

1 AN ACT in relation to health.

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

4 Section 1. Short title. This Act may be cited as the
5 Hepatitis C Public Awareness Act.

6 Section 5. Findings; intent.

7 (a) The General Assembly finds and declares all of the
8 following:

9 (1) Hepatitis C is classified as a silent killer,
10 where no recognizable signs or symptoms occur until
11 severe liver damage has occurred.

12 (2) Hepatitis C has been characterized by the World
13 Health Organization as a disease of primary concern to
14 humanity.

15 (3) Studies indicate that 1.8% of the population,
16 nearly 4,000,000 Americans, carry the virus HCV that
17 causes hepatitis C. In Illinois, as many as 200,000
18 individuals may be carriers and could develop the
19 debilitating and potentially deadly liver disease
20 associated with hepatitis C in their lifetime. An expert
21 panel, convened by the National Institutes of Health,
22 estimated that 30,000 acute new infections occur each
23 year in the United States, and only 25 to 30 percent of
24 those are diagnosed. Current data sources indicate that
25 8,000 to 10,000 Americans die from hepatitis C each year.

26 (4) Studies also indicate that inmates in
27 correctional facilities have a higher incidence of
28 hepatitis C than the general population. Upon their
29 release from prison, these inmates present a significant
30 health risk to the general population.

31 (b) It is the intent of the General Assembly to study the

1 adequacy of the health care delivery system as it pertains to
2 hepatitis C.

3 (c) It is the intent of the General Assembly to urge the
4 Department of Public Health to make moneys available to
5 community-based not-for-profit organizations for education
6 and outreach with respect to the hepatitis C virus.

7 Section 10. Public education and outreach.

8 (a) The Director of Public Health shall develop and
9 implement a public education and outreach program to raise
10 awareness of the hepatitis C virus. The program shall be
11 aimed at high-risk groups, physicians' offices, health care
12 workers, and health care facilities. The program shall do
13 all of the following:

14 (1) Attempt to coordinate with national public
15 education efforts related to the identification and
16 notification of recipients of blood from
17 hepatitis-C-virus-positive donors.

18 (2) Attempt to stimulate interest in and coordinate
19 with community-based organizations to sponsor community
20 forums, and undertake other appropriate community
21 outreach activities.

22 (3) Employ public communication strategies utilizing
23 a variety of media that may include, but need not be
24 limited to, print, radio, television, and the Internet.

25 (b) The Director of Public Health shall include
26 information on co-infection of human immunodeficiency virus
27 (HIV) or hemophilia with the hepatitis C virus in the
28 professional training and all appropriate care and treatment
29 programs under the jurisdiction of the Department.

30 (c) The Director of Public Health shall develop a program
31 to work with the Department of Corrections to identify
32 hepatitis-C-virus-positive inmates likely to be released
33 within 2 years and provide counseling and treatment options

1 to reduce the community risk.

2 (d) The Director of Public Health shall urge local public
3 health officials to make hepatitis C virus screening
4 available for uninsured individuals upon request.

5 (e) The Director of Public Health shall include hepatitis
6 C counseling, education, and testing, as appropriate, in
7 local State-funded programs, including those addressing HIV,
8 tuberculosis, sexually transmitted disease, and all other
9 appropriate programs approved by the Director.

10 Section 15. Health professionals and community service
11 providers.

12 (a) The Department of Public Health shall make protocols
13 and guidelines on hepatitis C developed by the National
14 Institutes of Health available for educating physicians and
15 health professionals and training community service providers
16 on the most recent scientific and medical information on
17 hepatitis C detection, transmission, diagnosis, treatment,
18 and therapeutic decision making.

19 (b) The guidelines may include, but need not be limited
20 to, the following:

21 (1) Tracking and reporting of both acute and chronic
22 cases of hepatitis C by public health officials.

23 (2) A cost-efficient plan to screen the prison
24 population and the medically indigent population.

25 (3) Protocols within the Department of Corrections
26 to enable that Department to provide appropriate
27 prevention and treatment to prisoners with hepatitis C.

28 (4) Protocols for the education of correctional
29 peace officers and other correctional workers who work
30 with prisoners with hepatitis C.

31 (5) Protocols for public safety and health care
32 workers who come into contact with hepatitis C patients.

33 (6) Surveillance programs to determine the

1 prevalence of hepatitis C in ethnic and other high-risk
2 populations.

3 (7) Education and outreach programs for high-risk
4 individuals, including, but not limited to, individuals
5 who received blood transfusions before 1992,
6 hemophiliacs, women who underwent a caesarian section or
7 premature delivery before 1990, persons who received an
8 organ transplant before 1990, persons who receive
9 invasive cosmetic procedures, including body piercing and
10 tattooing, students, minority communities, and any other
11 categories of persons at high risk for hepatitis C
12 infection as determined by the Director of Public Health.
13 Education and outreach programs shall be targeted to
14 high-risk individuals as determined by the Director.
15 Education programs may provide information and referrals
16 on hepatitis C, including, but not limited to, education
17 materials developed by health-related companies or
18 community-based or national advocacy organizations, and
19 referrals to advocacy organizations, counseling or
20 patient support groups, and existing hotlines for
21 consumers.

22 (c) Nothing in this Section shall be construed to require
23 the Department of Public Health to develop or produce any
24 protocol, guideline, or proposal.

25 Section 20. Corrections. The Director of Corrections
26 shall do all of the following:

27 (1) On or before March 1, 2002, provide the
28 Department of Public Health with an annual statistical
29 report on the prevalence of the hepatitis C virus in
30 correctional facilities in this State and trends in the
31 incidence and prevalence of the hepatitis C virus in the
32 correctional system.

33 (2) Establish and make available a voluntary program

1 to test inmates for the presence of the hepatitis C virus
2 upon incarceration and in conjunction with any routine
3 blood testing.

4 (3) Update treatment protocols and regimens as new
5 therapies become available.