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HOUSE OF REPRESENTATIVES

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Testimony of Rep. Anne Perry introducing

LD 2075, An Act to Protect Health Care Workers from HIV

Before the Joint Standing Committee on Health Coverage, Insurance & Financial Services

Senator Bailey and members of the Heath Coverage, Insurance and Financial Services Committee, my name is Anne Perry and I am here to present LD 2075.

I submitted this bill on behalf of the Maine Hospital Association. I believe they are here and will testify.

Background

The issue raised by the bill is the possible exposure of health care workers to HIV in the workplace.

Generally speaking, healthcare providers may receive permission from a patient at the outset of care for all blood testing with a single consent EXCEPT for any necessary HIV testing.

Maine has a law that requires separate voluntary consent for HIV testing (Title 5 MRSA Section 19203-A).

There is a limited exception for exposures in a healthcare setting. Subsection 4-A outlines the process to obtain consent for healthcare occupational exposures.

I believe this law is 24-years old and has not been amended.

Essentially, the law requires the healthcare provider to obtain consent from the patient, or if the patient is unable to consent, from a descending list of proxies (legal guardian; power of attorney; relative etc.)

If none of the proxies are available, the provider would need to obtain a court order.

I believe this is too cumbersome and we need a more expedited process.

You may wonder why?

District 9: Grand Lake Stream Plantation, Passamaquoddy Indian Township, Baileyville, Baring Plantation, Calais, Meddybemps, Robbinston, Perry, Passamaquoddy Pleasant Point and Eastport

Reason for the Bill

For the past several years, there has been a treatment that can block the development of HIV if administered quickly, preferably within the first two hours of exposure.

That treatment is called PEP or post-exposure prophylaxis. PEP is a drug regimen, administered either thought pills or shots (There is a sister regiment for pre-exposure called PrEP.)

The drug regimen is fairly powerful/toxic. My understanding is that many people who take PEP can experience severe flu-like symptoms (headache, nausea etc.). You really don't want to take it if you don't have to.

What the Bill Does

The bill does two things. First, it slightly amends the existing process to obtain consent. Second, it creates a new subsection for testing when consent is not obtained.

This section allows for testing ONLY if the patient is unable to consent. If the patient affirmatively refuses to consent, testing may only occur with a court order (which is the status quo).

There are three basic situations when a patient is unable to consent:

- The patient lacks capacity (generally mental illness);
- The patient is not expected to recover in the timeframe within with PEP must be started; or,
- None of the proxies from the existing law are present.

This bill is modeled on New York law. MHA can speak to the status of laws in other states.

Because the patient has to be incapacitated, this law will only be used rarely. This does not happen every day.

Possible Objections

I am unaware of anyone who is going to oppose the bill. The Frannie Peabody Center did reach out to me, which I greatly appreciate, and they requested a slight title change. I support their request. Their proposed title is: An Act to Prevent HIV transmission in Healthcare Settings

The issue of HIV is not like most other medical conditions. There are still legitimate concerns about stigma and discrimination.

I believe this bill is narrowly tailored and serves a legitimate purpose. I do not believe this legislation does any harm to those with HIV.

Conclusion

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Thank you for hearing my testimony and for your consideration of this bill. As I mentioned earlier, MHA is here and is planning to testify. I'm happy to take your questions.