

Sb331 - Support.pdf

Uploaded by: Andrew Nicklas

Position: FAV



February 4, 2022

The Honorable William C. "Bill" Ferguson IV
President of the Senate
State House, H-107
Annapolis, MD 21401

Dear Honorable William C. "Bill" Ferguson IV,

I write in support of Maryland House Bill 245. I urge you to support this bill as a constituent and citizen of the State of Maryland.

This statute will ensure medical professionals in our state can provide prophylactic medication for the human immunodeficiency virus (HIV) to survivors of sexual assault and abuse regardless of the survivor's ability to pay for their medication. The pilot program passed in 2019 has allowed the forensic nursing program I oversee to provide HIV prophylaxis to patients who are uninsured, underinsured, or have safety concerns prohibiting them from utilizing their insurance to obtain the medication regimen that is vital to prevention of acquiring HIV after sexual assault or abuse.

Often times, sexual assault and abuse survivors are deeply concerned about their potential for acquiring HIV as a result of the assault or abuse they have experienced. As a medical provider, I have seen survivors of sexual assault and abuse served by my team express gratitude and peace of mind knowing these medications are available to them regardless of their ability to pay first-hand. Access to this medication empowers our patients to regain some of the power that was taken from them and begin to move forward without the permanent effects an HIV infection brings. I urge you to support my patients and the passage of Maryland HB 245.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Volz'. The signature is written in a cursive, flowing style.

Jessica M. Volz DNP, CRNP, FNE A/P, FNP-BC, NE-BC, SANE-A, SANE-P, DM-AFN



SB 331- Program for Preventing HIV Infection for R

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

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

Position: Support

February 8, 2022

Senate Judicial Proceedings 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.

For more information, please contact:
Jane Krienke, Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

SB331 - SAEK Committee - Favorable.pdf

Uploaded by: Jessica Williams

Position: FAV



**Maryland Sexual Assault Evidence Kit
Policy and Funding Committee**

February 4, 2022

TO: The Honorable William C. Smith, Jr.
Chair, Judicial Proceedings Committee

FROM: Maryland Sexual Assault Evidence Kit Policy and Funding Committee

RE: Senate Bill 331: Program for Preventing HIV Infection for Rape Victims –
Alterations and Repeal of Sunset (FAVORABLE)

The Maryland Sexual Assault Evidence Kit Policy and Funding Committee (SAEK Committee) submits this position paper in support of Senate Bill 331, which would remove the sunset on the Pilot Program for Preventing Human Immunodeficiency Virus (HIV) Infection for Rape Victims. The legislation would also remove the limits placed on the total amount that physicians, qualified health care providers, and hospitals may be paid for providing certain treatment and follow-up care in relation to HIV non-occupational post-exposure prophylaxis (nPEP) treatment. Lastly, SB331 seeks to alter the frequency within which the Governor’s Office of Crime Prevention, Youth, and Victim Services (GOCPYVS) reports to the Governor and General Assembly on the operation and results of the program.

HIV nPEP treatment is a form of medical intervention designed to prevent HIV infection after exposure to the virus.¹ Timely administration of the full 28-day course of nPEP treatment is

¹ If prescribed and started within 72 hours of the sexual assault, HIV nPEP can often prevent the contraction of HIV for patients who meet the criteria for nPEP treatment. See MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & MARYLAND INSTITUTE OF EMERGENCY MEDICAL SERVICES SYSTEMS, IMPROVED ACCESS TO SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS IN MARYLAND 15 (2015), available at <https://phpa.health.maryland.gov/Documents/Sexual-Assault-Forensic-Exam-Report-2015.pdf>.



Maryland Sexual Assault Evidence Kit Policy and Funding Committee

necessary to effectively protect against HIV.² In 2019, the SAEK Committee supported legislation which established a three-year pilot program to fund the full-course of nPEP treatment for victims of sexual assault.³ The pilot program went into effect October 1, 2019 and is scheduled to end on September 30, 2022.⁴ The pilot program, which is being administered by GOCPYVS, ensures that victims who meet the criteria for nPEP treatment are provided the full course of medication and follow-up care with no out of pocket expense.⁵ The total amount of payments made by the Criminal Injuries Compensation Board under the pilot program were limited to \$750,000, annually.⁶ Furthermore, due to the challenges associated with estimating the cost of providing this treatment for all qualifying victims, GOCPYVS was required to submit annual reports to the Governor and General Assembly on the operation and results of the pilot program including: (1) The number of patients that qualified to receive nPEP under the pilot program; (2) The number of patients that chose to receive nPEP; (3) The total amount reimbursed to providers for the nPEP; and (4) The cost of the nPEP and follow-up care provided under the pilot program.⁷

