
Health Care Committee

HB 1638

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 Summary of Bill

- Requires the Department of Health to design a state plan for the prevention and treatment of hepatitis C.
- Requires that the hepatitis C plan be implemented as funding is available.
- Prohibits discrimination in employment against people with hepatitis C.

Hearing Date: 2/12/03

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 Bill:

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

The plan must include educational programs for both the public and health care providers; training courses for both hepatitis C counselors and public health clinic staff; an assessment of capacity for voluntary hepatitis C testing; strategies for controlling the virus' effect on injection drug users and prisoners; guidelines for health care professionals to prevent further transmission of hepatitis C; a model for an evidence-based process for the prevention and management of hepatitis C; and recommendations for preventing and managing hepatitis C in Washington.

The Department may seek other funding sources for this work. The Board of Health may adopt rules for the plan design and implementation.

The plan is to be implemented with available appropriations or in stages if there are not sufficient funds.

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.

Appropriation: None.

Fiscal Note: Requested on February 6, 2003.

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