

June 27, 2017

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Hon. Jason M. Lewis, Chair
Joint Committee on Public Health
State House, Room 511B
Boston, MA 02133

Hon. Kate Hogan, Chair
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

Re: An Act relative to HIV Screening and Prevention (S. 1186/ H. 3249)

Dear Chairman Lewis, Chairwoman Hogan, and members of the Joint Committee on Public Health:

The Fenway Institute at Fenway Health would like to go on record IN SUPPORT of S. 1186/H. 3249, An Act relative to HIV Screening and Prevention, and urges you to report this bill favorably.

The Fenway Institute at Fenway Health is an interdisciplinary center for research, training, education and policy development. The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual, and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy. Since 1980, Fenway Health has played a leading role in gay men's sexual health research. Fenway Health treated some of the first cases of AIDS in New England in the early 1980s and started conducting HIV/AIDS research in 1983. We are a federally qualified health center and a Ryan White Part C HIV Clinic. About 2,200 of our 30,000 patients are living with HIV.

Fenway Health is an active member of the Massachusetts Getting to Zero Coalition. In 2016, the Coalition released the Massachusetts Comprehensive Plan to Eliminate HIV Discrimination, AIDS Related Deaths, and New HIV Infections. This report outlines key policy changes that would reduce barriers and improve access to comprehensive HIV and sexually transmitted infection (STI) screening, treatment, and prevention.

This bill would advance the strategic priorities outlined in the blueprint by expanding access to prevention services for minors, by addressing insurance issues that create barriers to coverage for HIV and STI screening, and by updating HIV testing consent laws to be in compliance with the CDC recommendations for opt-out testing.

This is a health equity issue due to the striking disparities we see in the HIV epidemic. In 2014, gay and bisexual males accounted for two-thirds of the total

estimated new HIV diagnoses in the United States.¹ Since 2005, there has been an 87% increase in new infections among Black and Latino gay and bisexual males, ages 13-24. According to a 2016 CDC report, half of Black gay and bisexual men and a quarter of Latino gay and bisexual men will be diagnosed with HIV in their lifetime.² Transgender individuals are also at high risk of HIV. Studies have found that over a quarter of transgender females are living with HIV infection.

Pre-exposure prophylaxis (PrEP) is considered an effective tool for HIV prevention. Such a proven, safe HIV prevention approach should be accessible to young people who are highly vulnerable to HIV infection. Research has shown that young, Black gay and bisexual men are more likely than White gay and bisexual men to voice positive and supportive attitudes toward PrEP uptake.³ Despite this, structural barriers, such as insurance coverage and laws that prevent minors from obtaining a prescription without parental consent, prevent young Black MSM from initiating PrEP at disproportionate rates. Data from Gilead Sciences showed that 74% of PrEP prescriptions were for White patients, and only 12% and 10% for Latino and Black patients, respectively.⁴ But about 45% of new HIV infections each year are among Black people, and closet to 20% are among Latinos.

Expanding the minor consent law for HIV and STI treatment without parental consent to include innovative and effective HIV prevention strategies, such as PrEP, could have a significant impact on reducing health disparities among young gay and bisexual men of color. Young people who fear they may have been exposed to HIV infection should also be able to access post-exposure prophylaxis, or PEP. Additionally, the creation of a study commission to examine out of network insurance coverage for medically and culturally competent STI prevention services would further reduce barriers to care. Finally, modifying outdated HIV testing consent law would set us on a path toward universal HIV testing, while maintain privacy protections.

This bill sets forth key policy changes that would reduce significant barriers for individuals trying to access HIV prevention services, particularly those who are disproportionately vulnerable to HIV infection. **The Fenway Institute at Fenway Health requests you to report *An Act relative to HIV Screening and Prevention (S. 1186/H. 3249)* favorably.**

Sincerely,

Sean Cahill, PhD
Director of Health Policy Research

¹National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. (2016). Trends in U.S. HIV Diagnoses, 2005-2014. *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-data-trends-fact-sheet-508.pdf>

²National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. (2016). Lifetime risk of HIV diagnosis. *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html>

³ Pérez-Figueroa, R. E., Kapadia, F., Barton, S. C., Eddy, J. A., & Halkitis, P. N. (2015). Acceptability of PrEP uptake among racially/ethnically diverse young men who have sex with men: The P18 study. *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education*, 27(2), 112–125. <http://doi.org/10.1521/aeap.2015.27.2.112>

⁴ Bush S, Magnuson D, Rawlings MK, et al. Racial characteristics of FTC/TDF for pre-exposure prophylaxis users in the U.S. Paper presented at: 2016 ASM Microbe; June 16-20, 2016; Boston. Session 371.