Ending the HIV Epidemic

Employer Strategies for Impact and Support

2025 WORKSHOP SERIES AND RECOMMENDATIONS

DFW BUSINESS GROUP ON HEALTH
DFWBGH

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

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Executive Summary

The United States has made remarkable progress in HIV prevention and treatment—turning what was once a fatal diagnosis into a manageable chronic condition and sharply reducing new infections over the past decade. Yet, the promise of this progress remains uneven. Persistent disparities in coverage, cost, and access continue to leave many people behind, especially in communities of color and the South. Too often, benefit design, stigma, and fragmented care stand in the way of proven tools like PrEP (pre-exposure prophylaxis) and HIV treatment. PrEP is medicine (pills or shots) that reduces the chances of getting HIV. Employers, who cover more than half of all Americans, have both the power and responsibility to close these gaps—aligning benefits with equity, promoting stigma-free workplaces, and ensuring that lifesaving innovations reach everyone who needs them.

The National Alliance of Healthcare Purchaser Coalition members represent public and private sectors, nonprofits, and labor unions that provide health benefits to over 90 million Americans, more than half of the employer-sponsored insurance market, spending over $850 billion annually. That gives them a unique opportunity to accelerate the end of the HIV epidemic. By aligning benefits with equity, enforcing plan compliance with policy, normalizing stigma-free language, and empowering employees, employers can bridge the gap between clinical innovation and real-world access. Their influence extends beyond their own workforce as they set market expectations and can drive systemic changes across communities.

In the Kennedy v. Braidwood case, the Supreme Court upheld the Affordable Care Act (ACA) preventive services mandate (including PrEP) which means employers are legally required to offer coverage at no cost.However, compliance remains inconsistent, as some plans continue to impose cost-sharing or prior authorization barriers. Employers can take action by asking the right questions, conducting clinical claims reviews, and demanding transparency. Aligning with federal mandates is not optional; it is essential for both legal compliance and advancing health equity.

The National Alliance launched a four-part workshop series in 2025 to engage employer coalitions and human resources benefits leaders to accelerate progress towards ending America's HIV epidemic. The workshops convened employers from four regional coalitions, equipping participants with knowledge, case studies, and action frameworks to improve access to HIV prevention and treatment through equitable benefit design and inclusive workplace practices.

Why the National Alliance is Committed to Advancing Efforts to End the HIV Epidemic:

FOUR FAST FACTS

1. **Workplace policies and educational programs** reduce stigma and misconceptions and ease access to detection and treatment services.

2. **There are more than 1.2 million people living with HIV in the US;** more than 91% of them are of working age and about 13% are unaware of their status.
3. **In 2023,** the Centers for Disease Control and Prevention (CDC) reported **39,182 new HIV diagnoses** in the United States.
4. **HIV is a treatable, chronic condition** and those living with the disease have legal rights in the workplace under the Americans with Disabilities Act, protecting them from discrimination and harassment at work and giving them a legal right to privacy and reasonable accommodations.

   Learn more: Ending the HIV Epidemic in the US (EHE)

Key Insights from Workshops

Language Matters

Words influence culture and stigma. Terms like "HIV victim" or "sufferer" reinforce shame, while person-first language ("people living with HIV") affirms dignity. Adopting U=U (undetectable = untransmittable) as a standard message both educates and empowers. Leaders who model stigma-free language can transform workplace culture, reduce misinformation, and make talking about HIV care feel safe and normalized.

TOP PITFALLS TO AVOID IN HIV PREVENTION AND TREATMENT BENEFITS

- **Restricting injectables** to medical-only billing.
- **Unfavorable tiering** of single-tablet regimens vs. multi-tablet regimens.
- **Copays over $10** for medications and treatments.
- **Lack of transparency** on prescription fill timelines.
- **Not including PrEP** on the preventive service list.

