

# WITNESS APPEARANCE FORM

BILL NUMBER: HB 755				DATE: <b>2/17/2021</b>
COMMITTEE: Health and Mental He	alth Policy			•
TESTIFYING:	IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	RMATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORGAN	IIZATION:			
WITNESS NAME: BETTY FRIZZELL			PHONE NU <b>425-772</b>	
BUSINESS/ORGANIZATION NAME: LAW ENFORCEMENT ACTION PARTNERSHIP  TITLE: CHIEF (FMR.)				(FMR.)
ADDRESS: 121 MYSTIC AVENUE	, SUITE 9			
CITY: MEDFORD			STATE: <b>MA</b>	ZIP: <b>02155</b>
EMAIL: roshun@lawenforcen	nentaction.org	ATTENDANCE: Written		IT DATE: 1:35 PM

## THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

To: The Missouri House Health and Mental Health Policy Committee Distinguished Members of the Committee, My name is Betty Frizzell, and I am here today as a former police chief of Winfield, Missouri. I am also a speaker for the Law Enforcement Action Partnership (LEAP). LEAP is a nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience on how we can strengthen public safety by building police-community cooperation. We support passage of HB 755, a bill that would modernize our state's outdated and stigmatizing criminal statutes pertaining to HIV. Serving as police chief gave me special insight into the policies that make communities safe - and the ones that make absolutely no sense and operate counter to our shared priorities. In America today, a young person who is diagnosed with HIV can live a fulfilling life little different from his or her peers. While access to the right medical interventions isn't quaranteed. treatment is more effective and affordable than at any other time in history. Because HIV deaths are so rare compared to when HIV initially broke out, trying a transmitter for murder should be widely accepted as unnecessarily punitive. While HIV transmissions and associated deaths have dropped off dramatically during our lifetime, not a single peer-reviewed paper or scientific study has confirmed the validity of HIV criminalization as a means of controlling the disease. Though there are instances in which HIV and other disease transmissions are malicious, a vast majority of new infections are unintentional or unknown until after the fact. Stigma is a socially produced barricade that often prevents a person from feeling safe enough to seek testing for sexually-transmitted infections, obtain treatment for diagnoses, and discuss their infection status with partners. These results of stigma directly contribute to disease transmission, making eradication even more difficult. Stigma and laws that further stigma are directly linked to an increased risk of disease contraction. The Department of Justice and Centers for Disease Control & Prevention both recommend updating outdated laws that criminalize HIV and other sexually transmitted diseases. We should always be aware of how effective policies are at achieving our common goals. Knowing how stigma contributes to policy failure, I'm confident HB 755 would contribute to community health and safety. After spending my career in law enforcement, I know when to stay in my lane and defer to the public health experts, and this is a perfect example. Many thanks for your time and consideration. For these reasons, I support HB 755. This bill is a clear opportunity to stabilize our communities and improve trust in our justice system. Thank you for your consideration of this important legislation. Respectfully, Betty Frizzell Former Police ChiefWinfield Police Department, MO



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	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHERYL ADELSTEIN		PHONE NUME <b>31444238</b> 7	
BUSINESS/ORGANIZATION NAME: JEWISH COMMUNITY RELATIONS COUNC	CIL OF ST. LOUIS	TITLE:	
ADDRESS: 12 MILLSTONE CAMPUS DRIVE			
CITY: SAINT LOUIS		STATE: <b>MO</b>	ZIP: <b>63146</b>
EMAIL: cadelstein@jcrcstl.org	ATTENDANCE: Written	SUBMIT 0 2/16/20	DATE: 121 4:56 PM

## THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Testimony in Support of HB755The Jewish Community Relations Council (JCRC), guided by Jewish values, advocates, educates, collaborates and mobilizes action on issues important to the Jewish community, 60,000 strong in St. Louis. We are committed to pursuing religious tolerance, civic discourse and social justice in St. Louis and beyond. One of the strongest ethical principles in Judaism is kayod habriyot, human dignity. Every individual is entitled to kayod habriyot by having been made b'tzelem elohim, in God's image. As beings created in God's image, we are all entitled to kavod habriyot, regardless of race, religion, sexual orientation, or HIV status. Any pressure to hide oneself denies individuals the human dignity of being known as their full, authentic selves. The inherent social nature of kayod habriyot carries implications for the wider Jewish community. Denying someone their dignity is an inherently humiliating and shaming experience. Participating in that process, either actively or as communal bystanders, humiliates or shames all. HB 755 would modernize Missouri's outdated laws regarding transmission of HIV. Under current Missouri law, the non-disclosure of HIV status to partners prior to sex or needle-sharing is a felony offense, but unlike other criminals laws, these laws do not considered intent. Medical professionals know much has changed in our understanding and treatment of HIV and AIDs since the 1980's when Missouri's HIV transmission laws were first written. An HIV diagnosis is no longer a death sentence. We need to update our laws to reflect advances in medical science and to approach public health concerns with healthcare and harm reduction approaches, not incarceration. This bill clarifies that intent to transmit is part of the crime, it reduces stigma by eliminating HIV specific language in the criminal codes, it recalibrates penalties to be more proportional to the harm done, and it removes criminalization of actions that pose no risk of transmission. The current laws actually incentivize people not to get tested. This is wrong and harms the public health of our state. One place where it is crucial to increase testing is in rural communities. There are high rates of HIV in rural communities because of the opioid epidemic and shared needles. Modernizing the HIV laws in Missouri is an important step in increasing testing. Our current laws around penalization of transmission of HIV must be changed. We must create a society where people can be their authentic selves and live a life of dignity, not have to hide for fear of being considered a criminal. Please support HB 755. Cheryl Adelstein, Deputy Director, Jewish Community Relations Council 12 Millstone Campus Drive, St. Louis, MO 63146 - 314-442-3872 - cadelstein@jcrcstl.org



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DEVIN HURSEY			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 2/17/20	ATE: 21 12:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JON MARTIN			PHONE NUMBI 314-348-60	
BUSINESS/ORGANIZATION VIVENT HEALTH S			DIRECTOR SERVICES	OF PREVENTION
ADDRESS: 2653 LOCUST STR	REET			
CITY: ST. LOUIS			STATE: MO	ZIP: <b>63103</b>
EMAIL:		ATTENDANCE:	SUBMIT D. <b>2/17/20</b> 2	ATE: <b>21 12:00 AM</b>
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WITNESS NAME: LATRISCHA C. MI	LES		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: MALLORY RUSCH			PHONE NUME <b>314-306-8</b>	
BUSINESS/ORGANIZATIO EMPOWER MISSO			TITLE: EXECTUT	IVE DIRECTOR
ADDRESS: 308 EAST HIGH ST	TREET			
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 2/17/20	DATE: 121 12:00 AM
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TESTIFYING: ✓IN SUPPORT O	OF IN OPPOSITION TO	FOR INFORM	NATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: MANDY HAGSETH		PHONE NUM <b>57363640</b>	
REPRESENTING: MISSOURI FAMILY HEALTH COUNCI	IL, INC.	TITLE: DIRECTO ADVOCA	R OF POLICY & CY
ADDRESS: 1909 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: <b>65110</b>
EMAIL: mhagseth@mfhc.org	ATTENDANCE: Written	SUBMIT <b>2/16/2</b>	DATE: 021 4:33 PM

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Missouri Family Health Council, Inc. supports this legislation because it removes barriers to HIV testing and treatment, and increases health equity for Missourians. Rates of sexually transmitted infections (STIs) continue to increase nationally and Missouri is a priority state to reduce HIV transmission and end the epidemic by 2030, largely due to the disproportionate rates of HIV in Missouri's rural areas. In order to reduce transmission, it is critical state law reflect modern science and reduce unjust stigma targeting people living with HIV. It is also critical our law and policy encourages knowing one's HIV status and seeking treatment, when needed. Current Missouri law disincentivizes testing and treatment, stigmatizes Missourians living with HIV, and undermines prevention efforts and public health. Today's pre- and post- exposure prophylaxis (PrEP and PEP, respectively) can significantly curb transmission, bringing viral levels down to undetectable and untransmittable levels. This bill offers one small step we can take to fix our outdated law, bring it into practice with modern science, and encourage HIV testing and treatment. We thank you for the work you do and urge Committee members to vote Do Pass on HB 755. Thank you.



