

Department of Legislative Services
Maryland General Assembly
2012 Session

FISCAL AND POLICY NOTE

House Bill 743 (Delegate Nathan-Pulliam, *et al.*)
Health and Government Operations

Inmates - Hepatitis C - Testing, Prevention, Counseling, and Treatment

This bill requires the Department of Public Safety and Correctional Services (DPSCS), in collaboration with the Department of Health and Mental Hygiene (DHMH), to establish a voluntary hepatitis C virus (HCV) testing program for inmates as well as specified protocols for the prevention and treatment of HCV among inmates. The bill further requires DPSCS to make available to inmates specified educational resources and counseling related to HCV.

DPSCS, in collaboration with DHMH, must develop regulations to implement the bill.

Fiscal Summary

State Effect: General fund expenditures likely increase for DPSCS to comply with the bill's counseling requirements. Exact costs to DPSCS cannot be reliably determined at this time, as discussed below.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: DPSCS, in collaboration with DHMH, must establish (1) a voluntary HCV testing program for each inmate as part of the intake process (and, if an inmate tests negative on intake, as part of the release process); and (2) protocols for the prevention of HCV among inmates and for the treatment of inmates who have been diagnosed with

HCV. Protocols for treatment must include guidelines for the treatment of an inmate who is scheduled for release prior to completion of treatment.

Prior to the release of an inmate who has been diagnosed with HCV, DPSCS must make available to the inmate educational resources including community linkages (and telemedicine links) to providers in the community for the continuation of treatment after release. In addition, DPSCS must establish peer education and support groups to provide counseling to inmates on the management of HCV (including the management of side effects during treatment).

Current Law: Chapter 142 of 2009 required DPSCS, in collaboration with the Department of Human Resources (DHR) and DHMH, to develop a process to refer an inmate who has been diagnosed with HCV to DHR or DHMH for enrollment in the Maryland Medical Assistance Program (Medicaid) or the Primary Adult Care Program on release. Chapter 142 also required DPSCS to (1) provide counseling to inmates with HCV on the management (and methods to reduce the transmission) of HCV; and (2) in collaboration with DHMH, develop regulations to implement these requirements.

Background: “Hepatitis” means inflammation of the liver and also refers to a group of viral infections, including HCV, that affect the liver. HCV can be either acute (*i.e.*, a short-term illness occurring within six months of exposure) or chronic (*i.e.*, a serious disease that can result in long-term health problems and/or death). In many cases, an acute infection leads to a chronic infection. According to the U.S. Centers for Disease Control and Prevention (CDC), viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation.

HCV is typically transmitted by sharing needles, syringes, or other drug injection equipment with an infected person. According to CDC, there were an estimated 16,000 new HCV infections in the United States in 2009 (down from 291,000 in 1989). There is currently no vaccine for HCV.

DPSCS advises that fewer than 1,000 current inmates have been diagnosed with HCV (but was unable to provide an exact number).

State Expenditures: DPSCS advises that it already has a voluntary HCV testing program for inmates and that it currently offers educational resources and referral services to inmates for continuation of treatment after release. In addition, DPSCS is already required to provide counseling to inmates with HCV on the management of the virus.

However, DPSCS further advises that, although it has protocols for treatment of HCV, it does not currently have protocols for prevention of the virus. In addition, the department

advises that it does not currently offer peer education or have any type of training program for peer educators. Accordingly, DPSCS advises that its costs increase by an indeterminate amount under the bill to develop the required protocols and provide training for peer educators.

Legislative Services advises that DPSCS can likely develop the required protocols and regulations with existing resources (given that DPSCS has already developed protocols and regulations on closely related issues) but concurs that the department's costs are likely to increase under the bill in order to train peer educators to provide the required counseling. Because the extent to which additional staff and/or contractual services are required to provide the necessary training is unclear, Legislative Services advises that exact costs associated with the training cannot be reliably determined at this time.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): U.S. Centers for Disease Control and Prevention, Department of Human Resources, Department of Health and Mental Hygiene, Department of Public Safety and Correctional Services, Department of Legislative Services

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