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Prescription Benefits for HIV Prevention Drugs Pursuant to Chapter 137 of the Acts of 2026 Filing Guidance Notice 2026-N

TO: Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts ("Carriers")

FROM: Kevin Beagan, Deputy Commissioner, Health Care Access Bureau

DATE: November 12, 2026

RE: Prescription Benefits for HIV Prevention Drugs

The Division of Insurance ("Division") distributes this Filing Guidance Notice 2026-N to inform insured health carriers ("Carriers") regarding the filing requirements associated with Chapter 137 of the Acts of 2026 ("Chapter 137"; Sections 77, 81-83), which amended Massachusetts laws to add M.G.L. c. 175, § 47DDD; M.G.L. c. 176A, § 8EEE; M.G.L. c. 176B, § 4EEE; and M.G.L. c. 176G, § 4WW. These sections establish requirements for human immunodeficiency virus ("HIV") prevention drug coverage requiring carriers to modify their systems, where necessary, to comply with Chapter 137 in insured health benefit plans issued or renewed within or without Massachusetts.

This Filing Guidance supplements information included in Bulletin 2021-09 ("HIV PrEP Preventive Health Service Coverage"), which pertained to Carrier compliance with federal guidance on coverage requirements for preexposure prophylaxis ("PrEP") with effective antiretroviral therapy for persons who are at high risk of HIV acquisition, pursuant to Public Health Service Act § 2713. Effective antiretroviral therapy for preventing HIV currently includes both daily oral PrEP and long-acting injectables.

Definitions

Within Chapter 137, the following terms are as defined as follows:

> "Cost sharing", a deductible, coinsurance, copayment and any maximum limitation on the application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

"Health care provider", as defined in section 1 of chapter 111.

"HIV", human immunodeficiency virus.

"HIV prevention drug", any pre-exposure prophylaxis drug approved for the prevention of HIV by the federal Food and Drug Administration, including any ancillary or support health service determined by the secretary of health and human services to be necessary to:

(i) ensure that a drug is prescribed or administered to a person who is not infected with HIV and has no medical contraindications to the use of a drug; and

(ii) monitor a person to ensure the safe and effective ongoing use of a drug through:

(A) office visits;

(B) laboratory testing;

(C) testing for a sexually transmitted infection;

(D) medication self-management and adherence counseling; or

(E) any other health service specified as part of comprehensive HIV prevention drug services by the U.S. Department of Health and Human Services, the federal Centers for Disease Control and Prevention, the United States Preventive Services Task Force or an equivalent state-authorized body with responsibility to identify health services that are components of comprehensive HIV prevention drug services.

Statutory Requirements

The statutory requirements apply to the following products, as specifically set forth in Chapter 137, respectively:

- M.G.L. c. 175, § 47DDD: accident and sickness policies described in § 108 that provide hospital expense and surgical expense insurance that is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the Commonwealth, and group blanket or general policies issued under § 110 that provides hospital expense and surgical expense insurance that is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the Commonwealth;
- M.G.L. c. 176A, § 8EEE: contracts between a subscriber and the corporation under an individual or group hospital service plan that provides hospital and surgical expense insurance, other than contracts providing supplemental coverage to Medicare or other governmental programs, that is delivered, issued or renewed by agreement between the insurer and the policyholder, within or without the Commonwealth;
- M.G.L. c. 176B, § 4EEE: subscription certificates under an individual or group medical service agreement, except certificates that provide supplemental coverage to Medicare or other governmental programs, issued, delivered or renewed, within or without the Commonwealth; and
- M.G.L. c. 176G, § 4WW: an individual or group health maintenance contract that is issued, delivered or renewed, within or without the Commonwealth

The respective provisions of Chapter 137 state that a policy, contract, certificate, or health maintenance

contract that provides coverage for any HIV prevention drug shall not require any: (i) patient cost sharing; or (ii) prior authorization, step therapy or any other protocol that could restrict or delay the dispensing of any HIV prevention drug.

The law further requires that a policy, contract, certificate, or health maintenance contract that provides coverage for any HIV preventing drug shall not refuse, reject or deny a prescription for any covered HIV prevention drug on the basis of the type of health care provider issuing the prescription for an HIV prevention drug or the venue or practice setting of the health care provider issuing the prescription, as long as the health care provider that is prescribing the HIV prevention drugs is properly licensed to prescribe medications.

In connection with the statutory requirements, the Division expects Carriers to provide clear information about coverage for HIV PrEP care within Evidence of Coverage materials to persons covered within Massachusetts-issued insured health plans, as well as to Massachusetts residents covered under insured health plans issued outside the state by Carriers licensed in Massachusetts.

Filing Requirements

As required under 211 CMR 52.05(7), for coverage that is offered, issued, or renewed in Massachusetts, Carriers are to submit material change documents, including but not limited to any amendments to utilization review documents that may be necessary and amendments to Carrier's Evidence of Coverage as described in 211 CMR 52.05(4)(j). Please forward all form filings to update the Evidence of Coverage on file to be consistent with the provisions of Chapter 137.

Carriers Acting as Administrators

When Carriers are acting as administrators for employment-sponsored non-insured health benefit plans, the Division expects Carriers to encourage plan sponsors to take steps that are consistent with this Filing Guidance Notice 2026-N.

If you have any questions about Filing Guidance Notice 2026-N, please contact me at kevin.beagan@mass.gov.