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## Working to end sexual violence in Maryland

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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 355** **Lisae C. Jordan, Executive Director & Counsel** March 24, 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 Health & Government Operations Committee to report favorably on Senate Bill 355.

#### **Senate Bill 355 – Preventing HIV for Rape Survivors, Sex Workers, and Others**

This bill expands availability of nPEP (post-exposure treatment to prevent HIV infection) and nPrEP (preventative treatment to prevent HIV infection) by permitting pharmacists to dispense the medication. Critically, this bill also prohibits insurance companies from requiring preauthorization in order to provide insurance coverage. SB355 would help rape survivors, sex workers, and others prevent HIV infection. Provisions of SB355 regarding a prohibition on preauthorization requirements for nPEP are also contained in HB970, reported favorably by this Committee earlier this session.

**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> However, the cost of medication along with the short window to start effective treatment can be a major deterrent to receiving care.<sup>3</sup> 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.<sup>4,5</sup>

In response, since 2019, rape survivors have been provided with access to medication to prevent HIV infection after a sexual assault. Criminal Procedure Article §11-1008. 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

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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*.

<sup>3</sup> 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.

<sup>4</sup> 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>

<sup>5</sup> 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](https://www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf) Daiber, D. (2018).

prevention treatment known as non-occupational post exposure prophylaxis (nPEP). Follow-up care for patients taking nPEP is also provided. This successful project is set to sunset this year and Senate Bill 331/House Bill 245 have been introduced to continue the project permanently.<sup>6</sup>

Senate Bill 355 would enhance the current nPEP for Rape Survivors project if it is continued by providing survivors with another point of access. Many survivors choose not to go the hospital following the trauma of rape, and SB355 would expand HIV prevention for these survivors. Training for pharmacists regarding responding to rape survivors can be provided by MCASA and is similar to existing training for nurses and other health care professionals.

**Eliminating preauthorization requirements is a critical component of SB355. When the State fails to protect its people from crime, the least it can do is provide medication to prevent health and life destroying infections.** 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 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.*

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.

**Expanded access to n-PrEP will respond to sex workers, including victims of sex trafficking.** Those engaged in trading sex are at higher risk of exposure to HIV and n-PrEP can be important to prevention of HIV infection. Condom use to prevent HIV may be refused by customer or thwarted through stealthing, the practice of removing a condom without a partner's consent and continuing to engage in sexual activities. One in three women and one in five men reported being victims of stealthing, with the women reporting being stealthed more likely to be a sex worker.<sup>7</sup> Senate Bill 355 will reduce barriers to obtaining n-PrEP and also increase education about STIs and other health risks for this population.

**The Maryland Coalition Against Sexual Assault  
urges the Health & Government Operations Committee  
to report favorably on Senate Bill 355**

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<sup>6</sup> For more information, see, Report on the Operation and Results of the Pilot Program (HIV Postexposure Prophylaxis), [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)

<sup>7</sup> <https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0209779>