

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 changing Section 2310-675 as follows:

7 (20 ILCS 2310/2310-675)

8 (Section scheduled to be repealed on January 1, 2016)

9 Sec. 2310-675. Hepatitis C Task Force.

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

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

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

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

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

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

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

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

10 (D) anyone infected with the HIV virus;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (d) The Task Force shall organize within 120 days following  
26 the appointment of a majority of its members and shall select a

1 chairperson and vice-chairperson from among the members. The  
2 chairperson shall appoint a secretary, who need not be a member  
3 of the Task Force.

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

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

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

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

17 (i) The Task Force shall report its findings and  
18 recommendations to the Governor and to the General Assembly,  
19 along with any legislative bills that it desires to recommend  
20 for adoption by the General Assembly, no later than December  
21 31, 2015.

22 (j) The Task Force is abolished and this Section is  
23 repealed on January 1, 2017 ~~2016~~.

24 (Source: P.A. 98-493, eff. 8-16-13; 98-756, eff. 7-16-14.)