Employees Have an Important Role to Play

Employees are more than beneficiaries—they're change agents. Stigma and silence often stop people from testing, disclosing, or seeking care. Employee resource groups (ERGs), peer education, and awareness campaigns can be a conduit to help normalize HIV in the workplace and dismantle fear. Equipping employees with accurate information empowers them to be advocates for inclusion and to hold leadership accountable.

U=U: Empowering and Encouraging

- **The principle of undetectable equals untransmittable (U=U)** has become central to HIV care, it stresses the importance of early and consistent treatment.
- **Research shows that taking HIV treatment as prescribed,** getting to an undetectable viral load, and staying undetectable prevents the transmission of HIV to others through sex.
- **"Undetectable" means there is so little virus in** the blood that a lab test can't measure it. A simplified way to say that is HIV is U=U (undetectable = untransmittable).
- **This finding is not only clinically significant, but also critical for reducing fear and stigma.** It reinforces the importance of early and consistent treatment and empowers people living with HIV.

ENDING THE HIV EPIDEMIC

OVERALL GOAL: **Decrease the number of new HIV diagnoses to 9,588 by 2025 and 3,000 by 2030.**

Challenges

Barriers to Ensuring Equitable Access to Prevention and Treatment

Challenge	Description
Coverage complexity	Many plans don't clearly show what's covered under PrEP, especially out of pocket costs related to labs and visits.
Inconsistent plan compliance	Some brokers and carriers still do not meet zero-cost coverage mandates under ACA.
Copay and tiering barriers	Cost-sharing, tiering of single tablet regimens (STRs), and other utilization management requirements hinder prevention and treatment.
Specialized Provider Requirement	There is no formal or legally required certification for HIV providers in the U.S. While voluntary credentials (such as AAHIVM's HIV Specialist designation) exist, most clinicians who provide HIV care are general practitioners or self-designated specialists. Making such certification a requirement for coverage or reimbursement would create unnecessary barriers to access—particularly in underserved areas.
Treatment and Prevention Location Requirements	Restricting access to designated clinics, physician offices, or facilities effectively discloses an employee's condition when they seek treatment.
Privacy concerns	Employees may be unaware of benefits or avoid care due to workplace stigma or lack of confidentiality assurances.
Benefit communications	Employers often fail to invest in culturally inclusive education and resources that inform their workforce about testing and prevention options.
Data access	Obtain state/local HIV data needed to identify gaps in care and inform decision-making to guide benefit strategies.
Limited awareness among HR/benefits staff	Many HR leaders and benefit professionals lack awareness or may not understand PrEP and HIV treatment, so they may not prioritize it during plan negotiations.
Cost	Employers often cite the high and rising cost of PrEP medications, related labs, and specialty pharmacy markups as a barrier to expanding coverage, even though prevention is typically more cost-effective than treatment.

PrEP Coverage and U.S. Compliance Findings

What is PrEP?

Pre-exposure prophylaxis for HIV (PrEP) is a game-changing innovation, allowing people at risk of acquiring HIV to protect themselves by taking **a safe and effective medication**.

No cost-sharing PrEP coverage is required!

- Since 2019, US Preventive Services Task Force (USPSTF) has **classified PrEP as "A" Grade** (strongly recommended) preventive service list.
- The **ACA requires private health insurance plans and Medicaid expansion health plans to cover PrEP** and related essential services at no cost to the patient.

More than 1 in 8 marketplace health insurance plans in 2024 still **DO NOT clearly indicate** on their formulary that **at least one PrEP drug is available** without a copayment.

13%

3 in 10 of the 325 reviewed plans from across the U.S. **DO NOT include PrEP** on a preventive service list

31%

Two-thirds DO NOT INCLUDE any information about the availability of **cost-free PrEP-related provider visits, labs, and screenings.**

Almost three-quarters of reviewed health plans have **no detail about which labs, screenings, or provider visits are covered** without cost.

