

2025 HOUSE HUMAN SERVICES

HB 1217

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1217
2/3/2025

Relating to willfully transferring body fluid containing the human immunodeficiency virus.
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2:55 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Kiefert, Rios, Rohr

Members Absent: Representatives Holle

Discussion Topics:

- Medical advances
- Stigmas
- Disease specific laws

2:56 p.m. Representative Dobervich, District 11, introduced the bill and submitted testimony, #33633.

3:26 p.m. Cody Schuler, ACLU, testified in favor and submitted testimony, #33814.

3:32 p.m. Lindsey VanderBusch, North Dakota Department of Health and Human Services, testified in favor and submitted testimony, #33448.

2:35 p.m. Jason Grueneich, Executive Director of Shine Bright & Live, testified in favor and submitted testimony, #33744, #34002.

3:41 p.m. Kara Gloe, Director of Mental Health Services of the Canopy Medical Clinic, testified in favor and submitted testimony, #33328, #34014

3:46 p.m. Paul Mull, ND resident, testified in favor and submitted testimony, #33426.

Additional written testimony:

Tracie Newman submitted testimony in favor, #33245.

Faye Seidler submitted testimony in favor, #33644.

Doug Sharbono submitted testimony in opposition, #33726.

3:52 p.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk

Testimony in Support of HB 1217 to End Discriminatory HIV Practices in North Dakota

Dear Chair Ruby and Members of the Human Services Committee,

My name is Dr. Tracie Newman, and I am a pediatrician and public health educator in North Dakota. I am here today to express my strong support for HB 1217, a bill that seeks to repeal Section 12.1-20-17 of the North Dakota Century Code, which criminalizes individuals living with HIV. This outdated and discriminatory statute not only undermines public health efforts but also creates unnecessary harm for vulnerable populations, including infants, children, and mothers.

Harms to Infants, Children, and Mothers

As a pediatrician, I witness the far-reaching impacts of stigma and inequitable healthcare policies on families. This law discourages individuals—especially pregnant women—from seeking timely HIV testing and treatment due to fear of criminalization. The consequences of this are profound:

- Without early diagnosis and treatment, **infants are unnecessarily placed at risk of perinatal HIV transmission**, a preventable outcome with modern medical interventions.
- Mothers who are afraid to seek care may delay or avoid accessing antiretroviral therapy, a treatment that reduces the risk of mother-to-child transmission to nearly zero.
- Families already facing the challenges of managing HIV must navigate additional layers of stigma and potential legal repercussions, which can destabilize the supportive environments children need to thrive.

Discriminatory Nature of Current Law

Section 12.1-20-17 of the North Dakota Century Code singles out individuals living with HIV for felony charges, treating this illness differently than any other infectious disease, regardless of its transmissibility or severity. Diseases like hepatitis B and C or tuberculosis—also transmissible and potentially life-threatening—are appropriately addressed through public health measures, not criminal statutes. This disparity is discriminatory and unjust.

Perpetuation of Stigma and Barriers to Care

The criminalization of HIV perpetuates harmful stereotypes, fostering stigma that discourages testing and treatment. Research consistently demonstrates that stigma significantly reduces the likelihood of individuals seeking care, undermining efforts to control the spread of HIV. HB 1217 offers an opportunity to replace punitive measures with policies that support prevention and treatment, ultimately protecting public health.

Advancements in HIV Prevention and Treatment

When the current law was enacted over 40 years ago, it reflected a time of limited understanding about HIV. Today, we live in a vastly different era:

- Modern antiretroviral treatments can suppress viral loads to undetectable levels, rendering HIV untransmittable—a concept known as “U=U” (Undetectable = Untransmittable).

- Pharmaceutical prevention methods, such as pre-exposure prophylaxis (PrEP), have transformed HIV prevention, drastically reducing new infections.
- These advancements render the basis for HIV criminalization outdated and counterproductive.

Criminalization Increases Public Health Risks

Contrary to its intended purpose, the criminalization of HIV creates greater risks of transmission. Peer-reviewed studies show that punitive policies discourage testing and treatment, while supportive, evidence-based interventions increase the likelihood that individuals will access care and prevent further transmission.

A Call for Evidence-Based, Equitable Policies

HB 1217 represents an opportunity for North Dakota to align its laws with current scientific understanding and public health best practices. All North Dakotans deserve policies that promote health, equity, and dignity. Repealing this outdated statute will help reduce stigma, encourage individuals to seek care, and ultimately protect public health.

Conclusion

I urge you to support HB 1217 and take a decisive step toward eliminating discriminatory practices that harm individuals, families, and communities across North Dakota. This legislation is an essential step toward creating a healthier, more equitable future for everyone in our state.

Thank you for your time and thoughtful consideration of this important issue.

Sincerely,

Dr. Tracie Newman, MD, MPH, FAAP

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January 17, 2025

Do Pass HB 1217

Dear Chair Ruby and members of the Human Services committee,

My name is Kara Gloe, LCSW. I am a mental health therapist licensed in both North Dakota and Minnesota. I work at Canopy Medical Clinic. One of the primary populations I serve are folks living with HIV/AIDS in North Dakota. As such, I write in support of HB 1217 as section 12.1-20-17 is harmful to the goal of ending the HIV epidemic.

The main points of my testimony are:

- Section 12.1-20-17 of the North Dakota Century Code disincentivize people from getting tested.
- Testing is a critical a component of President Trump's goal to end the HIV epidemic by 2030.
- There are multiple criminal statutes that currently exist that could be used to hold accountable anyone who intentionally transmits the virus.
- Section 12.1-20-17 adds to the stigma people living with HIV face and reducing stigma is both fiscally and morally responsible.

In his 2019 State of the Union address, President Trump made a commitment to gather bipartisan support for a budget that would end the HIV epidemic by 2030. The plan, as laid out by his then head of the US National Institute of Allergy and Infection, was to identify every person living with HIV, get them on medication therapy, thereby dropping their viral loads to undetectable levels, eliminating the possibility of transmission, and ultimately ending the epidemic. During this session, the North Dakota State Legislature can decide if it will be an asset or barrier to President Trump's goal.

In my practice, there is not a single person living with HIV with whom I work that does not talk about how deeply impacted they are by the stigma of HIV. Stigma that includes laws that criminalize HIV. While I understand the intent of section 12.1-20-17 of the North Dakota Century Code might be to protect public health, in practice it does the opposite by discouraging testing and therefore treatment. People are afraid to get tested, as knowing their status carries the threat of 20 years in prison and a \$10,000 fine. It is fantastical to think that folks at-risk will be comforted by arguments that disclosing one's status and engaging in safer sex and/or use practices will be protected under 12.1-20-17, especially as transmission of HIV is not a requirement. Therefore, it is not hard to imagine that people will forgo testing if they believe knowing their status plus having a jilted lover might land them in prison.

During the last session when Representative Dobervich brought this bill forward, the stated opposition against this bill was primarily the concern regarding folks who might *intentionally* transmit HIV.

However, as stated in previous sessions, there are already laws in place that could be used to hold any bad actors accountable. According to North Dakota Century Code Chapter:

- **12.1-17-01. Simple assault states:** “A person is guilty of an offense if that person
 - a. Willfully causes bodily injury to another human being.”
- **12.1-17-01.1. Assault states:** “A person is guilty of a class A misdemeanor, except if the victim is under the age of twelve years in which case the offense is a class C felony, if that person:
 - 1. Willfully causes substantial bodily injury to another human being.”
- **12.1-17-02. Aggravated assault states:** “Except as provided in subsection 2, a person is guilty of a class C felony if that person:
 - a. Willfully causes serious bodily injury to another human being
 - b. Knowingly causes bodily injury or substantial bodily injury to another human being with a dangerous weapon or other weapon, the possession of which under the circumstances indicates an intent or readiness to inflict serious bodily injury;
 - c. Causes bodily injury or substantial bodily injury to another human being while attempting to inflict serious bodily injury on any human being; or
 - d. Fires a firearm or hurls a destructive device at another human being”
- **12.1-17-03. Reckless endangerment states:** A person is guilty of an offense if he creates a substantial risk of serious bodily injury or death to another. The offense is a class C felony if the circumstances manifest his extreme indifference to the value of human life. Otherwise it is a class A misdemeanor. There is risk within the meaning of this section if the potential for harm exists, whether or not a particular person's safety is actually jeopardized.”
- **12.1-06-01. Criminal attempt states:**
 - 1. “A person is guilty of criminal attempt if, acting with the kind of culpability otherwise required for commission of a crime, he intentionally engages in conduct which, in fact, constitutes a substantial step toward commission of the crime. A "substantial step" is any conduct which is strongly corroborative of the firmness of the actor's intent to complete the commission of the crime. Factual or legal impossibility of committing the crime is not a defense, if the crime could have been committed had the attendant circumstances been as the actor believed them to be.” Which could be used in arguments of attempted murder.

