

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 7853

To increase access to pre-exposure prophylaxis to reduce the transmission of HIV.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 2026

Mr. TAKANO (for himself, Mr. POCAN, and Ms. BALINT) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Government Reform, Ways and Means, Veterans' Affairs, Armed Services, Natural Resources, Financial Services, and Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To increase access to pre-exposure prophylaxis to reduce the transmission of HIV.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “PrEP Access and Cov-  
5 erage Act of 2026”.

1 **SEC. 2. SENSE OF CONGRESS.**

2 It is the sense of Congress that the Department of  
3 Labor, the Department of Health and Human Services,  
4 and the Department of the Treasury should ensure com-  
5 pliance with the requirements described in this Act.

6 **SEC. 3. COVERAGE REQUIREMENTS.**

7 (a) PRIVATE INSURANCE.—

8 (1) IN GENERAL.—Section 2713(a) of the Pub-  
9 lic Health Service Act (42 U.S.C. 300gg–13(a)) is  
10 amended—

11 (A) in paragraph (2), by striking “; and”  
12 and inserting a semicolon;

13 (B) in paragraph (3), by striking the pe-  
14 riod and inserting a semicolon;

15 (C) in paragraph (4), by striking the pe-  
16 riod and inserting “; and”;

17 (D) by striking paragraph (5);

18 (E) by adding at the end the following:

19 “(5) any prescription drug approved by the  
20 Food and Drug Administration used for the preven-  
21 tion of HIV (other than a drug subject to  
22 preauthorization requirements consistent with sec-  
23 tion 2729A–11), administrative fees for such drugs,  
24 laboratory and other diagnostic procedures associ-  
25 ated with the use of such drugs, and clinical follow-  
26 up and monitoring, including any related services

1 recommended in current United States Public  
2 Health Service clinical practice guidelines, including  
3 policy notes updating those guidelines, without limi-  
4 tation.”; and

5 (F) by adding at the end of the flush text  
6 at the end the following: “For the purposes of  
7 this Act, and for the purposes of any other pro-  
8 vision of law, the current recommendations of  
9 the United States Preventive Service Task  
10 Force regarding breast cancer screening, mam-  
11 mography, and prevention shall be considered  
12 the most current other than those issued in or  
13 around November 2009.”.

14 (2) GRANDFATHERED PLANS.—Section  
15 1251(a)(4) of the Patient Protection and Affordable  
16 Care Act (42 U.S.C. 18011(a)(4)) is amended by  
17 adding at the end the following:

18 “(v) Section 2713(a)(5) (relating to  
19 coverage without cost-sharing for prescrip-  
20 tion drugs for the prevention of HIV).”.

21 (3) PROHIBITION ON PREAUTHORIZATION RE-  
22 QUIREMENTS.—

23 (A) PHSA.—Part D of title XXVII of the  
24 Public Health Service Act (42 U.S.C. 300gg–

1           111 et seq.) is amended by adding at the end  
2           the following:

3   **“SEC. 2799A-12. PROHIBITION ON PREAUTHORIZATION RE-**  
4                   **QUIREMENTS WITH RESPECT TO CERTAIN**  
5                   **SERVICES.**

6           “A group health plan or a health insurance issuer of-  
7   fering group or individual health insurance coverage shall  
8   not impose any preauthorization requirements with re-  
9   spect to coverage of the services described in section  
10 2713(a)(5), except that a plan or issuer may impose  
11 preauthorization requirements with respect to coverage of  
12 a particular drug approved under section 505(c) of the  
13 Federal Food, Drug, and Cosmetic Act or section 351(a)  
14 of this Act if such plan or issuer provides coverage without  
15 any preauthorization requirements for a drug that is ther-  
16 apeutically equivalent.”.

17                   (B) ERISA.—

18                   (i) IN GENERAL.—Subpart B of part  
19                   7 of subtitle B of title I of the Employee  
20                   Retirement Income Security Act of 1974  
21                   (29 U.S.C. 1185 et seq.) is amended by  
22                   adding at the end the following:

1 **“SEC. 727. PROHIBITION ON PREAUTHORIZATION REQUIRE-**  
 2 **MENTS WITH RESPECT TO CERTAIN SERV-**  
 3 **ICES.**

4 “A group health plan or a health insurance issuer of-  
 5 fering group health insurance coverage shall not impose  
 6 any preauthorization requirements with respect to cov-  
 7 erage of the services described in section 2713(a)(5) of  
 8 the Public Health Service Act, except that a plan or issuer  
 9 may impose preauthorization requirements with respect to  
 10 coverage of a particular drug approved under section  
 11 505(c) of the Federal Food, Drug, and Cosmetic Act or  
 12 section 351(a) of the Public Health Service Act if such  
 13 plan or issuer provides coverage without any  
 14 preauthorization requirements for a drug that is thera-  
 15 peutically equivalent.”.

16 (ii) CLERICAL AMENDMENT.—The  
 17 table of contents in section 1 of the Em-  
 18 ployee Retirement Income Security Act of  
 19 1974 (29 U.S.C. 1001 et seq.) is amended  
 20 by inserting after the item relating to sec-  
 21 tion 726 the following new item:

“Sec. 727. Prohibition on preauthorization requirements with respect to certain services.”.

