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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 coinfecting 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:

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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.



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.