CONSTITUENT UPDATE

PrEP Access at IU: What $18,000 Secures, and Why the Work Isn't Done

> This fall, IUSG Congress passed legislation I authored to cut the cost and privacy barriers that keep students from starting PrEP at the IU Student Health Center. Congress committed up to $18,000. This update explains what PrEP is, what students were up against, exactly what that money does and doesn't do and what still has to happen before a single student pays less.

WHAT PREP IS — AND WHY IT MATTERS

PrEP (pre-exposure prophylaxis) is medicine a person takes *before* any exposure to prevent HIV. Taken as prescribed, it is one of the most effective prevention tools we have, and the CDC recognizes it as a proven method of HIV prevention. It is prevention, not treatment: it is for HIV-negative people who want to stay that way.

But starting PrEP isn't just a pill. It takes a clinical visit, a set of baseline lab tests — HIV, kidney function, Hepatitis B, and other STIs — and a follow-up visit with labs about 90 days later, then routine monitoring after that. Every one of those steps can carry a charge, and every charge is a place a student can get stuck.

Prevention only works if people can actually reach it. A tool this effective does nothing sitting behind a price tag, a confusing process, or the fear of being outed by an insurance statement. Affordable, confidential, and clearly explained HIV-prevention care isn't a perk — it's the difference between a student who is protected and one who is left exposed. That is a health-equity issue, and it falls hardest on the students who already face the most barriers.

WHAT STUDENTS WERE FACING

The IU Student Health Center already offers oral PrEP. On paper, access exists. In practice, students ran into a wall built out of cost, silence, and risk:

- **Cost.** Students reported paying up to $2,244 a year out of pocket for PrEP-related visits and lab work at the Health Center, a number that quietly ends the conversation for a lot of people before it starts.
- **Almost no awareness.** Many students had no idea the Health Center offered PrEP at all. Publicizing sexual-health services has become politically sensitive for clinical staff, so the service existed without being talked about — and a service nobody knows about helps nobody.
- **Uncertainty about what's available.** Even students who had heard of PrEP didn't know what it would cost, what the visits involved, or whether they qualified — so they didn't ask.
- **Insurance privacy.** Students on a family or parent's insurance plan risk being outed by an Explanation of Benefits or shared records sent to the primary policyholder. For many, that privacy risk is a harder barrier than the price.
- **Stigma.** Asking about HIV prevention still carries judgment. Every added cost, form, or awkward conversation gives that stigma another place to win.
- **Unequal access.** These barriers don't land evenly. LGBTQ+ students — especially gay and bisexual men and trans students — along with uninsured, underinsured, and other underserved students carry more of the risk and hit more of the walls at once.

On top of all that, the Health Center's existing sexual-health grant — about $50,000 a year — was largely exhausted and had never been dedicated to PrEP in the first place. The access gap wasn't an accident. It was a funding and communication gap nobody had closed.

WHAT WE SECURED

I heard the same problem from different directions — from students and from peers working in student health advocacy — and turned it into legislation.

- **Drafted and authored CEA 1006, the "PrEP Access Pilot Act."** I wrote and introduced the bill, with Mr. Savarese, to establish a PrEP Access Pilot Program at the Student Health Center and to move PrEP outreach into IUSG's hands.
- **Built privacy protection in from the start.** The subsidy is billed in aggregate with monthly reporting — the Health Center reports totals, never names — so the program can lower costs without ever revealing who is on PrEP. That structure was designed to satisfy IUSG's own financial controls (R.B. §4-4-7 and §4-6-5) without touching personal health information.
- **Moved outreach off the clinic's desk.** Because publicizing PrEP is politically fraught for clinical staff, the bill assigns awareness work — a plain-language pamphlet and its distribution — to IUSG and the Office of the Student Body President, so students hear the service exists without the Health Center having to carry that risk.
- **Engaged the people who had to make it real.** The design was shaped around the Health Center's own cost data and reviewed by IUSG's Committee on Oversight & Finance, which handled the money.
- **Moved it through Congress.** Introduced October 13, marked up in committee November 8, and passed by Congress on November 9, 2025.

The result is a commitment of up to $18,000 aimed squarely at the cost and awareness barriers above — and a mandate that the money be spent in a way students can trust.

HOW THE FUNDING WILL BE USED

It matters to be precise about this money, because "secured" can mean very different things. Here is exactly what Congress did — and what it did not do:

STAGE	AMOUNT	STATUS
Appropriated — initial pilot	**$10,819**	Approved by Congress from the FY2025 Student Healthcare Fund to operate the pilot. Appropriated now; drawn down as the Health Center bills against it.
Supplemental — contingent	**up to $7,181**	Authorized, not yet transferred. Releases only after the Health Center files a utilization memo — showing how the first funds were used — with the Treasurer before March 31, 2026.
Total commitment	**up to $18,000**	A ceiling, not a guarantee — the second half is conditional on that memo.

