

Department of Legislative Services  
Maryland General Assembly  
2007 Session

FISCAL AND POLICY NOTE

House Bill 159 (Delegate Nathan-Pulliam, *et al.*)  
Health and Government Operations

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Hepatitis C Inmate Treatment Program - Report

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This bill requires the Department of Public Safety and Correctional Services (DPSCS), collaborating with the Department of Health and Mental Hygiene (DHMH), to report by December 31, 2007 to specified legislative committees regarding Hepatitis C testing and treatment of individuals under DPSCS' jurisdiction. The report must include: the amount of funds appropriated to test and treat individuals; the entity selected to provide the testing and treatment; the testing modality used to identify individuals with Hepatitis C; the number of individuals tested for Hepatitis C; and the number of individuals tested positive for Hepatitis C who received treatment.

The bill takes effect June 1, 2007.

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Fiscal Summary

**State Effect:** The bill's requirements could be handled with existing budgeted resources.

**Local Effect:** None.

**Small Business Effect:** None.

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Analysis

**Current Law:** Chapters 249 and 457 of 2006 require DHMH to take specified actions, as funds are available, to address Hepatitis C infection in Maryland. Those required actions include: conducting a needs assessment to determine the incidence of Hepatitis C infection in the State; coordinating with other units of State government to activate a

Hepatitis C virus plan to educate, test, and treat populations within the units' jurisdiction; fund Hepatitis C virus pilot programs; and implement the 2005 report of the Hepatitis C Advisory Council. Beginning December 1, 2006, and annually thereafter, DHMH must report to the Governor and specified legislative committees on its activities. Chapters 249 and 457 terminate December 31, 2009.

Chapter 149 of 2003 established the State Advisory Council on Hepatitis C, which terminated September 30, 2005, to review and recommend changes to the Maryland Hepatitis C Prevention and Control Plan and solicit funds or grants to implement the plan. DHMH was required to staff the advisory council.

**Background:** DPSCS advises that approximately 12% of the 1,250 inmates enrolled in chronic care units throughout the department have tested positive for Hepatitis C. Hepatitis C testing is part of the department's inmate medical care contract.

In its 2006 Hepatitis C virus prevention and control report, DHMH states that it continues to receive Centers for Disease Control and Prevention (CDC) funds for one public health professional to address Hepatitis C issues. However, DHMH did not receive additional funds to fulfill the requirements established by Chapters 249 and 457 of 2006. According to the report, all DPSCS inmates are screened for behaviors that can increase their risk of Hepatitis C infection. Treatment is offered for those inmates who test positive for Hepatitis C and meet DPSCS treatment criteria. Inmates with high-risk behaviors receive Hepatitis C prevention education. Inmates are offered Hepatitis A and B vaccines.

DHMH and DPSCS are discussing the potential development of a community-based transitional program for inmates who are identified as Hepatitis C positive but who are released before they receive treatment. If such a program were developed, DHMH advises that the State would need to be awarded a private foundation grant in order to implement it.

Hepatitis C is an inflammation of the liver caused by a virus. The CDC reports that there are an estimated 3.9 million people in the United States who are currently infected with the Hepatitis C virus. Of those, 2.7 million people are chronically infected. There were approximately 26,000 new Hepatitis C infections nationwide in 2004. Of the people infected with Hepatitis C, 80% do not show signs or symptoms of the virus. Hepatitis C symptoms are jaundice, fatigue, dark urine, abdominal pain, loss of appetite, and nausea.

An estimated one-third of Maryland residents who have ever been infected with Hepatitis C are aware of their status, approximately double the proportion aware of their status as recently as 1999, according to the final report of the State Advisory Council on Hepatitis C. Further, the council reported that laboratory support for Hepatitis C

screening now is concentrated on the high-risk populations in Maryland. Surveillance principles for accurate categorization and counting of Hepatitis C cases have been clarified and explained to local health department staff. Sensitivity to careful case follow-up led to the detection of a Hepatitis C outbreak affecting several Maryland jurisdictions in 2004.

In its final report, the advisory council made the following recommendations:

- seek funding to develop user-friendly web resources for Hepatitis C awareness and education for health care professionals and the general public;
- develop recommendations for Hepatitis C screening and treatment and assess compliance of all State and local agencies;
- support a Maryland-specific needs assessment to identify gaps in public awareness and professional education;
- review current surveillance and case follow-up methods and, if needed, seek additional funding for additional professional and/or clerical resources to ensure complete, accurate, and timely case investigation, data entry, and triage of all Hepatitis C reports in Maryland, and ensure all infected residents are aware of their status and how to access health care resources; and
- ensure that a schedule for annual review of the Hepatitis C Prevention and Control Plan is established and that the review include comments solicited from Hepatitis C cases and health care providers.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene (*Report of the State Advisory Council on Hepatitis C*, January 2006; *DHMH Activities Toward Implementing Requirements of Health-General §18-1001 Hepatitis C Prevention and Control Within Maryland: Annual Report: December 2006*); Department of Public Safety and Correctional Services; Centers for Disease Control and Prevention; Department of Legislative Services

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