

AMENDED IN ASSEMBLY JUNE 15, 1998  
AMENDED IN ASSEMBLY JUNE 1, 1998  
AMENDED IN SENATE JANUARY 20, 1998  
AMENDED IN SENATE JANUARY 7, 1998  
AMENDED IN SENATE APRIL 8, 1997

**SENATE BILL**

**No. 694**

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**Introduced by Senator Polanco**  
**(Coauthor: Senator Alpert)**  
(Coauthor: Assembly Member Granlund)

February 25, 1997

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An act to add Part 7 (commencing with Section 122400) to Division 105 of the Health and Safety Code, relating to hepatitis.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Polanco. Hepatitis C.

Existing law contains various provisions relating to communicable disease prevention and control programs, including those conducted by the State Department of Health Services.

This bill would make various legislative findings with respect to hepatitis C and would declare the intent of the Legislature to study the adequacy of the health care delivery system as it pertains to hepatitis C.

This bill would require the State Department of Health Services to make available protocols and guidelines

developed by the National Institutes of Health and California legislative advisory committees on hepatitis C for educating physicians and health professionals and training community service providers, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Part 7 (commencing with Section  
2 122400) is added to Division 105 of the Health and Safety  
3 Code, to read:

4  
5 PART 7. HEPATITIS C

6  
7 CHAPTER 1. GENERAL PROVISIONS

8  
9 122400. This chapter shall be known, and may be  
10 cited, as the Hepatitis C Education, Screening, and  
11 Treatment Act.

12 122405. The Legislature hereby finds and declares all  
13 of the following:

14 (a) Hepatitis C is classified as a silent killer, where no  
15 recognizable signs or symptoms occur until severe liver  
16 damage has occurred.

17 (b) Hepatitis C has been characterized by the World  
18 Health Organization as a disease of primary concern to  
19 humanity.

20 (c) Studies indicate that 1.8 percent of the population,  
21 nearly 4 million Americans, carry the virus HCV that  
22 causes hepatitis C. In California, as many as 500,000  
23 individuals may be carriers and could develop the  
24 debilitating and potentially deadly liver disease  
25 associated with hepatitis C in their lifetime. An expert  
26 panel, convened in March by the National Institutes of  
27 Health (NIH), estimated that 30,000 acute new infections  
28 occur each year in the United States, and only 25 to 30  
29 percent of those are diagnosed. Current data sources  
30 indicate that 8,000 to 10,000 Americans die from hepatitis  
31 C each year.



1 (d) Studies also indicate that 39.4 percent of male  
2 inmates and 54.5 percent of female inmates in California  
3 correctional facilities have hepatitis C, 26 times higher  
4 than the general population. Upon their release from  
5 prison, these inmates present a significant health risk to  
6 the general population of California.

7 (e) It is the intent of the Legislature to study the  
8 adequacy of the health care delivery system as it pertains  
9 to hepatitis C.

10 122410. (a) The State Department of Health Services  
11 shall make available protocols and guidelines developed  
12 by the National Institutes of Health and California  
13 legislative advisory committees on hepatitis C for  
14 educating physicians and health professionals and  
15 training community service providers on the most recent  
16 scientific and medical information on hepatitis C  
17 detection, diagnosis, treatment, and therapeutic  
18 decisionmaking.

19 (b) The guidelines referenced in subdivision (a) may  
20 include, but not be limited to, all of the following:

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

23 (2) Proposals for a cost-efficient plan to screen the  
24 prison population and the medically indigent population  
25 in California.

26 (3) Proposals for protocols within the Department of  
27 Corrections to enable that department to provide  
28 appropriate treatment to prisoners with hepatitis C.

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

32 (5) Proposals for protocols for public safety and health  
33 care workers who come in contact with hepatitis C  
34 patients.

35 (6) Proposals for surveillance programs to determine  
36 the prevalence of hepatitis C in ethnic and other high-risk  
37 populations.

38 (7) Proposals for education programs for high-risk  
39 ~~individuals shall include, but not be limited to, individuals~~  
40 *individuals, including, but not limited to, individuals* who



1 received blood transfusions prior to 1992, hemophiliacs,  
2 veterans, students, and minority communities.  
3 ~~(8) Education~~ *Education* programs may provide  
4 information and referral on hepatitis C including, but not  
5 limited to, education materials developed by  
6 health-related companies, community-based or national  
7 advocacy organizations, counseling, patient support  
8 groups, and existing hotlines for consumers.

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