

HOUSE BILL REPORT

HB 1638

As Reported by House Committee On:

Health Care
Appropriations

Title: An act relating to hepatitis C.

Brief Description: Concerning hepatitis C.

Sponsors: Representatives Schual-Berke, Darneille, Conway, Hankins, McIntire, Pflug, Kenney, Kessler, Moeller, Edwards, Simpson, Morrell, Skinner, Upthegrove, Rockefeller and Wood.

Brief History:

Committee Activity:

Health Care: 2/12/03, 2/27/03 [DPS];
Appropriations: 3/5/03, 3/8/03 [DP2S(w/o sub HC)].

Brief Summary of Second Substitute Bill

- Requires the Department of Health to design a state plan for the prevention and treatment of hepatitis C.
- Prohibits discrimination in employment against people with hepatitis C.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Morrell, Vice Chair; Pflug, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Benson, Campbell, Clibborn, Darneille, Edwards, Moeller, Schual-Berke and Skinner.

Staff: Chris Blake (786-7392).

Background:

All six types of hepatitis viruses cause the liver to become damaged and inflamed. Hepatitis C generally leads to cirrhosis, liver cancer, or liver failure. Hepatitis C is the leading reason for liver transplants in the United States. In 80 percent of infected persons, the virus does not cause any symptoms or signs when first transmitted and,

because of this, many individuals are not aware that they are infected. It can sometimes take up to 30 years to develop symptoms. An infected person who is asymptomatic can still suffer liver damage and can pass the virus to others.

The hepatitis C virus is transmitted primarily through exposure to infected blood. Generally, exposure comes from injection drug use, blood transfusions prior to 1992, needles from tattooing or body piercing, or contact with blood in the workplace. While there are vaccines for hepatitis A and B, there are none available for hepatitis C.

Approximately four million people in the United States are infected with hepatitis C. About 100,000 of these cases are in Washington. Nationwide, hepatitis C is responsible for 8,000 to 10,000 deaths annually.

Summary of Substitute Bill:

The Department of Health (Department) must design a state plan for the prevention and management of hepatitis C by January 1, 2004. The Department must consider the recommendations of others including the University of Washington, the public, patient groups, other state agencies, local health departments, pharmaceutical companies, and providers of services to people with hepatitis C.

The plan must include educational programs for the public and health care providers; training courses for hepatitis C counselors and public health clinic staff; an assessment of capacity for voluntary hepatitis C testing; prevention and treatment strategies for groups at risk for hepatitis C; guidelines for health care professionals to prevent further transmission of hepatitis C; and a model for the prevention and management of hepatitis C.

The plan is to be implemented with funds specifically appropriated for plan implementation. The Department may also implement the plan as federal and private funds are available.

The plan must be updated every two years and progress reports are to be made every two years.

The hepatitis C virus is added to provisions regarding employment discrimination on the basis of infection with the human immunodeficiency virus (HIV). Except where it is a bona fide occupational qualification, an employer may not require a hepatitis C test prior to employment or take adverse action against an individual because of his or her hepatitis C status.

Substitute Bill Compared to Original Bill:

Implementation of the plan is subject to the availability of funds specifically appropriated for that purpose. Implementation may proceed with available funds from federal, local, or private sources.

The Board of Health's rulemaking authority regarding hepatitis C is eliminated. The date for completing the plan is moved up to January 1, 2004.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: Education can slow the effects of hepatitis C and its transmission in society. Having a statewide plan in place will put Washington in a better position to receive federal funds to address the disease.

Testimony Against: There are other diseases that should be given higher priority than hepatitis C.

Testified: (In support) Representative Schual-Berke, prime sponsor; Stephen Graham and Michael Ninburg, Hepatitis Education Project; Jennifer Peterson, Monica Sarff, Kitty Candelaria, and Charles Youngquist, National Hepatitis C Institute; and Susie Tracy, Washington State Medical Association and Schering Plough.

(Neutral) Marc Stern, Department of Corrections.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care. Signed by 27 members: Representatives Sommers, Chair; Fromhold, Vice Chair; Sehlin, Ranking Minority Member; Pearson, Assistant Ranking Minority Member; Alexander, Boldt, Buck, Clements, Cody, Conway, Cox, DeBolt, Dunshee, Grant, Hunter, Kagi, Kenney, Kessler, Linville, McDonald, McIntire, Miloscia, Pflug, Ruderman, Schual-Berke, Sump and Talcott.

Staff: Amy Hanson (786-7118).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care:

The implementation section of the bill is removed which, subject to appropriation and available funding, would implement the state plan developed for the prevention, education, and treatment of hepatitis C.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: Hepatitis C is a disease that is increasingly running rampant in our society and there is a lack of knowledge about it by the public and the health care community. The plan included in this bill will go a long ways towards educating providers and treating affected individuals. With respect to the public-private issues, pharmaceutical manufacturers participate in many states by providing education materials and developing private-public partnerships with state agencies and state government. Funding cannot be guaranteed, but Schering-Plough would like to work with the state on this issue.

Testimony Against: None.

Testified: Susie Tracy, Washington State Medical Association.