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Committee Report: Favorable with amendments

House action: Adopted

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CHAPTER

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 review, recommend
- 6 changes to, and solicit funds to implement a certain hepatitis C prevention plan;
- 7 specifying the membership, terms, removal, chairman, and purpose of the
- 8 Advisory Council; requiring the Advisory Council to issue certain reports on or
- 9 before certain dates; requiring the Secretary of Health and Mental Hygiene to
- take certain actions in connection with the Hepatitis C Advisory Council;
- defining certain terms; providing for the termination of this Act; and generally
- relating to the Hepatitis C Advisory Council.
- 13 BY adding to
- 14 Article Health General
- 15 Section 18-1001 through 18-1009, inclusive, to be under the new subtitle
- 16 "Subtitle 10. Hepatitis C Advisory Council"
- 17 Annotated Code of Maryland
- 18 (2000 Replacement Volume and 2002 Supplement)

| | HOUSE BILL 300 |
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| 1 | Preamble |
| 2 | WHEREAS, Hepatitis C is a silent killer, being largely asymptomatic until irreversible liver damage may have occurred; and |
| 4 5 | WHEREAS, Hepatitis C has been characterized by the World Health Organization as a disease of primary concern to humanity; and |
| | WHEREAS, Hepatitis C currently infects approximately 4.5 million persons in the United States, and each year there are some 30,000 new infections nationwide; and |
| | WHEREAS, The federal Centers for Disease Control and Prevention estimate that approximately 12,000 persons die annually from the consequences of hepatitis C, and this number continues to grow each year; and |
| 14 15 | WHEREAS, The disease is considered to be such a public health threat that the United States Department of Health and Human Services has initiated a comprehensive plan to address this significant health problem, beginning with the identification of, and notification to, hundreds of thousands of persons who are inadvertently exposed to hepatitis C through blood transfusions; and |
| 19 20 | WHEREAS, In the absence of a vaccine for hepatitis C, emphasis must be placed on other means of awareness and prevention of this disease, including, but not limited to, education of persons at high risk for hepatitis C as defined by the federal Centers for Disease Control and Prevention, as well as police officers, firefighters, health care workers, and the general public; and |
| | WHEREAS, Educating the public and health care community throughout the State about hepatitis C will ensure an optimal approach to controlling this lethal disease; now, therefore, |
| 25 26 | SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: |
| 27 | Article - Health - General |
| 28 | SUBTITLE 10. HEPATITIS C ADVISORY COUNCIL. |
| 29 | 18-1001. |
| 30 | THERE IS A STATE ADVISORY COUNCIL ON HEPATITIS C. |
| 31 | 18-1002. |
| 32 33 | (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED. |

34 (B) "ADVISORY COUNCIL" MEANS THE STATE ADVISORY COUNCIL ON 35 HEPATITIS C.

(VII)

31 FOUNDATION; AND

1 (C) "HCV" MEANS THE HEPATITIS C VIRUS. "SECRETARY" MEANS THE SECRETARY OF HEALTH AND MENTAL 2 (D) 3 HYGIENE. 4 18-1003. 5 (A) THE ADVISORY COUNCIL CONSISTS OF 15 16 MEMBERS. (1) 6 (2) OF THE 15 16 MEMBERS: 7 ONE SHALL BE A MEMBER OF THE SENATE OF MARYLAND, (I) 8 APPOINTED BY THE PRESIDENT OF THE SENATE: (II)ONE SHALL BE A MEMBER OF THE HOUSE OF DELEGATES, 10 APPOINTED BY THE SPEAKER OF THE HOUSE; (III)ONE SHALL BE THE SECRETARY OF HEALTH AND MENTAL 12 HYGIENE OR THE SECRETARY'S DESIGNEE; ONE SHALL BE THE SECRETARY OF VETERANS AFFAIRS OR THE 13 (IV) 14 SECRETARY'S DESIGNEE: ONE SHALL BE THE SECRETARY OF CORRECTIONS OR THE 15 (V) 16 SECRETARY'S DESIGNEE; AND TEN ELEVEN SHALL BE APPOINTED BY THE GOVERNOR. 17 (VI) (3) OF THE TEN ELEVEN MEMBERS APPOINTED BY THE GOVERNOR: 18 19 (I) ONE SHALL BE AN INTERNIST; 20 (II)ONE SHALL BE A HEMATOLOGIST: ONE SHALL BE A HEPATOLOGIST: 21 (III)22 (IV) ONE SHALL BE A CLINICAL RESEARCHER SPECIALIZING IN 23 DISEASES OF THE LIVER; 24 (V) ONE SHALL BE A MEMBER OF THE PUBLIC; ONE SHALL BE A VETERAN OF THE UNITED STATES ARMED 25 (VI) 26 FORCES WHO HAS HEPATITIS C; 27 (V) TWO SHALL BE REPRESENTATIVES OF THE PHARMACEUTICAL 28 INDUSTRY; 29 (VI) ONE SHALL BE A NURSE PRACTITIONER; AND