The HIV nPEP pilot program has proven to be sustainable and should therefore be implemented permanently, as contemplated by SB331. In its' 2021 report, GOCPYVS reported

² *HIV Post-Exposure Prophylaxis*, OH DEP'T. OF HEALTH, <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/SADV/Ohio-Protocol/HIV-Post-Exposure-Prophylaxis-March-14-2018.pdf?la=en> (last visited November 15, 2018) (“Incomplete PEP treatment presents a theoretical risk to the victim”).

³ S.B. 657, Chapter 431 (2019).

⁴ *Id.*

⁵ MD. CODE ANN., Crim. Proc. § 11-1008(b)–(c) (West 2020).

⁶ Crim. Proc. § 11-1008(c)(2)(iv).

⁷ Crim. Proc. § 11-1008(e)(1)-(4).



Maryland Sexual Assault Evidence Kit Policy and Funding Committee

that under the pilot program, 1,147 victims of sexual assault qualified to receive nPEP treatment.⁸ Of that total, only 328 victims choose to receive the nPEP medication.⁹ GOCPYVS paid out a total of \$379,077.65 to provide nPEP treatment to victims of sexual assault since October 2019.¹⁰ Furthermore, GOCPYVS paid out a total of \$328,296.86 for initial care (including lab work) and follow-up care under the pilot program.¹¹ Over the course of the HIV nPEP pilot program, the State paid out \$707,374.51 to provide nPEP treatment and all related initial and follow-up care to victims of sexual assault.¹² This amount is far less than the annual \$750,000 that was allocated for the pilot program each year. These statistics prove that a long-term program to prevent HIV infection for victims of sexual assault can effectively be maintained and would not pose a huge economic burden on the State. Therefore, the program should be implemented permanently and the current September 30, 2022 end date should be repealed.

In addition to the pilot program's sustainability, the purpose of the program—to prevent victims of sexual assault from contracting HIV—is an important initiative that Maryland should uphold. HIV nPEP offers victims who have been exposed to HIV the best chance to avoid contracting an incurable disease that will affect the rest of their lives. Post-exposure prophylaxis intervention can reduce the risk of HIV infection by over 80%.¹³ While the risk of contracting HIV

⁸ Governor's Office of Crime Prevention, Youth, and Victim Services, *Report on the Operation and Results of the Pilot Program (HIV Postexposure Prophylaxis)*, 13 (2022),

[http://dlslibrary.state.md.us/publications/Exec/GOCPYVS/CP11-1008\(e\)_2021.pdf](http://dlslibrary.state.md.us/publications/Exec/GOCPYVS/CP11-1008(e)_2021.pdf).

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ See World Health Organization, *Post-Exposure Prophylaxis to Prevent HIV Infection*, 1 (2014), https://www.who.int/hiv/topics/prophylaxis/pep_factsheet_dec2014.pdf.



Maryland Sexual Assault Evidence Kit Policy and Funding Committee

during consensual sex is low, victims of sexual assault have an increased risk because sexual assaults typically cause abrasions or lacerations (i.e. broken skin) which increase the likelihood of transmission.¹⁴ This heightened risk poses equally troubling mental health concerns for victims. Fear of HIV has been found to cause depression as well as emotional and psychological strain for victims of sexual assault.¹⁵

In addition to the health risk and psychological effects of possible HIV exposure, obtaining nPEP treatment can prove burdensome, if not impossible for many sexual assault victims in Maryland. Prior to the pilot program, one of the barriers for victims to obtain HIV nPEP is the high cost of the medications. If a victim has health insurance, co-pays can be as high as \$1,500.¹⁶ Without insurance, a full course of treatment can cost over \$3,000, depending on the medication prescribed.¹⁷ Victims enrolled in Maryland's Medicaid Program fare the best with regard to paying for HIV nPEP therapy, as the copay can be as low as \$1.00.¹⁸ However, not all victims of sexual assault are eligible for Medicaid and the exorbitant cost of the medication presents a barrier for those victims.

