

2019 HOUSE HUMAN SERVICES

HCR 3054

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HCR 3054
2/27/2019
32956

- ☐ Subcommittee
☐ Conference Committee

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| Committee Clerk: Nicole Klamann |
|---------------------------------|

Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the Legislative Management to consider studying the necessary steps and resources, including finding, to eliminate human immunodeficiency virus(HIV) and acquired immunodeficiency syndrome (AIDS) in North Dakota

Minutes:

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| 1 |
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Representative Gretchen Dobervich: Introduced resolution. The number of new HIV infections has nearly tripled in ND over the past 10 years. Recently the president announced a plan to eliminate the transmission of HIV by the year 2030. This resolution is a response to that asking for study of the steps and resources to eliminate transmission.
(0:02:45)

Representative Karen Rohr: There are genetic studies going on where they can go in an study the genes and provide a vaccine.

Lindsey VanderBusch, HIV.STD.TB.Viral Hepatitis Program Manager for the ND Dept. of Health: In support testimony provided, written provided, see **attachment 1**.
(0:07:26)

Representative Todd Porter: How much do we currently spend?

Lindsey VanderBusch: Currently we oversee the Federal Funding for HIV prevention and HIV surveillance activities is 1 million dollars annually. On the care side we receive federal funding from the Ryan White Partner Program from Persa. It changes annually but is generally around \$700,000 annually for HIV care.

Rep. Porter: Is there any state general funds going toward the programs?

Lindsey VanderBusch: No state general fund focus towards prevention or care activities.

Rep. Porter: Inside of the public health units. Do you know what theie dollars are for their programs?

Lindsey VanderBusch: I would have the exact dollar amounts, we do contract out a significant portion of that funding on the runway care side. A significant amount of that funding is distributed to the local health units to reimburse health care and other supportive services. All that money, aside from 10% which is the amount we can keep to do administrative functions goes directly to the care of HIV patients. On the HIV prevention side, we fund HIV testing, HIV linkage to prevention services.
(0:09:53)

Opposition: None

Chairman Weisz: Closed hearing.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HCR 3054
3/5/2019
33215

☐ Subcommittee
☐ Conference Committee

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| Committee Clerk: Nicole Klamann by Marjorie Conley |
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Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the Legislative Management to consider studying the necessary steps and resources, including finding, to eliminate human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in North Dakota.

Minutes:

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Chairman Weisz: Reopened HCR 3054.

Rep. Ruby: I move a Do Pass on HCR 3054.

Rep. Anderson: Second.

Chairman Weisz: Any discussion?

Rep. Dobervich: I appreciate the Do Pass on this. It is in response to the President's announcement for a plan to eliminate the transmission of HIV. This is a timely public health response as this is increasing in ND.

Roll Call Vote Yes 13 No 0 Absent 1. HCR 3054 to be placed on consent calendar.

Rep. M. Ruby is Carrier.

Date: 3-5-2019
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. HC R 3054

House Human Services

Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation:

☐ Adopt Amendment

☒ Do Pass ☐ Do Not Pass

☐ Without Committee Recommendation

☐ As Amended

☐ Rerefer to Appropriations

☒ Place on Consent Calendar

Other Actions:

☐ Reconsider

☐ _____

Motion Made By

Rep Ruby

Seconded By

Rep. Anderson

| Representatives | Yes | No | Representatives | Yes | No |
|-------------------------------|-----|----|--------------------|-----|----|
| Robin Weisz - Chairman | X | | Gretchen Dobervich | X | |
| Karen M. Rohr - Vice Chairman | X | | Mary Schneider | X | |
| Dick Anderson | X | | | | |
| Chuck Damschen | X | | | | |
| Bill Devlin | X | | | | |
| Clayton Fegley | X | | | | |
| Dwight Kiefert | X | | | | |
| Todd Porter | X | | | | |
| Matthew Ruby | X | | | | |
| Bill Tveit | A | | | | |
| Greg Westlind | X | | | | |
| Kathy Skroch | X | | | | |
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Total (Yes) 13 No 0

Absent 1

Floor Assignment

Rep. M. Ruby

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3054: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HCR 3054 was placed on the Tenth order on the calendar.

