

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-1068

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING A HUMAN IMMUNODEFICIENCY VIRUS
PRE-EXPOSURE PROPHYLAXIS AND POST-EXPOSURE PROPHYLAXIS

Title: DRUG ASSISTANCE PROGRAM.

Vote Date: 3/20/2023

Vote Action: Joint Favorable Substitute

PH Date: 3/13/2023

File No.:

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

This bill requires the Department of Public Health (DPH) to establish and contract for a program providing HIV pre- and post-exposure prophylaxis (PrEP and PEP), if there is at least \$25,000 of AIDS funding available for the service. This program would replace a current, narrower program that aided victims of sexual assault. The program must provide financial assistance to people at risk of acquiring HIV to help pay for medication, up to the full cost. As is the case currently, this program targets people who are underinsured and accessing the program is the payer of last resort. The DPH must give priority to people at increased risk of acquiring HIV or those who have had a recent exposure and are unable to purchase PrEP or PEP medications. Lastly, the bill allows the DPH to adopt the necessary regulations to implement the policies and procedures while in the process of developing the program.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, Commissioner, Department of Public Health (DPH):

Commissioner Juthani provided statistics that pointed out Black and Latino men who have sex with men are disproportionately impacted by HIV. Black women see diagnosis rates 20 times higher than White women. Black and Hispanic populations are the most in need of these medications but have the lowest rates of use among all racial and ethnic groups. The Center for Disease Control's (CDC) data shows that only 9% of Black people and 16% of Hispanic people who could benefit from Pre- and Post- exposure prophylaxis received a prescription in 2020. In addition to Black, Indigenous and People of Color (BIPOC), this bill

will also serve other minority groups including people who use drugs, and transgender people. It will extend the ongoing work at DPH to provide PrEP and PEP education. Contractors who receive funding to provide these services statewide report that many individuals in these targeted groups experience financial barriers to accessing these medications. Post-exposure prophylaxis is recommended only for persons who present within 72 hours of a possible exposure to HIV. Currently the DPH faces a significant challenge to get this medication within that time frame to victims of sexual assault. Therefore, the program is underutilized. This bill will expand the scope of the program to include other high-risk individuals should they not be able to afford this medication. The DPH supports this bill that will substantially improve health outcomes and long-term cost savings to the state on HIV-related medical services.

NATURE AND SOURCES OF SUPPORT:

Connecticut Hospital Association (CHA):

CHA supports this bill but requests additional funding beyond the reach of this program to provide additional strategies to improve access to care for all HIV-related testing, medications, care, and support. Last session, the General Assembly passed a mandate that every practitioner and provider offer every person 13 years and older an HIV test with few exceptions. This will increase the number of individuals who need HIV-related care. CHA has concerns that there are not enough specialists or care program resources in many areas of the state to support a potential influx of new HIV- positive patients. CHA requests that there be sufficient resources in place so that “an appropriate provider” can be identified and that patients have the tools to reach a provider.

Michael Virata, Program Director HIV Care and Prevention, Yale Medical School:

As an infectious disease physician involved in many aspects of HIV care at an Infectious Disease Clinic at Yale, Dr. Virata provided background regarding access to HIV medication. Two of the biggest barriers to access is the cost of the medication and/or the lack of sufficient insurance coverage. The cost of the medication can be thousands of dollars each month which is completely unaffordable to many patients. In recent studies, PrEP has a 98-99% efficacy in preventing transmission. PEP is also highly effective in reducing the chance of infection after a significant exposure. Recent data from the DPH shows that only 15% of people who were considered eligible for PrEP due to risk exposures were prescribed the needed medication. Another fact is that 13% of people with HIV remain undiagnosed and are a major contributor to new HIV infections. The infrastructure is already in place and can handle a surge in treatment seekers. This program will assist in the goal to prevent the spread of HIV.

Barry Walters, Director of External Relations, A Place to Nourish Your Health APNH:

Mr. Walters has lived with HIV for 13 years. With this lived experience, he has worked in prevention services, outreach, communication and policy to help reduce the number of new infections through education, testing and promoting harm reduction with the DPH, CDC, and community partners. The CDC considers PrEP and PEP to be two key tools in the so-called “HIV Prevention Toolbox”. Yet use of these medications in communities most affected by HIV

has lagged in the effort to reduce the number of new infections. A recent study by the CDC found that one in two Black men who have sex with men will become HIV positive. For Latino men the statistic is one in four and for white men it is one in eleven. This bill will expand equity in access as the DPH will be able to utilize existing infrastructure, reaching out to health care centers that are familiar with these communities to provide access to these medications. This bill will improve access to these very expensive drugs that are unaffordable for most people, but particularly those who are uninsured, underinsured and the uninsurable. Costs to treat and care for persons living with HIV is far higher than prevention efforts and is often just a temporary fix.

Other Testimony in Support was submitted by:

- Paul Pescatello, Senior Counsel and Executive Director, Connecticut Bioscience Growth Council
- Danielle Warren-Diaz, Program Coordinator, UConn Health/Connecticut Children's Pediatric & Youth HIV Program
- Jess Zaccagnino, Policy Counsel, American Civil Liberties Union (ACLU)

NATURE AND SOURCES OF OPPOSITION:

None Expressed.

Reported by: Piotr Kolakowski

Date: 3/29/2023