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H434 Public hearing on "testimony about Hepatitis C....", held 10-20-1997, Hackensack, 1997b 1997

**NEWSPAPER ARTICLES:** No

# ASSEMBLY, No. 3017

## STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED DECEMBER 7, 2000

**Sponsored by:**

**Assemblyman FRANCIS J. BLEE**

**District 2 (Atlantic)**

**Assemblywoman JOAN M. QUIGLEY**

**District 32 (Bergen and Hudson)**

**Co-Sponsored by:**

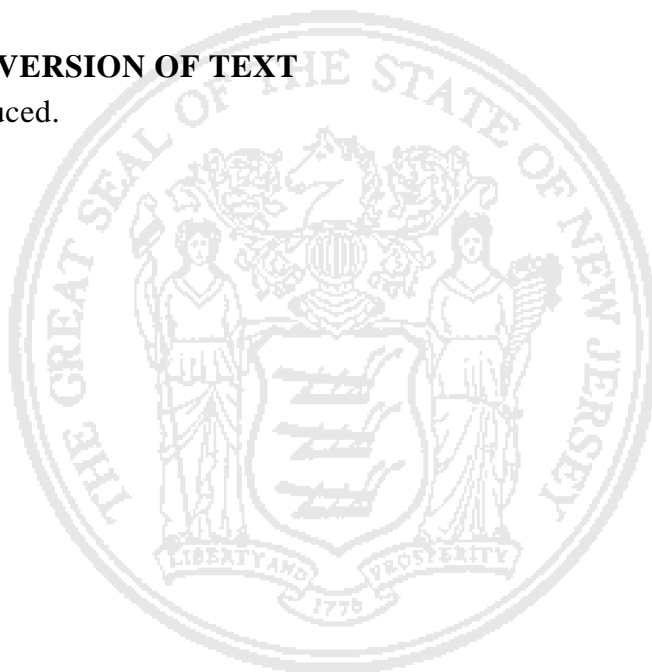
**Assemblywoman Weinberg, Assemblymen Thompson, Felice and  
Assemblywoman Vandervalk**

**SYNOPSIS**

Establishes hepatitis C education, prevention, screening and treatment program; appropriates \$2.5 million.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes and making an appropriation.

3  
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*

6  
7 1. The Legislature finds and declares that:

8 a. Hepatitis C is a silent killer, being largely asymptomatic until  
9 irreversible liver damage may have occurred;

10 b. Hepatitis C has been characterized by the World Health  
11 Organization as a disease of primary concern to humanity;

12 c. Hepatitis C currently infects approximately 4.5 million persons  
13 in the United States; and each year, there are some 30,000 new  
14 infections nationwide;

15 d. The federal Centers for Disease Control and Prevention estimate  
16 that approximately 12,000 persons die annually from the consequences  
17 of hepatitis C, and this number continues to grow each year;

18 e. It is estimated that approximately 146,000 New Jersey citizens  
19 are infected with hepatitis C;

20 f. The disease is considered to be such a public health threat that  
21 the United States Department of Health and Human Services has  
22 initiated a comprehensive plan to address this significant health  
23 problem, beginning with the identification of, and notification to,  
24 hundreds of thousands of persons who were inadvertently exposed to  
25 hepatitis C through blood transfusions;

26 g. In the absence of a vaccine for hepatitis C, emphasis must be  
27 placed on other means of awareness and prevention of this disease,  
28 including, but not limited to, education of persons at high risk for  
29 hepatitis C as defined by the federal Centers for Disease Control and  
30 Prevention, as well as police officers, firefighters, health care workers  
31 and the general public; and

32 h. New Jersey has established itself at the forefront of the fight  
33 against hepatitis C by becoming the first State in the nation to establish  
34 a comprehensive awareness program pursuant to P.L.1998, c.116  
35 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
36 an optimal approach to controlling this lethal disease.

37  
38 2. As used in this act:

39 "Commissioner" means the Commissioner of Health and Senior  
40 Services.

41 "HCV" means the hepatitis C virus.

42 "Program" means the hepatitis C education, prevention, screening  
43 and treatment program established pursuant to this act.

44  
45 3. The Commissioner of Health and Senior Services shall establish  
46 a hepatitis C education, prevention, screening and treatment program

1 in consultation with the hepatitis C advisory board established  
2 pursuant to section 4 of this act. The program shall be established in  
3 accordance with accepted public health practice and recommendations  
4 of the federal Centers for Disease Control and Prevention, and within  
5 the limits of funds appropriated pursuant to this act and any other  
6 resources available for the purposes thereof.

7 a. For the purposes of this program, the commissioner shall  
8 develop and implement the following:

9 (1) public education and outreach to raise awareness of hepatitis C  
10 among persons at high risk for hepatitis C as described in section 2 of  
11 P.L.1998, c.116 (C.26:2T-2), as well as police officers, firefighters,  
12 persons employed by correctional facilities, emergency response  
13 personnel and other high-risk groups, including, but not limited to,  
14 health care professionals and persons employed in primary care  
15 settings or health care facilities, which shall include, at a minimum,  
16 information on risk factors, the value of early detection and the  
17 options available for treating hepatitis C;

18 (2) measures to promote public awareness about the availability of  
19 hepatitis C screening, prevention and treatment services among  
20 persons at high risk for hepatitis C as determined by the commissioner  
21 based upon data provided by the federal Centers for Disease Control  
22 and Prevention and other sources of information deemed appropriate  
23 by the commissioner;

