

HOUSE BILL 386

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2003 Regular Session  
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CF 3r1947

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By: **Delegates Nathan-Pulliam, Barkley, Benson, Bromwell, Cane, Cardin,  
Donoghue, Frush, Hammen, Haynes, Hubbard, Jones, Mandel, Marriott,  
Menes, Morhaim, Murray, Oaks, Patterson, Pendergrass, Redmer,  
Rosenberg, Taylor, V. Turner, and Zirkin**

Introduced and read first time: February 4, 2003  
Assigned to: Health and Government Operations

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A BILL ENTITLED

1 AN ACT concerning

2 **Disease Prevention - Hepatitis C Advisory Council**

3 FOR the purpose of establishing a State Advisory Council on Hepatitis C to provide  
4 advice and recommendations to the General Assembly on public awareness,  
5 education, screening, and treatment related to hepatitis C; specifying the  
6 membership, terms, removal, chairman, and purpose of the Advisory Council;  
7 requiring the Advisory Council to issue certain reports on or before certain  
8 dates; requiring the Secretary of Health and Mental Hygiene to take certain  
9 actions in connection with the Hepatitis C Advisory Council; defining certain  
10 terms; and generally relating to the Hepatitis C Advisory Council.

11 BY adding to

12 Article - Health - General

13 Section 18-1001 through 18-1009, inclusive, to be under the new subtitle

14 "Subtitle 10. Hepatitis C Advisory Council"

15 Annotated Code of Maryland

16 (2000 Replacement Volume and 2002 Supplement)

17 **Preamble**

18 WHEREAS, Hepatitis C is a silent killer, being largely asymptomatic until  
19 irreversible liver damage may have occurred; and

20 WHEREAS, Hepatitis C has been characterized by the World Health  
21 Organization as a disease of primary concern to humanity; and

22 WHEREAS, Hepatitis C currently infects approximately 4.5 million persons in  
23 the United States, and each year there are some 30,000 new infections nationwide;  
24 and

1 WHEREAS, The federal Centers for Disease Control and Prevention estimate  
2 that approximately 12,000 persons die annually from the consequences of hepatitis C,  
3 and this number continues to grow each year; and

4 WHEREAS, The disease is considered to be such a public health threat that the  
5 United States Department of Health and Human Services has initiated a  
6 comprehensive plan to address this significant health problem, beginning with the  
7 identification of, and notification to, hundreds of thousands of persons who are  
8 inadvertently exposed to hepatitis C through blood transfusions; and

9 WHEREAS, In the absence of a vaccine for hepatitis C, emphasis must be placed  
10 on other means of awareness and prevention of this disease, including, but not limited  
11 to, education of persons at high risk for hepatitis C as defined by the federal Centers  
12 for Disease Control and Prevention, as well as police officers, firefighters, health care  
13 workers, and the general public; and

14 WHEREAS, Educating the public and health care community throughout the  
15 State about hepatitis C will ensure an optimal approach to controlling this lethal  
16 disease; now, therefore,

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article - Health - General**

20 **SUBTITLE 10. HEPATITIS C ADVISORY COUNCIL.**

21 18-1001.

22 THERE IS A STATE ADVISORY COUNCIL ON HEPATITIS C.

23 18-1002.

24 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
25 INDICATED.

26 (B) "ADVISORY COUNCIL" MEANS THE STATE ADVISORY COUNCIL ON  
27 HEPATITIS C.

28 (C) "HCV" MEANS THE HEPATITIS C VIRUS.

29 (D) "SECRETARY" MEANS THE SECRETARY OF HEALTH AND MENTAL  
30 HYGIENE.

31 18-1003.

32 (A) (1) THE ADVISORY COUNCIL CONSISTS OF 15 MEMBERS.

33 (2) OF THE 15 MEMBERS:

1 (I) ONE SHALL BE A MEMBER OF THE SENATE OF MARYLAND,  
2 APPOINTED BY THE PRESIDENT OF THE SENATE;

3 (II) ONE SHALL BE A MEMBER OF THE HOUSE OF DELEGATES,  
4 APPOINTED BY THE SPEAKER OF THE HOUSE;

5 (III) ONE SHALL BE THE SECRETARY OF HEALTH AND MENTAL  
6 HYGIENE OR THE SECRETARY'S DESIGNEE;

7 (IV) ONE SHALL BE THE SECRETARY OF VETERANS AFFAIRS OR THE  
8 SECRETARY'S DESIGNEE;

9 (V) ONE SHALL BE THE SECRETARY OF CORRECTIONS OR THE  
10 SECRETARY'S DESIGNEE; AND

11 (VI) TEN SHALL BE APPOINTED BY THE GOVERNOR.

