

SB 1027 A STAFF MEASURE SUMMARY

Carrier: Rep. Noble

House Committee On Health Care**Action Date:** 05/21/19**Action:** Do pass with amendments. (Printed A-Eng.)**Vote:** 10-0-1-0**Yeas:** 10 - Alonso Leon, Drazan, Greenlick, Hayden, Keny-Guyer, Mitchell, Noble, Nosse, Prusak, Salinas**Exc:** 1 - Boles**Fiscal:** No fiscal impact**Revenue:** No revenue impact**Prepared By:** Oliver Droppers, LPRO Analyst**Meeting Dates:** 5/14, 5/21**WHAT THE MEASURE DOES:**

Allows health care practitioners who receive a needlestick injury during the treatment of a patient who is unconscious or otherwise unable to consent, to perform a blood draw on the patient to determine if immediate post-exposure prophylactic treatment is necessary that may include the administration of medications to the health care practitioner. Specifies when blood draw is allowed. Requires anonymity and confidentiality of performed tests and results. Prohibits patient's health insurer from being charged for the cost of specified test. Takes effect on the 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Timely administration of treatment protocols upon a needlestick injury for health care professionals
- Early testing necessary to ensure immediate treatment
- Inclusion of dentists to list of covered health care practitioners
- Medical consent to perform a blood draw
- Limiting access to a patient's test results

EFFECT OF AMENDMENT:

Removes "emergency" from treatment definition. Removes reference to human immunodeficiency virus. Authorizes a health care practitioner to begin specified treatment protocol after a blood draw.

BACKGROUND:

Needlestick injuries are a common occupational hazard for health care workers that can result in exposure to infectious diseases such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). The federal Needlestick Prevention and Safety Act (2001) modified the Occupational Health and Safety Administration's Bloodborne Pathogens Standard to specifically require employers to identify, evaluate, and implement safer medical devices, especially addressing occupational exposure to bloodborne pathogens from accidental sharps injuries in health care and other occupational settings.

Senate Bill 1027-A allows health care practitioners who receive a needlestick injury in the treatment of an unconscious patient to perform a blood draw on the patient, without the patient's consent, to determine any necessary treatment for the practitioner.