

2017 STATE GOVERNMENT LEGISLATIVE AGENDA

About SPARK

SPARK Reproductive Justice NOW works to build new leadership, change culture, and advance knowledge in Georgia and the South to ensure individuals and communities have resources and power to make sustainable and liberatory decisions about our bodies, gender, sexualities, and lives. SPARK prioritizes the voices of Black women, women of color, and queer and trans youth of color to ensure that the experiences of those most marginalized in society are centered in the reproductive justice movement.

PROACTIVE POLICY AREAS

ENDING HIV IN GEORGIA

IMPROVING KNOWLEDGE OF BIOMEDICAL HIV PREVENTION METHODS - PrEP & PEP

Over the years significant scientific advancements have been made in the fight against Human Immunodeficiency Virus (HIV). Not only are the drugs used to treat HIV allowing people to live longer and healthier lives, but when taken daily they can significantly reduce the viral load of someone living with HIV to a level that can make it virtually impossible to transmit the virus to others.

However, despite these advancements infections rates continue to rise, particularly within marginalized demographics like Black women, LGBTQ youth of color, and Black men who have sex with men. While HIV treatment drugs are extremely beneficial in the fight to end the HIV epidemic, it is imperative that the public at large and higher risk HIV negative groups know about all of the options available to them to protect themselves and prevent new HIV infections outside of the use of condoms as prevention.

In 2012, the FDA approved a daily prevention regimen known as Pre-Exposure Prophylaxis (PrEP) to prevent HIV infection for people who are HIV negative. If taken as directed, PrEP has been shown to upwards of 99 percent effective at preventing HIV infections. Additionally, post-exposure prophylaxis (PEP), another prevention method, provides people with the ability to prevent HIV infections after they have been exposed, so long as they start a 30 day PEP regimen within 72 hours of possible exposure.

Despite the effectiveness of these measures, most Georgians know very little about these effective methods of preventing HIV. In order to increase knowledge, prevent new infections, and save lives, SPARK recommends the introduction and passage of legislation that requires that any program, health department, hospital, or similar entity receiving HIV prevention dollars from the state should provide people who test negative for HIV or receive treatment for an STD should receive information about PrEP and PEP as a means for preventing further HIV infections.

IMPROVING REPRODUCTIVE AND SEXUAL HEALTH - EXPANDING ACCESS TO HIV TESTING

Georgia continues to lead the nation with new cases of HIV. According to the Centers for Disease Control and Prevention, Georgia ranks No 5 in the country for new cases of HIV, with Black women and LGBTQ youth of color bearing the brunt of the epidemic. Reports have found that Black women in Georgia account for 1 in 4 new HIV/AIDS cases, and young Black gay, bisexual, and queer men have a 60 percent chance of contracting HIV before their 30th birthday.

However, the most concerning statistics reveals that 1 in 5 adults and adolescents living with HIV in Georgia do not know their status. Regardless of the major bio-medical advancements made in HIV treatment and care, which have dramatically improved life expectancy and reduces cost over time, many Black women and LGBTQ youth of color are being identified with a late stage HIV or Clinical AIDS diagnosis. Experts at Grady Hospital conclude that because routine HIV testing is not offered in the places where most people get their health care, by the time patients are diagnosed in Atlanta, almost one-third have advanced to clinical AIDS. The high rate of late stage AIDS diagnosis is especially concerning considering that the death rate for Georgians with HIV/AIDS is one of the highest in the country.

SPARK recommends the introduction and passage of legislation that requires hospitals and/or doctor's offices to have policies that mandate that every patient is offered a HIV test. These policies WOULD NOT mean that any patient MUST take a HIV test. These policies still allow individuals to maintain the right to refuse HIV testing when offered.

ENDING STATE SPONSORED STIGMA BASED POLICIES – HIV CRIMINALIZATION

Georgia is 1 of 32 states in the country that has a specific HIV criminalization statute on the books that criminalize HIV exposure. Georgia's law is problematic due to its failure to reflect proven HIV science and prevention methods. Georgia penalizes having consensual sex without revealing your HIV status to a sex partner – regardless if a condom was used, despite condoms being a proven method of HIV prevention. The law also can lead to an HIV positive person's conviction regardless of whether the virus

was even transmitted, just mere exposure is grounds for a felony conviction that could carry a sentence of upwards to 20 years. Georgia's HIV criminalization laws includes spitting and biting as a means of transmission of the virus, despite the fact that epidemiological evidence from public health institutions, such as the CDC, does not support that biting or spitting on someone could expose a person to enough HIV for an infection to occur.

Most HIV criminalization cases affect Black women and Black queer, gay, and bisexual men. These policies create institutionalized HIV ignorance which promotes stigma and harms HIV testing efforts by causing fear in the communities most impacted by HIV, which can result in devastating consequences for anyone living with HIV, especially for Black women. Georgia lawmakers should repeal the state's HIV criminalization as such a blunt legal instrument is not needed to protect the public from the extremely rare case of intentional HIV criminalization.

IMPROVING MATERNAL HEALTH

ENDING THE SHACKLING OF WOMEN DURING LABOR IN CORRECTIONAL FACILITIES

Georgia is one of more than 18 states that continue to permit the use of restraints on incarcerated pregnant women during transport, labor, delivery and recovery. This practice continues in Georgia despite the practice being banned in several states and at the federal level. According to a study of state prison policies and laws around the country undertaken by the Rebecca Project for Human Rights, "it seems safe to assume that prisons" in Georgia "are engaging in shackling as a matter of routine."

Under the bill, pregnant inmates could not be restrained unless officers deemed it necessary for the safety and security of the inmate, staff or the public. As in many other states, Georgia prisons often shackle pregnant women, despite mounting evidence that it is neither safe nor necessary.

STUDY COMMITTEE FINDINGS & ANTICIPATED MATERNAL HEALTH BILL.

Georgia has the highest maternal mortality rate in the nation - 30 maternal deaths for every 100,000 live births (2012). Last year, the state of Georgia instituted a maternal mortality review committee, an important first step in protecting women's health. The legislature needs to translate the findings of this committee into actionable legislation that improves maternal health outcomes in the state.

SPARK recommends that the state allocate funding to provide affordable, accessible health care for all women from preconception through postpartum to protect maternal health in Georgia.

POLICY THREATS

Our agenda also includes monitoring and organizing in opposition to dangerous legislative proposals that threaten reproductive justice.

PRENATAL PERSONHOOD

Prenatal Personhood Prenatal personhood bills are legislative items designed to grant legal rights to fetuses. Often promoted as a means of protecting women's health, these bills actually curtail women's legal right to abortions. While the bill language is often ambiguous, the impact for women is more restrictions related to abortion services and common forms of birth control.

TARGETED REGULATIONS OF ABORTION PROVIDERS (TRAP)

TRAP bills place unnecessary and expensive burdens on abortion providers, which ultimately result in clinics closing and women finding it more difficult and expensive to access affordable services. TRAP legislation can take the form of building code requirements, staffing rules, or laws requiring doctors to have admitting privileges at nearby hospitals.

PREVENTING GOVERNMENT OVERREACH ON RELIGIOUS EXPRESSION ACT

The 2015 and 2016 sponsor of RFRA has reintroduced the legislation as the Preventing Government Overreach on Religious Expression Act in 2017. Operating under the guise of religious liberty, this type of legislation would permit state sanctioned discrimination against LGBTQ communities and the restriction of reproductive and sexual health services of Black women.