24 (3) educational activities for health care professionals in regard to  
25 the epidemiology, natural history, detection and treatment of hepatitis  
26 C, which shall include information about coinfection with HCV and  
27 HIV and the implications of coinfection for HIV or AIDS treatment;

28 (4) educational and informational measures targeted at specific  
29 groups, including, but not limited to, activities designed to educate  
30 youth about the long-term consequences of infection with HCV;

31 (5) measures to prevent further transmission of HCV and to  
32 prevent onset of chronic liver disease caused by hepatitis C through  
33 outreach to detect and treat chronic HCV infection; and

34 (6) a collaborative effort with the Department of Corrections to  
35 develop screening services to identify HCV-positive inmates who are  
36 likely to be released within a period of one year and to provide  
37 counseling and treatment options to reduce the potential health risk to  
38 the community from these persons.

39 b. The commissioner shall evaluate existing hepatitis C support  
40 services in the community and assess the need for improving the  
41 quality and accessibility of these services.

42 c. The commissioner shall seek to establish public-private  
43 partnerships to promote outreach and increase awareness for the  
44 purposes of this act among employers, organized labor, health care  
45 providers, health insurers, and community-based organizations and  
46 coalitions.

1 d. The commissioner shall take such actions as are reasonably  
2 necessary to ensure that the program established pursuant to this act  
3 provides clear, complete and accurate hepatitis C education,  
4 information and referral services in a multiculturally competent manner  
5 that is designed to provide appropriate linkages to health care services  
6 for persons in need thereof.

7 e. The commissioner shall seek to secure the use of such funds or  
8 other resources from private nonprofit or for-profit sources or the  
9 federal government to effectuate the purposes of this act as may be  
10 available therefor, which shall be used to supplement and shall not  
11 supplant State funds used to carry out the purposes of this act.

12 f. The commissioner shall seek, to the maximum extent practicable,  
13 to coordinate the activities of the program, as applicable, with services  
14 provided separately to specific populations, including, but not limited  
15 to, veterans of the United States armed forces, persons participating  
16 in private or public drug abuse or alcohol treatment programs, and  
17 persons with HIV.

18  
19 4. a. The commissioner shall establish a hepatitis C advisory board  
20 to provide advice and recommendations to the commissioner on, and  
21 to monitor, the implementation and operation of the program, and to  
22 evaluate the effectiveness of the program in meeting its objectives.  
23 The advisory board may also provide advice and recommendations to  
24 the commissioner on such other matters relating to hepatitis C as a  
25 majority of its members deem appropriate.

26 b. The commissioner shall appoint as members of the advisory  
27 board persons with a demonstrated expertise and interest in hepatitis  
28 C, including, but not limited to, health care professionals and persons  
29 with hepatitis C, and including representation among the various  
30 geographic regions and ethnic groups within the State. The advisory  
31 board shall include at least one person who is a representative of the  
32 American Liver Foundation.

33 c. The members of the advisory board shall serve without  
34 compensation, but shall be entitled to reimbursement for necessary  
35 expenses incurred in the performance of their duties.

36 d. The advisory board shall organize as soon as may be practicable  
37 after the appointment of its members and shall select a chairman from  
38 among its members and a secretary who need not be a member of the  
39 board.

40  
41 5. The commissioner, in consultation with the hepatitis C advisory  
42 board, shall report to the Governor and the Legislature, no later than  
43 18 months after the effective date of this act and annually thereafter,  
44 on the activities of the program and the effectiveness of the program  
45 in meeting its objectives. The report shall clearly describe the  
46 guidelines, assessments and strategies employed by the commissioner

1 in developing, implementing and evaluating the program. In addition,  
2 the commissioner shall seek to include in the report information on the  
3 proportion of acute versus chronic HCV infection among persons with  
4 HCV in the State and information about HCV infection that is specific  
5 to various populations within the State. The commissioner shall  
6 accompany the report with any recommendations that the  
7 commissioner desires to make for administrative or legislative action  
8 relating to hepatitis C education, prevention, screening or treatment.  
9

10 6. There is appropriated \$2,500,000 from the General Fund to the  
11 Department of Health and Senior Services to effectuate the purposes  
12 of this act.  
13

14 7. This act shall take effect on the 30th day after enactment.  
15  
16

17 STATEMENT  
18

19 This bill establishes a hepatitis C education, prevention, screening  
20 and treatment program in the Department of Health and Senior  
21 Services (DHSS) and appropriates \$2.5 million to DHSS for that  
22 purpose.

23 Specifically, the bill requires the Commissioner of Health and  
24 Senior Services to develop and implement the following:

25 -- public education and outreach to raise awareness of hepatitis C  
26 among persons at high risk for hepatitis C as described in  
27 N.J.S.A.26:2T-2, as well as police officers, firefighters, persons  
28 employed by correctional facilities, emergency response personnel and  
29 other high-risk groups, including, but not limited to, health care  
30 professionals and persons employed in primary care settings or health  
31 care facilities, which shall include, at a minimum, information on risk  
32 factors, the value of early detection and the options available for  
33 treating hepatitis C;

34 -- measures to promote public awareness about the availability of  
35 hepatitis C screening, prevention and treatment services among  
36 persons at high risk for hepatitis C as determined by the commissioner  
37 based upon data provided by the federal Centers for Disease Control  
38 and Prevention and other sources of information deemed appropriate  
39 by the commissioner;

