



Testimony of GLBTQ Legal Advocates & Defenders in Support of House Bill 6540

AN ACT CONCERNING THE PREVENTION OF HIV

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To the distinguished members of the Public Health Committee:

I respectfully submit the following testimony in support of H.B. 6540, *An Act Concerning the Prevention of HIV*. My name is Bennett H. Klein, and I am the Senior Attorney and AIDS Law Project Director at GLBTQ Legal Advocates & Defenders (GLAD). Through strategic litigation, public policy advocacy, and education, GLAD works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. GLAD's AIDS Law Project was founded in 1984 and is one of the nation's oldest legal programs protecting the rights of people with HIV.

I have been representing people with and at risk for HIV since 1994. The work of GLAD's AIDS Law Project dates back to the beginning of the epidemic. Our community lost a generation to the AIDS epidemic. Today, however, we have the most effective tools in the history of the epidemic to prevent HIV transmission. In 2012, the Food and Drug Administration (FDA) approved the first and only medication to prevent transmission of HIV. This therapy, known as HIV pre-exposure prophylaxis (PrEP), has been shown to be close to 100% effective, as discussed below, when taken as a simple once-daily pill. PrEP was approved for adolescents at risk for HIV in 2018.¹

It is imperative that we remove all barriers standing in the way of ensuring that at-risk populations, especially young people, have access to this transformative therapy.

That is why GLAD strongly supports House Bill 6540, which would ensure that populations at risk for HIV have direct access to HIV PrEP and can avoid the currently incurable and life-altering consequences of HIV infection.

¹ Monifa Thomas, *FDA Approves PrEP Drug for Adolescents*, Chicago Tribune (July 20, 2018), <https://www.chicagotribune.com/suburbs/daily-southtown/community/chi-ugc-article-fda-approves-prep-drug-for-adolescents-2018-07-18-story.html>.

PrEP is an extraordinary breakthrough in our ability to prevent HIV transmission. Current scientific information indicates that PrEP, when taken daily as directed, reduces a person's risk of contracting HIV by close to 100%. See Peter L. Anderson et al., *Emtricitabine-Tenofovir Concentrations and Pre-Exposure Prophylaxis Efficacy in Men Who Have Sex with Men*, 4 *Science Translational Medicine* 151, 1, 3 (2012) (no HIV infections in HIV-negative gay men who took PrEP at least four times a week); Grant, Robert M. et al., *An observational study of preexposure prophylaxis uptake, sexual practices, and HIV incidence among men and transgender women who have sex with men*, 14 *Lancet Infectious Diseases* 9, 820 (2014) (no HIV infections among participants who took PrEP at least four times a week); Marcus, Julia L. et al., *Preexposure Prophylaxis for HIV Prevention in a Large Integrated Health Care System: Adherence, Renal Safety, and Discontinuation*, 73 *Journal of Acquired Immune Deficiency Syndromes* 5, 540 (2016) (community-based study of men who have sex with men who started taking PrEP at Kaiser Permanente Northern California, a large healthcare system in San Francisco, found no HIV seroconversions during PrEP use).

Young people are at especially high risk for HIV, and particularly gay and bisexual men of color. In 2011, 58% of young men who have sex with men and have HIV were Black, while 20% were Hispanic.²

There are significant racial disparities in usage of PrEP. Black men account for 43% of new HIV diagnoses but 13% of the U.S. population.³ In Connecticut in 2014, Black males were diagnosed with HIV at a rate of 8 times White males, and Hispanic males were diagnosed four times more than White males.⁴ Yet in a HIV PrEP study of individuals from 2014 to 2016, 11.2% of PrEP users were African American or Black, 68.7% were White, 13.1% were Hispanic, and 4.5% were Asian. There were nearly six times as many White men and women prescribed PrEP as Black men and women.⁵

Physicians must have the tools they need to help reduce the unacceptable racial disparities in PrEP utilization. Ensuring that physicians can prescribe PrEP when a youth

² Centers for Disease Control and Prevention, *HIV and Young Men Who Have Sex with Men* (July 2014), https://www.cdc.gov/healthyouth/sexualbehaviors/pdf/hiv_factsheet_ymsm.pdf.

³ Centers for Disease Control and Prevention, *HIV and African Americans* (February 4, 2019), <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

⁴ Connecticut Department of Public Health, *Epidemiological Profile of HIV Connecticut* (July 2016), <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Surveillance/statewide/epiprofile.pdf?la=en>.

⁵ Ya-lin A. Huang et al., *Preexposure Prophylaxis, by Race and Ethnicity — United States, 2014–2016*, 67 *Morbidity and Mortality Weekly Report* 41, 1147 (2018).

is at risk for HIV, regardless of parental consent, will facilitate this critical public health goal.

In sum, we now have remarkably successful tools to keep youth safe, but doctors have been hampered from using this ground-breaking technology when minors do not have parental consent. **We urge the passage of House Bill 6540 to protect Connecticut's youth.**

Thank you for the opportunity to comment.