22 (C) IRC.—

23 (i) IN GENERAL.—Chapter 100 of the  
 24 Internal Revenue Code of 1986 is amended

1 by adding at the end of subchapter B the  
2 following:

3 **“SEC. 9827. PROHIBITION ON PREAUTHORIZATION RE-**  
4 **QUIREMENTS WITH RESPECT TO CERTAIN**  
5 **SERVICES.**

6 “A group health plan shall not impose any  
7 preauthorization requirements with respect to coverage of  
8 the services described in section 2713(a)(5) of the Public  
9 Health Service Act, except that a plan may impose  
10 preauthorization requirements with respect to coverage of  
11 a particular drug approved under section 505(c) of the  
12 Federal Food, Drug, and Cosmetic Act or section 351(a)  
13 of the Public Health Service Act if such plan provides cov-  
14 erage without any preauthorization requirements for a  
15 drug that is therapeutically equivalent.”.

16 (ii) CLERICAL AMENDMENT.—The  
17 table of sections for subchapter B of chap-  
18 ter 100 of the Internal Revenue Code of  
19 1986 is amended by adding at the end the  
20 following new item:

“Sec. 9827. Prohibition on preauthorization requirements with respect to cer-  
tain services.”.

21 (b) COVERAGE UNDER FEDERAL EMPLOYEES  
22 HEALTH BENEFITS PROGRAM.—Section 8904 of title 5,  
23 United States Code, is amended by adding at the end the  
24 following:

1       “(c) Any health benefits plan offered under this chap-  
2 ter shall include benefits for, and may not impose any  
3 cost-sharing requirements for any prescription drug ap-  
4 proved by the Food and Drug Administration used for the  
5 prevention of HIV, administrative fees for such drugs, lab-  
6 oratory and other diagnostic procedures associated with  
7 the use of such drugs, and clinical follow-up and moni-  
8 toring, including any related services recommended in cur-  
9 rent United States Public Health Service clinical practice  
10 guidelines, including policy notes updating those guide-  
11 lines, without limitation.”.

12       (c) MEDICAID.—

13           (1) IN GENERAL.—Section 1905 of the Social  
14 Security Act (42 U.S.C. 1396d) is amended by—

15           (A) in subsection (a)(4), by striking the  
16 semicolon at the end and inserting “; and (G)  
17 HIV prevention services;”; and

18           (B) by adding at the end the following new  
19 subsection:

20       “(ll) HIV PREVENTION SERVICES.—For purposes of  
21 subsection (a)(4)(G), the term ‘HIV prevention services’  
22 means all prescription drugs used for the prevention of  
23 HIV acquisition, administrative fees for such drugs, lab-  
24 oratory and other diagnostic procedures associated with  
25 the use of such drugs, and clinical follow-up and moni-

1 toring, including any related services recommended in cur-  
2 rent United States Public Health Service clinical practice  
3 guidelines, including policy notes updating those guide-  
4 lines without limitation.”.

5 (2) NO COST-SHARING.—Title XIX of the So-  
6 cial Security Act (42 U.S.C. 1396 et seq.) is amend-  
7 ed—

8 (A) in section 1916, by inserting “HIV  
9 prevention services described in section  
10 1905(a)(4)(G),” after “section 1905(a)(4)(C),”  
11 each place it appears; and

12 (B) in section 1916A(b)(3)(B), by adding  
13 at the end the following new clause:

14 “(xv) HIV prevention services de-  
15 scribed in section 1905(a)(4)(G).”.

16 (3) INCLUSION IN BENCHMARK COVERAGE.—  
17 Section 1937(b)(7) of the Social Security Act (42  
18 U.S.C. 1396u–7(b)(7)) is amended—

19 (A) in the paragraph heading, by inserting  
20 “AND HIV PREVENTION SERVICES” after “SUP-  
21 PLIES”; and

22 (B) by striking “includes for any individual  
23 described in section 1905(a)(4)(C), medical as-  
24 sistance for family planning services and sup-  
25 plies in accordance with such section” and in-

1           serting “includes medical assistance for HIV  
2           prevention services described in section  
3           1905(a)(4)(G), and includes, for any individual  
4           described in section 1905(a)(4)(C), medical as-  
5           sistance for family planning services and sup-  
6           plies in accordance with such section”.

7           (d) CHIP.—

8           (1) IN GENERAL.—Section 2103 of the Social  
9           Security Act (42 U.S.C. 1397cc) is amended—

10           (A) in subsection (a), in the matter pre-  
11           ceding paragraph (1), by striking “and (8)”  
12           and inserting “(8), and (13)”; and

13           (B) in subsection (c), by adding at the end  
14           the following new paragraph:

15           “(13) HIV PREVENTION SERVICES.—Regard-  
16           less of the type of coverage elected by a State under  
17           subsection (a), the child health assistance provided  
18           for a targeted low-income child, and, in the case of  
19           a State that elects to provide pregnancy-related as-  
20           sistance pursuant to section 2112, the pregnancy-re-  
21           lated assistance provided for a targeted low-income  
22           pregnant woman (as such terms are defined for pur-  
23           poses of such section), shall include coverage of HIV  
24           prevention services (as defined in section 1905(ll)).”.

