

Beacon Hill Byline – By Mary Rogeness

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Protect the Public

The issue of accidental exposure to HIV, the AIDS virus, was first mentioned to me by a nurse who had been pricked by a used needle while on duty at a hospital. She did not know if her patient was infected with AIDS, and she could not verify the patient's HIV status. I checked the law, expecting to inform her that her position as a health care worker allowed her to know that information, only to discover that she had no such rights. In Massachusetts, only a first responder can request an involuntary HIV test.

This issue has recently been publicized as several area police officers have faced that exposure in the course of their duty. Laws to broaden access to the HIV status of another person have been introduced over the past several sessions of the Legislature, but they have not passed. Concern for the privacy of individuals and questions about the usefulness of such information have prevailed.

The 1992 session will once again address this issue with a number of bills to provide for additional cases of involuntary testing of individuals for HIV. Here are the summaries of some of those bills:

- An amendment to the first responder bill strengthens the power of health care facilities to test patients if a responder has had unprotected exposure and “reasonably believes said virus could have been transmitted.” This bill provides both pre-test and post-test counseling, an important aspect in dealing with the stress of possible exposure.
- Several bills provide for non-consensual disclosure to health care providers engaged in invasive procedures involving exposure to blood. A bill provides for testing of a person charged with certain sexual offenses, again mandating counseling for both the victim and the accused, and another provides for periodic testing and counseling of inmates of adult correctional institutions.
- One bill makes it a felony too for a person with AIDS or the HIV virus to intentionally expose another person to that virus. This bill addresses the growing risk to public safety officers who, with existing statutes may not even have access to the HIV status of such a person.

I participated in a recent public hearing where many public safety officials voiced their approval of such legislation. There will be more hearings in the coming months, and the bills will be amended and adjusted in response to testimony from interested parties.

A well-known national AIDS expert told me that she is more comfortable with mandatory testing in a jurisdiction where education is extensive and the strictest confidentiality is maintained. In Massachusetts, individual privacy has been a dominant factor, possibly subjecting victims of intentional or accidental exposure to months and years of uncertainty as to their risk of infection. It is my hope that such a strong record of sensitivity to privacy rights will facilitate the passage this year of additional laws that protect the public.