

**SB0787\_HIV\_Access\_MLC\_FAV.pdf**

Uploaded by: Cecilia Plante

Position: FAV



## TESTIMONY FOR SB0787

### Managed Care Organizations and Health Insurance Carriers - Prior Authorization for HIV Postexposure Prophylaxis for Victims of Sexual Offenses - Prohibition

**Bill Sponsor:** Senator Feldman

**Committee:** Finance

**Organization Submitting:** Maryland Legislative Coalition

**Person Submitting:** Cecilia Plante, co-chair

**Position:** FAVORABLE

I am submitting this testimony in favor of SB0787 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

There is a frightening need for this legislation. Imagine a child who is raped. The very first thing that the parents want to do as soon as they can think clearly, is to get the child treated for sexually transmitted disease. HIV screening is expensive, as is treatment. If the parents are turned down for the treatment by the insurance company because they do not have prior authorization, and they cannot afford the screening, they are stuck in an untenable position.

We, as a society, should take down as many barriers in that situation as possible.

We support this bill and recommend a **FAVORABLE** report in committee.

# **SB 787- Managed Care Organizations and Health Insu**

Uploaded by: Jane Krienke

Position: FAV



Maryland  
Hospital Association

February 23, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 787 - Managed Care Organizations and Health Insurance Carriers - Prior Authorization for HIV Postexposure Prophylaxis for Victims of Sexual Offenses – Prohibition

Dear Chair Kelley:

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 787.

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. 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.<sup>1</sup> **Otherwise, research shows, medication has little or no effect in preventing HIV.**<sup>2</sup>

A prior authorization can serve as a barrier to accessing nPEP in a timely manner. SB 787 removes this barrier for individuals who feel comfortable using commercial insurance to cover the majority of the cost instead of turning to the state nPEP program.

For these reasons, we urge a favorable report on SB 787.

For more information, please contact:

Jane Krienke, Legislative Analyst, Government Affairs  
Jkrienke@mhaonline.org

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<sup>1</sup> 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](#).

<sup>2</sup> 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](#).

# **HIV nPEP - prior authorization - testimony - senat**

Uploaded by: Lisae C Jordan

Position: FAV



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## Working to end sexual violence in Maryland

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### **Testimony Supporting Senate Bill 787 with Amendments** **Lisae C. Jordan, Executive Director & Counsel** February 23, 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. MCASA urges the Finance Committee to issue a favorable report on Senate Bill 787 with Amendments.

#### **Senate Bill 787 – Prohibiting Pre-Authorization Requirements for n-PEP**

This bill would prohibit Managed Care Organizations and Health Insurance Carriers from requiring preauthorization for nPEP, the time sensitive medication which can prevent HIV infection. While this bill responds to a case involving a sexual assault survivor, MCASA supports amendments to expand the prohibition to all people for both public health reasons and to protect the privacy of sexual assault survivors.

One of the risks faced by rape survivors is HIV infection.<sup>1</sup> 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.<sup>2</sup> Treatment must begin within 72 hours of exposure and is referred to as non-occupational post exposure prophylaxis (nPEP).

Since 2019, rape survivors have been provided with access to medication to prevent HIV infection after a sexual assault. Criminal Procedure Article §11-1008. (SB331 would lift a sunset on this program and was reported favorably by the Judicial Proceedings Committee last Friday.) Under the nPEP program, 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.

Under the current nPEP for Rape Survivors program, patients have the option of using their insurance or not in order to protect their privacy. Survivors who decline to provide their insurance information are

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

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

provided with nPEP through the criminal injuries compensation fund administered by the Governor's Office of Crime Prevention, Youth & Victim Services.

Last year, a survivor presented for treatment and gave her insurance information to the health care provider. The sexual assault was recent, but the patient was nearing the end of the treatment window (72 hours). *The Medicaid provider declined to cover the nPEP medication because the rape survivor did not get preauthorization. The survivor did not get treatment. It is not known whether she now has an HIV infection.* This case is even more horrifying because if the survivor had declined to share her insurance information, she would have been given the medication.

Maryland's public policy should support rape survivors following an assault, not impose bureaucratic barriers to treatment. Insurance companies, including Medicaid providers, should be prohibited from requiring preauthorization for nPEP.

### **Amendments**

As noted, MCASA supports amendments striking provisions limiting this bill to known sexual assault survivors. A patient should not have to disclose sexual assault in order to receive this life and health saving treatment. On page 2, in line 7, strike beginning with "IF THE" through and including "OFFENSE" in line 9; and in line 26, strike beginning with "IF THE" through and including "OFFENSE" in line 29.

