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On Behalf Of:	HEAL - Rebuttal To Cascade AIDS Testimony
Committee:	Senate Committee On Health Care
Measure, Appointment or Topic:	HB2942

In the final part of my testimony, I am going to rebut testimony provided in support:

Cascade AIDS:
"When taken as prescribed, PrEP is 99% effective at preventing sexual intercourse via sexual transmission"

FALSE. They cite a CDC website that cherry picks studies. The FDA-approved package insert states there is a 43% relative risk reduction from the indicator trial, iPREX. In addition Cascade AIDS refers to "sexual transmission" but in two studies FemPREP and VOICE (left off the CDC website). Moreover, the "when taken as prescribed" claim was taken from p-hacked date buried in the seldom read supplementary appendix to iPREX and used to explain the failed VOICE data in a New York times article now removed from their website. In fact, in 2017, the claim of "low adherence" for prep failures was debunked when the hair sample data for VOICE was released showing the PrEP failues in people who had "not adhered" were, in fact, in patients who had adhered.

Cascade AIDS: "The wait for an appointment with a Primary care provider can be long"

FALSE: The Oregon Health Plan sets a one month wait limit for CCO's.

Cascade AIDS: "PEP is about 80% effective"

FALSE: Cascade AIDS cites an NIH website that has no citations. There are no peer reviewed double blinded placebo controlled studies to support this claim. PEP is not FDA indicated and ARV package inserts do not point to data supporting this claim because PEP has not been FDA reviewed.

Multnomah County Health Department:
"Currently only 27% of individuals in Oregon who can benefit from PrEP are utilizing it."

FALSE: The health department includes active injecting drug users as individuals who could benefit from PrEP. Although there was a study in Thailand among this population featured prominently on the CDC's website, the FDA never reviewed that study and in the doctor training required by the FDA under a REMS agreement, doctors were specifically told there was no evidence for PrEP's benefit in this

population.

Multnomah County Health Department:
"The ratio of PrEP uptake to HIV incidence indicates that BIPOC individuals and women are not taking PreP at a rate proportionate to their risk."

FALSE: this is circular reasoning and confuses correlation for causation. It presupposes PrEP uptake reduces HIV incidence; however according to the statistics published by AIDSVue between 2012 when PrEP first became available and 2020, PrEP Uptake by white gay men in Washington state substantially increased, but new HIV incidence remained exactly the same. Moreover, in 2006, Professor Henry Bauer of Virginia Tech proved that race is an independent variable of HIV incidence (https://www.jpands.org/vol29no2/bauer.pdf). The CDC agreed with his data. What this means is there is a false positive problem in Black people who are also targeted for testing due to implicit bias by public health officials.

Multnomah Health Department
"Ensuring these medications are readily available when a patient presents with need is key to improving health outcomes"

FALSE: PrEP drugs were neither clinically trialed on clinical outcomes nor were they clinically trialed for the duration of expected use, which could be decades of active sexual activity. There are known and emerging toxicities such as tooth decay and poor kidney function. At most, HIV seropositivity was a surrogate marker for heightened risk of developing AID$-defining conditions, but this only presents in the presence of other risk factors, which might be outweighed by PrEP toxicities.

Multnomah Health Department:
"access to PrEP and PEP is imperative"

FALSE: there are alternative and cheaper prophylaxis already available over the counter such as condoms, sterile drug injection equipment, and behavioral modification such as not getting high on meth and going to a bathhouse while expecting the taxpayer to fund this lifestyle.