

# HOUSE BILL REPORT

## SSB 5039

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### As Reported by House Committee On:

Health Care

**Title:** An act relating to hepatitis C.

**Brief Description:** Concerning hepatitis C.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Kastama, Thibaudeau and Kohl-Welles).

### Brief History:

#### Committee Activity:

Health Care: 3/20/03, 4/3/03 [DPA].

#### Brief Summary of Substitute Bill (As Amended by House Committee)

- 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.
- Qualifies certain health care professionals who contract hepatitis C in the course of employment for commissioner approval of training benefits.

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass as amended. Signed by 13 members: Representatives Cody, Chair; Morrell, Vice Chair; Pflug, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Alexander, 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. In some cases it can 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.

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### **Summary of Amended 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 must be updated every two years and progress reports on plan implementation are to be made every two years beginning in December 2004. Provisions regarding the plan expire June 30, 2007.

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.

Health care professionals who contract hepatitis C in the course of their employment and are not able to continue working in their profession are deemed to be dislocated workers for the purpose of receiving commissioner approval of training benefits. Full-time health care professionals who contract hepatitis C are presumed to have contracted it on

the job. The presumption may be rebutted by other evidence.

**Amended Bill Compared to Substitute Bill:**

The participation of advisory bodies is no longer required in the plan development. Pharmaceutical companies and the Washington State Medical Association are required to participate in the plan development. The plan must address education efforts regarding blood borne diseases, in addition to hepatitis C. The plan must address sources and availability of funding. The study's due date is moved from July 2004 to January 2004. Provisions regarding plan implementation are removed. Health care workers who contract hepatitis C at work can be deemed dislocated workers for purposes of Employment Security Department Commissioner approved training. Provisions relating to the plan expire June 30, 2007.

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**Appropriation:** None.

**Fiscal Note:** Requested on March 28, 2003.

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

**Testimony For:** The number of cases of hepatitis C are on the rise in the United States and now is the best time to address this disease while it is still in its early stages. State expenditures for hepatitis C have doubled in the last three years to \$18 million and a model for treating hepatitis C and other diseases can save money in the future.

**Testimony Against:** None.

**Testified:** Senator Kastama, prime sponsor; Victor Colman, Department of Health; Skip Dreps, Paralyzed Veterans of America; Michael Ninburg, Hepatitis Education Project; and Susie Tracy, Washington State Medical Association and Shering-Plough.