

Congress of the United States

Washington, DC 20515

August 8, 2024

Dr. Wanda Nicholson
Chair
U.S. Preventive Services Task Force
5600 Fishers Lane, Mail Stop 06E53A
Rockville, MD 20857

Dear Chair Nicholson and members of the U.S. Preventive Services Task Force:

Thank you for the Task Force’s ongoing efforts to provide evidence-based recommendations to inform coverage of preventive healthcare services. In light of the recently issued Centers for Disease Control and Prevention (CDC) guidelines on the use of doxycycline postexposure prophylaxis (doxy PEP) for bacterial sexually transmitted infection (STI) prevention,¹ we respectfully ask for your full and fair consideration of a USPSTF recommendation for doxy PEP to the populations outlined in the guidelines with an “A” rating.

In 2019, an A-grade recommendation for the prescription of preexposure prophylaxis (PrEP) to those at increased risk of HIV acquisition led insurance plans to cover this medication with no cost sharing, as required by the Affordable Care Act (ACA).² This has been enormously beneficial to hundreds of thousands of Americans—particularly members of the LGBTQIA+ community. Last year, the CDC estimated that, between 2019 and 2022, more than 150,000 additional people were prescribed PrEP.³ This increase raised the coverage rate from 23% to 36% of the total population that could benefit from PrEP and likely contributed to the 12% decrease in HIV incidence in 2022 compared with 2018.⁴ There is still significant work that needs to be done—particularly to increase access for communities of color—but USPSTF’s recommendation and the associated coverage of PrEP under the ACA have been a major step forward in HIV prevention.

As noted in the CDC’s guidelines for use of doxy PEP, the incidence of bacterial STIs (chlamydia, gonorrhea, and especially syphilis) continue to rise. In 2022, cases of syphilis were up 17% over 2021 and 79% relative to 2018.⁵ As you know, STI prevention and care depends on access to screening and contact with the healthcare system and was severely disrupted by the Covid-19 pandemic. As with HIV, this epidemic disproportionately impacts both LGBTQIA+ Americans and communities of color,⁶ and addressing it requires not only a reinvestment in these efforts but new approaches to preventive care.

The CDC’s guidelines recommend healthcare providers counsel patients who are gay and bisexual men, other men who have sex with men, and transgender women, and who have a history of bacterial STIs in the past 12 months about the benefits and costs of doxy PEP. For other populations who may benefit, they advise providers to use their clinical judgement and a shared decision-making approach. Additionally, the guidelines recognize that “overall, the intervention appears feasible and acceptable and will require a focused effort for equitable implementation.” As with recent HIV prevention efforts through PrEP, we believe this implementation must start with a formal recommendation and “A” rating from USPSTF to ensure Americans who can benefit from doxy PEP have access to the treatment at no additional cost though Medicaid or private insurance.

¹ https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm?s_cid=rr7302a1_w

² <https://nastad.org/sites/default/files/2021-12/PDF-PrEP-Coverage-Brief.pdf>

³ <https://www.cdc.gov/hiv/policies/dear-colleague/dcl/20231017.html>

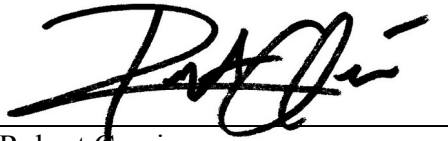
⁴ https://stacks.cdc.gov/view/cdc/156513/cdc_156513_DS1.pdf

⁵ <https://www.cdc.gov/std/statistics/2022/default.htm>

⁶ <https://www.cdc.gov/std/statistics/2022/overview.htm>

Thank you for your prompt and careful attention to this issue and your strong support of HIV and STI prevention efforts in our country.

Sincerely,



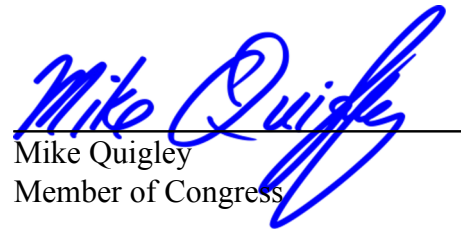
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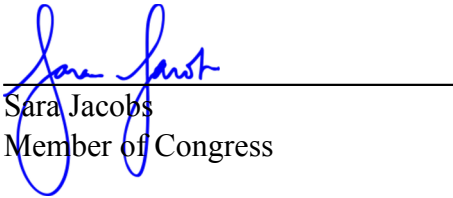
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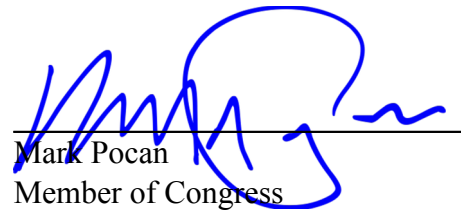
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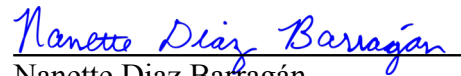
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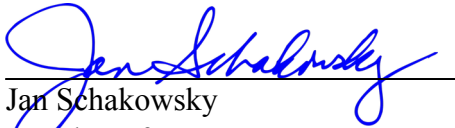
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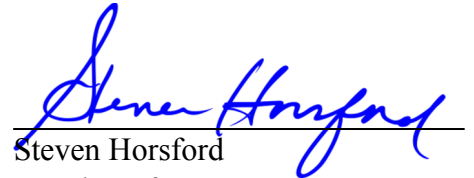


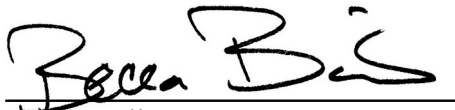
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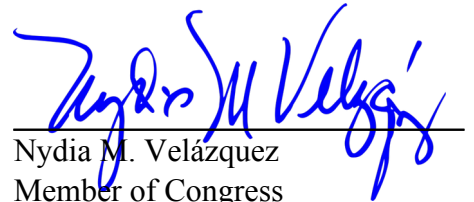


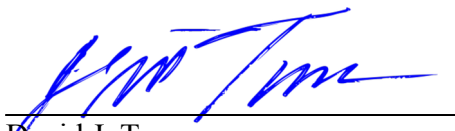
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