

**Testimony Supporting
H.B. 6540: An Act Concerning the Prevention of HIV**
Karen Siegel, M.P.H.
Public Health Committee
February 25, 2019

Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and esteemed members of the Public Health Committee,

I am testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. We support H.B. 6540 as a measure to prevent HIV infections.

The American Academy of Pediatrics recommends that adolescents be screened for sexually transmitted infections, including HIV, during routine preventive care.¹ This recommendation stipulates that HIV screening include: “making every effort to preserve confidentiality of the adolescent.” Adolescents may be unwilling to seek prophylactic treatments for sexually transmitted disease if parental consent is required. This reduced care-seeking behavior can result from youths’ shame or fear of disclosing information about their sexuality or sexual activity to parents.² Unaccompanied homeless youth and youth in foster care who lack close family relationships face additional barriers to obtaining parental consent.^{3,4}

Prophylactic treatment for HIV is highly effective and research shows that there is no association between use of prophylactic treatment and increased risk-taking.⁵ Connecticut law already allows youth ages 12 and older to consent to care for sexually transmitted infections.⁶ Enabling youth to prevent the occurrence of such infections is a logical extension of this existing protection. We believe that allowing youth to seek and obtain prophylactic treatment for sexually transmitted diseases is a good policy that will result in increased prevention of sexually transmitted diseases, including HIV for Connecticut’s youth.

Thank you for the opportunity to testify in support of H.B.6540. I can be reached with any questions at ksiegel@ctvoices.org or at 203-498-4240, ext. 120.

¹American Academy of Pediatrics. “Bright Futures Recommendations for Periodic Preventative Health Care.” Updated October 2015. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

² Cunningham, S. Kerrigan, D., Jennings, J., and Ellen, J. (2015) “Relationships between Perceived STD-Related Stigma, STD-Related Shame and STD Screening Among a Household Sample of Adolescents.” *Perspect Sex Reprod Health*. 2009 Dec; 41(4): 225–230. doi: 10.1363/4122509

³American Academy of Pediatrics. (2015). “Health Care Issues for Children and Adolescents n Foster Care and Kinship Care.” *Pediatrics*. 136:4. Retrieved from: <http://pediatrics.aappublications.org/content/136/4/e1142#xref-ref-81-1>

⁴ Connecticut Coalition to End Homelessness. (2015). “Connecticut Counts: 2015 Report on Homelessness in Connecticut.” Retrieved from: <http://cceh.org/wp-content/uploads/2015/06/CT-Counts-v2-1.pdf>

⁵ For example: Marcus, J., Glidden, D., Mayer, K. et al. (2013) “No Evidence of Sexual Risk Compensation in the iPrEx Trial of Daily Oral HIV Preexposure Prophylaxis.” *PLoS ONE* 8(12): e81997. <https://doi.org/10.1371/journal.pone.0081997>

⁶ Guttmacher Institute. Boonstra H, Nash E. (2000) “Special Analysis: Minors and the Right to Consent to Health Care.” Available at: www.guttmacher.org. and Guttmacher Institute. “State policies in Brief.” An overview of minors’ consent law. Available at: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>