40 -- educational activities for health care professionals in regard to  
41 the epidemiology, natural history, detection and treatment of hepatitis  
42 C, which shall include information about coinfection with the hepatitis  
43 C virus, or HCV, and HIV and the implications of coinfection for HIV  
44 or AIDS treatment;

45 -- educational and informational measures targeted at specific  
46 groups, including, but not limited to, activities designed to educate

1 youth about the long-term consequences of infection with HCV;  
2 -- measures to prevent further transmission of HCV and to prevent  
3 onset of chronic liver disease caused by hepatitis C through outreach  
4 to detect and treat chronic HCV infection; and

5 -- a collaborative effort with the Department of Corrections to  
6 develop screening services to identify HCV-positive inmates who are  
7 likely to be released within a period of one year and to provide  
8 counseling and treatment options to reduce the potential health risk to  
9 the community from these persons.

10 The commissioner is also directed to evaluate existing hepatitis C  
11 support services in the community and assess the need for improving  
12 the quality and accessibility of these services.

13 The commissioner is further directed to seek to establish public-  
14 private partnerships to promote outreach and increase awareness for  
15 the purposes of this bill among employers, organized labor, health care  
16 providers, health insurers, and community-based organizations and  
17 coalitions.

18 In addition, the bill stipulates that the commissioner shall take such  
19 actions as are reasonably necessary to ensure that the program  
20 provides clear, complete and accurate hepatitis C education,  
21 information and referral services in a multiculturally competent manner  
22 that is designed to provide appropriate linkages to health care services.

23 The bill stipulates that the commissioner shall establish a hepatitis  
24 C advisory board to provide advice and recommendations to the  
25 commissioner on, and to monitor, the implementation and operation  
26 of the program, and to evaluate the effectiveness of the program in  
27 meeting its objectives. The advisory board may also provide advice  
28 and recommendations to the commissioner on such other matters  
29 relating to hepatitis C as a majority of its members deem appropriate.  
30 The commissioner is to appoint as members of the advisory board  
31 persons with a demonstrated expertise and interest in hepatitis C,  
32 including, but not limited to, health care professionals and persons  
33 with hepatitis C, and including representation among the various  
34 geographic regions and ethnic groups within the State. The advisory  
35 board shall include at least one person who is a representative of the  
36 American Liver Foundation.

37 The bill further requires that the commissioner, in consultation with  
38 the hepatitis C advisory board, report to the Governor and the  
39 Legislature, no later than 18 months after its effective date and  
40 annually thereafter, on the activities of the hepatitis C education,  
41 prevention, screening and treatment program and the effectiveness of  
42 the program in meeting its objectives. The commissioner shall  
43 accompany the report with any recommendations that the  
44 commissioner desires to make for administrative or legislative action  
45 relating to hepatitis C education, prevention, screening or treatment.

46 The bill takes effect on the 30th day after enactment.



# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 3017

with committee amendments

# STATE OF NEW JERSEY

DATED: MARCH 1, 2001

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 3017.

As amended by the committee, this bill establishes a hepatitis C education, prevention, screening and treatment program in the Department of Health and Senior Services (DHSS) and appropriates \$2.5 million to DHSS for that purpose.

Specifically, the bill requires the Commissioner of Health and Senior Services to develop and implement the following:

-- public education and outreach to raise awareness of hepatitis C among persons at high risk for hepatitis C as described in N.J.S.A.26:2T-2, as well as police officers, firefighters, persons employed by correctional facilities, emergency response personnel and other high-risk groups, including, but not limited to, health care professionals and persons employed in primary care settings or health care facilities, which shall include, at a minimum, information on risk factors, the value of early detection and the options available for treating hepatitis C;

-- measures to promote public awareness about the availability of hepatitis C screening, prevention and treatment services among persons at high risk for hepatitis C as determined by the commissioner based upon data provided by the federal Centers for Disease Control and Prevention and other sources of information deemed appropriate by the commissioner;

-- educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, which shall include information about coinfection with the hepatitis C virus (HCV) and HIV and the implications of coinfection for HIV or AIDS treatment;

-- educational and informational measures targeted at specific groups, including, but not limited to, activities designed to educate youth about the long-term consequences of infection with HCV;

-- measures to prevent further transmission of HCV and to prevent onset of chronic liver disease caused by hepatitis C through outreach to detect and treat chronic HCV infection; and

-- a collaborative effort with the Department of Corrections to develop screening services to identify HCV-positive inmates who are likely to be released within a period of one year and to provide counseling and treatment options to reduce the potential health risk to the community from these persons.

The commissioner is also directed to evaluate existing hepatitis C support services in the community and assess the need for improving the quality and accessibility of these services.

The commissioner is further directed to seek to establish public-private partnerships to promote outreach and increase awareness for the purposes of this bill among employers, organized labor, health care providers, health insurers, and community-based organizations and coalitions.

In addition, the bill stipulates that the commissioner shall take such actions as are reasonably necessary to ensure that the program provides clear, complete and accurate hepatitis C education, information and referral services in a multiculturally competent manner that is designed to provide appropriate linkages to health care services.

The bill further provides that the commissioner shall establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate the effectiveness of the program in meeting its objectives. The advisory board may also provide advice and recommendations to the commissioner on such other matters relating to hepatitis C as a majority of its members deem appropriate. The commissioner is to appoint as members of the advisory board persons with a demonstrated expertise and interest in hepatitis C, including, but not limited to, health care professionals and persons with hepatitis C, and including representation among the various geographic regions and ethnic groups within the State. The advisory board shall include at least one person who is a representative of the American Liver Foundation.