¹⁴ See Jessica E. Draughon, *Sexual Assault Injuries and Increased Risk of HIV Transmission*, 34 ADV. EMERG. NURS. J. Emergency Nursing J. 82, 82–87 (2012).

¹⁵ Edna Aryee, *I Was Raped: The Psychological Effects of Rape Among Liberian & Ghanaian Women in Ghana*, 12 WOMENS HEALTH & URBAN LIFE J. 98, 108 (2013), available at <https://tspace.library.utoronto.ca/bitstream/1807/35219/1/12.1.Aryee.pdf>.

¹⁶ FNEs who consulted with the SAEK Committee advised that co-pays typically average around \$1,500. See generally FLORIDA DEPARTMENT OF HEALTH'S, BUREAU OF COMMUNICABLE DISEASE, DIVISION OF DISEASE CONTROL AND HEALTH PROTECTION'S, HIV/AIDS SECTION, NPEP TOOLKIT FOR PROVIDERS 22 (2016), available at http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/_documents/nPEP-toolkit.pdf.

¹⁷ The Committee obtained this numerical data after surveying 15 Maryland hospitals.

¹⁸ MARYLAND DEPARTMENT OF HEALTH, JOINT CHAIRMAN'S REPORT PROPHYLACTIC HIV THERAPY 10 (2018).



Maryland Sexual Assault Evidence Kit Policy and Funding Committee

Maryland has made a commitment to protect a sexual assault victim's confidentiality and encourage reporting by covering the cost of the sexual assault forensic exams, emergency hospital treatment, and follow-up medical testing.¹⁹ Permanently implementing the HIV nPEP program to cover the cost of the full course of HIV nPEP therapy should be a part of this commitment.

HIV prevention should continue to be a public health priority for Maryland. As such, the State should repeal the sunset on the HIV nPEP pilot program and continue to provide critical nPEP treatment indefinitely. Covering the cost of nPEP medication and follow-up care is the only way to ensure that victims of sexual assault are not forced to live with an incurable disease and a painful daily reminder of their assault. No victim should be denied HIV prevention simply because they cannot afford the medication. For these reasons, the SAEK Committee supports the passage of SB331 and urges a favorable report.

¹⁹ See MD. CODE ANN., Crim. Proc. § 11-816.1 (West 2018).

HIV n-PEP - sunset repeal - testimony - senate - 2

Uploaded by: Laura Jessick

Position: FAV



Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
Fax: 301-565-3619

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
www.mcasa.org

Testimony in Support of Senate Bill 331 Lisae C. Jordan, Executive Director & Counsel Laura Jessick, Sexual Assault Kit Initiative Project Manager February 8, 2022

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence in the State of Maryland. We urge the Judicial Proceedings Committee to report favorably on SB331.

Senate Bill 331 – Preventing HIV for Rape Survivors

This bill repeals the sunset on the Program for Preventing HIV Infection for Rape Victims.

Since 2019, rape survivors have been provided with access to medication to prevent HIV infection after a sexual assault. This bill repeals the program sunset and establishes it permanently. This will ensure that upon request of a rape victim, and with a prescription from his or her medical provider, the state will pay for the full course of HIV prevention treatment known as non-occupational post exposure prophylaxis (nPEP). The permanent program also provides coverage of necessary, and critical, follow-up care for patients taking nPEP.

One of the risks faced by rape survivors is HIV infection.¹ Studies of HIV transmission have been based on consensual sexual activity, and do not account for the violence of rape, so it is unclear what the risk level is, however, 91.9% of rape victims reported some degree of initial fear or concern for contracting HIV and 72.6% reported extreme fear or concern for contracting HIV.² However, the cost of medication along with the short window to start effective treatment can be a major deterrent to receiving care.³ Treatment must begin within 72 hours of the assault and the cost of a full treatment regimen can range from \$1,500 to over \$3,000 depending on health insurance coverage.^{4,5} With a permanent program that provides timely and free access to this medication, rape survivors have one less burden to navigate.

¹ Draughon, J. (2012). *Sexual Assault Injuries and Increased Risk of HIV Transmission*.

² Resnick, H., Monnier, J., Seals, B., Holmes, M., Walsh, J., Acierno, R., Kilpatrick, D., (2002). *Rape-Related HIV Risk Concerns Among Recent Rape Victims*.