71%

Source: "Pre-Exposure Prophylaxis: Coverage, Compliance, and Ending the HIV Epidemic Policy Report," The AIDS Institute

What Kennedy vs. Braidwood Management Means for Employers and PrEP Coverage

In the 2025 Supreme Court case Kennedy v. Braidwood Management, the justices upheld the Affordable Care Act's (ACA) requirement that health plans cover preventive services—like PrEP for HIV prevention—without cost sharing. At issue was whether the U.S. Preventive Services Task Force (USPSTF), which makes the recommendations triggering those coverage mandates, was constitutionally appointed. The Court ruled that the USPSTF's authority stands, preserving ACA-mandated coverage for "A" and "B"-rated services.

For employers, the decision means that non-grandfathered health plans must continue to cover PrEP and other qualifying preventive services with no copays or deductibles. While the plaintiffs also raised religious objections to covering PrEP, the Court did not broadly expand exemptions under the Religious Freedom Restoration Act—though related litigation is ongoing.

BOTTOM LINE: Employers must maintain cost-free coverage of USPSTF-backed preventive services, including PrEP, and monitor future developments. Regulatory guidance may evolve, but the ACA's preventive coverage mandate remains in effect.

Benefit Design Drives Access

Organizations lose employee productivity and increase long-term spending when benefit design limits access to prevention and treatment. Limiting access to medical vs. pharmacy or vice versa can greatly affect access and adherence. Pharmacy billing allows faster dispensing through retail or provider channels, while medical billing requires providers to purchase and bill insurers directly. When PrEP is covered only under the medical benefit, average time to access is 26 days compared to 11 days under the pharmacy benefit. When delays to filling a PrEP prescription occur, the risk of HIV acquisition increases.

PHARMACY BENEFIT	MEDICAL BENEFIT
▶ Managed by pharmacy benefit managers (PBM)	▶ Managed by medical insurance plan
▶ Covers prescription drugs dispensed by pharmacies	▶ Covers medications administered in a clinical setting
▶ Coverage can be determined at the time of claim adjudication	▶ Coverage eligibility is challenging to determine
▶ Criteria for coverage is (nearly) transparent	▶ Medical billing is complex

Meyer, M. A patient's journey to pay a healthcare bill: It's way too complicated. *J Patient Experience.* 2023;10:1-4.
https://www.goodrx.com/hcp-articles/providers/medical-vs-pharmacy-billing
https://www.hpiinc.com/educational-blog-health-prime/5-common-billing-challenges-faced-by-medical-practices-and-how-to-address-them/
https://www.ama-assn.org/practice-management/prior-authorization/after-prior-authorization-approval-health-plan-should-pay

The Value Proposition of HIV-Inclusive Workplaces

Innovation in HIV Management

At-home test kits and long-acting HIV prevention and treatment options, such as injectable medications, are transforming HIV care. These advances offer new choices for people who struggle with daily pills or frequent clinic visits, including long-acting injectables like cabotegravir and rilpivirine (Cabenuva).

Long-acting PrEP in particular offers freedom from the burden of remembering a pill every day. For many patients, an injection every two or six months is easier to manage, improves adherence by direct observed therapy, and helps avoid the stigma that can come with carrying or storing medication. Recent approvals—cabotegravir and lenacapavir for HIV prevention—mark a turning point. By extending dosing intervals, these therapies give patients discreet, durable, and more reliable options than daily oral regimens.

The benefits go beyond convenience. Long-acting options can better support individuals with unpredictable schedules, housing instability, or caregiving responsibilities—all of which can make daily pill-taking difficult. By reducing missed doses, these innovations can significantly lower the risk of HIV transmission.

But the promise of long-acting prevention will only be realized if health systems catch up. High costs, restrictive prior authorizations, and uneven insurance coverage all threaten to limit uptake. Unless these barriers are addressed, the communities who could benefit most may remain out of reach.

