Act Number:	09-133	
Bill Number:	6391	
Senate Pages:	4657-4659, 4794-4796	**6**
House Pages:	3505-3511	**7**
Committee:	Public Health: 1515-1516, 1528-1534, 1536-1538, 1541, 1753-1761, 1850-1855	**28**
	Page Total:	**41**

S – 590

CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2009

VOL. 52
PART 14
4324 – 4666

vote. The machine will be open.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber. An immediate roll call has been ordered in the Senate. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check the board. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on passage of House Bill 6700 in concurrence with the action in the House:

Total Number Voting	35
Necessary for Adoption	18
Those voting Yea	25
Those voting Nay	10
Those absent and not voting	1

THE CHAIR:

The bill passes.

Mr. Clerk.

THE CLERK:

Calendar Number 644, File Number 556, House Bill

004658

6391, AN ACT CONCERNING REVISIONS TO THE HIV TESTING CONSENT LAW, favorable report of the Committee on Public Health. Clerk is in possession of amendments.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Move acceptance of the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Acting on acceptance and approval of the bill, sir, would you like to remark further?

SENATOR HARRIS:

Thank you, Mr. President. This is very simply an agency bill. The main purpose of this bill is that it eliminates the requirement for a separate written or oral consent for HIV testing and instead it allows general consent for the performance of medical procedures or tests to suffice. Mr. President, I urge passage of the bill.

THE CHAIR:

Thank you, sir.

Will you remark further on House Bill 6391?

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Very briefly this is a very common sense bill which will streamline the consent for HIV testing. I join Senator Harris in urging its passage.

THE CHAIR:

Thank you, sir.

Will you remark? Will you remark further on House Bill 6391?

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. If there is no objection, I move this matter be placed on the Consent Calendar.

THE CHAIR:

The Senator has asked the item to be placed on the Consent Calendar. Without objection, so ordered.

Mr. Clerk.

MR. CLERK:

Calendar Number 650, File Number 569 and 962, Substitute for House Bill 6540, AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS, as amended by House Amendment Schedule A, favorable report of the Committees on Aging, Public Health, Human Services and

S – 591

CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2009

VOL. 52
PART 15
4667 – 5018

004794

SENATOR GAFFEY:

Mr. President, if there's no objection I'd ask that the bill be moved to the Consent Calendar.

THE CHAIR:

The Senator has requested that the bill be placed on the Consent Calendar. Seeing no objection, so ordered sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President we had one item previously placed on the Consent Calendar that I would move now to remove from the Consent Calendar and to mark it pass temporarily. And that was Calendar page 8, Calendar 582, House Bill 5436.

THE CHAIR:

There's a motion on the floor to remove an item from the Consent Calendar and to PT it. Without objection, so ordered.

SENATOR LOONEY:

Yes, thank you Mr. President. Mr. President, if the Clerk might now call the items on the Consent Calendar.

THE CHAIR:

Mr. Clerk please call Consent Calendar Numero

Uno.

THE CLERK:

Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all senators please return to the chamber. Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the chamber.

Mr. President the first Consent Calendar begins on Calendar page 1, Calendar 681, House Joint Resolution Number 121; Calendar page 4, Calendar Number 401, Substitute for House Bill 5669; Calendar page 5, Calendar 456, Substitute for House Bill 5019; Calendar page 7, Calendar 532, House Bill 6448; Calendar page 8, Calendar 8 -- correction, Calendar 580, Substitute for House Bill 6531; Calendar page 9, Calendar 597, Substitute for House Bill 6114; Calendar Number 600, House Bill 5635; Calendar page 10, Calendar 605, Substitute for House Bill 6200.

Calendar page 14, Calendar Number 644, House Bill 6391; Calendar 650, Substitute for House Bill 6540; Calendar page 16, Calendar 657, House Bill 6541; Calendar page 29, Calendar 330, Substitute for Senate Bill 954; and Calendar page 34, Calendar Number 504, Substitute for Senate Bill 939.

Mr. President that completes those items placed on the first Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar again, the machine will be open.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all senators please return to the chamber. The Senate is now voting by roll call on the Consent Calendar. Will all senators please return to the chamber.

THE CHAIR:

Have all senators voted? If all senators have voted please check your vote. The machine will be closed. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1.

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar 1 passes.

H - 1047

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2009

VOL.52
PART 11
3246 - 3577

Bill passes.

Will the Clerk please call Calendar 371?

THE CLERK:

On page 11, Calendar 371, House Bill Number 6391, an Act Concerning Revision to the HIV Testing Consent Law, favorable report of the Committee on Public Health.

DEPUTY SPEAKER MCCLUSKEY:

The distinguished vice chair of the Public Health Committee, Representative Gentile, you have the floor, madam.

REP. GENTILE (104th):

Thank you, Mr. Speaker, good afternoon. Good to see you up there. Mr. Speaker, I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER MCCLUSKEY:

The question before the chamber is acceptance of the Joint Committee's favorable report and passage of the bill.

Will you remark?

REP. GENTILE (104th):

Yes, Mr. Speaker, thank you. This bill eliminates the requirement for separate, written or oral consent for HIV testing and instead allows

general consent for the performance of medical procedures. It clarifies that HIV testing is voluntary and the patient can choose not to be tested. And it provides, as a requirement, that an HIV test subject, when he or she receives the test results, be informed about medical services and local or community-based HIV, AIDS support agencies. Mr. Speaker, I move adoption.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, madam.

We move the adoption. Will you remark on the bill?

