Access to PrEP in Private Insurance: A Backgrounder for Stakeholders

Introduction

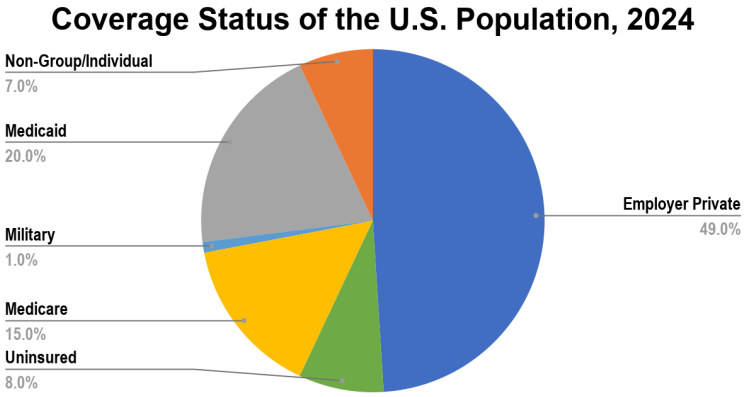
More than half of all Americans have private health insurance, either purchased directly or provided by an employer. Under current federal law, most people with private health insurance are entitled to coverage of preventive services for a broad range of health conditions, including pre-exposure prophylaxis (PrEP), to prevent HIV, without having to pay anything out of pocket. However, potential policy changes at the federal level could threaten this coverage.

This document describes how private insurance covers PrEP and how state policies could protect that coverage. It is intended to serve as a guide for stakeholders considering whether and how to advocate for new or revised protections at the state level. A related guide discusses approaches to protecting access to PrEP in Medicaid.[1]

Private Health Insurance in the United States

In the U.S., people get health insurance from a range of sources. Some have what's referred to as "public insurance," which is funded by the government. Public insurance includes Medicaid (for people with low incomes) and Medicare (for people aged 65 and older and those with disabilities).

Over half of Americans, however, have private coverage, buying their health insurance either from their employer (group coverage) or by purchasing it directly (individual or "non-group" coverage).



Based on 2024 data from Kaiser Family Foundation.[2]

Private Insurance Coverage of Preventive Services

The U.S. Preventive Services Task Force (USPSTF) is a group of medical experts that reviews existing evidence related to preventive screenings and interventions.[3] If the USPSTF finds that the evidence supports the use of a preventive service, it recommends it with an A or B rating. Under the Affordable Care Act (ACA), if the USPSTF recommends a preventive service with an A or B rating, most private health plans must cover that service and cannot charge members anything out of pocket for it – no deductible, coinsurance or copayment.[4]

Examples of Preventive Services Recommended by the USPSTF

The USPSTF currently recommends over 50 preventive services that prevent or detect a broad range of health conditions, including the recommendation for PrEP.[5] Other examples include:

- Screening for colorectal cancer in adults
- Screening for depression and suicide risk in children and adolescents
- Preventive interventions for perinatal and postpartum depression
- Statin use to prevent cardiovascular disease

The law also requires most private health insurance to cover all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and all women's and children's preventive services recommended by the Health Resources and Services Administration (HRSA), without any cost sharing.

Due to this requirement and to expansions of health insurance coverage, multiple studies have found that access to preventive services has increased since passage of the ACA.[6]

Private Insurance Coverage of PrEP

PrEP, or pre-exposure prophylaxis for the prevention of HIV, is one of the preventive services recommended by the USPSTF. As of June 2026, the FDA has approved four formulations of PrEP:

- Truvada (emtricitabine/tenofovir disoproxil fumarate, or TDF/FTC), oral, which is also available as a generic;
- Descovy (emtricitabine/tenofovir alafenamide, or TAF/FTC), oral;
- Apretude (cabotegravir), an injectable administered every 2 months; and
- Yeztugo (lenacapavir), an injectable administered every 6 months.

All are very effective at preventing the acquisition of HIV through sexual activity, reducing the risk of acquiring HIV by as much as 99% when used as prescribed.[7]

USPSTF issued an initial recommendation for PrEP in 2019.[8] They reaffirmed the recommendation in 2023 after an updated evidence review, which included published data on the three FDA-approved products available at the time – Truvada, Descovy and Apretude.[9]

The Department of Health and Human Services (HHS) has clarified that for PrEP, the requirement of coverage without cost sharing applies not only to the medication, but also to the "ancillary services" that are required for PrEP users, including baseline testing, ongoing monitoring, and office visits that are primarily for PrEP.[10]

Threats to Private Insurance Coverage of PrEP

Recent developments threaten the integrity of the USPSTF and, in turn, access to cost-free preventive services.