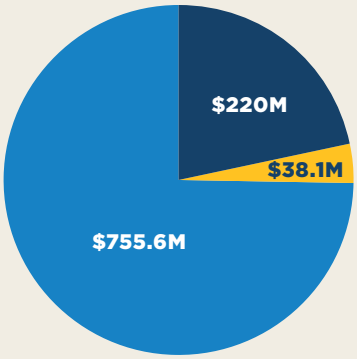
Ending HIV will require more than breakthrough science—it demands benefit designs, pricing, and delivery models that make long-acting options accessible, affordable, and stigma-free.

Economic Impact of PrEP

Preventing HIV saves lives and money. Treating one person with HIV over their lifetime costs the U.S. health system more than $850,000, most of it for ongoing medication. Because there were 6,700 fewer new HIV cases in 2022 compared to 2016, the U.S. avoided an estimated $2.8 billion in lifetime treatment costs. Expanding access to PrEP and other prevention tools is one of the smartest and most cost-effective ways to protect both people and the health system.

- Estimation of the Incremental Cumulative Cost of HIV Compared with a Non-HIV Population (PharmacoEconomics - open)
- Sustaining and Improving HIV Prevention in the United States (Georgetown O'Neill Institute)

FY 2024 Final Budget for the CDC Division of HIV Prevention (DHP)



TOTAL: $1,014 BILLION

More Than Four in Five Dollars received by the CDC Division of HIV Prevention are awarded to health departments and community partners across the country

Critical Functions of DHP include surveillance, guidelines development, testing promotion, community and provider education, and outbreak response

- Core HIV Prevention
- Ending the Epidemic Plan (EHE)
- Division of Adolescent Health (DASH)

Source: AIDS Budget and Appropriations Coalition, 2025.

Moving funding from CDC to another federal agency would stop important functions unique to CDC, such as disease surveillance and outbreak detection and control, reduce the number of people tested and diagnosed with HIV, disrupt the extensive monitoring of HIV prevention programs, and result in increased HIV incidence in the country.

HIV and Reaching Affected Communities

HIV isn't simply a medical condition—it is a significant health equity issue. Despite the advances in prevention and treatment, HIV continues to disproportionately affect certain communities, including:

- Black, Latino, and American Indian/Alaska native people
- Gay, bisexual, and other men who have sex with men
- Transgender people
- People who inject drugs
- Those experiencing poverty or unstable housing

Detection and treatment disparities are rooted not in personal choices, but in systemic barriers, such as stigma, discrimination, limited access to healthcare, and socioeconomic inequity.

"The only way we can truly end the HIV epidemic is by eliminating the barriers that prevent people from accessing care and prevention."