While I appreciate the North Dakota Legislature’s previous attempts to honor the severity of sex crimes, it is clear North Dakota already has several laws that can be used to prosecute any criminal behavior.

Further, reducing stigma and increasing testing is fiscally and morally responsible. When people are diagnosed and properly treated, they are at a lower risk for other health problems, both physical and mental. For many North Dakotans living with HIV, stigma is or has been the reason they are isolated, stuck in unhealthy relationships, suffer from substance use disorder, etc. It is a major contributing factor to their depression, anxiety and/or has caused or contributed to their trauma. It is the reason they stopped attending church or have lost their community. It’s a deep dark secret they carry, because they have experienced shame, shunning, and rejection when they have attempted the type of vulnerability and courage it takes to share this part of themselves with others. I have heard devastating stories about how the ignorance of others plagues my clients, either as thousands of paper cuts or as full frontal emotional and psychological assaults. When people are isolated and feel unsupportive, both their physical and mental health deteriorate. The cost of that deterioration is often laid at the feet of North Dakota taxpayers.

Medical advances mean people living with HIV can live long productive lives and have meaningful healthy romantic and sexual relationships without worrying about transmission. It is time for North Dakota to remove section 12.1-20-17, as it is a barrier to diagnosis and treatment, and therefore a barrier to public health and President Trump's goal to end the HIV epidemic by 2030.

I hope North Dakotans can count on you to support an end to the HIV epidemic by voting **DO PASS on HB 1217**.

Sincerely,
Kara Gloe, LCSW
Canopy Medical Clinic

January 31, 2025

HB 1217 DO PASS

Dear Chair Ruby and members of the Human Services committee,

My name is Paul Mull, and I have been a resident of North Dakota since 2017. I am a 59-year-old male, who was diagnosed with HIV in 1985 in Miami, Florida.

At 20 years old in 1985, I would not have been voluntarily tested for HIV. That diagnosis saved my life due to early detection. However, at the time a HIV diagnosis was considered a death sentence. I was told I had two years or less to live, because of the lack of information and medical treatments. As such, I decided to party every day of the time I had left, because I would have rather died from anything other than AIDS. I lived this way for 11 years, by which time I realized HIV was likely not going to kill me. Upon that realization, I got clean and started working a program, which allowed me the clarity to realize we had made significant advancements in the treatment of HIV. So, I began receiving treatment.

During the 11 years I lived in fear of dying from AIDS, I made several conscious decisions to ensure I did not spread the virus to others, despite my reckless lifestyle and behaviors. I chose to become celibate and was extremely careful about how I used substances. I knew my conscious would not be able to handle the knowledge that I was responsible for someone else experiencing the shame and isolation that launched me into that drug fueled decade. In that way, I think I represent the vast majority of folks living with HIV.

I have continued to receive on-going regular treatment and am currently undetectable. Through the help of therapists, I am finally able to process the lifetime of trauma and isolation the stigma associated with HIV has had on my life.

When I first became undetectable, I experienced a profound sense of relief and liberation. However, I have learned that disclosure leads to rejection and judgement. I feel I have had a huge part of my life stripped away from me, simply due to the lack of public understanding regarding the evolution of HIV treatment and its subsequent suppression of viral loads to untransmissible levels.

Through the confluence of sobriety, becoming undetectable, and receiving mental health support, I have become extremely motivated to help others living with HIV. It is my sincere belief that in order to properly address the HIV epidemic, we must first address the stigma associated with HIV. Only through addressing stigma will we increase testing and treatment access. Only through addressing stigma, will we help people living with HIV know they are not alone and that there is hope.

Chair Ruby and members of the Human Services Committee, I have done the work. I have lived cautiously, before we knew much about HIV and AIDS. I have achieved sobriety, and I am undetectable. The North Dakota century code has been a significant barrier to my pursuit of happiness and is unfair, but more importantly it is an impediment to testing, treatment, and the eventual end to the HIV epidemic.

I strongly urge you to vote DO PASS on HB 1217.

Sincerely,
Paul Mull



Health & Human Services

Testimony
House Bill No. 1217
House Human Services Committee
Representative Ruby, Chairman
February 3, 2025

Chairman Ruby, and members of the House Human Services Committee, I am Lindsey VanderBusch, Sexually Transmitted and Bloodborne Diseases Unit Director with the ND Department of Health and Human Services. I appear before you in support of House Bill No. 1217.

Thank you for the opportunity to speak with you today about this very important matter. This bill aims to repeal section 12.1-20-17 of the North Dakota Century Code, a law that makes it a felony to willfully transfer body fluid containing the HIV virus.

I strongly encourage you to support this repeal because the current law is unnecessary and has unintended consequences. North Dakota has continued to make progress in addressing the HIV epidemic, and removing this law would be another important step forward in reducing stigma associated with this infection, which, in turn, improves opportunities to connect at-risk people with needed services.

At the time this law was passed, HIV was seen as a life-threatening condition with no effective treatment. Today, people with HIV who take antiretroviral therapy (ART) can achieve an undetectable viral load, meaning they cannot transmit the virus to others sexually. The current law is based on outdated science and does not account for these advancements. Repealing this law ensures our legal system reflects advances in HIV Management without imposing unnecessary restrictions.

More than 12 states have already modernized or repealed their HIV Criminalization laws, including Georgia, Iowa, Missouri, and Texas, which repealed its law in 1994. These states recognize that additional, disease-specific laws like section 12.1-20-17 are unnecessary.

While HIV is still a serious and lifelong infection, and its use with malice against another person is abhorrent. Existing laws already provide strong protections against intentional harm. Repealing section 12.1-20-17 will not leave the public unprotected but will eliminate an outdated and unnecessary statute.

As someone whose job it is to protect people from HIV, a responsibility I take very seriously, I do not find that this law is useful in that endeavor. It detracts from effective tools like encouraging testing, treatment, and open communication. Repealing this law would allow us to better focus on proven strategies to prevent the spread of HIV and support those living with the condition.

In conclusion, I urge you to repeal this unnecessary, redundant law. Repealing section 12.1-20-17 ensures our laws are practical, streamlined, and reflective of current science.

This concludes my testimony. I would be happy to answer any questions the committee may have. Thank you.



North Dakota House of Representatives

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Committees:
Agriculture
Human Services

House Bill 1217 House Human Services Committee Testimony of Rep. Gretchen Dobervich, Bill Sponsor February 3, 2025

Good Afternoon Chairman Ruby and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich and I work for the people of District 11 in Fargo. I bring you House Bill 1217, a bill to repeal North Dakota Century (NDC Section 12.1-20-17.

Under this section of NDCC a person who knowingly transfers the Human Immunodeficiency Virus, commonly referred to as HIV, to another person without their knowledge, may be charged and convicted of a Class A felony which carries a maximum penalty of 20 years in prison and up to a \$20,000 fine.

HIV is the only infectious disease that carries a felony charge for knowingly infecting another person. Knowingly infecting another person with an infectious disease, except HIV, falls under North Dakota Century Code 23-07-21.3, *a person is guilty of an infraction if they knowingly transmit a sexually transmitted disease with intent to infect another*. The penalty for an infraction is a maximum fine of \$1,000. It is discriminatory that people with one infectious disease are treated differently than people with other infectious disease in the case of intentional transmission.

