



HIV/AIDS Service Providers of Vermont

April 27, 2015

Re: H.489 - Sec. 49. 32 V.S.A. § 9701

Testimony by Roy Belcher, Executive Director, Vermont People With AIDS Coalition on behalf of the HIV/AIDS service providers of Vermont

The community of HIV/AIDS service providers in Vermont opposes repealing the tax exemption for dietary supplements. Nutrition is a vital part of HIV treatment and dietary supplements are an effective method for nutrient delivery. For many reason people living with HIV are at increased risk of developing micronutrient deficiencies; side effects of medications make it hard to eat, nutrients from food are not absorbed, or more than average nutrients are needed to compensate as the body fights the virus. For this reason it is believed that the micronutrient requirements for people with HIV are higher than the recommended daily allowances for the general population.

Research shows that people living with HIV/AIDS benefit from nutritional support offered by dietary supplements. According to a recent article in the Journal of the American Medical Association "Micronutrient supplementation has improved markers of HIV disease progression (CD4 cell count, HIV viral load) and mortality in clinical trials" (Baum, Campa, et al., 2013). Sadly, despite the clear connection between improved HIV health and the taking of vitamins, cost is often a barrier for many people living with HIV to taking supplements. According to the Vermont Department of Health's most recent Epidemiological Profile for HIV/AIDS, 41% of HIV positive Vermonters live at or below 100% of the federal poverty line(FPL), with 63% at or below 200% FPL. Any increase to the cost of dietary supplements could be cost prohibitive for Vermonters living with HIV/AIDS.

Nutritional supplementation is an important part of maintaining health for people living with HIV/AIDS. We strongly oppose any legislative action that would pose a barrier to the accessibility of dietary supplements.

Baum, M. K., Campa, A., et al., (2013). Effect of micronutrient supplementation on disease progression in asymptomatic, antiretroviral-naive, hiv-infected adults in botswana. a randomized clinical trial. *Journal of the American Medical Association*, 310(20), pg. 2154-2163. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=1785464>

Vermont. Vermont Department of Health, Division of Health Surveillance. *Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning in Vermont 2008*. Burlington, 2008, pg.130. <http://healthvermont.gov/prevent/aids/documents/2008epi-profile.pdf>