



BILL NO: House Bill 1114
TITLE: HIV Prevention Drugs - Prescribing, Dispensing, and Insurance Coverage
COMMITTEE: Health
HEARING DATE: March 4, 2026
POSITION: FAVORABLE

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that works to lead diverse community partners toward the common purpose of reducing the occurrence and impact of intimate partner violence. **MNADV respectfully submits this testimony in strong support of House Bill 1114.**

HB 1114 takes practical, evidence-based steps to expand access to HIV prevention in Maryland by:

- Allowing pharmacists to prescribe and dispense pre-exposure prophylaxis (PrEP);
- Eliminating insurance barriers such as prior authorization, step therapy, and cost sharing;
- Requiring coordination with primary care providers or referrals to ensure ongoing care.

These changes are critical not only for public health broadly, but particularly for survivors of intimate partner violence (IPV), who face elevated risk of HIV exposure and significant barriers to prevention care.

There is a strong and well-documented link between intimate partner violence and HIV risk. Women who experience IPV are approximately 50 percent more likely to acquire HIV compared to women who have not experienced IPV¹. Sexual violence, reproductive coercion, and fear of partner retaliation can limit a survivor's ability to negotiate condom use, refuse sex, or access testing and preventive care. Survivors may avoid healthcare settings due to surveillance, stigma, lack of privacy, or financial control exerted by abusive partners.

Abusive partners may:

- Sabotage condoms or birth control;

¹ Li, Y., Marshall, C. M., Rees, H. C., Nunez, A., Ezeanolue, E. E., & Ehiri, J. E. (2014). Intimate partner violence and HIV infection among women: A systematic review and meta-analysis. *Journal of the International AIDS Society*, 17(1), 18845. <https://doi.org/10.7448/IAS.17.1.18845>



- Coerce unprotected sex;
- Prevent or delay access to healthcare;
- Monitor medical appointments; or
- Control insurance coverage and finances.

For survivors experiencing coercive control, requiring a physician appointment before accessing PrEP creates an additional barrier that may be unsafe or impossible to navigate. Pharmacy-based prescribing reduces this barrier. Pharmacies often offer extended hours and are located within five miles of most Americans², providing a more accessible and lower barrier point of care.

HIV disproportionately impacts communities that also experience higher rates of intimate partner violence due to structural inequities. In Maryland, Black residents account for 65.3 percent of new HIV diagnoses but only 35.3 percent of PrEP users, and Latino residents account for 18.7 percent of new diagnoses but only 7.9 percent of PrEP users.³ This gap highlights a clear and actionable opportunity to expand equitable access to prevention in the communities most impacted by HIV.

When PrEP coverage increases, diagnoses decrease. A recent study in *The Lancet HIV* found that states with the highest PrEP coverage experienced a 38 percent drop in new HIV diagnoses over a decade, while states with the lowest coverage saw a 27 percent increase. Researchers estimate that even a modest three percent annual decline in PrEP access could result in more than 8,600 preventable infections and 3.6 billion dollars in lifetime healthcare costs.⁴

HB 1114 advances health equity, reduces preventable infections, lowers long term healthcare costs, and addresses structural barriers that disproportionately impact Black and Latino Marylanders. It also recognizes the lived realities of survivors of intimate partner violence, who too often face compounded risks and limited autonomy in healthcare decision making.

² National Association of Chain Drug Stores (NACDS). (2023). Pharmacy accessibility statistics.

³ AIDSvu. (2024). Maryland HIV profile and PrEP coverage data. Emory University, Rollins School of Public Health. <https://aidsvu.org>

⁴ *The Lancet HIV*. (2023). Association between state-level PrEP coverage and HIV incidence in the United States. (Summary findings cited in AIDSvu, 2024.)



MNADV strongly supports the access and equity provisions of HB 1114 and also encourages implementation that centers survivor safety and autonomy. Survivors of intimate partner violence often experience healthcare monitoring, financial control, and retaliation related to medical decision-making. As this bill is implemented, it will be critical to ensure that required pharmacist consultations are conducted in a confidential, trauma-informed manner and that coordination with primary care providers protects patient privacy and choice. Survivors may not feel safe disclosing a primary care provider or may rely on insurance coverage that is monitored by an abusive partner.

Maryland Insurance Article § 15-143 provides important protections by allowing insured individuals who are victims of domestic violence to request confidential communications from their insurer, including alternative addresses or methods of communication when disclosure could endanger them.⁵ National best practices, including the Privacy Principles for Protecting Survivors of Intimate Partner Violence, similarly emphasize honoring patient communication preferences and limiting disclosures that could cause harm.⁶ Ensuring flexible, privacy-protective practices in counseling, documentation, referrals, and insurance communications will help maximize the bill's impact while safeguarding those experiencing coercive control.

For these reasons, **MNADV respectfully urges a favorable report on House Bill 1114.**

⁵ Md. Code Ann., Ins. § 15-143 (Confidential Communications for Victims of Domestic Violence). This statute permits an insured individual who is a victim of domestic violence to request that an insurer send communications to an alternative address or by an alternative means when disclosure could endanger the individual.

⁶ Health Partners on IPV + Exploitation & Human Trafficking; Futures Without Violence. Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings (2021). Available at: https://ipvhealthpartners.org/wp-content/uploads/2021/09/Privacy-Principles-for-Protecting-Survivors_Final.pdf