³ Draughon Moret, J.E., Sheridan, D.J., Wenzel, J.A. (2021) "Reclaiming Control" Patient Acceptance and Adherence to HIV Post-Exposure Prophylaxis Following Sexual Assault. *Global Qualitative Nursing Research*, 8.

⁴ Center for Disease Control and Prevention (2016). *Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV*. Retrieved from: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

⁵ Maryland Sexual Assault Evidence Kit Policy & Funding Committee (2019). *Annual Report: 2019*. Retrieved from: https://www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf Daiber, D. (2018).

The state of Maryland can afford to prevent HIV for rape survivors. Not every rape survivor that presents for a sexual assault forensic exam (SAFE) will qualify for and choose to take, nPEP using the state program.⁶ Some patients choose to utilize their health insurance or a payment assistance program. Since its inception on October 1, 2019 through September 10, 2021, the pilot program identified 1,147 sexual assault survivors that qualified for nPEP medication, of which 328 chose to take the medication. Over this nearly two year period, costs totaled \$707,374.51, including \$379,077.65 for nPEP medication and an additional \$328,296.86 for initial and follow-up care.⁷ The lifetime cost of HIV infection is approximately \$379,668 (in 2010 dollars), meaning that if 2 cases of HIV are avoided, the financial cost of nPEP would be more than offset.⁸ Financial cost is only one point of analysis, however. Maryland should prevent HIV for rape victims because it is the just and moral thing to do.

Eliminating the fear of HIV contraction for rape survivors through access to nPEP medication is essential to supporting survivors as they heal both physically and emotionally. A permanent program to prevent HIV infection for rape survivors not only offers survivors peace of mind but also demonstrates that the state of Maryland supports and protects the lives of rape survivors and maintains that HIV prevention is a public health priority. MCASA urges the Judicial Proceedings Committee to create a permanent program to give sexual assault survivors meaningful access to nPEP and its life- and health-protecting benefits.

**The Maryland Coalition Against Sexual Assault
urges the Judicial Proceedings Committee to
report favorably on Senate Bill 331**

⁶ U.S. Dept. of Justice, Office on Violence Against Women, (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition*.

⁷ Maryland 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)*.

⁸ Center for Disease Control and Prevention. (2017) *HIV Cost-effectiveness*. Available at: <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

HIV n-PEP - sunset repeal - testimony - senate - 2

Uploaded by: Lisae C Jordan

Position: FAV



Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
Fax: 301-565-3619

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
www.mcasa.org

Testimony in Support of Senate Bill 331 Lisae C. Jordan, Executive Director & Counsel Laura Jessick, Sexual Assault Kit Initiative Project Manager February 8, 2022

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence in the State of Maryland. We urge the Judicial Proceedings Committee to report favorably on SB331.

Senate Bill 331 – Preventing HIV for Rape Survivors

This bill repeals the sunset on the Program for Preventing HIV Infection for Rape Victims.

Since 2019, rape survivors have been provided with access to medication to prevent HIV infection after a sexual assault. This bill repeals the program sunset and establishes it permanently. This will ensure that upon request of a rape victim, and with a prescription from his or her medical provider, the state will pay for the full course of HIV prevention treatment known as non-occupational post exposure prophylaxis (nPEP). The permanent program also provides coverage of necessary, and critical, follow-up care for patients taking nPEP.

One of the risks faced by rape survivors is HIV infection.¹ Studies of HIV transmission have been based on consensual sexual activity, and do not account for the violence of rape, so it is unclear what the risk level is, however, 91.9% of rape victims reported some degree of initial fear or concern for contracting HIV and 72.6% reported extreme fear or concern for contracting HIV.² However, the cost of medication along with the short window to start effective treatment can be a major deterrent to receiving care.³ Treatment must begin within 72 hours of the assault and the cost of a full treatment regimen can range from \$1,500 to over \$3,000 depending on health insurance coverage.^{4,5} With a permanent program that provides timely and free access to this medication, rape survivors have one less burden to navigate.

¹ Draughon, J. (2012). *Sexual Assault Injuries and Increased Risk of HIV Transmission*.

² Resnick, H., Monnier, J., Seals, B., Holmes, M., Walsh, J., Acierno, R., Kilpatrick, D., (2002). *Rape-Related HIV Risk Concerns Among Recent Rape Victims*.