1           (2) NO COST-SHARING.—Section 2103(e)(2) of  
2 the Social Security Act (42 U.S.C. 1397cc(e)(2)) is  
3 amended—

4           (A) in the paragraph heading, by inserting  
5 “HIV PREVENTION SERVICES,” after “TREAT-  
6 MENT,”; and

7           (B) by inserting “HIV prevention services  
8 described in subsection (c)(13),” before “or for  
9 pregnancy-related assistance”.

10          (3) EFFECTIVE DATE.—

11           (A) IN GENERAL.—Subject to subpara-  
12 graph (B), the amendments made by subsection  
13 (c) and this subsection shall take effect on Jan-  
14 uary 1, 2027.

15           (B) DELAY PERMITTED IF STATE LEGISLA-  
16 TION REQUIRED.—In the case of a State plan  
17 approved under title XIX or XXI of the Social  
18 Security Act which the Secretary of Health and  
19 Human Services determines requires State leg-  
20 islation (other than legislation appropriating  
21 funds) in order for the plan to meet the addi-  
22 tional requirements imposed by this section, the  
23 State plan shall not be regarded as failing to  
24 comply with the requirements of such title sole-  
25 ly on the basis of the failure of the plan to meet

1           such additional requirements before the 1st day  
 2           of the 1st calendar quarter beginning after the  
 3           close of the 1st regular session of the State leg-  
 4           islature that ends after the 1-year period begin-  
 5           ning with the date of enactment of this section.  
 6           For purposes of the preceding sentence, in the  
 7           case of a State that has a 2-year legislative ses-  
 8           sion, each year of the session is deemed to be  
 9           a separate regular session of the State legisla-  
 10          ture.

11           (e) COVERAGE AND ELIMINATION OF COST-SHARING  
 12          UNDER MEDICARE.—

13                   (1) COVERAGE OF HIV PREVENTION SERVICES  
 14          UNDER PART B.—

15                           (A) COVERAGE.—

16                                   (i) IN GENERAL.—Section 1861(s)(2)  
 17                                   of the Social Security Act (42 U.S.C.  
 18                                   1395x(s)(2)) is amended—

19   (I) in subparagraph (JJ), by  
 20   striking “and” at the end;

21   (II) in subparagraph (KK), by  
 22   inserting “and” at the end; and

23   (III) by adding at the end the  
 24   following new subparagraph:

1           “(LL) HIV prevention services (as defined  
2           in subsection (ooo));”.

3           (ii) DEFINITION.—Section 1861 of  
4           the Social Security Act (42 U.S.C. 1395x)  
5           is amended by adding at the end the fol-  
6           lowing new subsection:

7           “(ooo) HIV PREVENTION SERVICES.—The term  
8           ‘HIV prevention services’ means—

9           “(1) drugs or biologicals approved by the Food  
10          and Drug Administration for the prevention of HIV;

11          “(2) administrative fees for such drugs;

12          “(3) laboratory and other diagnostic procedures  
13          associated with the use of such drugs; and

14          “(4) clinical follow-up and monitoring, including  
15          any related services recommended in current United  
16          States Public Health Service clinical practice guide-  
17          lines, including policy notes updating those guide-  
18          lines, without limitation.”.

19          (B) ELIMINATION OF COINSURANCE.—Sec-  
20          tion 1833(a)(1) of the Social Security Act (42  
21          U.S.C. 1395l(a)(1)) is amended—

22                 (i) by striking “and (HH)” and in-  
23                 serting “(HH)”; and

24                 (ii) by inserting before the semicolon  
25                 at the end the following: “, and (II) with

1 respect to HIV prevention services (as de-  
2 fined in section 1861(ooo)), the amount  
3 paid shall be 100 percent of (i) except as  
4 provided in clause (ii), the lesser of the ac-  
5 tual charge for the service or the amount  
6 determined under the fee schedule that ap-  
7 plies to such services under this part, and  
8 (ii) in the case of such services that are  
9 covered OPD services (as defined in sub-  
10 section (t)(1)(B)), the amount determined  
11 under subsection (t)”.

12 (C) EXEMPTION FROM PART B DEDUCT-  
13 IBLE.—The first sentence of section 1833(b) of  
14 the Social Security Act (42 U.S.C. 1395l(b)) is  
15 amended—

16 (i) by striking “, and (13)” and in-  
17 serting “(13)”; and

18 (ii) by striking “1861(n).” and in-  
19 serting “1861(n), and (14) such deductible  
20 shall not apply with respect to HIV pre-  
21 vention services (as defined in section  
22 1861(ooo)(1)).”.

23 (D) EFFECTIVE DATE.—The amendments  
24 made by this paragraph shall apply to items

1 and services furnished on or after January 1,  
2 2027.

