Testimony of Katie Rutherford, Executive Director of Frannie Peabody Center in Support of LD 1736: An Act to Advance the National HIV/AIDS Strategy by Broadening HIV Testing The Joint Standing Committee on Health Coverage, Insurance and Financial Services

Senator Bailey, Representative Perry, and members of the HCIFS Committee, my name is Katie Rutherford and I am the Executive Director of Frannie Peabody Center, Maine's oldest and largest community-based HIV/AIDS services agency. I'm here today in support of LD 1736 to increase HIV testing across the state.

A year ago, I saw the Health Advisory alert from the Maine CDC that there had been a higher than usual number of HIV/AIDS diagnosis in Kennebec County, Maine. The majority of cases were not diagnosed until severe illness and hospitalization. There was no indication that these cases were linked in any way. I couldn't help but think about the legislation proposed in 2017 similar to the one you hear today. Had this passed in 2017, could the outcomes for these individuals have been different? Offering the test - starting the conversation with people - can break through stigma and provide a service to individuals unaware of risk, link them to life-saving care, and prevent further transmission. Of course, this alert was during COVID-19. It is fair to assume people may not have been engaging in care. I reached out to our colleagues at the Maine CDC to gauge where the gaps were and how much contact, if any, these individuals had with medical care prior to their HIV/AIDS diagnosis. I was told, yes, several individuals had multiple interactions in clinical settings without being offered an HIV test prior to severe illness and subsequent AIDS diagnosis. So, how can we prevent this from happening in the future? **This legislation is about recognizing these gaps in care, unifying community-based and clinical providers, and strengthening the opportunities we have to ensure everyone is aware of their HIV status.** We are a low-incidence state that ranks among the highest in the nation in HIV viral load suppression rates, a key driver of positive health outcomes and HIV prevention. This shows how strong our networks are in linking people to care and resources that support health stability for those impacted by HIV/AIDS in Maine. But, to truly move the needle in the fight to end HIV/AIDS – to test and treat as early as possible and prevent AIDS-related deaths, we have to address these gaps and make HIV testing part of our routine.

Maine's latest Integrated HIV Prevention and Care Plan was published in December 2022 as a joint effort by key stakeholders, providers, people living with HIV/AIDS, and several state offices within the Maine CDC infectious Disease Prevention Program. The specific challenges identified in the Situational Analysis within the *Diagnose Pillar* are "limited routine testing in Emergency Departments or Primary Care Facilities", and "A high proportion (around 1/3) of Mainers are diagnosed with HIV and AIDS simultaneously (late diagnosis)". Identified needs for this pillar include "PCPs should incorporate HIV testing into routine bloodwork", "More comprehensive testing for HIV, STD and HCV" and "More opportunities and availability of free or low-cost HIV testing services". **The goals of LD 1736 mirror those of Maine's Integrated Plan as well as the National HIV/AIDS Strategy.**

At Frannie Peabody Center we serve a diverse population from childhood to people in their late 70s through direct care and prevention services, understanding that HIV/AIDS affects all of us. Over 30% of individuals accessing free HIV testing report never having been tested. Claims data from the Maine Health Data Organization illustrates a larger gap: In 2019, 62% of all persons screened for sexually transmitted infections were *not* screened for HIV. While the 2019 data set was chosen to get an understanding prior to COVID-19, this proportion remains consistent through the pandemic. We have to close these gaps by increasing opportunities for HIV testing and ensuring coverage. In doing this, we can be a leader in the fight to end HIV/AIDS by preventing AIDS-related illness and HIV transmission. I urge you to support LD 1736 to advance HIV testing and linkage to care in Maine.

Additional data is provided along with my testimony and I welcome any questions you may have.

