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To: Licensees of the Board of Registration in Nursing, the Board of Registration in Medicine, the Board of Registration in Pharmacy, and the Board of Registration of Physician Assistants

From: H. Dawn Fukuda, Assistant Commissioner, Director, Bureau of Infectious Disease and Laboratory Sciences
Dierdre Calvert, Director, Bureau of Substance Addiction Services
James Lavery, Director, Bureau of Health Professions Licensure
George Zachos, Executive Director, Board of Registration in Medicine

Date: April 1, 2026

Re: Strengthening HIV Prevention, Reducing Stigma, and Expanding PrEP Access

Dear Colleagues,

In Massachusetts, we have made significant strides to reduce new HIV infections and optimize health outcomes for our residents who are living with, or who are at risk for, HIV. However, this progress has not been equitable. Surveillance data for Massachusetts reveals profound disparities: the average HIV diagnosis rate for Black (non-Hispanic) residents is 11 times that of White residents, and for Hispanic residents, it is 5 times that of White residents.

Pre-Exposure Prophylaxis (PrEP) is 92% to 99% effective in preventing HIV infection and is the single greatest innovation in HIV biomedical prevention in decades, but it remains dramatically underutilized. While PrEP utilization has increased statewide, it remains lowest among the very populations most disparately impacted by new HIV infections—men who have sex with men, transgender individuals who have sex with men, persons who inject drugs, and non-US born women, and within these groups disparities are greatest for Black, non-Hispanic and Hispanic individuals.[1] Geographic barriers further compound these inequities, with access to

[1]Equity of PrEP uptake by race, ethnicity, sex and region in the United States in the first decade of PrEP: a population-based analysis, Sullivan, Patrick S. et al. The Lancet Regional Health – Americas, Volume 33, 100738 (link)

prevention services varying significantly across the Commonwealth, leaving many residents without adequate support.

To further reduce HIV infections and health disparities, we must collectively evolve our approach to biomedical HIV prevention in routine primary care. We are writing to ask for your partnership in four critical areas: 1) normalize conversations regarding sexual health and substance use; 2) actively dismantle HIV-related stigma within clinical settings; 3) expand low-barrier access to PrEP; and 4) enhance access to safer drug use supplies.

1. Normalizing the Conversation: Sexual Health and Substance Use

Routine screening is the foundation of prevention, yet sexual health and substance use assessments are often deferred due to time constraints, discomfort, or a lack of understanding regarding next steps for positive findings. DPH provides robust support for providers when assessments indicate a need for HIV care or substance use disorder (SUD) treatment.
We urge you to integrate a comprehensive sexual health and substance use history into routine annual visits for all adult and adolescent patients, regardless of perceived behavioral risk.

- **Ask everyone about sexual and substance use behaviors:** Assumptions based on age, presentation, or marital status can lead to missed diagnoses and missed opportunities for prevention and treatment.
- **Use the "5 Ps"** as a conversation guide**:** Partners, Practices, Protection from STIs, Past history of STIs, and Pregnancy intention. Ask about sexual and substance use behaviors, and recent HIV, viral hepatitis, and STI testing.
- **Address Substance Use:** Utilize a harm-reduction approach that creates a safe space for patients to disclose injection drug use behaviors without fear of negative judgment. This includes asking patients about sharing injection equipment, using drugs during sexual encounters, and exchange of sex for drugs, food, shelter, or other basic needs, all of which may place individuals at higher risk for HIV acquisition or transmission. People who inject drugs should be offered or prescribed sterile injection equipment and referred to a syringe service program. Patients with opioid use disorder should be offered or referred for treatment with medications for opioid use disorder that reduce risk of overdose and HIV transmission. Naloxone should be offered to all patients who inject drugs.

2. Reducing Stigma in the Healthcare Setting

Stigma remains the single greatest barrier to HIV prevention and timely access to care. Patients who fear judgment regarding their sexual orientation, gender identity, or substance use are less likely to seek HIV testing and preventive care such as PrEP. Provision of affirming care enables individuals to access prevention and care interventions in a timely manner, reduce risks for HIV infection, and protect the health of their partners and community members.

- **Audit Your Environment:** Ensure your intake forms, displays in waiting areas, and educational materials are inclusive of all gender identities and sexual orientations.

Download HIV and PrEP educational materials from the Massachusetts Health Promotion Clearinghouse.

- **Language Matters:** Train all staff—from the front desk to the exam room—in person-first, trauma-informed language and harm reduction approaches.
- **Build Trust:** When providers approach sensitive topics with compassion and cultural humility and without judgment, patients are more likely to return for follow-up care.

3. Building Capacity: Prescribing and Sustaining PrEP

PrEP is a powerful tool that remains underutilized in the Commonwealth, particularly among Black and Hispanic populations and people who inject drugs. We rely on providers to view PrEP not as a specialty intervention, but as a *standard preventive measure*, similar to prescribing statins for high cholesterol or contraception to those individuals who could benefit most.

