HOUSE BILL 984

5lr2220 CF SB 512

By: **Delegates Oaks, Hayes, McMillan, and Pena–Melnyk** Introduced and read first time: February 13, 2015 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 Hepatitis C – Opportunity for Testing and Follow–Up Health Care

- 3 FOR the purpose of requiring certain hospitals and certain health care practitioners who 4 provide certain care in certain health care facilities to offer, to the extent practicable, $\mathbf{5}$ certain individuals a hepatitis C screening test or hepatitis C diagnostic test; 6 establishing the circumstances under which a hospital or certain health care 7 practitioner is not required to offer certain tests to certain individuals; requiring 8 hospitals and certain health care practitioners to offer, to the extent practicable, 9 certain health care to or make a certain referral for certain individuals under certain circumstances; requiring a certain offer of certain testing to be, to the extent 10 11 practicable, culturally and linguistically appropriate; requiring the Department of 12Health and Mental Hygiene to collect and analyze certain information, subject to the 13 limitations of the State budget; requiring the Department of Health and Mental 14 Hygiene, on or before a certain date each year, to report on certain information to 15certain committees of the General Assembly; providing for the construction of this Act: defining certain terms; and generally relating to hepatitis C testing and health 1617care.
- 18 BY adding to
- 19 Article Health General
- 20 Section 18–1003
- 21 Annotated Code of Maryland
- 22 (2009 Replacement Volume and 2014 Supplement)
- 23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 24 That the Laws of Maryland read as follows:
- 25

Article – Health – General

26 **18–1003.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



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1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 2 INDICATED.

3 (2) (I) "HEALTH CARE FACILITY" MEANS A FACILITY OR OFFICE
4 WHERE HEALTH OR MEDICAL CARE IS PROVIDED TO PATIENTS BY A HEALTH CARE
5 PRACTITIONER.

6 (II) "HEALTH CARE FACILITY" INCLUDES A LIMITED SERVICE 7 HOSPITAL, AS DEFINED IN § 19–301 OF THIS ARTICLE.

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(III) "HEALTH CARE FACILITY" DOES NOT INCLUDE A HOSPITAL.

9 (3) "HEALTH CARE PRACTITIONER" MEANS A PERSON WHO IS 10 LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH 11 OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY 12 COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

13(4) "HEPATITIS C DIAGNOSTIC TEST" MEANS A HEPATITIS C VIRAL14RNA LABORATORY TEST THAT:

15 (I) DETECTS THE PRESENCE OF HEPATITIS C VIRUS IN AN 16 INDIVIDUAL'S BLOOD; AND

17 (II) PROVIDES CONFIRMATION OF WHETHER THE INDIVIDUAL 18 HAS A HEPATITIS C VIRUS INFECTION.

19 (5) "HEPATITIS C SCREENING TEST" MEANS A LABORATORY 20 SCREENING TEST THAT DETECTS THE PRESENCE OF HEPATITIS C VIRUS 21 ANTIBODIES IN THE BLOOD.

22 (6) "HOSPITAL" HAS THE MEANING STATED IN § 19–301 OF THIS 23 ARTICLE.

24 (7) "QUALIFYING INDIVIDUAL" INCLUDES:

25 (I) AN INDIVIDUAL BORN BETWEEN THE YEARS OF 1945 AND 26 1965, BOTH INCLUSIVE;

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(II) A CURRENT OR FORMER USER OF AN INJECTION DRUG;

28 (III) A RECIPIENT OF A BLOOD TRANSFUSION, A BLOOD 29 PRODUCT, OR AN ORGAN TRANSPLANT BEFORE **1992**;

