

**Testimony of Katie Rutherford, Director of Development, Frannie Peabody Center
L.D. 531 An Act Regarding the Drug Crisis and Ensuring Access to HIV Testing
Before the Joint Standing Committee on Health and Human Services – March 27, 2017**

Chairman Brakey, Madam Chair Hymanson, and Members of the Health and Human Services Committee: My name is Katie Rutherford, and I am the Director of Development at Frannie Peabody Center, Maine's oldest and largest HIV/AIDS service organization. For over thirty years, we have provided direct services for more than 1,000 people living with HIV/AIDS, and performed thousands of HIV tests for those at risk. I am here to testify in strong support of L.D. 531, and I would like to thank the members of the Committee for considering this important step in the fight against HIV/AIDS in Maine.

In fighting the AIDS epidemic, with both treatment and prevention, we have seen that any achievements over the past three decades result from a collective effort and partnership between advocates, community-based services, education and the medical community. And while we now have the tools to keep people living with HIV healthy, and employ multiple strategies that can effectively prevent HIV infection, we continue to see steady rates of infection both in Maine and across the nation. As Representative Fecteau pointed out, about 13% of people living with HIV aren't aware of their status. One of the most significant contributing factors to this statistic is the very same force that has fueled the epidemic since the first reported cases in 1981: stigma. Stigma and fear have been barriers to care for people living with the disease and the reason people do not seek the services they need to stay healthy. 2015's Maine Youth Integrated Survey revealed that 40% of high-school aged children throughout the state are sexually active. Only 20% of these individuals have ever been tested for an STD, including HIV. The act of testing goes far beyond determining one's status. Numerous studies have shown that youth who access HIV testing services are much more likely to protect themselves from future risk of infection than their peers who have never had a test. For adults, routine testing associated with health or life insurance, military induction and immigration have accounted for up to 15% of HIV diagnoses.

The more opportunities we provide for testing services, the more we bring HIV out of the shadows and get closer to the end of the epidemic. As a community-based provider, Frannie Peabody Center offers free, confidential walk-in testing at our offices and various venues such as shelters, recovery centers, and college campuses. We provide targeted outreach to ensure that we are reaching those at risk, but it is not enough. As a staff member who reports on risk data and health outcomes, provides risk assessments and performs HIV tests, I can tell you for a fact that HIV affects all of us. The National CDC's HIV testing recommendation of everyone age 15-65 mirrors the fact that not every client we connect to necessary services falls into the categories defined as high-risk. A few years ago, a young heterosexual female who had never injected drugs happened to be at an education event of ours. She had never had an HIV test because, "no one had ever asked, so I figured, why not?" She has been an HIV-positive client of ours ever since.

Increasing access to testing means we can increase *engagement* in care, a key component of the National HIV/AIDS Strategy. Upon adhering to life-saving medications, HIV-positive individuals' risk of transmitting the virus decreases to almost zero - as effective as condom use. For this "treatment as prevention" strategy to be fully effective, we need to find the HIV-positive individuals who are unaware of their status. We need to fight stigma by increasing access and availability of low-barrier HIV testing.

Almost thirty-three years ago to this day, Secretary of the US Department of Health and Human Services, Margaret Heckler, announced the first diagnostic blood test for what would later become known as HIV. She also predicted a vaccine within two years. Maine has the opportunity to be a leader in this fight. As federal funding for prevention programs continues to decrease, and a relentless opioid epidemic ravages our state, we have an obligation to put as many resources as we can towards a coordinated effort to address and prevent future infections.

I hope the committee will support this measure. Thank you for your time.