

HOUSE BILL ANALYSIS

HB 1672

Title: An act relating to screening, counseling, and treatment of hepatitis C in correctional facilities.

Brief Description: Requiring the department of corrections to screen, test, and treat hepatitis C.

Sponsors: Representatives O'Brien, Ballasiotes and Radcliff.

HOUSE COMMITTEE ON CRIMINAL JUSTICE AND CORRECTIONS

Staff: Yvonne Walker (786-7841).

Background:

Certain offenders are required to submit to mandatory HIV testing as soon as possible after sentencing. Those subject to mandatory testing include offenders convicted of sex offenses, prostitution, and drug offenses involving use of hypodermic needles. Many other offenders volunteer for HIV testing as the result of education and prevention programs conducted in jails and prisons.

Current law also allows Department of Corrections (DOC) officials and local jail administrators, with the approval of the local public health officer, to order HIV testing when an inmate's actual or threatened behavior presents a possible risk to staff, the public, or other persons. In addition, a test may be ordered when a member of the staff has experienced a substantial exposure to bodily fluids.

Results of voluntary testing may not be made available to individual staff members unless the staff person has been substantially exposed to the offender's bodily fluids, in which case the staff person may request that the offender be tested. The superintendent or administrator may provide the staff member with information about how to obtain the offender's test results. If a public health official refuses to order the offender to be tested, the exposed person may petition the court directly.

Hepatitis. The Department of Corrections is not required to provide Hepatitis C testing on all incoming inmates entering the correctional system, however, they do subject inmates to a urinalysis test, tuberculosis test, and a general blood cell test.

Hepatitis is a disease causing inflammation of the liver. This disease is more infectious than AIDS and is transmitted through infected blood and other body fluids (seminal fluid, vaginal secretions, breast milk, tears, saliva and open sores).

People who are exposed to blood or body fluids of an infected person are at risk. You may also be at risk if you:

- are exposed to blood on the job - first aid or emergency worker, funeral director, police personnel, dentist or dental assistant, medical personnel, etc.;
- live in the same household with an infected person;
- have sex with a carrier or chronically infected person;
- use intravenous drugs;
- have more than one sex partner;
- received a blood transfusion prior to 1975 (when a test to screen blood was developed) or have hemophilia;
- work or are a patient in a health or long term care facility;
- work or are incarcerated in a prison; or
- travel to countries with a high incidence of hepatitis B.

Ethnic or racial groups with a high rate of infection are: Blacks, Asians, Pacific Islanders, Hispanics, American Indians and Alaskan Natives.

There are several different hepatitis viruses: A, B, C, D, and E. They all attack the liver and can cause liver cell injury.

Summary:

Hepatitis. The Department of Corrections is required to provide Hepatitis C testing on all inmates entering the correctional system. The department will also provide notice of available Hepatitis C testing throughout the prisons, and upon request, the tests must be given to any current inmates and prison personnel. In cases where the initial test is positive, one or more confirmatory tests must be given to ensure correct results. Notification will be given to any inmate confirming positive with Hepatitis C, as well as information as to the availability of treatment based on the department's protocols.

The department must also develop treatment criteria for eligibility of inmates needing Hepatitis C treatment and protocols for the treatment based on guidelines developed by prison health care organizations and the community standard of care, including provisions of the Federal Food and Drug Administration approved combination therapy.

Ongoing follow-up testing will be developed to determine the impact of treatment on the Hepatitis C infection in inmates and to determine, after no less than three months of treatment, whether to continue a full course of treatment or suspend treatment. In addition, professional training programs will be provided for corrections officers and

other prison personnel on currently understood risk factors, means of transmission, detection, and treatment of Hepatitis C.

The department will report detected Hepatitis C cases to the Department of Health and periodically report on the status of Hepatitis C infection for inmates likely to be released within two years to the community.

An annual statistical report on the prevalence of Hepatitis C infection by correctional facility and trends in incidence and prevalence of Hepatitis C infection in the correctional system must be provided to the Legislature.

In addition, the Department of Corrections must submit to the Legislature, by December 15, 1999, a report on how the department manages Hepatitis C in the inmate population. Included in the report will be how inmates are educated about the disease, how and when they are offered testing, how the disease is managed if an inmate is determined to have Hepatitis C, and an estimate of the number of inmates in the Washington prison system with Hepatitis C. The report must also include recommendations to the Legislature on ways to improve Hepatitis C disease management and what level of funding would be necessary to appropriately test for and treat the disease.

Fiscal Note: Requested on February 10, 1999.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Office of Program Research