

1 **OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

2
3 **Resolution No. 10 – 2023**

4
5 **Introduced by:** OSMA Medical Student Section

6
7 **Subject:** Supporting Increased Access to HIV Prevention Medication

8
9 **Referred to:** Resolutions Committee No. 1

10
11 -----
12
13 **WHEREAS**, there were nearly 897 new diagnoses of HIV in Ohio in 2020, with the rate
14 of diagnosis eight (8) times higher in Black than in white populations ¹; and

15
16 **WHEREAS**, Ohioans with HIV face an average lifetime cost of more than \$500,000,
17 which can significantly burden health systems, and the medical cost saved by avoiding just one
18 HIV infection in a high risk individual is \$229,800 ²; and

19
20 **WHEREAS**, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are
21 two preventative strategies consisting of combinations of antiretroviral medications that are
22 utilized to decrease HIV transmission³; and

23
24 **WHEREAS**, PrEP is highly effective at preventing HIV infections when taken as
25 prescribed by reducing sexual transmission by 99% and infection from IV drug use by 74%, and
26 PEP can reduce risk of sexual transmission by as much as 99.5% when taken correctly within
27 72 hours of exposure to HIV^{4,5}; and

28
29 **WHEREAS**, the Centers for Medicare and Medicaid Services, Department of Labor, and
30 Department of the Treasury issued guidance in July 2021 stating that health plans and health
31 insurance issuers must cover PrEP, associated clinic visits, and laboratory testing, without cost-
32 sharing, in addition to halting patient out-of-pocket charges for PrEP by January 2021⁶; and

33
34 **WHEREAS**, despite such guidance, cost and insurance regulation continue to be a
35 barrier to patient access to PrEP, with a Kaiser Health News report finding that insurers
36 continue to set up formularies that wrongly assign copays, assign PrEP to the wrong drug tiers,
37 or prohibit cost-sharing only for PrEP that has been approved in limited demographics ⁷; and

38
39 **WHEREAS**, data collected from National Average Drug Acquisition Cost lists the
40 undiscounted cost of a 30-day bottle of branded tenofovir/emtricitabine (TDF/FTC) at \$1790.91,
41 branded emtricitabine/tenofovir alafenamide (FTC/TAF) at \$1875.93, and generic TDF/FTC at
42 \$35.3, and out-of-pocket costs for PEP can reach up to \$1000 per course of treatment, making
43 the actual and perceived cost a significant barrier for patients in communities at risk for HIV
44 exposure^{8,9}; and

45
46 **WHEREAS**, despite having an A rating from the United States Preventive Services Task
47 Force (USPSTF), Qualified Health Plans (QHP) commonly require prior authorization for PrEP,
48 and QHPs in the Midwest are nearly 5.7 times more likely to require prior authorization for PrEP

49 than plans in the Northeast, and such prior authorization requirements could pose a significant
50 barrier or delay to access to PrEP ^{10,11}; and

51
52 **WHEREAS**, a Texas federal court in September 2022 in *Braidwood Management Inc., v.*
53 *Becerra (Braidwood)* struck the Affordable Care Act (ACA) requirement that private state-
54 regulated payers cover PrEP without cost sharing when it ruled that such a requirement
55 substantially burdened the free exercise of religion and therefore violated the Religious
56 Freedom Restoration Act (RFRA) ¹²; and

57
58 **WHEREAS**, if the *Braidwood* litigation is upheld by the Supreme Court, hundreds of
59 thousands of individuals that currently use PrEP as well as hundreds of thousands more that
60 are eligible may lose PrEP and PEP coverage without cost sharing, making PrEP and PEP
61 inaccessible and cost prohibitive ^{13,14}; and

62
63 **WHEREAS**, Colorado, California, and New York have issue guidance to payers to
64 require or encourage coverage of PrEP-related ancillary and supportive services without cost
65 sharing, and, in December 2022, New York state passed legislation requiring insurance
66 companies to cover PrEP and PEP;^{15,16} and

67
68 **WHEREAS**, in December 2021, a long acting injectable (LAI) variation of PrEP with an
69 estimated annual out-of-pocket cost of more than \$20,000 was approved by the Food and Drug
70 Administration (FDA), but currently no guidance exists on whether it will be covered by private
71 payers;¹⁷ and

