

**House Public & Behavioral Health & Human Services**  
**02/07/2023 Upon Adjournment**  
**HB23-1031 Mental Health Professionals Reporting Exemption**  
**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
Nathan Biggs For themselves	I stand in support of HOUSE BILL 23-1031.

Re: HB23-1301, Mental Health Professionals Reporting Exemption

My name is Blair Bacon, and I am a licensed social worker with over seven years of care coordination experience, including working with people living with HIV and/or at risk of contracting HIV and Hepatitis C, patient advocacy at a sexual health clinic, and navigation for families with children who have experienced trauma and exhibit behavior difficulties. I also have several years of research and evaluation experience related to stigmatized issues like homelessness and mental health. I currently work as a care coordinator and research assistant in a mental health center for people who have experienced complex or acute trauma. I am writing to support the proposed exemption from the required reporting of patients' HIV and STI diagnoses by mental health providers.

One of the first and most important steps in a therapeutic relationship is creating trust and a sense of safety. Having to report HIV and other STI diagnoses could likely undermine the trust and safety of the therapeutic relationship, in particular due to the stigma associated with HIV and STIs. Stigma already hinders peoples' access to care and support. Simbayi et al. (2007) reported that HIV/AIDS is one of the most stigmatized diseases in the world, limiting "social interaction and future opportunities," as well as contributing to "poorer clinical outcomes, depression, fear of disclosure, and reduced quality of life." (Fife & Wright, [2000](#); Heckman et al., [2004](#); Kang, Rapkin, & DeAlmeida, [2006](#); Sayles, Ryan, Silver, Sarkisian, & Cunningham, [2007](#))

To maintain an additional barrier to people getting the care they need feels antithetical to the social work principles of promoting the well-being, self-determination, privacy and confidentiality of clients. Additionally, medical professionals who test for HIV and other reportable STIs must report newly identified infections to the health department, so it is likely to have already been reported by the time a mental health provider learns about it.

The requirement of mental health providers to report HIV and other communicable diseases is different from our duty to warn, which is used in the circumstance of intending to kill/harm someone and lethal diseases. This is a circumstance where if a mental health provider knew a client had HIV or another communicable disease and was having unprotected sex with someone, the provider would have to make reasonable efforts to let the other party know (if their client indicated that the person didn't know, thus consented to sexual activity). With the duty to warn already established, the required reporting by mental health providers solely because of a diagnosis seems unnecessary and harmful.

For these reasons, I support an exemption for mental health providers from the requirement to report clients' HIV and STI statuses. Thank you for your attention to this matter.

Blair Bacon, LSW

## **Testimony in support of HB 23-1031 on behalf of the Colorado Psychological Association**

My name is Julie Jacobs, PsyD, JD, and I am the Chair of the Legislative Committee of the Colorado Psychological Association (CPA). I am writing today to express the strong support of CPA for HB 23-1031. This bill creates an exemption for mental health providers from the mandated reporting of sexually transmitted infections, and reflects an important, common-sense update to an outdated requirement.

Confidentiality is an essential part of the patient/therapist relationship; patients share sensitive and difficult information with their therapists in order to help with healing and improving functioning, and they share such information with the expectation that it will remain private and confidential. Without the promise of confidentiality, patients are far less likely to share information that may promote healing and may continue to suffer with mental health disorders without a safe place to find comfort and support.

Mandated reporting obligations require therapists to breach patient confidentiality when they learn certain information, and in some situations, such a mandate is reasonable and an important way to help protect vulnerable or at-risk people. For example, reporting of child abuse fulfills an important public policy consideration – protecting children from abuse – and legislatures across the country have made the determination that protecting children from abuse is a higher priority than protecting patient confidentiality.

However, in the case of sexually transmitted infections, there is no similar public policy consideration. Sexually transmitted infections do not pose the same life-threatening or safety risks as child abuse, elder abuse, or threats of harm to identifiable individuals. This is especially true given the progress that has been made in treating and controlling such infections. Requiring mental health providers to breach confidentiality and report sexually transmitted infections will have a chilling effect on therapy without a clear benefit to society. For example, a patient who has been sexually assaulted and subsequently infected with an STI may not feel safe discussing the impact of the STI with their therapist and may not be able to benefit fully from the therapeutic intervention.

In order to allow patients to benefit fully from the therapeutic relationship and to feel safe sharing information with therapists, CPA asks that you vote to support this common-sense update to the mandated reporting requirements.