



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB5193

Introduced 2/8/2012, by Rep. William Davis

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-376

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Makes changes to the provision concerning hepatitis education, outreach, and prevention (now hepatitis education and outreach). Deletes language that provides that certain mandates are subject to appropriation. Provides that by January 1, 2013, the Department, in consultation with the Advisory Council, shall prepare the State Hepatitis C Plan to guide screening, referral, and treatment services to those infected with HCV. Sets forth provisions concerning public hearings, issues to be included in the Plan's assessment and recommendations, and a screening strategy. Effective immediately.

LRB097 17550 RPM 65562 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by changing Section 2310-376 as follows:

7 (20 ILCS 2310/2310-376)

8 Sec. 2310-376. Hepatitis education, ~~and~~ outreach, and
9 prevention.

10 (a) The Illinois General Assembly finds and declares the
11 following:

12 (1) An estimated 4,000,000 individuals in the United
13 States are infected with hepatitis C virus (HCV), 75% of
14 these individuals are unaware they are infected.

15 (2) HCV is the leading cause of liver cancer and liver
16 failure and the most common reason for liver
17 transplantation in the United States.

18 (3) HCV is 4 times more prevalent than HIV/AIDS and has
19 led to more than 15,000 deaths in the United States in 2007
20 alone; 350,000 people die each year due to hepatitis
21 C-related liver disease worldwide.

22 (4) Two of every 3 people with chronic hepatitis C in
23 this country are baby boomers born between 1945 and 1965

1 who were infected decades ago.

2 (5) HCV disproportionately affects minorities. African
3 Americans, who make up 14% of the population, account for
4 22% of HCV cases in the U.S. The Hispanic community also
5 bears a heavier burden; chronic HCV is more aggressive and
6 carries a higher risk of cirrhosis for Hispanics than for
7 any other ethnic group.

8 (6) The costs for HCV patients are projected to more
9 than double over the next 20 years, from \$30,000,000,000 to
10 \$85,000,000,000 per year.

11 (7) It is estimated that over 180,000 people in this
12 State are infected with hepatitis C.

13 (8) The percentage of African Americans (19.5%)
14 reported in Illinois with chronic hepatitis C was higher in
15 2004 than the percentage of African Americans (14.7%)
16 within Illinois' population.

17 (9) Almost one of every 3 persons infected with HIV in
18 this State is co-infected with hepatitis C.

19 (10) Forty-five percent of deaths occurring in the
20 co-infected population in Illinois are caused by liver
21 damage from chronic hepatitis C infection.

22 ~~(1) The World Health Organization characterizes~~
23 ~~hepatitis as a disease of primary concern to humanity.~~

24 ~~(2) Hepatitis is considered a silent killer; no~~
25 ~~recognizable signs or symptoms occur until severe liver~~
26 ~~damage has occurred.~~

1 ~~(3) Studies indicate that nearly 4 million Americans~~
2 ~~(1.8 percent of the population) carry the virus HCV that~~
3 ~~causes the disease.~~

4 ~~(4) 30,000 acute new infections occur each year in the~~
5 ~~United States, and only 25 to 30 percent are diagnosed.~~

6 ~~(5) 8,000 to 10,000 Americans die from the disease each~~
7 ~~year.~~

8 ~~(6) 200,000 Illinois residents may be carriers and~~
9 ~~could develop the debilitating and potentially deadly~~
10 ~~liver disease.~~

11 (11) ~~(7)~~ Inmates of correctional facilities have a
12 higher incidence of hepatitis and, upon their release,
13 present a significant health risk to the general
14 population.

15 (12) ~~(8)~~ Illinois members of the armed services are
16 subject to an increased risk of contracting hepatitis due
17 to their possible receipt of contaminated blood during a
18 transfusion occurring for the treatment of wounds and due
19 to their service in areas of the World where the disease is
20 more prevalent and healthcare is less capable of detecting
21 and treating the disease. Many of these service members are
22 unaware of the danger of hepatitis and their increased risk
23 of contracting the disease.

