

108TH CONGRESS
1ST SESS.

S._____

To direct the Secretary of Health and Human Services to establish, promote, and support a comprehensive program for education, prevention, and treatment of Hepatitis C virus infection.

IN THE SENATE OF THE UNITED STATES

_____, ____ 2003

M_____. _____ introduced the following bill; which was referred to the Committee on _____

A BILL

To direct the Secretary of Health and Human Services to establish a comprehensive program for the education, prevention, and treatment of Hepatitis C virus infection.

1 *Be it enacted by the Senate and House of*
2 *Representatives of the United States of America in Congress*
3 *assembled,*

4 **SECTION 101. SHORT TITLE.**

5 This Act may be cited as the “Hepatitis C Epidemic Control
6 and Prevention Act.”

7 **SECTION 201. FINDINGS.**

8 (a) The Congress finds as follows:

1 (1) Hepatitis C virus infects approximately 4 million
2 people in the United States, making it the nation's most common,
3 bloodborne viral infection.

4 (2) Nearly two percent of the population of the United
5 States have been infected with the Hepatitis C virus.

6 (3) Approximately 35,000 new Hepatitis C virus
7 infections are conservatively estimated to occur in the United
8 States each year.

9 (4) Hepatitis C virus infection can cause life-threatening
10 liver disease.

11 (5) Hepatitis C virus infected persons serve as a source
12 of transmission to others and, since very few are aware that they
13 are infected, they are unlikely to take precautions to prevent the
14 spread or exacerbation of their infection.

15 (6) There is no vaccine available for Hepatitis C virus.

16 (7) Treatments are available to slow the progression of
17 chronic Hepatitis C virus infection.

18 (8) An estimated 2.4 to 2.7 million people who are
19 chronically infected with Hepatitis C virus are receiving no
20 treatment.

21 (9) Conservative estimates now place the costs of lost
22 productivity and medical care arising from Hepatitis C virus
23 infection in the United States to be in excess of \$600 million
24 annually; and such costs will undoubtedly increase in the absence
25 of expanded education and prevention efforts.

26 (10) To combat our nation's Hepatitis C virus epidemic,
27 the National Hepatitis C Prevention Strategy of the Centers for

1 Disease Control and Prevention and the expert panel of the 2002
2 National Institutes of Health Consensus Development Conference
3 on the Management of Hepatitis C urge support for Hepatitis C
4 prevention programs that include strategies for education and
5 training, surveillance and early detection, disease control, and
6 research.

7 (11) Federal support is necessary to increase knowledge
8 and awareness of Hepatitis C and to assist state and local
9 prevention efforts.

10 **SECTION 301. FEDERAL PLAN FOR PREVENTION AND**
11 **TREATMENT OF HEPATITIS C.**

12 (a) IN GENERAL- The Secretary of Health and Human
13 Services (hereinafter referred to as “Secretary”), shall implement a
14 federal plan for prevention of Hepatitis C. The plan shall include
15 strategies for education and training, surveillance and early
16 detection, disease control, and research.

17 (b) INPUT IN DEVELOPING PLAN- In designing the federal
18 prevention plan referred to in subsection (a), the Secretary shall be
19 guided by the recommendations embodied in the National
20 Hepatitis C Prevention Strategy and shall develop the plan in
21 consultation with any or all of the following:

22 (1) the Centers for Disease Control and Prevention, the
23 National Institutes of Health, or other federal agencies or offices
24 providing services to persons with Hepatitis C virus infections or
25 the functions of which otherwise involve Hepatitis C;

1 (2) the public, including members of the public infected
2 with Hepatitis C virus, as well as public advocates concerned with
3 issues related to Hepatitis C; and

4 (3) medical advisory bodies that address issues related
5 to Hepatitis C.

6 (c) BIANNUAL UPDATE OF PLAN – The Secretary shall
7 conduct a biannual assessment of the federal prevention plan and
8 shall update the plan to incorporate new knowledge and/or
9 observations, such as that which may be derived from clinical and
10 scientific research, epidemiological studies, and disease detection
11 and surveillance outcomes and methodologies.

12 (1) Biennially, beginning on the first even-numbered
13 year after the year of enactment of this Act, and not later than
14 October 1 of each even-numbered year thereafter, the Secretary
15 shall publish a notice in the Federal Register of the product of the
16 biannual assessment referred to in subsection (c). The notice shall
17 also describe:

18 (A) revisions to the federal prevention plan;

19 (B) an explanation of the basis for any revisions
20 to the plan, including the ways in which such revisions can
21 be reasonably expected to further promote the original
22 goals and objectives of the plan; and

23 (C) where the Secretary determines that updates
24 to the plan are not indicated, the Secretary shall explain the
25 basis for that determination.

