Some Telehealth Programs Still Charge for HIV Prevention Pills

Telemedicine is an increasingly used to provide convenient PrEP services. But are these programs following U.S. guidelines?

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HIV prevention pills are supposed to be free. But a new analysis find that more than half of private companies providing telehealth services to connect people with pre-exposure prophylaxis (PrEP) may be charging a fee for their services, according to a brief issued by Kaiser Family Foundation (KFF).

The analysis comes on the heels of the Department of Health and Human Services releasing best practices guidelines for HIV telehealth care in April, which include specific guidance related to telehealth for HIV prevention.

The KFF analysis is based on interviews with 12 tele-PrEP providers who offer access to tenofovir disoproxil fumarate/emtricitabine (Truvada and generic equivalents) or tenofovir alafenamide/emtricitabine (Descovy) PrEP pills. It was conducted before the Food and Drug Administration approved Apretude, the new every-other-month HIV prevention shot.

The interviewees represented five national for-profit telehealth companies, state tele-PrEP programs in California and Iowa, a laboratory that processes home tests and four hospital-based tele-PrEP programs.

Of those, clinic-based and online-only tele-PrEP programs charged fees. Two programs provided through clinics charged uninsured patients, including one that charged $30 per visit. Three national programs with no brick-and-mortar clinics also charged fees, including one that took no insurance and charged up to $100 per month, depending on the labs ordered that month. A few programs actively helped clients determine their eligibility for health insurance under the Affordable Care Act.

In addition, the KFF brief found that 90% of people served by these programs were cisgender gay and bisexual men, and between 23% and 55% were people of color. By contrast, 18% of new HIV diagnoses occur among cisgender women and about 70% of new diagnoses are among Black and Latino people.

“Taken together and given the number of clients being served via this modality, we find that tele-PrEP offers an additional or alternative avenue for accessing PrEP services,” wrote Lindsey Dawson, MPP, associate director of HIV policy and LGBTQ Health Policy at KFF, and colleagues.

However, they added, “Despite its potential, access challenges to PrEP through tele-health remain: some populations are still being left out, particularly women and people of color, insurance barriers persist, certain policies can hamper uptake (e.g. multi-state licensing and credentialing requirements, coverage of home lab collection, etc.), and knowledge gaps about PrEP among both providers and individuals remain.”

Click here to read the KFF tele-PrEP analysis.

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