one in four
chronic health

March 29, 2017

Chair Greenlick and Members,
House Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Support for HB 3086

Chair Greenlick and Members of the Committee:

For the record my name is BJ Cavnor and I serve as the Executive Director of One in Four Chronic Health, a patient advocacy collaborative based in Portland.

I am here today to offer our support for HB 3086, sponsored by Reps. Malstrom and Meek.

HIV related lipodystrophy is one of the conditions that doctors and patients began noticing after the implementation of highly active anti-retroviral therapies (1996) in treating HIV/AIDS. Lipodystrophy is the result of what is now called *Metabolic Syndrome* a series of changes to the body. Lipodystrophy redistributes subcutaneous (adipose tissue) fat to other areas of the body. Fat accumulates in the abdomen, limbs, breasts, upper back ("buffalo hump").

Metabolic Syndrome is also responsible for the redistribution of adipose tissue to the viscera, a condition in which excess adipose tissue surrounds the internal organs including; the heart, lungs, liver and pancreases. It is this form of the Syndrome which increases possibilities of cardiovascular conditions (CDV); stroke, lipids, blood pressure & heart attack, insulin resistance and diabetes.

It is important to recognize that many of these conditions are preventable. The reason we see lipodystrophy today is because patients are living longer; a direct result of the development and use of HIV anti-viral drugs. Today average life expectancy for a person with HIV (in treatment) is within 6 years of that of a non-infected person.

HIV positive patients with lipodystrophy have an increased risk of CDV, one study found a 50% increase in risk of developing CDV as compared to the general population[i]. As this population ages, we are learning more about the impact of HIV infection over decades, including increased risks of comorbidities.

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