**The Maryland Coalition Against Sexual Assault urges the  
Finance Committee to  
report favorably on Senate Bill 787 with Amendments**



**2022 ACNM SB 787 Senate Side.pdf**

Uploaded by: Suhani Chitalia

Position: FAV





## Support

### **Senate Bill 787 – Managed Care Organizations and Health Insurance Carriers – Prior Authorization for HIV Postexposure Prophylaxis for Victims of Sexual Offenses -- Prohibition**

Senate Finance Committee

February 23, 2022

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *Senate Bill 787 – Managed Care Organizations and Health Insurance Carriers – Prior Authorization for HIV Postexposure Prophylaxis for Victims of Sexual Offenses – Prohibition*. The bill prohibits state regulated health plans from applying a prior authorization requirement for a prescription drug used as a postexposure prophylaxis (PEP) to prevent HIV if it is prescribed to a victim of alleged rape of sexual offense.

ACNM supports this legislation because it continues support for the Pilot Program for Preventing HIV for Rape Victims. This program was created to prevent HIV infection for victims of an alleged rape or sexual offense or victims of alleged child abuse. Currently, all Medicaid managed care organizations cover PEP drugs; however, some have prior authorization requirements. Eliminating the prior authorization requirements will lead to decreases in HIV infections due to the use of PEP drugs. This bill will also increase access for sexual offense survivors to obtain basic necessary life-saving drugs.

Providing care for sexual assault and rape survivors is an essential part of Maryland's public health strategy to lower the rate of HIV infections and provide essential care to Marylanders who need it most. We ask for a favorable report. If we can provide any additional information, please contact Suhani Chitalia at [schitalia@policypartners.net](mailto:schitalia@policypartners.net).

**AmendmentSB0787-863629-01.pdf**

Uploaded by: Brian Feldman

Position: FWA



**SB0787/863629/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

15 FEB 22  
11:47:26

BY: Senator Feldman  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 787  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, strike “**for Victims of Sexual Offense**”; and in lines 8 and 9, strike “to a victim of an alleged rape or sexual offense” and substitute “for use in accordance with Centers for Disease Control and Prevention guidelines”.

AMENDMENT NO. 2

On page 2, in lines 8 and 9, strike “**TO A VICTIM OF AN ALLEGED RAPE OR SEXUAL OFFENSE**” and substitute “**FOR USE IN ACCORDANCE WITH CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDELINES**”; and in lines 27 and 28, strike “**TO A VICTIM OF AN ALLEGED RAPE OR SEXUAL OFFENSE**” and substitute “**FOR USE IN ACCORDANCE WITH CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDELINES**”.

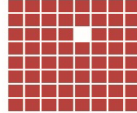
**SB0787\_FWA\_MedChi, MDACEP, MDAAP\_MCOs & HI - Prior**

Uploaded by: Danna Kauffman

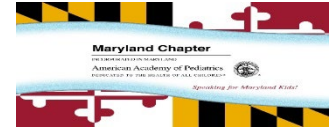
Position: FWA



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**Maryland Chapter**  
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**TO:** The Honorable Delores G. Kelley, Chair  
 Members, Senate Finance Committee  
 The Honorable Brian J. Feldman

**FROM:** Danna L. Kauffman  
 Pamela Metz Kasemeyer  
 J. Steven Wise  
 Christine K. Krone

**DATE:** February 23, 2022

**RE:** **SUPPORT WITH AMENDMENT** – Senate Bill 787 – *Managed Care Organizations and Health Insurance Carriers – Prior Authorization for HIV Postexposure Prophylaxis for Victims of Sexual Offenses – Prohibition*

The Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, and the Maryland Chapter of the American Academy of Pediatrics **strongly support with amendment** Senate Bill 787. Senate Bill 787 prohibits both the Medicaid program and private insurance carriers to apply a prior authorization requirement for a prescription drug used as post-exposure prophylaxis (PEP) for the prevention of HIV.

Post-exposure prophylaxis (PEP) is a HIV prevention method that involves taking antiretroviral medicines after an exposure to HIV. PEP reduces the risk of infection. According to the federal CDC, “exposure to HIV is a medical emergency, because HIV establishes infection very quickly, often within 24 to 36 hours after exposure.” Because HIV establishes infection in the body very quickly, easy and immediate access to PEP is critical.

Prior authorizations reduce the ability of PEP to work as intended. Individuals at risk of contracting HIV should have timely and affordable access to preventive medications. Prior authorization requirements are unduly burdensome for physicians and can result in delays, significantly impacting patient care, especially when access to care is critical. Physicians need to be able to prescribe these medications based on appropriate clinical knowledge, training, and experience without being subject to prior authorization. By eliminating prior authorization for PEP, it will reduce disparities and ensure the timely delivery of this important medication to reduce the risk of HIV infection.

For these reasons, we support Senate Bill 787 with the sponsor’s amendment to remove the reference to “victims of sexual offenses.”

**For more information call:**

Danna L. Kauffman  
 Pamela Metz Kasemeyer  
 J. Steven Wise  
 Christine K. Krone  
 410-244-7000