

FINAL BILL REPORT

SSB 5039

C 273 L 03
Synopsis as Enacted

Brief Description: Concerning hepatitis C.

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

Senate Committee on Health & Long-Term Care

House Committee on Health Care

House Committee on Appropriations

Background: Hepatitis C is a liver disease caused by the hepatitis C virus. It is a blood borne infection that can lead to cirrhosis and liver cancer. Often the virus does not cause any symptoms or signs when first transmitted and because of this, many individuals are not aware of their infection. Diagnosis often occurs decades after the virus has been contracted.

An estimated 100,000 Washington residents may be infected with hepatitis C. Of these, 60-85 percent may develop chronic infection and 10-40 percent of those with chronic infection may develop cirrhosis, or scarring of the liver. Since December 2000, providers have been required to report cases of hepatitis C to the Department of Health.

The hepatitis C virus is transmitted primarily through exposure to infected blood. Examples where this exposure exists include: injection drug use; blood transfusions or organ transplants prior to 1992; and contact with blood in the workplace.

There is concern that hepatitis C is an emerging, silent epidemic.

Summary: The Secretary of Health must design a state plan for education efforts concerning hepatitis C and the prevention and management of the disease by January 1, 2004. In developing the plan, the secretary shall consult with patient groups, relevant state agencies, providers and suppliers of services to persons with hepatitis C, relevant health care associations and others.

The state plan must include implementation recommendations in the areas of: hepatitis C virus prevention and treatment strategies for groups at risk; education programs to promote awareness about hepatitis C; education curricula for health care providers; training courses for hepatitis C counselors; capacity for voluntary testing programs; a comprehensive model for an evidence-based process for the prevention and management of hepatitis C that is applicable to other diseases; and sources of funding.

The Secretary of Health must develop the state plan only to the extent that, and for as long as, federal or private funds are available for that purpose. Funding for this act may not come from state sources.

The Board of Health is authorized to adopt rules necessary to implement the educational programs/public awareness part of the state plan. The Secretary of Health is required to implement the educational programs/public awareness portion of the plan, to the extent that, and for as long as federal or private funds are available, including grants. Section 1 expires June 30, 2007, and does not create a private right of action.

The Secretary of Health must submit the completed plan to the Legislature by January 1, 2004, and update and report on any progress by December 1 of each even-numbered year.

Health care professionals who contract hepatitis C in the course of their employment and are not able to continue working are deemed to be dislocated workers for the purpose of receiving training benefits.

Hepatitis C is included in Washington's law against discrimination. Employment decisions may not be based on whether or not an individual is infected with hepatitis C.

Votes on Final Passage:

Senate	49	0	
House	88	0	(House amended)
Senate			(Senate refused to concur)
House	98	0	(House amended)
Senate			(Senate refused to concur)
House			(House refused to recede)
Senate	48	0	(Senate concurred)

Effective: July 27, 2003