

- SUBJECT:** Hepatitis C education and prevention program
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 7 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Maxey, McClendon  
0 nays  
2 absent — Hilderbran, Uresti
- WITNESSES:** For — Fernando A. Guerra, M.D., San Antonio Metropolitan Health; Gary McWilliams, M.D., Carelink University Health System; Nonie Brown, Sharon Phillips, Pam Westbrook, Hepatitis C Advocate Network; Pamela Seboldt  
  
Against — None  
  
On — Sharilyn K. Stanley, M.D., Texas Department of Health
- BACKGROUND:** Hepatitis C is an infection of the liver. Symptoms include jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, and vomiting. Only 25 percent to 30 percent of Hepatitis C-positive individuals show symptoms. This disease can be contracted through blood transfusions, unprotected sex, or intravenous drug use. Some 85 percent of infected individuals suffer from chronic infection, and 70 percent have chronic liver disease. Hepatitis C is a major factor in the need for liver transplants.  
  
Prevention programs feature screening of blood, organ, and tissue donors, as well as counseling and education on risks of Hepatitis C through drug-use and sexual behavior. There is no vaccine. Drugs have been approved for treatment of the virus, but treatment is very expensive and only 15 percent to 30 percent effective.
- DIGEST:** HB 1652 would establish a statewide education and prevention program to control Hepatitis C to be administered by Texas Department of Health (TDH). TDH would provide a voluntary testing program, training for individuals providing Hepatitis C counseling, and a seroprevalence study to determine impact of the disease in Texas. TDH also would:

- ! conduct health education, public awareness, and community outreach programs on risk factors, screening, treatment options, and the value of early detection;
- ! provide training to public health clinic personnel;
- ! promote the benefits of prevention among health care providers and employers; and
- ! develop a prevention program for to reduce transmission risk.

HB 1652 would require TDH to establish a voluntary Hepatitis C testing program at facilities that perform voluntary HIV testing. It would mandate strict confidentiality. Results from a Hepatitis C blood test could not be used for insurance purposes, employment screening, or employment discharge. The bill would authorize civil lawsuits in the event that confidentiality was violated.

This bill would take effect September 1, 1999.

**SUPPORTERS  
SAY:**

Hepatitis C is on the upswing in Texas. The Health Department estimates some 350,000 Texans have contracted this hard-to-treat disease. HB 1652 would help raise community awareness through an education and prevention program. Testing and counseling would be provided through this bill, as well as training programs for counselors and health care workers, which currently are not readily available.

HB 1652 would be a vehicle for a statewide prevalence study that would provide information about the extent of the infection in various geographic areas and demographic groups. This information is needed for planning public health policy for the state.

This bill would help Texas get ahead of the curve in dealing with the public health concerns posed by Hepatitis C before it goes beyond epidemic proportions and is out of control. Although the cost of a comprehensive Hepatitis C program may be high, it does not compare to the medical cost of allowing the spread of this disease to go unchecked, especially the high cost of liver transplants that may be required.

**OPPONENTS  
SAY:**

The cost of implementing this program is too high. The \$12 million in spending over the next five years that this program would require could be better used to treat or vaccinate against other diseases.

HB 1652  
House Research Organization  
page 3

OTHER  
OPPONENTS  
SAY:

This bill does not go far enough. Funding should go into research to find a cost-effective treatment for this disease. At this time, there is no effective cure, and available treatment is too expensive for most people.

NOTES:

The Article 11 wish list in the House-passed version of HB 1 by Junell, the general appropriations bill for fiscal 2000-01, would appropriate \$609,667 in fiscal 2000 and \$2,433,296 in fiscal 2001 from general revenue for implementing education and prevention programs for Hepatitis C, contingent on enactment of HB 1652 or similar legislation.

HB 1725 by Capelo, which would provide an immunization program to protect against Hepatitis A for younger children residing along the Texas border area, was on the Monday calendar.