The distinguished ranking member of the Public Health Committee, Representative Giegler, you have the floor, madam.

REP. GIEGLER (138th):

Thank you, Mr. Speaker, I, too, rise in support of this bill. It will facilitate DCC recommendations to routinely offer HIV counseling and testing. It's estimated that about 25 percent of those infected with HIV are not aware that they are infected. This proposal makes it easier to perform routine HIV testing, and, it passed by the Committee unanimously so I would urge your adoption. Thank you.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, madam, for your remarks.

Will you remark further on the bill?

Representative Dillon of the 92nd, madam, you have the floor.

REP. DILLON (92nd):

Thank you, Mr. Speaker, through you, a question to the proponent of the bill.

DEPUTY SPEAKER MCCLUSKEY:

Please proceed, madam.

REP. DILLON (92nd):

Yes. There's been a lot of attention paid to the number of people in corrections who are sera positive and a lot of anxiety, particularly in communities of color, that this disease is being transmitted to women unknowingly. We have a consent decree. Did you take up the issue of testing or conversations about voluntary testing of inmates in Corrections when they leave? Through you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker. Yes, we have worked very closely with the Department of Corrections on this bill.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Though you, Mr. Speaker. Then, which section of the bill can we point to that would indicate that there's a change in what Corrections is doing when inmates leave the facility? Through you, Mr. Speaker.

DEPUTY SPEAKER MCCLUSKEY:

Representative Gentile.

REP. GENTILE (104):

Thank you, Mr. Speaker. There is no particular section, however, with an agreement between DPH and DOC communication has been open and they will continue to work on that.

DEPUTY SPEAKER MCCLUSKEY:

Representative Dillon.

REP. DILLON (92nd):

Thank you, Mr. Speaker. I hadn't planned on speaking on this, but this is something that we're in a conversation with about Corrections separately from this bill. It's been -- it's very, very high interest in terms of the spike of sera positivity, particularly among women of color, because of the transmission through injected needles. So I thank the lady very much for her answer. I certainly didn't mean to ambush anybody, but this is something that's a major

public health issue in terms of cost, and we shouldn't let go of it. Thank you so much.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, madam, for your remarks.

Will you remark further on the bill?

Representative Kirkley-Bey of the 5th, you have the floor, madam.

REP. KIRKLEY-BEY (5th):

Thank you, Mr. Speaker. I really don't have a question. I just have a comment. We have been dealing with AIDS for the 17 years that I have been in the General Assembly and never has the increase gone down. It's always gone up. The best program they ever had out there was the needle exchange program, which I don't even know if they fund it anymore. I know they don't do it in Hartford, and we have -- the highest occurrence of AIDS is in the City of Hartford. And, as Representative Dillon said, the amount of AIDS that's through IV drug users is unbelievable. The amount of children when they're born that have AIDS is just unbelievable what they go through to be taken off the drug and then the emotional problems and things that they deal with later on make it very difficult. And I hope between what Representative Mushinsky's done with drugs and Corrections and whatnot, and

what's being done by Representative Gentile that we really get to the heart of the matter.

This is something not to play with. This is a killer and this is all something that disproportionally affects people of color. And I'd like to know that we're taking it -- and I believe we are -- seriously and those needle exchange busses need to be very much around and be available.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, madam, for your remarks.

Will you remark further on the bill? Will you remark further on the bill? If not, will staff and guests please come in the well of the House. Will members please take their seats. The machine will be open.

THE CLERK:

The House of Representative is voting by roll call, members to the chamber. The House is voting by roll call, members to the chamber.

DEPUTY SPEAKER MCCLUSKEY:

Have all the members voted? Have all the members voted? Will the members please check the board to determine if your vote is properly cast. If all the members have voted, the machine will be locked.

Will the Clerk please take the tally? Will the

Clerk please announce that tally?

THE CLERK:

House Bill Number 6391

Total number voting 143

Necessary for passage 72

Those voting yea 143

Those voting nay 0

Those absent and not voting 8

DEPUTY SPEAKER MCCLUSKEY:

The bill passes.

Will the chamber please come back to order?

Will the Clerk please call Calendar Number 330?

THE CLERK:

On page 39, Calendar 330, Substitute for House Bill Number 6304, an Act Concerning Municipal Electric Costs, favorable report of the Committee on Planning and Development.

DEPUTY SPEAKER MCCLUSKEY:

The distinguish chair of the Energy Committee, representative Nardello, you have the floor, madam.

REP. NARDELLO (89th):

Thank you, Mr. Speaker. That was our good laugh for the day. The Clerk always puts us in a good mood. I move acceptance in the Joint Committee's favorable report and passage of the bill.

JOINT STANDING COMMITTEE HEARINGS

PUBLIC HEALTH PART 5 1238 - 1555

2009

001515

WAYNE CARVER: But if paternity is not proven, then the petitioner who represents the baby -- but the baby's not the child of the dead person, then that person has no more -- the baby has no more rights to it either.

REP. ESTY: Correct.

And that would be my point, that they shouldn't. But if they release -- if all of that is done at once and you've got a bundle of information, the way it's written now, I would read that that information can be released to the person who petitions if they pay costs, and that would be my --

WAYNE CARVER: I would -- I would have no qualms about it being tightened up.

REP. ESTY: Thank you.

REP. RITTER: Are there further questions from the committee?

Thank you very much for your testimony, and we'll be apparently taking another look at this or looking further at it.

Our next speaker is Dr. Galvin, and he's followed by Commissioner Thomas Kirk, followed by Gary Richter.