3 (2) ELIMINATION OF COST-SHARING FOR  
4 DRUGS FOR THE PREVENTION OF HIV UNDER PART  
5 D.—

6 (A) IN GENERAL.—Section 1860D–2 of  
7 the Social Security Act (42 U.S.C. 1395w–102)  
8 is amended—

9 (i) in subsection (b)—

10 (I) in paragraph (1)(A), by strik-  
11 ing “and (9)” and inserting “, (9),  
12 and (10)”;

13 (II) in paragraph (2)—

14 (aa) in subparagraph (A),  
15 by striking “and (9)” and insert-  
16 ing “, (9), and (10)”;

17 (bb) in subparagraph (C)(i),  
18 in the matter preceding subclause  
19 (I), by striking “and (9)” and in-  
20 serting “(9), and (10)”;

21 (cc) in subparagraph (D)(i),  
22 in the matter preceding subclause  
23 (I), by striking “and (9)” and in-  
24 serting “(9), and (10)”;

1 (III) in paragraph (3)(A), in the  
2 matter preceding clause (i), by strik-  
3 ing “and (9)” and inserting “(9), and  
4 (10)”;

5 (IV) in paragraph (4)(A)(i), by  
6 striking “and (9)” and inserting “,  
7 (9), and (10)”;

8 (V) by adding at the end the fol-  
9 lowing new paragraph:

10 “(10) ELIMINATION OF COST-SHARING FOR  
11 DRUGS FOR THE PREVENTION OF HIV.—For plan  
12 years beginning on or after January 1, 2027, with  
13 respect to a covered part D drug that is for the pre-  
14 vention of HIV—

15 “(A) the deductible under paragraph (1)  
16 shall not apply; and

17 “(B) there shall be no coinsurance or other  
18 cost-sharing under this part with respect to  
19 such drug.”; and

20 (ii) in subsection (c), by adding at the  
21 end the following new paragraph:

22 “(7) TREATMENT OF COST-SHARING FOR  
23 DRUGS FOR THE PREVENTION OF HIV.—The cov-  
24 erage is provided in accordance with subsection  
25 (b)(10).”.

1 (B) CONFORMING AMENDMENTS TO COST-  
2 SHARING FOR LOW-INCOME INDIVIDUALS.—Sec-  
3 tion 1860D–14(a) of the Social Security Act  
4 (42 U.S.C. 1395w–114(a)) is amended—

5 (i) in paragraph (1)(D), in each of  
6 clauses (ii) and (iii), by striking “para-  
7 graph (6)” and inserting “paragraphs (6)  
8 and (7)”;

9 (ii) in paragraph (2)—

10 (I) in subparagraph (B), by  
11 striking “and (9)” and inserting “,  
12 (9), and (10)”;

13 (II) in subparagraph (D), by  
14 striking “paragraph (6)” and insert-  
15 ing “paragraphs (6) and (7)”;

16 (III) in subparagraph (E), by  
17 striking “paragraph (6)” and insert-  
18 ing “paragraphs (6) and (7)”;

19 (iii) by adding at the end the fol-  
20 lowing new paragraph:

21 “(7) NO APPLICATION OF COST-SHARING OR  
22 DEDUCTIBLE FOR DRUGS FOR THE PREVENTION OF  
23 HIV.—For plan years beginning on or after January  
24 1, 2027, with respect to a covered part D drug that  
25 is for the prevention of HIV—

1           “(A) the deductible under section 1860D–  
2           2(b)(1) shall not apply; and

3           “(B) there shall be no cost-sharing under  
4           this section with respect to such drug.”.

5           (f) COVERAGE OF HIV PREVENTION TREATMENT BY  
6           DEPARTMENT OF VETERANS AFFAIRS.—

7           (1) ELIMINATION OF MEDICATION COPAY-  
8           MENTS.—Section 1722A(a) of title 38, United  
9           States Code, is amended by adding at the end the  
10          following new paragraph:

11          “(5) Paragraph (1) does not apply to a medication  
12          for the prevention of HIV.”.

13          (2) ELIMINATION OF HOSPITAL CARE AND MED-  
14          ICAL SERVICES COPAYMENTS.—Section 1710 of such  
15          title is amended—

16                 (A) in subsection (f)—

17                         (i) by redesignating paragraph (5) as  
18                         paragraph (6); and

19                         (ii) by inserting after paragraph (4)  
20                         the following new paragraph (5):

21          “(5) A veteran shall not be liable to the United States  
22          under this subsection for any amounts for laboratory and  
23          other diagnostic procedures associated with the use of any  
24          prescription drug approved by the Food and Drug Admin-  
25          istration and used for the prevention of HIV, administra-

1 tive fees for such a drug, or clinical follow-up and moni-  
2 toring, including any related services recommended in cur-  
3 rent United States Public Health Service clinical practice  
4 guidelines, including policy notes updating those guide-  
5 lines, without limitation.”; and

6 (B) in subsection (g)(3), by adding at the  
7 end the following new subparagraph:

8 “(C) Any prescription drug approved by the  
9 Food and Drug Administration and used for the  
10 prevention of HIV, administrative fees for such a  
11 drug, laboratory and other diagnostic procedures as-  
12 sociated with the use of such a drug, and clinical fol-  
13 low-up and monitoring, including any related serv-  
14 ices recommended in current United States Public  
15 Health Service clinical practice guidelines, including  
16 policy notes updating those guidelines, without limi-  
17 tation.”.