12 (3) OF THE TEN MEMBERS APPOINTED BY THE GOVERNOR:

13 (I) ONE SHALL BE AN INTERNIST;

14 (II) ONE SHALL BE A HEMATOLOGIST;

15 (III) ONE SHALL BE A HEPATOLOGIST;

16 (IV) ONE SHALL BE A CLINICAL RESEARCHER SPECIALIZING IN  
17 DISEASES OF THE LIVER;

18 (V) ONE SHALL BE A MEMBER OF THE PUBLIC;

19 (VI) ONE SHALL BE A VETERAN OF THE UNITED STATES ARMED  
20 FORCES WHO HAS HEPATITIS C;

21 (V) TWO SHALL BE REPRESENTATIVES OF THE PHARMACEUTICAL  
22 INDUSTRY;

23 (VI) ONE SHALL BE A NURSE PRACTITIONER; AND

24 (VII) ONE SHALL BE A REPRESENTATIVE OF THE AMERICAN LIVER  
25 FOUNDATION.

26 (B) (1) THE TERM OF A MEMBER IS 2 YEARS.

27 (2) AT THE END OF A TERM A MEMBER CONTINUES TO SERVE UNTIL A  
28 SUCCESSOR IS APPOINTED.

29 (3) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES  
30 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED.

31 (C) THE GOVERNOR MAY REMOVE A MEMBER OF THE ADVISORY BOARD FOR  
32 INCOMPETENCE OR MISCONDUCT.

1 18-1004.

2 FROM AMONG THE MEMBERS OF THE ADVISORY COUNCIL THE GOVERNOR  
3 SHALL APPOINT A CHAIRMAN.

4 18-1005.

5 (A) A MAJORITY OF THE MEMBERS SERVING ON THE ADVISORY COUNCIL  
6 REPRESENTS A QUORUM TO CONDUCT BUSINESS.

7 (B) A MEMBER OF THE ADVISORY COUNCIL:

8 (1) MAY NOT RECEIVE COMPENSATION; BUT

9 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
10 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

11 (C) THE ADVISORY COUNCIL SHALL MEET AT LEAST FOUR TIMES A YEAR, AT  
12 THE TIMES AND PLACES THAT IT DETERMINES.

13 18-1006.

14 THE PURPOSE OF THE ADVISORY COUNCIL SHALL BE TO PROVIDE ADVICE AND  
15 RECOMMENDATIONS TO THE GOVERNOR AND THE GENERAL ASSEMBLY WITH  
16 RESPECT TO HEPATITIS C BY:

17 (1) DEVELOPING A PROPOSAL FOR A STATEWIDE PROGRAM THAT  
18 PROMOTES PUBLIC EDUCATION AND OUTREACH TO RAISE AWARENESS OF  
19 HEPATITIS C AMONG PERSONS AT HIGH RISK FOR HEPATITIS C, AS WELL AS POLICE  
20 OFFICERS, FIREFIGHTERS, PERSONS EMPLOYED BY CORRECTIONAL FACILITIES,  
21 EMERGENCY RESPONSE PERSONNEL, AND OTHER HIGH-RISK GROUPS, INCLUDING,  
22 BUT NOT LIMITED TO, HEALTH CARE PROFESSIONALS AND PERSONS EMPLOYED IN  
23 PRIMARY CARE SETTINGS OR HEALTH CARE FACILITIES, WHICH SHALL INCLUDE, AT  
24 A MINIMUM, INFORMATION ON RISK FACTORS, THE VALUE OF EARLY DETECTION,  
25 AND THE OPTIONS AVAILABLE FOR TREATING HEPATITIS C;

26 (2) PROMOTING PUBLIC AWARENESS ABOUT THE AVAILABILITY OF  
27 HEPATITIS C SCREENING, PREVENTION, AND TREATMENT SERVICES AMONG  
28 PERSONS AT HIGH RISK FOR HEPATITIS C AS DETERMINED BY THE ADVISORY BOARD  
29 BASED ON DATA PROVIDED BY THE FEDERAL CENTERS FOR DISEASE CONTROL AND  
30 PREVENTION AND OTHER SOURCES OF INFORMATION DEEMED APPROPRIATE BY  
31 THE ADVISORY BOARD;