³ Draughon Moret, J.E., Sheridan, D.J., Wenzel, J.A. (2021) "Reclaiming Control" Patient Acceptance and Adherence to HIV Post-Exposure Prophylaxis Following Sexual Assault. *Global Qualitative Nursing Research*, 8.

⁴ Center for Disease Control and Prevention (2016). *Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV*. Retrieved from: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

⁵ Maryland Sexual Assault Evidence Kit Policy & Funding Committee (2019). *Annual Report: 2019*. Retrieved from: https://www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf Daiber, D. (2018).

The state of Maryland can afford to prevent HIV for rape survivors. Not every rape survivor that presents for a sexual assault forensic exam (SAFE) will qualify for and choose to take, nPEP using the state program.⁶ Some patients choose to utilize their health insurance or a payment assistance program. Since its inception on October 1, 2019 through September 10, 2021, the pilot program identified 1,147 sexual assault survivors that qualified for nPEP medication, of which 328 chose to take the medication. Over this nearly two year period, costs totaled \$707,374.51, including \$379,077.65 for nPEP medication and an additional \$328,296.86 for initial and follow-up care.⁷ The lifetime cost of HIV infection is approximately \$379,668 (in 2010 dollars), meaning that if 2 cases of HIV are avoided, the financial cost of nPEP would be more than offset.⁸ Financial cost is only one point of analysis, however. Maryland should prevent HIV for rape victims because it is the just and moral thing to do.

Eliminating the fear of HIV contraction for rape survivors through access to nPEP medication is essential to supporting survivors as they heal both physically and emotionally. A permanent program to prevent HIV infection for rape survivors not only offers survivors peace of mind but also demonstrates that the state of Maryland supports and protects the lives of rape survivors and maintains that HIV prevention is a public health priority. MCASA urges the Judicial Proceedings Committee to create a permanent program to give sexual assault survivors meaningful access to nPEP and its life- and health-protecting benefits.

**The Maryland Coalition Against Sexual Assault
urges the Judicial Proceedings Committee to
report favorably on Senate Bill 331**

⁶ U.S. Dept. of Justice, Office on Violence Against Women, (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition*.

⁷ Maryland 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)*.

⁸ Center for Disease Control and Prevention. (2017) *HIV Cost-effectiveness*. Available at: <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

7 - SB 331 - JPR - MACHO - LOS.pdf

Uploaded by: Maryland Department of Health /Office of Governmen Bennardi

Position: FAV



**2022 SESSION
POSITION PAPER**

BILL: SB 331 - Program for Preventing HIV Infection for Rape Victims – Alterations and Repeal of Sunset

COMMITTEE: Senate Judicial Proceedings Committee

POSITION: Letter of Support

BILL ANALYSIS: Senate Bill (SB) 331 repeals the termination date of the Pilot Program for Preventing HIV Infection for Rape Victims and repeals the limit on the total annual amount providers and hospitals are entitled to be paid for providing follow-up care, thereby reducing barriers for victims of rape and sexual assault to receive HIV post-exposure prophylaxis and follow up care.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports SB 331. SB 331 codifies the continuation and expansion of *The Pilot Program for Preventing Human Immunodeficiency Virus (HIV) Infection for Rape Victims* established in 2019.¹ SB 331 will create a permanent program that enables victims of rape or sexual assault, and victims of child sexual abuse to access post-exposure prophylaxis treatment and follow-up care, regardless of ability to afford care. This ensures that victims of violent crimes can receive proper care during this period of great vulnerability.

Post-exposure prophylaxis is an evidence-based treatment that prevents transmission of HIV following sexual assault. This treatment course is time sensitive. To maximize efficacy, medication must be administered within 72 hours of exposure to HIV and then continued daily for 28 days.² Victims of sexual assault or victims of child sexual abuse often face many barriers to receiving appropriate and timely care. SB 331 allows this care to be provided without financial burden or potential insurance delays, thereby expediting potentially life-saving treatment when victims are at significant physical and emotional risk and often not able to advocate for themselves.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 331. For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаiorа1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

615 North Wolfe Street, Room E 2530 // Baltimore, Maryland 21205 // 410-937-1433

¹ S.B. 657, 2019 Reg. Session. (Maryland, 2019). https://mgaleg.maryland.gov/2019RS/Chapters_noln/CH_431_sb0657t.pdf