—ROBYN NEBLETT FANFAIR, MD, MPH, DIRECTOR OF CDC'S DIVISION OF HIV PREVENTION

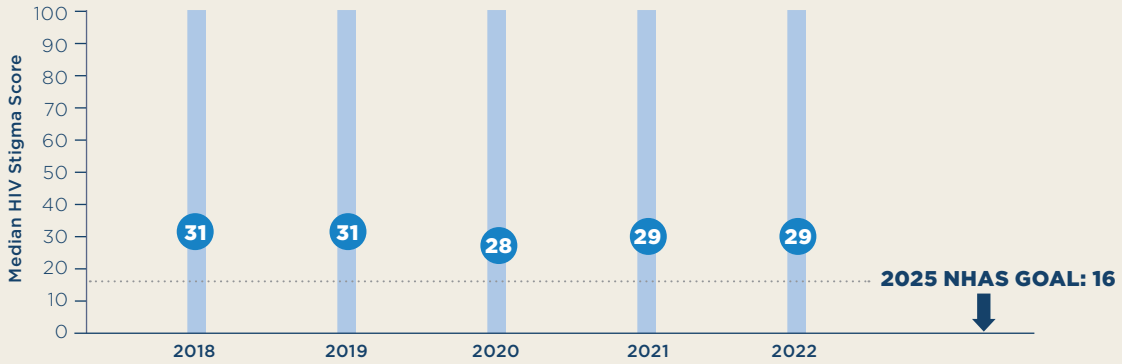
Employer Solutions

Action Steps for Employers

1. **Audit all Health Plans:** Review all plan offerings to ensure full coverage of PrEP (oral + long acting injectable), STRs, and HIV-related labs with no cost-sharing and adding to the preventative service list. (Use the recommended PrEP Vendor Engagement Template here)
2. **Streamline Equitable Access:** Avoid prior authorization and step therapy for PrEP and HIV treatment. Ensure pharmacy benefit integration where possible.
3. **Center Equity:** Design benefits with underserved populations in mind. Align with HRSA, DHHS and USPSTF guidelines.
4. **Educate and Communicate:** Clearly explain coverage and access pathways to employees. Use language that empowers and informs.
5. **Promote Inclusion:** Support employee resource groups, stigma-reduction initiatives, and HIV awareness within workplace wellness programs.

People with HIV experience stigma. Encouraging safe and supportive communities can reduce stigma and help improve health outcomes for people with HIV.

Median HIV stigma score among people with diagnosed HIV in the US, 2018–2022*



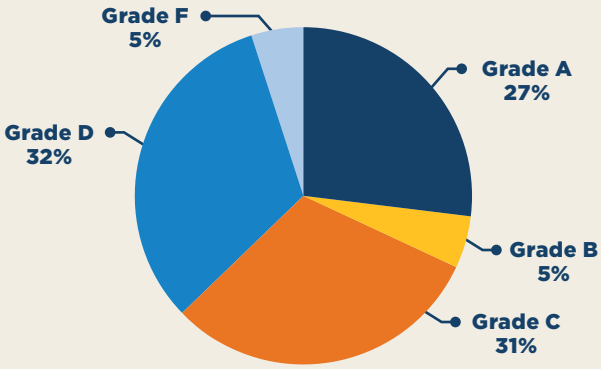
* Median HIV stigma scores are presented based on a ten-item scale ranging from 0 (non stigma) to 100 (high stigma) that measures personalized stigma during the past 12 months, current disclosure concerns, current negative self-image, and current perceived public attitudes about people with HIV.

SOURCE: CDC Behavioral and clinical characteristics of persons with diagnosed HIV infection—Medical Monitoring Project, United States, 2022 cycle (June 2022–May 2023). *HIV Surveillance Special Report* 2024; 33.

Liability is Hiding in Employer-Sponsored Benefit Plans

The AIDS Institute reviewed insurance plan documents available on insurer websites for all individual insurance plans available for the 2024 plan year through the federal health insurance marketplace and state-based health insurance marketplaces. In total, 325 plans available in all 50 states and the District of Columbia were reviewed. Below are the overall findings of the 2024 individual marketplace plans:

Do Plan Documents Show that PrEP is Covered Without Cost-sharing in 2024?	Yes	No
At least 1 PrEP drug is included in the plan's formulary without cost-sharing ▶ 43 plans (13%) still do not indicate on their formulary that any PrEP drugs are available without a copayment.	**98%**	**13%**
PrEP is included on a preventive services list ▶ 100 plans (31%) did not include PrEP on a preventative service list.	**69%**	**31%**
PrEP related services are clearly shown to have $0 cost-sharing ▶ 216 plans (66%) did not clearly indicate that they cover essential PrEP-related services without cost-sharing.	**34%**	**66%**
Specific PrEP-related labs listed in the plan document ▶ 231 plan (71%) did not list the specific lab tests covered without cost-sharing for people starting or using PrEP.	**29%**	**71%**



- 90 plans (27%) received a grade A
- 33 plans (5%) received a grade B
- 92 plans (31%) received a grade C
- 95 plans (32%) received a grade D
- 5 plans (5%) received a grade F

202 plans (68%) reviewed received a grade of C, D, or F

Source: The AIDS Institute: 2024 Pre-Exposure Prophylaxis: Coverage, Compliance, and Ending the HIV Epidemic Policy Report

PrEP Vendor Engagement Template (VET)

Click here to view the VET ▶

Communications

CASE STUDY

Each year, Chevron's workforce assembles hygiene kits for local HIV organizations serving marginalized and vulnerable communities across the Southern U.S., including Louisiana, Texas, Mississippi, and the Gulf of Mexico.