North Dakota's HIV law was instituted in the late 1980s/early 1990s when little was known about HIV, the virus still commonly resulted in disease progression to Acquired Immune Deficiency Syndrome (AIDS), and eventual death. Thirty plus years later new cases of HIV have dramatically decreased. In 2023 new cases of Hepatitis C were 40.2 per 100,000, HPV related Cancers were 12.6 per 100,000, and HIV was 11.3 per 100,000.

Like Hepatitis C and HPV related Cancers there are now effective treatments. Current HIV treatment can render viral loads to an undetectable level in which the virus cannot be transmitted to another person. Deaths the result of complications associated with HIV in 2022 were 1.3 per 100,000, while deaths the result of Hepatitis C were 3.18 per 100,000 for comparison. HIV fatality has dropped dramatically since the law was written.

Since this law was created effective medical prevention, known as PrEP and PEP, have also become available. It is time to repeal North Dakota Century Code Section 12.1-20-17 to reflect the medical advances that prevent the spread of HIV and in managing the infection so successfully it can be untransmissible.

In his first term President Trump issued the *Ending the HIV Epidemic* declaration. Its goal is to end HIV by 2030. There is no evidence that North Dakota Century Code Section 12.1-20-17 has reduced cases of HIV towards this goal. HB 1217 will contribute to reduction in stigma and fear that has been proven to keep many people at risk of HIV from utilizing prevention, getting tested, and if positive, getting treatment, which will. A Do Pass recommendation on HB 1217 updates ND law to reflect 21st Century advances in HIV prevention and treatment, eliminates a discriminatory law, and encourages citizens at risk to seek testing and if needed treatment.

Chairman Ruby and Members of the Committee, that ends my testimony. Please note that all statistics used in my testimony are from the Centers for Disease Control and Prevention website and were pulled after the website was modified to comply with Presidential Executive Orders. I stand for any questions.

**Do Not Pass Testimony
of Doug Sharbono, citizen of North Dakota
on HB1217
in the Sixty-ninth Legislative Assembly of North Dakota**

Dear Chairman Ruby and members of the House Human Services Committee,

I am writing as a citizen and believe HB1217 is unneeded legislation that will have undesirable consequences. I ask for a Do Not Pass on HB1217.

HB1217 decriminalizes the unwanted transfer of the HIV virus from one person to another. Current law is consistent with that established in other states around the country, and these laws have been upheld in court.

[HIV Transmission, Is it a Crime? | Journal of Ethics | American Medical Association \(ama-assn.org\)](#)

HB1217 is reckless legislation. It does not contemplate the various scenarios in society that require teeth behind the law. As an example, should it not be more egregious for an inmate who has HIV to assault a correctional officer with bodily fluids than another who doesn't have HIV? Absolutely. For protection of the heroes of law enforcement, current law should stay in place.

Please give HB1217 a Do Not Pass.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103

HB 1217

Good afternoon, Chair Ruby and esteemed members of the Health and Human Services committee,

My name is Jason Grueneich, Executive Director and Founder of North Dakota's first HIV nonprofit, Shine Bright & Live. I also am the current chair of the ND HIV Advisory Board, and helped develop the HIV Peer Navigation Program for the state of ND. Not only do I give of my time to the HIV community in North Dakota, but I am a person living with HIV in this great state. Today I speak and submit testimony in support of HB 1217. Not only is it harmful in helping to end the HIV epidemic, but it is also an outdated bill that needs to be modernized.

As a supporter of President Trump's declaration, *Ending the HIV Epidemic*, spoken in his state of the union in 2019, I was galvanized to start preparing for what became ND's first HIV nonprofit to help stop transmission in our state, and provide care for those living with it. Part of this process was finding out why people weren't in service and what barriers are to testing and prevention. Over and over, we have found, not only in North Dakota, but many other states, that HIV criminalization laws do nothing to protect an already protected public, but cause stigma and fear that increase transmission by stopping people from being tested.

HIV criminalization laws and prosecutions persist in many parts of the United States perpetuating stigma, discrimination, and human rights violations against people living with HIV. These laws reinforce misconceptions, fuel fear and prejudice instead of fostering empathy and understanding. They undermine public health efforts by deterring people living with HIV from seeking testing, treatment, and support, ultimately hindering progress in HIV prevention and care and reaching targets set to end HIV by 2030.

The impact of HIV criminalization extends beyond legal consequences, affecting the social, economic, and emotional well-being of those affected. It breeds shame and secrecy, hindering open communication about HIV and perpetuating a cycle of silence and isolation. Imagine having to deal with an angry ex-partner who wants revenge and makes false allegations of non-disclosure, now you no longer have equal protection under the law but are suddenly having to prove a private conversation occurred. Under our current law, even if you are on medication and unable to transmit HIV, there is no transmission that occurs, and there is no intent, you can be charged with a Class A felony, up to 20 years in prison and up to \$10,000 based on one person's false accusations.

I believe that everyone has a role to play in ending HIV criminalization, "You care about ending HIV criminalization, you just don't know it yet,"

Help us continue President Trump's plan to end HIV by 2030 by modernizing our laws in ND. Let us move forward together, modernizing our laws that unduly harm our citizens.

Today I call on the Health and Human Services Committee to recommend a **DO PASS on HB 1217**.

Jason Grueneich
Founder
Shine Bright & Live



THE
ELIZABETH TAYLOR
AIDS FOUNDATION

... and an overwhelming majority of Americans agree!

ABOUT HIV CRIMINALIZATION

Since HIV first became a concern in the 80's, **scientific advancements** have been made and many early **assumptions about transmission** have proven **false**. Despite this, many states have **laws** that impose **harsh penalties**, including imposing felonies and **imprisonment** of individuals living with HIV. These laws do not reflect current science, and should be **modernized**.

In collaboration with Susquehanna Polling and Research, we asked Americans about HIV laws. Here's what they said:

71% believe current HIV laws should be modernized and updated to take into account current scientific knowledge about transmission.
(72% of Republicans, 71% of Democrats)

83% believe current HIV laws should be modernized and updated to incentivize testing and treatment.
(83% of Republicans, 83% of Democrats)

78% believe people living with HIV should receive the health and treatment they need, rather than face criminal charges that discriminate and discourage proper testing, treatment, and disclosure.
(77% of Republicans, 80% of Democrats)

HIV Modernization is Bipartisan

Since 2021, states like Missouri, Georgia, Indiana, Kentucky, and Tennessee have passed bills that modernize HIV criminalization laws.

In these states, between 87% - 97% of Republican lawmakers supported the bill.

Additionally, without support from Republicans in Illinois, Nevada, New Jersey, and Virginia, HIV modernization bills would not have passed.

REPEAL Act

Previous Congresses have introduced the bipartisan **REPEAL Act**, which would study federal and state laws that target and punish Americans who test positive for HIV and to develop recommendations for updating these outdated laws.

68% of Americans support this bill, while only 9% oppose.

Sixty-ninth North Dakota Legislative Assembly
House Human Services
H.B. 1217
February 3, 2025



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Chair Ruby, Vice Chair Frelich, and members of the Committee:

On behalf of the ACLU of North Dakota, I submit testimony in support of House Bill 1217 relating to willfully transferring body fluid containing HIV.

Laws that criminalize living with HIV fundamentally undermine the constitutional rights and dignity of individuals by penalizing them for a health condition rather than any criminal behavior. North Dakota Century Code 12.1-20-17 criminalizes the transfer of body fluids by individuals living with HIV under circumstances that fails to reflect current scientific understanding and public health realities. This law unjustly punishes individuals for their HIV status rather than for demonstrable criminal conduct. By criminalizing the willful transfer of body fluids, even in cases where consensual sexual activity occurs, it effectively turns a health condition into a basis for severe criminal penalties. This approach not only exacerbates stigma against people living with HIV but also discourages testing and open communication about HIV status, ultimately undermining public health efforts.

