

# Yale University

November 7, 2024

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Administrator Brooks-LaSure,

We, the undersigned healthcare organizations commend the recent proposal by CMS to integrate pre-exposure prophylaxis (PrEP) into the Affordable Care Act (ACA) risk adjustment model. Aligning financial incentives for insurers is a critical step toward eliminating cost barriers and advancing national HIV prevention goals. This policy shift elevates the prioritization of preventive HIV care, reinforcing our collective capacity to combat the HIV epidemic and safeguard public health.

PrEP has been a game-changing intervention in reducing the transmission of HIV. However, significant barriers have remained, including access, affordability, and equitable distribution of care, despite federal law requiring it to be covered by health plans without cost-sharing. CMS's proposal to incorporate PrEP into the ACA risk adjustment model is an important step toward addressing these barriers. It enables insurers to be fairly compensated for providing comprehensive coverage, encouraging plans to fully implement the requirement to cover PrEP.

HIV stands apart from other public health challenges due to its unique intersection with social determinants of health. Poverty, systemic racism, housing instability, and stigma all play a role in determining access to HIV prevention tools like PrEP. These structural inequities disproportionately impact communities such as Black and Latino men who have sex with men, transgender individuals, cisgender women of color, and people living in poverty—leaving those at greatest risk of acquiring HIV to overcome more barriers to gain access to PrEP. As outlined in CMS's recent proposal, making PrEP widely available through targeted strategies is essential. This includes not only coverage through insurance but also ensuring access to culturally appropriate care and ancillary services. The inclusion of PrEP in the ACA risk adjustment model is a significant step toward breaking down these barriers, but additional community-centered approaches will be necessary to ensure that all populations can benefit fully from these advances.

Including PrEP in the ACA risk adjustment model would bring multiple benefits that will reverberate across our public health landscape:

1. **Advancing Health Equity:** By incentivizing insurers to offer comprehensive coverage, more underserved communities—particularly those disproportionately affected by HIV—will have access to PrEP and related services.
2. **Reducing New HIV Infections:** With expanded PrEP access, we expect a significant decline in new HIV diagnoses, helping to end the epidemic in the U.S.
3. **Achieving Cost Savings:** Preventing HIV infections through PrEP is not only lifesaving but also more cost-effective than managing lifelong HIV treatment.
4. **Aligning with National Public Health Efforts:** This policy supports the objectives outlined in the National HIV/AIDS Strategy, the Ending the HIV Epidemic initiative, and the recently announced national PrEP pilot by CDC, reinforcing our shared commitment to end disparities that persist across communities.

As noted in CMS's executive summary, incorporating PrEP as an Affiliated Cost Factor (ACF) in the risk adjustment models reflects an evolution in CMS's approach. The unique cost dynamics and utilization patterns of PrEP services, which vary substantially between plans, can create risks of adverse selection—an issue that would be mitigated by this rule. CMS's analysis shows that the expected decrease in PrEP costs, driven by generic competition, has not materialized as anticipated, underscoring the importance of this policy. Addressing adverse selection while aligning incentives for insurers ensures broader uptake and stability within the healthcare marketplace.

We urge CMS to ensure swift and robust implementation of PrEP within the ACA risk adjustment model as part of the 2026 Notice of Benefit and Payment Parameters. With commercially insured people making up the majority of PrEP users, seamless and inclusive access through these plans is essential to our national HIV prevention efforts. This proposed rule change sets a precedent for public health progress. Your leadership on this issue will not only save lives but will also accelerate the goal of eliminating HIV transmission in the U.S. for good. We look forward to continuing to partner with CMS in advancing equitable access to essential preventive services.

**Sincerely,**

American Academy of HIV Medicine, ANAC, AVAC, AIDS Alabama, AIDS Foundation Chicago, AIDS United, CAARAC, Care Resource Community Health Centers, Center for Advocacy, Liberty and Inclusivity Initiative, Center on Halsted, Chipper Digital, Chicago Women's AIDS Project, Desiree Alliance, Equality California, Five Horizons Health Services, GLMA: Health Professionals Advancing LGBTQ+ Equality, Global Black Pride & Global Black Gay Men Connect (GBGMC), Good Health Community Programmes, Health Justice, HIV Denal Alliance, HIV Dental Alliance, HIV Medicine Association, HIV+Hep Policy Institute, Housing Works, Inc, Latino Commission on AIDS, Multicultural AIDS Coalition, PFLAG National, PrEP in Black America, Prep 4 All, Puerto Rican Cultural Center, Sex Worker's Education & Advocacy Taskforce (SWEAT), South Florida Health Equity Coalition, Southern Black Policy & Advocacy Network, The AIDS Institute, The Detroit Voices of Community, The Fenway Institute, The ONYX Coalition, The Sero Project, Treatment Action Group, Unity Arc Advocacy Group, Valley AIDS Council, Visible Truth 365, Vivent Health