INTRODUCTION

There were approximately 34,800 new HIV infections in the United States in 2019, with an estimated 80% of transmissions occurring among people who are unaware that they have HIV or are not regularly receiving care for their HIV. In 2019, the federal government announced its goal to end the HIV epidemic by 2030. To reach this goal, states are implementing evidence-based policies to prevent future HIV cases. For example, in 2020, 17 state and local health departments implemented an innovative HIV testing project, where, as part of a public-private partnership with Building Health Online Communities, NASTAD, and Emory University, free at-home HIV testing kits were advertised on gay dating applications, reaching nearly 5,000 people, 36% of whom had never been tested for HIV before.

Beyond enhancing HIV testing, states and territories are also implementing policies to improve access to pre-exposure prophylaxis; establish syringe services programs to prevent the spread of infectious diseases; and implement comprehensive sex education initiatives.

SYRINGE SERVICES PROGRAM

Syringe services programs (SSPs) 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 an evidence-based prevention strategy that can reduce the spread of HIV and other infectious diseases safely, effectively, and cost-effectively. As of August 2019, 38 states and the District of Columbia have laws to better facilitate SSPs by either explicitly authorizing or regulating them or removing legal barriers to implementing them.

In 2021, at least nine states continued this trend by decriminalizing the possession of hypodermic needles, explicitly authorizing SSPs, or regulating SSPs. Arizona and Missouri enacted laws authorizing SSPs, West Virginia enacted a new licensing program for SSPs. Kentucky enacted a law allowing pharmacies to sell needles without a prescription as long as the purchaser was provided information about safe syringe disposal and SSPs. Connecticut authorized its existing SSPs to dispense up to 10 hypodermic needles to existing patients via a machine rather than face-to-face interactions.

Rhode Island enacted a law to expand its existing SSP into a “harm reduction center” to provide individuals a safe location to consume previously obtained substances co-located with health screening, and disease prevention and recovery assistance. The law establishes an advisory committee for the two-year pilot program, including representatives from the Department of Health and Attorney General’s office.

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 2021, at least 12 states considered legislation...
In 2019, of the number of new diagnoses was highest among people between the ages of 25-34.6

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 absent 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.

In 2019, transgender people accounted for 2% of new HIV diagnoses.6