

Interdisciplinary HIV Preparing the Future Program – University of Maryland, Baltimore
Testimony in Support of SB 1165 – FAVORABLE
Public Health – Prohibition on Transfer of Human Immunodeficiency Virus - Repeal
Before the Senate Judicial Proceedings Committee – March 25, 2024

The interprofessional HIV Preparing the Future (PTF) Program at the University of Maryland, Baltimore submits this testimony in favor of Senate Bill 1165 which would repeal Health General § 18-601.1. The PTF Program is an interprofessional educational program at the University of Maryland, Baltimore that trains future professionals from the Schools of Medicine, Nursing, Pharmacy, Social Work, Law, and Dentistry with the discipline-specific and interdisciplinary skills to provide excellent care to patients/clients living with HIV and to end the HIV epidemic in Maryland. The PTF Program engages students in interprofessional learning about holistic HIV care, treatment, and prevention through didactic, experiential, and simulation experiences. The PTF Program is governed by a board of faculty member champions from each of the six participating graduate schools at the University of Maryland, Baltimore who collectively submit this testimony in support of SB 1165/HB 485.

Section 18-601.1, which makes it a misdemeanor to knowingly transmit or attempt to transmit HIV to another individual, has existed without change since its enactment in 1989 when little was known about HIV transmission, there was no treatment, there were no known measures to prevent HIV transmission, and there was widespread fear. Section 18-601.1 does not require HIV transmission or even the risk of HIV transmission, does not require any intent to transmit HIV or to harm, and targets a specific disease that, due to advances in medical science over the last 35 years since the law was enacted, is now a treatable and preventable chronic medical condition. There are numerous well-tolerated medical regimens to treat HIV today, including once-a-day pills and monthly or bi-monthly injectables. Fortunately, for people living with HIV in Maryland, access to HIV treatment is accessible regardless of insurance coverage or income through Ryan White funding.

People living with HIV who are adherent to their treatment regimen can now live long healthy lives just like people without HIV. In addition, with an undetectable viral load, a person living with HIV cannot sexually transmit HIV to anyone else. Public health officials have been messaging this important fact through the *Undetectable = Untransmissible* (U=U) campaign to encourage everyone to get tested for HIV, to seek HIV care if HIV+, and to reduce HIV-related stigma as the primary ways to end the HIV epidemic in Maryland and across the United States. (National Institute of Allergy and Infectious Diseases website, avail. at <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>; CDC website, avail. at <https://www.cdc.gov/hiv/risk/art/index.html>; National Institute of Health website, avail. at <https://www.nih.gov/news-events/news-releases/science-clear-hiv-undetectable-equals-untransmittable>). Outdated laws like Health-General § 18-601.1 serve as one of the barriers to HIV testing, linkage to care, adherence to care, and ultimately viral suppression due to both to its perpetuation of HIV-related stigma as well as the fact that knowledge of HIV status provides the basis for criminal prosecution under current law (“take the test and risk arrest”).

In addition to now having a robust medical treatment toolkit that enables people living with HIV to have an undetectable viral load which enables them to live long health lives AND prevents HIV

transmission to other people, we also have several other available and accessible tools to prevent HIV transmission including condom use, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) (NIH, National Library of Medicine, avail. at <https://www.ncbi.nlm.nih.gov/books/NBK470281/>).

Public health agencies across the state and country are promoting these measures as the way to achieve the goals of the federal government's Ending the HIV Epidemic initiative which aims to reduce the number of new HIV infections in the United States by 75 percent by 2025, and by at least 90 percent by 2030, for an estimated 250,000 total HIV infections averted nationally. (Ending the HIV Epidemic (EHE), avail at <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> and <https://www.cdc.gov/endhiv/index.html>). Factors such as HIV-related stigma which discourage testing, treatment, and disclosure (including in abusive relationships where it may not be safe for HIV+ survivors of domestic violence to disclose their HIV status to their sexual partner) are barriers to reaching these public health goals.

It is widely accepted that there is no evidence that HIV-specific criminal laws and prosecutions have any effect on deterring the transmission of HIV. Indeed, a CDC report indicates that the nearly 15 percent of people whose HIV infections are undiagnosed due to not having been tested account for almost 40 percent of all HIV transmissions (Centers for Disease Control and Prevention, *HIV Treatment as Prevention*, August 2023). Section 18-601.1 targets those people who have been tested and who know their HIV status and discourages others from being tested because lack of knowledge of HIV status is the only defense to the current law. Removing this legal barrier to testing would facilitate more diagnoses, getting more people living with HIV into care and virally suppressed, and reducing HIV transmission. This should be our goal, rather than punishing people for knowing their HIV status and contributing to HIV-related stigma and disparities.

As medical, social work, mental health, pharmacy, and legal service providers to people living with HIV, we see the effects that HIV-related stigma has on our patients and clients. Not only does HIV-related stigma discourage HIV testing and diagnoses, stigma also contributes to negative coping mechanisms such as substance and alcohol misuse, as well as co-occurring mental health disorders stemming from stressors associated with internalized and external stigma. It also weakens often already fragile support systems as many people living with HIV fear disclosing their HIV status to family and friends. Further, HIV-related stigma places domestic violence survivors at risk by forcing them to stay in unsafe relationship under threats by abusive partners to publicize a survivor's HIV status. (Jane Stoeber, *Stories Absent from the Courtroom: Responding to Domestic Violence in the Context of HIV and AIDS*, North Carolina Law Review, 2009)

Based on findings from the January 2024 report released by the UCLA School of Law's Williams Institute about the enforcement of HIV criminalization in Maryland, enforcement disproportionately affects people living with HIV in Baltimore City (with 32% of all HIV-related cases in Maryland), followed by Montgomery County (with 19%) and Prince Georges County (with 18%). These three counties combined accounted for over two-thirds of all HIV-related cases. HIV-related charges also disproportionately affect black people with black people making up 82% of all HIV-related cases, but only 30% of Maryland's population, and 71% of people living with HIV in Maryland. Black men, in particular, are overrepresented in that they make up only 14% of Maryland's population and 44% of people living with HIV, but 68% of HIV-related arrests.

For the above-stated reasons, we support SB 1165/HB 0485, the Public Health - Prohibition on Transfer of Human Immunodeficiency Virus – Repeal,

This testimony in support of Senate Bill 1165 represents the personal opinions of the individual faculty champions of the PTF Program at the University of Maryland, Baltimore from the Schools of Law, Medicine, Social Work, Nursing, Pharmacy, and Dentistry, and is not submitted on behalf of the AIDS Education Training Center, the University of Pittsburgh, the University of Maryland, Baltimore, the University of Maryland System, the School of Law, the School of Medicine, the School of Social Work, the School of Nursing, the School of Pharmacy, or the School of Dentistry.

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