



Oregon Alliance to End Violence Against Women

Support HB 2574

February 14th, 2023

House Committee on Behavioral Health and Health Care

Ensuring access to emergency HIV prevention

Chair Nosse, Vice-Chairs Goodwin and Nelson, and Members of the Committee:

On behalf of the Oregon Alliance to End Violence Against Women (the Alliance), The Oregon Law Center, The Oregon Coalition Against Domestic and Sexual Violence, The Attorney General's Sexual Assault Task Force, Raphael House of Portland, and Clackamas Women's Services, we are pleased to submit testimony in support of HB 2574, which would increase access to HIV post-exposure prophylaxis in urban and rural areas across the state.

Founded in 1999, the Alliance is a coalition made up of survivors of gender-based violence, advocates serving survivors, and allies. The Alliance is dedicated to promoting legislation in Oregon that will protect and empower survivors of domestic and sexual violence. The Oregon Coalition Against Domestic and Sexual Violence, the Attorney General's Sexual Assault Task Force, and the Oregon Law Center are statewide steering committee members of the Alliance, along with several non-profit confidential community-based survivor service organizations.

Alliance members are united in their commitment to ensuring access to confidential, culturally-specific, community-based, and trauma-informed services for survivors of domestic or sexual violence across the state. As an Alliance, we are committed to our roles in the coordinated community response dedicated to the prevention of violence and supports for survivors. Access to informed, available, affordable, and appropriate health care is consistently identified as a top priority for the survivor community.

Studies show that almost half of sexual assault victims express worries about the risk of acquiring HIV after the assault.¹ The violent nature of many sexual assaults and resultant injury may increase the transmission rate of sexually transmitted diseases. The fear and worry about the potential of infection and the related health impacts can exacerbate the trauma suffered by a survivor after an assault.

HIV post-exposure prophylaxis, or PEP, is a combination of medications that, if taken within 72 hours of a potential HIV exposure, is highly effective at preventing infection. The CDC recommends administering PEP to sexual assault victims within 72 hours of an assault resulting in a substantial risk for transmission with a known HIV-positive perpetrator.ⁱⁱ Ensuring that sexual assault survivors have access to PEP without financial or administrative barriers is an important element of any state's effective response to sexual violence.

HB 2574 would ensure access to PEP across Oregon by:

- Requiring all Oregon hospitals to have a policy on prescribing PEP;
- Mandating that providers in emergency rooms prescribe and dispense at least five days' worth of PEP to patients in the ER, if not medically contraindicated and with patient consent;
- Directing Oregon Health Authority to supply rural ERs with a limited number of complete courses of PEP each year;
- Prohibiting insurers from requiring cost-sharing for PEP

Quickly connecting survivors with mental and physical health support services is important for recovery from sexual violence. Ensuring access to PEP is one critically important way to support survivors in the aftermath of a violent assault, potentially preventing infection, reducing financial and administrative hurdles, and reducing anxiety about lasting health impacts.

For these reasons, we urge your support of HB 2574. Thank you for the opportunity to submit testimony.

ⁱ Sachs CJ, Ladd M, Thomas B. Sexual Assault Infectious Disease Prophylaxis. [Updated 2022 Apr 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482239/>

ⁱⁱ Smith DK, Grohskopf LA, Black RJ, Auerbach JD, Veronese F, Struble KA, Cheever L, Johnson M, Paxton LA, Onorato IM, Greenberg AE., U.S. Department of Health and Human Services. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. *MMWR Recomm Rep*. 2005 Jan 21;54(RR-2):1-20.