



MEMORANDUM

To: Sen. Laurie Monnes Anderson, Chair, Senate Committee on Health Care
Sen. Dennis Linthicum, Vice Chair, Senate Committee on Health Care
Members of the Senate Committee on Health Care

From: Courtni Dresser, Director of Government Relations

Date: April 3, 2019

Re: SB 1027

Front line health care workers are exposed to numerous health risks while delivering needed care to patients. One such risk is that of needlestick injury, which are wounds caused by needles that accidentally puncture the skin. These injuries increase the risk of the medical professional being exposed to HIV or other blood borne pathogens.

Senate Bill 1027 would allow a health care practitioner, who received a needlestick injury during the provision of medical care to a patient who is unconscious or otherwise unable to consent, to test for HIV for the purpose of determining treatment for the healthcare provider.

Under current law, the court can be petitioned for an expedited court order to require testing if a healthcare provider, EMS provider, firefighter or corrections officer be stuck by a needle and the patient refuses testing for HIV. However, this can take up to four business days and according to the Centers for Disease Control and Prevention, the optimal window for treatment, known as postexposure prophylaxis (PEP), is within the first half hour of exposure and no longer than 72 hours after exposure.

PEP reduces the risk of acquiring HIV after an occupational exposure; however, using PEP comes with associated risks and should only be utilized when the source patient is known to be HIV positive or has known risk factors for HIV. According to a review of evidence by the U.S. Preventive Services Task Force, risk factors can be a poor predictor of HIV infection, considering that as many as 26% of newly diagnosed patients report no risk factors.

There is no benefit to using PEP when the patient is not actually infected with HIV and most users suffer side effects. Known side effects and potential harm from PEP include: nausea, fatigue, headache, vomiting, diarrhea, and potentially severe toxicity. The full range of side effects can directly impact the healthcare worker's ability to do their job and because PEP must be taken twice daily for 28 days, a health care worker will likely be unable to work for that period of time. Additionally, many of the drugs utilized in PEP have potential serious or life-threatening drug interactions, and the effects on the fetus or neonate are not well known.

Emergency physicians and other providers are often placed in high risk situations and this bill allows providers to make informed decisions to protect their health and safety without compromising the privacy of the patient. This bill aligns best evidence-based practices for medical care with law and would only allow for testing of a patient when they are unable to give consent and a good faith effort to receive voluntary consent was attempted. It is for these reasons that the Oregon Medical Association supports SB 1027.

The Oregon Medical Association serves and supports over 8,000 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at www.theOMA.org.