

Senate Bill No. 694

Passed the Senate August 27, 1998

Secretary of the Senate

Passed the Assembly August 25, 1998

Chief Clerk of the Assembly

This bill was received by the Governor this ____ day
of _____, 1998, at ____ o'clock __M.

Private Secretary of the Governor



CHAPTER ____

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, 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. The bill would provide that nothing in the bill shall be construed to require the department to develop or produce any protocol, guideline, or proposal.

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

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

PART 7. HEPATITIS C

CHAPTER 1. GENERAL PROVISIONS

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



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

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

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

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

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

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

122410. (a) The State Department of Health Services shall 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 on the most recent scientific and medical information on hepatitis C detection, diagnosis, treatment, and therapeutic decisionmaking.

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



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

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

(3) Protocols within the Department of Corrections to enable that department to provide appropriate treatment to prisoners with hepatitis C.

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

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

(6) Surveillance programs to determine the prevalence of hepatitis C in ethnic and other high-risk populations.

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

(c) Nothing in this section shall be construed to require the department to develop or produce any protocol, guideline, or proposal.



Approved _____, 1998

Governor

