Protecting Access to HIV Prevention: Why States Should Act Now

Pre-Exposure Prophylaxis, or PrEP, is a highly effective way to reduce the risk of acquiring HIV. Under current federal law, most people with private insurance and many Medicaid enrollees have coverage for PrEP without having to pay any costs out of pocket. However, recent legal and political developments have highlighted risks to people's access to PrEP, as well as to other preventive services. Given this uncertainty, states should act now to enact or strengthen protections for PrEP coverage for their citizens.

Background

PrEP refers to antiviral medication that can be taken by people without HIV to reduce the risk of acquiring it. The FDA has approved four formulations of PrEP: Truvada, a pill, which is also available as a generic; Descovy, also a pill; Apretude, an injectable administered every 2 months; and Yeztugo, an injectable administered every 6 months. All are highly effective at preventing the acquisition of HIV through sexual activity, reducing risk by as much as 99% when used as prescribed.[1] PrEP also reduces the risk of acquiring HIV via injection drug use by an estimated 74%.[2] Because of its effectiveness in preventing new infections, PrEP is a crucial component of efforts to end the HIV epidemic in the United States.[3]

The U.S. Preventive Services Task Force (USPSTF) is a body of experts that reviews evidence related to preventive screenings and interventions.[4] The panel first recommended PrEP in 2019,[5] and affirmed the recommendation in 2023.[6] Under federal law, when the USPSTF recommends a service, most commercial health plans must cover that service, with no out-of-pocket costs for enrollees.[7] This coverage requirement also applies to low-income adults who became eligible for Medicaid through the Affordable Care Act (ACA) expansion.[8] Some state Medicaid programs also cover all recommended preventive services without cost-sharing for their entire Medicaid populations.[9]

For PrEP, coverage without cost sharing applies not only to the medication, but also to the additional services that PrEP users need, including lab tests and office visits.[10]

Why should states act now to protect PrEP access?

In a decision issued in 2025, the Supreme Court noted that the Secretary of HHS can fire USPSTF members at will, and that he can review and block all new recommendations.[11] The Secretary cannot unilaterally eliminate the PrEP recommendation or any other existing USPSTF recommendation, but he could hire new members who would make the changes he or the Administration would like to see. On April 16, 2026, HHS Secretary Robert F. Kennedy Jr. told Congress that he does in fact

plan to overhaul the USPSTF, "bringing new members on who have a clear mission."[12] On May 11, Secretary Kennedy fired the two chairs of the panel.[13]

Considering potential threats to the USPSTF, states can and should act now to bolster access to PrEP coverage. Doing so would preserve and clarify the access consumers have today and protect that access if changes at the federal level threaten coverage.

States have the power to impose benefit mandates for a broad set of private plans, including:

- Fully insured large employer plans
- 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

On the public insurance side, states can impose benefit requirements for state Medicaid programs, including both fee-for-service and managed care Medicaid, and for state employee health programs.

Background guides with further information on PrEP coverage in Medicaid and in private insurance are available online.[14,15]

Key Elements of Coverage

Some states already have PrEP coverage requirements in state law or regulations and may consider whether those existing laws need updating; other states may be creating new policies. Decisionmakers will need to address commercial insurance and Medicaid with different approaches. Overall, coverage for PrEP should reinforce and clarify existing coverage protections:

- 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 that restrict or delay access to PrEP.
- Departments of Insurance and Medicaid agencies should conduct proactive education and rigorous enforcement to ensure access to coverage.

These policies allow consumers and their prescribers to make the decision about what type of PrEP is most appropriate for them and prevent the barriers that can lead to delayed or missed opportunities for PrEP uptake.

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References

1. CDC, "Let's Stop HIV Together" (Updated Feb. 18, 2025). Available at https://www.cdc.gov/stophivtogether/hiv-prevention/prep.html; Anderer S. FDA Approves First Twice-Yearly PrEP for Long-Acting HIV Prevention. JAMA. 2025;334(6):477. doi:10.1001/jama.2025.10325.
2. *Id.*
3. HIV.Gov, "Ending the HIV Epidemic Overview" (Updated February 2026). Available at https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview
4. 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.
5. U.S. Preventive Services Task Force, "Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis" (June 2019). Available at http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis-june-2019.
6. U.S. Preventive Services Task Force 2023, *supra.*
7. Grandfathered health plans – those that are essentially the same as when the ACA passed in 2010 – are not subject to Section 2713 preventive services requirements. See https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-health-plans-provisions-summary-chart.pdf. In addition, some less regulated "junk plans" such as short-term, limited duration insurance, health-sharing ministries, association health plans and Farm Bureau plans are not subject to the preventive services coverage requirements. See National Health Law Program, "Buyers Beware: What Marketplace Shoppers Need to Know About Junk Insurance this Year" (October 31, 2025). Available at https://healthlaw.org/buyers-beware-what-marketplace-shoppers-need-to-know-about-junk-insurance-this-year/
8. 42 U.S.C. § 1396a(k)(1).42 U.S.C. § 1396u-7(b)(5); 42 U.S.C. § 18022(b)(1)(I); 42 C.F.R. § 440.347, 45 C.F.R. §§ 147.130, 156.115, 440.3.
9. 42 U.S.C. § 1396d(b)(5). See Lindsey Dawson, KFF, Medicaid and HIV (Mar. 27, 2023), https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/ (listing CA, CO, DE, HI, KY, LA, MA, MT, NH, NJ, NV, NY, OH, OR, WA, and WI).
10. "FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 47" (July 19, 2021). Available at https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-47.pdf
11. *Kennedy v. Braidwood Management* 606 U.S. ___ (2025). Opinion available https://www.supremecourt.gov/opinions/24pdf/24-316_869d.pdf.
12. Carmen Paun, "RFK Jr. will remake panel that determines which preventative services insurers must cover" Politico (April 16, 2026). Available at https://www.politico.com/live-updates/2026/04/16/congress/rfk-preventive-task-force-obamacare-insurance-00876202
13. Carmen Paun, "RFK Jr. fires leaders of group that determines what insurers must cover" Politico (May 20, 2026). Available at https://www.politico.com/news/2026/05/20/rfk-uspstf-preventive-care-task-force-00930447
14. Seiler N, Horton K, Dwyer G, et al., "Access to PrEP in Private Insurance: A Backgrounder for Stakeholders" (2026). Available at https://publichealth.gwu.edu/sites/g/files/zaxdzs4586/files/2026-08/ag2_8.26_reformat_access_to_preventive_services_in_private_insurance.pdf
15. Seiler N, Horton K, Dwyer G, et al., "Access to PrEP in Medicaid: A Backgrounder for Stakeholders" (2026). Available at https://publichealth.gwu.edu/sites/g/files/zaxdzs4586/files/2026-08/ag1_8.26_reformat_access_to_prep_in_medicaid.pdf