



Policy Advocacy for PrEP Access: Lessons from the Field

Moderator: Damián Cabrera-Candelaria

Presenters: Jeremiah Johnson, PrEP4All
Noelle Esquire, Elton John AIDS Foundation

Continuum 2024 • June 9-11, 2024 • Puerto Rico

- +
-

Overview of Current PrEP Policy Priorities





M2024



[SIGN ON: An Appeal to the Biden Administration Regarding Mpox Preparedness](#)



About PrEP4All

- Mission: We ignite political action to put lifesaving medication into the hands of everyone who needs it.
www.PrEP4All.org
- Jeremiah Johnson (He/Him), MPH, Executive Director.
Jeremiah@PrEP4All.org





Some Current PrEP Policy Priorities

- A National PrEP Program for un- and underinsured
- Protecting our existing infrastructure
(#SaveHIVFunding)
- *Braidwood v. Becerra*: Protecting PrEP coverage for the insured
- Improving coverage compliance among insurers
- Expanding access points through pharmacist-provided PrEP

WEST

PrEP Users

PnR

109,175

17.32

MIDWEST

PrEP Users

PnR

66,328

16.11

NORTHEAST

PrEP Users

PnR

94,610

22.2

SOUTH

PrEP Users

PnR

165,115

10.54

PrEP use varies widely by region.

In 2022, there were **only 11 PrEP users** for every new HIV diagnosis in the **South**, compared to **22 PrEP users for every new HIV diagnosis** in the **Northeast**.

Data not available. 

PrEP

The number of persons using PrEP by region.

PnR

PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. It is a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

Number of Persons Using PrEP, 2022

0

5 - 6

7 - 8

9 - 11

12 - 14

15 - 19

20 - 28

29 - 44

45 - 83

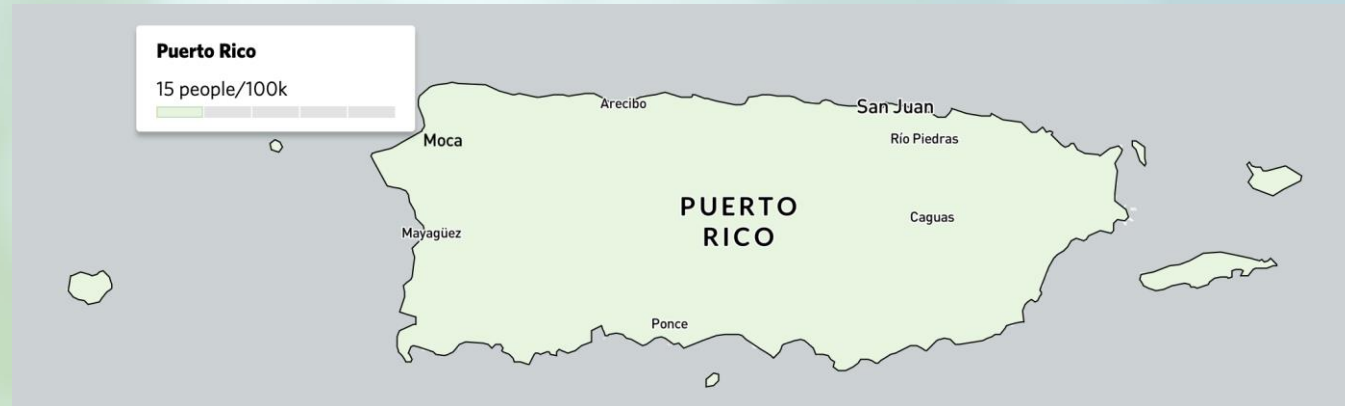
84 - 238

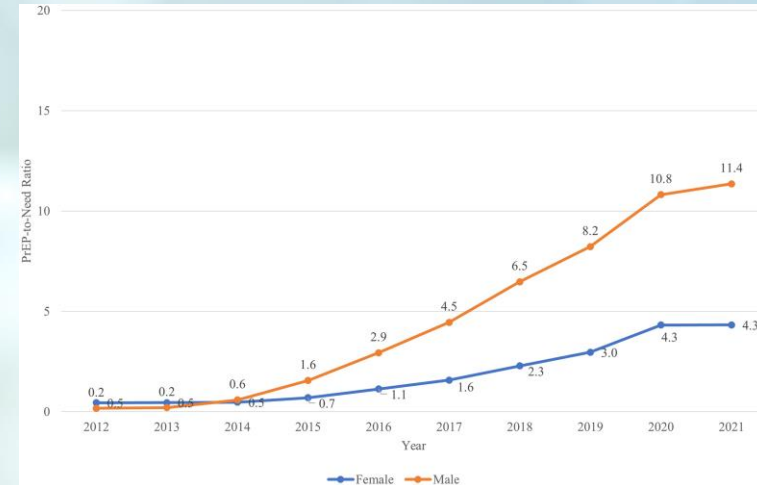
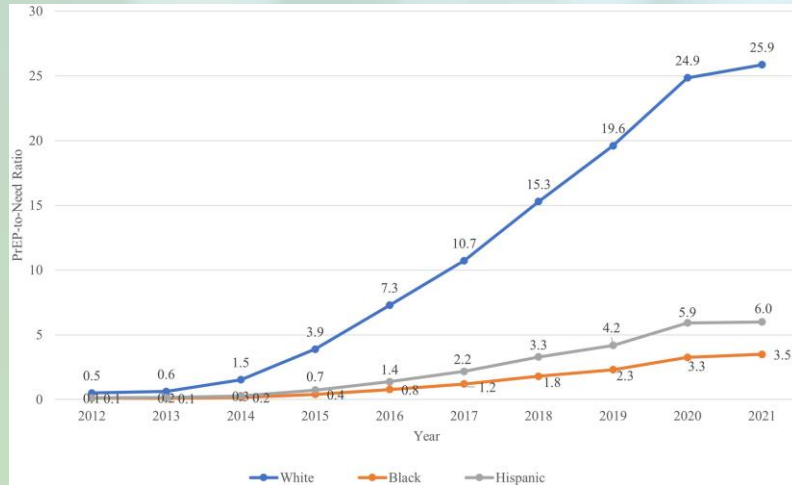
239+