72
73 **WHEREAS**, LAI medications have been proven to significantly increase medication
74 compliance in patients with schizophrenia, and thus LAI variations of PrEP have the potential to
75 increase medication adherence issues associated with daily oral intake of PrEP;^{18,19} and NOW
76 THEREFORE

77
78 **BE IT RESOLVED**, that our OSMA opposes prior authorization requirements for HIV
79 pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medications; and be it
80 further

81
82 **RESOLVED**, that our OSMA supports requiring state-regulated payers to cover full costs
83 of HIV prevention medications and related services, including screenings, diagnostic
84 procedures, administrative fees, and clinical follow-ups in-person or via telemedicine, without
85 any cost-sharing obligation for the plan holder; and be it further

86
87 **RESOLVED**, that our OSMA supports legislation requiring all payers in Ohio to add long-
88 acting injectable variations of PrEP to their formularies to ensure that they are accessible to
89 eligible patients.

90
91 **Fiscal Note:** \$ (Sponsor)
92 \$ 25,000 (Staff)

93
94 **References:**

- 95
96 1. HIV in Ohio. HIV Surveillance Program. Accessed December 2, 2022.
97 <https://odh.ohio.gov/wps/wcm/connect/gov/2af5d7eb-b1e3-4df7-bbd2->

- 98 [9fe6c493a8ad/Ohio+HIV+Summary+2019.pdf?MOD=AJPERES&CONVERT_TO](https://www.cdc.gov/hiv/pdf/policies/profiles/cdc-hiv-ohio-SSP.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM300_0-2af5d7eb-b1e3-4df7-bbd2-9fe6c493a8ad-neB-tTi)
99 [=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM300](https://www.cdc.gov/hiv/pdf/policies/profiles/cdc-hiv-ohio-SSP.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM300_0-2af5d7eb-b1e3-4df7-bbd2-9fe6c493a8ad-neB-tTi)
100 [0-2af5d7eb-b1e3-4df7-bbd2-9fe6c493a8ad-neB-tTi](https://www.cdc.gov/hiv/pdf/policies/profiles/cdc-hiv-ohio-SSP.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM300_0-2af5d7eb-b1e3-4df7-bbd2-9fe6c493a8ad-neB-tTi)
- 101 2. HIV Prevention to End the HIV Epidemic in the United States: Ohio. Centers for
102 Disease Control and Prevention. Accessed December 2,
103 2022. <https://www.cdc.gov/hiv/pdf/policies/profiles/cdc-hiv-ohio-SSP.pdf>
 - 104 3. Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis for HIV. Centers for
105 Disease Control and Prevention. (September 10, 2020). Accessed December 2,
106 2022). <https://www.cdc.gov/hiv/clinicians/prevention/prep-and-pep.html>
 - 107 4. Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or
108 Transmitting HIV. Centers for Disease Control and Prevention. (June 17, 2022).
109 Accessed December 2, 2022.
110 [https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html#anchor_156294](https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html#anchor_1562942347)
111 [2347](https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html#anchor_1562942347)
 - 112 5. Peabody, R. How Effective is Post-Exposure Prophylaxis (PEP): A Research
113 Briefing. Aidsmap, National Academy of Medicine. (April 2019). Accessed
114 December 2, 2022. [https://www.aidsmap.com/about-hiv/how-effective-post-](https://www.aidsmap.com/about-hiv/how-effective-post-exposure-prophylaxis-pep)
115 [exposure-prophylaxis-pep](https://www.aidsmap.com/about-hiv/how-effective-post-exposure-prophylaxis-pep)
 - 116 6. FAQs about Affordable Care Act Implementation Part 47. Department of Labor.
117 (July 19, 2021). Accessed December 2, 2022.
118 [https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-](https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-47.pdf)
119 [center/faqs/aca-part-47.pdf](https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-47.pdf)
 - 120 7. Varney, S. Health Care is Supposed to be Free? So, Why are Some Patients Still
121 Paying? Kaiser Health News. (March 3, 2022). Accessed December 2, 2022.
122 [https://khn.org/news/article/pep-hiv-prevention-costs-covered-problems-](https://khn.org/news/article/pep-hiv-prevention-costs-covered-problems-insurance/)
123 [insurance/](https://khn.org/news/article/pep-hiv-prevention-costs-covered-problems-insurance/)
 - 124 8. Srikanth, K., et al. Associated Costs Are a Barrier to HIV Preexposure
125 Prophylaxis Access in the United States. *J. Amer. Pub. Health Assoc.*
126 2022;112(6):834-838 <https://doi.org/10.2105/AJPH.2022.306793>
 - 127 9. Post-exposure Prophylaxis (PEP) for HIV: Your Questions Answered. Healthline.
128 (May 13, 2021). Accessed December, 2 2022.
129 <https://www.healthline.com/health/hiv/post-exposure-prophylaxis#takeaway>
 - 130 10. McManus, K., Powers, S., & Killela, A., et al. Regional Disparities in Qualified
131 Health Plans' Prior Authorization Requirements for HIV Pre-exposure
132 Prophylaxis in the United States. *JAMA Netw Open.* 2020;3(6):e207445.
133 doi:10.1001/jamanetworkopen.2020.7445
 - 134 11. 2021 AMA Prior Authorization (PA) Survey. American Medical Association.
135 Accessed December 2, 2022. [https://www.ama-assn.org/system/files/prior-](https://www.ama-assn.org/system/files/prior-authorization-survey.pdf)
136 [authorization-survey.pdf](https://www.ama-assn.org/system/files/prior-authorization-survey.pdf)
 - 137 12. *Braidwood Mgmt. Inc. v. Becerra*, 4:20-CV-00283-O, 2022 WL 4091215 (N.D.
138 Tex. Sept. 7, 2022).
 - 139 13. PrEP for HIV Prevention in the U.S. Centers for Disease Control and Prevention.
140 [https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-](https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html)
141 [in-the-US-factsheet.html](https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html)
 - 142 14. The Implications of the Most Recent Challenge to the ACA's Preventive Care
143 Requirement Could Affect Millions. Kaiser Family Foundation. (October 26,

