

# AN ACT TO ADDRESS BARRIERS TO HIV PREVENTION MEDICATION

**S 717** Sponsored by Sen. Julian Cyr

**H 1245** Sponsored by Reps. Jack Lewis  
and Thomas Moakley

## For More Information:

Bennett Klein, Esq.; Lisa Rodriguez-Ross, Esq.  
GLBTQ Legal Advocates & Defenders (GLAD Law)  
bklein@gladlaw.org; erodriguezross@gladlaw.org

**A bill to end the HIV epidemic in Massachusetts by reducing barriers to medication that prevents HIV transmission by close to 100%.**

## BILL SUMMARY

The history of the HIV epidemic is one of devastating loss of life and public anxiety and fear. Fortunately, it is also a history of medical success. HIV preexposure prophylaxis (PrEP), approved by the FDA in 2012, is a powerful medical breakthrough that can end the HIV epidemic. PrEP prevents HIV transmission by close to 100 percent when it is taken as prescribed.

More than a decade later, too few people in Massachusetts who are vulnerable to HIV are currently taking PrEP,<sup>1</sup> and pending changes at the federal level threaten to expand that gap.

**State action is necessary now to eliminate existing barriers, expand the ways people at risk for HIV can obtain PrEP, and counter direct and imminent threats from a federal government that has shown itself to be indifferent and even hostile to HIV prevention efforts.**

1. The most recent CDC data from the first quarter of 2023 indicated that only 35.3% of people eligible for PrEP in Massachusetts had an active PrEP prescription. Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (Preliminary Data): National HIV Surveillance System Data Reported through June 2023; and Preexposure Prophylaxis (PrEP) Data Reported through March 2023, Centers for Disease Control and Prevention (Oct. 17, 2023), <https://web.archive.org/web/20231201055420/https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-4-no-3/index.html> (captured Dec. 1, 2023). In addition, the racial disparities in access to PrEP are glaring. For every new HIV infection in 2023, there were 87 PrEP prescriptions across white Bay Staters, but only 13.8 prescriptions among Hispanic and Latino Bay Staters and 6.7 for Black residents. Prevention & Testing in Massachusetts, AIDSVu, <https://map.aidsvu.org/profiles/state/massachusetts/prevention-and-testing> (last accessed Apr. 25, 2025).

A decision by the Supreme Court in Kennedy v. Braidwood on June 27, 2025, leaves long-standing federal requirements for access to PrEP up to the whims of the Secretary of Health and Human Services, Robert F. Kennedy, Jr. This threatens access to the newest PrEP injectable medication, which provides close to 100% efficacy with only two injections a year. In addition, the Biden administration's prohibition of prior authorization for PrEP is at risk in the current hostile administration.

**Massachusetts must act now to protect PrEP access from federal reversals and avoid backtracking on our State's efforts to protect public health and end the HIV epidemic.**

S 717/H 1245 will eliminate significant barriers to PrEP by:

- Prohibiting private insurers, MassHealth, and the Group Insurance Commission from imposing cost sharing or prior authorization on FDA-approved HIV prevention medications.
- Requiring state and county correctional facilities to provide PrEP to eligible inmates upon release in connection with an amendment to the state's 1115 MassHealth waiver.
- Requiring insurers to accept prescriptions for PrEP from any health care practitioner licensed to prescribe medications.

## The Insurance Provisions of This Bill are Urgent

Massachusetts cannot rely on a rational and caring federal response to the HIV epidemic. Recent federal budget proposals eliminate the CDC's HIV prevention funding and dismantle longstanding HIV prevention and treatment research infrastructure that has led to lifesaving breakthroughs like PrEP. Public health experts and physicians say the cuts will undo progress toward finally eradicating the virus.

This bill is critical to protect Massachusetts from reversals of current federal policy and federal inaction.

**Cost sharing:** Current federal law under the Affordable Care Act prohibits cost sharing for all preventive healthcare services given an A or B rating to date by the United States Preventive Services Task Force (USPSTF). PrEP medications approved by the FDA prior to 2025 have received an A rating.

