

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.