HB6539
SB845
SB847

J. ROBERT GALVIN: Good morning, Senator Harris, Representative Ritter, distinguished committee members. I'm Bob Galvin. I'm the Commissioner of Public Health.

And we have four acts that I would like to briefly go over with you. I will read some testimony on the two Senate bills, House Bill 6391, An Act Concerning Revision to the HIV Testing Consent Law. This is an effort to

moving screening for HIV into the realm of routine testing on office exams and exams in other medical facilities.

Of course an individual would be aware that the test is run and has the right to refuse. Nationally it's known that about 25 percent of HIV cases are missed. We're not picking them up. We're not picking them up early.

Many of our diagnoses are within -- about 40 percent of the times we pick up an HIV case, it's within six months of the first testing, which translates into the fact that we're not catching people until later on.

We want to make sure that we can properly identify everybody who has this illness, and it's of particular concern because the number of people who are HIV positive is trans -- translates into the prevalence of the disease in our population, and that's the basis for a lot of the funding.

So we simply want to expand this and make sure we're not missing people because they're over 40 or they're from places where we don't think they could possibly have the illness.

House Bill Number 6539, An Act Concerning Environmental Health, involves technical adjustments to our water program. We have an excellent drinking water program in Connecticut. This makes it a bit easier to deal with our drinking water revolving funds and other things that we do. We can improve the quality of water.

We're one of two states, ourselves and Rhode Island, that do not use recycled water in the United States, and we think this act will make it an even stronger part of our program.

J. ROBERT GALVIN: We've been struggling for the better part of four years, Representative Carson.

REP. CARSON: Thank you.

J. ROBERT GALVIN: Yes.

REP. RITTER: Questions from the committee? Representative Bartlett.

REP. BARTLETT: Thank you, Madam Chair.

Good morning, sir. On HB 6391, so the -- in the past I guess it was written, then, and this is a new way to pick up the 20 to 25 percent you think is actually HIV positive, which I applaud, but my concern I guess a little bit is we're kind of moving in this direction, and are we putting in place or what's the education in terms of counseling in this area? You know, that whole piece of it.

J. ROBERT GALVIN: Pretest counseling.

REP. BARTLETT: Right, pre and post.

J. ROBERT GALVIN: Pretesting counseling, of course every physician should explain if you're my patient, you should know I'm going to draw a lab test here. We're going to check your blood count, we're going to check your blood chemistries, your cholesterol and some other parameters of bodily function. And while we're doing that, we're going to do a test for HIV which is routine.

Now, you might say or anybody might say I object to that. I don't want to be tested for that. I don't want it recorded anyplace on my records that I had an HIV test. I know I don't have it. Plus, I don't want it on my

001529

records.

And when I was in the military, you got HIV whether you wanted to or not or you didn't get a paycheck [inaudible].

So I think that that's --

REP. BARTLETT: I guess what I'm saying is if we're -- if it's going to be kind of routine, is this an opportunity or should there be some sort of instruction to the physician that he needs to take more time at that juncture, that it's not just one thing, you know, it's not just a blood test. It's not just this. It's not just that. It is a real conversation.

Because it's going to be routine, is this an opportunity -- and I'm not sure if that's a statute thing or if that's something that needs to come from DPH to our physicians across the state where they -- they're more conscious to say I need to not fly through this. I need to take some time here. I need to make sure that, you know, we hand them something regardless so that they get follow-up counseling, that kind of thing.

J. ROBERT GALVIN: I think you're correct. I think it should be standard of care. I'll let Chris Anderson make a remark or two, but I think that the physician should understand that they're required to do this.

I mean, somebody shouldn't get home and get a copy of the lab work and up in the top there it says you had an HIV test which was negative and -- why should, you know -- no one should go out and say, well, I didn't know I was being tested. Why did you -- why did you -- for all we know, it might be a clergy person. Why are you testing me for this?

001530

But Chris may be --

CHRISTOPHER ANDERSON: Yes, that's a good question.

My name is Chris Anderson, and I'm the manager in the AIDS and chronic diseases section. And the proposal here is based on federal recommendations from the Centers for Disease Control and Prevention, and what we found --

And I also want to clarify, too, that this will not change the procedures that we use in our public-funded HIV counseling and testing sites.
We will still have publicly-funded, federally-funded HIV counseling and testing sites where we target people that are at highest risk for HIV and really give them the intensive counseling they need prior to having their test.

What this is saying is that -- and currently, the current law requires that there's sort of a laundry list of issues that a doctor needs to or anybody performing an HIV test needs to go over with a patient prior to doing an HIV test. And what happens is that because it's -- it's cumbersome, it just doesn't happen, you know?

And this test -- this law change will not increase or decrease anybody's eligibility for an HIV test now. But what it will do is it will basically make it legal for a doctor to say, hey, while you're here today, why don't we do an HIV test. And the patient can say yes or no.

I mean, that's the basis of it. But what we're finding is that -- and as Dr. Galvin alluded to or actually stated, we're finding

that up to 40 percent of people who are diagnosed with AIDS had their first HIV test within a year of that diagnosis.

That means that they've been infected years and years ahead of time. And, you know, one, the disease is progressing and they're not having the opportunity to get the treatments they need. And two, they're potentially unknowingly transmitting the virus to other people. So this is really an opportunity to increase the amount of people that get tested.

Now, what we've also done in the bill is to kind of on the back end of it, if the person is positive, if the person is positive, we've increased the requirements around referrals and engaging that person into the AIDS system of care that we have in the state.

