



Maryland  
Hospital Association

**House Bill 127- Public Health - Nonoccupational Postexposure Prophylaxis (nPEP)  
Standing Order Program - Establishment**

**Position: *Support with Amendments***

January 31, 2024

House Health & Government Operations 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 House Bill 127

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.<sup>1</sup> If not administered within 72 hours, research shows, medication has little to no effect in preventing HIV.<sup>2</sup>

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.

HB 127 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 HB 127 to acknowledge this

---

<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.](#)

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 HB 127. 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