October 19, 2026

The Honorable Maura Healey
Governor of Massachusetts
Massachusetts State House
24 Beacon Street, Room 280
Boston MA 02133

Subject: Health Safety Net Coverage of HIV Pre-Exposure Prophylaxis (PrEP)

Dear Governor Healey:

We, the undersigned 31 organizations and 22 clinicians and providers, write to express our concern about recent changes to coverage of medications for the prevention of HIV in the Massachusetts Health Safety Net (HSN). This vital program is administered by MassHealth for lower-income un- or underinsured state residents who are not eligible for comprehensive insurance coverage. As community-based organizations, advocates, clinical providers, and public health practitioners working with people and communities affected by HIV, we know the urgency of access to HIV prevention for underserved populations.

Massachusetts has always led the nation in HIV prevention. Between 2000 and 2014, new HIV diagnoses in the Commonwealth fell by 47 percent, a decline that DPH and CDC researchers linked to MassHealth expansion, state health care reform, and public health efforts to widen access to care.[1] On July 9, 2026, you built on that record by signing into law historic legislation guaranteeing that people with state-regulated commercial insurance, Group Insurance Commission or MassHealth coverage can access any FDA-approved medication for pre-exposure prophylaxis (PrEP) without cost-sharing, prior authorization or step therapy. The law has been widely hailed as a national model.[2]

Massachusetts has also always led the nation in its commitment to a strong health care safety net, with the Health Safety Net functioning as a critical component of the state's health care system to ensure no resident is left without needed care. When you approved $77 million in relief for the HSN Trust Fund last year, Secretary Mahaniah said that HSN "represents the foundation of dignity in health care."[3]

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[1] Cranston K, John B, Fukuda HD, Randall LM, Mermin J, Mayer KH, DeMaria A Jr. Sustained Reduction in HIV Diagnoses in Massachusetts, 2000-2014. Am J Public Health. 2017 May;107(5):794-799. doi: 10.2105/AJPH.2017.303697. https://pmc.ncbi.nlm.nih.gov/articles/PMC5388961/

[2] Vishakh Unnikrishnan and Kirk Grisham, "State Strategies to Sustain HIV Prevention, Care and Treatment," Big Ideas, Center for HIV and Infectious Diseases Policy, O'Neill Institute for National and Global Health Law at Georgetown Law, September 2026. https://oneill.law.georgetown.edu/wp-content/uploads/2026/08/BigIdeas_39_Strategies_HIV_Prevention_Accessible.pdf

[3] Office of Governor Maura Healey and Lt. Governor Kim Driscoll, "Governor Healey Signs Bill Providing Critical Funding for Hospitals and Community Health Centers in Massachusetts," press release, September 22, 2025. https://www.mass.gov/news/governor-healey-signs-bill-providing-critical-funding-for-hospitals-and-community-health-centers-in-massachusetts

Since October 1, Massachusetts has fallen short of these long-standing commitments. Under a change announced in a Pharmacy Facts memo on September 8, HSN now reimburses only generic Truvada (emtricitabine/tenofovir disoproxil) and imposes prior authorization on all other PrEP drugs, including a newer daily oral, Descovy, and two long-acting injectable formulations, Apretude and Yeztugo. For emergency post-exposure prophylaxis, which must be taken within 72 hours of a potential exposure to HIV, HSN will now require prior authorization for Biktarvy (the only single-tablet regimen recommended for use as PEP) and Descovy (a common component of PEP).[4] When hours matter, any delay can mean a preventable HIV transmission.

The Pharmacy Facts memo notes that HSN coverage of long-acting injectable PrEP remains unchanged for drugs billed through the medical benefit. Allowing unrestricted coverage only through the medical benefit imposes a barrier on many smaller safety-net providers such as health centers and STI clinics, who face significant operational and financial hurdles to acquiring injectables through the medical benefit.[5]

We recognize that HSN is not insurance coverage and that the new PrEP legislation does not apply to it. But the Commonwealth has just written into statute that insured residents may face no "prior authorization, step therapy, or any other protocol that could restrict or delay" PrEP access.[6] It will now apply those very barriers to members of the most underserved communities in the state. **These changes will undermine the very prevention efforts PrEP coverage requirements were designed to advance**. They will leave underserved communities without access to long-acting PrEP options that help people for whom adherence to daily oral options is a challenge, whether due to stigma, housing insecurity, or pill burden. The consequences are already apparent: some Massachusetts providers are already reporting non-medical switching of PrEP users as well as discontinuations.

HSN coverage is of critical importance to communities affected by HIV. HIV diagnoses among non-US-born people in Massachusetts have risen by 39% between 2015 and 2024, and the non-US-born share of all diagnoses rose from 37% of people diagnosed in 2015 to 52% in 2024. In 2024, 71% of women diagnosed with HIV were born outside the United States.[7] Because many people born outside the United States are not eligible for traditional MassHealth or health insurance through the Health Connector, the Commonwealth's plans to bring the HIV epidemic to an end cannot succeed without meaningful access through HSN to HIV prevention, particularly in communities with large immigrant populations such as Brockton, Chelsea, East Boston, Lowell, Lynn, or Worcester.

