## STATE OF RHODE ISLAND



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The Honorable Susan R. Donovan, Chair House Committee on Health and Human Services State House Providence, RI 02903

RE: 2024 – H 7625 – An Act Relating to Insurance – Accident and Sickness Insurance Policies – Insurance Coverage for Prevention of HIV

## Dear Chair Donovan:

I write in general support regarding H 7625 which would amend current provisions related to insurance coverage requirements for drugs utilized for the prevention and treatment of HIV infection.

The World Health Organization (WHO) recommends that oral pre-exposure prophylaxis (PrEP) be offered as a prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (strong recommendation, high-quality evidence). The WHO further recommends that HIV PEP be offered and initiated as early as possible in all individuals with an exposure that has the potential for HIV transmission, preferably within 72 hours. The WHO also has concluded that the early use of antiretroviral therapy keeps people living with HIV alive and healthier and reduces the risk of transmitting the virus to their sexual and drug-sharing partners.

The current U.S. plan to reduce the incidence of HIV in the United States by 90% with a target date of 2030 includes the following components:

- Diagnose all individuals with HIV as early as possible after infection
- Treat HIV rapidly and successfully to achieve sustained viral suppression
- Prevent at-risk people from acquiring HIV through interventions including the use of preexposure prophylaxis
- Rapidly detect and respond to emerging clusters of HIV infection to further reduce new transmissions

(Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. Ending the HIV Epidemic: A Plan for the United States. JAMA. 2019;321(9):844-845. doi:10.1001/jama.2019.1343)

According to the National Institutes of Health (NIH), people who use drugs are at elevated risk of HIV infection; and having an HIV infection or the apprehension of becoming infected with HIV place these individuals at high risk of some mental health conditions because of the stress associated with living with HIV. The NIH indicates that people living with HIV are twice as likely to have depression as people who do not have HIV.

Because the provision of PrEP and PEP antiretroviral therapy to high-risk individuals is considered an evidence-based practice and BHDDH serves individuals who are both at high risk for HIV and may be experiencing psychiatric disorders arising from their HIV status, I support efforts to expand access to this life-saving treatment.

Sincerely,

Louis A. Cerbo, Ed.D. Interim Director

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cc: The Honorable Members of the House Committee on Health & Human Services

The Honorable Rebecca M. Kislak

Nicole McCarty, Esquire, Chief Legal Counsel to the Speaker of the House

Lynne Urbani, Director of House Policy