



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB3631

by Rep. Michael P. McAuliffe

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-665 new

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois to create the Hepatitis C Task Force. Sets forth the findings and declarations of the General Assembly. Provides that the purpose of the Task Force shall be to (1) develop strategies to identify and address the unmet needs of persons with hepatitis C in order to enhance the quality of life of persons with hepatitis C by maximizing productivity and independence and addressing emotional, social, financial, and vocational challenges of persons with hepatitis C, (2) develop strategies to provide persons with hepatitis C greater access to various treatments and other therapeutic options that may be available, and (3) develop strategies to improve hepatitis C education and awareness. Sets forth provisions concerning membership, meetings, and Task Force assistance and staff support. Provides that the Task Force shall report its findings and recommendations to the Governor and to the General Assembly, along with any legislative bills that it desires to recommend for adoption by the General Assembly, no later than December 31, 2015. Repeals the Section on January 1, 2016. Effective immediately.

LRB098 12167 RPM 46143 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

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 adding Section 2310-665 as follows:

7 (20 ILCS 2310/2310-665 new)

8 Sec. 2310-665. Hepatitis C Task Force.

9 (a) The General Assembly finds and declares the following:

10 (1) Viral hepatitis is a contagious and
11 life-threatening disease that has a substantial and
12 increasing effect upon the lifespans and quality of life of
13 at least 5,000,000 persons living in the United States and
14 as many as 180,000,000 worldwide. According to the U.S.
15 Department of Health and Human Services (HHS), the chronic
16 form of the hepatitis C virus (HCV) and hepatitis B virus
17 (HBV) account for the vast majority of hepatitis-related
18 mortalities in the U.S., yet as many as 65% to 75% of
19 infected Americans remain unaware that they are infected
20 with the virus, prompting the U.S. Centers for Disease
21 Control and Prevention (CDC) to label these viruses as the
22 silent epidemic. HCV and HBV are major public health
23 problems that cause chronic liver diseases, such as

1 cirrhosis, liver failure, and liver cancer. The 5-year
2 survival rate for primary liver cancer is less than 5%.
3 These viruses are also the leading cause of liver
4 transplantation in the United States. While there is a
5 vaccine for HBV, no vaccine exists for HCV. However, there
6 are anti-viral treatments for HCV that can improve the
7 prognosis or actually clear the virus from the patient's
8 system. Unfortunately, the vast majority of infected
9 patients remain unaware that they have the virus since
10 there are generally no symptoms. Therefore, there is a dire
11 need to aide the public in identifying certain risk factors
12 that would warrant testing for these viruses. Millions of
13 infected patients remain undiagnosed and continue to be at
14 elevated risks for developing more serious complications.
15 More needs to be done to educate the public about this
16 disease and the risk factors that warrant testing. In some
17 cases, infected patients play an unknowing role in further
18 spreading this infectious disease.

19 (2) The existence of HCV was definitively published and
20 discovered by medical researchers in 1989. Prior to this
21 date, HCV is believed to have spread unchecked. The
22 American Association for the Study of Liver Diseases
23 (AASLD) recommends that primary care physicians screen all
24 patients for a history of any viral hepatitis risk factor
25 and test those individuals with at least one identifiable
26 risk factor for the virus. Some of the most common risk

1 factors have been identified by AASLD, HHS, and the U.S.
2 Department of Veterans Affairs, as well as other public
3 health and medical research organizations, and include the
4 following:

5 (A) anyone who has received a blood transfusion
6 prior to 1992;

7 (B) anyone who is a Vietnam-era veteran;

8 (C) anyone who has abnormal liver function tests;

9 (D) anyone infected with the HIV virus;

10 (E) anyone who has used a needle to inject drugs;

11 (F) any health care, emergency medical, or public
12 safety worker who has been stuck by a needle or exposed
13 to any mucosal fluids of an HCV-infected person; and

14 (G) any children born to HCV-infected mothers.

15 A 1994 study determined that Caucasian Americans
16 statistically accounted for the most number of infected
17 persons in the United States, while the highest incidence
18 rates were among African and Hispanic Americans.

19 (3) In January of 2010, the Institute of Medicine
20 (IOM), commissioned by the CDC, issued a comprehensive
21 report entitled *Hepatitis and Liver Cancer: A National*
22 *Strategy for Prevention and Control of Hepatitis B and C.*
23 The key findings and recommendations from the IOM's report
24 are (A) there is a lack of knowledge and awareness about
25 chronic viral hepatitis on the part of health care and
26 social service providers, (B) there is a lack of knowledge

1 and awareness about chronic viral hepatitis among at-risk
2 populations, members of the public, and policy makers, and
3 (C) there is insufficient understanding about the extent
4 and seriousness of the public health problem, so inadequate
5 public resources are being allocated to prevention,
6 control, and surveillance programs.