The bill requires that the commissioner, in consultation with the hepatitis C advisory board, report to the Governor and the Legislature, no later than 18 months after its effective date and annually thereafter, on the activities of the hepatitis C education, prevention, screening and treatment program and the effectiveness of the program in meeting its objectives. The commissioner is to accompany the report with any recommendations that the commissioner desires to make for administrative or legislative action relating to hepatitis C education, prevention, screening or treatment.

Finally, the bill amends N.J.S.A.26:2T-1, the statute that requires the reporting of all newly diagnosed cases of hepatitis C by health care providers or other designated persons to DHSS, in order to require that this information be reported directly to DHSS, rather than to local health departments (thereby including hepatitis C with sexually transmitted diseases and tuberculosis as the diseases that are required

to be reported directly to DHSS).

The bill takes effect on the 30th day after enactment.

The committee amended the bill to require the reporting of all newly diagnosed cases of hepatitis C by health care providers or other designated persons directly to DHSS, rather than to local health departments.

As reported by the committee, this bill is similar to Senate Bill No. 1989 (Matheussen/Kosco), which is pending in the Senate Health Committee.

[First Reprint]

**ASSEMBLY, No. 3017**

**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

INTRODUCED DECEMBER 7, 2000

**Sponsored by:**

**Assemblyman FRANCIS J. BLEE**

**District 2 (Atlantic)**

**Assemblywoman JOAN M. QUIGLEY**

**District 32 (Bergen and Hudson)**

**Co-Sponsored by:**

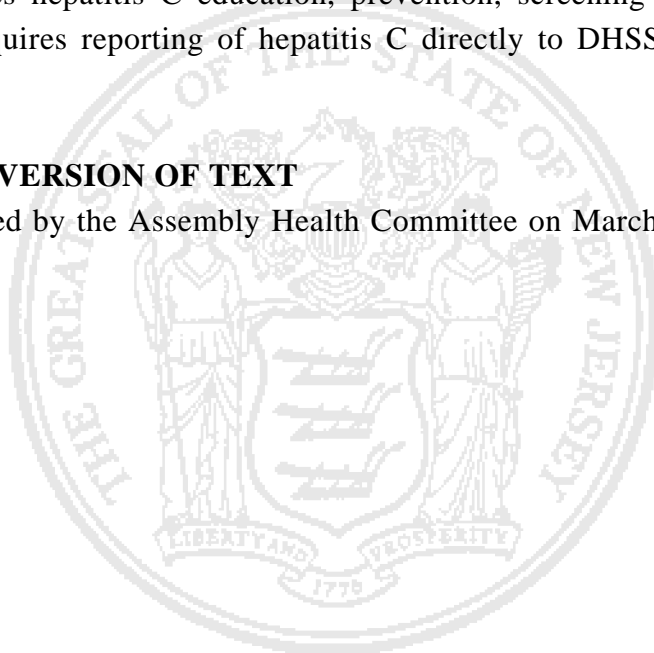
**Assemblywoman Weinberg, Assemblymen Thompson, Felice and  
Assemblywoman Vandervalk**

**SYNOPSIS**

Establishes hepatitis C education, prevention, screening and treatment program; requires reporting of hepatitis C directly to DHSS; appropriates \$2.5 million.

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health Committee on March 1, 2001, with amendments.



1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1</sup>, amending P.L.1998, c.116,<sup>1</sup> and making an  
3 appropriation.

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. <sup>1</sup>New section<sup>1</sup> The Legislature finds and declares that:

9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;

11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;

13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;

16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;

19 e. It is estimated that approximately 146,000 New Jersey citizens  
20 are infected with hepatitis C;

21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;

27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, as well as police officers, firefighters, health care workers  
32 and the general public; and

33 h. New Jersey has established itself at the forefront of the fight  
34 against hepatitis C by becoming the first State in the nation to establish  
35 a comprehensive awareness program pursuant to P.L.1998, c.116  
36 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
37 an optimal approach to controlling this lethal disease.

38  
39 2. <sup>1</sup>New section<sup>1</sup> As used in this act:

40 "Commissioner" means the Commissioner of Health and Senior  
41 Services.

42 "HCV" means the hepatitis C virus.

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Assembly AHL committee amendments adopted March 1, 2001.

1 "Program" means the hepatitis C education, prevention, screening  
2 and treatment program established pursuant to this act.

3  
4 3. 1New Section<sup>1</sup> The Commissioner of Health and Senior Services  
5 shall establish a hepatitis C education, prevention, screening and  
6 treatment program in consultation with the hepatitis C advisory board  
7 established pursuant to section 4 of this act. The program shall be  
8 established in accordance with accepted public health practice and  
9 recommendations of the federal Centers for Disease Control and  
10 Prevention, and within the limits of funds appropriated pursuant to this  
11 act and any other resources available for the purposes thereof.

