



Post Office Box 587
Augusta, ME 04332-0587
t: 207.622.7524
f: 207.622.0836

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**Written Testimony of Evelyn Kieltyka, Family Nurse Practitioner and Senior Vice President of Program Services at Maine Family Planning.
In Opposition to LD 2075 An Act to Protect Healthcare Workers from HIV
Committee on Health Coverage Insurance and Financial Services**

Senator Bailey, Representative Perry, and Members of the HCIFS Committee,

My name is Evelyn Kieltyka. I am a Family Nurse Practitioner and Senior Vice President of Program Services at Maine Family Planning. I live in East Winthrop. I am testifying in opposition to LD 2075, AA to Protect Healthcare Worker from HIV.

Maine Family Planning provides comprehensive sexual and reproductive health care at 18 clinical sites located in Central, Western, Midcoast, Northern and Downeast Maine. We acknowledge the importance of ensuring a safe environment for our healthcare workers and providing timely access to information when potentially exposed to a communicable infection.

Obtaining an HIV test without consent must be considered as an extreme measure. We are troubled by the lack of clarity in the bill regarding the circumstances of which a test may be administered without a patient's consent.

4-B A. Capacity determination is notoriously difficult/challenging to determine. In the hospital setting it often takes 2- 3 consultants to determine. We have concerns that if someone just says no to testing, they will be labeled "incompetent" to make that decision just to get testing done, and that doesn't seem fair and honestly proving them competent or not will take days.

4-B B. The language is extremely vague. First, who determines that the patient is not expected to recover in time for the exposed person to begin treatment? One has up to 72 hours to begin effective treatment to prevent HIV. Second, what does not expect to recover mean? Recover from anesthesia, a coma, or some other condition?

4-B C. Again, the language is vague. What does "not immediately available" mean in this context? Does it mean the person who has legal authority to consent is not in the waiting area, out of the country? And who has the authority to make this determination?

Lastly, although I don't have any data on the frequency this occurs. Given all the safety precautions that exist for infection exposure at the hospital, this must be a relatively infrequent event. Which leads us to ask is it enough to prompt a law change to remove consent?

Furthermore, whenever a provider or health care system is considering overriding a patient's consent to testing the circumstances should be unambiguous especially when considering HIV, which has a long history of being stigmatized in this country.

We urge you to vote no on LD 2075. Protecting healthcare workers regarding occupational exposure to HIV, we should focus on access to PEP. Taking away an individual's right to consent should not play a role in the legislation.