

**SB 1027 STAFF MEASURE SUMMARY**

**Senate Committee On Health Care**

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**Meeting Dates:** 4/3, 4/8

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**WHAT THE MEASURE DOES:**

Allows health care practitioners in emergency settings who receives a needlestick injury during the emergency treatment of a patient who is unconscious or otherwise unable to consent to perform a blood draw on the patient to determine whether the patient is positive for human immunodeficiency virus (HIV) and determine any necessary resultant treatment for the practitioner. Specifies when blood draw is allowed. Requires anonymity and confidentiality of performed tests and results. Takes effect on the 91st day following adjournment sine die.

*REVENUE: No revenue impact*

*FISCAL: No fiscal impact*

**ISSUES DISCUSSED:**

- Timelines for effective prophylactic treatments
- Side effects of prophylactic treatments

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

Needlestick injuries are a common occupational hazard for health care workers that can result in exposure to infectious diseases such as hepatitis B virus (HBV), hepatitis C virus (HCV) 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 healthcare and other occupational settings.

Senate Bill 1027 allows health care practitioners who receives a needlestick injury in specified situations to perform a blood draw on the patient to determine whether the patient is positive for human immunodeficiency virus and determine any necessary resultant treatment for the practitioner.