

Status and Description of Legislation Vermont CARES is Specifically Watching/Addressing February 2020

S.234 (Sears) – Updating statute relating to miscellaneous judiciary procedures

Status: Senate Judiciary

Position: This bill would allow victims of an offense involving a sexual act to obtain an order to require a potential offender be tested for HIV within 48 hours. The court may allow this test if “the offender was charged” and “*the evidence of guilt is great.*” The latter clause is problematic, because it does not seem in line with other legal principles of assumption of innocence, and we maintain a rapid test of a *potential* offender may not reveal whether or not they have HIV. In this instance, as is protocol for many Emergency Departments, we encourage starting a course of Post-Exposure Prophylaxis (PEP) may be the most effective course of action for most to reduce HIV risk. We want all parties involved to have access to the most accurate health and diagnostic information, with privacy protections and due process in place. Vermont CARES opposes while we are learning more about legal, health, and privacy implications.

S.247 (Pearson) – Recommending modifications to Vermont Medicaid’s 340b policies

Status: Senate Health and Welfare

Position: Vermont CARES is investigating, because we may be able to bring important perspectives and voices to the recommendations for revising policy. Questions we would ask include what decisions are being made about pharmaceutical rebate policy and what are the parties in discussion?

H.571 (Pugh) – Patient testing for bloodborne pathogens: updating Communicable Disease Testing Statute

Status: House Human Services

Position: This appears to be an update of current statute allowing tests to be ordered from source patients *with* consent: now to include members of the general public (i.e. not first responder) who might be exposed to bloodborne pathogens during the course of assisting in an emergency. We particularly need to investigate the confidentiality protections under section (1)(5)(e.), which appears to still just pertain to health workers, but not to these newly included community members. How do we ensure they do not disclose HIV status without consent?

History: this appears to be an update, rather than a new concept, though it now includes the prospect of sharing test results to individuals not responsible for protecting confidentiality

H.568 (Grad) – Immunity for reporting crimes related to sex work, and Sex Work Study Committee

Status: House Judiciary

Position: This bill provides some limited immunity for reporting a crime to law enforcement connected to sex work or trafficking, and creates a Sex Work Study Committee, which our allies are encouraging to be informed by sex workers. Vermont CARES supports this because sex workers may be at higher risk of crime by virtue of not being able to report what they experience without risk of legal liability.

H.569 (Colburn) – Decriminalizing sex work

Status: House Judiciary

Position: Vermont CARES strongly supports because making this labor illegal keeps those individuals from accessing certain legal protections and increases risk of harm including sexual and other violence, as well as HIV risk. This bill keeps human trafficking and the sale of coercive sex illegal, which we support as well. We have been working with other partners since last summer to build support and data around this, and remain looking for current or former sex workers among those we work with who can share their perspectives on whether this work should remain illegal.

H.____ (TBD) – Big budget

Status: will start in House and Senate appropriations

Position: Vermont CARES will investigate, testify, and likely strongly support: January draft language appears affirmatively supportive of HIV prevention and care. Will attend Appropriations Public Hearings on February 10.