



Testimony of Stephen A Rawlings MD, PhD

In Support of LD 1970 – *An Act to Amend the Laws Regarding Consent for HIV Testing and Disclosure of Related Medical Information for Insurance Purposes*

Committee on Health Coverage, Insurance and Financial Services - May 20, 2025

Senator Bailey, Representative Mathieson and Honorable Members of the Committee on Health Coverage, Insurance and Financial Services, my name is Dr. Stephen Rawlings and I am the medical director of the MaineHealth Adult Specialty Care, Gilman St ("Gilman clinic")—the largest specialty clinic providing HIV, PrEP, and PEP care in Maine.

LD 1970 seeks to amend statute 19203, the earliest version of which appears to have become law in 1987. In 1987, there was no effective treatment for HIV, and a diagnosis of HIV could mean loss of medical insurance, loss of employment, and even loss of housing. Against this backdrop, then, it was understandable that many individuals at risk would not actually want to know if they had contracted the virus and may have sought enhanced protections against diagnosis without their explicit consent.

In 2025, the landscape of HIV is—fortunately—very different. With legal protections at the state and federal level, a diagnosis of HIV can remain confidential and cannot be used to block access to health insurance, among other privileges. We also have life-saving treatment that not only controls the virus to nearly undetectable levels, but it also means someone taking their medicine and staying suppressed cannot transmit HIV to others through sex.

We still, however, see too many people going too long without knowing of their HIV diagnosis. The national CDC estimates 13% of persons living with HIV do not know they have it. This number is difficult to estimate in Maine, but likely higher based on high percentages of people who are diagnosed with late-stage HIV in Maine each year. **Lowering barriers to testing is crucial to improving these rates.**

As you are likely aware, Penobscot county has seen a surge of new HIV cases in the past 18 months. A county that usually sees 1-2 new diagnoses of HIV in a year is now responding to 24 new cases identified since September of 2023. For over a year, I have assisted in the clinical response—predominantly in Gilman Clinic's role within the New England AIDS Education and Training Center. The cluster response is heavily focused on improved access to testing and engaging each newly diagnosed person in care so they can get the virus suppressed. We have heard repeatedly from partners on the ground that obtaining consent for HIV testing separately from general medical consent presents a barrier to efficient, stigma-free care.

In routine medical care, we do not expect a clinician to separately ask if it is OK to check potassium as part of an electrolyte panel. We don't ask permission to measure hemoglobin in case it might out someone as a vegetarian. In the same vein, we need no longer carve out special requirements for HIV testing. Of course, clinicians should discuss the tests they plan to perform and patients have a right to decline anything their healthcare professional is recommending. But continuing to require exceptional, specific consent for HIV testing is anachronistic and no longer aligns with modern public health practices or national CDC guidelines.¹

For these reasons, I urge you to vote in favor of LD 1970. Thank you for your consideration.

¹ <https://www.cdc.gov/hivnexus/hcp/diagnosis-testing> (accessed 5/19/2025)