Rep. Michael P. McAuliffe

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1 AMENDMENT TO HOUSE BILL 1660

2 AMENDMENT NO. ______. Amend House Bill 1660 by replacing
3 everything after the enacting clause with the following:

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8 (Section scheduled to be repealed on January 1, 2016)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

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

1 (2) The existence of HCV was definitively published and
2 discovered by medical researchers in 1989. Prior to this
3 date, HCV is believed to have spread unchecked. The
4 American Association for the Study of Liver Diseases
5 (AASLD) recommends that primary care physicians screen all
6 patients for a history of any viral hepatitis risk factor
7 and test those individuals with at least one identifiable
8 risk factor for the virus. Some of the most common risk
9 factors have been identified by AASLD, HHS, and the U.S.
10 Department of Veterans Affairs, as well as other public
11 health and medical research organizations, and include the
12 following:
13 (A) anyone who has received a blood transfusion
14 prior to 1992;
15 (B) anyone who is a Vietnam-era veteran;
16 (C) anyone who has abnormal liver function tests;
17 (D) anyone infected with the HIV virus;
18 (E) anyone who has used a needle to inject drugs;
19 (F) any health care, emergency medical, or public
20 safety worker who has been stuck by a needle or exposed
21 to any mucosal fluids of an HCV-infected person; and
22 (G) any children born to HCV-infected mothers.
23 A 1994 study determined that Caucasian Americans
24 statistically accounted for the most number of infected
25 persons in the United States, while the highest incidence
26 rates were among African and Hispanic Americans.

1 (3) In January of 2010, the Institute of Medicine
2 (IOM), commissioned by the CDC, issued a comprehensive
3 report entitled *Hepatitis and Liver Cancer: A National*
4 *Strategy for Prevention and Control of Hepatitis B and C*.
5 The key findings and recommendations from the IOM's report
6 are (A) there is a lack of knowledge and awareness about
7 chronic viral hepatitis on the part of health care and
8 social service providers, (B) there is a lack of knowledge
9 and awareness about chronic viral hepatitis among at-risk
10 populations, members of the public, and policy makers, and
11 (C) there is insufficient understanding about the extent
12 and seriousness of the public health problem, so inadequate
13 public resources are being allocated to prevention,
14 control, and surveillance programs.
15 (4) In this same 2010 IOM report, researchers compared
16 the prevalence and incidences of HCV, HBV, and HIV and
17 found that, although there are only 1,100,000 HIV/AIDS
18 infected persons in the United States and over 4,000,000
19 Americans infected with viral hepatitis, the percentage of
20 those with HIV that are unaware they have HIV is only 21%
21 as opposed to approximately 70% of those with viral
22 hepatitis being unaware that they have viral hepatitis. It
23 appears that public awareness of risk factors associated
24 with each of these diseases could be a major factor in the
25 alarming disparity between the percentage of the
26 population that is infected with one of these blood

1 viruses, but unaware that they are infected.
2 (5) In light of the widely varied nature of the risk
3 factors mentioned in this subsection (a), the previous
4 findings by the Institute of Medicine, and the clear
5 evidence of the disproportional public awareness between
6 HIV and viral hepatitis, it is clearly in the public
7 interest for this State to establish a task force to gather
8 testimony and develop an action plan to (A) increase public
9 awareness of the risk factors for these viruses, (B)
10 improve access to screening for these viruses, and (C)
11 provide those infected with information about the
12 prognosis, treatment options, and elevated risk of
13 developing cirrhosis and liver cancer. There is clear and
14 increasing evidence that many adults in Illinois and in the
15 United States have at least one of the risk factors
16 mentioned in this subsection (a).
17 (6) The General Assembly also finds that it is in the
18 public interest to bring communities of Illinois-based
19 veterans of American military service into familiarity
20 with the issues created by this disease, because many
21 veterans, especially Vietnam-era veterans, have at least
22 one of the previously enumerated risk factors and are
23 especially prone to being affected by this disease; and
24 because veterans of American military service should enjoy
25 in all cases, and do enjoy in most cases, adequate access
26 to health care services that include medical management and

1 care for preexisting and long-term medical conditions,
2 such as infection with the hepatitis virus.
3 (b) There is established the Hepatitis C Task Force within
4 the Department of Public Health. The purpose of the Task Force
5 shall be to:
6 (1) develop strategies to identify and address the
7 unmet needs of persons with hepatitis C in order to enhance
8 the quality of life of persons with hepatitis C by
9 maximizing productivity and independence and addressing
10 emotional, social, financial, and vocational challenges of
11 persons with hepatitis C;
12 (2) develop strategies to provide persons with
13 hepatitis C greater access to various treatments and other
14 therapeutic options that may be available; and
15 (3) develop strategies to improve hepatitis C
16 education and awareness.
17 (c) The Task Force shall consist of 17 members as follows:
18 (1) the Director of Public Health, the Director of
19 Veterans' Affairs, and the Director of Human Services, or
20 their designees, who shall serve ex officio;
21 (2) ten public members who shall be appointed by the
22 Director of Public Health from the medical, patient, and
23 service provider communities, including, but not limited
24 to, HCV Support, Inc.; and
25 (3) four members of the General Assembly, appointed one
26 each by the President of the Senate, the Minority Leader of

1 the Senate, the Speaker of the House of Representatives,
2 and the Minority Leader of the House of Representatives.
3 Vacancies in the membership of the Task Force shall be
4 filled in the same manner provided for in the original
5 appointments.
6 (d) The Task Force shall organize within 120 days following
7 the appointment of a majority of its members and shall select a
8 chairperson and vice-chairperson from among the members. The
9 chairperson shall appoint a secretary, who need not be a member
10 of the Task Force.
11 (e) The public members shall serve without compensation and
12 shall not be reimbursed for necessary expenses incurred in the
13 performance of their duties, unless funds become available to
14 the Task Force.
15 (f) The Task Force shall be entitled to call to its
16 assistance and avail itself of the services of the employees of
17 any State, county, or municipal department, board, bureau,
18 commission, or agency as it may require and as may be available
19 to it for its purposes.
20 (g) The Task Force may meet and hold hearings as it deems
21 appropriate.
22 (h) The Department of Public Health shall provide staff
23 support to the Task Force.
24 (i) The Task Force shall report its findings and
25 recommendations to the Governor and to the General Assembly,
26 along with any legislative bills that it desires to recommend

1 for adoption by the General Assembly, no later than December
2 31, 2015.
3 (j) The Task Force is abolished and this Section is
4 repealed on January 1, 2017 ~~2016~~.
5 (Source: P.A. 98-493, eff. 8-16-13; 98-756, eff. 7-16-14.)".