7 (4) In this same 2010 IOM report, researchers compared
8 the prevalence and incidences of HCV, HBV, and HIV and
9 found that, although there are only 1,100,000 HIV/AIDS
10 infected persons in the United States and over 4,000,000
11 Americans infected with viral hepatitis, the percentage of
12 those with HIV that are unaware they have HIV is only 21%
13 as opposed to approximately 70% of those with viral
14 hepatitis being unaware that they have viral hepatitis. It
15 appears that public awareness of risk factors associated
16 with each of these diseases could be a major factor in the
17 alarming disparity between the percentage of the
18 population that is infected with one of these blood
19 viruses, but unaware that they are infected.

20 (5) In light of the widely varied nature of the risk
21 factors mentioned in this subsection (a), the previous
22 findings by the Institute of Medicine, and the clear
23 evidence of the disproportional public awareness between
24 HIV and viral hepatitis, it is clearly in the public
25 interest for this State to establish a task force to gather
26 testimony and develop an action plan to (A) increase public

1 awareness of the risk factors for these viruses, (B)
2 improve access to screening for these viruses, and (C)
3 provide those infected with information about the
4 prognosis, treatment options, and elevated risk of
5 developing cirrhosis and liver cancer. There is clear and
6 increasing evidence that many adults in Illinois and in the
7 United States have at least one of the risk factors
8 mentioned in this subsection (a).

9 (6) The General Assembly also finds that it is in the
10 public interest to bring communities of Illinois-based
11 veterans of American military service into familiarity
12 with the issues created by this disease, because many
13 veterans, especially Vietnam-era veterans, have at least
14 one of the previously enumerated risk factors and are
15 especially prone to being affected by this disease; and
16 because veterans of American military service should enjoy
17 in all cases, and do enjoy in most cases, adequate access
18 to health care services that include medical management and
19 care for preexisting and long-term medical conditions,
20 such as infection with the hepatitis virus.

21 (b) There is established the Hepatitis C Task Force within
22 the Department of Public Health. The purpose of the Task Force
23 shall be to:

24 (1) develop strategies to identify and address the
25 unmet needs of persons with hepatitis C in order to enhance
26 the quality of life of persons with hepatitis C by

1 maximizing productivity and independence and addressing
2 emotional, social, financial, and vocational challenges of
3 persons with hepatitis C;

4 (2) develop strategies to provide persons with
5 hepatitis C greater access to various treatments and other
6 therapeutic options that may be available; and

7 (3) develop strategies to improve hepatitis C
8 education and awareness.

9 (c) The Task Force shall consist of 17 members as follows:

10 (1) the Director of Public Health, the Director of
11 Veterans' Affairs, and the Director of Human Services, or
12 their designees, who shall serve ex officio;

13 (2) ten public members who shall be appointed by the
14 Director of Public Health from the medical, patient, and
15 service provider communities, including, but not limited
16 to, HCV Support, Inc.; and

17 (3) four members of the General Assembly, appointed one
18 each by the President of the Senate, the Minority Leader of
19 the Senate, the Speaker of the House of Representatives,
20 and the Minority Leader of the House of Representatives.

21 Vacancies in the membership of the Task Force shall be
22 filled in the same manner provided for in the original
23 appointments.

24 (d) The Task Force shall organize within 120 days following
25 the appointment of a majority of its members and shall select a
26 chairperson and vice-chairperson from among the members. The

1 chairperson shall appoint a secretary, who need not be a member
2 of the Task Force.

3 (e) The public members shall serve without compensation and
4 shall not be reimbursed for necessary expenses incurred in the
5 performance of their duties, unless funds become available to
6 the Task Force.

7 (f) The Task Force shall be entitled to call to its
8 assistance and avail itself of the services of the employees of
9 any State, county, or municipal department, board, bureau,
10 commission, or agency as it may require and as may be available
11 to it for its purposes.

12 (g) The Task Force may meet and hold hearings as it deems
13 appropriate.

14 (h) The Department of Public Health shall provide staff
15 support to the Task Force.

16 (i) The Task Force shall report its findings and
17 recommendations to the Governor and to the General Assembly,
18 along with any legislative bills that it desires to recommend
19 for adoption by the General Assembly, no later than December
20 31, 2015.

21 (j) The Task Force is abolished and this Section is
22 repealed on January 1, 2016.

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.