



**Testimony in Support of Raised House Bill 6540
AN ACT CONCERNING THE PREVENTION OF HIV**

By: Alice Rosenthal
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Distinguished Members of the Public Health Committee: I am a senior staff attorney at the Center for Children's Advocacy ("CCA"), a public-interest law firm representing Connecticut's most at-risk children and youth. CCA provides holistic legal services for low-income children in Connecticut communities through individual representation, education and training, and systemic advocacy. I coordinate our Medical-Legal Partnership Project at Yale New Haven Children's Hospital where I work in collaboration with medical providers to address legal issues impacting children's health. Our office is located inside the Pediatric Primary Care Center, where I see on a daily basis how critical access to basic health care can affect youth's well-being.

We support the passage of Raised House Bill 6540, An Act Concerning the Prevention of HIV.

Raised H.B. 6540 is a critically important public health proposal that seeks to expand healthcare access to an extraordinarily vulnerable population and to prevent the spread of HIV. This endeavor is the result of several years of collaborative advocacy led by dedicated physicians and medical providers, public health experts, state and local health officials, as well scores of HIV and AIDS front-line workers. Under current law, Conn. Gen. Stat. §19a-592, minors may receive HIV treatment without parental consent,¹ but they cannot independently consent to pre-exposure prophylaxis ("PrEP"), a clinical, medical intervention (not a vaccine) that prevents the transmission of HIV and AIDS when taken as prescribed. *An Act Concerning the Prevention of HIV* would address this harmful gap and implement a targeted provision in §19a-592 to ensure the confidentiality of minors who choose to prevent their exposure to HIV. We are proud to be a member of this broad coalition, and believe that the statutory change will result in an important clinical tool against the spread of HIV and AIDS in Connecticut.

We support the passage of this bill for three specific reasons:

- 1. Providing minors the opportunity to consent to PrEP is consistent with the complicated yet well-defined minor consent laws that presently exist in Connecticut.**

Through years of thoughtful and well-planned legislation by the General Assembly, minors have been able to gain access to critical healthcare needs, specifically in the areas of reproductive health, sexually transmitted diseases, mental health care and treatment, substance abuse care and

¹ Conn. Gen. Stat. §19a-592. Testing and treatment of minor for HIV or AIDS. Confidentiality. Liability for costs.

the diagnosis and treatment of HIV and AIDS.² Connecticut understands the complicated nature of sexual health for adolescents. Our statutes allow youth to have confidentiality in their decisions to access healthcare related to their sexual health. Many youth do not feel safe telling their parents about their sexuality or sexual activities. Providing a minor with the ability to consent to preventative medical intervention to preclude the transmission of HIV and AIDS is completely consistent with the legislature's pattern of providing healthcare access to youth. This bill would add language to Conn. Gen. Stat. §19a-592 to allow for prevention of HIV, not just treatment.

2. This bill closes a critical gap in the statutory scheme designed to address the significant public health concern that HIV poses to at-risk youth, avoids a lifetime of medical treatment, and is cost effective.

The data surrounding young men's exposure to HIV and AIDS is staggering. Youth ages 15-24 account for nearly 20 million new sexually transmitted diseases in the United States each year, accounting for approximately \$16 billion in health care costs. While an individual who lives in the United States has a one in 99 chance of contracting an HIV infection in their lifetime; young men ages 13-24 who engage in sexual relationships with other men have a **one in five** chance to contract HIV.³ The present statutory scheme permits this group of at-risk youth to access HIV treatment, but not the preventative care that could benefit them most. As a result, there is a significant cost advantage to treating susceptible individuals prophylactically, rather than for a lifetime of medical treatment for a diagnosis of HIV. For example, while administering PrEP to a youth costs anywhere from \$1,300 - \$1,600 per month, the cost of a lifetime of HIV and AIDS treatment is estimated to be as high as \$367,000.⁴ Allowing youth to consent to prevention, in addition to treatment, will assist Connecticut in getting to our goal of zero new HIV infections.

3. Many other states already allow minors to consent to preventative or prophylactic care related to HIV.

All states allow some minors to consent to medical care for the diagnosis and treatment of HIV, but more and more states have implemented statutes that explicitly allow minors to consent to preventative or prophylactic care related to HIV.⁵ Passing a bill in Connecticut would be in line with many other states and would enhance our state's existing commitment to prioritizing access to health care, especially for vulnerable youth.

Respectfully submitted,

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² See e.g. 19a-600-602 (Abortion), Conn. Gen. Stat §§19a-216 (Examination and Treatment of Minor for Venereal Disease), 19a-14(c) (Mental Health Treatment – Outpatient), 17a-75-81 (Mental Health Treatment – Inpatient), 19a-58(a)-(c) (HIV & AIDS).

³ Source: CDC.Gov (2013-2017 data, specific links available upon request)

⁴ See CDC.gov at www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html

⁵ See Cal. Fam. Code §6926(b) (California), Iowa Stat. §139A.35 (Iowa), Kan. Stat. Ann. §65-2892 (Kansas), Neb. Rev. Stat. §71-501 (Nebraska), N.Y. Pub. Health §2305 (New York), N.C. Gen. Stat. Ann. §90-21.5 (North Carolina), Okla. Stat. Ann. T63 §2602 (Oklahoma), Mont. Code. Ann. §41-1-401 (Montana), S.D. Stat. §34-23-16 (South Dakota).