



**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
IN SUPPORT OF S 717 AND H 1245**

**An Act to Address Barriers to HIV Prevention Medication
Joint Committee on Financial Services
September 17, 2025**

HIV pre-exposure prophylaxis, first 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 taken as prescribed. More than a decade after the first PrEP medication, however, only about 35% of the people in Massachusetts who are eligible for PrEP have an active prescription.¹

S 717 and 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.

A full description of these bills and the critical need for them is contained in the attached Fact Sheet.

This testimony highlights the key reasons that legislative action is necessary now to codify into Massachusetts law existing federal protections for access to PrEP in the Affordable Care Act (ACA).

The ground has shifted significantly since this Committee heard and favorably reported this bill last session. State action is necessary now to counter direct and imminent

¹ 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-datatables/vol-4-no-3/index.html> (captured Dec. 1, 2023).

threats from a federal government that we cannot count on to follow the prior federal framework for access to PrEP.

1. Current federal law under the ACA prohibits cost sharing for all preventive 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.
2. In June 2025, the Supreme Court decided Kennedy v. Braidwood, a challenge to the constitutionality of the ACA preventive services mandate which argued that USPSTF members were unconstitutionally appointed. The Supreme Court upheld that ACA preventive services mandate, but it did so by giving the Secretary of Health and Human Services, Robert F. Kennedy Jr., new and unprecedented authority to appoint USPSTF members, remove them at will, and reject their recommendations.
3. Since the first PrEP medication was approved in 2012, PrEP therapies have consistently improved. In June 2025, the FDA approved the first-ever PrEP medication that is 100 percent effective with just twice-yearly injections (Yeztugo/Lenacapavir). This breakthrough medication has been described as having “the potential of achieving what no other drug has done thus far: effectively end HIV in the Americas.”²
4. In a normal public health context, it would be a no brainer that the USPSTF would give Yeztugo an A rating, and thus insurers would be required to provide the medication without cost sharing to consumers consistent with the ACA’s goal of preventing costly and debilitating chronic diseases. **But we cannot count on a predictable and rational scientific process from our current federal government, especially when the current administration is actively hostile to the groups most at risk for HIV, and it has been rumored that Secretary Kennedy will remove the entire current 16-member task force as he did with the federal immunization advisory committee.³ While Massachusetts’ codification of the ACA preventive services mandate last session was adequate at the time, it is not adequate to meet future inaction on critical new PrEP medications.**

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.

³ See, e.g., Liz Essley Whyte, *RFK Jr. to Oust Advisory Panel on Cancer Screenings, HIV Prevention Drugs*, *Wall St. J.* (Jul. 25, 2025, 7:24pm), https://www.wsj.com/health/healthcare/rfk-health-screening-panel-members-c308cbb0?gaa_at=eafs&gaa_n=ASWzDAgSjwYMo0FRxQ1U-MRUsIy1c17Yp7_ctSNi6HIUoFaZJvINad3CdUvR-EKs-hc%3D&gaa_ts=68c47303&gaa_sig=RKKN1das0b_2C75YifMEW2-gU0ljcSAN-Dl685rggkA2gXhZq1jlu5SnHjrUf57Mfinyjp8zWK-CqKlcBnQafw%3D%3D.

Overall, the individual and societal costs of even modest declines in PrEP utilization across the nation are staggering:

- A 3.3% annual decline in PrEP coverage over the next 10 years could result in 8,618 additional preventable HIV infections and \$3.6 billion in lifetime medical costs.
- A 10% annual decline in PrEP coverage over the next 10 years could result in nearly 27,000 additional new infections and over \$11.3 billion in lifetime medical costs.
- Even a more modest 2% annual decline in PrEP coverage over the next 10 years could result in 5,226 additional preventable HIV infections and \$2.2 billion in lifetime medical costs.⁴

In addition, these bills are necessary to ensure the strength and continuation of federal policy prohibiting insurers from imposing prior authorization requirements on HIV prevention medications. Prior authorization presents a particular barrier to accessing new and improved forms of PrEP, as they create significantly reduced utilization and adherence to medication.⁵ 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 these bills to maintain Massachusetts' standard of effective HIV prevention practices.

Finally, these bills expand access to PrEP for eligible inmates immediately prior to release from state and county correctional facilities in connection with the state's 1115 MassHealth waiver. This will address a key public health concern as recent incarceration is associated with a significant increase in HIV risk.

⁴ Patrick S. Sullivan et al., *Excess HIV Infections and Costs Associated with Reductions in HIV Prevention Services in the US*, JAMA Network Open (Sept. 11, 2025), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2838761?widget=personalizedcontent&previousarticle=2799397>.

⁵ 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).

GLBTQ Legal Advocates & Defenders (GLAD Law) strongly urges the Committee to vote S 717 and H 1245 out of committee with a favorable report.

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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

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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,¹ 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."²

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.³ 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,⁵ making the corrections population a key priority for PrEP intervention.⁶ 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

