## **Health Department**

## **MULTNOMAH COUNTY OREGON**

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Testimony for SB 1507

1 February, 2012

To: Senate Committee on Senate Committee on Health Care, Human Services and

Rural Health Policy Chair Laurie Monnes-Anderson

From: Gary Oxman, MD, MPH, Health Officer Multnomah County Health Department

Chair Laurie Monnes-Anderson and members of the Committee:

I'm writing to express Multnomah County's support for SB 1507.

HIV infection and AIDS continues to be an important community and individual health problem in Oregon. Testing for HIV infection has been available for 25 years. Despite this, many infected individuals are unaware that they are infected. Most people infected with HIV will not become ill with the symptoms of AIDS for several years after they are infected. During this period, people who are unaware of their status pose a serious risk for inadvertently spreading infection.

In the Portland Metropolitan area, approximately 195 individuals are diagnosed with new HIV infections each year. Unfortunately, 37% of these individuals are first identified as infected with HIV one year or less before they are diagnosed with AIDS. This means that these individuals are likely to have been unknowingly exposing their sex partners and needle sharing partners to HIV infection for years.

To overcome this problem, the Centers for Disease Control and Prevention (CDC) has recommended HIV blood tests for all sexually active adults. CDC recommends that testing occur in usual sites of medical care – for example, doctors offices, clinics, and hospital emergency departments.

Multnomah County Health Department has been working with hospitals and other health-care providers in the community to implement wide-scale HIV screening. In doing so, we have run into a significant barrier. Oregon's current requirement for informed consent prior to HIV testing creates a significant disincentives for health-care providers to offer HIV testing. The HIV test is a straightforward test. Similar tests to detect other serious health conditions (e.g., blood tests for hepatitis or diabetes) do not require separate explicit informed consent. Providers we are working with are hesitant to offer wide-scale HIV testing because of the time and effort required for informed consent, and concerns about potential liability.

Simply stated, SB 1507 removes the current statutory requirement for explicit informed consent prior to HIV testing. In its place, it requires that health-care providers notify the individual to be tested, and allow the individual the opportunity to decline testing. This process can be done orally or in writing, and can be carried out as part of a general medical consent. It is also important to note that SB 1507 leaves intact the current law's strong confidentiality protections.

SB 1507 will greatly streamline the process of offering HIV testing broadly. Our hope is that the statutory change will significantly increase the amount of HIV testing in our community. This should lead to earlier diagnosis, improved prevention actions on the part of infected individuals, and earlier treatment.

Please feel free to contact me if you have any questions about this bill or Multnomah County's position.

Sincerely,

Gary Oxman, MD, MPH, Health Officer