

# SENATE BILL REPORT

## SB 5039

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As Reported By Senate Committee On:  
Health & Long-Term Care, February 26, 2003

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

**Brief Description:** Concerning hepatitis C.

**Sponsors:** Senators Kastama, Thibaudeau and Kohl-Welles.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/30/03, 2/26/03 [DPS].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5039 be substituted therefor, and the substitute bill do pass.

Signed by Senators Deccio, Chair; Winsley, Vice Chair; Brandland, Franklin, Keiser and Thibaudeau.

**Staff:** Tanya Karwaki (786-7447)

**Background:** Hepatitis C is a liver disease caused by the hepatitis C virus. It is a bloodborne 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 of Substitute Bill:** The Department of Health must seek and accept funding from federal and private sources, including grants, to design a state plan for the prevention and management of hepatitis C, by July 1, 2004. In developing the plan, the recommendations of the University of Washington Medical Center, public, patient groups, state agencies and others must be taken into consideration.

The plan must include: the assessment and development of standards for educational programs, curricula for health providers covered by the Uniform Disciplinary Act, a training course for hepatitis C counselors, and training for public health clinic staff; assessment of capacity for voluntary testing programs; strategies for the prevention and management of hepatitis C in injection drug users and persons incarcerated in Washington correctional institutions; guidelines for health care professionals to prevent further transmission of the virus; a model for an evidenced-based process for the prevention and management of hepatitis C, applicable to other diseases; and an estimated cost for each item, if implemented.

The Department of Health must develop and implement 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. If funding from nonstate sources is inadequate to implement the entire state plan, then the plan is implemented in stages.

The Board of Health may adopt rules as needed. The Department of Health must submit the completed plan to the Legislature by July 1, 2004, and report on the progress of any actions facilitating the prevention and management of hepatitis C in Washington by October 1 of each even-numbered year.

Section 1 expires June 30, 2007, and does not create a private right of action.

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.

**Substitute Bill Compared to Original Bill:** The substitute bill clarifies that no funding for this act may come from state sources. The Department of Health shall develop a state plan and implement it only to the extent that federal or private funds, including grants, are available for that purpose. The Department of Health is no longer required to contract with the University of Washington Medical Center. The Board of Health is permitted to adopt rules as necessary. The date by which the state plan must be designed is extended from December 31, 2003, to July 1, 2004. Section 1 has an expiration date of June 30, 2007, and does not create a private cause of action.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** Washington has an opportunity to catch a disease in its relative infancy, thereby avoiding additional cost and illness. This bill has implications for the entire health care system because of the development of an evidence-based model for hepatitis C, which can be applied to other diseases. Hepatitis C is an epidemic that is 10 times greater than that of AIDS. The death rate for those infected with hepatitis C is expected to double or quadruple in the next few decades if action is not taken. Many patients receive inaccurate information regarding hepatitis C, even from other health care providers. This bill would permit Washington residents to receive accurate information about the disease. The state's participation would enable private and federal funds to be sought so that there would be no cost to the state.

**Testimony Against:** None.

**Testified:** John Hodgkin, National Hepatitis C Coalition (pro); Mark Kintzler, National Hepatitis C Coalition (pro); Charles Youngquist, National Hepatitis C Coalition (pro); Skip Dreps, Northwest Chapter of Paralyzed Veterans of America (pro); Monica Sarff, National Hepatitis C Institute (pro); Kitty Candelaria, National Hepatitis C Institute (pro); Russel Alexander, Hepatitis Education Project (pro); Susie Tracy, Washington State Medical Association and Schering Plough (pro); Greg Williamson, OSPI (pro).