Jurisdictions with lowest PrEP uptake in the U.S. (AIDS Vu 2022)

- i. South Dakota – 41 in 100k
- ii. Wyoming – 47 in 100k
- iii. West Virginia – 61 in 100k
- iv. Mississippi – 67 in 100k
- v. Wisconsin- 67 in 100k
- vi. Kentucky – 78 in 100k
- vii. Alabama – 80 in 100K
- viii. Michigan – 85 in 100k
- ix. South Carolina – 86 in 100k
- x. Maine – 89 in 100k

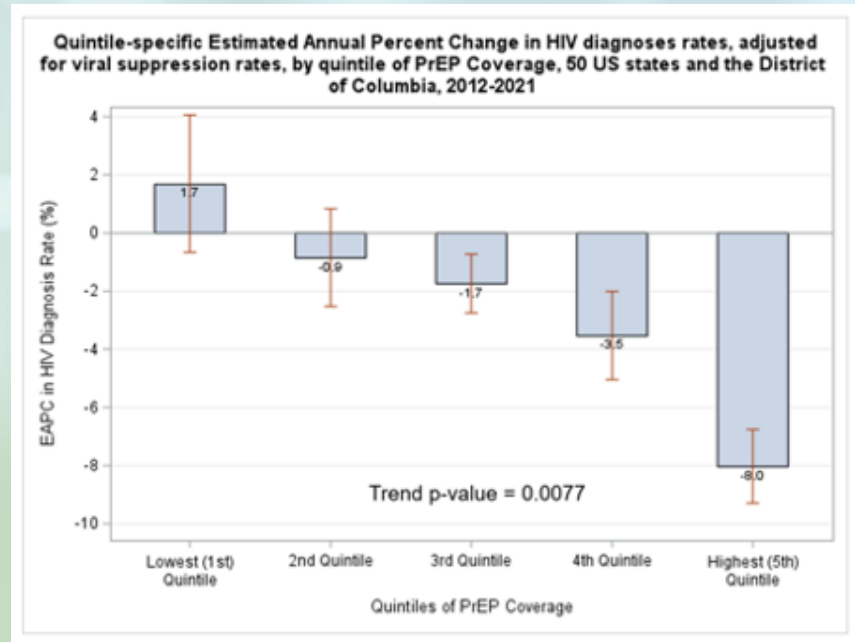




Sullivan, Patrick S., et al. "Equity of PrEP uptake by race, ethnicity, sex and region in the United States in the first decade of PrEP: a population-based analysis." *The Lancet Regional Health–Americas* 33 (2024).

Increasing Urgency to Address Inequitable PrEP Uptake

#CONTINUUM2024

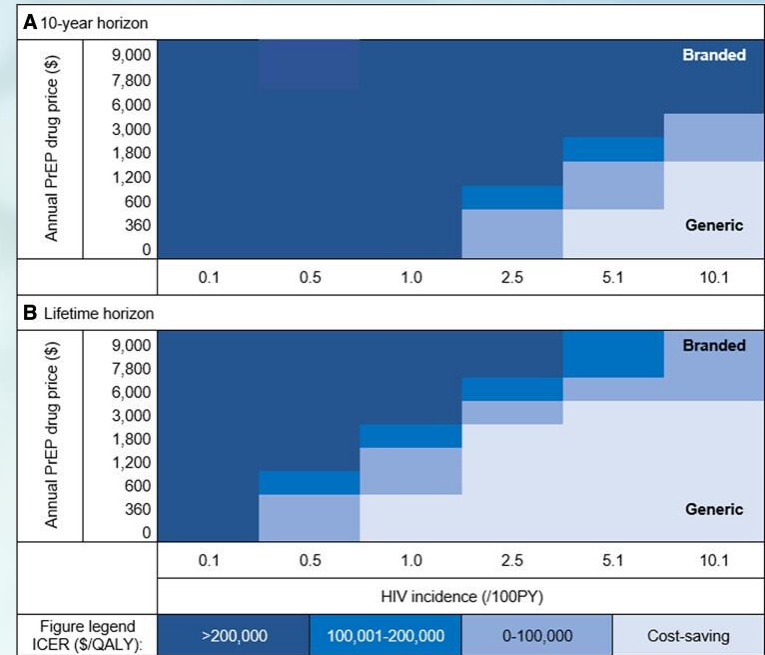


Sullivan P et al. *Association of State-Level PrEP Coverage and State-Level HIV Diagnoses, US, 2012-2021*. Conference on Retroviruses and Opportunistic Infections, Denver, abstract 165, 2024.



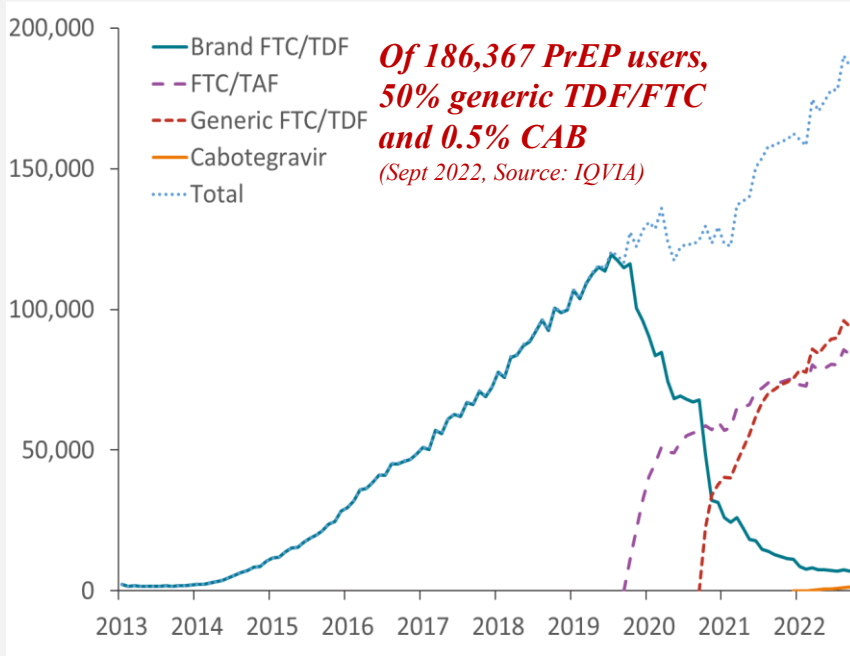
A Cost Saving Intervention

- PrEP can be prescribed for as little as \$26/month/person averting an HIV infection with a lifetime cost of at least \$500,000 per person
- In our 2022 proposal, we estimate that six thousand monthly prescriptions would cost less than \$500,000.
- At 35,000 new infections per year, we add approx \$17.5B in healthcare costs annually
- A recent analysis out of Mass General Hospital looking at costs of PrEP for young MSM found that “generic oral PrEP and every-3-month screening would be cost-saving compared with annual screening alone, even with high discontinuation and low adherence, over a range of HIV incidences.”