- **Simplify Initiation:** We encourage "Same-Day PrEP" protocols where possible. This involves drawing labs and writing the prescription during the same visit, rather than waiting for results to return. For patients with no symptoms of acute HIV infection and no self-reported history of renal disease, it is clinically safe to initiate oral PrEP immediately. Removing barriers such as multiple appointments or waiting for lab test results can significantly increase uptake and reduce the window of vulnerability.
- **Diversify Options:** Familiarize your practice with the full range of PrEP options, including daily oral pills (Truvada and Descovy) and long-acting injectable formulations such as cabotegravir (Apretude) and lenacapavir (Yeztugo), which may be ideal for patients who struggle with daily adherence to oral medications. To successfully implement injectable PrEP, practices should establish clear administrative protocols for managing Prior Authorizations (PAs) and ensure nursing or medical assistant staff are trained in gluteal intramuscular injection techniques. DPH and our partners offer technical assistance to help your practice set up "buy-and-bill" or specialty pharmacy pathways for these medications.
- **Focus on Retention:** Initiating PrEP is a great start and follow up is also key to support and sustain adherence. Leverage existing clinical systems to support retention and monitoring, including follow-up laboratory monitoring and prescription refills. Normalize adherence discussions to help patients stay protected during periods of potential exposure.

4. Supporting Safer Drug Use: Access to Sterile Supplies

Access to sterile injection equipment is a proven, evidence-based strategy to prevent HIV and Hepatitis C transmission. Providing these supplies does not increase drug use; it saves lives.

- **Prescribe or Provide:** In Massachusetts, healthcare providers are authorized to prescribe or provide sterile hypodermic needles and syringes to patients. We encourage you to provide these directly or prescribe them to patients who inject drugs to ensure they have access to sterile equipment for every injection.

- **Ensure Safe Disposal:** Equip patients with personal sharps containers or inform patients where they can obtain them, and educate them on local disposal options (such as municipal drop boxes) to prevent community sharps injury.
- **Refer to Syringe Services:** Connect patients to local Syringe Services Programs (SSPs). These programs provide comprehensive harm reduction services, including free sterile supplies, naloxone, and linkage to treatment, in a non-judgmental environment.

Resources for Support and Training

The Massachusetts Department of Public Health offers robust resources to support your practice in these efforts:

- **Capacity Building:** IDTA@JSI - Infectious Disease Technical Assistance at John Snow Inc. - is an online resource for contracted infectious disease service providers in MA, and also includes publicly available resources and materials for all providers
- **Patient Navigation:** If your patient needs assistance paying for PrEP, or for help enrolling in health insurance coverage, contact the Massachusetts PrEP Drug Assistance Program (PrEPDAP) at prepdap@accesshealthma.org or by calling (617) 502-1700, option 4.
- **Syringe Service Programs (SSPs)**: Syringe Service Program Locator.
- For more information about prevention services for men who have sex with men, including PrEP, Post-Exposure Prophylaxis (PEP) and other prevention options, check out Care That Fits You.
- **Additional Resources**
    - HIV information for healthcare and public health professionals
    - HIV Pre-Exposure Prophylaxis (PrEP) information for providers

Other Resources:

- The New England AIDS Education and Training Center (NEAETC) offers high-quality trainings for clinical providers.
- The National Clinician Consultation Center runs a PrEPline for clinicians to obtain clinical consultation on HIV PrEP prescribing. You can contact them at (855) 448-7737 (855-HIV-PREP) from 9am to 8pm ET, Monday through Friday.
- CDC has published a toolkit, The Clinical Providers' Supplement for PrEP which contains tools for clinicians and other health care providers including patient/provider checklists, patient information sheets, and provider information sheets. Also available from CDC is a Clinicians Quick Guide to prescribing PrEP.
- The Center for Health Law and Policy Innovation at Harvard Law School has an FAQ document on Accessing PrEP in Massachusetts

Thank you for your continued dedication to the health of the Commonwealth. By normalizing these conversations and expanding access to biomedical HIV prevention, we can end the HIV epidemic in Massachusetts together.

Appendix: Practice Management and Billing Tips

To support the integration of HIV prevention into routine care, please review the following common billing codes. *Note: Coverage may vary by payer; MassHealth covers all USPSTF Grade A & B preventive services.*

ICD-10 Diagnosis Codes

- **Z29.81:** Encounter for HIV pre-exposure prophylaxis. *Note: This is a new primary code for PrEP visits; this helps ensure these visits are covered as preventive services, often with $0 copay for patients.*
- **Z20.6:** Contact with and (suspected) exposure to HIV.
- **Z11.4:** Encounter for screening for HIV.
- **Z72.5X:** High risk sexual behavior (Z72.51 Heterosexual, Z72.52 Homosexual, Z72.53 Bisexual).

CPT Procedure Codes

- **Evaluation & Management (E/M):** 99202–99215. *Tip: If >50% of the visit is spent on counseling/coordination of care regarding PrEP or sexual health, you may bill based on time.*
- **Preventive Medicine Counseling:** 99401–99404 (Risk reduction counseling, 15–60 mins).
- **HIV Screening:** 87389 (HIV-1/2 Ag/Ab combo), G0432/G0433/G0435 (Medicare specific).
- **STI Screening:** 87491 (Chlamydia), 87591 (Gonorrhea), 86592 (Syphilis/RPR).