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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: QUINN JACKSON		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: qjackson2007@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/15/202	TE: 1 12:27 PM

# THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My name is Quinn Jackson and I am a family physician in Kansas City and am asking you to vote do pass on HB 755. The current HIV criminalization laws are not based in science and are harmful to the people of Missouri. This bill will update our laws to be more consistent with modern medicine. Everyday I take care of people who are vulnerable to acquiring HIV, but many do not want to be tested. They worry about the heavy stigma placed on people living with HIV. The current law increases that stigma because it is outdated and not based in current practices of care. People living with HIV deserve to have policies in support of their livelihoods and rooted in the medical evidence of today, not of decades ago. Since the current law was passed, there have been huge advancements in how we treat HIV. We know that with the right medications, people living with HIV can live long healthy lives. We know that people living with HIV who have an undetectable viral load (no virus found on blood tests) cannot transmit the virus to others. We know that reducing the stigma associated with HIV is critical to ending the epidemic. Our policies should reflect this knowledge and practice.HB 755 is a step towards ending HIV transmission in Missouri by centering medical evidence and reducing stigma. Please vote do pass on HB 755.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SARA BAKER			PHONE NUM (314) 652	
REPRESENTING: AMERICAN CIVIL	LIBERTIES UNION		LEGISLA DIRECTO	TIVE AND POLICY OR
ADDRESS: 906 OLIVE STREE	T #1130			
CITY: ST. LOUIS			STATE: MO	ZIP: <b>63101</b>
EMAIL: sbaker@aclu-mo.o	org	ATTENDANCE: Written	SUBMIT <b>2/13/2</b>	DATE: <b>021 3:55 PM</b>

## THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Honorable Committee Members, Thank you for allowing me to present written testimony today. On behalf of the American CivilLiberties Union of Missouri and our approximately 15,000 supporters statewide, I would like toexpress our support for HB 755. HIV-specific criminal laws are discriminatory and violate constitutional rights including, protections against disability-based bias and privacy protections. Our understanding of HIV and our ability to treat HIV, has grown significantly since 1988 whenthis statute first came into existence and even since 2002 when this statute was again modified. We now know that HIV, if treated, is a manageable illness and that individuals living with HIVand receiving treatment effectively cannot transmit the illness. These facts stand in sharp contrastto our current Missouri law. Our statutes make it less likely that individuals at risk for HIV willseek medical care because, if they do, they could face prosecution for "knowing" their status andtransmitting HIV. This statute actively supports negative health outcomes. Right now, Missouriis home to approximately 10,000 people living with HIV.1 The Centers for Disease Control and Prevention identified Missouri as one of seven states with a "substantial rural burden" for HIVand the potential for outbreaks in rural areas in 2020.2 The need for reform in this field is urgent. In Missouri, the fear of prosecution is particularly justified given the recent case of Michael Johnson. Michael Johnson was a wrestler on scholarship at Lindenwood University. Michael isHIV positive. His partners claimed he did not inform them about his HIV status, Michael assertsotherwise. Regardless. Michael faced criminal penalties for these relationships and wasprosecuted under this statute as someone who "recklessly" transmitted HIV. Michael faced 30years in prison. After successful appeals, he left prison on parole in 2019. This type of sentencechills Missouri's ability to effectively stop the spread of HIV because it tells communitymembers if you come forward to find out your status, an essential component of treatment andmitigation of HIV, you could face incarceration should one of your partners claim not to knowabout your HIV status. In study after study, medical and public health experts unfailinglyconclude that HIVspecific criminal laws do not actually promote disclosure of status prior tosex. 3This is bad health policy and it is bad fiscal policy. Incarcerating an individual in Missouri costsover \$20,000 per year. If Michael Johnson had served his entire sentence he would have, at aminimum, cost the state over \$600,000. Overall, convictions under this statute now carrysentences of between 5-15 years and 10 years to life. As our state refocuses our public safetypriorities, we must not forget the fiscal consequence of criminalizing behavior that, at its heart, isan issue for health policy not the criminal justice system. Missourians can be fiscallyconservative and smart on justice. We can find penalties that fit criminal actions and improve ourhealth by applying public health solutions to public health problems.Beyond nonsensical, it is discriminatory to prosecute someone based on their HIV status. This statute violates the Equal Protection Clause of the U.S. Constitution because it imposes