Amick AK, et al. Daily Oral HIV Pre-exposure Prophylaxis Among Young Men Who Have Sex With Men in the United States: Cost-saving at Generic Drug Price. Clin Infect Dis. 2024 Feb 17;78(2):402-410. doi: 10.1093/cid/ciad566. PMID: 37823865; PMCID: PMC10874274.

PrEP Prescribing in the United States



186,367 persons were prescribed PrEP (Sept 2022):

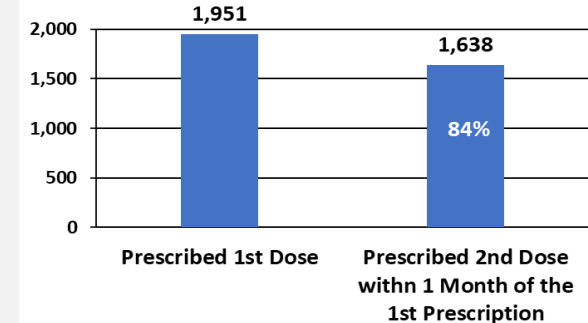
Generic FTC/TDF: 93,808

(50.3%)

Table. Characteristics of persons prescribed long-acting cabotegravir, United States, January 2013 through September 2022

	Oral PrEP		Injectable PrEP	
	N	%	N	%
Total	381,883		2,695	
Sex				
Male	355,087	93.0	2,359	87.5
Female	26,697	7.0	336	12.5
Unknown	99	0.0	0	0.0
Age				
13-24	46,814	12.3	369	13.7
25-34	150,864	39.5	1,111	41.2
35-44	96,243	25.2	698	25.9
45-54	47,668	12.5	297	11.0
55-64	31,427	8.2	149	5.5
65+	8,867	2.3	71	2.6

Number of People Who Received a CAB-LA PrEP Prescription, Jan 2022 - Aug 2022



A National PrEP Program: What are we asking for?

#CONTINUUM2024



PrEP Pass

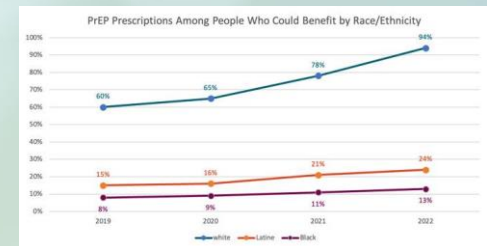
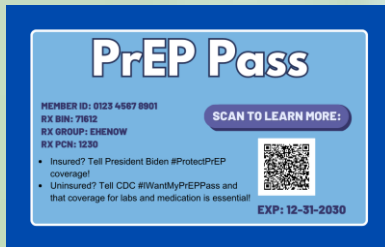
- Build simplified federal reimbursement mechanisms that leverage existing pharmacy supply and payment mechanisms and laboratory networks.
- The system needs to cover labs, medications, and provider visits related to PrEP.
- Help to save time for providers, pharmacies, and patients in navigating reimbursement for un- and under-insured individuals

Provider Network Expansion

- Need for additional prescribing sites: pharmacies, STD clinics, etc.
- Grant program that could establish “hub & spokes administrators”
- An expanded nonclinical network can leverage telePrEP in a way that allows immediate virtual access to a prescribing provider as well as act as a traditional referral system for patients who prefer in person clinical visits.

Demand Creation

- A need for several novel approaches to awareness and demand creation. Pharmacies can do a lot here.
- For community-led messaging, contract with an experienced PR/marketing firm that specializes in deep partnership with communities most in need of PrEP
- National and locally-tailored campaigns





Progress Towards National Access



- ❑ **July 2018-** PrEP4All releases white paper
- ❑ **Dec 2021-** JHU releases policy proposal
- ❑ **Mar 2022-** Biden FY23 Budget Request released (includes \$9.8B mandatory spending “PrEP for All” program)
- ❑ **June 2022-** NPP Working Group sends letter for \$400M discretionary ask
- ❑ **Sept 2022-** PrEP in Black America summit
- ❑ **Dec 2022-** \$25M increase for CDC/DHP Ending the HIV Epidemic funding secured + report language
- ❑ **Feb 2023-** PIBA releases the Roadmap
- ❑ **Feb 2023-** follow up call with CDC, and letter on additional specificity sent
- ❑ **Mar 2023-** FY24 Budget Request released
- ❑ **May 2023-** WH surprises us with a hard push for a revised “NP3” proposal, first publicly presented at PIBA Summit N.O.
- ❑ **June 2023-** We receive slides and a handout on revised proposal; work with coalition to coordinate discretionary request
- ❑ **July 2023-** Major FY24 HIV cuts proposed in the House, Senate reverses and mentions NPP
- ❑ **Sept 2023-** PrEP4All, AVAC, HIVMA, and PrEP In Black America meet with Neera Tanden at White House



Recent Work with the Biden Administration

- September meeting with Neera Tanden
 - Emphasis on existing resources
- November meeting with OMB
 - Inclusion of \$9.8B, 10-year NPP in FY25
- December meeting with Dr. Cohen
- February and April meetings with CDC
 - Commitment to an NPP pilot in two jurisdictions
 - Data transparency
 - Additional meetings to be had, incl with other HHS agencies
 - What to do about *Ready, Set, PrEP?*





Sign on to our FY25 Funding Request Letter [For Organizations]

- Calling for \$100M in FY25 discretionary funding to continue to develop a National PrEP Program

bit.ly/npp-orgs2024



#SaveHIVFunding Campaign

- PrEP4All initiated campaign, close coordination with AVAC, HIVMA, and PrEP in Black America
- Funding from Elton John AIDS Foundation
- Expanded by Federal AIDS Policy Partnership, further funding from BC/EFA
- Sept Press Conference
- World AIDS Day Ad Buys/Campaign
- February/March Ad Buys

**TELL OUR
LEADERS THIS
WORLD AIDS DAY**

#SAVEHIVFUNDING

Our leaders in the House
are calling for \$767 million
in cuts to HIV funding in
the U.S.