2019 SENATE HUMAN SERVICES

HCR 3054

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HCR 3054
3/20/2019
Job # 34023

☐ Subcommittee
☐ Conference Committee

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| Committee Clerk: Justin Velez |
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Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the legislative management to consider studying the necessary steps and resources including funding to eliminate the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in North Dakota.

Minutes:

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| Attachments #1-2 |
|------------------|

Madam Chair Lee opens the hearing on HCR 3054.

(02:40-05:57) Kirby Kruger, Director of the Division of Disease Control for the North Dakota Department of Health. Testifying in support of HCR 3054. Please see **Attachment #1** for written testimony.

Senator Anderson: When the house passed this did they consider that our needle exchange program and the addition that we had to that was a part of this plan or did they want to wait before the authorized the needles be picked up for residue?

Kirby Kruger: I'm not exactly sure but we have been waiting for them to take action in that committee.

Senator Anderson: When you talk about prep, If I am an ambulance tech and I was exposed to and infected individuals blood, does Medicaid and do insurance companies pay for prep drugs if we were exposed.

Kirby Kruger: I would differ that.

Gordana Cokrljic: Medicaid and private insurance do cover prep but the biggest cost barrier with prep is follow up medical care, there needs to be medical visits and laboratory work that needs to accompany these prep prescriptions and, that is the biggest costs barriers because they still have high deductibles and high co-pays but it is covered by Medicaid.

Madam Chair Lee: The private insurance there would be a financial commitment because of the co-pays?

Gordana Cokrljic: Yes

Madam Chair Lee: Can you tell us if someone was to be given this prescription, how many injections, or treatments will the individual have?

Gordana Cokrljic: It's a once daily pill and it is taken as long as the patient is considered to be at risk.

Madam Chair Lee: Then you would have regular monitoring and blood tests or whatever it is to see if the level had dropped adequately.

Gordana Cokrljic: Correct, the monitoring is one week after taking the medication to see for side effects and a month after you come back and every 3 months.

Senator Anderson: Do we have many infections from people who are on the program and men who sleep with men do they tend to ask for prep before they go to parties or how does that work?

Gordana Cokrljic: Its estimated nationally only 10% who should consider prep and are at high risk to HIV are accessing prep so there is a huge room for improvement. I think we would have to look into our syringe exchange data to see if people are accessing prep and access to prep and primary care is something that our prevention program tries to target so that primary care providers are prescribing prep. Currently, the only people who are prescribing prep are infectious disease doctors and that is a huge burden.

Senator K. Roers: If I were exposed at work due to a needle stick my employer would pay for the prep and follow up care, that would basically be a part of the workman's comp piece of it. If it's a healthcare worker that is how it's generally covered. If it's something where you are exposed in your private life, then that is where your private insurance will come into play.

Gordana Cokrljic: If your exposed at work or your exposed that is considered post exposure prophylaxis (PEP) so yeah if your employer pays for it that is great. if you are exposed at a party than they would take PEP that is one month of medications but Prep is to prevent you from getting it.

Madam Chair Lee: Do you see this as being a regular part of an immunization program ultimately? What I am thinking of is we had this fight ten years ago in legislature about whether or not we were going to require vaccinations for HPV to children and yet how important it was. It seems to be a much more acceptable vaccine than it was a couple years ago.

Gordana Cokrljic: It is not a vaccine it is a daily medication.

Madam Chair Lee: Yes, the HIV one yes but I was talking about the HPV one. Does this parallel each other in anyway because the HPV was a vaccine which is now I think a reasonably accepted part of it but it's not a required vaccine.

Kirby Kruger: That is correct

Madam Chair Lee: Do you find that there are a lot of families that are not choosing to give the HPV vaccine.