The preventive services coverage requirement of the ACA, and the PrEP requirement in particular, have already been challenged in court. Though the Supreme Court upheld the requirement in 2025, the Court noted that the Secretary of HHS can fire USPSTF members at will, and that he can review and block all new recommendations.[11]

Since that time, Secretary Robert F. Kennedy Jr. has cancelled multiple USPSTF meetings and let memberships expire, slowing work on multiple analyses.[12] On April 16, 2026, the Secretary told Congress that he does in fact

plan to overhaul the USPSTF, "bringing new members on who have a clear mission."[13] On May 11, Secretary Kennedy fired the two chairs of the panel.[14]

If a newly constituted Task Force eliminates the PrEP recommendation or downgrades it below a B, then under federal law, private insurance plans could stop covering it (immediately if the grade is D or lower, or after the plan year ends if the grade is a C).[15] Plans could also decide to continue coverage without cost-sharing, or to continue coverage but impose cost sharing.

States' Ability to Regulate Private Insurance

Even if the federal coverage requirement changes, insurers will still be subject to state coverage requirements where they exist. States can impose coverage mandates for many types of private insurance, including:

- Large employer plans when the employer contracts with an insurance company to provide coverage
- Marketplace plans (individual and small group ACA plans sold on a state or federal marketplace)
- Off-marketplace plans (ACA-compliant plans purchased outside the marketplace)
- Student health plans

Importantly, states *cannot* impose benefit requirements on large employer plans that are self-funded (in which employers pay for employees' health care rather than contracting with an insurance company).[16] A large portion of Americans are impacted: according to Kaiser Family Foundation's 2025 Employer Health Benefits Survey, "[s]ixty seven percent of covered workers [at firms with 10 or more employees], including 27% of covered workers at firms with 10 to 199 workers and 80% at larger firms, are enrolled in plans that are self funded."[17]

Though states cannot directly mandate benefits for self-funded plans, policymakers and advocates can work with large employers to garner support for continuing access to PrEP and other recommended preventive services.

Existing Examples of State Laws that Protect Access to PrEP

Nine states plus DC have already enacted laws that specifically mandate barrier-free coverage of PrEP across the private insurance plans that they can regulate.[18]

An optimal PrEP access law would reflect these key components of PrEP coverage:

- There should be zero cost-sharing obligations for the consumer, including for related labs and for office visits that are primarily for PrEP.
- Consumers should have access to all FDA-approved formulations of PrEP.
- Payers should not be able to use "utilization management" such as prior authorization or step therapy, unless a generic version of the specific PrEP drug is available without such restrictions.

In addition, whether by law or in practice, state Departments of Insurance and Medicaid agencies should conduct proactive education and rigorous enforcement to ensure access to coverage.

Some examples of current state law regarding private insurance coverage of PrEP include:

California: California law requires coverage of PrEP without cost-sharing and prohibits the use of prior authorization or step therapy unless the plan covers a therapeutically

equivalent alternative (i.e. a generic version) without prior authorization or step therapy. The California Department of Insurance has also published multiple guidances to clarify the scope of the PrEP coverage requirement to insurers.[19]

Washington, DC: A recently enacted law states that health plans "may not impose cost sharing, require prior authorization, or impose any medically unnecessary restrictions or delays for the coverage of HIV prevention services, PEP, or any formulation of PrEP."[20]

Resources

Deciding on next steps requires understanding the current policy landscape in your state.

1. Check if your state already has laws protecting access to PrEP in private insurance.

2. Identify current enforcement efforts by your state Department of Insurance.

- A new resource provides state-by-state information on laws mandating coverage of PrEP, USPSTF preventive services, and other categories of preventive services, in both private insurance and Medicaid. Available at https://pix-ta.org/policy-map/

3. Consider contacting your state's Department of Insurance to identify current efforts to enforce federal law (and state law, if applicable) regarding PrEP.

- A directory of state departments is available at https://content.naic.org/state-insurance-departments

Key Takeaways

- Current federal law requires most private insurance plans to cover PrEP and related visits and labs without cost sharing for their members.
- Changes underway in federal policy put this access at risk.
- Advocates can support new or revised laws at the state level to protect access to PrEP for many people with private insurance in the state.

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2. Kaiser Family Foundation, Health Insurance Coverage of the Total Population (2024). Available at https://www.kff.org/state-health-policy-data/state-indicator/total-population/
3. The USPSTF uses a letter-based grading system based on their review of the evidence: A (strongly recommend); B (recommend); C (no recommendation); D (not recommended); and I (insufficient evidence). See U.S. Preventive Services Task Force, "Grade Definitions" (2018). Available at https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/grade-definitions.
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