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[4] MassHealth. *Pharmacy Facts*, No. 285, September 8, 2026. https://www.mass.gov/doc/pharmacy-facts-285-september-8-2026/download

[5] Amy Killelea, "Pharmacy Benefit vs. Medical Benefit: Deciphering Coverage Pathways for HIV Medications," Issue Brief, Center for HIV and Infectious Disease Policy, O'Neill Institute for National and Global Health Law at Georgetown Law, September 2026. https://oneill.law.georgetown.edu/wp-content/uploads/2026/09/IB-Pharmacy-vs-Medical-Killelea.pdf

[6] MGL c.118E, section 10AA. https://www.mass.gov/info-details/mass-general-laws-c118e-ss-10aa

[7] Commonwealth of Massachusetts. HIV/AIDS Epidemiologic Profile, Statewide Report – Data as of 7/1/2025. https://www.mass.gov/lists/hivaids-epidemiologic-profiles

We understand that the Commonwealth faces difficult choices to backstop shifts in federal funding, and that the Health Safety Net faces serious financial pressure. We applaud the Commonwealth for ensuring that people living with HIV who rely on HSN continue to have seamless access to the HIV treatments they need through the state's HIV Drug Assistance Program (HDAP). HIV prevention deserves the same protection and is the fiscally responsible choice. The average undiscounted lifetime cost of HIV treatment is $1.08 million, a cost that often falls heavily on state safety-net programs.[8]

We therefore urge you to direct EOHHS to:

- Rescind the October 1 changes to HSN coverage of HIV prevention medications and reimburse all FDA-approved medications prescribed as PrEP or PEP without cost-sharing, prior authorization, or step therapy, consistent with the protections for HIV prevention drugs you signed into law.
- Ensure that long-acting PrEP is available in the settings where people with HSN coverage receive their care, including by reimbursing injectable PrEP through the pharmacy benefit without cost-sharing or utilization management.

Massachusetts cannot end the HIV epidemic in the Commonwealth without providing barrier-free access to HIV prevention for people and communities who rely on the Health Safety Net.

If you have any questions, comments, or would like to discuss these issues further, please contact Kevin Herwig, Health Policy Director, HIV+Hepatitis Policy Institute at kherwig@hivhep.org or (617) 666-6634.

Sincerely,

AIDS Project Worcester
Association of Nurses in AIDS Care (ANAC), Boston Chapter
Boston Health Care for the Homeless Program
Center for Public Representation
Charles River Community Health, Inc.
Community Health Center of Cape Cod, Inc.
Community Health Programs, Inc. (CHP Berkshires)
Family Health Center of Worcester
Fenway Health
Health Imperatives
Health Law Advocates
Health Law Clinic, Suffolk University Law School
HIV+Hepatitis Policy Institute
Holyoke Health Center

[8] Bingham A, Shrestha RK, Khurana N, Jacobson EU, Farnham PG. Estimated Lifetime HIV-Related Medical Costs in the United States. Sex Transm Dis. 2021 Apr 1;48(4):299-304. doi: 10.1097/OLQ.0000000000001366. PMID: 33492100.

Justice Resource Institute
Latino Commission on AIDS
Legal Key Partnership for Health and Justice
Lowell Community Health Center
Lynn Health Task Force
Massachusetts Law Reform Institute (MLRI)
Massachusetts Transgender Political Coalition
Multicultural AIDS Coalition
NeighborHealth
New Bedford Community Health
North Shore Community Health
North Shore Health Project
Outer Cape Health Services
South Boston Community Health Center
Tapestry Health
Upham's Community Care
Victory Programs

Individual clinicians and providers (affiliations listed for identification purposes only):

James Apt	McInnis Health Group
Audriana Bannister	Cooley Dickinson Medical Group
Alexandra Berg MD	Cambridge Health Alliance
Philip Bolduc MD	Family Health Center Worcester
Emma Cosgrove BSN RN	Boston Health Care for the Homeless Program
Mark Eisenberg MD	Massachusetts General Hospital
Michele Ellis	Cambridge Health Alliance
Yakoubi Fatiha	Boston Health Care for the Homeless Program
Sabel Flynn RN BSN	Boston Health Care for the Homeless Program
Laura Gibau	Upham's Community Care
Marissa Hamrick MD	Upham's Community Care
Joanna Hawkins MPH	Boston Health Care for the Homeless Program
Douglas Krakower MD	Harvard Medical School
Beth Markens FNP-C	Cooley Dickinson Medical Group
Shea Nagle MD MPH	Boston Children's Hospital
Brandon J. Neal MPH MSN CNP FNP-C	NeighborHealth
Patti Parker NP	Program RISE/JRI
Alder Steinbauer RN BSN CARN ACRN	Holyoke Health Center
Elsie Valcourt	Cambridge Health Alliance
Jonah VanderMel	Cambridge Health Alliance
Gabriela van Veen RN	NeighborHealth
Gabriela Vargas MD MPH	Boston Children's Hospital

cc: Kiame Mahaniah, MD MBA, Secretary of Health and Human Services

Amy Rosenthal, MPA MPH, Undersecretary of Health and Human Services
Ryan Schwarz, MD MBA, Assistant Secretary for MassHealth
Robbie Goldstein, MD PhD, Commissioner, Department of Public Health (DPH)
Dawn Fukuda, ScM, Assistant Commissioner and Director, Bureau of Infectious Disease and Laboratory Sciences, DPH
Linda Goldman, MBA MSW, Director, Office of HIV/AIDS, DPH