Kirby Kruger: I don't have that answer off the top of my head but I can certainly get that information for you. What I can tell you is that we have made significant progress in getting children started on the vaccine series and our rates are above 50% for starting the series in adolescents and 50% of people completing the series so we have made great progress within the last few years. We have focused our efforts on educating providers on how to talk to their patients about this.

Senator K. Roers: One of the things that senator Anderson mentioned was those high risk groups do we find, I remember originally learning about HIV and AIDS because Ryan White and I were roughly the same age that those were the high risk groups but I heard that we shifted away from male on male and injectable drug and now it's actually women who are raising in the percentages. Do you have data on what our profile looks like now?

Gordana Cokrlc: Our highest risk now is still male on male sexual contact and injectable drug users. The reason why we are seeing an increase in HIV diagnoses with heterosexuals or in women is because we have people here in North Dakota who are already diagnosed in different countries or different states.

Madam Chair Lee: How many incidents, do we have any numbers on that?

Kirby Kruger: Yes, we do. Gordana has some information for you and the committee. **(Please see Attachment #2 for HIV/AIDS handout)**

Gordana Cokrlc: We do have a low instances number. Last year we only had 18 newly diagnosed infections in the state but we also have about 450 individuals that are living with HIV in North Dakota.

Madam Chair Lee: Okay, that helps to know because a 10% increase from 8% is different from 800. Not that it isn't important I'm just trying to narrow down the focus of our scope here.

Senator Clemens: The department of health has a lot of information and I'm wondering why would it take this study in order to direct the department of health to investigate what the problem is; it seems you already do know that.

Kirk Kruger: A lot of the information that we have is going to be helpful for us understanding what is happening in North Dakota. The challenges that we are facing are the challenges that are not being addressed. One of the main things that Gordana eluded to is the amount of resources it is going to take to get primary care physicians comfortable prescribing PREP for their high risk patients and comfortable enough to get adequate sexual history to figure out who is at risk and that is a challenge. The second part of this is that Gordana has told you that our highest risk group in North Dakota continues to be men who have sex with men. This is a group that is not easy to find and get to in terms of getting a preventive message to them and getting them organized and the stigma associated with this disease often keeps them from not wanting to come forward, that is another challenge. Even though we have

some resources that we are directing at this, our goal is reducing the HIV transmission in ND and we do believe that there are other pieces of information that we are missing and there are resources for us to rely on to be able to finish this out. Gordana sent me a message today and what we understand about HIV transmission in the U.S. is most of that transmission is resulting in individuals who don't know their status. Once individuals know their status they do take the precautions needed to protect other people so it is that much more important for us to be able to reach this high risk group and get them tested, educated, and if they are diagnosed getting them on treatment as soon as possible. We have a much better rate of viral suppression amongst people who we can get into the Ryan White program compared to folks who are not. Those are all things, and the Ryan White coordinators do a great job of trying to coordinate this care and getting these individuals followed up and treated properly.

Madam Chair Lee: May I ask that you give us a thumbnail sketch of the Ryan White program not only for the committee but for the students here in audience today.

Gordana Cokrljic: Ryan White program is a program that allows for access to medical care and support services for a person who is diagnose with HIV. We have a higher viral suppression rate for those who are on the Ryan White program, we have a 90% viral suppression rate versus those who are not enrolled in the program which is at 72%. If you are virally suppressed, you are not able to transmit the disease to your sexual partners. We pay for medications and we pay for medical care and supportive services which are very important and those services include; financial assistance for housing, utilities, and transportation. **(Please see Attachment #2)**

Senator Anderson: Go back a little further about Ryan White and why that name and where it came from in the first place.

Gordana Cokrljic: Ryan White was a young individual who was diagnosed with HIV at the age of 13 in a small town in Indiana and he was heavily discriminated against, just like everyone who had the virus at that point in time because nobody really knew what the virus was. He was banned from school, sports, and hanging out with his friends so his mother and him did a lot of advocacy. They visited their legislature and the federal government to talk about HIV and to address the stigma that is possibly increasing around HIV today. He became the face of the HIV program. He contracted HIV from a blood transfusion because back then they did not test for HIV in blood and he passed away in 1990.

