



**Testimony by**

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**in support of**

**H.1085/S.619: An Act to address barriers to HIV prevention medication**

**Massachusetts Joint Committee on Financial Services**

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On behalf of the **HIV+Hepatitis Policy Institute**, we respectfully submit this testimony in support of [H.1085/S.619](#): An Act to address barriers to HIV prevention medication.

From 2016-2022, I managed the Massachusetts PrEP Drug Assistance Program, which assists eligible state residents with the cost of PrEP.

PrEP is a key component of both Massachusetts and federal strategies to end the HIV epidemic. But eleven years after the introduction of PrEP, only a third of those who would benefit from PrEP are on it, with stark and widening racial, ethnic, and gender disparities in uptake. While 94 percent of White people who need PrEP are on it, uptake stands at only 13 percent for Black people and 24 percent for Latinos. Uptake among women is only 15 percent.

A new long-acting injectable form of PrEP has been available since early 2022, offering an alternative for people who find it difficult to adhere to a daily oral regimen, including the unstably housed, and people who are concerned about disclosing their PrEP use. Other long-acting PrEP medications are in development, making it likely that in the future clinicians can choose the PrEP medication most suited to their patient's needs. Bold action is needed to ensure that all Americans can benefit from the promise of scientific advances in HIV prevention. This bill removes barriers related to insurance coverage of all HIV prevention medications.

PrEP includes not just the medication, but the entire suite of ancillary services recommended by CDC PrEP guidelines, including laboratory testing and medical visits. By eliminating cost-sharing for PrEP medication and ancillary services, this bill removes a critical financial barrier standing in the way of too many. Studies have shown that even copays under \$10 can act as a barrier and lead to prescription abandonment—especially for preventive drugs.

Today, prior authorization is frequently required by commercial insurance plans for both oral and injectable PrEP. These processes, which vary from insurer to insurer, are cumbersome,

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opaque, and time-consuming. Any delay in access to PrEP risks a potential transmission of HIV. Clinical sites with fewer resources—including many that provide PrEP to underserved populations—frequently do not have enough staff to devote to prior authorizations, jeopardizing access to PrEP. One study has shown that Black and Latino individuals are more likely to encounter a prior authorization denial than White individuals, further exacerbating disparities.

We need to ensure that everyone is able to benefit from the results of the latest scientific innovations in HIV prevention. We urge the passage of this important bill to ensure that all Bay Staters using commercial insurance can access PrEP without a financial barrier or delay.

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