Rep. Michael P. McAuliffe

Filed: 5/28/2013

AMENDMENT TO SENATE BILL 1911

AMENDMENT NO. _____. Amend Senate Bill 1911 by replacing everything after the enacting clause with the following:

"Section 5. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by adding Section 2310-665 as follows:

(20 ILCS 2310/2310-665 new)

Sec. 2310-665. Hepatitis C Task Force.

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

(1) Viral hepatitis is a contagious and life-threatening disease that has a substantial and increasing effect upon the lifespans and quality of life of at least 5,000,000 persons living in the United States and as many as 180,000,000 worldwide. According to the U.S. Department of Health and Human Services (HHS), the chronic form of the hepatitis C virus (HCV) and hepatitis B virus

(HBV) account for the vast majority of hepatitis-related mortalities in the U.S., yet as many as 65% to 75% of infected Americans remain unaware that they are infected with the virus, prompting the U.S. Centers for Disease Control and Prevention (CDC) to label these viruses as the silent epidemic. HCV and HBV are major public health problems that cause chronic liver diseases, such as cirrhosis, liver failure, and liver cancer. The 5-year survival rate for primary liver cancer is less than 5%. These viruses are also the leading cause of liver transplantation in the United States. While there is a vaccine for HBV, no vaccine exists for HCV. However, there are anti-viral treatments for HCV that can improve the prognosis or actually clear the virus from the patient's system. Unfortunately, the vast majority of infected patients remain unaware that they have the virus since there are generally no symptoms. Therefore, there is a dire need to aide the public in identifying certain risk factors that would warrant testing for these viruses. Millions of infected patients remain undiagnosed and continue to be at elevated risks for developing more serious complications. More needs to be done to educate the public about this disease and the risk factors that warrant testing. In some cases, infected patients play an unknowing role in further spreading this infectious disease.

(2) The existence of HCV was definitively published and

discovered by medical researchers in 1989. Prior to this date, HCV is believed to have spread unchecked. The American Association for the Study of Liver Diseases (AASLD) recommends that primary care physicians screen all patients for a history of any viral hepatitis risk factor and test those individuals with at least one identifiable risk factor for the virus. Some of the most common risk factors have been identified by AASLD, HHS, and the U.S. Department of Veterans Affairs, as well as other public health and medical research organizations, and include the following:

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

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

(C) anyone who has abnormal liver function tests;

(D) anyone infected with the HIV virus;

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

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

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

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

(3) In January of 2010, the Institute of Medicine

(IOM), commissioned by the CDC, issued a comprehensive report entitled *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*. The key findings and recommendations from the IOM's report are (A) there is a lack of knowledge and awareness about chronic viral hepatitis on the part of health care and social service providers, (B) there is a lack of knowledge and awareness about chronic viral hepatitis among at-risk populations, members of the public, and policy makers, and (C) there is insufficient understanding about the extent and seriousness of the public health problem, so inadequate public resources are being allocated to prevention, control, and surveillance programs.

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

(5) In light of the widely varied nature of the risk factors mentioned in this subsection (a), the previous findings by the Institute of Medicine, and the clear evidence of the disproportional public awareness between HIV and viral hepatitis, it is clearly in the public interest for this State to establish a task force to gather testimony and develop an action plan to (A) increase public awareness of the risk factors for these viruses, (B) improve access to screening for these viruses, and (C) provide those infected with information about the prognosis, treatment options, and elevated risk of developing cirrhosis and liver cancer. There is clear and increasing evidence that many adults in Illinois and in the United States have at least one of the risk factors mentioned in this subsection (a).

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

such as infection with the hepatitis virus.

(b) There is established the Hepatitis C Task Force within the Department of Public Health. 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.

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

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

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

(3) four members of the General Assembly, appointed one each by the President of the Senate, the Minority Leader of the Senate, the Speaker of the House of Representatives,

and the Minority Leader of the House of Representatives.

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

(d) The Task Force shall organize within 120 days following the appointment of a majority of its members and shall select a chairperson and vice-chairperson from among the members. The chairperson shall appoint a secretary, who need not be a member of the Task Force.

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

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

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

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

(i) 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.

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

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