be at risk of HIV.

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<sup>1</sup> Centers for Disease Control and Prevention (CDC)

For Americans who are at risk of contracting HIV, PrEP medications and related services are highly effective and essential to disease prevention. Health insurance providers cover recommended, evidence-based preventive care – including PrEP – to improve health outcomes. PrEP is effective in preventing HIV and can drastically reduce the incidence of HIV, according to research. Nearly 40,000 Americans are newly infected with HIV every year, and if used as directed, PrEP can reduce the risk of HIV transmission by about 99%.<sup>2</sup>

Promoting preventive care is a core component of the Affordable Care Act (ACA) and a fundamental part of health insurance providers' efforts to help the people and communities they serve stay healthy, including promoting PrEP for HIV prevention. Health insurance providers cover PrEP medications and services, consistent with their commitment to health and compliance with the ACA. Even prior to the implementation of the United States Preventive Services Task Force (USPSTF or Task Force) recommendation, which took effect on January 1, 2021, group health plans and individual marketplace plans, including ACA marketplace plans, provided access to and coverage of PrEP medications. Health insurance providers largely included PrEP medications on their formularies and promoted access to the medications for those who may be at increased risk of contracting HIV.

Because of our commitment to protecting Americans from HIV and helping to end the HIV/AIDS epidemic, we too are concerned by legal challenges or other efforts that could put PrEP access at risk. AHIP disseminates relevant information, requirements, and guidance on PrEP and other preventive services to our members' clinical and policy leaders. We frequently and consistently discuss these important issues with our plan clinical, population health, pharmacy and coding experts. AHIP policy experts participate in the USPSTF meetings and informed by member input from clinical and policy leaders, submit comments on USPSTF draft recommendations. We also provide input into USPSTF topic selection, recommendation development, and dissemination with the goal of helping the Task Force gauge which issues are most impactful and relevant. As part of this work, AHIP is participating in the upcoming refresh of the Task Force's recommendation on PrEP.

#### *Health Insurer Education & Outreach*

Our member health insurance providers are focused on raising awareness with the patients and consumers they serve about PrEP and ensuring those who may be at risk have access to therapeutics. This includes direct outreach to patients who may be eligible for treatment as well as contacting providers who care for these patients to make sure they receive appropriate care. They also engage with health care providers to help ensure that coding related to PrEP and associated services is accurate—which is critical to ensure patients have access with no out-of-pocket costs.

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<sup>2</sup> [Pre-Exposure Prophylaxis | HIV.gov](https://www.hiv.gov/pre-exposure-prophylaxis)

Insurance providers share, disseminate, and post information about PrEP on public-facing webpages and send materials directly to patients on how to access PrEP, how it may be administered (as a daily pill or long-term injectable product), what HIV screening entails, and what other services are included alongside PrEP medications. They also offer counseling to promote the importance of consistent adherence to the medication regimen. Insurance providers list PrEP coverage information in benefit documents and on drug formularies and make information available via patient portals. Some insurance providers have created flyers specifically about PrEP, which are posted in provider offices and sent via targeted outreach to members. Others have created online Resource Centers with educational materials available to their members, offering private counseling and outreach to assist patients in managing barriers to adherence and keeping track of refills. Insurance providers and specialized account management teams also work with employer groups to inform their members about which products are available without cost sharing and what medical management tools may apply to certain products.

Recognizing that some challenges may arise in prescribing PrEP, health insurance providers work closely with their provider networks and laboratory partners to ensure they are aware of PrEP coverage and policies, including changes or clarifications based on the latest federal guidance. AHIP disseminates guidance and policies and hosts discussions with our health insurance provider members to ensure widespread knowledge of new rules and subregulatory guidance and to provide tools and resources for our members to use in such discussions. Some health insurance providers conduct targeted outreach to provider groups with the largest populations of members who are at-risk for HIV to assist and engage with them.

Many plans conduct proactive education campaigns with their provider networks to ensure they know and understand how to submit claims properly, especially for complex areas like PrEP and related services. Information is disseminated through provider newsletters and formal provider manuals, which include guidance on treatment and billing. People who are at risk of contracting HIV should have access to preventive medicines and insurance providers work with their provider teams to help them understand who may be a candidate for PrEP. PrEP medications are most effective when a person is at risk for contracting HIV, able to tolerate the drug, and consistently adheres to the medication schedule. Checks like prior authorization may be in place to ensure that the right patients are getting the right care at the right time, and that valuable resources are not being invested where risks of HIV are low.

Insurance providers have provider portals in place where doctors and their staff routinely access information on coverage policies, prior authorization requirements, administrative guidelines, reimbursement and payment policies, as well as coding guidance on how to submit claims for preventive services. Insurance providers utilize real-time drug benefit information to help providers prescribe and code appropriately. In instances where a non-preferred PrEP option is

requested, providers can view benefits and have the option to submit an exception request (or cost sharing waiver request) to indicate that a particular PrEP product is more medically appropriate and affordable.

*Insurance Billing & Coding*

No one—and especially health insurance providers—wants patients to receive an unexpected or inappropriate bill. Insurance providers are acutely aware of their responsibility to cover PrEP and related services without cost sharing.

Unfortunately, issues can arise when providers fail to code these services correctly as preventive services. In these instances, insurance providers rapidly conduct follow-up and provide information to providers to further communicate best practices pertaining to coding. Insurance providers also work to identify erroneous coding trends and conduct root-cause analyses to curtail these issues and update systems to avoid future errors. When necessary, health insurance providers are quick to reach out to provider group leadership and conduct education on coding.

AHIP members report that coding issues related to PrEP have occurred, though quite rarely. In those instances, insurance providers are committed to providing simple and swift corrections. When items are coded incorrectly, there are established processes to fix those problems. Where needed, insurance providers adjust claims on inappropriate billing and issue refunds to the member. Additionally, every health insurance provider has a public, transparent appeals process, where providers and patients can appeal a coverage decision or other outstanding questions with options for expedited decisions where appropriate.

Thank you for focusing on this important public health issue. We share your commitment to preventing HIV in the United States. We welcome the opportunity to work with you to protect Americans from this deadly disease that affects millions of Americans from all walks of life. We look forward to working with your offices to ensure Americans have equitable access to PrEP and related services.

Sincerely,



Matthew Eyles  
President & CEO