Furthermore, the current law is problematic in its application and scope. The definition of “transfer” covers a broad range of sexual activities and even the reuse of needles, without sufficiently considering the nuances of risk, prevention strategies, and the reality of undetectable viral load status. Although the law provides an affirmative defense when there is full disclosure and the use of prophylactic devices, this exception is not enough to mitigate the inherent overreach of the statute. It imposes a chilling effect on intimate relationships and medical disclosure, forcing individuals to navigate a legal minefield where the act of living with HIV is stigmatized and criminalized. This not only violates the principles of equal protection and due process but also reflects an outdated approach to HIV prevention that ignores decades of advancements in treatment and risk-reduction education. In addition, to the ACLU’s knowledge, no cases have ever been prosecuted under this statute since it’s roughly thirty years on the books, exhibiting it is irrelevant while remaining discriminatory.

The ACLU therefore calls for the passage of HB1217 repealing of NDCC 12.1-20-17 as a needed move toward evidence-based policies that respect the rights and dignity of all individuals. Rather than relying on broad criminal sanctions that target people living with HIV, state policy should focus on public health measures (such as education, accessible healthcare, and harm reduction strategies) that are informed by current best practices, research, and science. Passage of HB1217 will reduce legal discrimination while fostering an environment that encourages open dialogue, comprehensive prevention, and the empowerment of those affected by HIV, all of which protect and advance civil liberties and the public good

The ACLU urges a “do pass” recommendation on HB1217.

Submitted by:
Cody J. Schuler
Advocacy Manager, ACLU of North Dakota
ND Lobbyist #367
cschuler@aclu.org

During the last session when Representative Dobervich brought this bill forward, the stated opposition against this bill was primarily the concern regarding folks who might *intentionally* transmit HIV. However, as stated in previous sessions, there are already laws in place that could be used to hold any bad actors accountable. According to North Dakota Century Code Chapter:

- **12.1-17-01. Simple assault states:** "A person is guilty of an offense if that person
 - a. Willfully causes bodily injury to another human being."
- **12.1-17-01.1. Assault states:** "A person is guilty of a class A misdemeanor, except if the victim is under the age of twelve years in which case the offense is a class C felony, if that person:
 - 1. Willfully causes substantial bodily injury to another human being."
- **12.1-17-02. Aggravated assault states:** "Except as provided in subsection 2, a person is guilty of a class C felony if that person:
 - a. Willfully causes serious bodily injury to another human being
 - b. Knowingly causes bodily injury or substantial bodily injury to another human being with a dangerous weapon or other weapon, the possession of which under the circumstances indicates an intent or readiness to inflict serious bodily injury;
 - c. Causes bodily injury or substantial bodily injury to another human being while attempting to inflict serious bodily injury on any human being; or
 - d. Fires a firearm or hurls a destructive device at another human being"
- **12.1-17-03. Reckless endangerment states:** A person is guilty of an offense if he creates a substantial risk of serious bodily injury or death to another. The offense is a class C felony if the circumstances manifest his extreme indifference to the value of human life. Otherwise it is a class A misdemeanor. There is risk within the meaning of this section if the potential for harm exists, whether or not a particular person's safety is actually jeopardized."
- **12.1-06-01. Criminal attempt states:**
 - 1. "A person is guilty of criminal attempt if, acting with the kind of culpability otherwise required for commission of a crime, he intentionally engages in conduct which, in fact, constitutes a substantial step toward commission of the crime. A "substantial step" is any conduct which is strongly corroborative of the firmness of the actor's intent to complete the commission of the crime. Factual or legal impossibility of committing the crime is not a defense, if the crime could have been committed had the attendant circumstances been as the actor believed them to be."

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February 3, 2025

Do Pass HB 1217

Chair Ruby and members of the Human Services committee,

I am a mental health therapist licensed in both North Dakota and Minnesota. My clinic works directly with the North Dakota Ryan White program to provide mental health services to North Dakotans living with HIV. It is with them in mind that I implore you to vote DO PASS on HB 1217. Passing this bill will reduce redundancy in the North Dakota Century code, reduce HIV stigma, and ultimately help support President Trump's goal of ending the HIV epidemic by 2030.

Public Health

People have told me they chose not to be tested and therefore treated with lifesaving and life extending medications, because the stigma of being a person living with HIV was worse. Which is why section 12.1-20-17 is so harmful to public health. People are afraid to get tested, as knowing your status in North Dakota carries the threat of 20 years in prison and a \$10,000 fine. To end the HIV epidemic, everyone living with HIV *must* be tested and treated. This is the only way to stop transmission.

Redundancy

Reviewing past testimony regarding bills like HB 1217, legislators appear most concerned about holding accountable anyone who *intentionally* spreads the virus. However, there are several other statutes that could serve in lieu of this section, which I provided for easy reference. Therefore, eliminating this section is not only prudent for efficiency but also to mitigate the harm it creates.

Stigma

By failing to broadly educate people about the evolution of our understanding and ability to treat HIV, we have stagnated our collective consciousness in the trauma of the 80s AIDS epidemic. This is the driving force behind HIV stigma. HIV is now considered a long-term manageable disease, much like diabetes. Medical advancements mean people living with HIV can have healthy sexual relationships without putting their partners at risk. And yet, every person living with HIV with whom I've worked has been deeply impacted by HIV stigma.

Rejection faced while trying to date is a frequent topic of discussion. Regardless of viral load, upfront disclosure results in dismissal before the first word is ever spoken. A sentiment echoed in last session's testimony, when a committee member stated he didn't care about viral suppression, folks should be required to disclose their status.

I worked with a straight cisgender widowed woman living with HIV. In addition to processing grief, she was also weighed down by HIV stigma. She was not open about her status to many in her own family, let

alone friends, despite being diagnosed several years prior and never failing to take her medications as directed. Maintaining a positive attitude about other health issues was no problem for her. However, HIV stigma kept her stuck in a toxic relationship, because she did not believe anyone else could love her. She felt ashamed, unworthy, and stuck, despite raising healthy productive children, being active in her church, and volunteering in her community.

One program participant often talks about the culture shock experienced when he moved here from a major metropolitan area. Where he once had a vibrant social life, he now experiences tremendous isolation. He has heard his neighbors' derogatory comments about HIV and does not feel safe in his own apartment building.

Stigma leads to worsened mental and physical outcomes, which further impedes ending transmission. However, you can support our neighbors, reduce redundancy, and support public health. I hope we can count on your support to vote **DO PASS on HB 1217**.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1217
2/17/2025

Relating to willfully transferring body fluid containing the human immunodeficiency virus.
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3:08 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Committee work

3:08 p.m. Representative Dobervich moved a Do Pass.

3:08 p.m. Representative Bolinske seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	N
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	N
Representative Dawson Holle	N
Representative Dwight Kiefert	N
Representative Nico Rios	N
Representative Karen Rohr	N

3:12 p.m. Motion passed 7-6-0.

Representative Dobervich will carry the bill.

3:12 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1217 ([25.0885.01000](#))

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO PASS** (7 YEAS, 6 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1217 was placed on the Eleventh order on the calendar.

2025 SENATE HUMAN SERVICES

HB 1217

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1217
3/11/2025

A BILL for an Act to repeal section 12.1-20-17 of the North Dakota Century Code, relating to willfully transferring body fluid containing the human immunodeficiency virus.

9:31 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Historical Application
- Legal Discrimination
- Law Modernization Across the U.S.

9:31 a.m. Representative Gretchen Dobervich introduced the bill and submitted testimony #40307.

9:40 a.m. Cody J. Schuler, ACLU, testified in favor and submitted testimony #40374.

9:47 a.m. Lindsey VanderBusch, Unit Director of Sexually Transmitted & Bloodborne Diseases with North Dakota Department of Health and Human Services, testified in favor and submitted testimony #39937.

9:51 a.m. Jason D. Grueneich, Executive Director for Shine Bright & Live, testified in favor and submitted testimony #39931.