32 (3) DEVELOPING EDUCATIONAL ACTIVITIES FOR HEALTH CARE  
33 PROFESSIONALS IN REGARD TO THE EPIDEMIOLOGY, NATURAL HISTORY,  
34 DETECTION, AND TREATMENT OF HEPATITIS C, WHICH SHALL INCLUDE  
35 INFORMATION ABOUT COINFECTION WITH HCV AND HIV AND THE IMPLICATIONS OF  
36 COINFECTION FOR HIV OR AIDS TREATMENT;

1 (4) DEVELOPING EDUCATIONAL AND INFORMATIONAL MEASURES  
2 TARGETED AT SPECIFIC GROUPS, INCLUDING ACTIVITIES DESIGNED TO EDUCATE  
3 YOUTH ABOUT THE LONG-TERM CONSEQUENCES OF INFECTION WITH HCV;

4 (5) COLLABORATING WITH THE DEPARTMENT OF CORRECTIONS TO  
5 DEVELOP SCREENING SERVICES TO IDENTIFY HCV-POSITIVE INMATES WHO ARE  
6 LIKELY TO BE RELEASED WITHIN A PERIOD OF 1 YEAR AND TO PROVIDE  
7 COUNSELING AND TREATMENT OPTIONS TO REDUCE THE POTENTIAL HEALTH RISK  
8 TO THE COMMUNITY FROM THESE PERSONS;

9 (6) EVALUATING EXISTING HEPATITIS C SUPPORT SERVICES IN THE  
10 COMMUNITY AND ASSESSING THE NEED FOR IMPROVING THE QUALITY AND  
11 ACCESSIBILITY OF THESE SERVICES;

12 (7) ESTABLISHING PUBLIC-PRIVATE PARTNERSHIPS TO PROMOTE  
13 OUTREACH AND INCREASE AWARENESS ABOUT HEPATITIS C AMONG EMPLOYERS,  
14 ORGANIZED LABOR, HEALTH CARE PROVIDERS, HEALTH INSURERS, AND  
15 COMMUNITY-BASED ORGANIZATIONS AND COALITIONS;

16 (8) IDENTIFYING FUNDS OR OTHER RESOURCES FROM PRIVATE  
17 NONPROFIT OR FOR-PROFIT SOURCES OR THE FEDERAL GOVERNMENT TO  
18 EFFECTUATE PROGRAMS AND ACTIVITIES DEVELOPED AS PROVIDED FOR IN THIS  
19 SUBTITLE;

20 (9) DEVELOPING A PLAN TO COORDINATE THE ACTIVITIES OF THE  
21 PROGRAM WITH SERVICES PROVIDED SEPARATELY TO SPECIFIC POPULATIONS,  
22 INCLUDING VETERANS OF THE UNITED STATES ARMED FORCES, PERSONS  
23 PARTICIPATING IN PRIVATE OR PUBLIC DRUG ABUSE OR ALCOHOL TREATMENT  
24 PROGRAMS, AND PERSONS WITH HIV; AND

25 (10) DEVELOPING A PLAN TO COORDINATE THE ACTIVITIES OF THE  
26 PROGRAM TO PREVENT REDUNDANCIES.

27 18-1007.

28 THE ADVISORY COUNCIL SHALL REPORT TO THE GOVERNOR AND, IN  
29 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE  
30 GENERAL ASSEMBLY ON OR BEFORE APRIL 1, 2005 AND ANNUALLY THEREAFTER AND  
31 INCLUDE ADVICE AND RECOMMENDATIONS ON HEPATITIS C AS PROVIDED FOR IN  
32 THIS SUBTITLE.

33 18-1008.

34 THE SECRETARY SHALL DESIGNATE THE STAFF NECESSARY TO ASSIST THE  
35 ADVISORY COUNCIL IN CARRYING OUT ITS FUNCTIONS AS PROVIDED UNDER THIS  
36 SUBTITLE.

37 18-1009.

38 (A) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE BUDGET.

1 (B) THE FUNDING PROVIDED IN THE STATE BUDGET FOR THE PROGRAM IS  
2 INTENDED TO COMPLEMENT FUNDING RECEIVED FROM ANY OTHER LAWFUL  
3 SOURCE.

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
5 October 1, 2003.