

Harold Phillips
Director, Office of National AIDS Policy
The White House
Washington, DC 20502

Tuesday, September 21, 2021

Dear Director Phillips,

We the undersigned urge the White House Office of National AIDS Policy (ONAP) to convene a meeting between Gilead Sciences, Inc., nonprofit AIDS service organizations, community-based HIV prevention programs, public health officials, and advocacy leadership to prevent devastating harm that will result from the manufacturer's decision to drastically cut reimbursements to 340B covered entities serving clients enrolled in the Advancing Access Medication Assistance Program (MAP). Specifically, we seek your leadership to bring together senior leadership from Gilead Sciences – notably Johanna Mercier, Chief Commercial Officer; Brett Pletcher, Executive Vice President, Corporate Affairs and General Counsel; and Coy Stout, Vice President of Market Access Strategy – to meet with members of an ad hoc coalition of community leaders that has been engaging with the company since the beginning of this year to address this urgent matter.

We seek to ensure the proposed modifications to the Advancing Access pharmacy reimbursement structure – scheduled to go into effect on January 1, 2022 – do not destabilize community health centers or undermine the services of other safety net programs and, consequently, nationwide efforts to end the HIV epidemic. As you are likely aware, this looming threat was covered extensively in a recent NBC article that provided a glimpse of the harm that will be caused to frontline clinics, particularly those serving communities most vulnerable to HIV, hepatitis C virus (HCV), and sexually transmitted infections (STIs).

As frontline safety net health care providers with expertise in community-centered infectious disease prevention and treatment, we have stepped up during these unprecedented times to ensure continuity of HIV, HCV, and STI prevention and care services against the backdrop of the COVID-19 pandemic that has profoundly and disproportionately impacted the marginalized communities we serve. HIV champions in health departments were redeployed across the nation and community-based nonprofit organizations did all they could to maintain progress toward the National HIV/AIDS Strategy and Ending the HIV Epidemic goals, all while leveraging our experience and resources to mitigate the harm caused by the failed national COVID-19 response under the previous administration. Indeed, what helped enable our safety net programs to rapidly modify and expand their services to meet the needs of existing and new clients impacted by unemployment, quarantine and lockdown recommendations, social distancing recommendations, sick and critically ill family members, and other challenges associated with COVID-19 were 340B program savings generated in part by Advancing Access MAP pharmacy reimbursement.

340B program savings – including those generated via the Advancing Access MAP– has been an essential source of funding to support vital services not adequately supported by restrictive and limited federal funding, particularly for states that have not expanded Medicaid and a majority of those most vulnerable to HIV infection do not have access to insurance. These services include provider consultations and follow-up care (including telehealth or telePrEP services); essential laboratory tests; case management, insurance/systems navigation, and other support services; targeted outreach and education; and program administration. Indeed, even where clients have access to public or private insurance coverage, reimbursement to cover evidence-based support services is not guaranteed, the program financing flexibilities associated with 340B program savings is essential.

It is incredibly unfortunate that Gilead Sciences' leadership seeks to sever such an important financial lifeline for safety net programs, particularly at this point in time. It has been through our collective efforts that Gilead has been able to successfully scale up a market for PrEP since 2012. Community partnership has been a key component to the company's commercial success. And while we understand that continuation of the Advancing Access MAP reimbursement structure is not without financial concerns to the company, the loss to the company relative to its earnings pales in comparison to the anticipated loss of this funding stream to our safety net programs that make access to PrEP and essential support services for people living with HIV possible in the first place.

Across the HIV landscape, we recognize and understand the need to be strategic, innovative, and intentional in securing reliable and sustainable sources of funding so that essential community-based organizations and other programs are not dependent on manufacturer-based funding streams. However, it is unacceptable that Gilead should unilaterally alter the funding landscape for community services in a way that will disrupt and undermine our efforts to meet both Ending the HIV Epidemic and National HIV/AIDS Strategy targets going forward. After maintaining a false sense of security that Advancing Access is a reliable source of 340B program savings, resulting in significant reliance by safety net health care providers and other covered entities, Gilead must take appropriate steps to ensure the integrity of our clinics and programs to end the HIV epidemic, particularly during these challenging times.

We are confident that with ONAP's leadership, we can come together and determine a course of action that will prioritize the needs of communities disproportionately impacted by HIV, HCV, and STIs while acknowledging Gilead's right to modify its Advancing Access program. With your help, we believe we can negotiate an outcome that reasonably considers the interests of all parties involved.

We look forward to your response and convening a meeting with the aforementioned Gilead leadership with the authority to make decisions regarding Advancing Access MAP reimbursements to 340B covered entities.

Sincerely,

ORGANIZATIONAL SIGNATURES

Access Support Network
AIDS Action Baltimore
AIDS Alabama
AIDS Foundation Chicago
AIDS United
American Academy of HIV Medicine
APLA Health
ASHwell - Manager of Advocacy & Community Engagement
AVAC
Bienestar Human Services
Black AIDS Institute
California Primary Care Association (CPCA)
Callen-Lorde Community Health Center
Cascade AIDS Project
Friends For Life, Corp
Georgia AIDS Coalition
Get it Together Coalition
Harlem United
HELP Center Texas
HIV + Hepatitis Policy Institute
HIV Medicine Association
Housing Works
Howard Brown Health
ICWNA
International Association of Providers of AIDS Care
Latinos Salud
Los Angeles LGBT Center
Music City PrEP Clinic
My Brother's Keeper, Inc
NASTAD
National Black Gay Men's Advocacy Coalition
Positive Impact Health Centers
Prism Health North Texas
REACH LA
Resource Center
San Francisco AIDS Foundation
Texas Health Action
The Source LGBT+ Center
Vivent Health

INDIVIDUAL SIGNATURES

Jeremiah Johnson
Tim Horn
Ernest Hopkins
Craig Pulsipher
A. Daniel Ramos
Alphonso G. Mills
Andrea Weddle
Anthony Armstrong
Cathalene Teahan
Christopher Hamilton
Cipriano Martinez
David Kilburn
DeeJay R. Johannessen
Evan Mahony, MPH
Heather O'Connor
Jacquelyn Kilmer
Jaron Benjamin
Jim Pickett
John Carlo
June Gipson
Kathie Hiers
Larry M. Lehman
Laurie Sylla
Lo Petty
Lynda Dee
Michael Louella
Rev. Rob Newells-Newton
Richard C MacKinnon
Robert Contreras
Xelestial Moreno