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THE SENATE OF MARYLAND  
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**Senate Bill 331 – Program for Preventing HIV Infection for Rape Victims –  
Alterations and Repeal of Sunset.**

**March 30, 2022**

Madame Chairman and Members of the Health and Government Operations Committee:

According to the Center for Disease Control (CDC), "...post-exposure prophylaxis (PEP) means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected. PEP must be started within 72 hours after a recent possible exposure to HIV, but the sooner PEP is started, the better. Every hour counts. If you're prescribed PEP, you'll need to take it once or twice daily for 28 days."

Prior to October 1, 2019, the Department of Health's Sexual Assault Reimbursement Unit provided victims of rape or sexual assault with a starter pack for HIV prophylaxis which is only a three to five day supply, not the 28 day course of treatment that is recommended by the CDC. Victims had to either pay for the additional medication or try to get reimbursement from their insurance company. Having to pay or go through their health insurance company compromised the victims' privacy and limited access to this life protecting drug.

In 2019 the legislature passed a pilot program that made a full course of treatment of post-exposure prophylaxis, including follow-up care, available to victims of rape, sexual offense or child abuse. This treatment was available at the request of the victim and as prescribed by a health care provider. Victims who choose the treatment are not required to provide health insurance information or submit any personal information to a payment assistance program. The pilot program legislation was passed with a sunset after three years and with a fiscal cap of \$750,000. It further required the Governor's Office of Crime Prevention, Youth, and Victim Services to report on the program.

Since its inception on October 1, 2019 through September 10, 2021, the Pilot Program identified 1,147 sexual assault survivors who qualified for nPEP medication, of which 328 chose to take the medication through the program. This resulted in reimbursement over a two year period of \$379,077.65 for nPEP medication and additional \$328,296.86 reimbursed for initial and follow-up care totaling \$707,374.51.

Senate Bill 331 will remove the sunset on this program, remove the fiscal cap and require biannual reporting. As awareness of nPEP accessibility grows, more rape survivors may choose to take nPEP medication. However, the permanent program established by SB331 allows patients to utilize their health insurance or a payment assistance program if they choose to do so, further offsetting the cost of the state. Victims of rape, sexual assault and sexual abuse should not have the additional burden of a long term health issue when preventive medicine could be readily available and so I request a favorable report on Senate Bill 331.