



Maryland
Hospital Association

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Committee: Senate-Judicial Proceedings
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**Senate Bill 657 - Pilot Program - Alleged Rape, Sexual Offense, or Child Sexual Abuse -
HIV Postexposure Prophylaxis**

Position: *Support*

Bill Summary

SB 657 would establish the Pilot Program for Preventing HIV Infection for Rape Victims, to prevent HIV infection for victims of an alleged rape or sexual offense or victims of alleged child sexual abuse; require the Governor's Office of Crime Control and Prevention to administer the program; require that a victim of an alleged rape or sexual offense or a victim of alleged child sexual abuse be provided with a full course of treatment and follow-up care for postexposure prophylaxis for the prevention of HIV infection; etc.

MHA Position

Current state law ensures that survivors of sexual assault have access to emergency medical treatment and forensic services for injuries sustained as a result of the assault, with no out-of-pocket expens. These services are rendered at Sexual Assault Forensic Programs located within hospitals. **One exception to this rule is the lack of coverage for therapy to prevent HIVⁱ.** Maryland's hospitals support efforts, like SB 657, to remove barriers that prevent victims of sexual assault and child abuse from accessing this treatment.

Clinical guidance recommends that patients begin non-occupational Post Exposure Prophylaxis (n-PEP) treatment **within 72 hours of a potential exposure** and continue consistently for 28 days^{ii,iii}. Otherwise, research shows, the medication has little or no effect in preventing HIV^{iv}. Current state regulations that recommend n-PEP only in limited cases are outdated and reimbursement is offered only for a "starter pack," or three- to five-day supply of the medication^v. This policy has resulted in inconsistent access to treatment for victims across the state.

The Maryland Sexual Assault Evidence Kit & Funding Committee's 2019 report recommended that the state, consistent with other services provided to victims, provide access to the full course of treatment free of charge. The Maryland Hospital Association (MHA) supports this recommendation because it takes the burden of paying for this treatment off the victim.

A similar bill introduced last year failed to pass due to a high fiscal note, this is because HIV prophylactic treatment, composed of two to three different medications depending on the regimen prescribed, can be expensive. For Medicaid recipients, the co-pay is just one dollar, but for those who are commercially insured, co-pays can be as high as \$1,500^{vi}.

The pharmaceutical companies that manufacture these medications offer both cost-sharing assistance programs and patient access programs for the commercially insured, uninsured and under-insured individuals^{vii}. Although time consuming, these resources can offset costs if victims consent to submitting their personal and/or insurance information. SB 657 contains a provision to

allow victims to bill their health insurance or submit information to a pharmaceutical company's program to cover either their co-pay or the cost of the medication. For patients that do not have concerns with filing their health insurance, this option is a way to leverage existing resources offered by the pharmaceutical companies and could be a cost-effective way to provide this medication.

MHA is working with the Department of Health's (MDH) Center for HIV/STI Integration and Capacity to develop a pilot program to connect hospital-based sexual assault programs with patient navigators employed by MDH. The state has Pre-Exposure Prophylaxis (PrEP) Navigation Programs at twelve local health department, plus regional navigators, that offer education on PrEP, screen for eligibility for the medication, screen for insurance coverage and assist patients with obtaining insurance coverage. Maryland's hospitals believe this is an opportunity to leverage available resources and connect patients with follow-up care and PrEP, for individuals who have an ongoing risk of developing HIV. Maryland's hospitals acknowledge the fiscal concerns associated with providing access to HIV treatment, and therefore support efforts to offset the cost, such as using navigators and cost-sharing assistance programs available through the pharmaceutical companies.

As written, SB 657 requires that a victim "be provided with a full course of treatment." Currently, hospital emergency departments cannot dispense full prescriptions, only starter dosages or samples provided without charge, due to the lack of a retail pharmacy license to dispense, but there are several options to help victims access the full course of treatment:

Purchase in Bulk, Supply to Hospitals

- The state could purchase the medications in bulk and distribute them to hospitals, where they could be dispensed as needed for sexual assault victims. This would allow the patient to be discharged with 28 days of the needed medication. The state utilized a similar model for Vaccines for Children, where vaccines were provided to hospitals around the state to administer to qualifying children^{viii}.

Utilize Local Health Department Clinics

- The state could purchase the medications for distribution through local health department clinics. According to the Health Resources & Services Administration, these clinics are eligible to participate in the 340B drug program^{ix}. Hospitals could provide a three to five-day starter pack of medication at discharge, to be reimbursed by the state, and refer patients for follow up at these clinics.

Engage a Voucher System

- The state could provide a voucher that could be used at an outpatient pharmacy, either on a hospital campus or at a retail pharmacy. The pharmacy in turn could bill the Criminal Injuries Compensation Board directly for reimbursement. The State of Kentucky utilizes this model to provide the full 28 days of treatment to victims of sexual assault^x.

Providing access to HIV prophylaxis can change the trajectory of a person's life. Given the time-sensitive nature of the medication and the clinical standards that recommend its use, Maryland's

hospitals strongly support efforts to ensure that victims have access to this medication. This will require thinking creatively about how to meet the needs of victims.

For these reasons, we strongly urge you to give **SB 657** a *favorable* report.

ⁱ Maryland Department of Health and Mental Hygiene & Maryland Institute of Emergency Medical Services Systems. *Improved Access to Sexual Assault Medical Forensic Examinations in Maryland*. (2015).

ⁱⁱ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. *Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual Assault, Injection Drug Use, or Other Nonoccupational Exposures to HIV- United States, 2016*. (2016). Retrieved from: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

ⁱⁱⁱ University of California San Francisco Clinician Consultation Center. *PEP Quick Guide for Occupational Exposures*. (2018). Retrieved from: <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>

^{iv} US Department of Health & Human Services, Secretary's Minority AIDS Initiative Fund (SMAIF). *HIV Prevention- Using HIV Medication to Reduce Risk-Post-Exposure Prophylaxis*. (2018). Retrieved from: <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis>

^v Ibid, 1

^{vi} Maryland Sexual Assault Evidence Kit Policy and Funding Committee. *Annual Report*. (2019). Retrieved from: http://www.marylandattorneygeneral.gov/Pages/Groups/2019_SAEK_Committee_Annual_Report.pdf

^{vii} National Alliance of State and Territorial AIDS Directors. *Pharmaceutical Company Patient Assistance Programs and Co-Payment Assistance Program for Pre-Exposure Prophylaxis (PREP) and Post-Exposure Prophylaxis (PEP)*. (October, 31, 2018). Retrieved from: <https://www.nastad.org/resource/pharmaceutical-company-patient-assistance-programs-and-co-payment-assistance-programs-pre>

^{viii} Maryland Department of Health. *Vaccines for Children Program*.

<https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/about-vaccine-for-children.aspx>

^{ix} Health Resources & Services Administration. *340B Eligibility*. n.d. Retrieved from:

<https://www.hrsa.gov/opa/eligibility-and-registration/index.html>

^x Kentucky Council on Domestic Violence and Sexual Assault and Sexual Assault Response Team Advisory Committee. *HIV NEP Plan of Action for Victims of Sexual Assault in Kentucky*. n.d. Retrieved from:

https://kbn.ky.gov/apply/Documents/nPEP_planofaction_FINAL_web_041111.pdf