Make your voice heard by
telling your representatives
to #SaveHIVFunding!

Visit:

bit.ly/savehivfundingnow



Basic Facts (From Lambda Legal)

- The plaintiffs are Braidwood Management, a for-profit closely held organization, owned by a trust, with Dr. Hotze, a religious Christian, as the sole trustee and beneficiary.
 - Braidwood is self-insured and provides health insurance to its 70 employees.
- The other plaintiff is Kelley Orthodontics, a Christian professional association owned by plaintiff John Kelley
- 6 private individuals who purchase insurance – some with religious objections, some who don't have religious objections
- The plaintiffs claim that requiring them to purchase insurance that covers preventative health services violates various rights.
- The US Dept of Health and Human Services and Health Secretary are the defendants.

RECAP FROM CHLPI: KEY RULINGS IN THE DISTRICT COURT



- ACA § 2713 requires full coverage of preventive services recommended by USPSTF, ACIP, and HRSA.
- Plaintiffs challenged mandate to cover all services.
- District Court held:
 - 1) Requirement to cover services recommended by USPSTF on or after March 23, 2010, violates the Appointments Clause
 - 2) Requirement to cover PrEP violates religious plaintiffs' rights under the Religious Freedom Restoration Act (RFRA).



- Both sides appealed to the Fifth Circuit.
 - Defendants want to reverse the lower court's two main rulings—but the Plaintiffs want a decision that does *more* damage to the ACA.
 - Bottom line: appeal could impact coverage of USPSTF, ACIP, and HRSA recommended services.
- Next steps: Waiting to see outcomes from briefing and March 2024 oral arguments at the Fifth Circuit, possibly followed by appeal to Supreme Court.



Insurer Compliance

The AIDS Institute examined insurance plan documents for insurance plans available on the 2024 Health Insurance Marketplace to determine how insurance plans are communicating their coverage of PrEP and its related services.

- 13% of marketplace health insurance plans in 2024 do not clearly indicate on their formulary that at least one PrEP drug is available without a copayment;
- 30% of plans do not include PrEP on a preventive service list;
- 66% of plans do not include any information about the availability of cost-free PrEP-related provider visits, labs, and screenings; and
- 71% of plans have no detail about which labs, screenings, or provider visits are covered without cost.

Read the full report here: <https://bit.ly/3UCBCpv>



THE AIDS INSTITUTE



THEAIDSINSTITUTE.ORG

Pre-Exposure Prophylaxis

Coverage, Compliance, and
Ending the HIV Epidemic

POLICY REPORT

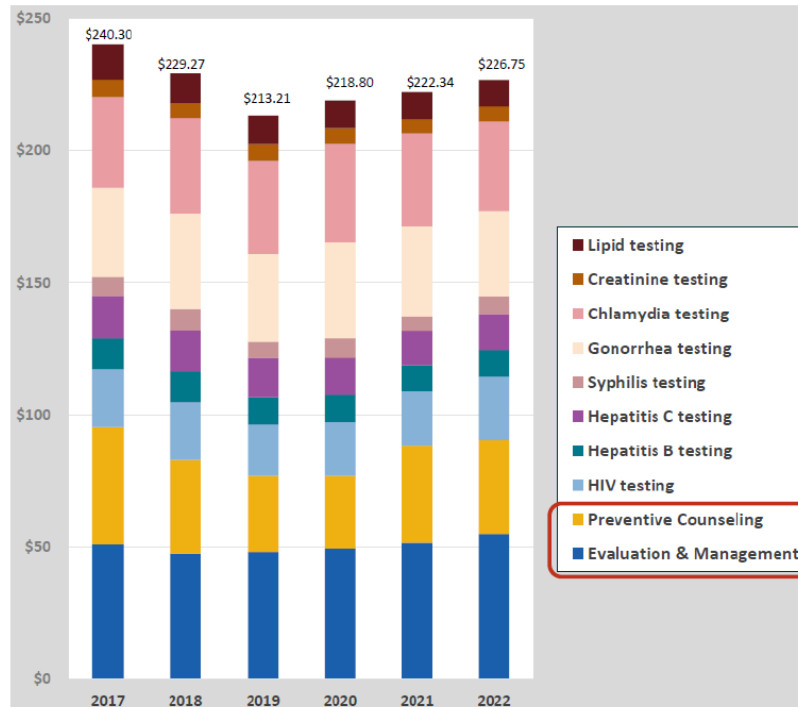


Out-of-Pocket Payments

Payments have decreased over time

1 out of 3 commercially-insured persons were charged cost sharing for PrEP services despite ACA financial protections (2022)

~50% of service costs were for the provider visit (see red box)



Huang YA, et al. Out-of-pocket payments for PrEP ancillary services 2017-2022. CROI 2024 Abstract #1117

Slide provided by Rupa Patel, MD, MPH



RESEARCH ARTICLE | HIV/AIDS

[HEALTH AFFAIRS](#) > [VOL. 43, NO. 1](#): PHARMACEUTICALS, OPIOID USE, HEALTH SPENDING & MORE

Estimating The Impact Of Out-Of-Pocket Cost Changes On Abandonment Of HIV Pre-Exposure Prophylaxis

[Lorraine T. Dean](#), [Amy Stewart Nunn](#), [Hsien-Yen Chang](#), [Shivani Bakre](#), [William C. Goedel](#), [Rahel Dawit](#), [Parya Saberj](#), [Philip A. Chan](#), and [Jalpa A. Doshi](#)

[AFFILIATIONS](#) ▾

- PrEP “abandonment rates” 5.5% at \$0
- Increase in cost from \$0 to \$10 doubled the rate of “abandonment”
- **HIV diagnoses 2 to 3 times higher among people who did not pick up their PrEP prescriptions than among those who filled them**



