



November 16, 2021 (Updated from June 22, 2016)ⁱ

Dear Ryan White HIV/AIDS Program Colleagues:

Pre-Exposure Prophylaxis (PrEP) is a powerful prevention tool against HIV transmission. The Centers for Disease Control and Prevention recommends PrEP for individuals who are at substantial risk for contracting HIV.ⁱⁱ When taken consistently, PrEP reduces the risk of HIV infection in people who are at high risk by up to 92%.ⁱⁱⁱ Given the success of PrEP, the [National HIV/ AIDS Strategy: Updated to 2020 \(NHAS 2020\)](#) prioritizes PrEP in *Goal 1: Reduce New Injections* and calls upon federal agencies to implement PrEP within their programs.

The Health Resources and Services Administration's HIV/AIDS Bureau (HAB) strongly encourage Ryan White HIV/AIDS Program (RWHAP) recipients and providers to leverage the RWHAP infrastructure to support PrEP services within the parameters of the RWHAP legislation. RWHAP recipients and providers are uniquely positioned to support PrEP programs. As community leaders in HIV prevention, care, and treatment, RWHAP recipients and providers are: 1) connected to people most at risk for contracting HIV; 2) knowledgeable about barriers to accessing HIV care and prevention services; and 3) experts in antiretroviral medications used for HIV. These are just a few of the skills that make RWHAP recipients and providers especially equipped to support, establish, and implement PrEP programs.

The RWHAP legislation provides grant funds to be used for care and treatment of people diagnosed with HIV, thus prohibiting the use of RWHAP funds for PrEP medications and the related medical services such as physician visits and laboratory costs, except for targeted HIV testing. The RWHAP legislation does, however, allow RWHAP recipients and providers to provide services such as risk reduction counseling and targeted HIV testing, which should be part of a comprehensive PrEP program. We encourage RWHAP recipients and providers to reference HAB guidance and discuss allowable uses of RWHAP funds and any applicable limitations with their Project Officers.

HAB further encourages recipients and providers to participate with the implementation of PrEP by leveraging their existing expertise and administrative and clinical infrastructures to set up PrEP programs. RWHAP recipients and providers are poised to use their HIV systems, clinical expertise, and structural capacity to support the expansion of PrEP services across the country. Examples include: states building a PrEP access program using non-RWHAP funds within the RWHAP AIDS Drug Assistance Program infrastructure; clinics developing comprehensive PrEP services using a percentage of HIV clinical and program staff that is not funded by RWHAP to provide PrEP services; and accessing the AIDS Education and Training Centers program to train clinicians and staff on PrEP.

Working together on PrEP implementation, HAB and our RWHAP partners can continue to make great strides in achieving the NHAS 2020 and optimal HIV prevention, care, and treatment for all.

Sincerely,
/Laura W. Cheever/
Laura W. Cheever, M.D., Sc.M.
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration

ⁱ Updated from June 22, 2016, Dear Colleague Letter to provide clarification regarding laboratory costs and HIV testing.

ⁱⁱ "Pre-Exposure Prophylaxis" <http://www.cdc.gov/hiv/risk/prep/index.html>, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention, April 28, 2016.

ⁱⁱⁱ Grant, Robert G., et al. "Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men." *The New England Journal of Medicine* 363;27 (December 30, 2010): 2587-2599.