



Testimony in Support of Senate Bill 1027
May 14, 2019
House Committee on Health Care
Deborah Riddick

Good afternoon Chair Salinas, Co-Chairs Nosse and Hayden, and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association (ONA), representing 15,000 registered nurses throughout the state and, the Nurse Practitioners of Oregon. The ONA supports SB 1027 which would ensure evidence-based protocols are enacted following an accidental needle stick, in the event a patient is unconscious and unable to provide consent.

Our nurses, throughout the state, proudly provide a disproportionate number of healthcare services, both in and out of traditional health care settings. Unfortunately, they also experience an equally disproportionate risk of needlestick injury. The American Public Health Association confirmed this as early as 2010, in a article evaluating the impact of legislation on needlesticks, stating that nurses “represent the largest portion of injuries” and further concluded that “legislation had an independent and powerful impact” in prevention; <https://apha.confex.com/apha/138am/webprogram/Paper232674.html>. The bill before you today, offers the same potential.

SB 1027 would allow a health care provider, who receives an accidental needlestick while caring for an unconscious patient, to obtain a HIV test to determine if prophylactic treatment is necessary. In support of the bill, prominent health care agencies and professional organizations advance a common protocol on this issue. The US Public Health Guidelines recommend, when an accidental needlestick occurs, “that a patient’s HIV status be determined, if possible,” and that post-exposure prophylaxis (PEP) “be started as soon as possible,” if exposed. Just last week, 5/10/19, the US Department of Health and Human Services Guidelines stated that PEP must be started within 72 hours, only in the case of an emergency, and cited needlestick exposure as such an emergency. Similarly, The Journal of the American Medical Association supports emergency testing, in the case of accidental needlesticks, stating that “If consent cannot be obtained (e.g., patient is unconscious), procedures should be followed for testing source persons according to applicable state and local laws” and that “confidentiality of the source person should be maintained at all times”; <https://jamanetwork.com/journals/jamadermatology/fullarticle/189438>. SB 1027 is narrowly tailored to address this very specific set of circumstances and is clearly aligned with evidence-based, best practice.

The ONA supports SB 1027 because it would only apply to patients who are 1) “not expected to regain consciousness or the ability to consent in the amount of time necessary” and 2) who don’t have a proxy “immediately available who is able to consent on behalf of the patient.” The bill also provides important privacy protections by requiring patient anonymity; by explicitly restricting access to the test result; and by eliminating a billable charge associated with the procedure. As health care providers and patient advocates, we believe this bill balances our members’ need to access critical information with our patients’ rights to informed consent and privacy.

Your “YES” vote will ensure that, in an emergency, Oregon nurses are able to receive the same evidence-based care they so often provide. Like the care our nurses provide, it could be a matter of life or death.