9:57 a.m. Christina Sambor, ND Human Rights Collation, testified in favor.

9:58 a.m. Paul Mull testified in favor #40059.

10:04 a.m. Kara Gloe, Director of Mental Health Services with Canopy Medical Clinic, testified in favor and submitted testimony #40051 and #40260.

Additional written testimony:

Chelsea Gagner submitted written testimony in favor #40161.

Faye Seidler submitted written testimony #40377.

Heidi Selzler-Echola, Medical Director with Canopy Medical Clinic, submitted testimony in favor #39950.

10:11 a.m. Chairman Lee closed the hearing.

Senate Human Services Committee

HB 1217

03/11/2025

Page 2

Andrew Ficek, Committee Clerk

HB 1217

Good morning, Chair Lee and esteemed members of the Senate Human Services committee,

My name is Jason Grueneich, Executive Director and Founder of North Dakota's first HIV nonprofit, Shine Bright & Live. I also am the current chair of the ND HIV Advisory Board, and helped develop the HIV Peer Navigation Program for the state of ND. Not only do I give of my time to the HIV community in North Dakota, but I am a person living with HIV in this great state. Today I speak and submit testimony in support of HB 1217. Not only is it harmful in helping to end the HIV epidemic, but it is also an outdated bill that needs to be modernized.

As a supporter of President Trump's declaration, *Ending the HIV Epidemic*, spoken in his state of the union in 2019, I was galvanized to start preparing for what became ND's first HIV nonprofit to help stop transmission in our state, and provide care for those living with it. Part of this process was finding out why people weren't in service and what barriers are to testing and prevention. Over and over, we have found, not only in North Dakota, but in many other states, that HIV criminalization laws do nothing to protect an already protected public, but cause stigma and fear that increase transmission by stopping people from being tested.

HIV criminalization laws and prosecutions persist in many parts of the United States perpetuating stigma, discrimination, and human rights violations against people living with HIV. These laws reinforce misconceptions, fuel fear and prejudice instead of fostering empathy and understanding. They undermine public health efforts by deterring people living with HIV from seeking testing, treatment, and support, ultimately hindering progress in HIV prevention and care and reaching targets set to end HIV by 2030.

The impact of HIV criminalization extends beyond legal consequences, affecting the social, economic, and emotional well-being of those affected. It breeds shame and secrecy, hindering open communication about HIV and perpetuating a cycle of silence and isolation. Imagine having to deal with an angry ex-partner who wants revenge and makes false allegations of non-disclosure, now you no longer have equal protection under the law but are suddenly having to prove a private conversation occurred. Under our current law, even if you are on medication and unable to transmit HIV, there is no transmission that occurs, and there is no intent, you can be charged with a Class A felony, up to 20 years in prison and up to \$10,000 based on one person's false accusations.

I believe that everyone has a role to play in ending HIV criminalization, "You care about ending HIV criminalization, you just don't know it yet,"

Help us continue President Trump's plan to end HIV by 2030 by modernizing our laws in ND. Let us move forward together, modernizing our laws that unduly harm our citizens.

Today I call on the Senate Human Services Committee to recommend a **DO PASS on HB 1217**.

Jason Grueneich



THE
ELIZABETH TAYLOR
AIDS FOUNDATION

... and an overwhelming majority of Americans agree!

ABOUT HIV CRIMINALIZATION

Since HIV first became a concern in the 80's, **scientific advancements** have been made and many early **assumptions about transmission** have proven **false**. Despite this, many states have **laws** that impose **harsh penalties**, including imposing felonies and **imprisonment** of individuals living with HIV. These laws do not reflect current science, and should be **modernized**.

In collaboration with Susquehanna Polling and Research, we asked Americans about HIV laws. Here's what they said:

71% believe current HIV laws should be modernized and updated to take into account current scientific knowledge about transmission.
(72% of Republicans, 71% of Democrats)

83% believe current HIV laws should be modernized and updated to incentivize testing and treatment.
(83% of Republicans, 83% of Democrats)

78% believe people living with HIV should receive the health and treatment they need, rather than face criminal charges that discriminate and discourage proper testing, treatment, and disclosure.
(77% of Republicans, 80% of Democrats)

HIV Modernization is Bipartisan

Since 2021, states like Missouri, Georgia, Indiana, Kentucky, and Tennessee have passed bills that modernize HIV criminalization laws.

In these states, between 87% - 97% of Republican lawmakers supported the bill.

Additionally, without support from Republicans in Illinois, Nevada, New Jersey, and Virginia, HIV modernization bills would not have passed.

REPEAL Act

Previous Congresses have introduced the bipartisan **REPEAL Act**, which would study federal and state laws that target and punish Americans who test positive for HIV and to develop recommendations for updating these outdated laws.

68% of Americans support this bill, while only 9% oppose.



Health & Human Services

Testimony
House Bill No. 1217
Senate Human Services Committee
Senator Lee, Chairwoman
March 11, 2025, 9:15 AM

Chairwoman Lee, and members of the Senate Human Services Committee, I am Lindsey VanderBusch, Sexually Transmitted and Bloodborne Diseases Unit Director with the ND Department of Health and Human Services. I appear before you in support of House Bill No.1217.

Thank you for the opportunity to speak with you today about this very important matter. This bill aims to repeal section 12.1-20-17 of the North Dakota Century Code, a law that makes it a felony to willfully transfer body fluid containing the HIV virus.

I strongly encourage you to support this repeal because the current law is unnecessary and has unintended consequences. North Dakota has continued to make progress in addressing the HIV epidemic, and removing this law would be another important step forward in reducing stigma associated with this infection, which, in turn, improves opportunities to connect at-risk people with needed services.

At the time this law was passed, HIV was seen as a life-threatening condition with no effective treatment. Today, people with HIV who take antiretroviral therapy (ART) can achieve an undetectable viral load, meaning they cannot transmit the virus to others sexually. The current law is based on outdated science and does not account for these advancements. Repealing this law ensures our legal system reflects advances in HIV Management without imposing unnecessary restrictions.

More than 12 states have already modernized or repealed their HIV Criminalization laws, including Georgia, Iowa, Missouri, and Texas, which repealed its law in 1994. These states recognize that additional, disease-specific laws like section 12.1-20-17 are unnecessary.

While HIV is still a serious and lifelong infection, and its use with malice against another person is abhorrent. Existing laws already provide strong protections against intentional harm. Repealing section 12.1-20-17 will not leave the public unprotected but will eliminate an outdated and unnecessary statute.

As someone whose job it is to protect people from HIV, a responsibility I take very seriously, I do not find that this law is useful in that endeavor. It detracts from effective tools like encouraging testing, treatment, and open communication. Repealing this law would allow us to better focus on proven strategies to prevent the spread of HIV and support those living with the condition.

In conclusion, I urge you to repeal this unnecessary, redundant law. Repealing section 12.1-20-17 ensures our laws are practical, streamlined, and reflective of current science.

This concludes my testimony. I would be happy to answer any questions the committee may have. Thank you.

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info@canopymedicalclinic.com



Dear Members of the Senate Human Services Committee,

I am writing to express my strong support for HB 1217, a crucial piece of legislation that seeks to repeal Section 12.1-20-17 of the North Dakota Century Code and decriminalize the transmission of HIV. As a Nurse Practitioner specializing in Reproductive and Sexual Health, I believe this reform is vital for ensuring public health, promoting equality, and addressing outdated and discriminatory practices rooted in stigma rather than science.

The Importance of Decriminalization

Criminalization laws regarding HIV transmission were enacted during a time when little was understood about the virus, its transmission, and treatment. Today, decades of scientific progress have drastically altered the landscape:

1. Effectiveness of Modern Treatment:

- Antiretroviral therapy (ART) can reduce the viral load in people living with HIV to undetectable levels. According to the Centers for Disease Control and Prevention (CDC), individuals with undetectable viral loads cannot transmit HIV to others. This principle, known as "Undetectable = Untransmittable" (U=U), fundamentally undermines the basis for laws like Section 12.1-20-17 that penalize HIV transmission.

