



Connecticut AIDS Resource Coalition

**Testimony of Shawn M. Lang
Public Health Committee
6 March 2009**

Senator Harris, Representative Ritter, members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the CT AIDS Resource Coalition, Connecticut's only statewide HIV/AIDS organization. We work to ensure that the nearly 11,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity.

I'm here to testify in support of **HB 6391 An Act Concerning Revisions to the HIV Testing Consent Law.**

In 200, the Centers for Disease Control announced new guidelines to incorporate HIV testing as part of routine medical examinations. Part of the rationale was to normalize HIV testing in an effort to reduce stigma and discrimination and act as a vehicle to identify people earlier on in their disease and get them into care; which is not what's happening now. In fact, a recent study revealed that 23% of people who found out they had HIV also received an AIDS diagnosis at the same time. This means that they were infected for some time and their disease, left untreated, progressed to AIDS.

The changes to the existing statute include removing pre- and post test counseling, eliminating separate written informed consent, and a provision for patients to opt out of being tested. What this means is that when you go for your annual physical, and your medical provider orders blood work, they'll inform you that you can have an HIV test. You can agree or opt out. It will be important that doctors make it clear that people know that they're having an HIV test.

We want to raise a few things that we believe, if addressed, will strengthen the changes once it's rolled out.

1. **HIV testing must not occur at the expense of the individual.** Our understanding is that insurance companies will pay for HIV **diagnostic tests** but not HIV **routine tests**. Diagnostic testing would be done if a patient presents some reason to be tested. Providers will be specific and clear information as to how to code such a test so that insurance will cover it. In the state of California, the Governor ordered all insurance companies to cover HIV tests.
2. **Access and referrals to HIV-related care and support services is essential.** When a person tests positive for HIV, their provider must be able to offer them appropriate referrals to HIV or Infectious Disease experienced physicians. HIV is a complex disease with an often complex set of symptoms, co-morbidities and a complex regimen of treatment. Likewise, information about and referrals to ancillary support services such as case management, housing, prevention education is critical to keeping people in care. All of which act as secondary prevention. When

people with HIV/AIDS are in care and adequately housed, they stick to their medication regimens and are far less likely to engage in high risk behaviors. This presents an opportunity to bring together key stakeholders for more coordinated and therefore better planning.

3. **The Department of Corrections must be included and engaged as a partner to implement these guidelines in Connecticut prisons.** HIV infection rates are significantly higher in the prisons than in the general population. In 2004, the rate of known HIV infection in the men's prisons was 3.9%, while the women's prison has nearly twice the rate at 7.9%, which no one is talking about. DOC must be held to the same standards of routine HIV testing as other providers.
4. **DPH must develop a plan** as to how physicians and DOC will be fully informed of the changes, including listings of HIV-certified and Infectious disease physicians; proper coding for insurance coverage, and information about HIV services in the community.

We believe that the proposed legislation will create a systemic way to identify more people with HIV, bring more people with HIV into care earlier on in their illness which will allow for better health outcomes for them; which will be far less costly over time.

Furthermore, we believe that addressing these issues will support and strengthen the CDC's recommendations and DPH's proposed changes.

I'd be happy to answer any questions you might have. Thank you.