



Maryland
Hospital Association

Senate Bill 331 - Program for Preventing HIV Infection for Rape Victims - Alterations and Repeal of Sunset

Position: Support

March 30, 2022

House Health & Government Operations Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 331.

Hospital-based [sexual assault forensic medical programs](#) across the state deliver trauma-informed care to survivors of sexual assault, abuse, neglect, interpersonal violence, human trafficking, and other forms of violence. State law ensures no out-of-pocket expense is incurred by survivors of sexual assault for emergency medical treatment and forensic services. The Governor's Office of Crime Prevention, Youth & Victims Services' Sexual Assault Reimbursement Unit (SARU) oversees reimbursement of these medical and forensic services.

The General Assembly passed SB 657/HB 1249 in 2019, which created the pilot program for preventing HIV for rape victims the SARU. **This program successfully removed barriers that historically prevented eligible victims of sexual assault and child sexual abuse from accessing HIV prophylactic treatment.** Clinical guidance recommends patients begin nonoccupational post exposure prophylaxis (n-PEP) treatment within 72 hours of a potential exposure and continue consistently for 28 days.¹ Otherwise, research shows, medication has little or no effect in preventing HIV.²

Maryland hospitals strongly support SB 331, which would make this pilot program permanent. To date 1,147 patients qualified clinically to receive nPEP, and 328 chose to move forward with the therapy, according to a 2021 report. The total amount reimbursed for medication, initial and follow-up care was well below the amount allocated for the program.³ This shows the impact of this program on the lives of survivors, who need access to this vital medication and care.

MHA worked closely with the Maryland Coalition Against Sexual Assault and SARU to refine the pilot program by creating streamlined reimbursement forms and hosting webinars. MHA applauds this collaborative work and the dedication of SARU to ensure access to nPEP. SARU was instrumental in establishing a relationship with Terrapin Pharmacy, a mail-order pharmacy,

¹ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2016). [Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual Assault, Injection Drug Use, or Other Nonoccupational Exposures to HIV- United States, 2016.](#)

² US Department of Health & Human Services, Secretary's Minority AIDS Initiative Fund (SMAIF). (2018). [HIV Prevention- Using HIV Medication to Reduce Risk-Post-Exposure Prophylaxis.](#)

³ Governor's Office of Crime Prevention, Youth and Victim Services. (December 1, 2021). *Report on the Operation and Results of the Pilot Program (HIV Postexposure Prophylaxis).*

which helped several Maryland hospitals ensure access to nPEP when it was not feasible for the hospital to dispense the full course of treatment. The pilot program improves care and is essential to support survivors of sexual assault.

For these reasons, we ask for a *favorable* report on SB 331.

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