24 (b) The ~~Subject to appropriation,~~ the Department shall
25 conduct an education and outreach campaign, in addition to its
26 overall effort to prevent infectious disease in Illinois, in

1 order to raise awareness about and promote prevention of
2 hepatitis.

3 (c) ~~In Subject to appropriation, in~~ addition to the
4 education and outreach campaign provided in subsection (b), the
5 Department shall develop and make available to physicians,
6 other health care providers, members of the armed services, and
7 other persons subject to an increased risk of contracting
8 hepatitis, educational materials, in written and electronic
9 forms, on the diagnosis, treatment, and prevention of the
10 disease. These materials shall include the recommendations of
11 the federal Centers for Disease Control and Prevention and
12 shall reference the Centers for Disease Control and Prevention
13 guidelines regarding screening ~~any other persons or entities~~
14 ~~determined by the Department to have particular expertise on~~
15 ~~hepatitis, including the American Liver Foundation.~~ These
16 materials shall be written in terms that are understandable by
17 members of the general public.

18 (d) The Department shall establish an Advisory Council on
19 Hepatitis to develop a hepatitis prevention plan. The
20 Department shall specify the membership, members' terms,
21 provisions for removal of members, chairmen, and purpose of the
22 Advisory Council. The Advisory Council shall consist of one
23 representative from each of the following State agencies or
24 offices, appointed by the head of each agency or office:

25 (1) The Department of Public Health.

26 (2) The Department of Public Aid.

- 1 (3) The Department of Corrections.
- 2 (4) The Department of Veterans' Affairs.
- 3 (5) The Department on Aging.
- 4 (6) The Department of Human Services.
- 5 (7) The Department of State Police.
- 6 (8) The office of the State Fire Marshal.

7 The Director shall appoint representatives of
8 organizations and advocates in the State of Illinois,
9 including, but not limited to, the American Liver Foundation.
10 The Director shall also appoint interested members of the
11 public, including consumers and providers of health services
12 and representatives of local public health agencies, to provide
13 recommendations and information to the members of the Advisory
14 Council. Members of the Advisory Council shall serve on a
15 voluntary, unpaid basis and are not entitled to reimbursement
16 for mileage or other costs they incur in connection with
17 performing their duties.

18 (e) By January 1, 2013, the Department, in consultation
19 with the Advisory Council, shall prepare the State Hepatitis C
20 Plan to guide screening, referral, and treatment services to
21 those infected with HCV. To ensure meaningful input by
22 stakeholders into the Plan, the Department shall hold 2 public
23 hearings at locations throughout the State. The public hearings
24 shall include various stakeholders, including public health
25 organizations, patient advocacy organizations, organizations
26 representing the incarcerated population, as well as

1 individuals infected with HCV.

2 In developing the State Hepatitis C Plan, the Department,
3 in consultation with the Advisory Council, is directed to
4 assess the current and future impact of hepatitis C on Illinois
5 residents, including the cost of the disease to public and
6 private insurers; examine existing services and access to
7 services; and assess the resources addressing the needs of
8 persons with HCV.

9 The Plan shall include an examination of the following in
10 its assessment and recommendations:

11 (1) Trends in the State HCV population, including, but
12 not limited to, the use of State surveillance data of
13 persons with HCV for the purpose of having proper estimates
14 of the number of persons in the State infected with the
15 hepatitis C virus.

16 (2) The current economic impact to public and private
17 insurers of HCV and related disorders, including liver
18 disease, and those persons co-infected with HIV/AIDS. This
19 examination shall include the cost of direct and indirect
20 care paid by Medicaid and other federal-State funded
21 programs and the impact of the federal Affordable Care Act
22 on this population.

23 (3) An assessment of the existing access landscape,
24 including existing screening programs, education
25 resources, and treatment options for HCV-infected persons.

26 (4) The impact of HCV on the prison population in this

1 State and efforts to screen and treat HCV-infected inmates
2 prior to release.

3 No later than January 1, 2016, the State Hepatitis C Plan
4 shall include a strategy to screen a targeted sample of persons
5 born between 1945 and 1965.

6 (Source: P.A. 93-129, eff. 1-1-04; 94-406, eff. 8-2-05.)

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.