Specific Challenges for Puerto Rico

Background

- 1 in 2 enrolled in *Plan Vital*
- Chaotic underfunding and reduced services
- Mandatory spending reductions implemented in 2018
- 72 of 78 municipalities “medically underserved areas”
- 32 “primary care shortage areas”



Gustavo Adolfo Morales Correa | Deputy Director of Programs

Latino Commission on AIDS

E: gmorales@latinoaids.org | W: www.oasiscenter.nyc

M: +1 646-238-4578 | W: +1 917-438-0698



Draft Policy Priorities for Puerto Rico (courtesy of Latino Commission on AIDS)

- Provider Education: Require CME credits on PrEP for providers.
- PrEP Access: Eliminate cosignatory requirements to PrEP access.
- PrEP Access: Extend access to PrEP to the existing exclusion of parental consent for diagnosis and treatment of STI in minors.
- PrEP Coverage: Achieve Medicaid parity in Puerto Rico compared to U.S. States by eliminating funding caps
- Prevention Focused Approach: Expand the availability of evidence-based proven practices in HIV prevention.



#PrEPSaves PrEP Users' Union

- *#PrEPSaves Storybank* to collect stories of members for use in future campaigns and news media to influence policymakers.
- *Direct Advocacy* to put members directly in communication with key stakeholders to discuss HIV policy issues.
- *Level-Setting Discussions* to ensure that PrEP4All and all P2U members are on the same page when it comes to the policy landscape for PrEP access and the barriers being faced by PrEP users around the nation.

#PrEPSaves PREP USERS' UNION

Join Today!

PrEP4All is recruiting a diverse group of current and former PrEP users to join our #PrEPSaves PrEP Users' Union to engage media and impact key HIV policy discussions!

Find out how to become a member at:

prep4all.org/prepsaves

Contact: michael@prep4all.org





REACH

PHARMACIES EXPANDING ACCESS
TO COMMUNITY HIV SERVICES

Funding Partner:



Core Partners:



Managing Partner:



Allied Partners:

- AIDS United
- The AIDS Institute
- Avita Care Solutions
- Frannie Peabody Center
- NASTAD
- NMAC
- Southern AIDS Coalition
- U.S. Business Action to End HIV



Elton John AIDS Foundation: U.S. Strategy Objectives

Enhance health workforce capabilities to provide **compassionate care** and support for people with HIV and people who want to prevent HIV infection

Increase accessibility of and **demand for** commodities related to HIV prevention, care and treatment, sexual and reproductive health, and harm reduction.

Reduce stigma around HIV and discrimination against people with HIV, LGBTQ+ and people who use drugs.

Participate in opportunities for **policy change** to create a more supportive and enabling environment for priority populations to safely access the HIV prevention, care and treatment, sexual and reproductive health, and harm reduction services they need.



Our Goal: Accelerate Efforts to End the HIV Epidemic in the United States by 2030

1.2 million people in the US
have HIV

13% of people do not know
their status and need testing

~32,000 new HIV infections
in 2021

Lifetime medical costs for
HIV range from the mid-
\$300,000 to \$500,000

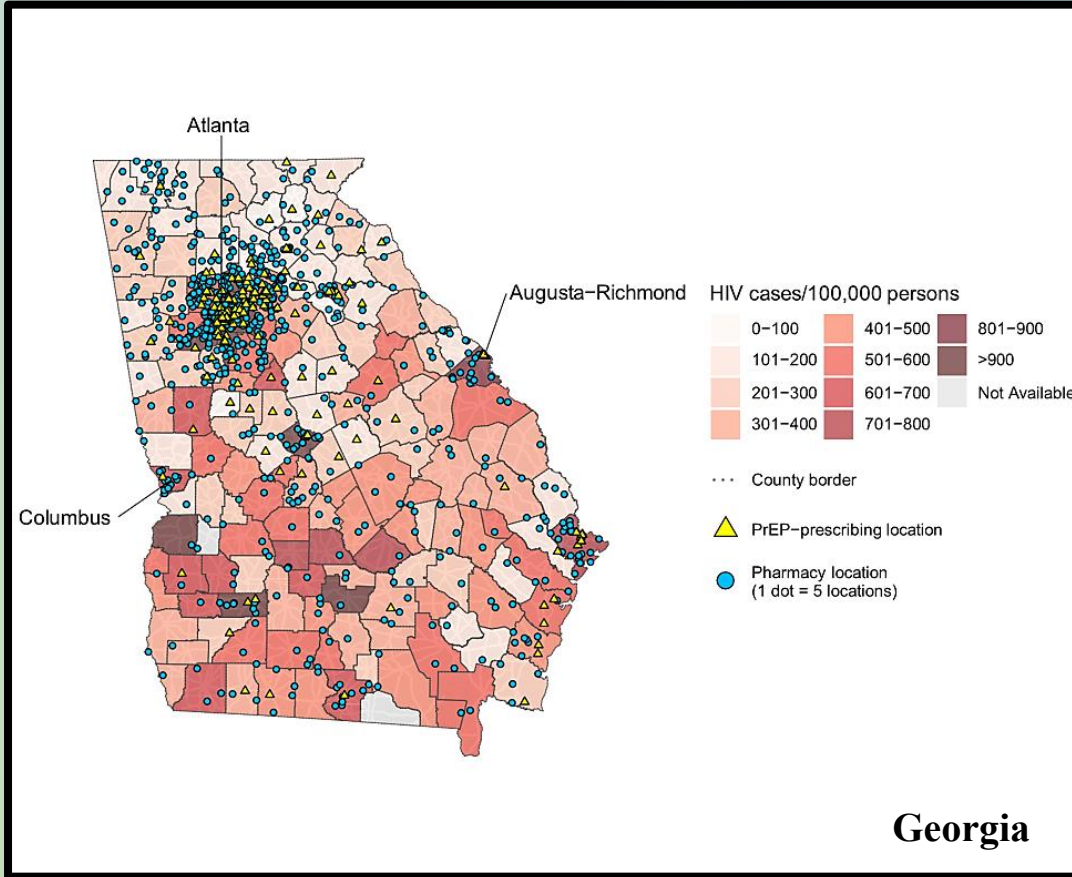
Health Inequities Persist:
Stigma, Access to Care,
Racism, anti-LGBTQIA+
bias, Education