18 (3) INCLUSION AS PREVENTIVE HEALTH SERV-  
19 ICE.—Section 1701(9) of such title is amended—

20 (A) in subparagraph (K), by striking “;  
21 and” and inserting a semicolon;

22 (B) by redesignating subparagraph (L) as  
23 subparagraph (M); and

24 (C) by inserting after subparagraph (K)  
25 the following new subparagraph (L):

1           “(L) any prescription drug approved by  
2           the Food and Drug Administration and used  
3           for the prevention of HIV, administrative fees  
4           for such a drug, laboratory and other diagnostic  
5           procedures associated with the use of such a  
6           drug, and clinical follow-up and monitoring, in-  
7           cluding any related services recommended in  
8           current United States Public Health Service  
9           clinical practice guidelines, including policy  
10          notes updating those guidelines, without limita-  
11          tion; and”.

12          (g) COVERAGE OF HIV PREVENTION TREATMENT BY  
13          DEPARTMENT OF DEFENSE.—

14                 (1) IN GENERAL.—Chapter 55 of title 10,  
15          United States Code, is amended by inserting after  
16          section 1074o the following new section:

17          **“§ 1074p. Coverage of HIV prevention treatment**

18                 “(a) IN GENERAL.—The Secretary of Defense shall  
19          ensure coverage under the TRICARE program of HIV  
20          prevention treatment described in subsection (b) for any  
21          beneficiary under section 1074(a) of this title.

22                 “(b) HIV PREVENTION TREATMENT DESCRIBED.—  
23          HIV prevention treatment described in this subsection in-  
24          cludes any prescription drug approved by the Food and  
25          Drug Administration and used for the prevention of HIV,

1 administrative fees for such a drug, laboratory and other  
 2 diagnostic procedures associated with the use of such a  
 3 drug, and clinical follow-up and monitoring, including any  
 4 related services recommended in current United States  
 5 Public Health Service clinical practice guidelines, includ-  
 6 ing policy notes updating those guidelines, without limita-  
 7 tion.

8 “(c) NO COST-SHARING.—Notwithstanding section  
 9 1075, 1075a, or 1074g(a)(6) of this title or any other pro-  
 10 vision of law, there is no cost-sharing requirement for HIV  
 11 prevention treatment covered under this section.”.

12 (2) CLERICAL AMENDMENT.—The table of sec-  
 13 tions at the beginning of such chapter is amended  
 14 by inserting after the item relating to section 1074o  
 15 the following new item:

“1074p. Coverage of HIV prevention treatment.”.

16 (h) INDIAN HEALTH SERVICE TESTING, MONI-  
 17 TORING, AND PRESCRIPTION DRUGS FOR THE PREVEN-  
 18 TION OF HIV.—Title II of the Indian Health Care Im-  
 19 provement Act is amended by inserting after section 223  
 20 (25 U.S.C. 1621v) the following:

21 **“SEC. 224. TESTING, MONITORING, AND PRESCRIPTION**  
 22 **DRUGS FOR THE PREVENTION OF HIV.**

23 “(a) IN GENERAL.—The Secretary, acting through  
 24 the Director of HIV/AIDS Prevention and Treatment  
 25 under section 832, shall provide, without limitation, fund-

1 ing for any prescription drug approved by the Food and  
2 Drug Administration for the prevention of human im-  
3 munodeficiency virus (commonly known as ‘HIV’), admin-  
4 istrative fees for that drug, laboratory and other diag-  
5 nostic procedures associated with the use of that drug, and  
6 clinical follow-up and monitoring, including any related  
7 services recommended in current Public Health Service  
8 clinical practice guidelines, including policy notes updating  
9 those guidelines.

10 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated such sums as are nec-  
12 essary to carry out this section.”.

13 (i) EFFECTIVE DATE.—The amendments made by  
14 subsections (a), (b), (e), (f), (g), and (h) shall take effect  
15 with respect to plan years beginning on or after January  
16 1, 2027.

17 **SEC. 4. PROHIBITION ON DENIAL OF COVERAGE OR IN-**  
18 **CREASE IN PREMIUMS OF LIFE, DISABILITY,**  
19 **OR LONG-TERM CARE INSURANCE FOR INDI-**  
20 **VIDUALS TAKING MEDICATION FOR THE PRE-**  
21 **VENTION OF HIV ACQUISITION.**

22 (a) PROHIBITION.—Notwithstanding any other provi-  
23 sion of law, it shall be unlawful to—

24 (1) decline or limit coverage of an individual  
25 under any life insurance policy, disability insurance

1 policy, or long-term care insurance policy, on ac-  
2 count of the individual taking medication for the  
3 purpose of preventing the acquisition of HIV;

4 (2) preclude an individual from taking medica-  
5 tion for the purpose of preventing the acquisition of  
6 HIV as a condition of receiving a life insurance pol-  
7 icy, disability insurance policy, or long-term care in-  
8 surance policy;

9 (3) consider whether an individual is taking  
10 medication for the purpose of preventing the acquisi-  
11 tion of HIV in determining the premium rate for  
12 coverage of such individual under a life insurance  
13 policy, disability insurance policy, or long-term care  
14 insurance policy; or

15 (4) otherwise discriminate in the offering,  
16 issuance, cancellation, amount of such coverage,  
17 price, or any other condition of a life insurance pol-  
18 icy, disability insurance policy, or long-term care in-  
19 surance policy for an individual, based solely and  
20 without any additional actuarial risks upon whether  
21 the individual is taking medication for the purpose  
22 of preventing the acquisition of HIV.

