

SB 1507A Testimony
February 15, 2012

To: House Health Care Committee
From: Andrew Seaman, MD

Chair Greenlick, Chair Thompson and members of the Committee,

I would like to thank you for the opportunity to speak in favor of SB 1507A. In it we propose removing the requirement for a separate, special informed consent for HIV testing while maintaining an individual's right to know a test may be performed and decline if desired.

I am a 3rd year internal medicine resident physician in Portland. I would like to give you some background as to how all this started and why we are here today.

Over the course of my training, I have had a string of patients presenting to my Emergency Department with findings of advanced AIDS. One of the most illustrative was a thirty-two year old woman with two elementary school aged children, presenting with an infection in her lungs that almost only happens with advanced HIV. This patient had been into our ER 7 times in the last 5 years, two of which with symptoms of a sexually transmitted disease. Based on the natural history of HIV, it is likely she was infected at least the majority of those times. While gonorrhea and chlamydia tests were sent, HIV was not. Why not?

Looking further, I found that almost 40% of patients with HIV in Oregon present with late stage findings, much worse than the national average. In 2006, the CDC recommended that everyone between the ages of 13-64 receive an HIV test at least once, and people w/ certain risk factors yearly. Only, from what I had seen, we were not doing this--not in ERs, not in the clinics, not in the hospital. HIV testing rates haven't changed in more than a decade. So I thought, "We need to systemize this," and I set out to start an ER-based HIV screening program in my hospital. What I found, though, was that despite the fact that the tests were cheap and the staff was not unwilling, we lacked the resources required to perform a full, medical informed consent for every patient--the same process we are required to undergo prior to taking someone to surgery--and the project hit a wall.

Current law was written in 1987 and is steeped in the very complex history of the HIV epidemic. But it is the 21st century. We have new treatments, HIV means something different today, and it is time for a change.

Sincerely,

Andrew Seaman, MD