1.2 million people
recommended for PrEP;
~250,000 people lack
insurance, stark disparities



Opportunity

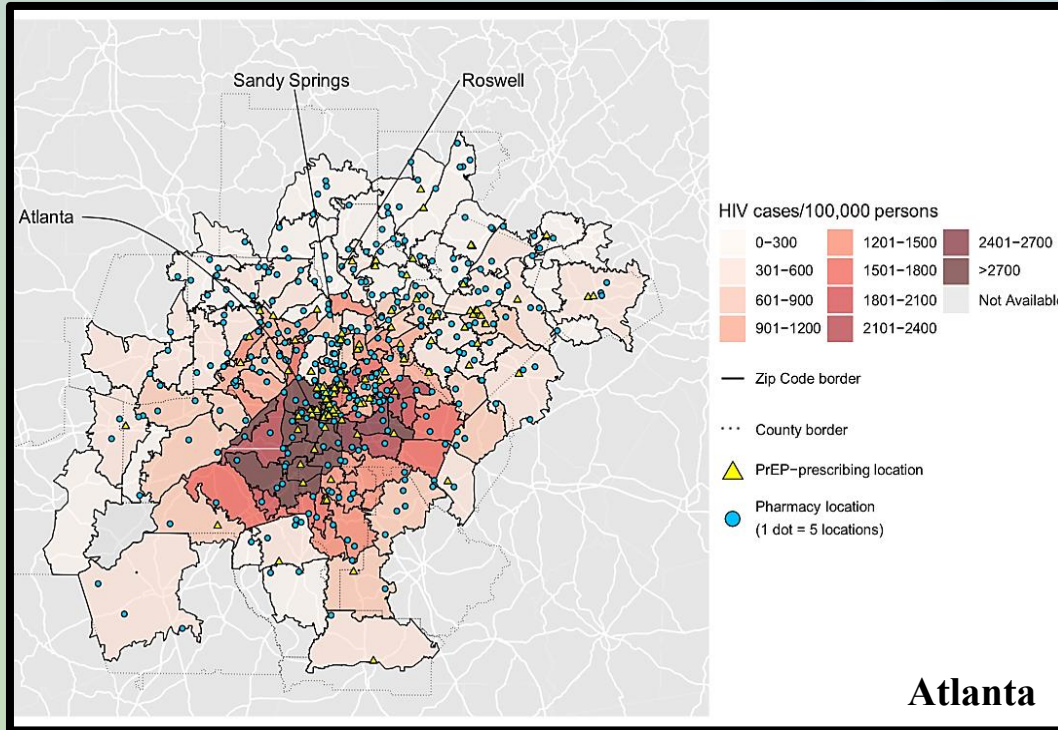
Address structural barriers to accessing HIV prevention and linkage to care services in communities that face highest risk.





Increase access to PrEP

- Access to PrEP providers is limited in areas of high need for prevention services.
- Proxy for understanding limitations for people to access HIV screening, PrEP, linkage to care, and more health services.

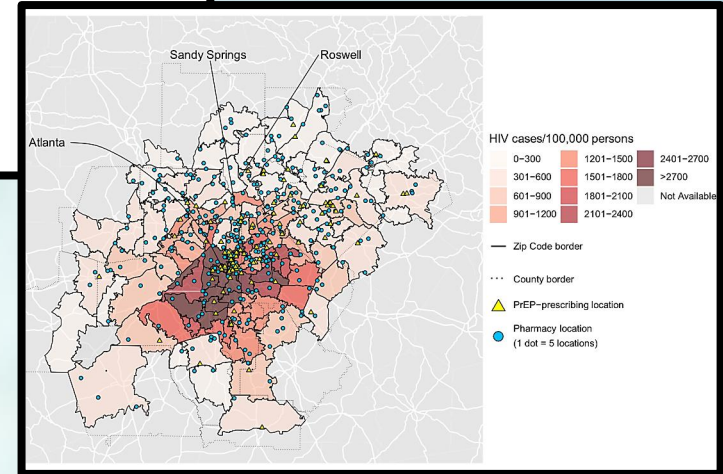
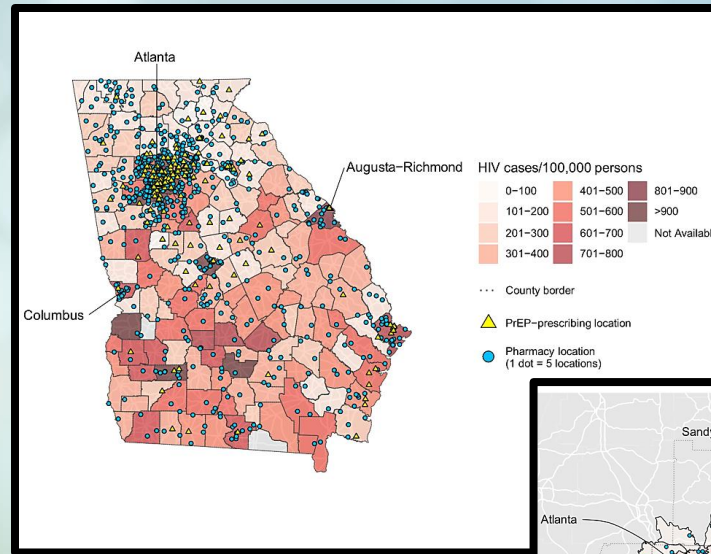


Harrington KRV, Chandra C, Alohan DI, Cruz D, Young HN, Siegler AJ, Crawford ND. Examination of HIV Preexposure Prophylaxis Need, Availability, and Potential Pharmacy Integration in the Southeastern US. JAMA Network Open. 2023;6(7).