In Kennedy v. Braidwood, the Supreme Court upheld the constitutionality of the ACA's preventive services mandate. But it did so by giving the Secretary of Health and Human Services the authority to appoint USPSTF members, remove them at will, and reject their recommendations. The Massachusetts codification will not be effective with respect to any future USPSTF recommendations that may be rejected by the Secretary. This means that Massachusetts cannot rely on the USPSTF under the control of Secretary Kennedy to do an evidence-based review and designate the twice-yearly PrEP injectable approved by the FDA in June 2025 for no cost sharing. Massachusetts must act now to ensure access to the newest PrEP injectable that a leading medical journal described as having "the potential of achieving what no other drug has done thus far: effectively end HIV in the Americas."<sup>2</sup>

2. Valeria D. Cantos et al., *Lenacapavir: A Potential Game Changer for HIV Prevention in the Americas, if the Game Is Played Equitably*, *Lancet Reg. Health Am.*, June 10, 2025, at 5.

**Prior authorization** requirements create significantly reduced utilization and adherence to medication.<sup>3</sup> Prior authorization presents a particular barrier to accessing new and improved forms of PrEP. The advent of long-acting injectable PrEP brings us into a new era in the quest to end the HIV epidemic. Studies have demonstrated that long-acting injectable medication is more effective at preventing HIV than daily oral PrEP medication. Prior authorization requirements undermine the ability to provide an at-risk individual immediate long-term protection.

**Federal guidelines issued in October 2024 by the U.S. Department of Health and Human Services affirm the harm of prior authorization practices and prohibit prior authorization for all current FDA-approved PrEP medications. Guidelines, however, can easily be reversed by a new administration that has already demonstrated indifference to HIV prevention. We need this bill to maintain Massachusetts' standard of effective HIV prevention practices.**

3. Studies indicate that prior authorization requirements result in poorer clinical outcomes for patients and exacerbate medical nonadherence, resulting in patients abandoning prescriptions almost 40% of the time. Julie C. Lauffenburger et al., Impact of Implementing Electronic Prior Authorization on Medication Filing in an Electronic Health Record System in a Large Healthcare System, 28 J. Am. Med. Informatics Ass'n 2233 (2021); see also Am. Med. Ass'n, 2024 AMA Prior Authorization Physician Survey (2024), <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf> (finding that 91% of physicians reported that prior authorization requirements negatively impacted clinical outcomes for their patients).

4. U.S. Dep't of Labor, FAQs About Affordable Care Act and Women's Health and Cancer Rights Act Implementation Part 68 at 2-3 (Oct. 21, 2024), <https://web.archive.org/web/20241105141325/https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/ouractivities/resource-center/faqs/aca-part-68.pdf> (captured Nov. 5, 2024).

## The Corrections Provisions of This Bill are Urgent

Recent incarceration is associated with an 81% increase in HIV risk,<sup>5</sup> making the corrections population a key priority for PrEP intervention.<sup>6</sup> This bill addresses that critical need by requiring that state and county correctional facilities provide PrEP to eligible inmates upon release. PrEP and related services will be provided in connection with an amendment to the State's MassHealth waiver.

5. People in Jails and Prisons, Int'l Ass'n of Providers of AIDS Care (May 2021), <https://www.iapac.org/fact-sheet/people-in-jails-and-prisons/> (last accessed Apr. 25, 2025).

6. Nat'l HIV Curriculum, HIV and Corrections 12 (Apr. 25, 2025), <https://www.hiv.uw.edu/pdf/key-populations/hiv-corrections/core-concept/all> ("High rates of HIV risk activity coupled with low rates of HIV testing make the community corrections population an important priority for HIV screening and prevention services.").

# Who is Supporting this HIV Prevention Legislation

GLBTQ Legal Advocates & Defenders

Fenway Health

Multicultural AIDS Coalition

AIDS Project Worcester

AIDS Support Group of Cape Cod

Tapestry Health

Transhealth

Victory Programs

Community Resource Initiative

Massachusetts Transgender Political  
Coalition

Upham's Community Care

Health Imperatives

Cheryl Bartlett

President and CEO

New Bedford Community Health Center

Former Commissioner of Mass.

Department of Public Health

MassEquality

A Positive Place

A Program of Cooley Dickinson  
Health Care



GLBTQ Legal Advocates & Defenders