



Maryland
Hospital Association

**Senate Bill 246- Public Health - Nonoccupational Postexposure Prophylaxis (nPEP)
Standing Order Program - Establishment**

Position: *Support with Amendments*

January 30, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 246.

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 state Sexual Assault Reimbursement Unit (SARU) oversees reimbursement of these medical and forensic services.

The General Assembly passed SB 331/HB 247 in 2022, which created a permanent program to prevent HIV for survivors of sexual assault and child sexual abuse. Since beginning as a pilot, this program successfully removed barriers that historically prevented eligible survivors from accessing HIV prophylaxis. 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 If not administered within 72 hours, research shows, medication has little to no effect in preventing HIV.²

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 SARU's dedication to ensure access to nPEP. SARU was instrumental in establishing a relationship with Terrapin Pharmacy, a mail-order pharmacy, which helped several Maryland hospitals ensure access to nPEP when it was not feasible for the hospital to dispense the full course of treatment.

SB 246 would create a standing order program for nPEP. Maryland hospitals strongly support this initiative to expand access to HIV prophylaxis. However, given the importance of the state's [already established program](#) for preventing HIV infection for rape victims as defined in Criminal Procedure § 11-1008 we recommend several amendments to SB 246 to acknowledge this

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.](#)

program and ensure qualifying survivors are not inadvertently billed for medication they have access to at no cost.

We recommend the inclusion of the attached amendments. With these amendments, we request a favorable report on SB 246. We would be happy to work with the Department of Health and the sponsor to discuss these amendments.

For more information, please contact:

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

MHA Proposed Amendments to SB 246/HB 127

(D) THE DEPARTMENT MAY:

(1) COLLECT FEES NECESSARY FOR THE ADMINISTRATION OF THE PROGRAM **UNLESS THE PATIENT QUALIFIES FOR NPEP THROUGH THE PROGRAM FOR PREVENTING HIV INFECTION FOR RAPE VICTIMS AS DEFINED IN CRIMINAL PROCEDURE § 11-1008 ;**

13-5203

(A) AT THE TIME OF DISPENSING NPEP, A PHARMACIST REGISTERED WITH THE PROGRAM SHALL:

(1) SCREEN THE PATIENT TO DETERMINE THAT HIV EXPOSURE OCCURRED WITHIN 72 HOURS BEFORE THE DISPENSING;

(2) DETERMINE WHETHER THE PATIENT MEETS CLINICAL CRITERIA CONSISTENT WITH CDC GUIDELINES, INCLUDING

(I) THE IDENTIFICATION OF ANY CONTRAINDICATED MEDICATIONS

(2) EXPOSURE AS THE RESULT OF AN ALLEGED RAPE OR SEXUAL OFFENSE OR ALLEGED CHILD SEXUAL ABUSE;

(3) SUBJECT TO SUBSECTION (B) OF THIS SECTION, DETERMINE WHETHER AN AVAILABLE STANDING ORDER IS APPROPRIATE FOR THE PATIENT AND DISPENSE NPEP IN ACCORDANCE WITH CDC GUIDELINES;

(4) REFER THE PATIENT TO A DISEASE INTERVENTION SPECIALIST WITHIN THE DEPARTMENT FOR ONGOING TREATMENT; AND

(5) DETERMINE WHETHER THE PATIENT HAS A PRIMARY CARE PROVIDER AND:

(I) IF THE PATIENT HAS A PRIMARY CARE PROVIDER, NOTIFY THE PROVIDER THAT THE PATIENT WAS DISPENSED NPEP; OR IF THE PATIENT DOES NOT HAVE A PRIMARY CARE PROVIDER, PROVIDE THE PATIENT WITH A LIST OF PRIMARY CARE PROVIDERS AND CLINICS.

(B) IF AN AVAILABLE STANDING ORDER IS NOT APPROPRIATE FOR THE PATIENT, THE PHARMACIST SHALL REFER THE PATIENT TO A PRIMARY CARE PROVIDER.

(C) A PHARMACIST MAY DISPENSE NPEP IN ACCORDANCE WITH A THERAPY MANAGEMENT CONTRACT UNDER TITLE 12, SUBTITLE 6A OF THE HEALTH OCCUPATIONS ARTICLE

13-5204

13-5204. (A) A LICENSED HEALTH CARE PROVIDER WITH PRESCRIBING AUTHORITY WHO IS REGISTERED WITH THE PROGRAM MAY DELEGATE THE DISPENSING OF NPEP UNDER A STANDING ORDER TO AN EMPLOYEE OR A VOLUNTEER OF AN AUTHORIZED PRIVATE OR PUBLIC ENTITY IN ACCORDANCE WITH A WRITTEN AGREEMENT UNDER § 13-5205 OF THIS SUBTITLE.

(B) ANY LICENSED HEALTH CARE PROVIDER WHO HAS DISPENSING AUTHORITY MAY DISPENSE NPEP TO AN INDIVIDUAL IN ACCORDANCE WITH A STANDING ORDER IN ACCORDANCE WITH THIS SUBSECTION.

(C) NOTHING IN THIS SUBTITLE SHALL PROHIBIT ANY QUALIFIED HEALTH CARE PROVIDER AS DEFINED IN CRIMINAL PROCEDURE § 11-1007 FROM PARTICIPATING IN THE PROGRAM FOR PREVENTING HIV INFECTION FOR RAPE VICTIMS AS DEFINED IN CRIMINAL PROCEDURE § 11-1008