CASE STUDY

In 2023, Mercer took a bold step in the fight against HIV by leveraging World AIDS Day to engage its clients. In a newsletter sent to its network, Mercer featured an article about the role employers can play in helping end HIV and premiered a dynamic video showcasing their collaboration with U.S. Business Action to End HIV. This initiative was part of Mercer's commitment to HIV and inspiring clients to join the movement to end the epidemic by 2030.

National HIV Awareness Days

National HIV Awareness Days provide timely opportunities to share relevant information, promote inclusivity, and engage specific employee groups with thoughtful, targeted messaging. These dates can also be featured in company newsletters and social media channels to help raise awareness and foster a more informed and supportive workplace community.

FEBRUARY 7

National Black HIV/AIDS Awareness Day is a day devoted to spreading understanding of HIV among the Black population.

FEBRUARY 28

HIV is Not a Crime Awareness Day is an opportunity to spread awareness about outdated HIV-specific laws and end HIV criminalization.

MARCH 10

National Women & Girls HIV/AIDS Awareness Day is a day to raise awareness about the impact of HIV on women and show support for women and girls with HIV.

JUNE 27

National HIV Testing Day is a day to encourage people to get tested for HIV, know their status, and get linked to care and treatment.

SEPTEMBER 27

National Gay Men's HIV/AIDS Awareness Day is an observance day to recognize the disproportionate impact of the epidemic on gay men.

OCTOBER 15

National Latinx AIDS Awareness Day is an opportunity to address the disproportionate impact of HIV on Hispanic/Latinx communities, promote HIV testing, and stop HIV stigma.

DECEMBER 1

World AIDS Day is a global movement to unite to end HIV and remember those lost to AIDS-related illnesses.

View the 2025 World AIDS Day Toolkit for Employers

Final Takeaways

- Employers are key agents in ending the HIV epidemic. Through benefit design access via pharmacy and medical benefit, they can reduce disparities and protect at-risk populations.
- Prevention is cost-effective. PrEP reduces HIV incidence and is far more affordable than lifelong HIV treatment.
- Stigma remains a barrier. Education, inclusive language, and leadership can shift workplace culture and normalize care.
- Policy clarity matters. The Supreme Court's 2025 ruling reaffirms that covering PrEP is not optional—it's a mandate.

Addendum

Resources for Employers

- U.S. Business Action to End HIV and Advance Health Equity (National Alliance Action Brief and webinar)
- Pre-Exposure Prophylaxis: Coverage, Compliance, and Ending the HIV Epidemic (Policy report from The AIDS Institute)
- Domestic HIV Funding in the White House FY2026 Budget Request
- U.S. Business Action to End HIV: 2024 Impact Report (A Health Action Alliance initiative)
- Why Language Matters: Facing HIV Stigma in Our Own Words
- CVS Health Refusing to Cover New Long-Acting PrEP Drug
- In Employee Benefit Plan Review: The Strategic Role of HR in Ending the HIV Epidemic
- 2025 World AIDS Day Toolkit for Employers (Health Action Alliance)
- HIV Prevention and Treatment Vendor Engagement Template (VET)

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National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

For more than 30 years, the National Alliance has brought together business coalitions and their employer and purchaser members to drive high-quality healthcare that enhances patient experience, promotes health equity, and improves outcomes while lowering costs. Its members represent public and private sectors, nonprofits, and labor unions that provide health benefits to over 90 million Americans—more than half of the employer-sponsored insurance market—spending over $850 billion annually. To learn more, visit nationalalliancehealth.org and connect on LinkedIn.

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