23 (b) ENFORCEMENT.—A State insurance regulator  
24 may take such actions to enforce subsection (a) as are spe-  
25 cifically authorized under the laws of such State.

1 (c) DEFINITIONS.—In this section:

2 (1) DISABILITY INSURANCE POLICY.—The term  
3 “disability insurance policy” means a contract under  
4 which an entity promises to pay a person a sum of  
5 money in the event that an illness or injury resulting  
6 in a disability prevents such person from working.

7 (2) LIFE INSURANCE POLICY.—The term “life  
8 insurance policy” means a contract under which an  
9 entity promises to pay a designated beneficiary a  
10 sum of money upon the death of the insured.

11 (3) LONG-TERM CARE INSURANCE POLICY.—  
12 The term “long-term care insurance policy” means  
13 a contract for which the only insurance protection  
14 provided under the contract is coverage of qualified  
15 long-term care services (as defined in section  
16 7702B(c) of the Internal Revenue Code of 1986).

17 **SEC. 5. PUBLIC EDUCATION CAMPAIGN.**

18 Part P of title III of the Public Health Service Act  
19 (42 U.S.C. 280g et seq.) is amended by adding at the end  
20 the following:

21 **“SEC. 399V-8. PRE-EXPOSURE PROPHYLAXIS AND POST-EX-**  
22 **POSURE PROPHYLAXIS EDUCATION CAM-**  
23 **PAIGNS.**

24 “(a) PUBLIC EDUCATION CAMPAIGN.—

1           “(1) IN GENERAL.—The Secretary, acting  
2 through the Director of the Centers for Disease  
3 Control and Prevention, in consultation with the Di-  
4 rector of the Office of Infectious Disease and HIV/  
5 AIDS Policy, shall establish a public health cam-  
6 paign for the purpose of educating the public on  
7 medication for the prevention of HIV acquisition.

8           “(2) REQUIREMENTS.—In carrying out this  
9 subsection, the Secretary shall ensure cultural com-  
10 petency and efficacy within high-need communities  
11 in which PrEP or PEP are underutilized by devel-  
12 oping the campaign in collaboration with organiza-  
13 tions that are indigenous to communities that are  
14 overrepresented in the domestic HIV epidemic, in-  
15 cluding communities of color and the lesbian, gay,  
16 bisexual, transgender, and queer community. The  
17 Secretary shall ensure that the campaign is designed  
18 to increase awareness of the safety and effectiveness  
19 of PrEP and PEP, the recommended clinical prac-  
20 tices for providing PrEP-related and PEP-related  
21 clinical care, and the local availability of PrEP and  
22 PEP providers, and to counter stigma associated  
23 with the use of PrEP and PEP.

24           “(3) EVALUATION OF PROGRAM.—The Sec-  
25 retary shall develop measures to evaluate the effec-

1 tiveness of activities conducted under this subsection  
2 that are aimed at reducing disparities in access to  
3 PrEP and PEP and supporting the local commu-  
4 nity. Such measures shall evaluate community out-  
5 reach activities, language services, workforce cultural  
6 competence, and other areas as determined by the  
7 Secretary.

8 “(b) PROVIDER EDUCATION CAMPAIGN.—

9 “(1) IN GENERAL.—The Secretary, acting  
10 through the Director of the Centers for Disease  
11 Control and Prevention, the Administrator of the  
12 Health Resources and Services Administration, and  
13 the Office of Infectious Disease and HIV/AIDS Pol-  
14 icy, shall establish a provider campaign for the pur-  
15 pose of educating prescribers and other associated  
16 health professionals on medication for the prevention  
17 of HIV acquisition.

18 “(2) REQUIREMENTS.—In carrying out this  
19 subsection, the Secretary shall increase awareness  
20 and readiness among health care providers to offer  
21 PrEP or PEP, as appropriate, with a focus on areas  
22 of high-need communities in which PrEP or PEP is  
23 underutilized by developing an educational campaign  
24 with input from health care providers and organiza-  
25 tions from communities that are disproportionately

1 affected by the domestic HIV epidemic, including  
2 communities of color and the lesbian, gay, bisexual,  
3 transgender, and queer community. The Secretary  
4 shall ensure that the campaign is designed to in-  
5 crease awareness of the safety and effectiveness of  
6 PrEP and PEP, the recommended clinical practices  
7 for providing PrEP-related and PEP-related clinical  
8 care, cultural competency among PrEP and PEP  
9 prescribers, and to counter stigma associated with  
10 the use of PrEP and PEP.

11 “(3) EVALUATION OF PROGRAM.—The Sec-  
12 retary shall develop measures to evaluate the effec-  
13 tiveness of activities conducted under this subsection  
14 that are aimed at increasing the number of health  
15 care professionals offering PrEP and PEP and re-  
16 ducing disparities in access to PrEP and PEP. Such  
17 measures shall evaluate availability of PrEP and  
18 PEP services, education and outreach activities, lan-  
19 guage services, workforce cultural competence, and  
20 other areas as determined by the Secretary.