burdenson people living with HIV, singling them out among people living with other communicablediseases, without rational justification. The statute also impinges on the fundamental right toprivacy in one's confidential medical information. At the end of the day, the absence of anyreasonable relationship between the current statute and Missouri's goal of preventing new HIVinfections compels, as a matter of law, the inference that the current law reflects animus, anunconstitutional State purpose under any circumstances. 4Missouri has an opportunity to right this wrong. I urge you to support the measures in HB 755and favor policies that decriminalize HIV. I look forward to answering your questions. Sincerely, Sara Baker Legislative and Policy Director ACLU Missouri 1https://health.mo.gov/living/healthcondiseases/communicable/hivaids/#:~:text=In% 20Missouri%2C%20approximately%2010%2C000%20people,of%20the%20highest%20infection% 20rates.2 https://www.cdc.gov/pwid/vulnerable-counties-data.html3 Carol L. Galletly, et al., New Jersey's HIV Exposure Law and the HIV-Related Attitudes, Beliefs, and Sexual Seropositive Status Disclosure Behaviors of Persons Living with HIV, 102Am. J. Pub. Health 2135, 2139 (2012) 4https://www.aclu-

mo.org/sites/default/files/field\_documents/state\_of\_missouri\_v.\_michael\_l.\_johnson\_amicus\_curiae\_0.



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<b>TESTIFYING</b> : ✓IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH FELTS		PHONE NUME 31453175	
REPRESENTING: PLANNED PARENTHOOD ADVOCATES IN	I MISSOURI		DE ICATIONS & NCE MANAGER
ADDRESS: 4251 FOREST PARK AVE		·	
CITY: ST. LOUIS		STATE: MO	ZIP: <b>63108</b>
EMAIL: sarah.felts@ppmissouri.org	ATTENDANCE: Written	SUBMIT I 2/17/20	DATE: 121 11:27 AM

## THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Planned Parenthood Advocates in Missouri supports Rep. Christofanelli's House Bill 755, which modernizes Missouri law to reflect advances in medical science, conform to best practices for public health, and remove the HIV-related stigma in our statutes. Current law criminalizes sex between consenting adults when one is living with HIV. The onus is put on people living with HIV (PLHIV) to prove that they disclosed their status prior to sex. Current law is rooted in fear instead of science. It criminalizes acts, like spitting, that do not transmit the disease. It discourages people from getting tested and knowing their HIV status — which is the exact opposite of what's healthy for individuals and the general public. Testing and early diagnosis both improve a person's opportunity to live a long life with HIV and also drastically reduce the risk of transmitting the virus to others. Research shows our current HIV statute does not reduce the transmission of HIV or AIDS. It's important to recognize that HIV/AIDS disproportionately affects the LGBTQ+ community, Black people and people of color in Missouri — and people living at the intersection of these identities. Black men are only 5.5% of Missouri's population, but they are 35% of people living with HIV and more than 50% of all HIV crime arrests and convictions. House Bill 755 will reduce stigma against people living with HIV, bring Missouri law in line with science, and improve public health.###Planned Parenthood Advocates in Missouri works to protect and expand sexual and reproductive rights and health for all Missourians. It is a joint project of Planned Parenthood Great Plains Votes and Advocates of Planned Parenthood of the St. Louis Region and Southwest Missouri, the political and advocacy arms of both Planned Parenthood affiliates in Missouri.



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		WITNESS NAME		
<b>BUSINESS/ORG</b>	ANIZATION:			
WITNESS NAME: STEPHEN EISELE			PHONE NUM <b>4178483</b> 2	
BUSINESS/ORGANIZATION PROMO	ON NAME:		EXECUT PROMO	IVE DIRECTOR,
ADDRESS: 2200 GRAVOIS, ST	ГЕ. 201			
CITY: ST. LOUIS			STATE: MO	ZIP: <b>63104</b>
EMAIL: stephen@promoo	nline.org	ATTENDANCE: In-Person	SUBMIT <b>2/17/2</b>	DATE: 1021 7:53 AM

# THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Committee on Health and Mental Health PolicyChairman Representative Mike StephensVice Chair Representative Cyndi Buchheit-CourtwayFebruary 17, 2021 Dear Representatives of the Committee: Thank you for allowing me to provide written testimony. My name is Stephen Eisele, the Executive Director of PROMO, Missouri's statewide lesbian, gay, bisexual, and transgender (LGBT) advocacy organization. On behalf of our organization, I am expressing our support to House Bill 755. One of my earliest and most formative memories as a child was attending the funeral of my cousin John. Back in 1993, I was too young to understand why we had funerals for people who weren't incredibly old. That same year, within months of each other, I lost two of my remaining grandparents. Though they were taken too early due to lengthy battles with cancer, their deaths didn't stir as many questions as that of John. Years would go by before I understood the significance of his death, which resulted from complications from HIV/AIDS toward the height of the epidemic. At that time, an HIV diagnosis was deemed a death sentence for many, not the treatable health condition we know it is today. Founded in 1986, PROMO, was built to center the privacy rights of Missourians and our community's efforts to combat the HIV epidemic. Thankfully, just as our organization has evolved over 35 years, so too has our understanding of the virus. While we've made remarkable progress, the stigma surrounding HIV, and one's HIV status, still prevents far too many individuals, including everyday Missourians, from accessing timely treatment. HIV criminalization in Missouri exacerbates this stigma and results in a public health risk.Our statutes make it less likely that individuals at risk for HIV will seek medical care because, if they do, they could face prosecution for "knowing" their status and transmitting HIV. This statute actively supports negative health outcomes. Right now, Missouri is home to approximately 10,000 people living with HIV. In fact, it continues to be shown that 1 in 7 individuals living with HIV in the United States is unaware of their status. Additionally, Missouri remains one of 7 states identified nationally by the Centers for Disease Control to be hardest hit by HIV today. As Missouri's leading LGBT organization, we must recognize that HIV/AIDS disproportionately affects our community. Further, it is our responsibility to recognize that HIV affects LGBT Black people and People of Color in our state at even higher rates. We need to update our laws to reflect the advances in medical science, conform to best practices for public health, and remove the HIV-related stigma currently codified in Missouri law.Please vote "do pass" on HB 755.

Thank you for your time and consideration. Please contact me if you have any questions. Sincerely, Stephen Eisele, MBAExecutive Director, PROMOStephen@PROMOonline.org (cell) 417.848.3285



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<b>TESTIFYING:</b>	☐ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
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WITNESS NAME: SUSAN GIBSON		PHONE NUMBE	:R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DA 2/12/202	TE: 11 3:59 PM

# THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I was a practicing registered nurse during the HIV epidemic, beginning with direct hospital care, later outpatient clinics, and finally in infectious diseases clinical research. A lot of lessons were learned the hard way during the 1980's and '90's; among the most significant: that stigmatizing any health condition runs counterproductive to stemming transmission and containing an epidemic. We knew so little in the beginning when current law was established out of a sense of fear and panic. The cause was unknown and understanding of the mode of transmission was vague and inaccurate. Decades later, transmission is easily prevented by two methods of pharmaceutical intervention: people who are living with HIV can suppress their viral burden with medications so they can no longer transmit the virus, and people who want to take responsibility for remaining free of HIV can commit to an easy medication regimen of pharmaceutical pre-exposure prophylaxis (PrEP). The success of these two approaches depend on people knowing their HIV status. Stigmatization and punitive measures like prosecution discourage testing and therefore, treatment, putting everyone at risk. The most dangerous thing any person can do is put their risk of contracting a pathogen under someone else's control. Each Missourian must be empowered to taking charge of their own health and not depend on anyone else to determine their risk. We will continue to experience pandemics and epidemics. We will again go through not understanding transmission of a newly identified pathogen. We need modern legislation in place so that until the healthcare community can get a handle on diagnosis, prevention, and treatment, public policy is not making matters worse.



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		WITNESS NAME				
BUSINESS/ORGANIZATION:						
WITNESS NAME: TAMI HAUGHT				ONE NUMBER: 117154182		
BUSINESS/ORGANIZATION SERO PROJECT	ON NAME:		O	TLE: RGANIZING : OORDINATO	AND TRAINING	
ADDRESS: 2698 EXETER AVE						
CITY: <b>NASHUA</b>			ST IA	ATE:	ZIP: <b>50658</b>	
EMAIL: tami.haught@sero	project.com	ATTENDANCE: Written		SUBMIT DATE: <b>2/15/2021 1</b>	1:17 AM	