REP. BARTLETT: Well, that's what I wanted to get to. I'm totally for what you're trying to do. I just want to make sure that if somebody tests positive, that there's some sort of protocol in place that the doctors are aware in the beginning to have that kind of a conversation, because if they're not having that conversation now because it's not on the list of things, then this is going to be obviously something new for them.

And I just want to take that opportunity that if we're saying that it's 25 percent, it sounds pretty high, then the, you know -- not to get into an appropriations conversation, but clearly the budget for HIV/AIDS then should not be cut or, you know, that that obviously needs to be kept at current levels and/or increased based on this type of policy thing that we're now putting in place if you think that this is going to result in the way that you're trying to get to.

CHRISTOPHER ANDERSON: Well, the -- our funding that we get from the federal government is based on sort of our number of cases. So if there is a large new influx of cases based on this, that will, you know, direct more federal funding towards Connecticut.

REP. BARTLETT: But don't we match that federal funding?

CHRISTOPHER ANDERSON: No, it's not a required match.

REP. BARTLETT: I know it's not required.

CHRISTOPHER ANDERSON: There's state funding. It's not a match, though, but there is state funding.

REP. BARTLETT: Well, I'm just making the argument --

CHRISTOPHER ANDERSON: I hear you.

REP. BARTLETT: -- that if you're making this policy change and the goal is as Commissioner Galvin says, which is great goal, right, we need to make sure that we have funds in place.

In terms of insurance, it's my understanding that insurance does not pay for routine tests. Is that -- am I wrong about that or how does that -- how is that going to work with insurance?

CHRISTOPHER ANDERSON: Well, it's -- I mean, insurance policies are different, and I think an insurance mandate is sort of a different issue beyond what we're talking about here.

You know, currently it's not -- doctors can

still do HIV testing, and, you know, they deal with insurance coverage on a daily basis. And actually yesterday I was having a conversation with a doctor about this, and I came across from the American Medical Association and the -- and the American Academy of HIV Medicine really good guidance for physicians and healthcare practices to use around coding.

And, you know, they give special -- they've given scenarios. If you get a patient like this, this is the way to code it, to kind of help practices along as they -- if they choose to incorporate routine testing into their practice to get people tested.

Additionally, what we're -- we've already been working on getting routine testing into sites, and we've looked at sites like community health centers and emergency rooms where, you know, probably some of the more higher-risk people are likely to show up and also people like -- less likely to have insurance or be able to afford a test; and we've been supplying them with testing kits through a special federal grant that we have.

So we've been trying to patch the -- you know, any areas where people might not have access to testing and will continue to explore this issue as we move forward.

REP. BARTLETT: Okay.

What about in corrections? My understanding is that that is a very high population. How does this policy affect that? What kinds of things are you putting into place? Are you applying it there?

CHRISTOPHER ANDERSON: Well, in corrections right now we currently fund all correctional

facilities with an HIV counselor to test inmates that are coming in.

What we've seen, though, is we don't think that as many inmates that could be tested are getting tested, and our hope is that perhaps kind of streamlining the process will release -- relieve some of the burden on the counselors that need to, you know, currently set up and have the counseling, you know, as is in the current law, and allow more inmates to be tested during their stay at a correctional facility.

REP. BARTLETT: Thank you. Thank you both.

REP. RITTER: Questions from the committee? Representative Lyddy.

REP. LYDDY: I know your time is precious, so I'll make it quick. I just want to go on the record and say I'm a little -- I'm nervous about the regionalization of these health districts.

SB847

I think it's kind of a disincentive to some of the towns to actually look to regionalization. I've heard from a number of people within Newtown that are very concerned about this, you
Know.

From the Newtown perspective, our regional -- our health district does a great job at partnering with the various community providers, the towns, different service providers, community members; and this kind of regionalization could be very detrimental to the services that they're looking to provide. Kind of where the rubber meets the road, I think is the term I can use here.

REP. RITTER: Representative Giegler.

REP. GIEGLER: Thank you, Madam Chair.

Welcome, Commissioner.

I just have a question. It's kind of a follow-up to what Representative Bartlett was talking about with access to HIV test results.

HB6391

(SB 404)

We have a bill before us this session on authorizing direct patient access to certain laboratory test results and records. And part of it is to -- so that patients can more easily get second opinions, and I just wondered what your thoughts were on that.

J. ROBERT GALVIN: Well, I think more and more patients are being able to ask for a copy of their lab work, to get copied on their own lab work.

I have some concern about this delicate subject of AIDS which, as we all know, has basically two modes of spread. One is through personal contact and the other is through the use of IV drugs.

And I'm concerned about not that the person themselves be able to get the results but would that result -- that [inaudible] results fall into the wrong hands, would the individual leave it someplace.

Some of the folks that we're dealing with, how would they receive it? Do they have a printer or would they have to use somebody else's printer and then would that -- would that lead to compromising their identity as somebody who has -- who has this illness?

And that concerns me. I think if any of us get work done, lab work or any other kind of work done, it's actually parts of our body that are being analyzed, and we certainly should have access to it, but I just hope that this will be done in such a way that -- that identities won't be compromised.

I'm not -- I come from way back where, you know, I remember filling out a couple of insurance things, and I don't know how many times I got tested in the Army, eight, ten, twelve.

And, you know, there used to be questions. Have you ever been tested for AIDS? Well, you know, I don't think I want to put this down. Maybe I'll put "no." So -- and I'm just concerned about the individual, protecting their identities, should they want them to do so.

Chris, do you have anything?

