

HB 1271

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1 A bill to be entitled
2 An act relating to viral hepatitis; creating s.
3 381.9815, F.S.; creating the "Viral Hepatitis Testing
4 Act of 2012"; providing findings; providing a short
5 title; requiring the Department of Health to carry out
6 surveillance, education, and testing programs with
7 respect to hepatitis B and hepatitis C virus
8 infections; requiring the department to establish a
9 statewide system for such surveillance, education, and
10 testing; specifying goals of the system; requiring the
11 department to determine populations within the state
12 that are considered at high risk for hepatitis B or
13 hepatitis C; providing for priority of programs;
14 requiring that the department seek to ensure that
15 specified services are provided in a culturally and
16 linguistically appropriate manner; requiring an annual
17 report; providing an effective date.

18
19 WHEREAS, approximately 5.3 million Americans are
20 chronically infected with the hepatitis B virus, referred to in
21 this preamble as "HBV," the hepatitis C virus, referred to in
22 this preamble as "HCV," or both, and

23 WHEREAS, in the United States, chronic HBV and HCV are the
24 most common cause of liver cancer, one of the most lethal and
25 fastest growing cancers in the United States. Chronic HBV and
26 HCV are the most common cause of chronic liver disease, liver
27 cirrhosis, and the most common indication for liver
28 transplantation. Chronic HCV is also a leading cause of death in

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29 Americans living with HIV/AIDS, many of whom are coinfectd with
30 chronic HBV, HCV, or both. At least 15,000 deaths per year in
31 the United States can be attributed to chronic HBV and HCV, and

32 WHEREAS, according to the Centers for Disease Control and
33 Prevention, referred to in this preamble as the "CDC,"
34 approximately 2 percent of the population of the United States
35 is living with chronic HBV, HCV, or both. The CDC has recognized
36 HCV as the nation's most common chronic bloodborne virus
37 infection and HBV as the deadliest vaccine-preventable disease,
38 and

39 WHEREAS, HBV is easily transmitted and is 100 times more
40 infectious than HIV. According to the CDC, HBV is transmitted
41 percutaneously, by puncture through the skin, or through mucosal
42 contact with infectious blood or body fluids. HCV is transmitted
43 by percutaneous exposures to infectious blood, and

44 WHEREAS, the CDC conservatively estimates that in 2008
45 approximately 18,000 Americans were newly infected with HCV and
46 more than 38,000 Americans were newly infected with HBV, and

47 WHEREAS, there were 10 outbreaks reported to the CDC for
48 investigation in 2009 related to healthcare acquired infection
49 of HBV and HCV. There were another 6,748 patients potentially
50 exposed to one of the viruses, and

51 WHEREAS, chronic HBV and chronic HCV usually do not cause
52 symptoms early in the course of the disease but, after many
53 years of a clinically "silent" phase, CDC estimates show that
54 more than 33 percent of infected individuals develop cirrhosis,
55 end-stage liver disease, or liver cancer. Since most individuals
56 with chronic HBV, HCV, or both are unaware of their infection,

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57 | they do not know to take precautions to prevent the spread of
58 | their infection and can unknowingly exacerbate their own disease
59 | progression, and

60 | WHEREAS, HBV and HCV disproportionately affect certain
61 | populations in the United States. Although representing only 5
62 | percent of the population, Asian and Pacific Islanders account
63 | for over half of the 1.4 million domestic chronic HBV cases.
64 | Baby boomers born between 1945 and 1965 account for more than 75
65 | percent of domestic chronic HCV cases. In addition, African-
66 | Americans, Latinos and Latinas, American Indians, and Native
67 | Alaskans are among the groups which have disproportionately high
68 | rates of HBV infections, HCV infections, or both in the United
69 | States, and

70 | WHEREAS, for both chronic HBV and chronic HCV, behavioral
71 | changes can slow disease progression if diagnosis is made early.
72 | Early diagnosis, which is determined through simple diagnostic
73 | tests, can reduce the risk of transmission and disease
74 | progression through education and vaccination of household
75 | members and other susceptible persons at risk, and

