Introduction

Each year, as tens of thousands of Americans are diagnosed with HIV, stakeholders work on multiple fronts to reduce the numbers and improve Americans’ health and well-being. In February 2019, the federal government announced its goal to end the HIV epidemic by 2030. Meanwhile, states are implementing evidence-based policies to prevent future HIV cases. These policies include improving access to preventive medication, such as pre-exposure prophylaxis; establishing syringe services programs to prevent the spread of infectious diseases; and establishing comprehensive sex education initiatives.

Legislative Trends

PRE-EXPOSURE PROPHYLAXIS

Pre-exposure prophylaxis (PrEP) allows people who are at risk of getting HIV to reduce their chance of infection by taking a daily medication. PrEP is recommended for anyone who is at risk of acquiring HIV from sex or injection drug use. State policies to increase PrEP access include allocating funds for the medication, authorizing pharmacists to provide PrEP, and eliminating barriers for minors to access PrEP. In 2019, California, New Mexico, and Washington state allocated funding to increase PrEP access. Another new law in California authorizes pharmacists to furnish PrEP. In Connecticut, a new law allows certain healthcare providers to provide PrEP, and in Georgia a new law establishes a pilot program to provide PrEP.

SYRINGE SERVICE PROGRAMS

Syringe services programs (SSPs), also known as safe syringe programs or needle exchange programs, are evidence-based prevention programs that provide people who inject drugs with access to and safe disposal of sterile syringes and injection equipment, as well as vaccination, testing, and linkages to infectious disease care and substance use treatment. Comprehensive SSPs are safe, effective, and cost-saving and can reduce the spread of HIV and other infectious diseases. State legislative trends include authorizing the establishment of SSPs and excluding from criminal penalties any SSP employees or volunteers who dispense or possess sterile needles or syringes. In 2019, Idaho, Illinois, and Florida passed laws allowing SSPs to be established and new laws in Georgia, Oregon, and Virginia protect SSP employees or volunteers from criminal or civil liability for possessing or distributing syringes.

In 2018, 35% of new diagnoses occurred in people between the ages of 25-34.
COMPREHENSIVE SEX EDUCATION

Comprehensive sex education is important for preventing HIV; it can delay sexual activity, increase condom use, and decrease the number of an individual’s sexual partners. Effective sex education programs include science-based, medically accurate, and culturally and age appropriate sexual health information and skill promotion related to human development, healthy relationships, sexual behavior (e.g., abstinence and condom use), and sexual health and identity. In 2019, bills requiring comprehensive sexual health education programs were proposed in Massachusetts and Pennsylvania and enacted in Colorado.

Looking Ahead

ASTHO expects states to continue adopting laws aimed at ending the HIV epidemic. In addition to laws that increase access to PrEP, prevent the spread of HIV through SSPs, and develop comprehensive sex education programs, state actions may include:

- **Increasing access to preventive treatment and services**—such as PrEP—for minors without parental consent, when warranted.

- **Amending criminal and public health statutes** to decriminalize certain actions by people who are HIV-positive to reduce stigma and encourage testing.

- **Expanding routine testing and service programs** to high-prevalence areas and high-risk populations.

African American men who have sex with men accounted for 25% of all new HIV diagnoses in 2018. Hispanic/Latino men who have sex with men were also strongly affected, accounting for 20% of all new diagnoses.5