Senator Anderson: The money comes from?

Gordana Cokrljic: Our Ryan White funding comes directly from the federal government.

Senator Clemens: You mentioned in your last comments about individuals not understanding what their status is so I don't understand what the means.

Kirby Kruger: People who are at risk for HIV infection often times don't go and get tested so they have no idea if they are infected or not so we want them to get tested and know their status and if they are negative we can get them on PREP and if they are positive we can get them on treatment to get their viral loads suppressed and those are all good public health practices for getting people at risk to be tested. One of the things that we have talked about

and want to do is be able to go where the people are so that is why we have the rapid test that we can use and test somebody for HIV with just a prick of the finger.

Senator Clemens: I don't mean to sound crash in this politically correct society but I'm sure that, don't people know that behavior creates a huge risk and is that part of the health departments mission right now to inform people of the consequences of different behaviors as part of this problem?

Kirby Kruger: That has been an ongoing mission for us what are the specific behaviors that put us at risk for HIV infection whether it is sexual behavior or injectable drug use. That has been an ongoing mission since the beginning of trying to understand how HIV is transmitted and is the hardest part of our mission because it requires people to change their behavior and changing behavior is not an easy thing to do.

Senator Hogan: Have we had a study of HIV and this issue in decades?

Kirby Kruger: When I started in the health department in 1989 I started as an AIDS educator and obviously things have changed and then I moved into STD's. I have been with the same division for almost 30 years now and I can't remember this topic being studied.

Senator Anderson: Part of the reason for a study is to bring the people together who are involved so that for example, physicians as you mentioned get to hear from their peers once their peers are educated other physicians will pay more attention to their peers rather than some of the rest of us. Also, once they hear that they have some responsibility or could help by the proposer questioning and retrieval from their patients.

Senator O. Larsen: Do you think we have made huge strides in this without a study?

Kirk Kruger: I think there have been amazing strides mad especially in the advancement of treatments and testing that the areas that we struggle with are getting to the population at risk and being able to affect them to the extent of stopping transmission.

(27:20-30:00) Madam Chair Lee gives the committee an anecdotal story about a friend's child contracting HIV and developing AIDS and how the local community treated the family differently because of the son's diagnoses. The community had stopped doing business with the family which showed how the stigma of HIV/AIDS was in the earlier years of the disease and how it can still be worked on today. The family advocated for the disease and made a difference for their son and the community.

Madam Chair Lee calls for any additional testimony. Hearing none, Madam Chair Lee closes the hearing on HCR 3054.

(31:10) Madam Chair Lee pulls back the closing on the hearing of HCR 3054 to allow Rod Merkel, Social Science teacher for Beach High School in District 3 to add a comment.

Rod Merkel: Today we have brought Juniors here to attend the legislative session and I really want to commend Senator Lee and the committee for recognizing how important it is to educate the students of North Dakota. HIV has been a long going issue in our country and

in the beginning it was no doubt a very stereotypical and stigmatism when it comes to the awareness and I think our generation today needs to understand the work that has been done to eliminate this HIV and I really thank you guys for doing what you are doing for the state of North Dakota and the students.

Madam Chair Lee: Thank you. Does anyone have any questions for Mr. Merkel? If not, thank you very much. What I think is very important for us, we care about this. This is an academic discussion for us and I think that it has to be because it isn't something you can be embarrassed to discuss and it isn't something that can be put in the back because it is awkward to talk about. There are parents who rely on the school in one way to discuss something that is very awkward to discuss at home and then you get push back from people in the community who don't want them talking about it at all. We have this dichotomy where we don't want to talk about STD's because somebody might go out and have sex but on the other hand we want to make sure we educate them on drugs and alcohol so that they shouldn't use it. We are all a little bit schizophrenic in the way we approach some of these challenges that are in place not only for adults but for young people today. If we can have an academic discussion about stuff like this it's really important.

Rod Merkel: We appreciate the fact that we did not know that what committee we would be going in today but it's great that we can find this environment to bring our students into so they can learn and they can take this back to the rest of the students of Beach High School and even share it on their social media to create awareness.

