



## **MEMORANDUM**

To: Rep. Andrea Salinas, Chair, House Committee on Health Care  
Rep. Cedric Hayden, Vice Chair, House Committee on Health Care  
Rep. Rob Nosse, Vice Chair, House Committee on Health Care  
Members of the House Committee on Health Care

From: Courtni Dresser, Director of Government Relations

Date: May 14, 2019

Re: SB 1027

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A risk for health care workers delivering emergency medical services is needlestick injury. Needlesticks increase the risk of the medical professional being exposed to HIV.

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 should a healthcare provider, EMS provider, firefighter or corrections officer be stuck by the needle and a patient refuse testing for HIV. However, this can take four business days. Unlike other similarly transmittable diseases, there is a short amount of time for administration of postexposure prophylaxis (PEP) for HIV. According the Centers for Disease Control and Prevention, the optimal window for treatment with PEP for HIV 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 its own risks and PEP 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 of PEP suffer side effects. Side effects of PEP 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 unable to work for that period of time will potential impact operating costs and access to care. 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. This bill aligns best evidence-based practices for medical care with law. It 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](http://www.theOMA.org).**