12 a. For the purposes of this program, the commissioner shall  
13 develop and implement the following:

14 (1) public education and outreach to raise awareness of hepatitis C  
15 among persons at high risk for hepatitis C as described in section 2 of  
16 P.L.1998, c.116 (C.26:2T-2), as well as police officers, firefighters,  
17 persons employed by correctional facilities, emergency response  
18 personnel and other high-risk groups, including, but not limited to,  
19 health care professionals and persons employed in primary care  
20 settings or health care facilities, which shall include, at a minimum,  
21 information on risk factors, the value of early detection and the  
22 options available for treating hepatitis C;

23 (2) measures to promote public awareness about the availability of  
24 hepatitis C screening, prevention and treatment services among  
25 persons at high risk for hepatitis C as determined by the commissioner  
26 based upon data provided by the federal Centers for Disease Control  
27 and Prevention and other sources of information deemed appropriate  
28 by the commissioner;

29 (3) educational activities for health care professionals in regard to  
30 the epidemiology, natural history, detection and treatment of hepatitis  
31 C, which shall include information about coinfection with HCV and  
32 HIV and the implications of coinfection for HIV or AIDS treatment;

33 (4) educational and informational measures targeted at specific  
34 groups, including, but not limited to, activities designed to educate  
35 youth about the long-term consequences of infection with HCV;

36 (5) measures to prevent further transmission of HCV and to  
37 prevent onset of chronic liver disease caused by hepatitis C through  
38 outreach to detect and treat chronic HCV infection; and

39 (6) a collaborative effort with the Department of Corrections to  
40 develop screening services to identify HCV-positive inmates who are  
41 likely to be released within a period of one year and to provide  
42 counseling and treatment options to reduce the potential health risk to  
43 the community from these persons.

44 b. The commissioner shall evaluate existing hepatitis C support  
45 services in the community and assess the need for improving the  
46 quality and accessibility of these services.

1 c. The commissioner shall seek to establish public-private  
2 partnerships to promote outreach and increase awareness for the  
3 purposes of this act among employers, organized labor, health care  
4 providers, health insurers, and community-based organizations and  
5 coalitions.

6 d. The commissioner shall take such actions as are reasonably  
7 necessary to ensure that the program established pursuant to this act  
8 provides clear, complete and accurate hepatitis C education,  
9 information and referral services in a multiculturally competent manner  
10 that is designed to provide appropriate linkages to health care services  
11 for persons in need thereof.

12 e. The commissioner shall seek to secure the use of such funds or  
13 other resources from private nonprofit or for-profit sources or the  
14 federal government to effectuate the purposes of this act as may be  
15 available therefor, which shall be used to supplement and shall not  
16 supplant State funds used to carry out the purposes of this act.

17 f. The commissioner shall seek, to the maximum extent practicable,  
18 to coordinate the activities of the program, as applicable, with services  
19 provided separately to specific populations, including, but not limited  
20 to, veterans of the United States armed forces, persons participating  
21 in private or public drug abuse or alcohol treatment programs, and  
22 persons with HIV.

23  
24 4. <sup>1</sup>New section<sup>1</sup> a. The commissioner shall establish a hepatitis  
25 C advisory board to provide advice and recommendations to the  
26 commissioner on, and to monitor, the implementation and operation  
27 of the program, and to evaluate the effectiveness of the program in  
28 meeting its objectives. The advisory board may also provide advice  
29 and recommendations to the commissioner on such other matters  
30 relating to hepatitis C as a majority of its members deem appropriate.

31 b. The commissioner shall appoint as members of the advisory  
32 board persons with a demonstrated expertise and interest in hepatitis  
33 C, including, but not limited to, health care professionals and persons  
34 with hepatitis C, and including representation among the various  
35 geographic regions and ethnic groups within the State. The advisory  
36 board shall include at least one person who is a representative of the  
37 American Liver Foundation.

38 c. The members of the advisory board shall serve without  
39 compensation, but shall be entitled to reimbursement for necessary  
40 expenses incurred in the performance of their duties.

41 d. The advisory board shall organize as soon as may be practicable  
42 after the appointment of its members and shall select a chairman from  
43 among its members and a secretary who need not be a member of the  
44 board.

45  
46 5. <sup>1</sup>New section<sup>1</sup> The commissioner, in consultation with the  
47 hepatitis C advisory board, shall report to the Governor and the

1 Legislature, no later than 18 months after the effective date of this act  
2 and annually thereafter, on the activities of the program and the  
3 effectiveness of the program in meeting its objectives. The report shall  
4 clearly describe the guidelines, assessments and strategies employed  
5 by the commissioner in developing, implementing and evaluating the  
6 program. In addition, the commissioner shall seek to include in the  
7 report information on the proportion of acute versus chronic HCV  
8 infection among persons with HCV in the State and information about  
9 HCV infection that is specific to various populations within the State.  
10 The commissioner shall accompany the report with any  
11 recommendations that the commissioner desires to make for  
12 administrative or legislative action relating to hepatitis C education,  
13 prevention, screening or treatment.

14

15 <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read  
16 as follows:

17 1. The Commissioner of Health and Senior Services shall provide  
18 for the inclusion of all newly diagnosed cases of hepatitis C among  
19 those communicable diseases which are required to be reported by  
20 health care providers or other designated persons to the Department  
21 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and  
22 8:57-1.5. The commissioner shall require that such information be  
23 reported directly to the department, rather than to local health  
24 departments, as he determines necessary to assist the department to  
25 develop hepatitis C disease control measures, and shall revise these  
26 requirements as necessary to reflect technological advances which  
27 improve the ability to diagnose and treat the disease.<sup>1</sup>

28 (cf: P.L.1998, c.116, s.1)

29

30 <sup>1</sup>[6.] 7.<sup>1</sup> There is appropriated \$2,500,000 from the General Fund  
31 to the Department of Health and Senior Services to effectuate the  
32 purposes of this act.

