



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

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Distinguished Members of the Public Health Committee:

A native of New Haven, Connecticut, I have devoted my medical career to HIV prevention and care since the late 1980s. I strongly support Raised HB 6540 and access to all means of HIV prevention by Connecticut's at risk youth. Within Fair Haven, a predominantly Hispanic/Latino community of New Haven, I currently provide care to nearly 200 individuals living with HIV -- ranging in age from 20 to 84. I also prescribe HIV pre-exposure prophylaxis (PrEP) to adults, primarily young men of color. Significantly, however, I am not able to prescribe PrEP to many at risk youth, despite the safety, efficacy and recent Food and Drug Administration (FDA) approval of Truvada as HIV prevention for adolescents.

In May 2018, the FDA approved the expanded indication of Truvada as HIV pre-exposure prophylaxis for adolescents. When taken consistently, PrEP reduces the risk of HIV infection by over 90 percent. This oral medication contains a reverse transcriptase inhibitor which prevents one of the early steps in HIV viral replication, blocking the virus from establishing a permanent infection. Truvada does not induce an immune response and is not a vaccine. Most importantly, the once daily pill Truvada can protect minors from ever acquiring HIV infection and requiring a lifetime of treatment.

The Connecticut Getting to Zero (GTZ) initiative, reported in December 2018, is intended to get to zero new HIV infections, zero HIV related deaths, and zero HIV stigma and discrimination. If we are able to diagnose and successfully treat those individuals who are HIV infected *and* prescribe PrEP to those at highest risk of becoming infected, our statewide goal of "Getting to Zero" is truly achievable. A key recommendation is to develop and launch a PrEP education and implementation program with "materials that are inclusive of all groups at high risk for HIV". In

2017, the highest percentage of new HIV diagnoses in Connecticut were among 20 to 29 year olds. Seventy percent of all new diagnoses were among African American and Hispanic/Latino residents and nearly half among gay and bisexual men. If Connecticut is to get to zero new HIV infections, we must make PrEP both available and relevant to minority LGBT youth and young adults.

Sexual health care, including access to PrEP, can empower all youth to make healthy sexual decisions and prevent HIV infection. Within our school based health center, I have spoken with at risk teens about HIV and PrEP but had to stop short of prescribing this prevention pill. For many LGBT youth, parental consent is an insurmountable obstacle to getting on PrEP. Fear of rejection because of sexual orientation is a more immediate and threatening concern than the potential risk of HIV. Tragically, I now care for young gay men living with HIV infection that could have been prevented by access to PrEP. Under existing Connecticut legislation, I'm able to treat youth already infected with HIV but cannot prescribe this safe, effective medication to prevent a lifetime infection.

The recent cost of Truvada for one month was \$1612. In contrast, the published lifetime cost of HIV treatment was \$379,668 (in 2010 dollars). For young people in particular, the immediate cost of PrEP is an investment against decades of future medical care. Not only is HIV care expensive, there are numerous added costs that are difficult to quantify. My patients are painfully aware of the ignorance and stigma that are still associated with HIV. They fear rejection by family and friends and many feel ashamed years after their diagnosis. Depression and anxiety are common and have immeasurable downstream costs to individual productivity, social interactions and well-being. In fact, the fear of HIV deters many people at risk from routine HIV testing. An added benefit of PrEP is that it increases testing for HIV and sexually transmitted infections (STIs) as a prescription requirement and provides a gateway to other forms of healthcare.

During the past 20 years, I have experienced firsthand the revolution in HIV care and treatment. But, telling a young person that his or her HIV test result is positive has not become easier. I offer reassurance that, with medications, this young person will live a healthy and productive life. Truthfully, I know that a lifetime of HIV infection is far more complex and has consequences beyond what I can see or measure. Getting to zero newly infected youth and young adults is what inspires me to make PrEP available to those who need it most. I urge you to support HB 6540 and protect our most vulnerable Connecticut youth.

Respectfully,

Krystn R. Wagner, MD PhD

