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**Health Care Committee**

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**SSB 5039**

**Brief Description:** Concerning hepatitis C.

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

**Brief Summary of Substitute Bill**

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

**Hearing Date:** 3/20/03

**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. 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.

**Summary of Bill:**

The Department of Health (Department) must design a state plan using only private and federal funds 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, providers of services to people with hepatitis C, research scientists, and the U. S. Centers for Disease Control and Prevention.

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; recommendations for preventing and managing hepatitis C in Washington; and estimates of the cost of implementing the plan.

The plan must be updated every two years. The plan is to be implemented only to the extent that federal or private funds allows. If funds are not sufficient to implement the entire plan, it shall be implemented in stages with priority to the educational provisions. The plan and implementation provisions expire June 30, 2007.

The Board of Health may adopt rules for the plan design and implementation.

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 March 28, 2003.

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