CHRISTOPHER ANDERSON: I think part of the rationale behind CDC's approach to having HIV testing become retained in healthcare settings is to take some of the stigma away from it for healthcare providers, you know, because some healthcare providers don't want to talk about the issues around HIV, and, you know, other -- and sometimes a patient may be uncomfortable talking about it or not want to talk about it.

But the idea is just to make it routine so that it is sort of like getting checked for cholesterol, blood pressure for people, and that there isn't this, like, stigma attached to this, you know, sort of separate test that you have to sign a special form for and, you know, go through all this counseling for specifically.

REP. GIEGLER: Well, I thank you very much for your answers, and your input is beneficial to us as we look at this bill. Thank you so much.

J. ROBERT GALVIN: You're welcome.

REP. RITTER: Further questions from the committee? Senator Harris will be here in one moment.

SENATOR HARRIS: Thank you, Madam Chair.

SB847

Good morning, Commissioner. I wanted to just see what Representative Lyddy had asked you, because I also had a concern on the regional health -- Department of Health and the definition.

First of all, I would say that I do applaud you and the Governor for moving in this direction. While I think that Representative Carson's concerns are well-founded and we need to work through this, I will say the West Hartford-Bloomfield Health District is superb. It serves about 85,000 people. And from my perspective, and from what I've heard out there, we do get personal attention, and we're able to cut through that in a relatively large amount of people.

And that brings me to my question. Why do you have to have the definition that has the number of municipalities and a population level when now I have an example I've given you? West Hartford-Bloomfield, it's only two towns, but it's 85,000 people. Why isn't that a region?

J. ROBERT GALVIN: Eighty-five thousand is about your breakeven point when you bring together towns, groupings of towns, and it will -- the one you have works excellently. You have

where we had a part-time town sanitarian and we joined the Ledge Light Health District.

I don't believe I am misstating very many people, however, now when I say that upon looking back at that, it was a very successful move and one that the town has been since very pleased that it chose to take.

Our concerns we heard were very much like Representative Carson's concerns, and they were -- we spent a lot of time agonizing over this at the town level. But in the end, we've been very satisfied with the experience, and I would like to thank you for taking a strong look at this.

On another matter -- and Representative Bartlett asked many of my questions, but you know that I have and will continue to have concerns over the funding and programs related to the increased effort on the HIV screening.

HB6391

I applaud the bill for the screening and for the much stronger stand that we take from a public health standpoint. My concern is, of course, that we have to also provide the follow-up, as Representative Bartlett talked about.

I understand the education part, but we need to ensure that we keep our programs in place throughout the state, and I know that we'll be having more conversations about that.

J. ROBERT GALVIN: I'm sure.

REP. RITTER: Quite.

SB845

The final piece is on the bill concerning the nursing homes and the ability to increase financial oversight over financial viability.

JOINT STANDING COMMITTEE HEARINGS

PUBLIC HEALTH PART 6 1556 - 1871

2009

by Shawn Lang. Maybe we'll hear Shawn Lang.

SHAWN LANG: Representative Ritter, friends on the committee, as always, I appreciate the opportunity to speak to you today and appreciate you hanging in there with all of us on these long, long hearing days.

I'm here to testify in support of House Bill 6391, An Act Concerning Revisions to the HIV Testing Consent Law. And I just want to raise a few things that we believe will help to strengthen the changes. And I think there's things that have been discussed already after the department's testimony this morning.

One is the cost of HIV testing. We want to ensure that the cost does not pass the line to the individual. And again, our understanding is that the insurance companies will pay for diagnostic HIV tests and not routine tests, so we, you know -- providers are going to need to have very specific and clear and detailed information about that to ensure that the cost is not passed along to the consumer.

And in the State of California, the governor ordered that all insurance companies cover HIV tests. So it might be something to think about.

Access and referrals to HIV-related care and support services is essential. As many of you know, HIV is a complex disease. As one of my friends who's living with HIV said to me, I know of no other disease that carries the social isolation, stigma and bureaucratic chaos as HIV disease does.

So we think that it's going to be important for medical providers to have information about local services to refer people to, as

001754

well as HIV-certified or HIV-experienced in infectious disease (inaudible).

It's a very complex disease with often complex medication regimens, and we want to make sure that people have, you know, sort of the support and medical care that they need if they are diagnosed positive.

And all of that acts as a secondary prevention strategy. When people are in care and stay in care and they have the supportive services and housing they need, they don't engage in high-risk behavior.

So when we shore up these types of services, we're also doing prevention from a secondary perspective.

The Department of Corrections needs to be brought into this dialogue as a partner to implement the guidelines along with the rest of the medical community.

The HIV infection rates in prison is significantly higher than that in the general public. In 2009 -- 2004, rather, the known HIV infection rates in the men's prison in Connecticut was 3.9 percent, while the women's prison had nearly twice that rate, which nobody is talking about and really needs to be addressed.

So DOC really needs to be held to the same standards in providing routine HIV testing as the rest of the healthcare providers.

And, you know, we're more than willing -- and I know that other stakeholders around the state are willing to work with Department of Public Health to develop a plan how to implement these changes, because it's going to

be new for folks.

I mean, some doctors are, you know, a little more used to this, particularly around ob/gyns. They've been testing pregnant women for many years. So we want to make sure that everybody's brought up to speed with it.

So I would be happy to answer any questions that you guys have.

REP. RITTER: Thank you, Shawn. I want to particularly thank you for bringing out the statistics about infection rates for men versus women in the prison population. And, you're right, not very many people are talking about that.

