

January 11, 2024

Written Testimony of Katie Rutherford, Executive Director of Frannie Peabody Center  
**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 Katie Rutherford and I am testifying on behalf of Frannie Peabody Center, Maine's largest HIV/AIDS services organization, in opposition to LD 2075 as I do not believe it effectively accomplishes its goal of protecting healthcare workers.

Frannie Peabody Center is the state's largest community-based HIV/AIDS organization providing both direct services to those living with HIV/AIDS as well as free HIV testing and prevention navigation. We work closely with infectious disease providers in delivering services, and have conferred with our partners in carefully considering this bill. We have identified several areas of concern in this legislation.

Acknowledging that stigma plays a critical role in treating and preventing HIV, we would first recommend the title be changed to "An Act to Prevent HIV Transmission in Healthcare Settings" before moving forward.

We have a great deal of respect for our healthcare workforce and appreciate the focus of this legislation to act swiftly in preventing HIV transmission. Due to medical advancements in HIV treatment and prevention, we have post-exposure prophylaxis, or 'PEP', a medication that prevents HIV transmission and should be initiated without delay, up to 72 hours following possible exposure. Whether in occupational settings or in community, this medication is the surest way to prevent HIV infection following exposure risk as HIV tests may not accurately detect acute infections and status of source patient may be unattainable. In the case of workplace exposure, it is imperative that employers' workers' compensation programs provide appropriate coverage. PEP has been an important tool in the fight to end HIV and as a state, we have made great progress in increasing access to this critical advancement.

The issue of consent is brought into focus in this legislation, and should be considered carefully. Informed consent is a pillar of clinical care. Our agency performs over 500 tests annually and works diligently as part of obtaining consent in every interaction to counsel each individual on HIV risk, transmission, prevention and ensure awareness of HIV as a reportable disease. This is required as part of Maine CDC-certified HIV testing.

There *are* issues with consent laws that can result in harm to those living with HIV. For example, when an individual is living with HIV/AIDS but unaware and incapacitated, consent laws may prevent medical providers from performing an HIV test and subsequently providing life-saving treatment. This is a consent issue we look forward to examining further through future legislation.

In the situation presented by this legislation, however, the "life saving care" for the healthcare worker exposed is post-exposure prophylaxis, regardless of the status of source patient. Delaying initiation, and withdrawing consent from the process is not a good protocol for anyone involved in possible exposure.

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