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The Center for HIV Law and Policy challenges barriers to the rights and health of people affected by HIV through legal advocacy, high-impact policy initiatives, and creation of cross-issue partnerships, networks and resources. We support movement building that amplifies the power of individuals and communities to mobilize for change that is rooted in racial, gender and economic justice.

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# To End the HIV Epidemic, Health Care Professionals Need Sexual Health Literacy

*NYS Assembly Bill 3864 addresses a critical sexual health literacy gap that discourages disease prevention, diagnosis and engagement in care*

Assembly Bill A3864 (Rosenthal, L., District 67) would require licensed health care providers to complete training in sexual health, including how to talk to patients about sex, STIs and HIV.

**“This bill will save lives.”**

Zinarta Judea,  
Chair, Community Advisory Board,  
Callen-Lorde Community Health Center

A key pillar of the plan to end the HIV epidemic is increased HIV testing. Yet, despite decades of investment in expanded HIV testing programs, many who provide direct patient care still fail to offer testing. Even more providers are uncomfortable discussing sex and sexuality, particularly with individuals whose gender identity and sexual orientation differ from the heterosexual “norm.”

Many members of these communities disproportionately affected by HIV harbor a deep distrust of medical systems tarnished by a long history of discrimination and disrespect. We cannot expect individuals at risk of HIV and STIs to enter or stay in care when there is still a high risk of humiliation or outright discrimination due to provider discomfort and inexperience.

A3864 gives medical providers what they need to thoughtfully engage their patients. New York can make history by becoming the first state in the country to tie medical licensing and certification to this critical continuing education that will save lives and transform patient-provider relationships where it counts most.

## Health care providers feel uneasy talking about sex and sexual health, and that’s a problem.

- Sexual health is a state of social and mental well-being involving different dimensions, and is an intrinsic element of human health.
- [Nine out of ten patients](#) would welcome physicians asking about their sexual health, yet many medical providers express discomfort with having these conversations.
- Physicians feel particularly uncomfortable asking older patients about sex. In fact, older people and their health care providers are less likely to discuss HIV testing and sexual or drug use behaviors while accounting for nearly [one out of every six HIV diagnoses](#).

## Sexual health literacy cannot be an afterthought, which is why plans to end the HIV epidemic single it out.

- Most sexually transmitted diseases are easily diagnosed and treated, [yet remain at epidemic levels in the U.S.](#) The Center for Disease Control and Prevention (CDC), estimates there are [26 million new sexually transmitted infections \(STI\) in the United States each year](#), and over half of them occur among young people aged 15 to 24.
- [Slightly over a fifth of all HIV diagnoses in the United States](#) are among young people aged 13 to 24, the most difficult group to retain in care.
- [New York's plan to End the HIV Epidemic](#) explicitly identifies health care provider cultural and sexual literacy as a central element of that plan.
- The benefits of early HIV and STI treatment are clear, but advances in treatment are undermined by an individual provider's unwillingness to speak to their patients about sexual health.

## To end the HIV epidemic and future public health crises we must give providers what they need to reach their patients.

- The consequences of health care workers avoiding conversations about sexual health are staggering. [STIs are responsible for nearly \\$16 billion in direct lifetime medical costs.](#) If left untreated, [they can increase the risk of HIV infection and cause a host of other medical problems, including infertility and problems with pregnancy.](#)
- Voluntary programs to increase provider competency on sexuality, sexual orientation and gender identity have failed to measurably increase the competence of health care providers to address the needs of many communities affected by STIs and HIV.

For decades we have made excuses for a prevailing aspect of our health care system that encourages people to avoid care. Voluntary programs over the years have yet to have an impact; now we must require that all health care staff understand the importance of possessing and promoting sexual health literacy and how to talk about and encourage STI and HIV testing.

## Mandating education on the basics of sexuality, gender, and sexual health is a common-sense solution.

- Despite the size of the HIV and STI epidemic in New York, physicians, nurses and other health care providers are not required to understand basic aspects about their potential patients. Medical, civil rights, and public health experts are concerned about how HIV stigma aggravates legacies of medical mistrust with the very communities we most need to engage. That's why the New York AIDS Institute recently listed ["client-centered, culturally competent care"](#) as a state Department of Health priority.
- [Medical providers experience "vast amounts of uncertainty" when treating transgender patients.](#) That uncertainty turns into discomfort and discrimination, with negative consequences for patient health and well-being.
- [Sexual health is one of the only health issues universal to all of us.](#) It is crucial that all health care providers in direct patient care have, at the very least, a basic understanding of the elements of identity and sexuality that are a core part of who we are as human beings.
- The consequences of provider discomfort and lack of competence are profound, particularly since many patients access care in emergency rooms across the state.