SHAWN LANG: Dialogue I think we need to bring to the table.

REP. RITTER: Thank you.

Are there other questions from the committee? Representative Bartlett.

REP. BARTLETT: I just wanted to, you know, say that in the testimony that I saw from Representative Genuario from OPM specifically said that the conversation between doctor and patient before the test would be stripped out if we passed this bill.

That, in other words, that is not mandated. And apparently there is some sort of conversation that takes place before a doctor has to do the test.

Could you speak to that? Because I think that -- you know, I brought this up with the Commissioner earlier, that we need to have counseling pre and post. And I just think

that we need to -- I don't have a problem changing how we're doing this, but I think that the counseling has to be there in some sort of manner.

So if you have anything -- anything you want to say about that.

SHAWN LANG: Yes. The current statute requires pre- and post-test counseling. There's a real value in that. You know, when they do the pre-test counseling, it helps people assess their risk to determine do you really need an HIV test or not.

And then the post-test counseling, whether you're positive or negative, offers prevention opportunities if somebody's negative to help them stay negative. And if they're positive, to talk to them about, you know, what next -- what the next steps are.

I think some other states have done kind of a strip-down counseling and testing thing and not had the full pre-, and post-test counseling but had some aspect of that in there.

And I think there's going to have to be some dialogue with the doctors, because they're going to need to ensure that people know that they're being tested for HIV.

So, you know, maybe that's something that we could sort of work out to make sure that -- and we have talked to the department about it. I mean, it's been part of the dialogue that we've had with them.

And there have been other stakeholders brought to the table around that to figure out ways to ensure that people know that this is what's happening; this is what they're getting. And

001757

some dialogue about what the -- you know, what the result will be, whether they're positive or negative.

REP. BARTLETT: I look forward to any suggestions that you have, if there's other states that are moved in this direction and what they're doing to, you know, make sure that we have a strong bill. Thanks.

SHAWN LANG: Okay. Thank you.

REP. RITTER: Thank you.

Any other questions? Thank you very much, Shawn.

Our next speaker will be Steven Aronin, followed by Sarah Kolb.

STEVEN ARONIN: Good afternoon. Representative Ritter, Senator Harris and Public Health Committee members. It's a pleasure to be here this afternoon. I've never done this before, and it's been quite an interesting day for me to sit here to listen to all the testimony.

I'm here to get support for Bill 6391, An Act Concerning Revisions to the HIV Testing Consent Law.

My name is Steve Aronin. I'm the medical director of the Waterbury Hospital Infectious Disease Clinic. We care for more than 450 people living with HIV/AIDS. We're the largest provider of HIV/AIDS services in the Waterbury region.

I personally cared for and consented numerous people for the HIV test, and I'm very familiar with the issues surrounding the HIV testing procedure. I'm also -- was very involved in

making Waterbury Hospital one of the three hospitals in Connecticut on December 1, '08 to bring HIV testing to the ER, and so I'm very proud that Waterbury Hospital was able to move forward on that front.

Finally, I worked on -- in conjunction with DPH as well as the key community organizations, including Ms. Lang and CARC, as well as Connecticut Hospital Association and CAETC to develop the proposed bill. This bill was -- was made up after getting input from various people, including myself.

So just to remind you that back in 1985 when HIV testing first became available, the main goal of testing was to protect the blood supply. This was a time when the test itself was not very accurate.

It wasn't clear whether a positive test predicted transmission of the virus from one person to another or from mother to fetus. There was no effective therapy available, and there was enormous stigma and discrimination associated with HIV/AIDS.

Fast-forward now almost 25 years. Here we are in 2009. The HIV test is highly accurate. We can now detect HIV as soon as 11 days after someone becomes infected.

We know the risk of transmission of HIV from one individual to another. Stigma and discrimination still exist, absolutely, but it's significantly less.

And finally, we have extremely effective therapy, such that the estimated life expectancy of an individual with HIV infection is really only about five years less than if that person never acquired HIV to begin with,

as long as they start therapy before they develop AIDS.

But despite this highly effective therapy, despite numerous educational efforts geared toward the entire public about how to avoid getting and transmitting the virus, and despite targeted HIV testing efforts, there continues to be more than 50,000 Americans affected with HIV annually, more than 400 a year in Connecticut.

And it's estimated that there's about a quarter million Americans who don't know that they're infected, about 5,000 in Connecticut.

So finally, to sum up, in 2006 the CDC made the recommendations that we implement routine HIV testing. And here we are in 2009, and we haven't done it yet, and really the major barrier has been state laws.

And so I'm here to encourage you to adopt the proposed changes in the HIV testing law. This will be a major step toward ending the epidemic of HIV/AIDS in Connecticut and nationally.
Thank you.

REP. RITTER: Thank you very much for your testimony. Are there questions from the committee? Thank you.

STEVEN ARONIN: Thank you.

REP. RITTER: Our next speaker will be Sarah Kolb and she will be followed by Mag Morelli.

SARAH KOLB: Good afternoon, Senator Harris, Representative Ritter and members of the Public Health Committee.

HB 6391

My name is Sarah Kolb, and I'm a graduate student at the University of Connecticut School of Social Work.

Today I'm here in my capacity as a graduate student to testify in support of HB 6391. Last summer I had the privilege of studying abroad in the Czech Republic.

While I was studying in Prague, I visited an HIV/AIDS clinic. And during my visit at the clinic, I realized how this disease impacts the daily lives of children and adults and the urgency for care.

While this issue first came to my attention while studying in eastern Europe, it is a huge problem here in Connecticut. I quickly realized how people underestimate the danger of the disease.

