

- TO: Chair Monnes Anderson Members of the Senate Committee on Healthcare
- FR: Shawn Baird President, Oregon State Ambulance Association

Sabrina Riggs Lobbyist, Oregon State Ambulance Association sabrina@daltonadvocacy.com

RE: Support SB 1027

The Oregon State Ambulance Association (OSAA) is a consortium of public, private, non-profit and volunteer-based EMS providers. Our members provide both ground and air transports and provide EMS coverage for much of the State. We would like to offer our enthusiastic support of SB 1027.

Our members are often first on the scene treating a patient who is either unconscious, or unable to respond. Sometimes, during the course of treating those patients an accident happens and a provider sustains a needlestick injury, which could expose them to a number of diseases—including human immunodeficiency virus (HIV).

If a needlestick injury happens while a provider is treating a conscious patient that *is* able and willing to consent, the provider works with the patient and the rest of the care team to gain consent and order a blood test to determine if the provider needs to take post-exposure prophylaxis (PEP) medication, which lessens the probability that they will contract the disease.

However, if a patient is unconscious or is otherwise unable to consent, the provider currently has no legal way of determining if they need to take PEP medications within a timely manner. And, providers are hesitant to take unnecessary doses of the medication because the side effects can be extreme and often last for days. SB 1027 seeks to remedy this issue by allowing a confidential blood draw test in some limited scenarios so that providers are able to protect themselves without unnecessarily subjecting themselves to days of a harsh medication and its side effects. We feel that SB 1027 is a measured, thoughtful solution to this issue and we respectfully request your support of the bill.