



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## TESTIMONY IN REGARD TO EXPOSURE TO BLOODBORNE PATHOGENS BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH June 25, 2025

The Massachusetts Medical Society is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better healthcare system, and on behalf of physicians, to help them provide the best care possible.

Despite precautions taken, health care workers are at increased risk for needlestick injuries and other sharps-related incidents, resulting in exposure to bloodborne pathogens. The Massachusetts Sharps Injury Surveillance System annually tracks instances of reported sharps injuries among health care workers in hospitals licensed by the Massachusetts Department of Public Health (DPH). DPH reported 2,743 sharps injuries (SI) in 2022, the most recent data available.<sup>1</sup> These injuries can expose health care workers to harmful bloodborne pathogens such as HIV, hepatitis B, and hepatitis C.

These types of occupational exposures could result in serious health effects and are a cause of significant stress for the impacted provider or first responder. This is particularly true of potential exposure to HIV, as providers and first responders do not know the status of the source patient, unless the patient provides explicit consent to be tested. Post-exposure acquisition of HIV is rare; the average risk is 0.3 percent.<sup>2</sup> However, the factors that influence this risk are not well understood. A case-control study by Cardo et al. highlighted that while the risk of HIV seroconversion after percutaneous exposure is low, it is crucial to understand the variables that may affect this risk.<sup>3</sup> Additionally, health care workers experiencing percutaneous exposure to blood may suffer psychological and physical distress due to the uncertainty of the patient's HIV status.<sup>4</sup> This distress can be significant, impacting their mental health and well-being. Counseling about level of risk and management of care should be provided to exposed health care workers as soon as possible. Post-exposure prophylaxis (PEP), a preventative medication taken soon after an exposure to a patient's blood has substantially reduced the risk

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<sup>1</sup> Data Brief: Sharps Injuries among Hospital Workers in Massachusetts: Findings from the Massachusetts Sharps Injury Surveillance System, 2021 & 2022 (July 2025) available here <https://www.mass.gov/doc/sharps-injuries-among-hospital-workers-in-massachusetts-2021-2022/download> .

<sup>2</sup> Cardo DM, Culver DH, Ciesielski CA, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. Centers for Disease Control and Prevention Needlestick Surveillance Group. *N Engl J Med.* 1997;337(21):1485-1490. doi:10.1056/NEJM199711203372101

<sup>3</sup> Cardo DM, Culver DH, Ciesielski CA, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. Centers for Disease Control and Prevention Needlestick Surveillance Group. *N Engl J Med.* 1997;337(21):1485-1490. doi:10.1056/NEJM199711203372101

<sup>4</sup> *Ibid.*



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of acquiring HIV, however, using PEP is not without risks and can cause serious side effects in some people.

These unfortunate incidents bring to light the tension and conflict between too strong ethical considerations. Respect for a patient's autonomy and the potential for stigma resulting from disclosure of an HIV diagnosis and the duty to prevent serious harm to another, in this case the exposed provider or first responder. Current Massachusetts law has prioritized patient autonomy and shielding from potential stigma. There are three bills before the Committee that seek to balance this prioritization from patient autonomy to preventing harm for exposed providers and first responders. H.2515, *an act relative to the exposure of public safety officials to HIV*, would create an option for health care providers and first responders to seek a court order compelling a source patient to be tested for HIV. While H.2406/S.1495, *an act relative to health care worker and first responder safety*, creates an exception to the patient consent requirement in cases where providers or first responders have been exposed to the source patient's blood.

Patient autonomy is a cornerstone of medical ethics and the Medical Society is acutely attuned to the sensitivity and effect disclosure of HIV status may have on an individual's life and livelihood. Medical Society seeks a balanced approach that aims to protect the safety and health and well-being of health care workers while respecting patient rights and maintaining ethical standards.

Medical Society policy states that in the event of an occupational exposure, if the source patient or their designee is unable to give consent and established mechanisms for obtaining consent have been exhausted, **testing of available or easily accessible blood samples** should be permitted. In the event that the source patient or their designee is unwilling to give consent, **testing of available or easily accessible blood samples** anonymously should be permitted. This policy ensures that a patient cannot be compelled to provide a blood sample against their will. However, if blood samples are available, because they were part of treatment, the exposed providers can learn about the risk profile of their exposure.

While not perfect, we believe this policy represents an appropriate balance of patient autonomy and harm prevention. We encourage the Committee as you consider these three bills to adopt this more balanced and measured approach. Thank you very much for your consideration of these important issues.