Connecticut leads in -- the nation in the number of AIDS cases among injecting drug users, third in cases among women, and third in the nation in cases among Latinos.

Ultimately, this bill will allow for the prevention and early detection of the disease at a lower cost to society. Strong evidence has indicated that early detection and treatment is an effective strategy for preventing the spread of HIV and AIDS.

By streamlining HIV testing, the intention would be to decrease the stigma that still currently surrounds HIV and AIDS. However, by minimizing the requirements for pre- and post-test counseling and potentially eliminating it from the testing process, you miss a crucial opportunity to discuss treatment options and educate the patient about the disease.

It is also important to take into consideration language and cognitive barriers of patients when moving forward with the CDC's recommendations. While I do support the need for early detection and prevention, and the overall concept of the bill, I do believe that required pre- and post-test counseling is an important component of the testing process.

As a graduate social work student, I feel this is a widely unfamiliar topic in the public health community and a very complex issue that deserves the attention of the legislature.

Many people may enter clinics only after their HIV infection has developed into full-blown AIDS, where it may be too late to treat. Early detection could allow an infected individual the opportunity to live their natural lifespan without developing AIDS.

Thank you very much for the opportunity to testify.

REP. RITTER: Thank you very much. Are there questions from the committee? Thank you, Sarah.

Our next speaker will be Mag Morelli, followed by Toni Fatone.

MAG MORELLI: Thank you, Representative Ritter, members of the committee.

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My name is Mag Morelli, and I'm the president of the Connecticut Association of Not-for-Profit Providers for the Aging, CANPFA, an organization of over 159 profit providers of aging services, including 48 nonprofit nursing homes.

Public Health Committee
HB 6391, An Act Concerning Revisions to the HIV Testing Consent Law
Testimony of Sarah Kolb
March 6, 2009

Good Morning Senator Harris, Representative Ritter, and members of the Public Health Committee. My name is Sarah Kolb and I am a graduate student at the University of Connecticut School of Social Work.

Today, I am here in my capacity as a graduate student testifying in support of HB 6391, An Act Concerning Revisions to the HIV Testing Consent Law which would implement the Governor's budget recommendations and facilitate the national recommendation by the Centers for Disease Control (CDC) to routinely offer HIV counseling and testing to all adults living in the United States by minimizing legal requirements and barriers to obtaining oral consent for testing.

Last summer I had the privilege to study abroad in Prague, Czech Republic. While I was studying in Prague, I visited a HIV/AIDS clinic. During my visit at the clinic, I realized how this disease impacts the daily lives of children and adults and the urgency for care. While this issue first came to my attention when studying in Eastern Europe, it is a huge problem here in Connecticut. I quickly realized how people underestimate the danger of this disease.

According to the statistics from the CT Department of Public Health HIV/AIDS Surveillance Reports, proportionately, Connecticut leads the nation in the number of AIDS cases among injecting drug users; third in cases among women; and third in the nation in cases among Latino/as. Ultimately, this bill will allow for prevention and early detection of the disease at a lower cost to society. Strong evidence has indicated that early detection and treatment is an effective strategy for preventing the spread of the HIV/AIDS.

By streamlining HIV testing, the intention would be to decrease the stigma that still currently surrounds HIV/AIDS. However, by minimizing the requirements for pre-and post-test counseling and potentially eliminating it from the testing process, you miss a crucial opportunity to discuss treatment options and educate the patient about the disease. It is also important to take into consideration language and cognitive barriers of patients when moving forward with the CDC's recommendation to incorporate HIV testing as a part of routine medical examination. While I do support the need for early detection and prevention, I do believe that requiring pre-and post-test counseling is an important component of the testing process.

As a graduate social work student, I feel this is a widely unfamiliar topic in the public health community and a very complex issue that deserves the attention of the legislature. Many people may enter clinics only after their HIV infection has developed into full-blown AIDS, where it may be too late to treat. Early detection could allow an infected individual the opportunity to live their natural lifespan without developing AIDS.

I would like to thank the committee for introducing HB 6391 and the opportunity to testify in favor of the bill. Again, thank you for your time and consideration.

March 6, 2009

HB 6391

In 1985, HIV testing first became available; the main goal of such testing was to protect the blood supply. This was a time when the test itself was less accurate; it wasn't clear whether a positive test predicted transmission to sex partners or from mother to fetus; no effective therapy existed; and there was enormous stigma/discrimination associated with HIV/AIDS.

Fast forward nearly 25 years to 2009: The HIV test is highly accurate; we can now detect HIV as soon as 11 days after one gets infected; we know the risk of transmission from an HIV positive to an HIV negative individual; stigma/discrimination still exist, but is significantly less; and we have extremely effective therapy, such that the estimated life expectancy of an individual with HIV infection is only 5 years less than if that person did not acquire HIV infection, as long as therapy is initiated before the infection advances to AIDS.

Despite a) this highly effective therapy, b) numerous educational efforts geared toward the entire public (HIV positive and HIV negative) about how to avoid transmitting/getting this disease; and c) targeted HIV testing efforts toward high-risk individuals, there continues to be >50,000 new Americans infected with HIV annually, and it is estimated that there are more than ¼ million Americans who are unknowingly infected. Such individuals often go on to progress to AIDS (usually after 8-10 years) before being diagnosed, all the while, passing on the virus to others.

