

# A Brief Report on HIV & Aging Act

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## Brief Report

Senator John Laird (D-Santa Cruz) introduced SB 258, the HIV and Aging Act, which was passed by the California Assembly on Thursday and sent to Governor Newsom for signature. The bill passed the Assembly consent calendar with no votes against it in either chamber.

People living with HIV age into the senior category, let's be clear: this bunch was never supposed to age. While the medicine cocktail has revolutionised the fight against HIV, and there are now more HIV-positive seniors than ever before, older HIV patients suffer a variety of behavioural health issues in addition to physical problems. By easing the burden of connecting this vulnerable population to supportive aging services and programs, this bill provides another life line to assist this uniquely disadvantaged group. People with HIV who take antiretroviral therapy can keep the virus suppressed and live long and healthy lives, thanks to recent advances in HIV treatment. As a result, the number of elderly persons living with HIV is rising, with over half of HIV-positive people in California now aged 50 or older.

Older HIV-positive adults, on the other hand, continue to encounter distinct health and well-being issues. According to a paper published by SAGE's HIV and Aging Policy Action Coalition (HAPAC) in 2020, older HIV-positive people are more likely than HIV-negative people to have several comorbidities, such as certain malignancies, cardiovascular disease, fractures, and hepatitis C. HIV-positive older individuals encounter a range of behavioural health issues, including depression rates up to five times higher than HIV-negative peers, as well as stigma, social isolation, and loneliness. HIV-positive (HIV+) men who have sex with men (MSM) and HIV-uninfected (HIV-) MSM controls reported difficulty executing six vision-dependent tasks as they grew older (difficulty defined as: no, a little, moderate, and extreme difficulty). Relationships were investigated using logistic regression, which regressed each outcome on category visual function responses separately, with missing data multiplied. There were 634 age-matched pairings in a total sample of 1,268 MSM with available data out of 1,700 MSM. The median age was 60 (interquartile range [IQR], and 23 percent of the participants were African Americans. 95 percent

of HIV-positive men were virally suppressed (viral load 400 copies/mL). HIV+ males were more likely than HIV+ men to indicate severe or serious difficulty doing at least one task (21% for HIV+ vs. 13% for HIV; P.01). Frailty was found in 11.2 times the number of participants who reported extreme vision-related problems doing at least one task (95 percent confidence interval [CI], 5.2-23.9), when compared to individuals who reported no vision-related difficulty on any task, there were 2.6 times the odds of a slow gait speed (95 percent CI: 1.4-4.8) and 3.2 times the odds of impaired instrumental activities of daily living (95 percent CI: 1.6-6.3). Perceived vision difficulty was more common among older HIV+ MSM than age-matched HIV- MSM controls and was associated with higher risk of depression and physical function loss among MSM.

Older studies examining the impact of AIDS on vision and eye disease outcomes in the pre-effective HIV treatment era found impaired contrast sensitivity and colour vision to be more common among HIV+ persons, and cataract to be twice as common in AIDS patients compared to an HIV-uninfected (HIV-) population sample. Relationships among long-term HIV survivors, on the other hand, have been sparsely examined in the United States and are less obvious. Inflammation has been linked to a higher risk of numerous age-related comorbidities among HIV+ people in the contemporary therapy era and could have a role in increasing the risk of vision impairment and ocular disease.

Due to multiple comorbidities, behavioural and mental health issues, and a lack of social support, older people living with HIV are more likely to turn to government and community-based services. The HIV & Aging Act updates the Welfare and Institutions Code to ensure that older people living with HIV have access to the programmes and services administered by the California Department of Aging.

It's past time for the legislation to catch up with the ageing of the epidemic, since older persons living with HIV continue to confront obstacles in receiving the ageing services and supports they require. Regardless of their identification or HIV status, everyone should have access to the ageing services and supports they require. This bill will help us get closer to that reality.

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