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LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
01/27/2012	.	
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The Committee on Budget Subcommittee on Health and Human Services Appropriations (Sobel) recommended the following:

Senate Amendment (with title amendment)

Between lines 10 and 11
insert:

Section 2. Section 381.9815, Florida Statutes, is created to read:

381.9815 Hepatitis virus; surveillance, education, and testing.—

(1) SHORT TITLE.—This act may be cited as the "Viral Hepatitis Testing Act."

(2) HEPATITIS B AND HEPATITIS C SURVEILLANCE, EDUCATION, AND TESTING PROGRAMS.—The Department of Health shall, in

accordance with this section, carry out surveillance, education, and testing programs with respect to hepatitis B and hepatitis C virus infections. The department may carry out such programs directly and through grants to public and nonprofit private entities, including counties, political subdivisions, and public-private partnerships.

(3) STATEWIDE GOALS.—In carrying out the duties prescribed in subsection (2), the department shall cooperate with counties and other public or nonprofit private entities to seek to establish a statewide system of surveillance, education, and testing with respect to hepatitis B and hepatitis C with the following goals:

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

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

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

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

(e) To improve the education, training, and skills of health professionals in the detection, control, and treatment of

hepatitis B and hepatitis C infections, with priority given to pediatricians and other primary care physicians, and obstetricians and gynecologists.

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

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

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

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

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

(a) Early diagnosis of chronic cases of hepatitis B or hepatitis C in high-risk populations; and

(b) Education, and referrals for counseling and medical treatment, for individuals diagnosed under paragraph (a) in order to:

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

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

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

4. Receive, as appropriate, drug, alcohol abuse, and mental

health treatment.

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

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

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

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

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

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

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

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

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========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete line 5

and insert:

awareness program; creating s. 381.9815, F.S.; creating the "Viral Hepatitis Testing Act"; providing a short title; requiring that the Department of Health carry out surveillance, education, and testing programs with respect to hepatitis B and hepatitis C virus infections; requiring that the department establish a statewide system for such surveillance, education, and testing; specifying goals of the system; requiring that the department determine populations within the state which are considered at high risk for hepatitis B or hepatitis C; providing for priority of programs; requiring that the department seek to ensure that specified services are provided in a culturally and linguistically appropriate manner; requiring an annual report to the Legislature; providing an effective date.

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

WHEREAS, in the United States, chronic HBV and HCV are the most common causes of liver cancer, one of the most lethal and fastest growing cancers in the United States. Chronic HBV and

HCV are the most common causes of chronic liver disease, liver cirrhosis, and the most common indication for liver transplantation. Chronic HCV is also a leading cause of death in Americans living with HIV/AIDS, many of whom are coinfected with chronic HBV, HCV, or both. At least 15,000 deaths per year in the United States can be attributed to chronic HBV and HCV, and

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

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

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

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

WHEREAS, chronic HBV and chronic HCV usually do not cause symptoms early in the course of the disease but, after many years of a clinically "silent" phase, CDC estimates show that more than 33 percent of infected individuals develop cirrhosis,

end-stage liver disease, or liver cancer. Since most individuals with chronic HBV, HCV, or both are unaware of their infection, they do not know to take precautions to prevent the spread of their infection and can unknowingly exacerbate their own disease progression, and

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

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

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

infections, and

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

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

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

WHEREAS, the annual health care costs attributable to viral hepatitis in the United States are significant. For HBV, it is estimated to be approximately $2.5 billion, or $2,000 per

infected person. In 2000, the lifetime cost of HBV, before the availability of most of the current therapies, was approximately $80,000 per chronically infected person, or more than $100 billion. For HCV, medical costs for patients are expected to increase from $30 billion in 2009 to more than $85 billion in 2024. Avoiding these costs by screening and diagnosing individuals earlier and connecting them to appropriate treatment and care will save lives and critical health care dollars. Currently, without a comprehensive screening, testing, and diagnosis program, most patients are diagnosed too late when they need a liver transplant costing at least $314,000 for uncomplicated cases or, when the patient has liver cancer or end-stage liver disease, costing between $30,980 and $110,576 per hospital admission. As health care costs continue to grow, it is critical that the Federal Government make investments in effective mechanisms to avoid documented cost drivers, and

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

WHEREAS, screening and testing for chronic HBV and HCV are aligned with the United States Department of Health and Human Services' Healthy People 2020 goal to increase immunization rates and reduce preventable infectious diseases. Awareness of disease and access to prevention and treatment remain essential

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components for reducing infectious disease transmission, and

WHEREAS, support is necessary to increase knowledge and awareness of HBV and HCV and to assist both federal and local prevention and control efforts in reducing the morbidity and mortality of these epidemics, NOW, THEREFORE,