



Working to end sexual violence in Maryland

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Testimony Supporting House Bill 127 with Amendments
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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. We urge the Health and Government Operations Committee to report favorably on House Bill 127 with Amendments

House Bill 127 – Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program – Establishment

House Bill 127 with amendments will increase the availability of critical medication that is highly effective in preventing the contraction of Human Immunodeficiency Virus (HIV) when taken within 72 hours after possible exposure.¹ This 72-hour window is critical, and delays associated with obtaining a prescription or insurance approval can place an individual's health and well-being at risk.

The proposed amendments for HB 127 (attached), developed with the Maryland Hospital Association, acknowledge the existing Program for Preventing HIV Infection for Rape Victims administered by the Governor's Office of Crime Prevention and Policy (GOCPP): Sexual Assault Reimbursement Unit (SARU). This program was established in 2019 and made permanent in 2022.

The Program for Preventing HIV Infection for Rape Victims acknowledges that HIV contraction is a grave concern for sexual assault survivors with one study indicating that 91.9% of rape survivors reported some degree of initial fear or concern for contracting HIV and 72.6% reported

¹ Centers for Disease Control (2022). *About PEP*, available at <https://www.cdc.gov/hiv/basics/pep/about-pep.html>

extreme fear or concern for contracting HIV.^{2,3} This critical program eliminates access barriers and provides survivors of sexual assault with free nPEP after possible exposure and whether or not they choose to receive a full sexual assault forensic exam (SAFE).

With support from the forensic nursing community, MCASA, and the Maryland Hospital Association, GOCPP has established a streamlined process for survivors to obtain this medication at the time of discharge or through a contracted pharmacy, Altruix, formerly known as Terrapin, which will deliver medication via courier to ensure timely access. This process also addresses potential side effects of nPEP through anti-nausea prescriptions and medication regimens that address each patient's individual circumstances such as pregnancy status or renal function.

The proposed amendments will encourage sharing of education materials about the existing program for sexual assault survivors with pharmacies and clinics to increase participation in this SARU program and, ultimately, increase sexual assault survivor access to this critical medication.

**The Maryland Coalition Against Sexual Assault urges
the Health and Government Operations Committee
to report favorably on House Bill 127 with amendments.**

² U.S. Dept. of Justice, Office on Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* Second Edition (2013), available at <https://www.ojp.gov/pdffiles1/ovw/228119.pdf>

³ Resnick, H., Monnier, J., Seals, B., Holmes, M., Walsh, J., Acierno, R., Kilpatrick, D., (2002). *Rape-Related HIV Risk Concerns Among Recent Rape Victims*.

(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