2. Public Health Approach:

- Criminalizing HIV transmission discourages individuals from seeking testing and treatment out of fear of legal repercussions. This perpetuates the spread of the virus and contradicts public health objectives.

3. Disproportionate Impact:

- Existing HIV criminalization laws disproportionately impact marginalized communities, including people of color, LGBTQ+ individuals, and those living in poverty. A 2020 study by the Williams Institute found that HIV criminalization laws in the United States are often applied inconsistently and discriminatorily, reinforcing systemic inequities.

4. Scientific and Ethical Concerns:

- Section 12.1-20-17 criminalizes individuals even when there is no actual transmission or intent to harm. This approach ignores modern medical advances and promotes stigma rather than addressing the root causes of transmission.

Lessons from Other States

States such as Colorado, California, and Illinois have successfully enacted reforms to modernize their laws related to HIV. These reforms have:

- Aligned legal statutes with current medical science, emphasizing prevention and treatment over punishment.
- Reduced stigma, thereby encouraging testing and treatment.
- Avoided criminalizing people for conditions that can now be effectively managed and rendered non-transmissible.

For example, California's SB 239, passed in 2017, replaced HIV-specific criminal statutes with laws that apply equally to all infectious diseases. This approach ensures fairness and focuses on intentional harm rather than perpetuating HIV-specific stigma. Similarly, Colorado's HB 21-1097, enacted in 2021, emphasized education and public health interventions over punitive measures.

Benefits of Passing This Bill

- **Encourages Testing and Treatment:** By removing the fear of criminalization, more individuals will feel safe to seek testing and treatment, reducing undiagnosed cases and transmission rates.
- **Aligns Law with Science:** Modern medicine has rendered HIV a manageable chronic condition. The law must reflect this progress rather than perpetuate outdated misconceptions.
- **Promotes Equity:** Decriminalizing HIV transmission eliminates a significant source of discrimination against people living with HIV, fostering a more just and equitable society.

Call to Action

I urge you to support HB 1217 and repeal Section 12.1-20-17 of the North Dakota Century Code. This is an opportunity for North Dakota to lead in advancing public health, reducing stigma, and ensuring that our laws are rooted in science, equity, and compassion. By passing this bill, we can create a safer and healthier future for all our residents.

Thank you for considering this important legislation. I am happy to provide further information or answer any questions the committee may have.

Sincerely,

Heidi Selzler-Echola, MSN, APRN, WHNP-BC
Medical Director
Canopy Medical Clinic

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March 10, 2027

Do Pass HB 1217

Dear Chair Lee and members of the Human Services committee,

My name is Kara Gloe, LCSW. I am a mental health therapist licensed in both North Dakota and Minnesota. I work at Canopy Medical Clinic. One of the primary populations I serve are folks living with HIV/AIDS in North Dakota. As such, I write in support of HB 1217 as section 12.1-20-17 a step toward modernization of a law that is harmful to the goal of ending the HIV epidemic.

The main points of my testimony are:

- Section 12.1-20-17 of the North Dakota Century Code disincentivize people from getting tested.
- Testing is a critical a component of President Trump's goal to end the HIV epidemic by 2030.
- There are multiple criminal statutes that currently exist that could be used to hold accountable anyone who intentionally transmits the virus.
- Section 12.1-20-17 adds to the stigma people living with HIV face and reducing stigma is both fiscally and morally responsible.

In his 2019 State of the Union address, President Trump made a commitment to gather bipartisan support for a budget that would end the HIV epidemic by 2030. The plan, as laid out by his then head of the US National Institute of Allergy and Infection, was to identify every person living with HIV, get them on medication therapy, thereby dropping their viral loads to undetectable levels, eliminating the possibility of transmission, and ultimately ending the epidemic. During this session, the North Dakota State Legislature can decide if it will be an asset or barrier to President Trump's goal.

In my practice, there is not a single person living with HIV with whom I work that does not talk about how deeply impacted they are by the stigma of HIV. Stigma that includes laws that criminalize HIV. While I understand the intent of section 12.1-20-17 of the North Dakota Century Code might be to protect public health, in practice it does the opposite by discouraging testing and therefore treatment. People are afraid to get tested, as knowing their status carries the threat of 20 years in prison and a \$10,000 fine. It is fantastical to think that folks at-risk will be comforted by arguments that disclosing one's status and engaging in safer sex and/or use practices will be protected under 12.1-20-17, especially as transmission of HIV is not a requirement. Therefore, it is not hard to imagine that people will forgo testing if they believe knowing their status plus having a jilted lover might land them in prison.

During the last session when Representative Dobervich brought this bill forward, the stated opposition against this bill was primarily the concern regarding folks who might *intentionally* transmit HIV.

However, as stated in previous sessions, there are already laws in place that could be used to hold any bad actors accountable. According to North Dakota Century Code Chapter:

- **12.1-17-01. Simple assault states:** “A person is guilty of an offense if that person
 - a. Willfully causes bodily injury to another human being.”
- **12.1-17-01.1. Assault states:** “A person is guilty of a class A misdemeanor, except if the victim is under the age of twelve years in which case the offense is a class C felony, if that person:
 - 1. Willfully causes substantial bodily injury to another human being.”
- **12.1-17-02. Aggravated assault states:** “Except as provided in subsection 2, a person is guilty of a class C felony if that person:
 - a. Willfully causes serious bodily injury to another human being
 - b. Knowingly causes bodily injury or substantial bodily injury to another human being with a dangerous weapon or other weapon, the possession of which under the circumstances indicates an intent or readiness to inflict serious bodily injury;
 - c. Causes bodily injury or substantial bodily injury to another human being while attempting to inflict serious bodily injury on any human being; or
 - d. Fires a firearm or hurls a destructive device at another human being”
- **12.1-17-03. Reckless endangerment states:** A person is guilty of an offense if he creates a substantial risk of serious bodily injury or death to another. The offense is a class C felony if the circumstances manifest his extreme indifference to the value of human life. Otherwise it is a class A misdemeanor. There is risk within the meaning of this section if the potential for harm exists, whether or not a particular person's safety is actually jeopardized.”
- **12.1-06-01. Criminal attempt states:**
 - 1. “A person is guilty of criminal attempt if, acting with the kind of culpability otherwise required for commission of a crime, he intentionally engages in conduct which, in fact, constitutes a substantial step toward commission of the crime. A "substantial step" is any conduct which is strongly corroborative of the firmness of the actor's intent to complete the commission of the crime. Factual or legal impossibility of committing the crime is not a defense, if the crime could have been committed had the attendant circumstances been as the actor believed them to be.” Which could be used in arguments of attempted murder.

While I appreciate the North Dakota Legislature’s previous attempts to honor the severity of sex crimes, it is clear North Dakota already has several laws that can be used to prosecute any criminal behavior.

Further, reducing stigma and increasing testing is fiscally and morally responsible. When people are diagnosed and properly treated, they are at a lower risk for other health problems, both physical and mental. For many North Dakotans living with HIV, stigma is or has been the reason they are isolated, stuck in unhealthy relationships, suffer from substance use disorder, etc. It is a major contributing factor to their depression, anxiety and/or has caused or contributed to their trauma. It is the reason they stopped attending church or have lost their community. It’s a deep dark secret they carry, because they have experienced shame, shunning, and rejection when they have attempted the type of vulnerability and courage it takes to share this part of themselves with others. I have heard devastating stories about how the ignorance of others plagues my clients, either as thousands of paper cuts or as full frontal emotional and psychological assaults. When people are isolated and feel unsupportive, both their physical and mental health deteriorate. The cost of that deterioration is often laid at the feet of North Dakota taxpayers.

Medical advances mean people living with HIV can live long productive lives and have meaningful healthy romantic and sexual relationships without worrying about transmission. It is time for North Dakota to remove section 12.1-20-17, as it is a barrier to diagnosis and treatment, and therefore a barrier to public health and President Trump's goal to end the HIV epidemic by 2030.

