

## Don't Let Massachusetts Slide Backwards on HIV Prevention

We are physicians and leaders of community and healthcare organizations who urge the Legislature to pass S 717 and H 1245, An Act to Address Barriers to HIV Prevention Medication sponsored by Senator Cyr and Representatives Lewis and Moakley. This legislation prohibits cost sharing and prior authorization for FDA-approved PrEP medications and ancillary services, requires correctional facilities to offer PrEP upon inmate release, and removes certain insurer limitations on who may prescribe PrEP.

HIV preexposure prophylaxis (“PrEP”) is a powerful medical breakthrough that prevents HIV transmission by close to 100 percent. More than a decade after the first PrEP medication was approved in 2012, however, only about 35% of the people in Massachusetts who are eligible for PrEP have an active prescription.<sup>1</sup>

Today we have a greater opportunity than ever to advance our HIV prevention work. In June 2025, the FDA approved the first-ever twice-yearly long-acting injectable PrEP medication that has been described as having “the potential of achieving what no other drug has done thus far: effectively end HIV in the Americas.”<sup>2</sup>

But to realize the promise of PrEP, and moreover to prevent a *decline* in PrEP utilization, it is critical that the Legislature codify existing federal law and policy in state requirements. Current federal law under the Affordable Care Act (ACA) prohibits cost sharing for all preventive services given an A or B rating by the United States Preventive Services Task Force (USPSTF). The USPSTF’s latest rating statement “recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons at increased risk of HIV acquisition to decrease risk of acquiring HIV. (Grade A recommendation).”<sup>3</sup> The U.S. Supreme Court recently upheld the constitutionality of the ACA preventive services mandate, but it did so by giving the Secretary of Health and Human Services new and unprecedented authority to appoint USPSTF members, remove them at will, and reverse and reject their recommendations. In addition, current federal guidelines issued in October 2024 prohibit prior authorization practices for all FDA-approved PrEP medications.<sup>4</sup> These guidelines are also subject to reversal by the Secretary of Health and Human Services.

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<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> US Preventive Services Task Force. Preexposure Prophylaxis to Prevent Acquisition of HIV: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2023;330(8):736–745. doi:10.1001/jama.2023.14461

<sup>4</sup>Centers for Medicare and Medicaid Services FAQs About Affordable Care Act and Women’s Health and Cancer Rights Act Implementation Part 68 October 21, 2024 <https://www.cms.gov/files/document/faqs-implementation-part-68.pdf>

Massachusetts cannot rely on a federal government that has consistently demonstrated hostility to HIV prevention and acted precipitously and irrationally to harm public health. S 717 and H 1245 align with current federal requirements for PrEP coverage and uphold best practices and scientific evidence for HIV prevention. Just as the Legislature recently acted to decouple vaccine approval provisions from the federal framework, we urge it to take the same step with respect to PrEP in order to ensure that Massachusetts does not slide backwards in efforts to end the epidemic.

SIGNED,

Jordina Shanks  
Chief Executive Officer  
Fenway Health

Ricardo Martinez  
Executive Director  
GLBTQ Legal Advocates & Defenders

**Public Health Officials:**

Cheryl Bartlett, RN  
President and CEO, New Bedford  
Community Health Center  
Former Commissioner, Massachusetts  
Department of Public Health

Margret Cooke, Esq.  
Former Commissioner, Massachusetts  
Department of Public Health

Douglas Brooks, MSW  
Former Director  
Office of National AIDS Policy  
White House, Washington, DC

Bisola Ojikutu, MD, MPH, FIDSA  
Commissioner of Public Health, City of Boston  
Executive Director, Boston Public Health  
Commission

Alfred DeMaria, Jr., MD  
Former Massachusetts State Epidemiologist  
& Medical Director of Bureau of Infectious  
Disease and Laboratory Sciences, MDPH

Jean Flatley McGuire, Ph.D.  
Former Assistant Secretary for Disability  
Policies and Programs, Executive Office of  
Health and Human Services  
Former Assistant Commissioner,  
Massachusetts Department of Public Health

T. Stephen Jones, MD  
U.S. Centers for Disease Control &  
Prevention (retired)

**Health Care Providers:**

Kenneth H. Mayer, MD  
Medical Research Director, Fenway Health  
Co-Director, the Fenway Institute  
Professor of Medicine, Harvard Medical  
School  
Attending Physician, Infectious Disease  
Division, Beth Israel Deaconess Hospital

