



Support Senate Bill 1027

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.

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.

The treatment for HIV exposure requires health care workers to take postexposure prophylaxis (PEP) 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, takes a significant amount of time to recover from, and should only be utilized when the source patient is known to be HIV positive or has known risk factors for HIV.

SB 1027 does the following:

- Allows a health care practitioner who receives a needlestick injury during emergency treatment of a patient who is unconscious or otherwise unable to consent to perform a blood draw to determine the patient's HIV status.
- Requires blood test to be anonymous, and results kept between the patient, health care practitioner, and individual who performs the test.
- Prohibits sharing with law enforcement and inclusion in the medical record of the patient or the health care practitioner

Support SB 1027 to allow a narrow fix ensuring providers can make informed decisions to protect their health and safety without compromising the privacy of the patient.

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