Thus in 2006, the CDC recommended making HIV screening a routine test, to be done at all healthcare facilities. But due to current State law (including CT) many states have not been able to implement these guidelines. I encourage you to adopt the proposed changes in the HIV testing law; this would serve as a major step toward ending the HIV/AIDS epidemic both locally and nationally.

Steven I. Aronin, MD FACP
Medical Director
Waterbury Hospital Infectious Disease Clinic
Incoming Chief of Section
Waterbury Hospital
Assistant Clinical Professor of Medicine
Yale University School of Medicine

001853

Connecticut AIDS Resource Coalition

Testimony of Shawn M. Lang
Public Health Committee
6 March 2009

Senator Harris, Representative Ritter, members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the CT AIDS Resource Coalition, Connecticut's only statewide HIV/AIDS organization. We work to ensure that the nearly 11,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity.

I'm here to testify in support of **HB 6391 An Act Concerning Revisions to the HIV Testing Consent Law.**

In 200, the Centers for Disease Control announced new guidelines to incorporate HIV testing as part of routine medical examinations. Part of the rationale was to normalize HIV testing in an effort to reduce stigma and discrimination and act as a vehicle to identify people earlier on in their disease and get them into care; which is not what's happening now. In fact, a recent study revealed that 23% of people who found out they had HIV also received and AIDS diagnosis at the same time. This means that they were infected for some time and their disease, left untreated, progressed to AIDS.

The changes to the existing statute include removing pre- and post test counseling, eliminating separate written informed consent, and a provision for patients to opt out of being tested. What this means is that when you go for your annual physical, and your medical provider orders blood work, they'll inform you that you can have an HIV test. You can agree or opt out. It will be important that doctors make it clear that people know that they're having an HIV test.

We want to raise a few things that we believe, if addressed, will strengthen the changes once it's rolled out.

1. **HIV testing must not occur at the expense of the individual.** Our understanding is that insurance companies will pay for HIV **diagnostic tests** but not HIV **routine tests.** Diagnostic testing would be done if a patient presents some reason to be tested. Providers will be specific and clear information as to how to code such a test so that insurance will cover it. In the state of California, the Governor ordered all insurance companies to cover HIV tests.

2. **Access and referrals to HIV-related care and support services is essential.** When a person tests positive for HIV, their provider must be able to offer them appropriate referrals to HIV or Infectious Disease experienced physicians. HIV is a complex disease with an often complex set of symptoms, co-morbidities and a complex regimen of treatment. Likewise, information about and referrals to ancillary support services such as case management, housing, prevention education is critical to keeping people in care. All of which act as secondary prevention. When

people with HIV/AIDS are in care and adequately housed, they stick to their medication regimens and are far less likely to engage in high risk behaviors. This presents an opportunity to bring together key stakeholders for more coordinated and therefore better planning.

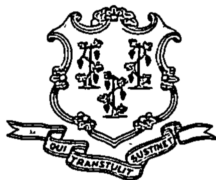
3. **The Department of Corrections must be included and engaged as a partner to implement these guidelines in Connecticut prisons.** HIV infection rates are significantly higher in the prisons than in the general population. In 2004, the rate of known HIV infection in the men's prisons was 3.9%, while the women's prison has nearly twice the rate at 7.9%, which no one is talking about. DOC must be held to the same standards of routine HIV testing as other providers.

4. **DPH must develop a plan** as to how physicians and DOC will be fully informed of the changes, including listings of HIV-certified and Infectious disease physicians; proper coding for insurance coverage, and information about HIV services in the community.

We believe that the proposed legislation will create a systemic way to identify more people with HIV, bring more people with HIV into care earlier on in their illness which will allow for better health outcomes for them; which will be far less costly over time.

Furthermore, we believe that addressing these issues will support and strengthen the CDC's recommendations and DPH's proposed changes.

I'd be happy to answer any questions you might have. Thank you.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 6, 2009

J. Robert Galvin, M.D., M.P.H., M.B.A., Commissioner (860) 509-7101

House Bill 6391 - An Act Concerning Revisions to the HIV Testing Consent Law

The Department of Public Health **supports** House Bill 6391.

The Governor's proposal will align Connecticut HIV testing consent legislation with the federal Centers for Disease Control and Prevention's (CDC) updated recommendations for HIV testing, published in 2006. These recommendations include making voluntary HIV testing a part of routine health care for adults ages 13-64 years old. Connecticut's current HIV testing legislation, developed at a time when HIV infection was untreatable, is a barrier to implementing these recommendations in health care settings.

Changes proposed in this bill that align with CDC's recommendations include:

- Eliminating the requirement for separate, written consent for an HIV test;
- Eliminating the requirement for extensive pre-test counseling for all HIV tests;
- Adding the requirement that any person who tests HIV positive is informed about medical services and local or community-based HIV/AIDS support services agencies.

Quick Facts About HIV

- The CDC estimates that 25% of people with HIV do not know that they are infected.
- In Connecticut, 10,860 people are reported to be living with HIV/AIDS, with an estimated 600 new infections in 2006 (CT DPH).
- People unaware of their HIV infection cannot benefit from the new highly effective treatments and may unknowingly transmit the virus to others.
- Early detection and management of HIV infection can delay or prevent progression to full-blown AIDS.
- CDC data (2004) shows that almost 40% of AIDS cases found out they were HIV positive less than a year before their AIDS diagnosis.

The Connecticut DPH has heard from physicians that they would routinely offer HIV testing to their patients, but find the current requirements overly cumbersome.

This legislation will facilitate routine voluntary HIV testing in health care settings in Connecticut.

Thank you for your consideration of the Department's views on this bill.

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