

# AIDS Foundation OF CHICAGO

411 South Wells Street, Suite 300  
Chicago, IL 60607

Tel (312) 922-2322  
Fax (312) 922-2916

## **VOTE NO on HB 193 (Flowers) and HB 980 (Ford)** ***Preserve Critical Patient Protections for HIV Testing***

The AIDS Foundation of Chicago (AFC) supports expanded voluntary HIV testing for everyone, and especially for individuals at highest risk of infection, so that they may benefit from lifesaving medical care, education, and support services. Given persistent HIV stigma, AFC also supports strong patient protections, which are instrumental in gaining the trust of at-risk individuals for HIV education, testing, and treatment services. For these reasons, AFC opposes House Bill 193 and House Bill 980, which eliminate patients' rights to HIV testing with written, informed consent.

**HB 193 & HB 980 heighten the risk for uninformed and involuntary HIV testing:** With written informed consent, patients are well informed and better prepared to accept their test results. Because HIV remains a deeply stigmatized disease with life-long medical, social, and emotional consequences, all patients must be fully informed and actively involved in the decision to accept HIV testing.

**HB 193 & HB 980 short-change individuals of the right to decide when to accept HIV testing:** These bills contain no provisions to ensure patients know they will be tested for HIV, how to refuse, or that testing is voluntary. No patient should be surprised to learn they were tested for HIV or denied vital information about HIV transmission and prevention.

**HB 193 & HB 980 deny patients essential information on HIV basics:** Written, informed consent for HIV testing ensures patients receive basic information about HIV disease and the benefits of testing. Far too many Illinoisans lack basic information about HIV and do not know, for example, that it can be transmitted through heterosexual sex or that some acts are more risky than others. Because more than 99% of patients in most settings will test negative for HIV, they need accurate HIV information so they can assess and modify their behavior to avoid HIV infection in the future.

**HB 193 diminishes critical HIV counseling desperately needed by teens to help them adopt healthy patterns in adolescence and later in life:** In requiring that adolescents be screened for HIV as part of regular school health exams, HB 193 does too little to educate teens about the voluntary nature of testing, the basics of HIV and other STDs, and the need to repeat testing later in life, especially if engaging in high-risk behaviors. HB 193 also establishes an adversarial relationship between doctors and their teenage patients by allowing parents to decide when and where teens receive HIV testing.

**Illinois can vastly expand voluntary HIV testing AND preserve patient protections:** Written, informed consent is **not** a barrier to HIV testing. Illinois doctors already successfully counsel and test more than 99.9% of pregnant women and newborns (more than 180,000) each year with patient education and rights protections. In fact, **HB 1286** (Harris) will further streamline and expand HIV testing by helping providers with training, technical assistance, and small grants to make HIV testing readily available.

**AFC supports the CDC's goal of expanding voluntary HIV testing in order to reach individuals unaware of their HIV-positive status—estimated at 10,000 individuals in Illinois.**

AFC does not agree, however, with CDC's proposition that there is just one way to expand the offer and acceptance of voluntary HIV testing. Diverse communities and settings need multiple and tailored approaches to meet their specific needs as well as strong patient protections and vital education.

**HIV testing can be expanded in Illinois without shortchanging patients' rights!**

**CREATING HOPE THROUGH ACTION**

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## **Further concerns about HB 193 (Flowers) Coercive HIV Testing of Young Teens**

HB 193 would also require that over 181,000 young teens (predominately 13 year-olds) per year be tested for HIV with parental right of refusal as part of school physical exams before entering ninth grade. The cost to parents, insurance companies, and Medicaid would be \$3.6 million per year.

The bill does not specify if teens or parents would need to be told that the teen would be tested for HIV, the voluntary nature of testing, how to refuse testing, or given any basic pre-test information about HIV and the meaning of test results.

AFC opposes the provisions for testing teens for HIV because:

- HB 193 could lead to HIV testing without the child or parent's knowledge: By eliminating written informed consent for HIV testing, the bill paves the way for uninformed, involuntary testing. Doctors might forget to tell parents that their child will be tested for HIV, or inform them that they have the right to refuse testing. HB 193 deletes key protections against involuntary testing for adolescent patients.
- HB 193 could bar children from school because it increases the cost of school physicals. Children are barred from attending school until they have had their school health exam. By increasing the cost of school physicals by including an HIV test, this bill sets up barriers to school attendance.
- HB 193 tests only the youngest teens at lowest risk of HIV. HB 193 requires HIV testing only for teens who are entering 9<sup>th</sup> grade—before many are sexually active. HIV risk increases as teens age and become sexually active. \$3.6 million—the cost of testing these children and equal to one-quarter of HIV prevention spending in Chicago—could be better spent providing HIV education or identifying high-risk adults who do not know they are infected.

**Instead, Illinois should educate children about HIV and sexually transmitted diseases (STDs). Efforts should focus on older teens who are most likely to become sexually active and are at higher risk.** The proliferation of abstinence-only programs denies children medically accurate, comprehensive, age-appropriate sex education. While some states require HIV/AIDS education for all grades, beginning in first grade, Illinois mandates HIV/AIDS education only in grades six to twelve, and all youth are not taught to protect themselves against HIV or STDs. Expanded health education is a cost-effective intervention that will help youth grow to become healthier adults.

*For more information, contact John Peller, 312-719-6208, or [jpeller@aidschicago.org](mailto:jpeller@aidschicago.org).*