ONE SHALL BE A REPRESENTATIVE OF THE AMERICAN LIVER

- 1 (VIII) ONE SHALL BE A REPRESENTATIVE OF THE BALTIMORE CITY 2 HEALTH DEPARTMENT.
- 3 (B) (1) THE TERM OF A MEMBER IS 2 YEARS.
- 4 (2) AT THE END OF A TERM A MEMBER CONTINUES TO SERVE UNTIL A 5 SUCCESSOR IS APPOINTED.
- 6 (3) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES 7 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED.
- 8 (C) THE GOVERNOR MAY REMOVE A MEMBER OF THE ADVISORY BOARD FOR 9 INCOMPETENCE OR MISCONDUCT.
- 10 18-1004.
- 11 FROM AMONG THE MEMBERS OF THE ADVISORY COUNCIL THE GOVERNOR 12 SHALL APPOINT A CHAIRMAN.
- 13 18-1005.
- 14 (A) A MAJORITY OF THE MEMBERS SERVING ON THE ADVISORY COUNCIL 15 REPRESENTS A OUORUM TO CONDUCT BUSINESS.
- 16 (B) A MEMBER OF THE ADVISORY COUNCIL:
- 17 (1) MAY NOT RECEIVE COMPENSATION; BUT
- 18 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE 19 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.
- 20 (C) THE ADVISORY COUNCIL SHALL MEET AT LEAST FOUR <u>TWO</u> TIMES A YEAR, 21 AT THE TIMES AND PLACES THAT IT DETERMINES.
- 22 18-1006.
- 23 THE PURPOSE OF THE ADVISORY COUNCIL SHALL BE TO PROVIDE ADVICE AND
- 24 RECOMMENDATIONS TO THE GOVERNOR AND THE GENERAL ASSEMBLY WITH
- 25 RESPECT TO HEPATITIS C BY:
- 26 (1) DEVELOPING A PROPOSAL FOR A STATEWIDE PROGRAM THAT
- 27 PROMOTES PUBLIC EDUCATION AND OUTREACH TO RAISE AWARENESS OF
- 28 HEPATITIS C AMONG PERSONS AT HIGH RISK FOR HEPATITIS C, AS WELL AS POLICE
- 29 OFFICERS, FIREFIGHTERS, PERSONS EMPLOYED BY CORRECTIONAL FACILITIES.
- 30 EMERGENCY RESPONSE PERSONNEL, AND OTHER HIGH RISK GROUPS, INCLUDING,
- 31 BUT NOT LIMITED TO, HEALTH CARE PROFESSIONALS AND PERSONS EMPLOYED IN
- 32 PRIMARY CARE SETTINGS OR HEALTH CARE FACILITIES, WHICH SHALL INCLUDE, AT
- 33 A MINIMUM, INFORMATION ON RISK FACTORS, THE VALUE OF EARLY DETECTION,
- 34 AND THE OPTIONS AVAILABLE FOR TREATING HEPATITIS C;