Madam Chair Lee: One thing that can be done by the students is, if we pass this study it will be considered as a study for the interim because the way that legislature works is that we meet 80 days every two years but then we have resolutions or bills like this that call for studies on issues like this and we end up not being able to do all of them but, the legislative management committee which is people from both houses and parties decide which bills will be chosen. Hopefully this will be one of those that will be. You can actually follow it because there will be quarterly hearings.

Senator Anderson: I would like to thank you for bringing the students in here. I watched the students that came into our committee and none of them fell asleep.

Madam Chair Lee: We will make sure you get a copy of the handout from this hearing and we can get you copies of the resolution for all the students.

Rod Merkel: Thank you.

Madam Chair Lee closes the hearing on HCR 3054.

Senator K. Roers: I move a **DO PASS**.
Seconded by Senator Hogan

Madam Chair Lee: Any further discussion on HCR 3054?

Senator O. Larsen: I have to say that I agree with the whole AIDS and the study but it's my thought to not have the government do another study when they are doing great work already and I'm not going to vote for it.

Madam Chair Lee: I understand what you are saying. I think we don't have another line item in the budget and the one thing that may make you feel a little better Senator O. Larsen is that this will help keep this issue on the radar so that it is included in the next budget from the health department because of the exposure to the house and senate.

ROLL CALL VOTE TAKEN

4 YEA, 2 NAY, 0 ABSENT

MOTION CARRIES DO PASS

Senator K. Roers will carry HCR 3054 to the floor.

Date: 3/26/19
Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO.**

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. K. Roers Seconded By Sen. Hogan

| Senators | Yes | No | Senators | Yes | No |
|-------------------------|-----|----|------------------|-----|----|
| Sen. Judy Lee | X | | Sen. Kathy Hogan | X | |
| Sen. Oley Larsen | | X | | | |
| Sen. Howard C. Anderson | X | | | | |
| Sen. David Clemens | | X | | | |
| Sen. Kristin Roers | X | | | | |
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Total (Yes) 4 No 2

Absent 0

Floor Assignment Sen. K. Roers

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3054: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HCR 3054 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HCR 3054

Good Afternoon, Chairman Weisz and members of the House Human Services Committee. My name is Lindsey VanderBusch and I am the HIV.STD.TB.Viral Hepatitis Program Manager for the North Dakota Department of Health. I am here today to provide testimony in support of House Concurrent Resolution 3054.

In the early 1980s, HIV emerged as an epidemic in the United States. By 1984, the first case of HIV/AIDS in North Dakota was reported to the Department of Health. During that decade, nearly 100,000 people were known to be infected nationally and the mortality rate was overwhelming; over 50 percent of people infected died within one year of diagnosis and 75 percent after five years.

Today, only 35 years later, the picture of the epidemic has drastically shifted. The development of diagnostics, treatment and prevention tools advanced at a lightning pace. Screening tests can be done in minutes with a single drop of blood. In 2012, the Food and Drug Administration (FDA) approved Truvada®, which is one of the antiretroviral medications used to treat HIV, as a medication that can be used in HIV-negative people to prevent infection; you may also know this by the term, HIV PrEP. People with infection who receive prompt and appropriate treatment can reduce the level of virus that is found in their blood to undetected levels. In 2017, the Centers for Disease Control and Prevention (CDC) affirmed that when individuals have sustained viral suppression, there is effectively no risk of transmission through sex to an HIV negative person and the risk through injection drug use is unknown but thought to be significantly reduced.

It would seem that with these advancements, the number of new infections reported annually would be significantly declining towards zero. However, this does not seem to be the case. In fact, North Dakota has actually seen an increase in the number of new infections reported over the last 10 years. Barriers to accessing prevention and care resources exist for many infected and at-risk persons. Many of these barriers need to be addressed to effectively utilize the things we know work to reduce the number of new infections.