33

34 <sup>1</sup>[7.] 8.<sup>1</sup> This act shall take effect on the 30th day after enactment.



# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## ASSEMBLY, No. 3017

with Assembly committee amendments

# STATE OF NEW JERSEY

DATED: JUNE 25, 2001

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3017 (1R) with committee amendments.

Assembly Bill No. 3017 (1R), as amended, establishes a hepatitis C education, prevention, screening and treatment program in the Department of Health and Senior Services (DHSS).

Specifically, the bill requires the Commissioner of DHSS to develop and implement the following:

- public education and outreach to raise awareness of hepatitis C;
- measures to promote public awareness about the availability of hepatitis C screening, prevention and treatment services;
- educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, which shall include information about coinfection with the hepatitis C virus (HCV) and HIV and the implications of coinfection for HIV or AIDS treatment;
- educational and informational measures targeted at specific groups, including, but not limited to, activities designed to educate youth about the long-term consequences of infection with HCV;
- measures to prevent further transmission of HCV and to prevent onset of chronic liver disease caused by hepatitis C through outreach to detect and treat chronic HCV infection; and
- a collaborative effort with the Department of Corrections to develop screening services to identify HCV-positive inmates who are likely to be released within a period of one year and to provide counseling and treatment options to reduce the potential health risk to the community from these persons.

The commissioner is also directed to evaluate existing hepatitis C support services in the community and assess the need for improving the quality and accessibility of these services.

The commissioner is further directed to seek to establish public-private partnerships to promote outreach and increase awareness for the purposes of this bill among employers, organized labor, health care providers, health insurers, and community-based organizations and

coalitions.

The commissioner shall establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate the effectiveness of the program in meeting its objectives.

The bill requires the commissioner, in consultation with the hepatitis C advisory board, to report to the Governor and the Legislature, no later than 18 months after its effective date and annually thereafter, on the activities of the hepatitis C program and its effectiveness.

**FISCAL IMPACT:**

The appropriation for \$2.5 million was deleted by committee amendment.

**COMMITTEE AMENDMENTS:**

The committee amendment deletes the \$2.5 million appropriation for this bill.

[Second Reprint]

**ASSEMBLY, No. 3017**

**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

INTRODUCED DECEMBER 7, 2000

**Sponsored by:**

**Assemblyman FRANCIS J. BLEE**

**District 2 (Atlantic)**

**Assemblywoman JOAN M. QUIGLEY**

**District 32 (Bergen and Hudson)**

**Co-Sponsored by:**

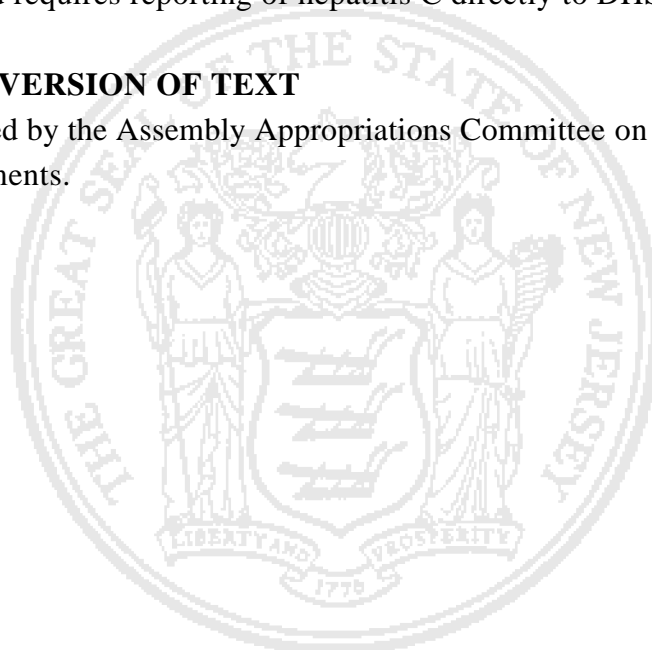
**Assemblywoman Weinberg, Assemblymen Thompson, Felice,  
Assemblywoman Vandervalk and Assemblyman Conaway**

**SYNOPSIS**

Establishes hepatitis C education, prevention, screening and treatment program; and requires reporting of hepatitis C directly to DHSS.

**CURRENT VERSION OF TEXT**

As reported by the Assembly Appropriations Committee on June 25, 2001, with amendments.



**(Sponsorship Updated As Of: 6/29/2001)**

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1, 2</sup> and<sup>2</sup> amending P.L.1998, c.116<sup>2</sup> [<sup>1</sup> and making an  
3 appropriation].<sup>2</sup>

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

- 7  
8 1. <sup>1</sup>New section<sup>1</sup> The Legislature finds and declares that:  
9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;  
11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;  
13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;  
16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;  
19 e. It is estimated that approximately 146,000 New Jersey citizens  
20 are infected with hepatitis C;  
21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;  
27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, as well as police officers, firefighters, health care workers  
32 and the general public; and  
33 h. New Jersey has established itself at the forefront of the fight  
34 against hepatitis C by becoming the first State in the nation to establish  
35 a comprehensive awareness program pursuant to P.L.1998, c.116  
36 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
37 an optimal approach to controlling this lethal disease.

- 38  
39 2. <sup>1</sup>New section<sup>1</sup> As used in this act:  
40 "Commissioner" means the Commissioner of Health and Senior  
41 Services.

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Assembly AHL committee amendments adopted March 1, 2001.

