



PRISM



HEALTH

DA: May 14, 2019

TO: House Committee on Health Care

FR: Cascade AIDS Project, Prism Health

RE: In support of Senate Bill 142A

Chair Salinas, Vice-Chairs Nosse and Hayden, and Members of the Committee,

On behalf of the Cascade AIDS Project and Prism Health, we urge this committee to support for Senate Bill 142A. In short, SB 142A will help modernize Oregon statutes regarding sexually transmitted infections and reducing stigmatizing phrasing related to HIV/AIDS.

People living with HIV often experience overlapping stigmas, including the still prevalent historical stigma associated with HIV, sexual orientation or gender identity, race or ethnicity, poverty or homelessness, and mental health conditions.

While the quality of life has improved enormously for people with HIV in the past 30 years, many of the same social and psychological barriers remain. HIV prevention is also dramatically hindered by stigma. Studies have linked stigma to increased risk, non-disclosure, and avoidance of health services.<sup>1</sup>

In Washington, the state health department has embarked on a several years long initiative to end HIV/AIDS in their state. As a part of that work, they are working to modernize their HIV laws. Here in Oregon, the Cascade AIDS Project—along with our partners at the HIV Alliance and Our House of Portland—used the work done in Washington as a blueprint to examine our own statutes. While Oregon is in a much better place than our neighbors to the north, we did identify examples of “HIV exceptionalism” in Oregon statutes.

The concept of HIV exceptionalism is the practice of treating HIV differently from other sexually transmitted infections and sends a mixed message: people living with HIV are not unlike people with other STIs, but at the same time, HIV warrants a different response. This practice has led much of the general public to conclude that there must be something particularly ominous about HIV if it is being singled out in so many ways. In statute, this looks like listing out HIV unnecessarily when a more general term, like “STI” or “blood-borne infection” will suffice. For example:

SECTION 2. ORS 109.610 is amended to read:

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<sup>1</sup> Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Ortiz, D., Szekeres, G., Coates, T. J. (2008) Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. AIDS. 22 (Suppl 2), p67 – p79



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109.610. (1) Notwithstanding any other provision of law, a minor who may have come into contact with any [venereal disease, including HIV,] **sexually transmitted infection** may give consent to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of [such disease, if the disease or condition] the **sexually transmitted infection** if it is one [which] that is required by law or regulation adopted pursuant to law to be reported to a state or local health agency or officer.

Additionally, SB 142A will update our statues with more clinically up-to-date language, like using ‘Sexually Transmitted Infection’ as opposed to “venereal disease” or “sexually transmitted disease”. We engaged the Oregon Health Authority on all language changes in the bill. They provided valuable feedback on language changes to ensure alignment with current terms used by the agency and to make sure that none of the changes made in this bill would result in any fundamental changes in policy or interpretation of the statues.

SB 142A passed out of Senate Health Care unanimously and the Senate floor 28-1. Thank you for your time and consideration of these meaningful changes to Oregon statue. We urge your support for SB 142A.

With Gratitude,

Courtney Helstein