76 | WHEREAS, advancements have led to the development of
77 | improved diagnostic tests for viral hepatitis. These tests,
78 | including rapid, point-of-care testing and other forms of
79 | testing in development can facilitate diagnosis, notification of
80 | results, post-test counseling, and referral to care at the time
81 | of the testing visit. In particular, these tests are also
82 | advantageous because they can be used simultaneously with HIV
83 | rapid testing for persons at risk for both HCV and HIV
84 | infections, and

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85 WHEREAS, for those chronically infected with HBV or HCV,
86 regular monitoring can lead to the early detection of liver
87 cancer at a stage at which a cure is still possible. Liver
88 cancer is the second deadliest cancer in the United States.
89 However, liver cancer has received little funding for research,
90 prevention, or treatment, and

91 WHEREAS, treatment for chronic HCV can eradicate the
92 disease in approximately 75 percent of those currently treated.
93 The treatment of chronic HBV can effectively suppress viral
94 replication in the overwhelming majority (over 80 percent) of
95 those treated, thereby reducing the risk of transmission and
96 progression to liver scarring or liver cancer, even though a
97 complete cure is much less common than for HCV, and

98 WHEREAS, to combat the viral hepatitis epidemic in the
99 United States, in May 2011, the United States Department of
100 Health and Human Services released, "Combating the Silent
101 Epidemic of Viral Hepatitis: Action Plan for the Prevention,
102 Care & Treatment of Viral Hepatitis." The Institute of Medicine
103 of the National Academies produced a 2010 report on the federal
104 response to HBV and HCV titled: "Hepatitis and Liver Cancer: A
105 National Strategy for Prevention and Control of Hepatitis B and
106 C." The recommendations and guidelines provide a framework for
107 HBV and HCV prevention, education, control, research, and
108 medical management programs, and

109 WHEREAS, the annual health care costs attributable to viral
110 hepatitis in the United States are significant. For HBV, it is
111 estimated to be approximately \$2.5 billion, or \$2,000 per
112 infected person. In 2000, the lifetime cost of HBV - before the

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113 availability of most of the current therapies - was
114 approximately \$80,000 per chronically infected person, or more
115 than \$100 billion. For HCV, medical costs for patients are
116 expected to increase from \$30 billion in 2009 to over \$85
117 billion in 2024. Avoiding these costs by screening and
118 diagnosing individuals earlier - and connecting them to
119 appropriate treatment and care - will save lives and critical
120 health care dollars. Currently, without a comprehensive
121 screening, testing, and diagnosis program, most patients are
122 diagnosed too late when they need a liver transplant costing at
123 least \$314,000 for uncomplicated cases or, when the patient has
124 liver cancer or end-stage liver disease, costing between \$30,980
125 to \$110,576 per hospital admission. As health care costs
126 continue to grow, it is critical that the Federal Government
127 make investments in effective mechanisms to avoid documented
128 cost drivers, and

129 WHEREAS, according to the Institute of Medicine report in
130 2010, chronic HBV and HCV infections cause substantial morbidity
131 and mortality despite being preventable and treatable.
132 Deficiencies in the implementation of established guidelines for
133 the prevention, diagnosis, and medical management of chronic HBV
134 and HCV infections perpetuate personal and economic burdens.
135 Existing grants are not sufficient for the scale of the health
136 burden presented by HBV and HCV, and

137 WHEREAS, screening and testing for chronic HBV and HCV are
138 aligned with the United States Department of Health and Human
139 Services' Healthy People 2020 goal to increase immunization
140 rates and reduce preventable infectious diseases. Awareness of

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141 disease and access to prevention and treatment remain essential
 142 components for reducing infectious disease transmission, and
 143 WHEREAS, support is necessary to increase knowledge and
 144 awareness of HBV and HCV and to assist both federal and local
 145 prevention and control efforts in reducing the morbidity and
 146 mortality of these epidemics, NOW, THEREFORE

147
 148 Be It Enacted by the Legislature of the State of Florida:

149
 150 Section 1. Section 381.9815, Florida Statutes, is created
 151 to read:

152 381.9815 Hepatitis virus; surveillance, education, and
 153 testing.-

154 (1) SHORT TITLE.-This act may be cited as the "Viral
 155 Hepatitis Testing Act of 2012."