<sup>2</sup> Assembly AAP committee amendments adopted June 25, 2001.

1 "HCV" means the hepatitis C virus.

2 "Program" means the hepatitis C education, prevention, screening  
3 and treatment program established pursuant to this act.

4

5 3. 1New Section<sup>1</sup> The Commissioner of Health and Senior Services  
6 shall establish a hepatitis C education, prevention, screening and  
7 treatment program in consultation with the hepatitis C advisory board  
8 established pursuant to section 4 of this act. The program shall be  
9 established in accordance with accepted public health practice and  
10 recommendations of the federal Centers for Disease Control and  
11 Prevention, and within the limits of funds appropriated pursuant to this  
12 act and any other resources available for the purposes thereof.

13 a. For the purposes of this program, the commissioner shall  
14 develop and implement the following:

15 (1) public education and outreach to raise awareness of hepatitis C  
16 among persons at high risk for hepatitis C as described in section 2 of  
17 P.L.1998, c.116 (C.26:2T-2), as well as police officers, firefighters,  
18 persons employed by correctional facilities, emergency response  
19 personnel and other high-risk groups, including, but not limited to,  
20 health care professionals and persons employed in primary care  
21 settings or health care facilities, which shall include, at a minimum,  
22 information on risk factors, the value of early detection and the  
23 options available for treating hepatitis C;

24 (2) measures to promote public awareness about the availability of  
25 hepatitis C screening, prevention and treatment services among  
26 persons at high risk for hepatitis C as determined by the commissioner  
27 based upon data provided by the federal Centers for Disease Control  
28 and Prevention and other sources of information deemed appropriate  
29 by the commissioner;

30 (3) educational activities for health care professionals in regard to  
31 the epidemiology, natural history, detection and treatment of hepatitis  
32 C, which shall include information about coinfection with HCV and  
33 HIV and the implications of coinfection for HIV or AIDS treatment;

34 (4) educational and informational measures targeted at specific  
35 groups, including, but not limited to, activities designed to educate  
36 youth about the long-term consequences of infection with HCV;

37 (5) measures to prevent further transmission of HCV and to  
38 prevent onset of chronic liver disease caused by hepatitis C through  
39 outreach to detect and treat chronic HCV infection; and

40 (6) a collaborative effort with the Department of Corrections to  
41 develop screening services to identify HCV-positive inmates who are  
42 likely to be released within a period of one year and to provide  
43 counseling and treatment options to reduce the potential health risk to  
44 the community from these persons.

45 b. The commissioner shall evaluate existing hepatitis C support  
46 services in the community and assess the need for improving the

1 quality and accessibility of these services.

2 c. The commissioner shall seek to establish public-private  
3 partnerships to promote outreach and increase awareness for the  
4 purposes of this act among employers, organized labor, health care  
5 providers, health insurers, and community-based organizations and  
6 coalitions.

7 d. The commissioner shall take such actions as are reasonably  
8 necessary to ensure that the program established pursuant to this act  
9 provides clear, complete and accurate hepatitis C education,  
10 information and referral services in a multiculturally competent manner  
11 that is designed to provide appropriate linkages to health care services  
12 for persons in need thereof.

13 e. The commissioner shall seek to secure the use of such funds or  
14 other resources from private nonprofit or for-profit sources or the  
15 federal government to effectuate the purposes of this act as may be  
16 available therefor, which shall be used to supplement and shall not  
17 supplant State funds used to carry out the purposes of this act.

18 f. The commissioner shall seek, to the maximum extent practicable,  
19 to coordinate the activities of the program, as applicable, with services  
20 provided separately to specific populations, including, but not limited  
21 to, veterans of the United States armed forces, persons participating  
22 in private or public drug abuse or alcohol treatment programs, and  
23 persons with HIV.

24  
25 4. <sup>1</sup>New section<sup>1</sup> a. The commissioner shall establish a hepatitis  
26 C advisory board to provide advice and recommendations to the  
27 commissioner on, and to monitor, the implementation and operation  
28 of the program, and to evaluate the effectiveness of the program in  
29 meeting its objectives. The advisory board may also provide advice  
30 and recommendations to the commissioner on such other matters  
31 relating to hepatitis C as a majority of its members deem appropriate.

32 b. The commissioner shall appoint as members of the advisory  
33 board persons with a demonstrated expertise and interest in hepatitis  
34 C, including, but not limited to, health care professionals and persons  
35 with hepatitis C, and including representation among the various  
36 geographic regions and ethnic groups within the State. The advisory  
37 board shall include at least one person who is a representative of the  
38 American Liver Foundation.

39 c. The members of the advisory board shall serve without  
40 compensation, but shall be entitled to reimbursement for necessary  
41 expenses incurred in the performance of their duties.

42 d. The advisory board shall organize as soon as may be practicable  
43 after the appointment of its members and shall select a chairman from  
44 among its members and a secretary who need not be a member of the  
45 board.

1       5. <sup>1</sup>New section <sup>1</sup> The commissioner, in consultation with the  
2 hepatitis C advisory board, shall report to the Governor and the  
3 Legislature, no later than 18 months after the effective date of this act  
4 and annually thereafter, on the activities of the program and the  
5 effectiveness of the program in meeting its objectives. The report shall  
6 clearly describe the guidelines, assessments and strategies employed  
7 by the commissioner in developing, implementing and evaluating the  
8 program. In addition, the commissioner shall seek to include in the  
9 report information on the proportion of acute versus chronic HCV  
10 infection among persons with HCV in the State and information about  
11 HCV infection that is specific to various populations within the State.  
12 The commissioner shall accompany the report with any  
13 recommendations that the commissioner desires to make for  
14 administrative or legislative action relating to hepatitis C education,  
15 prevention, screening or treatment.