- 144 2022). Accessed December 2, 2022. [https://www.kff.org/womens-health-](https://www.kff.org/womens-health-policy/press-release/the-implications-of-the-most-recent-challenge-to-the-acas-preventive-care-requirement-could-affect-millions/)
145 [policy/press-release/the-implications-of-the-most-recent-challenge-to-the-acas-](https://www.kff.org/womens-health-policy/press-release/the-implications-of-the-most-recent-challenge-to-the-acas-preventive-care-requirement-could-affect-millions/)
146 [preventive-care-requirement-could-affect-millions/](https://www.kff.org/womens-health-policy/press-release/the-implications-of-the-most-recent-challenge-to-the-acas-preventive-care-requirement-could-affect-millions/)
- 147 15. Kieth, K, New Guidance On PrEP: Support Services Must Be Covered Without
148 Cost-Sharing. Health Affairs. (July 28, 2021). Accessed January 4,
149 2023. <https://www.healthaffairs.org/doi/10.1377/forefront.20210728.333084/>
- 150 16. Legislation S.688/A.807 Requires Insurance Companies to Cover Pre-Exposure
151 Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to Help End the HIV
152 Epidemic in New York. New York State. (December 21, 2022). Accessed
153 January 4, 2023. [https://www.governor.ny.gov/news/governor-hochul-signs-](https://www.governor.ny.gov/news/governor-hochul-signs-legislation-expanding-access-prep-and-pep-medication-help-prevent-hiv)
154 [legislation-expanding-access-prep-and-pep-medication-help-prevent-hiv](https://www.governor.ny.gov/news/governor-hochul-signs-legislation-expanding-access-prep-and-pep-medication-help-prevent-hiv)
- 155 17. Long-Acting Injectable PrEP is Here: Frequently Asked Questions (FAQs) for
156 Implementation. NASTD. (May 2022). Accessed December, 2, 2022.
157 https://nastad.org/sites/default/files/2022-05/PDF-LAI-FAQ_1.pdf
- 158 18. Titus-Lay EN, Ansara ED, Isaacs AN, Ott CA. Evaluation of adherence and
159 persistence with oral versus long-acting injectable antipsychotics in patients with
160 early psychosis. *Ment Health Clin.* 2018;8(2):56-62.
161 doi:10.9740/mhc.2018.03.056
- 162 19. Sidebottom, D., Ekstrom, A., & Stromdhal, S. A systematic review of adherence
163 to oral pre-exposure prophylaxis for HIV – how can we improve uptake and
164 adherence? *BMC Infect Dis.* 2018;18(1):581. doi:10.1186/s12879-018-3463-4