



02/11/2025

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the committee,

My name is Seth Johnstone, I work for Basic Rights Oregon and I am here today to support for House Bill 2943 -- which would require Oregon's hospital emergency departments to conduct HIV and Syphilis screening on all patients who are already receiving other bloodwork, with the ability for patients to opt out.

Basic Rights Oregon's mission is to ensure legal and lived equality for all LGBTQ+ Oregonians. We know our communities are more at risk for contracting HIV and other STIs, and also that LGBTQ+ individuals often do not access healthcare services as often because of financial concerns or systemic medical discrimination. Making these tests as accessible as possible will save lives, and make LGBTQ+ Oregonians safer.

The Centers for Disease Control and Prevention has recommended emergency department (ED) opt-out HIV screening since 2006 and the U.S. Preventive Services Task Force (USPSTF) has recommended it as an A-graded preventive service since 2013, with the most recent update in 2019.*¹

HIV and Syphilis continue to be significant public health issues. Congenital syphilis, a condition or trait that is present at birth, can lead to miscarriage, stillbirth, illness, and death in newborns. Treatment can cure congenital syphilis, but it must be done right away. Every perinatal Syphilis transmission case is a missed opportunity for prevention, and has the potential to be a sentinel health event. New HIV diagnoses in Oregon have generally decreased between 2012-2020, but have increased since 2020. Estimates from 2020 and 2021 are likely undercounts due to limited HIV services during the COVID-19 pandemic.

The emergency department is an important site for this opt-out testing to take place because large populations of our community members facing economic hardship disconnected from primary care and provider networks will arrive in these spaces often

¹Harris NS, Johnson AS, Huang YA, et al. Vital signs: status of human immunodeficiency virus testing, viral suppression, and HIV preexposure prophylaxis—United States, 2013–2018. *MMWR Morb Mortal Wkly Rep* 2019;68:1117–23. [CrossRef PubMed](#)

due to elevated health risk factors. ED's have been proven to be a successful means of reaching communities that aren't opting into services.

Traditional models of HIV and STI prevention, also recommended to continue, engage patients who self-identify themselves as candidates for preventative medication or seek out STI testing or reporting behaviors that led their physicians to recommend routine screening. Public stigma and narrative around HIV and Syphilis also means that specific populations may not perceive they are at risk. By connecting with all populations entering emergency departments with opt-out process, we are more likely to connect with individuals who wouldn't seek out testing or seek information from providers on these topics.

Increasing testing availability and diagnosing currently undiagnosed individuals and connecting them to treatment and prevention methods is a step Oregon can take to reduce HIV/Syphilis transmissions.

Thank you for your consideration.