Daniel R. Kuritzkes, MD  
Senior Physician, Brigham & Women's  
Hospital; Harriet Ryan Albee Professor of  
Medicine, Harvard Medical School; Fellow,  
Infectious Diseases Society of America

Kevin Ard, MD, MPH  
Assistant Professor of Medicine  
Harvard Medical School

Howard Libman, MD  
Division of General Medicine, Beth Israel  
Deaconess Medical Center  
Professor of Medicine Emeritus, Harvard  
Medical School

Paul E. Sax, MD  
Clinical Director, Division of Infectious  
Diseases; Bruce A. Beal and Robert L. Beal  
Endowed Chair in Infectious Diseases  
Brigham & Women's Hospital

Alexander Y. Walley, MD, MSc  
HIV Primary Care Physician and Addiction  
Specialist, Boston Medical Center  
Medical Director, Bureau of Substance  
Addiction Services, Overdose Prevention and  
SafeSpot Hotline at Massachusetts  
Department of Public Health  
Professor of Medicine, Boston University  
Chobanian & Avedisian School of Medicine

Jennifer Haas, MD  
Physician, Massachusetts General Hospital  
Professor of Medicine, Harvard Medical  
School

Nesli Basgoz, MD  
Division of Infectious Diseases  
Massachusetts General Hospital

Ariel Frey-Vogel, MD, MAT  
Physician  
Massachusetts General Hospital

Emily Min, MD, AAHIVS  
Physician  
Family Health Center of Worcester; UMass  
Chan Medical School

Jacob Smith, MD, MPH  
Assistant Professor of Medicine, UMass Chan  
Medical School  
Hospital Epidemiologist, Infectious Disease  
Division, Baystate Health

Douglas Krakower, MD  
Research Physician, The Fenway Institute  
Associate Professor, Harvard Medical School

Wilfredo (Will) Giordano-Perez, MD, MBA  
Chief Medical Officer, Fenway Health  
Assistant Clinical Professor of Medicine  
Alpert Medical School of Brown University  
Brown School of Public Health  
Beth Israel Lahey Health  
American Academy of HIV Medicine

Kelly Holland, MD  
Physician, Lynn Community Health Center  
Member, American Academy of HIV Medicine

Hanna Haptu, MD  
Medical Director, Infectious Diseases  
Lynn Community Health Center

Adam Kronish, MD  
Adolescent Medicine Physician, Mass General  
Brigham for Children  
Instructor, Harvard Medical School

Joseph M. Garland, MD, AAHIVS  
Medical Director, Infectious Diseases &  
Immunology Center and the Corliss Clinic,  
Brown University Health; Associate Director  
for Clinical Services, Infectious Diseases  
Division, Associate Professor of Medicine,  
Alpert Medical School, Brown University

Lauren Meade, MD  
Associate Professor of Medicine, UMass Chan  
Medical School  
Board Member, Transhealth

Ashlin Szalanski, MD, MPH  
Faculty, Massachusetts General Hospital,  
Harvard Medical School

Philip Bolduc, MD  
Associate Professor of Family Medicine and  
Community Health  
UMass Chan Medical School

Alysse Wurcel, MD  
Associate Professor, Sections of General  
Internal Medicine and Infectious Diseases  
Boston University Chobanian & Avedisian  
School of Medicine

Brian Bakofen, DO  
Director of Clinical Experience and  
Innovation, Fenway Health; Staff Physician,  
Beth Israel Deaconess Medical Center

Sarah Meyers, MD, AAFP, ABPM  
Physician  
SSTAR (Fall River, MA)

Patricia Petrosky, MD  
Pediatrician  
Holyoke Pediatrics

Alison Wondriska, MD  
Pediatrician  
Holyoke Pediatrics

Allie Robbins, MD, FAAP  
Pediatrician  
Holyoke Pediatrics; Baystate Hospital;  
Boston Children's Hospital

Debra Winters, MSN, APRN-BC  
Clinical Director, MA Local Partner/New  
England AIDS Education and Training Center

Gene DiVincenzo, BSN, RN, CARN  
Director of Recovery and Support Services  
Holyoke Health Center