26 **SECTION 401. ELEMENTS OF THE FEDERAL**
27 **HEPATITIS C PREVENTION PLAN**

- 1 (a) EDUCATION AND TRAINING- The Secretary, acting
2 through the Centers for Disease Control and Prevention, shall
3 implement programs to heighten awareness and enhance
4 knowledge and understanding of Hepatitis C. This program shall
5 include:
- 6 (1) health education, public awareness campaigns, and
7 community outreach activities to promote public awareness and
8 knowledge about risk factors, methods of disease transmission, the
9 value of early detection, available screening services, and options
10 available for the treatment of Hepatitis C virus infection;
- 11 (2) training of health care personnel regarding the
12 treatment, detection, and methods of transmission of Hepatitis C
13 virus infection, as well as the benefits of disease awareness and
14 prevention; and
- 15 (3) distribution of training curricula for persons
16 providing Hepatitis C counseling, as well as support for its
17 implementation by state and local public health agencies. The
18 training course shall include information relating to the special
19 needs of persons with positive Hepatitis C virus test results,
20 including the importance of early intervention and treatment and
21 recognition of psychosocial needs.
- 22 (b) EARLY DETECTION AND SURVEILLANCE- The
23 Secretary shall, acting through the Centers for Disease Control and
24 Prevention, the National Institutes of Health, and/or other federal
25 agencies or offices establish and support the following activities to
26 promote early detection of Hepatitis C virus infections,

1 identification of risk factors for infection, and surveillance of
2 Hepatitis C virus infection trends:

3 (1) VOLUNTARY TESTING PROGRAMS- The
4 Secretary shall establish a mechanism by which to support and
5 promote the development of state and local voluntary Hepatitis C
6 testing programs to aid in the early identification of infected
7 individuals.

8 (A) The Secretary shall promote and support
9 provision of appropriate referrals for counseling and other
10 follow-up services for Hepatitis C virus-infected
11 individuals identified pursuant to paragraph (1) of this
12 subsection.

13 (B) The results of a Hepatitis C test conducted by
14 a testing program developed or supported under this
15 subsection are to be considered confidential medical
16 information and may not be used for insurance purposes, to
17 screen or determine suitability for employment, or to
18 discharge a person from employment.

19 (2) SURVEILLANCE PROGRAMS- The Secretary
20 shall promote and support the establishment of new state Hepatitis
21 C virus surveillance databases and the expansion and maintenance
22 of existing state Hepatitis C virus surveillance databases.

23 (A) The Secretary shall promote and support the
24 analysis of data collected pursuant to paragraph (2) of this
25 subsection for the following purposes:

26 (i) identification of risk factors for
27 Hepatitis C virus infection;

- 1 (ii) identification of trends in the incidence
2 of acute and chronic Hepatitis C virus infection;
- 3 (iii) identification of trends in the
4 prevalence of Hepatitis C virus infection among
5 specific demographic groups that may be
6 disproportionately affected by Hepatitis C, including
7 persons infected with Human Immunodeficiency
8 Virus (HIV), military veterans, emergency first-
9 responders, racial or ethnic minorities that have a
10 higher prevalence of Hepatitis C virus infection, and
11 persons who engage in high risk behavior, such as
12 intravenous drug use; and
- 13 (iv) assessment and improvement of
14 Hepatitis C virus infection prevention programs.
- 15 (B) SEROPREVALENCE STUDY- The
16 Secretary shall ensure that a population-based
17 seroprevalence study is conducted to estimate the current
18 and future impact of Hepatitis C. The study shall consider
19 the economic and clinical impacts of Hepatitis C, as well as
20 the impact of Hepatitis C on quality of life.
- 21 (c) CLINICAL RESEARCH NETWORK- The Secretary shall,
22 acting through the Centers for Disease Control and Prevention, the
23 National Institutes of Health, and/or other federal agencies or
24 offices, establish and support a Hepatitis C Clinical Research
25 Network for the purpose of conducting research related to the
26 natural history, epidemiology, testing, prevention, and treatment of
27 Hepatitis C.

1 (d) HEPATITIS C DISEASE CONTROL- The Secretary shall,
2 acting through the Centers for Disease Control and Prevention, the
3 National Institutes of Health, and/or other federal agencies or
4 offices, promote and support state and local Hepatitis C
5 counseling, pharmaceutical treatment, testing, and prevention
6 programs.

7 (1) VACCINATIONS- The Secretary shall promote and
8 support both the establishment and maintenance of state and local
9 programs to vaccinate Hepatitis C virus infected persons, as well
10 as persons at elevated risk of contracting Hepatitis C virus
11 infections, against contraction of other infectious diseases of
12 which Hepatitis C virus infected individuals may be at elevated
13 risk, such as Hepatitis A and Hepatitis B.

14 (2) HEPATITIS C COORDINATORS- The Secretary
15 shall, acting through the Centers for Disease Control and
16 Prevention, increase current levels of support for the provision of
17 Hepatitis C Coordinators to each state and large metropolitan
18 health department to provide the additional management,
19 networking, and technical expertise needed to ensure successful
20 integration of Hepatitis C prevention and control activities into
21 existing public health programs.

22 (3) UNDERSERVED AND DISPROPORTIONATELY
23 AFFECTED POPULATIONS- The Secretary shall promote
24 expanded support for persons with limited access to health
25 education, testing, and health care services and groups that may be
26 disproportionately affected by Hepatitis C.

27 **SECTION 501. EFFECTIVE DATE.**

1 This Act take effects immediately upon enactment.

2 **SECTION 601. AUTHORIZATION OF**

3 **APPROPRIATIONS.**

4 For the purpose of carrying out this Act, there are authorized to be
5 appropriated to the Department of Health and Human Services
6 such sums as may be necessary for each of the fiscal years 2003
7 through 2006. Reauthorization of appropriations may be sought
8 for years thereafter.

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