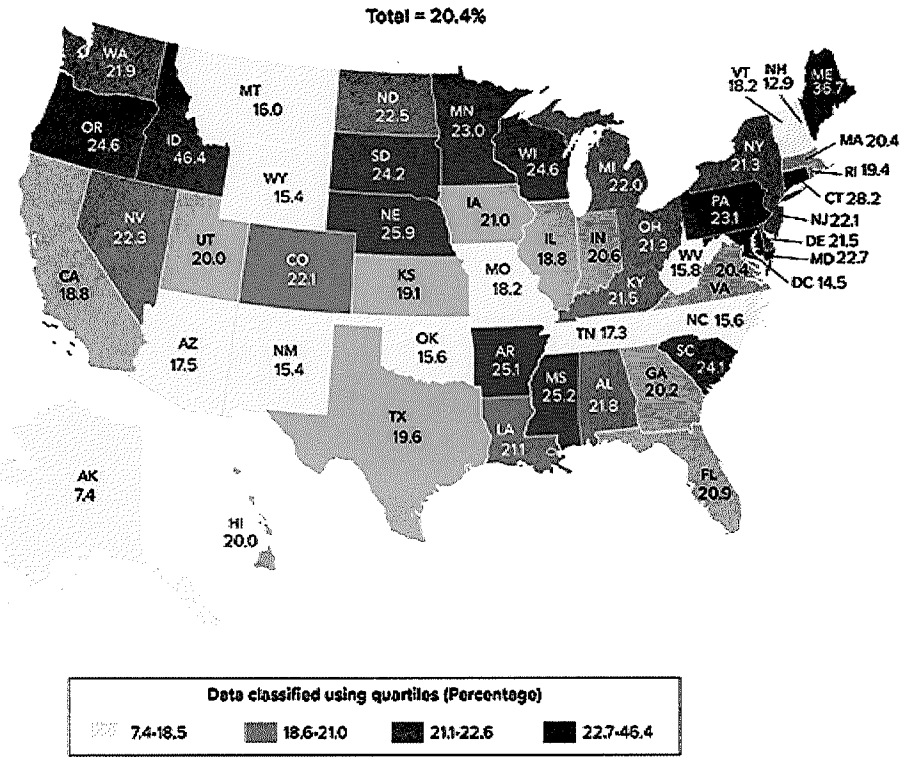
Section IV - Situational Analysis

The tables below outline the strengths and challenges from the previous five years (2017-2021). Four separate tables were created to address strengths, challenges, and identified needs by each of the EHE pillars. These identified needs were then used to guide the objectives, strategies, and activities detailed in Section V.

EHE Pillar	Strengths	Challenges
Diagnose	• Mainers adapted easily to at-home testing • Quick development and implementation of virtual HIV Counseling Testing and Referral Training • Provision of at-home tests • Partnered with external agencies to provide additional at-home tests via online social networking sites	• COVID-19 pandemic made Mainers less likely to go to the doctor's office to get tested • There is limited routine testing in Emergency Departments or Primary Care Facilities • A high proportion (around 1/3) of Mainers are diagnosed with HIV and AIDS simultaneously (late diagnosis) • The general population of Mainers have a low perception of risk of contracting HIV • A barrier to at-home testing is the paperwork that comes with getting the test
	Identified Needs	
	• More opportunities and availability of free or low-cost HIV testing services. • A more clearly defined response to at-home tests that are self-reported positives • Education related to risk perception, PrEP, free community resources and testing • Transportation to outreach events, support, testing sites, etc. • PCPs should incorporate HIV testing into routine bloodwork. • More comprehensive testing for HIV, STD (including extragenital) and HCV	

EHE Pillar	Strengths	Challenges
Treat	• High rates of medical insurance • Telehealth appointments • PLWHA are highly satisfied with their medical care. • PLWHA are highly satisfied with ADAP • The RWHAP Part B offers financial aid for areas that	• Previous data collection has limited nuance when it comes to race, ethnicity, and country of origin. • Transportation to care and support • Reengagement of people who fall out of care • The rural nature of Maine means that care is often difficult to access

Figure 21. Stage 3 (AIDS) at the Time of Diagnosis of HIV Infection among Persons Aged ≥13 Years, by Area of Residence, 2019—United States



Note. See Guide to Acronyms and Initialisms, Data Tables, and Technical Notes for more information on Definitions and Data Specifications.