156 (2) HEPATITIS B AND HEPATITIS C SURVEILLANCE, EDUCATION,
 157 AND TESTING PROGRAMS.-The Department of Health shall, in
 158 accordance with this section, carry out surveillance, education,
 159 and testing programs with respect to hepatitis B and hepatitis C
 160 virus infections. The department may carry out such programs
 161 directly and through grants to public and nonprofit private
 162 entities, including counties, political subdivisions, and
 163 public-private partnerships.

164 (3) STATEWIDE GOALS.-In carrying out the duties prescribed
 165 in subsection (2), the department shall cooperate with counties
 166 and other public or nonprofit private entities to seek to
 167 establish a statewide system of surveillance, education, and

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168 testing with respect to hepatitis B and hepatitis C with the
169 following goals:

170 (a) To determine the incidence and prevalence of such
171 infections, including providing for the reporting of chronic
172 cases.

173 (b) With respect to the population of individuals who have
174 such an infection, to carry out testing programs to increase the
175 number of individuals who are aware of their infection to 50
176 percent by 2014 and 75 percent by 2016.

177 (c) To develop and disseminate public information and
178 education programs for the detection and control of hepatitis B
179 and hepatitis C infections, with priority given to changing
180 behaviors that place individuals at risk of infection.

181 (d) To provide appropriate referrals for counseling and
182 medical treatment of infected individuals and to ensure, to the
183 extent practicable, the provision of appropriate followup
184 services.

185 (e) To improve the education, training, and skills of
186 health professionals in the detection, control, and treatment of
187 hepatitis B and hepatitis C infections, with priority given to
188 pediatricians and other primary care physicians, and
189 obstetricians and gynecologists.

190 (4) HIGH-RISK POPULATIONS; CHRONIC CASES.—The department
191 shall determine the populations that, for purposes of this
192 section, are considered at high risk for hepatitis B or
193 hepatitis C. The department shall include the following among
194 those considered at high risk:

195 (a) For hepatitis B, individuals born in counties in which
 196 2 percent or more of the population has hepatitis B.

197 (b) For hepatitis C, individuals born between 1945 and
 198 1965.

199 (c) Those who have been exposed to the blood of infected
 200 individuals or of high-risk individuals, are family members of
 201 such individuals, or are sexual partners of such individuals.

202 (5) PROGRAM PRIORITY.—In providing for programs under this
 203 section, the department shall give priority:

204 (a) To early diagnosis of chronic cases of hepatitis B or
 205 hepatitis C in high-risk populations; and

206 (b) To education, and referrals for counseling and medical
 207 treatment, for individuals diagnosed under paragraph (a) in
 208 order to:

209 1. Reduce their risk of dying from end-stage liver disease
 210 and liver cancer and of transmitting the infection to others.

211 2. Determine the appropriateness for treatment to reduce
 212 the risk of progression to cirrhosis and liver cancer.

213 3. Receive ongoing medical management, including regular
 214 monitoring of liver function and screenings for liver cancer.

215 4. Receive, as appropriate, drug, alcohol abuse, and
 216 mental health treatment.

217 5. In the case of women of childbearing age, receive
 218 education on how to prevent hepatitis B perinatal infection and
 219 alleviate fears associated with pregnancy or raising a family.

220 6. Receive such other services as the department
 221 determines to be appropriate.

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222 (6) CULTURAL CONTEXT.—In providing for services for
223 individuals who are diagnosed under paragraph (5) (a), the
224 department shall seek to ensure that the services are provided
225 in a culturally and linguistically appropriate manner.

226 (7) REPORT.—The department shall prepare a report on the
227 implementation of the programs required under this section, the
228 effectiveness of such programs, and the progress made in
229 achieving the statewide goals established under this section.
230 The report shall be submitted to the President of the Senate,
231 the Speaker of the House of Representatives, and the committees
232 having jurisdiction over issues relating to public health no
233 later than January 31 of each year. The report must also
234 address:

235 (a) Effectiveness issues with respect to current
236 guidelines of the Centers for Disease Control and Prevention for
237 screenings for hepatitis virus infection.

238 (b) The importance of responding to the perception that
239 receiving such screenings may be stigmatizing.

240 (c) Whether age-based screenings would be effective,
241 considering the use of age-based screenings with respect to
242 breast and colon cancer.

243 (d) New and improved treatments for hepatitis virus
244 infection.

245 Section 2. This act shall take effect July 1, 2012.