

## Cascade AIDS Project and the HIV Alliance Urge Support for Senate Bill 142A

By updating Oregon’s HIV related laws and statues, we can help reduce stigma experienced by people living with HIV/AIDS while updating our statues to reflect the most current and medically accurate terminology.

### **SB 142A will Modernize Oregon Statues:**

SB 142A will update our statues with more clinically up-to-date language, like using ‘Sexually Transmitted Infection’ as opposed to “venereal disease” or “sexually transmitted disease”.

The concept of “disease,” suggests a recurring or chronic medical condition, usually with some obvious signs or symptoms. But several of the most common STIs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can often be overlooked and can be easily treated or cured. So, the sexually transmitted virus or bacteria can be described as creating “infection,” which may or may not result in a chronic “disease.”

For these reasons, many public health experts—including OHA—recommend using the more clinically accurate term “Sexual Transmitted Infection”.

### **SB 142A will reduce stigmatizing phrasing, while upholding prevention education:**

**Example 1:** SECTION 2. ORS 109.610 is amended to read:

109.610. (1) Notwithstanding any other provision of law, a minor who may have come into contact with any [venereal disease, including HIV,] sexually transmitted infection may give consent to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of [such disease, if the disease or condition] the sexually transmitted infection if it is one [which] that is required by law or regulation adopted pursuant to law to be reported to a state or local health agency or officer.

*Here you can see that HIV is listed out unnecessarily when a more general term, like STI will suffice. This is a good example of what “HIV exceptionalism” looks like in statue. The concept of HIV exceptionalism is the practice of treating HIV differently from other sexually transmitted infections and sends a mixed message: people living with HIV are not unlike people with other diseases, but at the same time, HIV warrants a different response. This practice has led much of the general public to conclude that there must be something particularly ominous about HIV if it is being singled out in so many ways.*

*This perpetuates HIV stigma and prevents people from better understanding HIV: fear of being associated with the virus is a disincentive to HIV testing, access to treatment and care, and/or disclosing one's HIV status.*

**Example 2:** SECTION 6. (f) ORS 336.455 is amended to read:

Stress that sexually transmitted [diseases] infections are serious possible outcomes of sexual contact. Students shall be provided with statistics based on the latest medical information regarding the efficacy of all methods of sexual protection in preventing [human immunodeficiency virus infection and other] sexually transmitted [diseases] infections, including human immunodeficiency virus, hepatitis B and hepatitis C.

*Here we have the opposite of Section 2, where we believe it is important that prevention of sexually transmitted infections, including HIV, are listed out to ensure young people have access to prevention education in schools. **In 2011, approximately 24% of new HIV diagnoses were young people age 13 to 24.** Lack of knowledge and/or unconscious bias can lead to inadequate coverage in the classroom or avoiding HIV prevention education all together because of assumptions about who is at risk of being HIV positive.*

SB 142 was passed out of Senate Health unanimously and passed off of the Senate Floor with a 28-1 vote.