² NIH Office of AIDS Research. (2021). Post-Exposure Prophylaxis (PEP). <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/post-exposure-prophylaxis-pep>

SB 331_MDHTTF_FAV.pdf

Uploaded by: Melanie Shapiro

Position: FAV



BILL NUMBER: Senate Bill 331

TITLE: Program for Preventing HIV Infection for Rape Victims – Alterations and Repeal of Sunset

COMMITTEE: Judicial Proceedings

HEARING DATE: February 8, 2022

POSITION: FAVORABLE

The Maryland Human Trafficking Task Force (MDHTTF) and its members respectfully urges a favorable report on Senate Bill 331.

MDHTTF supports efforts to dismantle human trafficking by strengthening laws prosecuting traffickers, providing services and rehabilitation to victims, and increasing awareness of the issue. Senate Bill 331 repeals the sunset on the Program for Preventing HIV Infection for Rape Victims and established it permanently. Victims and survivors of human trafficking are in highly vulnerable situations where they are at increased risk of HIV infection and are also often the victims of sexual and physical abuse including rape.

By permanently establishing the Program for Preventing HIV Infection for Rape Victims we will ensure that upon the request of a rape victim, and with a prescription from their medical provider, the state will pay for the full course of HIV prevention treatment known as non-occupational post exposure prophylaxis (nPEP). The permanent program also provides coverage of necessary, and critical, follow-up care for patients taking nPEP.

A permanent program to prevent HIV infection for rape survivors not only offers survivors peace of mind but also demonstrates that the state of Maryland supports and protects the lives of rape survivors which include survivors of trafficking and maintains that HIV prevention is a public health priority.

For more information, please contact Amanda Rodriguez at arodriguez@turnaroundinc.org or Melanie Shapiro at mshapiro@mnadv.org, co-chairs of the Legislative Committee of the Maryland Human Trafficking Task Force.

About MDHTTF: Formed in 2007 by the U.S. Attorney’s Office, the Attorney General of Maryland, and the State’s Attorney for Baltimore City, MDHTTF serves as the lead investigative, prosecutorial, and victim services coordinating body for anti-human trafficking activity in the State of Maryland. MDHTTF has grown to include most law enforcement agencies in the State, all child-serving state agencies, the Federal Bureau of Investigations, Homeland Security Investigations, most local State’s Attorney’s Offices, and dozens of victim service agencies. MDHTTF is comprised of five committees – legislative, law enforcement, victim services, public awareness, and training. During this time, MDHTTF has grown a robust understanding of the issue of human trafficking in Maryland.

SB331 Sponsor Testimony.pdf

Uploaded by: Senator Nancy King

Position: FAV

NANCY J. KING
Legislative District 39
Montgomery County

MAJORITY LEADER

Budget and Taxation Committee

Chair

Education, Business and
Administration Subcommittee



James Senate Office Building
11 Bladen Street, Room 120
Annapolis, Maryland 21401
301-858-3686 · 410-841-3686
800-492-7122 Ext. 3686
Fax 301-858-3670 · 410-841-3670
Nancy.King@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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

February 8, 2022

Mr. Chairman and Members of the Judicial Proceedings 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.

2022 PPM SB 331 Senate Side.pdf

Uploaded by: Suhani Chitalia

Position: FAV

Committee: Judicial Proceedings Committee

Bill Number: Senate Bill 331

Title: Program for Preventing HIV Infection for Rape Victims – Alterations and Repeal of Sunset

Hearing: February 8, 2022

Position: Support

Planned Parenthood of Maryland supports *Senate Bill 331 – Program for Preventing HIV Infection for Rape Victims- Alterations and Repeal and Sunset*. This bill will continue the Program for Preventing HIV Infection for rape survivors by removing the sunset date and turning it into a permanent program.

As the leading reproductive health care provider in the state, Planned Parenthood of Maryland (PPM) strives toward reproductive justice for its patients and the communities served by PPM. Planned Parenthood of Maryland recognizes and supports the need for healthcare of rape survivors. This bill would remove the \$750,000 cap paid to physicians, qualified healthcare professionals, and hospitals to support rape victims. By removing this cap on funding and repealing the sunset date, rape survivors will continue to be protected and provided care under this program.

We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Suhani Chitalia at schitalia@policypartners.net.