21 “(c) DEFINITIONS.—In this section and section  
22 399V-9—

23 “(1) the term ‘PEP’ means any drug or com-  
24 bination of drugs approved by the Food and Drug  
25 Administration for preventing HIV transmission

1 after a sexual or other exposure associated with a  
2 high risk of HIV transmission; and

3 “(2) the term ‘PrEP’ means any drug approved  
4 by the Food and Drug Administration for the pur-  
5 pose of pre-exposure prophylaxis with respect to  
6 HIV.

7 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
8 carry out this section, there are authorized to be appro-  
9 priated such sums as may be necessary for each of fiscal  
10 years 2026 through 2030.”.

11 **SEC. 6. PATIENT CONFIDENTIALITY.**

12 The Secretary of Health and Human Services shall  
13 amend the regulations promulgated under section 264(c)  
14 of the Health Insurance Portability and Accountability  
15 Act of 1996 (42 U.S.C. 1320d–2 note), as necessary, to  
16 ensure that individuals are able to access the benefits de-  
17 scribed in section 2713(a)(5) under a family plan without  
18 any other individual enrolled in such family plan, including  
19 a primary subscriber of or policyholder, being informed of  
20 such use of such benefits.

21 **SEC. 7. PREP AND PEP FUNDING.**

22 Part P of title III of the Public Health Service Act  
23 (42 U.S.C. 280g et seq.), as amended by section 5, is fur-  
24 ther amended by adding at the end the following:

1 **“SEC. 399V-9. PRE-EXPOSURE PROPHYLAXIS AND POST-EX-**  
2 **POSURE PROPHYLAXIS FUNDING.**

3 “(a) IN GENERAL.—Not later than 1 year after the  
4 date of enactment of the PrEP Access and Coverage Act  
5 of 2026, the Secretary shall establish a program that  
6 awards grants to States, territories, Indian Tribes, and  
7 directly eligible entities for the establishment and support  
8 of pre-exposure prophylaxis (referred to in this section as  
9 ‘PrEP’) and post-exposure prophylaxis (referred to in this  
10 section as ‘PEP’) programs.

11 “(b) APPLICATIONS.—To be eligible to receive a  
12 grant under subsection (a), a State, territory, Indian  
13 Tribe, or directly eligible entity shall—

14 “(1) submit an application to the Secretary at  
15 such time, in such manner, and containing such in-  
16 formation as the Secretary may require, including a  
17 plan describing how any funds awarded will be used  
18 to increase access to PrEP for uninsured and under-  
19 insured individuals and reduce disparities in access  
20 to PrEP and PEP for uninsured and underinsured  
21 individuals and reduce disparities in access to PrEP  
22 and PEP; and

23 “(2) appoint a PrEP and PEP grant adminis-  
24 trator to manage the program.

25 “(c) DIRECTLY ELIGIBLE ENTITY.—For purposes of  
26 this section, the term ‘directly eligible entity’—

1           “(1) means a nonprofit entity engaged in pro-  
2           viding PrEP and PEP information and services; and

3           “(2) may include—

4                   “(A) a Federally qualified health center  
5                   (as defined in section 1861(aa)(4) of the Social  
6                   Security Act);

7                   “(B) a family planning grantee (other than  
8                   States) funded under section 1001;

9                   “(C) a rural health clinic (as defined in  
10                   section 1861(aa)(2) of the Social Security Act);

11                   “(D) a health facility operated by or pur-  
12                   suant to a contract with the Indian Health  
13                   Service;

14                   “(E) a community-based organization, clin-  
15                   ic, hospital, or other health facility that pro-  
16                   vides services to individuals at risk for or living  
17                   with HIV; and

18                   “(F) a nonprofit private entity providing  
19                   comprehensive primary care to populations at  
20                   risk of HIV, including faith-based and commu-  
21                   nity-based organizations.

22           “(d) AWARDS.—In determining whether to award a  
23           grant, and the grant amount for each grant awarded, the  
24           Secretary shall consider the grant application and the  
25           need for PrEP and PEP services in the area, the number

1 of uninsured and underinsured individuals in the area, and  
2 how the State, territory, or Indian Tribe coordinates  
3 PrEP and PEP activities with the directly funded entity,  
4 if the State, territory, or Indian Tribe applies for the  
5 funds.

6 “(e) USE OF FUNDS.—

7 “(1) IN GENERAL.—Any State, territory, Indian  
8 Tribe, or directly eligible entity that is awarded  
9 funds under subsection (a) shall use such funds for  
10 eligible PrEP and PEP expenses.

11 “(2) ELIGIBLE PREP EXPENSES.—The Sec-  
12 retary shall publish a list of expenses that qualify as  
13 eligible PrEP and PEP expenses for purposes of this  
14 section, which shall include—

15 “(A) any prescription drug approved by  
16 the Food and Drug Administration used for the  
17 prevention of HIV, administrative fees for such  
18 drugs, laboratory and other diagnostic proce-  
19 dures associated with the use of such drugs,  
20 and clinical follow-up and monitoring, including  
21 any related services recommended in current  
22 United States Public Health Service clinical  
23 practice guidelines, including policy notes up-  
24 dating those guidelines, without limitation;

1           “(B) outreach and public education activi-  
2           ties directed toward populations overrepresented  
3           in the domestic HIV epidemic that increase  
4           awareness about the existence of PrEP and  
5           PEP, provide education about access to and  
6           health care coverage of PrEP and PEP, PrEP  
7           and PEP adherence programs, and counter  
8           stigma associated with the use of PrEP and  
9           PEP;

10           “(C) outreach activities directed toward  
11           physicians and other providers that provide  
12           education about PrEP and PEP; and

13           “(D) adherence services and counseling, in-  
14           cluding personnel costs for PrEP navigators to  
15           retain patients in care.