- 1 (2) PROMOTING PUBLIC AWARENESS ABOUT THE AVAILABILITY OF
- 2 HEPATITIS C SCREENING, PREVENTION, AND TREATMENT SERVICES AMONG
- 3 PERSONS AT HIGH RISK FOR HEPATITIS C AS DETERMINED BY THE ADVISORY BOARD
- 4 BASED ON DATA PROVIDED BY THE FEDERAL CENTERS FOR DISEASE CONTROL AND
- 5 PREVENTION AND OTHER SOURCES OF INFORMATION DEEMED APPROPRIATE BY
- 6 THE ADVISORY BOARD:
- 7 (3) DEVELOPING EDUCATIONAL ACTIVITIES FOR HEALTH CARE
- 8 PROFESSIONALS IN REGARD TO THE EPIDEMIOLOGY, NATURAL HISTORY,
- 9 DETECTION, AND TREATMENT OF HEPATITIS C. WHICH SHALL INCLUDE
- 10 INFORMATION ABOUT COINFECTION WITH HCV AND HIV AND THE IMPLICATIONS OF
- 11 COINFECTION FOR HIV OR AIDS TREATMENT:
- 12 (4) DEVELOPING EDUCATIONAL AND INFORMATIONAL MEASURES
- 13 TARGETED AT SPECIFIC GROUPS, INCLUDING ACTIVITIES DESIGNED TO EDUCATE
- 14 YOUTH ABOUT THE LONG-TERM CONSEQUENCES OF INFECTION WITH HCV:
- 15 (5) COLLABORATING WITH THE DEPARTMENT OF CORRECTIONS TO
- 16 DEVELOP SCREENING SERVICES TO IDENTIFY HCV-POSITIVE INMATES WHO ARE
- 17 LIKELY TO BE RELEASED WITHIN A PERIOD OF 1 YEAR AND TO PROVIDE
- 18 COUNSELING AND TREATMENT OPTIONS TO REDUCE THE POTENTIAL HEALTH RISK
- 19 TO THE COMMUNITY FROM THESE PERSONS;
- 20 (6) EVALUATING EXISTING HEPATITIS C SUPPORT SERVICES IN THE
- 21 COMMUNITY AND ASSESSING THE NEED FOR IMPROVING THE OUALITY AND
- 22 ACCESSIBILITY OF THESE SERVICES:
- 23 (7) ESTABLISHING PUBLIC-PRIVATE PARTNERSHIPS TO PROMOTE
- 24 OUTREACH AND INCREASE AWARENESS ABOUT HEPATITIS C AMONG EMPLOYERS,
- 25 ORGANIZED LABOR, HEALTH CARE PROVIDERS, HEALTH INSURERS, AND
- 26 COMMUNITY-BASED ORGANIZATIONS AND COALITIONS;
- 27 (8) IDENTIFYING FUNDS OR OTHER RESOURCES FROM PRIVATE
- 28 NONPROFIT OR FOR PROFIT SOURCES OR THE FEDERAL GOVERNMENT TO
- 29 EFFECTUATE PROGRAMS AND ACTIVITIES DEVELOPED AS PROVIDED FOR IN THIS
- 30 SUBTITLE:
- 31 (9) DEVELOPING A PLAN TO COORDINATE THE ACTIVITIES OF THE
- 32 PROGRAM WITH SERVICES PROVIDED SEPARATELY TO SPECIFIC POPULATIONS.
- 33 INCLUDING VETERANS OF THE UNITED STATES ARMED FORCES, PERSONS
- 34 PARTICIPATING IN PRIVATE OR PUBLIC DRUG ABUSE OR ALCOHOL TREATMENT
- 35 PROGRAMS, AND PERSONS WITH HIV; AND
- 36 (10) DEVELOPING A PLAN TO COORDINATE THE ACTIVITIES OF THE
- 37 PROGRAM TO PREVENT REDUNDANCIES. THE PURPOSE OF THE ADVISORY COUNCIL
- 38 SHALL BE TO:
- 39 (1) REVIEW AND RECOMMEND CHANGES TO THE "MARYLAND HEPATITIS
- 40 C PREVENTION AND CONTROL PLAN": AND

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- 1 (2) SOLICIT ANY FUNDS OR GRANTS FROM ANY FEDERAL, LOCAL,
- 2 PRIVATE, OR OTHER SOURCE TO IMPLEMENT "THE MARYLAND HEPATITIS C
- 3 PREVENTION AND CONTROL PLAN".
- 4 18-1007.
- 5 THE ADVISORY COUNCIL SHALL REPORT ON ITS ACTIVITIES AND
- 6 RECOMMENDATIONS TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF
- 7 THE STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY ON OR BEFORE
- 8 APRIL 1, 2005 AND ANNUALLY THEREAFTER AND INCLUDE ADVICE AND
- 9 RECOMMENDATIONS ON HEPATITIS C AS PROVIDED FOR IN THIS SUBTITLE.
- 10 18-1008.
- 11 THE SECRETARY SHALL DESIGNATE THE STAFF NECESSARY TO ASSIST THE
- 12 ADVISORY COUNCIL IN CARRYING OUT ITS FUNCTIONS AS PROVIDED UNDER THIS
- 13 SUBTITLE.
- 14 18-1009.
- 15 (A) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE BUDGET.
- 16 (B) THE FUNDING PROVIDED IN THE STATE BUDGET FOR THE PROGRAM IS
- 17 INTENDED TO COMPLEMENT FUNDING RECEIVED FROM ANY OTHER LAWFUL
- 18 SOURCE.
- 19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 20 October 1, 2003. It shall remain effective for a period of 2 years and, at the end of
- 21 September 30, 2005, with no further action required by the General Assembly, this
- 22 Act shall be abrogated and of no further force and effect.