The Honorable Elijah E. Cummings  
Chairman  
House Committee on Oversight and Reform  
2157 Rayburn House Office Building  
Washington, DC 20515  

Re: HIV Prevention Drug: Billions in Corporate Profits after Millions in Taxpayer Investments  

Dear Chairman Cummings:  

On behalf of Mayor Bill de Blasio and Health Commissioner Dr. Oxiris Barbot, thank you for the opportunity to submit written testimony on the topic of pricing of HIV prevention drugs and its impact on ending the HIV epidemic.  

I submit this testimony to impress upon the Committee the urgent need for expanded use of pre-exposure prophylaxis for HIV, or PrEP, and to highlight the barriers that we can and must overcome to enable access to this life-saving drug. As a physician who has provided HIV care for the past 20 years, and as the director of HIV programming in a city that has long been an epicenter for HIV in the United States, I have seen firsthand the extraordinary impact that PrEP has had on persons at risk for HIV exposure and the HIV epidemic as a whole. No plan to end the epidemic will be successful without widespread use of PrEP by people at risk of HIV exposure. PrEP stops the transmission of HIV.  

When taken appropriately, PrEP is well over 90% effective at preventing HIV through sex, and reduces the risk of HIV among people who inject drugs by 70%. Increases in PrEP usage is responsible for a dramatic decline in HIV transmission in New York City (the City), with the estimated number of new infections decreasing from 2600 in 2015 to 1800 in 2017—a 31% reduction. Due to record low new HIV transmissions, the City is on target to meet its goal to end the epidemic by 2020. This is a window into the impact that PrEP has had to date and prognosticates the effect PrEP could have on the trajectory of HIV in the City and elsewhere in the United States if it were widely accessible and used.
In the City, the Health Department has invested in multifaceted initiatives to increase PrEP uptake. This includes detailing campaigns to provide one-on-one education sessions with community providers about PrEP, its efficacy in preventing HIV, misperceptions regarding its use, and billing and payment options. We created and launched targeted multi-media campaigns to inform gay, bisexual, and other men who have sex with men, people of transgender experience, women of color, Latino communities, and others about PrEP. We also fund community organizations that provide PrEP services to populations at risk of HIV infection. And we have become a direct service provider by transforming our eight Sexually Transmitted Disease clinics into Sexual Health Clinics that provide low-to-no cost, comprehensive, and affirming sexual health care. In addition to testing and treatment for sexually transmitted infections, the clinics now offer PrEP initiation and navigation services, HIV post-exposure prophylaxis, immediate initiation of antiretroviral treatment for patients testing positive for HIV, immunizations, contraceptive services, harm reduction services, screening and interventions for substance use, short term counseling for behavioral needs, and linkage to community providers for continuation of care. Our Sexual Health Clinics are the most successful strategy in the City for status-neutral HIV-related care and an international model for service delivery.

The only drug approved for PrEP in the United States by the Food and Drug Administration is Truvada, a combination of tenofovir and emtricitabine, manufactured by Gilead Sciences (Gilead). Truvada is historically an important part of the antiretroviral formulary used to treat HIV. The astronomical cost of Truvada, and the payment system in which it is grounded, has hindered our ability to encourage broader use. Even at the heavily discounted 340B purchase price, PrEP accounts for a significant percentage of our clinics’ operating budget, limiting capacity and preventing those dollars from being invested in other necessary public health activities such as programming to increase treatment adherence and reduce stigma regarding HIV and PrEP.

Access to PrEP relies on a patchwork of public and non-public payment programs. New York’s generous Medicaid program includes eligibility for many groups of people not covered by federal Medicaid dollars and has expansive coverage that includes PrEP and related clinical services. Notably, the hotspots of HIV transmission today are in southern states that have refused to expand Medicaid, have high levels of uninsurance and poverty, and have been slow to promote and provide access to PrEP. According to the Centers for Disease Control and Prevention, those states account for more than half of all new HIV infections in the United States.

Although Affordable Care Act (ACA) and employer-based health plans generally cover PrEP, such coverage often includes considerable cost-sharing that can put PrEP out-of-reach. There are also very real confidentiality concerns that limit young people on their parents’ insurance, persons in abusive relationships, and others from accessing PrEP even when insured. People without insurance and low-income individuals with high co-payments must rely on Gilead’s patient
assistance program. Those who do not qualify are left with few options to access a drug that costs approximately $20,000 per year.

This is not a stable, sustainable model to access a drug that has the potential to eliminate new HIV infections in the United States. Proposed cuts to Medicaid and Medicare, actions by states to reduce Medicaid eligibility, attempts to undermine the ACA’s non-discrimination and minimum coverage requirements, and decreases in 340B reimbursement place the future of PrEP access under constant threat. Exclusively relying on a patient assistance program that is limited in scope and eligibility puts patients, providers, and public health departments at the mercy of a for-profit drug company’s generosity.

As a public health leader with significant experience with PrEP implementation, I am concerned that local and national strategies are beholden to the policies and decisions of a single for-profit company. What happens if Gilead’s corporate goals change or financial considerations dictate a shift away from programs that support PrEP financing for individuals? Would we be forced to abandon a powerful scientific strategy to end HIV due to a corporation’s altered priorities? Current costs are prohibitive to individuals and public health. In addition, those costs create a high level of anxiety in patients concerned with starting a medication they may later have to stop and for public health leaders creating programs that are reliant on payment assistance that can be revoked at any time.

The Trump Administration’s stated goal of over one million additional people taking PrEP is not achievable when an unacceptably high portion of resources are going to pay for a medicine that is a right, not a luxury. Gilead’s recently announced intention to provide access to PrEP for 200,000 people still leaves many hundreds of thousands of people without PrEP access. At current prices, the cost of PrEP for all those who need it would be many billions of dollars annually—far greater than the Trump Administration’s entire proposed budget to end the HIV epidemic. As such, the only way to ensure continued access to PrEP is to significantly reduce the cost of the drug.

We are at a crossroads in the battle to end the HIV epidemic in this country. We now have biomedical interventions to both prevent persons infected with HIV from transmitting it to others through sexual contact, and to prevent persons who are not infected from becoming infected when exposed to the virus. With these tools, it is inexcusable to have even one case of HIV transmission through sex. Every new HIV infection is reflective of a failure of our healthcare system. I implore upon you, members of the Committee, to work to reduce the cost of PrEP so that every person at risk for HIV has access to this life-saving medication.
Thank you once again for the opportunity to provide this testimony and for holding this important hearing. I am grateful for your and your colleagues’ work on this issue, which is at the heart of ending the HIV epidemic in the United States.

Sincerely,

[Signature]

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