Three things are easy to blur together, so I'll separate them plainly. **Money appropriated** means Congress approved the line item — done for the first $10,819, pending for the rest. **Money transferred** means dollars actually move to the Health Center — happening as the pilot bills against the appropriation, and not yet happening for the supplemental. **Services implemented** means a student actually pays less at the counter — and that depends on the Health Center standing up the aggregate-billed subsidy and applying it at the point of care. Appropriating money is not the same as a student paying less. Only that last step is.

What the subsidy covers, at the Student Health Center:

- PrEP initiation visits
- Baseline labs — HIV, kidney function, Hepatitis B, and other STIs
- The required 90-day follow-up visit and its labs
- Capped at $2,000 per student per fiscal year, so the pilot can reach as many students as possible

The law also funds and requires IUSG-led awareness — a pamphlet covering how to access PrEP in Indiana, how insurance sharing with a policyholder actually works, and safe-sex information — plus fundraising campaigns to replenish the Student Healthcare Fund so this isn't a one-time pot that drains and disappears. If uptake turns out low, the bill lets the money shift to other STI-prevention measures — contraceptive and Plan B access, and STI-prevention outreach — rather than sit idle.

A NOTE ON WHAT THIS DOES — AND DOESN'T DO

I wrote this bill, moved it through Congress, and secured the commitment. I do not run the Student Health Center, and I won't pretend a budget line fixed the problem. Funding removes one barrier — cost — and pays for the work of removing another — awareness. It does not, by itself, lower a single bill.

That happens only when the Health Center implements the subsidy and students know to ask for it, which is exactly why outreach, monthly reporting, and a follow-up funding condition are written into the law — and why I'm still on it.

WHO THIS HELPS

This is built for the students the old setup left behind:

- Students who can't absorb a four-figure health cost and were quietly priced out of prevention.
- Students on a parent's or family insurance plan who need PrEP to stay private — the aggregate billing means the program never reports who they are.
- LGBTQ+ students — especially gay and bisexual men and trans students — who face higher HIV exposure and more stigma when they seek care.
- Uninsured and underinsured students, and students of color and other underserved groups, who tend to hit several of these barriers at once.
- Any student who wants to protect themselves and shouldn't have to choose between their health, their budget, and their privacy to do it.

And because outreach now runs through IUSG instead of resting on clinical staff, far more students will simply learn that PrEP at the Health Center is an option in the first place.

WHAT I AM WATCHING NEXT

Passing the bill was the start. Here is what I'm tracking to make sure the commitment turns into real access:

- **The March 31 memo.** Whether the Health Center files its utilization memo on time — that filing is the only thing that releases the remaining $7,181.
- **Dollars versus bills.** Whether the aggregate-billed subsidy is actually built and applied at the point of care, because money moving is not the same as a student's cost dropping.
- **Uptake, honestly.** If use is low, the bill allows funds to move to other STI-prevention measures. I want this subsidy used — so I'll be watching whether low uptake is a demand problem or an awareness problem, and pushing hard on the second.
- **Replenishing the fund.** The two required fundraising campaigns — a New Year 2026 drive by February 20 and an end-of-year drive between March 1 and April 5, each tabled on campus — plus outreach to alumni, faculty, and the IU Foundation, so the Student Healthcare Fund isn't left empty.
- **The pamphlet, actually distributed.** Whether the PrEP pamphlet gets produced and placed where students are — IUSG offices, the IUSG website, and student organizations — with clear, honest guidance on insurance privacy.
- **The numbers, in the open.** The monthly aggregate reports, so the program stays accountable without ever compromising anyone's privacy.

HOW TO GET PREP — AND TELL ME WHAT'S STILL IN THE WAY

If you want PrEP, you can start at the IU Student Health Center. Book a confidential appointment and ask about PrEP and the PrEP Access Pilot — the cost support is billed in aggregate, so asking for it does not put your name on a list. Watch for the IUSG PrEP-access pamphlet on the IUSG website and in student spaces for a plain-language rundown of your options in Indiana and how insurance sharing actually works.

And if something is still in your way — cost, confusion, stigma, or an insurance situation that makes this feel unsafe — tell me directly at lgalleg@iu.edu. You can reach out confidentially, and what you tell me shapes what I push for next. This only counts if it actually reaches the students it was built for, and I can only fix what I know about.