Through community pharmacies*

- Over 70,000 community pharmacies in the U.S.
- 56% of community pharmacies are in Medically Underserved Areas/Populations
- 80% of U.S. counties lack an infectious disease doctor
- Majority of U.S. population lives within 5 miles of a pharmacy
- Many pharmacies have extended hours and are open on weekends



*Health Care Provider Taxonomy Code: A **pharmacy** where pharmacists store, prepare, and dispense medicinal preparations and/or prescriptions for a local patient population in accordance with federal and state law; counsel patients and caregivers (sometimes independent of the dispensing process); administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.



Opportunity: Mitigating stigma



- Mistrust of the medical community
 - U.S. history of medical mistreatment of people of color
 - Key populations disproportionately affected by HIV often experience discrimination from health care providers
- Pharmacies may offer a **less-stigmatizing entry point** for HIV prevention, and a neutral environment compared to traditional medical settings
- Pharmacies can also offer anonymity and discretion, compared to providers or clinics that are known in the community for HIV services
- Collaboration with medical providers is needed to ensure continuity of care beyond an initial HIV test or PrEP prescription from a pharmacist.



U.S. adults support expanding access to services

- **71%** support pharmacists administering simple HIV tests at pharmacies.
- **65%** support pharmacists prescribing PrEP
- **67%** support pharmacists prescribing PEP
- **85%** say pharmacists are easy to access

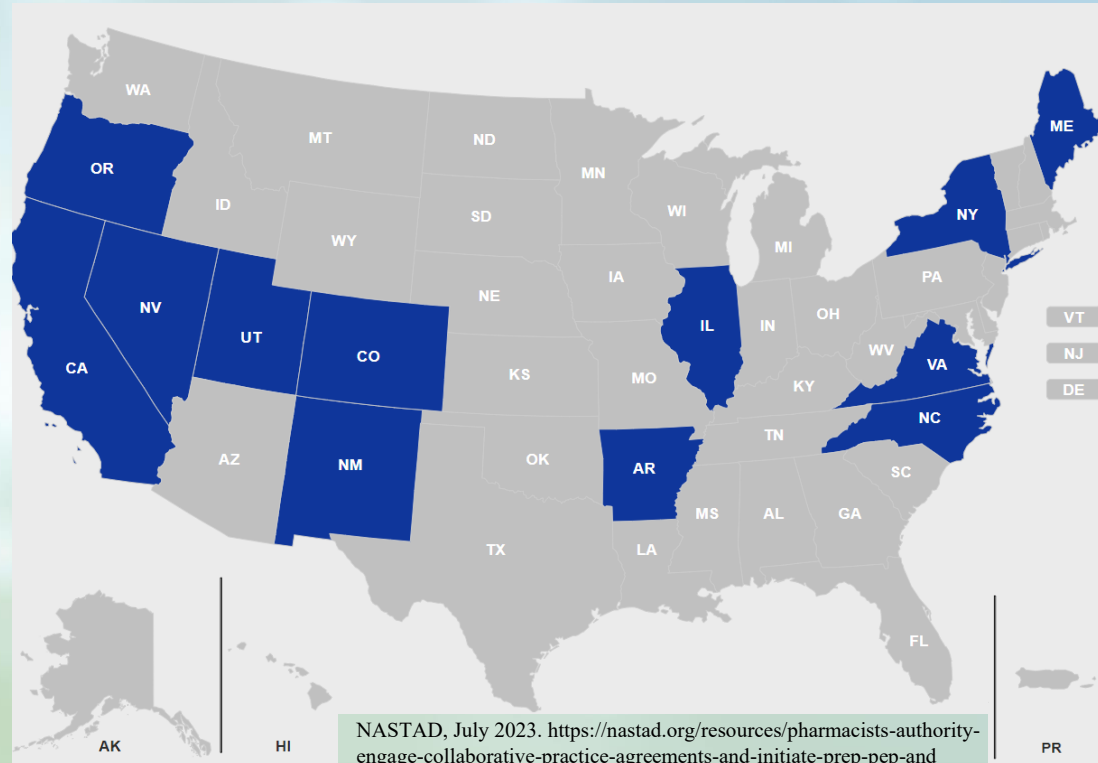
Pharmacist Actions	% Support (Strongly + Somewhat)
Helping patients prevent chronic disease such as heart disease and diabetes	73%
Helping patients to understand their nutritional choices	76%
Testing for and treating common illnesses (i.e. flu, COVID-19, etc.)	74%
Testing for and treating common minor conditions such as strep throat and urinary tract infections (UTIs)	70%
Screening for diabetes	72%
Initiating treatment for diabetes (if screening is positive)	65%
Screening for high cholesterol	73%
Testing for sexually transmitted infections	64%

Data reflects results of a nationwide poll conducted online from October 25-30, 2023 among a sample of 10,031 adults. The poll was conducted by Morning Consult and commissioned by NACDS. State-level results are estimated by a multi-level regression and post-stratification (MRP) model weighted by age, race/ethnicity, gender, and educational attainment within each state. Results from the full survey have a margin of error of plus or minus 1 percentage points.



Why is HIV prevention not currently available in most U.S. pharmacies?

- In most U.S. states, pharmacists do not have the legal authority to conduct HIV testing or independently prescribe PrEP or PEP
- In the U.S. states that do provide authority to pharmacists, very few state policies include the ability for pharmacists to get reimbursed by insurance for the service



Dual Strategies: federal and state policy

#CONTINUUM2024



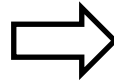
Federal: Seeking modifications to expand coverage of HIV Prevention services to include community pharmacies



Possible pathways: Revising ACA Implementation Guidance and Medicare Benefit Policy Manual, National Coverage Determination for PrEP



State: State scope of practice policies through legislation, Board of Pharmacies, or other policy mechanism



Authority: Providing services (ordering, administering, consultation & management) and **payment** mechanism for services



PHARMACIES EXPANDING ACCESS
TO COMMUNITY HIV SERVICES



Anticipated Challenges

Some people who may want access to services through community pharmacies do not have insurance access

Ensuring no cost-sharing for USPSTF Grade A and B services: HIV screening and HIV PrEP

Determining availability of and reimbursement for point of care lab tests for PrEP recommended routine testing

Complicated and diverse state policies guide pharmacy practice

Ensuring effective collaborations across medical care disciplines

Incentivizing participation across commercial and public payors for community pharmacists as 'providers'

CHECKLIST: LAUNCHING A SUCCESSFUL ADVOCACY EFFORT (1/2)