16           “(f) REPORT TO CONGRESS.—The Secretary shall, in  
17           each of the first 5 years beginning 1 year after the date  
18           of enactment of the PrEP Access and Coverage Act of  
19           2026, submit to Congress, and make public on the website  
20           of Department of Health and Human Services, a report  
21           on the impact of any grants provided to States, territories,  
22           Indian Tribes, and directly eligible entities for the estab-  
23           lishment and support of pre-exposure prophylaxis pro-  
24           grams under this section.

1       “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there are authorized to be appro-  
3 priated such sums as may be necessary for each of fiscal  
4 years 2026 through 2030.”.

5 **SEC. 8. CLARIFICATION.**

6       This Act, including the amendments made by this  
7 Act, shall apply notwithstanding any other provision of  
8 law, including Public Law 103–141.

9 **SEC. 9. PRIVATE RIGHT OF ACTION.**

10       Any person aggrieved by a violation of this Act, in-  
11 cluding the amendments made by this Act, may commence  
12 a civil action in an appropriate United States District  
13 Court or other court of competent jurisdiction to obtain  
14 relief as allowed by law as either an individual or member  
15 of a class. If the plaintiff is the prevailing party in such  
16 an action, the court shall order the defendant to pay the  
17 costs and reasonable attorney fees of the plaintiff.

18 **SEC. 10. ENFORCEMENT.**

19       (a) IN GENERAL.—The Secretary of Health and  
20 Human Services, in consultation with the Centers for Dis-  
21 ease Control and Prevention, shall—

22               (1) issue guidance regarding the implementa-  
23 tion of the coverage requirements established under  
24 this Act, including the amendments made by this

1 Act, including with respect to implementation of  
2 such coverage requirements;

3 (2) develop and disseminate educational mate-  
4 rials, including billing and coding documents based  
5 on stakeholder consensus-driven recommendations,  
6 as appropriate;

7 (3) provide technical assistance to State insur-  
8 ance commissioners;

9 (4) provide technical assistance to eligible enti-  
10 ties regarding responding to consumer complaints  
11 and assisting in resolving such complaints; and

12 (5) work with other Federal agencies to assist  
13 in enforcement and compliance.

14 (b) COMPLIANCE.—

15 (1) IN GENERAL.—The Secretary of Health and  
16 Human Services, the Secretary of Labor, and the  
17 Secretary of the Treasury, in consultation with the  
18 Director of the Centers for Disease Control and Pre-  
19 vention, shall monitor compliance by group health  
20 plans and health insurance issuers with coverage re-  
21 quirements established under sections 2799A–11 of  
22 the Public Health Service Act, 726 of the Employee  
23 Retirement Income Security Act of 1974, and 9826  
24 of the Internal Revenue Code of 1986 (as added by

1 section 3(a)) and shall take appropriate enforcement  
2 actions under such Acts and such Code.

3 (2) INSURER SUBMISSIONS TO THE SEC-  
4 RETARY.—Beginning not later than 1 year after the  
5 date of enactment of this Act, each group health  
6 plan and health insurance issuer offering group or  
7 individual health insurance coverage shall submit to  
8 the Secretary of Health and Human Services, at  
9 such time as such secretary, in coordination with the  
10 Secretary of Labor and the Secretary of the Treas-  
11 ury, shall require, but not less frequently than annu-  
12 ally for the 10-year period beginning on such date  
13 of enactment, data demonstrating compliance with  
14 the coverage requirements described in paragraph  
15 (1), including aggregate data on the number of  
16 claims received by such plans and issuers for HIV  
17 prevention services and the cost-sharing for enrollees  
18 with respect to such claims.

19 (3) REPORTS TO CONGRESS.—Not later than 2  
20 years after the date of enactment of this Act and  
21 every 2 years thereafter for the 10-year period be-  
22 ginning on such date of enactment, the Secretary of  
23 Health and Human Services, the Secretary of Labor,  
24 and the Secretary of the Treasury (collectively re-  
25 ferred to in this section as the “Secretaries”) shall

1 jointly submit to Congress and make publicly avail-  
2 able a report to assess the prevalence of noncompli-  
3 ance with the coverage requirements described in  
4 paragraph (1). Each such report shall include—

5 (A) aggregate information about group  
6 health plans and health insurance issuers that  
7 the Secretaries determine to be out of compli-  
8 ance with such requirements; and

9 (B) steps the Secretaries have taken to ad-  
10 dress incidences of such noncompliance.

11 (4) DEFINITIONS.—In this subsection, the  
12 terms “group health plan”, “health insurance cov-  
13 erage”, and “health insurance issuer” have the  
14 meanings given such terms in section 2791 of the  
15 Public Health Service Act (42 U.S.C. 300gg–91).

○