I hope North Dakotans can count on you to support an end to the HIV epidemic by voting **DO PASS on HB 1217**.

Sincerely,
Kara Gloe, LCSW
Canopy Medical Clinic

March 10, 2025

HB 1217 DO PASS

Dear Chair Lee and members of the Human Services committee,

My name is Paul Mull, and I have been a resident of North Dakota since 2017. I am a 59-year-old male, who was diagnosed with HIV in 1985 in Miami, Florida.

At 20 years old in 1985, I would not have been voluntarily tested for HIV. That diagnosis saved my life due to early detection. However, at the time a HIV diagnosis was considered a death sentence. I was told I had two years or less to live, because of the lack of information and medical treatments. As such, I decided to party every day of the time I had left, because I would have rather died from anything other than AIDS. I lived this way for 11 years, by which time I realized HIV was likely not going to kill me. Upon that realization, I got clean and started working a program, which allowed me the clarity to realize we had made significant advancements in the treatment of HIV. So, I began receiving treatment.

During the 11 years I lived in fear of dying from AIDS, I made several conscious decisions to ensure I did not spread the virus to others, despite my reckless lifestyle and behaviors. I chose to become celibate and was extremely careful about how I used substances. I knew my conscious would not be able to handle the knowledge that I was responsible for someone else experiencing the shame and isolation that launched me into that drug fueled decade. In that way, I think I represent the vast majority of folks living with HIV.

I have continued to receive on-going regular treatment and am currently undetectable. Through the help of therapists, I am finally able to process the lifetime of trauma and isolation the stigma associated with HIV has had on my life.

When I first became undetectable, I experienced a profound sense of relief and liberation. However, I have learned that disclosure leads to rejection and judgement. I feel I have had a huge part of my life stripped away from me, simply due to the lack of public understanding regarding the evolution of HIV treatment and its subsequent suppression of viral loads to untransmissible levels.

Through the confluence of sobriety, becoming undetectable, and receiving mental health support, I have become extremely motivated to help others living with HIV. It is my sincere belief that in order to properly address the HIV epidemic, we must first address the stigma associated with HIV. Only through addressing stigma will we increase testing and treatment access. Only through addressing stigma, will we help people living with HIV know they are not alone and that there is hope.

Chair Ruby and members of the Human Services Committee, I have done the work. I have lived cautiously, before we knew much about HIV and AIDS. I have achieved sobriety, and I am undetectable. The North Dakota century code has been a significant barrier to my pursuit of happiness and is unfair, but more importantly it is an impediment to testing, treatment, and the eventual end to the HIV epidemic.

I strongly urge you to vote DO PASS on HB 1217.

Sincerely,
Paul Mull

Dear Chair Lee and members of the Senate Human Services committee:

I'm writing today to urge you to pass HB 1217, which would decriminalize HIV in North Dakota.

HIV criminalization laws are outdated, discriminatory, and counterproductive. They perpetuate harmful misconceptions, fear, and prejudice, rather than promoting understanding and compassion. These laws also create barriers to essential medical care, including testing and treatment, which are crucial to preventing the spread of HIV.

It's unconscionable that under current North Dakota law, individuals living with HIV can be charged with a Class A felony, face prison time, and hefty fines, even if they're on medication and unable to transmit the virus. This is not only unjust but also ignores the latest scientific research on HIV transmission.

The most effective way to end the HIV epidemic is to address the stigma, fear, and misinformation that fuels it. Decriminalizing HIV is a critical step towards achieving this goal.

By passing HB 1217, you'll be sending a powerful message that North Dakota values science, compassion, and human rights. You'll be helping to create a safer, more inclusive environment for individuals living with HIV, and you'll be taking a crucial step towards ending the HIV epidemic.

I urge you to pass HB 1217 and join the growing list of states that have already repealed their HIV criminalization laws. Together, we can create a more just, compassionate, and equitable society for all.

Thank you for your time.

Chelsea Gagner

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info@canopymedicalclinic.com



March 11, 2025

Do Pass HB 1217

Chair Lee and members of the Human Services committee,

I am a mental health therapist licensed in both North Dakota and Minnesota. My clinic works directly with the North Dakota Ryan White program to provide mental health services to North Dakotans living with HIV. It is with them in mind that I implore you to vote DO PASS on HB 1217. Passing this bill will reduce redundancy in the North Dakota Century code, reduce HIV stigma, and ultimately help support President Trump's goal of ending the HIV epidemic by 2030.

Public Health

People have told me they chose not to be tested and therefore treated with lifesaving and life extending medications, because the stigma of being a person living with HIV was worse. Which is why section 12.1-20-17 is so harmful to public health. People are afraid to get tested, as knowing your status in North Dakota carries the threat of 20 years in prison and a \$10,000 fine. To end the HIV epidemic, everyone living with HIV *must* be tested and treated. This is the only way to stop transmission.

Redundancy

Reviewing past testimony regarding bills like HB 1217, legislators appear most concerned about holding accountable anyone who *intentionally* spreads the virus. However, there are several other statutes that could serve in lieu of this section, which I provided for easy reference. Therefore, eliminating this section is not only prudent for efficiency but also to mitigate the harm it creates.

Stigma

By failing to broadly educate people about the evolution of our understanding and ability to treat HIV, we have stagnated our collective consciousness in the trauma of the 80s AIDS epidemic. This is the driving force behind HIV stigma. HIV is now considered a long-term manageable disease, much like diabetes. Medical advancements mean people living with HIV can have healthy sexual relationships without putting their partners at risk. And yet, every person living with HIV with whom I've worked has been deeply impacted by HIV stigma.

Rejection faced while trying to date is a frequent topic of discussion. Regardless of viral load, upfront disclosure results in dismissal before the first word is ever spoken. A sentiment echoed in last session's testimony, when a committee member stated he didn't care about viral suppression, folks should be required to disclose their status.

I worked with a straight cisgender widowed woman living with HIV. In addition to processing grief, she was also weighed down by HIV stigma. She was not open about her status to many in her own family, let

alone friends, despite being diagnosed several years prior and never failing to take her medications as directed. Maintaining a positive attitude about other health issues was no problem for her. However, HIV stigma kept her stuck in a toxic relationship, because she did not believe anyone else could love her. She felt ashamed, unworthy, and stuck, despite raising healthy productive children, being active in her church, and volunteering in her community.

One program participant often talks about the culture shock experienced when he moved here from a major metropolitan area. Where he once had a vibrant social life, he now experiences tremendous isolation. He has heard his neighbors' derogatory comments about HIV and does not feel safe in his own apartment building.

Stigma leads to worsened mental and physical outcomes, which further impedes ending transmission. However, you can support our neighbors, reduce redundancy, and support public health. I hope we can count on your support to vote **DO PASS on HB 1217**.

During the last session when Representative Dobervich brought this bill forward, the stated opposition against this bill was primarily the concern regarding folks who might *intentionally* transmit HIV. However, as stated in previous sessions, there are already laws in place that could be used to hold any bad actors accountable. According to North Dakota Century Code Chapter:

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North Dakota House of Representatives

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Representative
Gretchen Dobervich
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Committees:
Agriculture
Human Services

House Bill 1217

Senate Human Services Committee

Testimony of Rep. Gretchen Dobervich, Bill Sponsor

March 11, 2025

Good Morning Chair Lee and Members of the Senate Human Services Committee. For the record my name is Representative Gretchen Dobervich and I work for the people of District 11 in Fargo. I bring you House Bill 1217, a bill to repeal North Dakota Century Code (NDCC) Section 12.1-20-17.

Under this section of NDCC a person who knowingly transfers the Human Immunodeficiency Virus, commonly referred to as HIV, to another person without their knowledge, may be charged and convicted of a Class A felony which carries a maximum penalty of 20 years in prison and up to a \$20,000 fine.