COMPONENT	ACTION
1 Understand the state legislative process.	<ul style="list-style-type: none"> Note key deadlines and timelines for introducing and passing bills. Note any specific legislative procedures. <ul style="list-style-type: none"> * Resource: National Conference of State Legislators' interactive map
2 Identify and understand the priorities of key decision-makers.	<ul style="list-style-type: none"> Make a list of key stakeholders (e.g., state legislative committee leaders, healthcare officials, patient advocates, the pharmaceutical industry, members of state BOPs, pharmacy and medical associations). <ul style="list-style-type: none"> * Resource: USA.gov's Find and Contact Elected Officials Locator Build partnerships with members of your State BOP. <ul style="list-style-type: none"> * Resource: National Association of BOPs website Ask partners to describe their needs. Create strategies aligned with partners' goals to increase the likelihood of success.
3 Identify any unspoken agreements, industry-specific norms, or influential relationships between key stakeholders.	<ul style="list-style-type: none"> Use knowledge from partners (state BOPs, pharmaceutical industry, pharmacy associations, etc.) to understand unspoken agreements, industry-specific norms, or influential relationships that may influence decisions.

#CONTINUUM2024 

1	What objectives do we need to accomplish to achieve our goal?	What strategies do we need to complete to achieve the objective?	What resources do we need to be successful?	How will we know we have been successful and when do we expect to see results?
1				
2				

Support for U.S. State Action Planning

STEP 3 DEVELOP A STATE-LEVEL ADVOCACY STRATEGY

State-Level Advocacy Strategy Planning Document

This document outlines the state-level advocacy strategy for (Organization Name) _____ to address (Advocacy Issue) _____.

The strategy is guided by available data, the engagement of diverse stakeholders, and the policy goal. It defines the desired outcomes of advocacy efforts, resource needs, key champions, plans for strategically engaging partners, a compelling vision, and assessing progress.

Part 1: Identify Overarching Goal and Objectives for State Level Advocacy Strategy

Instructions: Collaborate with identified advocacy partners with diverse expertise and perspectives to collectively define the overarching goal for expanding access to HIV prevention services in community pharmacies. Then, complete the table on the following page to outline specific objectives, strategies, resources, and success metrics for achieving this goal.

- Define the overarching goal:
Identify and define advocacy goals. What do you want to achieve to expand access to HIV prevention services in community pharmacies and by when? (E.g., increase access to HIV prevention services in community pharmacies by 2025.)
- Break down the goal into objectives
Identify smaller, measurable steps that will help achieve the overarching goal
- Develop strategies for each objective:

Step 2 Identify Advocacy Partners from Diverse Organizations, Expertise, and Affiliations

PARTNER CHECKLIST (2/2)

POTENTIAL PARTNERS	GOALS PARTNERS CAN HELP YOU ACHIEVE
<input type="checkbox"/> Physicians and Physician Medical Associations	<input type="checkbox"/> Foster a coordinated approach between pharmacists and healthcare providers.
<input type="checkbox"/> State BOP	<input type="checkbox"/> Navigate and advocate for scope of practice changes.
<input type="checkbox"/> Pharmacist Associations (state and national levels)	<input type="checkbox"/> Align advocacy efforts and strengthen the collective voice of the profession.
<input type="checkbox"/> Labs and Diagnostic Services, State Agency Contacts for CLIA	<input type="checkbox"/> Ensure access to necessary HIV and STI testing resources.
<input type="checkbox"/> Communication Experts and Media	<input type="checkbox"/> Disseminate information and raise awareness for advocacy efforts.
<input type="checkbox"/> Insurance Providers and Healthcare Payers	<input type="checkbox"/> Ensure adequate reimbursement for services rendered by pharmacists.
<input type="checkbox"/> Nursing Associations	<input type="checkbox"/> Promote interdisciplinary teamwork and coordination between pharmacists and nurses.



Policy component considerations



Scope of practice: prescriptive authority, ordering and administering screening and counselling, removal of referral requirement



Payment and reimbursement: comparable pay, medical benefit billing, flexible service setting



General prevention provisions: Example – integrative health screening



Statewide protocols



Training and education campaigns



State Advocacy Playbook



**EXPANDING ACCESS TO
HIV PREVENTION SERVICES
AND LINKAGE TO CARE IN
COMMUNITY PHARMACIES**



State Advocacy Playbook



TABLE OF CONTENTS

1	Introduction	5		
2	HIV Basics	7		
2.1	HIV Prevention & Linkage to Care Challenges	8		
2.2	The Current State of HIV in the United States HIV Disparities	10 11		
3	Opportunities to Prevent HIV	14		
3.1	HIV Screening	15		
3.2	Prophylactic Medications to End HIV	16		
3.3	Viral Suppression	17		
3.4	Expanding Care Access Through Community Pharmacies	18		
3.5	Preventing HIV Saves Lives and Money	22		
4	Understanding the Policies that Guide Pharmacy Practice	24		
4.1	What Policies are Necessary to Expand HIV Prevention Efforts in Pharmacies?	25		
4.2	What are Federal Policy Considerations?	26		
			4.3	State Policy Environment Considerations
				Impact in Action: Virginia
				Impact in Action: Tennessee
				Impact in Action: Idaho
			4.4	Before You Launch an Advocacy Effort
5	Roadmap to Success	38		
	Step 1: Assess Current Political Landscapes	40		
	Step 2: Identify Advocacy Partners from Diverse Organizations, Expertises, and Affiliations	41		
	Step 3: Develop a State-Level Advocacy Strategy	43		
	Step 4: Engage Partners Strategically: Align Partners Effectively with Advocacy Strategies	44		
	Step 5: Collect and Map Data	45		
	Step 6: Provide a Compelling Vision for an Effective Policy Framework	46		
	Step 7: Assess and Recognize Progress	47		
6	Resources	48		

Access here:





Get Involved



Engage with state and local initiatives working to increase access to HIV services through community pharmacies



Promote the value of collaborations across medical care disciplines incl. pharmacists, nurses, physicians, community health workers, patient navigators



Reach out to learn more: Noelle Esquire,
noelle.esquire@eltonjohnaidsfoundation.org