

1 **SSB 5039 - H COMM AMD NOT ADOPTED 4/11/03**
2 By Committee on Health Care

3 Strike everything after the enacting clause and insert the
4 following:

5 "NEW SECTION. **Sec. 1.** A new section is added to chapter 70.54
6 RCW to read as follows:

7 (1) The secretary of health shall design a state plan for the
8 prevention, education, and treatment of hepatitis C by January 1,
9 2004. In developing the plan, the secretary shall seek the input
10 of:

11 (a) The public;

12 (b) Patient groups and organizations;

13 (c) Relevant state agencies that have functions that involve
14 hepatitis C or provide services to persons with hepatitis C;

15 (d) Local health departments;

16 (e) Public health and clinical laboratories;

17 (f) Providers of services to persons with hepatitis C;

18 (g) Research scientists;

19 (h) The University of Washington;

20 (i) Representatives from the pharmaceutical industry; and

21 (j) The Washington state medical association.

22 (2) The plan shall include implementation recommendations in
23 the following areas:

24 (a) Hepatitis C virus prevention and treatment strategies for
25 groups at risk for hepatitis C with an emphasis towards those
26 groups that are disproportionately affected by hepatitis C,
27 including persons infected with HIV, veterans, racial or ethnic
28 minorities that suffer a higher incidence of hepatitis C, and
29 persons who engage in high-risk behavior, such as intravenous drug
30 use;

31 (b) Educational programs to promote public awareness about
32 bloodborne infections and knowledge about risk factors, the value

1 of early detection, screening, services, and available treatment
2 options for hepatitis C;

3 (c) Education curricula for appropriate health and health-
4 related providers covered by the uniform disciplinary act, chapter
5 18.130 RCW;

6 (d) Training courses for persons providing hepatitis C
7 counseling, public health clinic staff, and any other appropriate
8 provider, which shall focus on disease prevention, early detection,
9 and intervention;

10 (e) Capacity for voluntary hepatitis C testing programs to be
11 performed at facilities providing voluntary HIV testing under
12 chapter 70.24 RCW;

13 (f) A comprehensive model for the prevention and management of
14 hepatitis C; and

15 (g) Sources and availability of funding to implement the plan.

16 (3) The secretary of health shall submit the completed state
17 plan to the legislature by January 1, 2004. After the initial
18 state plan is submitted, the department shall update the state plan
19 biennially and shall submit a progress report on the implementation
20 of the plan to the governor and make it available to other
21 interested parties. The update and progress reports are due
22 December 1, 2004, and every two years thereafter.

23 (4) The state plan developed pursuant to this section shall be
24 developed using only available federal and private sources,
25 including grants.

26 (5) This section expires June 30, 2007.

27 **Sec. 2.** RCW 49.60.172 and 1988 c 206 s 903 are each amended to
28 read as follows:

29 (1) No person may require an individual to take an HIV test, as
30 defined in chapter 70.24 RCW, or hepatitis C test, as a condition
31 of hiring, promotion, or continued employment unless the absence of
32 HIV or hepatitis C infection is a bona fide occupational
33 qualification for the job in question.

34 (2) No person may discharge or fail or refuse to hire any
35 individual, or segregate or classify any individual in any way
36 which would deprive or tend to deprive that individual of
37 employment opportunities or adversely affect his or her status as
38 an employee, or otherwise discriminate against any individual with

1 respect to compensation, terms, conditions, or privileges of
2 employment on the basis of the results of an HIV test or hepatitis
3 C test unless the absence of HIV or hepatitis C infection is a bona
4 fide occupational qualification of the job in question.

5 (3) The absence of HIV or hepatitis C infection as a bona fide
6 occupational qualification exists when performance of a particular
7 job can be shown to present a significant risk, as defined by the
8 board of health by rule, of transmitting HIV or hepatitis C
9 infection to other persons, and there exists no means of
10 eliminating the risk by restructuring the job.

11 (4) For the purpose of this chapter, any person who is actually
12 infected with HIV or hepatitis C, but is not disabled as a result
13 of the infection, shall not be eligible for any benefits under the
14 affirmative action provisions of chapter 49.74 RCW solely on the
15 basis of such infection.

16 (5) Employers are immune from civil action for damages arising
17 out of transmission of HIV or hepatitis C to employees or to
18 members of the public unless such transmission occurs as a result
19 of the employer's gross negligence.

20 **Sec. 3.** RCW 49.60.174 and 1997 c 271 s 6 are each amended to
21 read as follows:

22 (1) For the purposes of determining whether an unfair practice
23 under this chapter has occurred, claims of discrimination based on
24 actual or perceived HIV or hepatitis C infection shall be evaluated
25 in the same manner as other claims of discrimination based on
26 sensory, mental, or physical disability; or the use of a trained
27 dog guide or service animal by a disabled person.

28 (2) Subsection (1) of this section shall not apply to
29 transactions with insurance entities, health service contractors,
30 or health maintenance organizations subject to RCW 49.60.030(1)(e)
31 or 49.60.178 to prohibit fair discrimination on the basis of actual
32 HIV or actual hepatitis C infection status when bona fide
33 statistical differences in risk or exposure have been
34 substantiated.

35 (3) For the purposes of this chapter((7)):

36 (a) "HIV" means the human immunodeficiency virus, and includes
37 all HIV and HIV-related viruses which damage the cellular branch of

1 the human immune system and leave the infected person
2 immunodeficient; and

3 (b) "Hepatitis C" means the hepatitis C virus of any genotype.

4 NEW SECTION. Sec. 4. A new section is added to chapter 50.20
5 RCW to read as follows:

6 (1) Credentialed health care professionals listed in RCW
7 18.130.040 shall be deemed to be dislocated workers for the purpose
8 of commissioner approval of training under RCW 50.20.043 if they
9 are unemployed as a result of contracting hepatitis C in the course
10 of employment and are unable to continue to work in their
11 profession because of a significant risk that such work would pose
12 to other persons and that risk cannot be eliminated.

13 (2) For purposes of subsection (1) of this section, a health
14 care professional who was employed on a full-time basis in their
15 profession shall be presumed to have contracted hepatitis C in the
16 course of employment. This presumption may be rebutted by a
17 preponderance of the evidence that demonstrates that the health
18 care professional contracted hepatitis C as a result of activities
19 or circumstances not related to employment.

20 NEW SECTION. Sec. 5. Section 1 of this act does not create a
21 private right of action."

22 Correct the title.

EFFECT: Eliminates the required participation of advisory
bodies and adds pharmaceutical companies and the Washington
State Medical Association. Includes in the plan: education
efforts regarding blood borne diseases in addition to hepatitis
C; and sources and availability of funding. Moves the study's
due date from July 2004 to January 2004. Removes provisions
regarding implementation of the plan. Allows certain health
care professionals who contract hepatitis C at work to be
deemed as dislocated workers for purposes of Employment
Security Department commissioner approved training.