

Senate Committee on Health Care, Human Services, and Rural Health Policy  
SB 1507 Testimony  
February 1<sup>st</sup>, 2012

Madam Chair and Senators of the Committee,

I would like to thank you for the opportunity to speak in favor of LC 182. 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 21<sup>st</sup> century. We have new treatments, HIV means something different today, and it is time for a change.

Sincerely,

Andrew Seaman, MD

## **The Problem: Undiagnosed HIV infections and Barriers to HIV Testing**

### **Undiagnosed HIV Infections:**

- Over 1.1 million people in the U.S. are living with HIV infection, and 21% are undiagnosed.<sup>1</sup>
- Patients who start treatment at more advanced stages have worse outcomes<sup>8</sup> and higher associated hospital costs.<sup>6</sup>
  - In Oregon, 40% of new HIV diagnoses occur within 12 months of onset of AIDS, far worse than the national average.<sup>2</sup>
- HIV testing rates have not changed in over a decade, despite Centers for Disease Control (CDC) recommendations to expand testing.<sup>3</sup>
  - In Oregon only 36.7% of adults age 18-64 have ever been tested.<sup>4</sup>

### **Barriers to HIV testing:**

- Low level of perceived risk of contracting HIV among the public.
- Low level of adherence to the CDC's recommended HIV testing strategy by providers.
- Ongoing social stigma associated with testing.<sup>3</sup>
- Restrictive laws that require a full medical informed consent prior to testing for HIV:
  - Nearly half (49%) of internists reported state requirements to collect special written consent for HIV testing as one of the most important barriers to offering routine HIV screening to their patients.<sup>9</sup>
  - Internists in states with more restrictive laws were three times as likely to list consent requirements as a barrier to HIV screening
  - In 2008, only 15 states were consistent with CDC guidelines. As of 2011, 24 states have since changed their laws to be more compliant.<sup>10-12</sup>

## **The Solution: Decreasing Barriers to HIV Testing Will Help Find and Treat Patients With HIV**

- HIV infected people who are on antiretroviral therapy are 96% less likely to transmit the virus through sexual intercourse.<sup>5</sup>
- Patients who know they are infected decrease high-risk behavior by 53%<sup>7</sup>
- Each prevented transmission is estimated to save \$385,000<sup>6</sup>

**\*\*Find patients and start therapy → prevent transmission → prevent millions in healthcare costs and suffering**

### **Policy Recommendation:**

**LC 182 will decrease the actual and perceived burden to testing for HIV.**

**It will allow Oregonians to benefit from earlier detection, treatment, and prevention of HIV infection.**

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