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1 (IV) A RECIPIENT OF A BLOOD CLOTTING PRODUCT BEFORE $\mathbf{2}$ 1987; 3 (V) AN INDIVIDUAL WHO HAS LIVER DISEASE OR WHO HAS HAD 4 **ABNORMAL LIVER TEST RESULTS;** $\mathbf{5}$ (VI) A HEMODIALYSIS PATIENT; 6 (VII) A HEALTH CARE WORKER WHO MAY BE EXPOSED TO NEEDLE 7 STICKS; AND 8 (VIII) AN INDIVIDUAL WHO IS INFECTED WITH HIV. 9 **(B)** THIS SECTION MAY NOT BE CONSTRUED TO AFFECT: 10 (1) THE SCOPE OF PRACTICE OF A HEALTH CARE PRACTITIONER; OR THE AUTHORITY OR LEGAL OR PROFESSIONAL OBLIGATION OF A 11 (2) 12**HEALTH CARE PRACTITIONER TO:** 13OFFER A HEPATITIS C SCREENING TEST OR HEPATITIS C **(I)** 14 DIAGNOSTIC TEST TO AN INDIVIDUAL; OR 15**PROVIDE SERVICES TO OR CARE FOR AN INDIVIDUAL WHO (II)** HAS BEEN THE SUBJECT OF A HEPATITIS C SCREENING TEST OR A HEPATITIS C 16 17**DIAGNOSTIC TEST.** 18 **(C)** (1) **(I)** A HOSPITAL SHALL, TO THE EXTENT PRACTICABLE, OFFER A QUALIFYING INDIVIDUAL WHO RECEIVES HEALTH SERVICES IN THE HOSPITAL A 19 HEPATITIS C SCREENING TEST OR A HEPATITIS C DIAGNOSTIC TEST. 2021A HEALTH CARE PRACTITIONER WHO PROVIDES PRIMARY **(II)** 22CARE TO A QUALIFYING INDIVIDUAL IN A HEALTH CARE FACILITY SHALL, TO THE 23EXTENT PRACTICABLE, OFFER THE QUALIFYING INDIVIDUAL A HEPATITIS C SCREENING TEST OR A HEPATITIS C DIAGNOSTIC TEST. 2425A HOSPITAL OR HEALTH CARE PRACTITIONER IS NOT REQUIRED (2) 26TO OFFER A QUALIFYING INDIVIDUAL A HEPATITIS C SCREENING TEST OR A 27HEPATITIS C DIAGNOSTIC TEST UNDER THIS SUBSECTION IF THE HOSPITAL OR 28HEALTH CARE PRACTITIONER REASONABLY BELIEVES THAT THE QUALIFYING 29**INDIVIDUAL:**

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(I) IS BEING TREATED FOR A LIFE-THREATENING EMERGENCY;

2 (II) HAS PREVIOUSLY BEEN OFFERED OR HAS BEEN THE 3 SUBJECT OF A HEPATITIS C SCREENING TEST; OR

4 (III) LACKS CAPACITY TO CONSENT TO A HEPATITIS C 5 SCREENING TEST.

6 (D) (1) IF A QUALIFYING INDIVIDUAL ACCEPTS AN OFFER OF A HEPATITIS 7 C SCREENING TEST UNDER SUBSECTION (C)(1) OF THIS SECTION AND THE 8 SCREENING TEST IS POSITIVE, THE HOSPITAL OR HEALTH CARE PRACTITIONER 9 SHALL, TO THE EXTENT PRACTICABLE:

10(I)OFFER THE QUALIFYING INDIVIDUAL FOLLOW-UP HEALTH11CARE; OR

12(II)**REFER THE QUALIFYING INDIVIDUAL TO A HEALTH CARE**13**PRACTITIONER WHO CAN PROVIDE FOLLOW-UP HEALTH CARE.**

14 (2) THE FOLLOW-UP HEALTH CARE UNDER PARAGRAPH (1) OF THIS 15 SUBSECTION SHALL, TO THE EXTENT PRACTICABLE, INCLUDE A HEPATITIS C 16 DIAGNOSTIC TEST.

17 (E) THE OFFER OF HEPATITIS C TESTING UNDER SUBSECTION (C)(1) OF 18 THIS SECTION SHALL, TO THE EXTENT PRACTICABLE, BE CULTURALLY AND 19 LINGUISTICALLY APPROPRIATE.

20 (F) (1) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, THE 21 DEPARTMENT SHALL COLLECT AND ANALYZE INFORMATION ON POSITIVE 22 HEPATITIS C SCREENINGS AND THE NUMBER OF INDIVIDUALS WHO HAVE ACCESSED 23 CARE FOLLOWING A POSITIVE RESULT.

24 (2) ON OR BEFORE OCTOBER 1 OF EACH YEAR, THE DEPARTMENT 25 SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH 26 AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1246 OF 27 THE STATE GOVERNMENT ARTICLE, ON THE INFORMATION COLLECTED AND 28 ANALYZED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

29 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 30 October 1, 2015.