

Submitter: Savannah Powell

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2574

I am a Forensic Nurse and Sexual Assault Nurse Examiner, or SANE, in the Portland metro area. In my work, I respond to and care for patients on possibly the worst day of their lives. One of the first things I tell a patient is “I am here to make sure you are safe and healthy and that you continue to be safe and healthy.” Although collecting sexual assault forensic evidence, or SAFE kits, is in my scope of practice, my first goal is to care for my patients medically. One way I do this is to provide a patient with medications to prevent pregnancy, sexually transmitted infections, and HIV resulting from sexual assault. Often when discussing HIV risk with patients, they are understandably concerned. However, when explain how well HIV PEP works, they are immediately visibly relieved.

So, let's pause and take a second to picture this scenario: you or your loved one has just experienced the absolute horror of a sexual assault. You are at the hospital for six to twelve hours enduring an invasive and extensive exam. One of your biggest concerns is contracting sexually transmitted infections or HIV from this assault and you are grateful that there are prevention medications. You are discharged from the hospital, and you just want to go home, shower, and rest. But you need to fill your prescription that night. You go to the pharmacy and are told that they don't carry this medication, or you realize that you are unable to pay for the prescription.

Many of my patients report feeling “foggy” or “confused” after experiencing sexual assault. This phenomenon is due to the hormonal and biologic changes that your brain and body endure after trauma. Because of this, these patients can be more forgetful and fatigued, and they should not have to jump through hoops in order to obtain medications that prevent HIV.

That is why I am here today in support of House Bill 2574 to ensure access to emergency HIV prevention medication in our communities. I am grateful to work for an organization that provides the full 28-day course of HIV PEP to patients who have experienced sexual assault, but as the previous SANE Coordinator for the Oregon Attorney General's Sexual Assault Task Force, I know that this is far from the norm across our state, especially in the many rural communities. Some hospitals provide maybe the first dose, or if we are lucky, the first few days of HIV PEP. Some hospitals only send the patient with a prescription, and they must find a pharmacy that stocks these medications, which can be costly even with insurance coverage. As a SANE and passionate public health nurse, I firmly believe that there should be a standardized process and a baseline requirement that hospitals provide at least five days of HIV PEP to patients who have experienced high risk sexual violence and individuals who seek care after a possible HIV exposure. Furthermore, our state should prevent unnecessary barriers to obtaining this vital medication. We have the tools to slow the transmission of HIV in our communities. So on behalf of forensic and

sexual assault nurses and our patients, I urge you to vote in support of House Bill 2574.

Thank you.