A plan was recently proposed by the U.S. Department of Health and Human Services (HHS) to expedite the progress to reduce new HIV infections in the U.S. The Ending the HIV Epidemic: A Plan for America, released on February 5, 2019,

aims to reduce the number of new HIV infections by 75 percent in five years and 90 percent by 2030. This ambitious goal, however, cannot be achieved within the confines of existing resources, workforce and policies. Significant investment of time and money will be needed to achieve these goals both federally and locally.

The North Dakota Department of Health welcomes the opportunity to inform the North Dakota Legislature of what it would take for North Dakota to realize a 90 percent reduction of new HIV infections by 2030 and to end the epidemic of HIV in the state. Our report will detail the fiscal, policy and workforce needs that would be required to effectively reach these new national goals.

This concludes my testimony and I urge the committee to support house concurrent resolution 3054. Thank you and I would be happy to take questions.



Ending the Epidemic

The United States Department of Health and Human Services (HHS) released a plan on February 7, 2019 that aims to end the HIV epidemic by 2030. This new ambitious goal will focus on four pillars within strategic initiative. Those pillars are to diagnose, treat, protect and respond.

Diagnose

Diagnose all people with HIV as early as possible after infection.

- Increase opportunities for screening among high-risk individuals at recommended intervals following the US Preventive Services Task Force Recommendations (USPSTF).
- Expand access to testing opportunities inside and outside of traditional healthcare.

Treat

Treat HIV infection rapidly and effectively to achieve sustained viral suppression.

- Reduce barriers to HIV care & treatment by increasing access to health care coverage, HIV treating providers and case managers/care planners.
- Expand access to supportive services to achieve parity in the social determinants of health. These could include housing, mental health, and peer support to retain engagement with healthcare to achieve and maintain viral suppression.

Protect

Protect people at risk for HIV using proven prevention interventions, including PrEP. PrEP is a medication that can prevent HIV infections.

- Increasing access to PrEP by leveraging private and public healthcare coverage to reduce the financial burden of accessing PrEP.
- Expand a trained workforce to identify persons at high-risk for infection and recommend PrEP as a prevention tool.
- Provide education and resources to help persons at high-risk for infection understand all tools available to reduce the risk of infection.
- Increase access to sterile injection supplies and safe disposal for persons who inject drugs to reduce the risk of transmission of blood-borne pathogens.

Respond

Respond rapidly to detect and address HIV transmission clusters to prevent ongoing transmission.

- Increase the use of surveillance data and laboratory results to detect clusters of infection.
- Develop coordinated state/local outbreak response plans to enable swift ramping up of services if needed.

North Dakota: By the Numbers

75% reduction in new Infections in by 2025 and **90%** by 2030.

2018 Benchmark: 18 newly diagnosed infections likely acquired within the United States.

2025 Goal: 4 newly diagnosed infections likely acquired within the United States.

2030 Goal: 1-2 newly diagnosed infections likely acquired within the United States.

90% of persons with HIV virally suppressed by 2030.

2017 Benchmark: 83% of all known HIV positive persons living in North Dakota had achieved viral suppression.

71 people were known to be living in North Dakota with HIV who were not virally suppressed.

50% of high-risk negative persons utilizing HIV PrEP to prevent infection.

2017 Benchmark: Unknown.

PrEP usage and uptake among high-risk persons who are HIV uninfected is not well understood in North Dakota. Resources to gain access to data will be needed to better understand this metric.

Good morning, Madam Chair Lee and members of the Senate Human Services Committee. My name is Kirby Kruger and I am Director of the Division of Disease Control for the North Dakota Department of Health. I am here today to provide testimony in support of House Concurrent Resolution 3054.

In the early 1980s, HIV emerged as an epidemic in the United States. By 1984, the first case of HIV/AIDS in North Dakota was reported to the Department of Health. During that decade, nearly 100,000 people were known to be infected nationally and the mortality rate was overwhelming; over 50 percent of people infected died within one year of diagnosis and 75 percent after five years.

