HIV+HEP

POLICY INSTITUTE

April 22, 2026

The Honorable Spiros Mantzavinos, Chair
Senate Banking, Business, Insurance & Technology Committee
Delaware State Senate
411 Legislative Avenue
Dover, DE 19901

Re: Ensuring PrEP Coverage to Prevent HIV in Delaware (House Substitute 1 for House Bill 200)

Dear Chair Mantzavinos and Members of the Senate Banking, Business, Insurance & Technology Committee:

The **HIV+Hepatitis Policy Institute** is a national organization dedicated to promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other chronic conditions. We strongly support the goal of House Substitute 1 for House Bill 200 to codify access to highly effective HIV prevention, known as pre-exposure prophylaxis (PrEP), for Delawareans at risk of HIV, particularly in light of ongoing federal uncertainty. We are encouraged by its passage in the House and its continued consideration in the Senate.

While we strongly support the bill's intent, we are concerned that certain provisions, if left unaddressed, could limit access to PrEP and fall short of current federal standards. To address these concerns, we recommend three targeted changes:

1. Clarifying the coverage standard to require all FDA-approved PrEP medications
2. Codifying the existing federal requirement to cover PrEP ancillary services
3. Restoring the original 2027 effective date

Because PrEP and its ancillary services are already required to be covered without cost sharing under the Affordable Care Act (ACA) and current federal guidance, these benefits should already be reflected in Delaware plan designs, and analyses of similar legislation in other states have found **no fiscal impact**.[1]

Recommendation 1: Explicitly Require Coverage of All FDA-Approved PrEP Medications
Reliance on a "medical necessity" standard introduces unnecessary ambiguity that could reduce access to newer PrEP options, including long-acting injectable PrEP, which may better meet the needs of certain PrEP users, particularly those who face adherence challenges with daily oral medications. Allowing individuals and their providers to choose the PrEP option that works best for them reflects current best practices in HIV prevention and is consistent with existing federal protections.

Explicitly requiring coverage of **"all FDA-approved PrEP medications"** is especially important at a time when federal preventive service requirements face ongoing legal and policy uncertainty. By codifying a clear standard that guarantees access to the full range of PrEP options, Delaware can ensure continuity of coverage regardless of potential federal changes and provide certainty for patients, providers, and public health programs. Several states, including California, Illinois, Minnesota, and Oregon, have already adopted this approach by requiring coverage of all FDA-approved PrEP medications without cost or utilization management barriers. The District of Columbia recently enacted legislation with the same coverage standard.

Further, the "medically necessary" coverage standard, if narrowly interpreted by insurers, could mean they cover less PrEP options than current federal law under the ACA.

- Under the ACA, insurers must cover without cost-sharing "A" and "B" rated preventive services by the U.S. Preventive Services Task Force (USPSTF) The USPSTF recommended PrEP with an "A" rating in 2019 (https://bit.ly/3GRsGtw) and updated this recommendation in 2023, which is not drug specific, to include evidence on new PrEP options including Descovy and Apretude, the first long-acting injectable (https://bit.ly/4lEL3Bd).
- In October 2024, the U.S. Departments of Labor, Health and Human Services and Treasury issued guidance confirming that **all** PrEP drugs and services must be covered without cost-sharing. In addition, it makes clear that **prior authorization is not allowed** for the purpose of steering PrEP users to a specific drug (https://bit.ly/3Uiv2EK)
- This means that at a minimum, at the time of the guidance, all plans must cover Truvada (or its therapeutic equivalent), Descovy and Apretude, and potentially all future PrEP drugs.
- The coverage by all major PBMs of Yeztugo, the new twice-yearly long-acting PrEP drug approved in June 2025 is a recognition that most payers are interpreting the ACA and the guidance to mean all PrEP drugs should be covered without cost-sharing and prior authorization.

Recommendation 2: Codifying Coverage of the Necessary Services to Receive PrEP
To be prescribed and safely stay on PrEP, a patient needs a combination of baseline and monitoring services, including laboratory testing, STI screening, and clinical visits. The USPSTF along with federal guidance issued by the U.S. Department of Labor in 2021 (FAQs about Affordable Care Act Implementation Part 47) clarifies that non-grandfathered health plans and issuers, including most Delaware-regulated plans, must cover the services that are integral to the provision of PrEP without cost-sharing. This guidance recognizes PrEP as a comprehensive preventive service that includes both the medication and the associated clinical services necessary to initiate and safely continue treatment.

If this bill were to pass without explicitly including these protections, and if the U.S. Preventive Services Task Force were to modify its recommendation, Delaware insurers could be required to cover PrEP medications but not the full set of services necessary for patients to access and safely remain on treatment.

We recommend codifying the existing federal standard by requiring coverage of "services related to administering the covered treatment." This approach is consistent with California law and would help ensure coverage includes necessary clinical visits, laboratory services, and other components required to initiate and maintain PrEP.

Recommendation 3: Restore the 2027 Effective Date
We also recommend restoring the bill's original effective date of January 1, 2027, as included in Senate Bill 200, rather than delaying implementation to 2028 plan years. Given ongoing legal and policy uncertainty surrounding federal preventive service requirements, this delay risks creating a gap in coverage protections if the USPSTF recommendation for PrEP were to change or be modified. Maintaining the earlier effective date would help ensure timely, continuous access to PrEP and avoid unnecessary disruption for patients and providers. Also, as mentioned before, Delaware insurers should already be covering these items and related services at no cost so there is no need for a delay.

For these reasons, we respectfully urge you to amend House Substitute 1 for House Bill 200 to explicitly require coverage of all FDA-approved PrEP medications without cost-sharing or utilization management, clarify the scope of covered services, and restore the original effective date. Doing so will ensure Delawareans have access to the full range of prevention tools needed to effectively reduce HIV transmission.

If you have any questions or need additional information, please contact our Government Affairs Manager, Zach Lynkiewicz, at zlynkiewicz@hivhep.org.

Thank you for your leadership and for your continued commitment to expanding access to HIV prevention in Delaware.

Sincerely,



Carl E. Schmid II
Executive Director

cc: **Committee on Banking, Business, Insurance & Technology**
Senator Marie Pinkney
Representative Nnamdi O. Chukwuocha

[1] https://lims.dccouncil.gov/downloads/LIMS/57282/Meeting1/Amendment/B26-0159-Amendment1.pdf?Id=231804