HIV is the only infectious disease that carries a felony charge for knowingly infecting another person in North Dakota. Knowingly infecting another person with an infectious disease, except HIV, falls under NDCC 23-07-21.3, *a person is guilty of an infraction if they knowingly transmit a sexually transmitted disease with intent to infect another*. The penalty for an infraction is a maximum fine of \$1,000. It is discriminatory that people with one infectious disease are treated differently than people with other infectious disease in the case of intentional transmission.

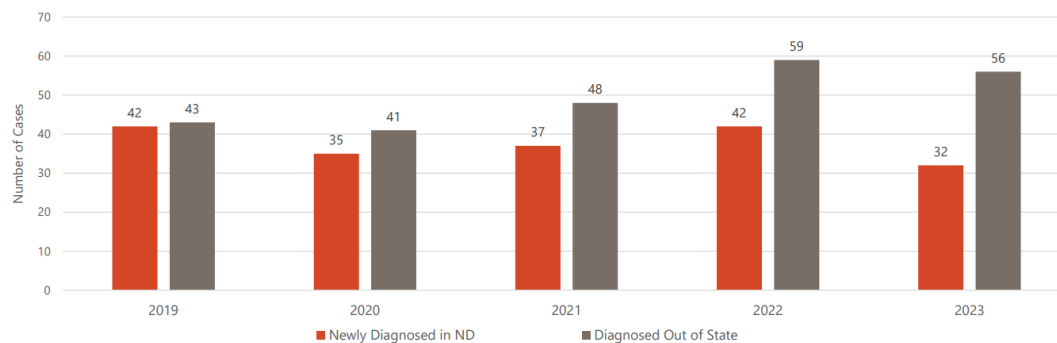
North Dakota's HIV law was instituted in the late 1980s/early 1990s when little was known about HIV, the virus still commonly resulted in disease progression to Acquired Immune Deficiency Syndrome (AIDS), and eventual death. Thirty plus years later new cases of HIV have dramatically decreased. In 2023 new cases of Hepatitis C were 40.2 per 100,000, HPV related Cancers were 12.6 per 100,000, and HIV was 11.3 per 100,000.

Like Hepatitis C and HPV related Cancers there are now effective treatments. Current HIV treatment can render viral loads to an undetectable level in which the virus cannot be transmitted to another person. Deaths the result of complications associated with HIV in 2022 were 1.3 per 100,000, while deaths the result of Hepatitis C were 3.18 per 100,000 for comparison. HIV fatality has dropped dramatically since the law was written.

Since this law was created effective medical prevention, known as PrEP and PEP, have also become available. It is time to repeal NDCC Section 12.1-20-17 to reflect the medical advances that prevent the spread of HIV and in managing the infection so successfully it can be untransmissible.

In his first term President Trump issued his the *Ending the HIV Epidemic* declaration. Its goal is to end HIV by 2030. There is no evidence that NDCC Section 12.1-20-17 has reduced cases of HIV towards this goal.

ND HIV Incidence



Source: NDHHS Sexually Transmitted and Bloodborne Diseases Unit

HB 1217 will contribute to reduction in stigma and fear that has been proven to keep many people at risk of HIV from utilizing prevention, getting tested, and if positive, getting treatment, which will. A Do Pass recommendation on HB 1217 updates ND law to reflect 21st Century advances in HIV prevention and treatment, eliminates a discriminatory law, and encourages citizens at risk to seek testing and if needed treatment.

Chair Lee and Members of the Committee, that ends my testimony. Please note that all statistics used in my testimony are from the Centers for Disease Control and Prevention website and were pulled after the website was modified to comply with Presidential Executive Orders. I stand for any questions.

Sixty-ninth North Dakota Legislative Assembly
Senate Human Services
H.B. 1217
March 11, 2025



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Fargo, ND 58107
701-404-7269
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Chair Lee, Vice Chair Weston, and members of the Committee:

On behalf of the ACLU of North Dakota, I submit testimony in support of House Bill 1217 relating to willfully transferring body fluid containing HIV.

Laws that criminalize living with HIV fundamentally undermine the constitutional rights and dignity of individuals by penalizing them for a health condition rather than any criminal behavior. North Dakota Century Code 12.1-20-17 criminalizes the transfer of three specified body fluids by individuals living with HIV under circumstances that fails to reflect current scientific understanding and public health realities. This law unjustly punishes individuals for their HIV status rather than for demonstrable criminal conduct. By criminalizing the willful transfer of body fluids, even in cases where consensual sexual activity occurs, it effectively turns a health condition into a basis for severe criminal penalties. This approach not only exacerbates stigma against people living with HIV but also discourages testing and open communication about HIV status, ultimately undermining public health efforts.

Furthermore, the current law is problematic in its application and scope. The definition of “transfer” covers a broad range of sexual activities and even the reuse of needles, without sufficiently considering the nuances of risk, prevention strategies, and the reality of undetectable viral load status. Although the law provides an affirmative defense when there is full disclosure and the use of prophylactic devices, this exception is not enough to mitigate the inherent overreach of the statute. It imposes a chilling effect on intimate relationships and medical disclosure, forcing individuals to navigate a legal minefield where the act of living with HIV is stigmatized and criminalized. This not only violates the principles of equal protection and due process but also reflects an outdated approach to HIV prevention that ignores decades of advancements in treatment and risk-reduction education. In addition, to the ACLU’s knowledge, no cases have ever been prosecuted under this statute since it’s roughly thirty years on the books, exhibiting it is irrelevant while remaining discriminatory.

The ACLU therefore calls for the passage of HB1217 repealing of NDCC 12.1-20-17 as a needed move toward evidence-based policies that respect the rights and dignity of all individuals. Rather than relying on broad criminal sanctions that target people living with HIV, state policy should focus on public health measures (such as education, accessible healthcare, and harm reduction strategies) that are informed by current best practices, research, and science. Passage of HB1217 will reduce legal discrimination while fostering an environment that encourages open dialogue, comprehensive prevention, and the empowerment of those affected by HIV, all of which protect and advance civil liberties and the public good

The ACLU urges a “do pass” recommendation on HB1217.

Submitted by:
Cody J. Schuler
Advocacy Manager, ACLU of North Dakota
ND Lobbyist #367
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Senate Human Service Committee
March 11th, 2025 HB 1217
Testimony in Support

Dear Chair Lee and the members of the Senate Human Service Committee,

I urge a “Do Pass” on HB 1217.

I work at a clinic that serves clients with HIV/AIDs and as a program manager for the [LGBTQ+ Health Directory](#). I am not here today to represent either of those organizations, but to give testimony based on my personal experience being in the healthcare world and serving clients and patients.

There is still a world of misinformation around what it means to have HIV, especially in our modern landscape of treatment or PrEP medication to prevent exposure. Laws like Section 12.1-20-17 become impractical and don't distinguish between someone with HIV or someone with HIV but undetectable and non-transmittable levels. It doesn't reflect modern reality and becomes impossible to meaningfully enforce when between two parties you can have conflicting stories of consent, knowledge of status, or medication being taken.

In 2023, this law's removal was supported by our health organizations as no longer necessary on merit of where we've come medically. And because removing this law will expand our state's health goals of getting everyone tested. The point of removing this section isn't moral posturing to support individuals living with HIV/Aids, but rather to productively and with purpose change our models of intervention from punitive to restorative.

To put another way, removing this section doesn't encourage criminal behavior, but it does help our health institutes encourage testing and treatment, for people to know their statuses, and encourage trust with clients, while also improving public health. I urge a “Do Pass” on this bill for these reasons.

Thank you for your time, consideration, and service to our state,
Faye Seidler

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

HB 1217
3/12/2025

Relating to willfully transferring body fluid containing the human immunodeficiency virus.
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1:54 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Consistent Standards for Contagious Diseases
- Enactment Date of the Statute

2:00 p.m. Senator Roers moved Do Pass.

2:00 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	N
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion Passed 5-1-0.

Senator Roers will carry the bill.

2:09 p.m. Chairman Lee closed the hearing.

Andrew Ficek, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1217 ([25.0885.01000](#))

Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1217 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.