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With these advancements, the number of new infections reported annually should be significantly declining towards zero. However, this does not seem to be the case. In fact, North Dakota has seen an increase in the number of new infections reported over the last 10 years. Barriers to accessing prevention and care resources exist for many people who are infected or at-risk. Many of these barriers need to be addressed to effectively utilize resources to reduce the number of new infections.

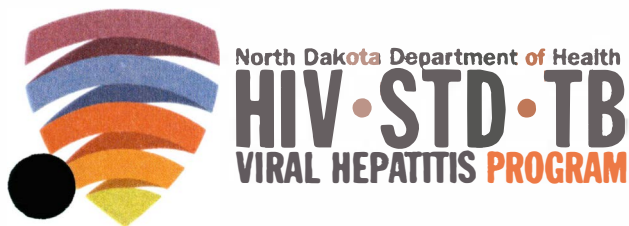
A plan was recently proposed by the U.S. Department of Health and Human Services (HHS) to expedite the progress to reduce new HIV infections in the U.S. Ending the HIV Epidemic: A Plan for America was released on February 5, 2019 and aims to reduce the number of new HIV infections by 75 percent in five years

HCR 3054
3/20/19
#1 pg. 2

and 90 percent by 2030. This ambitious goal, however, cannot be achieved within the confines of existing resources, workforce and policies. Significant investment of time and money will be needed to achieve these goals both federally and locally.

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This concludes my testimony and I urge the committee to support house concurrent resolution 3054. Thank you and I would be happy to take questions.



HC2 3054
3/20/19
#2 pg. 1

North Dakota HIV/AIDS

Ending the Epidemic

The United States Department of Health and Human Services (HHS) released a plan on February 7, 2019 that aims to end the HIV epidemic by 2030. This new ambitious goal will focus on four pillars within strategic initiative. Those pillars are to diagnose, treat, protect and respond.

Diagnose

Diagnose all people with HIV as early as possible after infection.

- Increase opportunities for screening among high-risk individuals at recommended intervals following the US Preventive Services Task Force Recommendations (USPSTF).
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Treat

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- Reduce barriers to HIV care & treatment by increasing access to health care coverage, HIV treating providers and case managers/care planners.
- Expand access to supportive services to achieve parity in the social determinants of health. These could include housing, mental health, and peer support to retain engagement with healthcare to achieve and maintain viral suppression.

Protect

Protect people at risk for HIV using proven prevention interventions, including PrEP. PrEP is a medication that can prevent HIV infections.

- Increasing access to PrEP by leveraging private and public healthcare coverage to reduce the financial burden of accessing PrEP.
- Expand a trained workforce to identify persons at high-risk for infection and recommend PrEP as a prevention tool.
- Provide education and resources to help persons at high-risk for infection understand all tools available to reduce the risk of infection.
- Increase access to sterile injection supplies and safe disposal for persons who inject drugs to reduce the risk of transmission of blood-borne pathogens.

Respond

Respond rapidly to detect and address HIV transmission clusters to prevent ongoing transmission.

- Increase the use of surveillance data and laboratory results to detect clusters of infection.
- Develop coordinated state/local outbreak response plans to enable swift ramping up of services if needed.

North Dakota: By the Numbers

75% reduction in new Infections in by 2025 and **90%** by 2030.

2018 Benchmark: 18 newly diagnosed infections likely acquired within the United States.

2025 Goal: 4 newly diagnosed infections likely acquired within the United States.

2030 Goal: 1-2 newly diagnosed infections likely acquired within the United States.

90% of persons with HIV virally suppressed by 2030.

2017 Benchmark: 83% of all known HIV positive persons living in North Dakota had achieved viral suppression.

71 people were known to be living in North Dakota with HIV who were not virally suppressed.

50% of high-risk negative persons utilizing HIV PrEP to prevent infection.

2017 Benchmark: Unknown.

PrEP usage and uptake among high-risk persons who are HIV uninfected is not well understood in North Dakota. Resources to gain access to data will be needed to better understand this metric.



For more information, call 800.472.2180 or visit
www.ndhealth.gov/hiv