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OP-ED

Parental consent is a roadblock to getting anti-HIV drugs to youths

By KRYSTN R. WAGNER
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Today is National Youth HIV/AIDS Awareness Day. As an HIV physician for the past two decades, I have witnessed the extraordinary progress in our ability to care for people living with HIV. But there has not been equal success in preventing new HIV infections, especially among young gay men of color.

In 2012, HIV pre-exposure prophylaxis (PrEP) was FDA-approved and heralded as a “game changer” among the available tools for HIV prevention. PrEP is an oral pill that when taken daily is highly effective in preventing HIV infection.

Since then, my colleagues and I have been prescribing PrEP to at risk-adults. This year, my hope is that the Connecticut legislature will pass House Bill 6540, which would allow physicians to prescribe PrEP to Connecticut’s most vulnerable youth.

A 17-year-old at our school-based health center was looking forward to graduation and college, not adjusting to a new HIV diagnosis and a lifetime of costly treatment. He was aware of safer sex and had heard that PrEP was a medication that virtually eliminates the risk of HIV infection. But in order to start PrEP, he’d have to get his parents’ consent, which would mean coming out as a sexually active, gay youth — a conversation he was not yet able to have.

Two months before graduation, he participated in the school’s HIV testing day and discovered that he had joined roughly 60,000 American youths living with HIV.

This was three years ago. Since then, approximately 100 Connecticut youth and young adults have been diagnosed with HIV each year. While teenagers are becoming more familiar with PrEP, the missed opportunities to prevent new adolescent HIV infections continue.

Although the FDA approved the use of PrEP for adolescents a year ago, a gap in state law prevents my colleagues and me from prescribing it to many of the young people who need it most. Currently, Connecticut allows minors to access HIV testing and treatment — but not HIV prevention — without parental consent. As a result, PrEP remains out-of-reach to many youth, especially those who do not feel safe talking to their parents about their sexuality. It doesn’t make sense that I can treat youths with HIV but cannot prescribe PrEP to keep them from contracting it.

This omission is unacceptable. In 2015, youth ages 13 to 24 accounted for more than one in five new HIV diagnoses. Young gay and bisexual men of color are particularly hard-hit, with the Centers for Disease Control predicting that if current trends continue, half of black men who have sex with men and one quarter of Latinos who do will be diagnosed with HIV during their lifetimes.

At my health center, I speak with teens, especially LGBTQ youth, for whom parental consent is an insurmountable obstacle to getting on PrEP. Fear of parental rejection because of sexual orientation or gender identity is a more immediate and threatening concern than the potential risk of HIV. Tragically, I now care for young people living with HIV that could have been prevented.

The bill would allow these young people to access potentially lifesaving preventative care without putting themselves at risk of parental rejection or abuse. An added benefit of PrEP is that it increases routine testing for HIV and sexually transmitted infections as a prescription requirement, and it provides a gateway to other forms of healthcare. Also, young people



PrEP, which stands for pre-exposure prophylaxis, is a way for people who are at risk of HIV but not infected to prevent infection by taking a pill every day. A bill in the Connecticut legislature would allow doctors to prescribe it to minors without parental consent.

receiving PrEP have an opportunity to build trusting relationships with their medical providers. Through these relationships, youth can access support on how to talk about sexual health and identity with parents or other caring adults.

I hope that Connecticut moves from awareness to action. We must amend the law to allow the most vulnerable youth access to safe and effective preventative care, regardless of family circumstances. Only the passage of proposed legislation will ensure that the next time a young person at risk for HIV comes to see me, I can provide the medication they need to stay safe, healthy and focused on their future.

Krystn R. Wagner, M.D., is the director of HIV and infectious disease at Fair Haven Community Health Care in New Haven. She is partnering with the Center for Children's Advocacy Medical-Legal Partnership to encourage passage of this legislation.