Julie Thompson, PA-C  
Fenway Health

Hannah Fiore, RN, MSN, AACRN  
Family Health Center of Worcester

David P. Norton, MD  
Pediatrician, Holyoke Pediatrics; Clinical  
Faculty, University of Massachusetts; Member,  
Massachusetts Commission on LGBTQ Youth;  
Committee on Public Health and Committee  
on LGBTQ Matters, Massachusetts Medical  
Society

George Maxted, MD  
CMO, SSTAR (Fall River, MA)  
Associate Clinical Professor, BU School of  
Medicine & Tufts School of Medicine

Donald P. Rice, Jr., MD  
Attending Physician, SSTAR Family Health  
Center (Fall River, MA)  
Chair, Subcommittee on Mental Health and  
Substance Use, Massachusetts Medical Society  
Associate Professor of Medicine, Warren  
Alpert Medical School of Brown University

Peggy Chien, DO  
Pediatrician  
Holyoke Pediatrics

Dallas Ducar, MSN, RN, NP, CNL, FAAN  
Fenway Health

Michael Swaney, RN  
Quality Nurse Data Manager  
Family Health Center of Worcester

Vanessa Carson-Sasso, MSW  
Co-Investigator/Senior Project Director  
New England AIDS Education & Training  
Center, UMass Chan Medical School

Rebecca Thal, NP-C, AAHIVS  
Family Health Center of Worcester

Laura Hegarty-Moore, RN, MPH, CIC  
Baystate Health

Esmirelda D. Harrison  
Leadership Development LGBTQIA Program  
Specialist  
Community Action Pioneer Valley

Anderson Lamberto-Wilson, MSW  
Clinical Social Worker  
Massachusetts General Hospital

Tom McQuaid, DNP  
Owner, Tom of P-Town Health

Leela Joy, CNM  
Tapestry Health

**National HIV Medical Organizations:**

HIV Medicine Association  
Washington, DC  
By: Anna K. Person, MD, FIDSA  
Chair

American Academy of HIV Medicine, New  
England Chapter  
By: Joseph M. Garland, MD, AAHIVS  
Marjorie Golden, MD, FACP, AAHIVS  
Co-Chairs

HIV+Hepatitis Policy Institute  
Washington, DC  
By: Kevin Herwig  
Health Policy Manager

**Massachusetts HIV and LGBTQ Community Organizations:**

Gary K. Daffin  
Executive Director, Multicultural AIDS  
Coalition; Co-Chair, Project ABLE

Dan Gates, LICSW  
President & Chief Executive Officer  
AIDS Support Group of Cape Cod (ASGCC)

Michelle Smith  
Chief Executive Officer  
AIDS Project Worcester

Jo Erwin, BSN, RN  
Chief Executive Officer  
Transhealth

Shaplaie Brooks  
Executive Director  
Massachusetts Commission on LGBTQ Youth

Mavis Nimoh  
Chief Executive Officer  
Tapestry Health

Steven Ridini  
President & CEO  
Health Resources in Action

Maryellen Sheehan  
Chief Operating Officer  
Upham's Community Care Health Center

Tanya V. Neslusan  
Executive Director  
MassEquality

Nina Selvaggio  
Executive Director  
Greater Boston PFLAG

Julie K. Marston, MPH  
Executive Director  
Community Resource Initiative

Catherine O'Connor, MSN, ACRN  
Clinical Director  
Health Innovations

James Giessler  
Executive Director/CEO  
North Shore Alliance of Gay, Lesbian, Bisexual,  
and Transgender Youth, Inc. (NAGLY)

Holly Richardson  
Director  
Out Now (Springfield, MA)

Scott Fitzmaurice  
Executive Director  
We Thrive Inc. LGBTQ Center

Marie Caradonna  
Co-Founder  
OUT MetroWest

Fern Fairchild  
Director, Wild Ivy Social Justice Network  
Wildflower Alliance

Holly Richardson  
Director  
Out Now (Springfield, MA)

Sandra Blatchford  
Director  
South Shore Resource and Advocacy Center

Sandra Blatchford  
Director  
South Shore Resource and Advocacy Center

Lev BenEzra  
Executive Director  
Community Action Pioneer Valley

Curtis Santos  
Executive Director  
Boston LesBiGay Urban Foundation

Ephraim Akiva  
Senior Director of Peer Respite/Director of  
Anemoni Trans and Queer Peer Respite  
Wildflower Alliance