

**Department of Legislative Services**  
Maryland General Assembly  
2012 Session

**FISCAL AND POLICY NOTE**  
**Revised**

House Bill 641

(Delegate Nathan-Pulliam, *et al.*)

Health and Government Operations

Education, Health, and Environmental Affairs

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**Hepatitis B and Hepatitis C Viruses - Public Awareness, Treatment, and Outreach**

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This bill requires the Department of Health and Mental Hygiene (DHMH), as funds are available, to conduct a needs assessment to determine incidence, conduct outreach and public awareness campaigns, and develop specified plans and recommendations related to the hepatitis B virus (HBV). The bill also repeals the termination date for provisions of law that require DHMH to conduct outreach and public awareness campaigns and make specified reports regarding the hepatitis C virus (HCV). In addition, the bill requires the Maryland Health Care Commission (MHCC) to examine existing research findings related to health disparities in the effectiveness of medical treatment of African Americans with HCV and collect recommended protocols for treating African Americans who have HCV; MHCC must report its findings to the Governor and specified committees of the General Assembly by December 1, 2012.

The bill takes effect July 1, 2012.

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**Fiscal Summary**

**State Effect:** MHCC advises that it can use existing resources to examine existing research findings and collect recommended protocols. The bill's other provisions primarily expand the purposes for which existing funds may be used. DHMH can continue to use existing federally funded staff to coordinate program activities and meet annual reporting requirements; however, DHMH has not been able to fully implement its existing hepatitis program due to a lack of funding, as discussed below.

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

**Bill Summary/Current Law:** Chapter 457 of 2006 (as amended by Chapter 125 of 2009) requires DHMH, as funds are available, to:

- conduct a needs assessment to determine the incidence of HCV in the State;
- initiate a statewide public awareness campaign, targeting vulnerable populations and health care providers in the State, to urge HCV education and testing;
- coordinate with other units of State government – including the Department of Public Safety and Correctional Services (DPSCS) and the Veterans' Administration – to activate an HCV plan for the education, testing, and treatment of populations within the jurisdiction of those units;
- solicit funding from the private sector and units of federal, State, and local government for HCV outreach;
- provide funding for HCV pilot programs, which may include programs in methadone clinics or programs for the DPSCS population;
- review and recommend initiatives to promote advocacy, education, physician outreach, and awareness of HCV;
- assess the feasibility of creating an HCV Administration in DHMH and examine methods to maximize existing resources to raise awareness of the hepatitis virus; and
- implement the 2005 report recommendations of the HCV Advisory Council.

These provisions terminate after June 30, 2013, but the bill repeals this termination date.

The bill also requires DHMH, as funds are available, to:

- conduct a needs assessment to determine the incidence of HBV in the State;
- initiate a statewide public awareness campaign, targeting vulnerable populations and health care providers in the State, to urge HBV education and testing;
- solicit funding from the private sector and units of federal, State, and local government for HBV outreach;
- review and recommend initiatives to promote advocacy, education, physician outreach, and awareness of HBV;
- coordinate with the Maryland Office of Minority Health and Health Disparities to develop a plan for the education, testing, and treatment of high risk populations and ethnic and racial populations (including the Asian population and African immigrants) that are affected disproportionately by HBV and HCV;

- develop a plan to increase the availability of HBV vaccinations in the State, in accordance with recommendations from the U.S. Centers for Disease Control and Prevention (CDC);
- develop recommendations to improve the awareness and affordability of medications for treating HCV; and
- collaborate with the Maryland Insurance Administration to make recommendations regarding insurance coverage for the treatment of HCV.

**Background:** “Hepatitis” means inflammation of the liver and also refers to a group of viral infections, including HBV and HCV, that affect the liver. Both HBV and 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 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.

HBV also can be transmitted by sharing needles, syringes, or other drug injection equipment with an infected person; through sexual contact with an infected person; or from an infected mother to her child at birth. According to CDC, there were an estimated 38,000 new HBV infections in the United States in 2009 (down from 287,000 in 1987). HBV vaccination is recommended as the best way to prevent the virus.

DHMH submitted its most recent report required by Chapter 457 in December 2011. Outlined in the report is the department’s progress on the campaign and in implementing the Hepatitis C Advisory Council’s 2005 report recommendations. DHMH’s activities in 2011 included coordinating vaccine distribution, increasing public and provider awareness, coordinating between public and private-sector agencies, and applying for funding from public and private-sector sources; however, the department noted that a lack of funding has hindered the implementation of certain other recommendations.

To date, DHMH has not received State funding to implement the HCV program. However, through a federal grant, it employs one full-time staff person to coordinate HCV outreach and prevention activities in the State as part of its community health program.

**State Expenditures:** Because MHCC currently works on issues related to health disparities – and given the narrow scope of the required study – MHCC advises (and  
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Legislative Services concurs) that the commission can use existing resources to examine existing research findings, collect recommended protocols, and report its findings by December 1, 2012.

The bill's other provisions primarily expand the purposes for which existing funds may be used; DHMH can continue to use existing federally funded staff to coordinate outreach and prevention activities in the State. However, Legislative Services notes that DHMH has not been able to fully implement its existing hepatitis program due to a lack of funding. For example, DHMH advises that, due to a lack of funding, a comprehensive needs assessment has not been conducted and will likely not be conducted in the future. DHMH further advises that (also due to a lack of funding) the department has been unable to conduct complete case surveillance for HCV, follow up with State residents to ensure that they are aware of their HCV status, or provide public resources to assist State residents in accessing health care for treatment and management of HCV.

DHMH advises (and Legislative Services concurs) that to fully implement the program under the bill would require a significant increase in program funding. For example, DHMH advises that a statewide needs assessment would cost approximately \$175,000 and that a public awareness campaign would cost approximately \$600,000. Additional staff would also be needed to assist with planning, coordination, educational, and outreach efforts.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** U.S. Centers for Disease Control and Prevention, Department of Health and Mental Hygiene, Maryland Insurance Administration, Department of Legislative Services

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