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Date: February 15, 2021To: Chairman Mike Stephens & Health and Mental Health Policy CommitteeFrom: Tami Haught, Organizing and Training Coordinator, Sero ProjectRe: Support for HB 755Sero centers PLHIV leadership to end HIV criminalization, mass incarceration, racism and social injustice by supporting inclusive PLHIV networks to improve policy outcomes, advance human rights and promote healing justice. Sero Project supports state coalitions like the MO HIV Justice Coalition to pass legislation similar to HB 755 that would modernize Missouri's outdated HIV criminalization statutes. Sero supports the passage of HB 755 as we believe modernization of MO code regarding provisions relating to persons knowingly infected with communicable diseases will make for a good public health policy.HIV criminalization is the unwarranted use of the criminal law to address a public health issue. HIV criminalization laws target people living with HIV for prosecution and excessive punishment in an effort to make them solely responsible for the sexual risk behaviors of others. HIV criminalization laws do not work as intended. Not a single study or peer-reviewed paper—nor any credentialed public health expert—asserts HIV criminalization has actually reduced HIV transmission in any jurisdiction where it exists. HIV criminalization laws work against public health. These laws punish those who learn their status and privileges those who remain ignorant. They create mistrust of health professionals, making people who test HIV positive less likely to cooperate with partner notification, treatment adherence and other prevention programs. HIV criminalization laws do not align with current science. It is harder to transmit HIV sexually than most people believe, with a less than 2% per-act risk of transmission arising from even the riskiest of sexual activities. A person on effective treatment with a suppressed viral load is incapable of transmitting HIV. An HIV-negative person who engages in risk behaviors can take medications to dramatically reduce their chances of acquiring HIV. A person newly-diagnosed and provided with treatment can expect to live a near-normal lifespanFor all of these reasons, We respectfully ask that you vote "Do Pass" on HB 755.



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		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUM	BER:		
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:			
ADDRESS:			•			
CITY:			STATE:	ZIP:		
EMAIL: ArnieDienoff@Yal	noo.Com	ATTENDANCE: Written		SUBMIT DATE: 2/17/2021 11:40 AM		
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I am in Opposition to this Bill.This Bill is confusing and can lead to wrong consequences.A Class D Felony is a harsh penalty and needs to be amended



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<b>TESTIFYING</b> : □IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES			
	WITNESS NAME					
REGISTERED LOBBYIST:						
WITNESS NAME: SUSAN FLANIGAN		PHONE NUME <b>573</b>	BER:			
REPRESENTING: MO DEPT. OF MENAL HEALTH		TITLE:				
ADDRESS: 1706 E. ELM ST						
CITY: JEFFESON CITY		STATE: MO	ZIP: <b>65102</b>			
EMAIL: Susan.Flanigan@dmh.mo.gov	ATTENDANCE: Written	SUBMIT 0 2/17/20	DATE: 1 <b>21 8:55 AM</b>			

# THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

DMH collaborated with Rep. Christofanelli, DOC, and advocates on compromise language for HB755. The language eliminates stigma for previously identified communicable diseases and keeps protections for DMH and DOC employees. Rep. Christofanelli shared the final revision of HB755 on February 11 and DMH, DOC and the advocates signed off on via email on 2/12. Please note DMH submitted previous written testimony for information purposes only on 2/14 when the hearing for HB755 was scheduled for 2/15. Thank you.



BILL NUMBER: <b>HB 755</b>			DATE: <b>2/17/2021</b>			
COMMITTEE: Health and Mental Health Policy						
<b>TESTIFYING</b> : □IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMATIONAL PURPOSES				
	WITNESS NAME					
REGISTERED LOBBYIST:						
			ONE NUMBER: '33014845			
REPRESENTING: DEPARTMENT OF MENTAL HEALTH			TITLE: LEGISLATIVE LIAISON			
ADDRESS: 1706 E. ELM STREET						
CITY: JEFFERSON CITY		STATE: MO	ZIP: <b>65102</b>			
EMAIL: Susan.Flanigan@dmh.mo.gov	ATTENDANCE: In-Person		SUBMIT DATE: 2/14/2021 1:03 PM			

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DMH worked with Rep. Christofanelli on HB755, Sen. Rehder on SB65, Department of Corrections and the advocate community on compromise language. Stigmatizing language has been removed and protections for DMH employees retained. Rep. Christofanelli will present the substitute language which DMH reviewed and agreed to on February 11. DMH appreciates the collaborative process.