16

17       <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read  
18 as follows:

19       1. The Commissioner of Health and Senior Services shall provide  
20 for the inclusion of all newly diagnosed cases of hepatitis C among  
21 those communicable diseases which are required to be reported by  
22 health care providers or other designated persons to the Department  
23 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and  
24 8:57-1.5. The commissioner shall require that such information be  
25 reported directly to the department, rather than to local health  
26 departments, as he determines necessary to assist the department to  
27 develop hepatitis C disease control measures, and shall revise these  
28 requirements as necessary to reflect technological advances which  
29 improve the ability to diagnose and treat the disease.<sup>1</sup>

30 (cf: P.L.1998, c.116, s.1)

31

32       <sup>2</sup>[<sup>1</sup>[6.] 7.<sup>1</sup> There is appropriated \$2,500,000 from the General  
33 Fund to the Department of Health and Senior Services to effectuate  
34 the purposes of this act.]<sup>2</sup>

35

36       <sup>1</sup>[7.] <sup>2</sup>[8.<sup>1</sup>] 7.<sup>2</sup> This act shall take effect on the 30th day after  
37 enactment.

**LEGISLATIVE FISCAL ESTIMATE**  
 [Second Reprint]  
**ASSEMBLY, No. 3017**  
**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

DATED: JULY 19, 2001

**SUMMARY**

**Synopsis:** Establishes hepatitis C education, prevention, screening and treatment program; and requires reporting of hepatitis C directly to DHSS.

**Type of Impact:** Probable expenditure increase.

**Agencies Affected:** Department of Health and Senior Services (DHSS) and the Department of Corrections (DOC).

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<u><b>Year 1</b></u>	<u><b>Year 2</b></u>	<u><b>Year 3</b></u>
<b>State Cost</b>	Indeterminate	Indeterminate	Indeterminate

! Certain costs can be absorbed within the Department of Health and Senior Services (DHSS) existing appropriations. Certain costs may have to be competitively bid, and until bids are received, costs will not be known. Finally, costs associated with testing for and treating hepatitis C cannot be determined as the number of persons to be tested is not known and the testing and treatment costs are not known; however, testing and treatment costs may be substantial.

**BILL DESCRIPTION**

Assembly Bill No. 3017 (2R) of 2000 establishes a hepatitis C education, prevention, screening and treatment program in DHSS involving the following:

- C public education and outreach to raise awareness of hepatitis C;
- C measures to promote public awareness about the availability of hepatitis C screening, prevention and treatment services;
- C educational activities for health professionals regarding hepatitis C and related coinfections;
- C educational and informational measures targeted at specific groups;
- C measures to prevent further transmission of the hepatitis C virus and to prevent onset of chronic liver disease caused by hepatitis C through outreach to detect and treat chronic hepatitis C virus infection; and
- C a collaborative effort with DOC to develop screening services to identify hepatitis C virus



positive inmates who are likely to be released within one year and to provide counseling and treatment options for such persons.

The legislation also establishes a hepatitis C advisory board to assist DHSS.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The Office of Legislative Services (OLS) cannot estimate the cost of the legislation:

- Ⓒ As DHSS existing appropriations provide monies for public awareness, education, outreach, etc., certain aspects of the legislation do not require additional funds.
- Ⓒ Certain aspects of the legislation may require DHSS to solicit proposals from outside agencies to provide services. Until proposals are received from such outside agencies, potential costs will not be known.
- Ⓒ As the number of persons who would require a blood test for the hepatitis C virus is not known, treatment costs cannot be determined, although costs may be substantial.

Section: *Human Services*

Analyst: *Jay Hershberg*  
*Principal Fiscal Analyst*

Approved: *Alan R. Kooney*  
*Legislative Budget and Finance Officer*

This fiscal estimate has been prepared pursuant to P.L.1980, c.67.

# SENATE HEALTH COMMITTEE

## STATEMENT TO

[Second Reprint]  
**ASSEMBLY, No. 3017**

with committee amendments

# STATE OF NEW JERSEY

DATED: NOVEMBER 29, 2001

The Senate Health Committee reports favorably and with committee amendments Assembly Bill No. 3017 (2R).

As amended by committee, this bill establishes a hepatitis C education, prevention and screening program in the Department of Health and Senior Services (DHSS).

Specifically, the bill requires the Commissioner of Health and Senior Services to develop and implement the following:

- public education and outreach to raise awareness of hepatitis C;
- measures to promote public awareness about the availability of hepatitis C screening, prevention and treatment services;
- educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, which shall include information about coinfection with the hepatitis C virus (HCV) and HIV and the implications of coinfection for HIV or AIDS treatment;
- educational and informational measures targeted at specific groups, including, but not limited to, activities designed to educate youth about the long-term consequences of infection with HCV;
- measures to prevent further transmission of HCV and to prevent onset of chronic liver disease caused by hepatitis C through outreach to detect and treat chronic HCV infection; and
- a collaborative effort with the Department of Corrections to develop screening services to identify inmates at risk for hepatitis C upon admission, and to provide education and counseling about treatment options to reduce the potential health risk to the community from these persons.

The commissioner is also directed to evaluate existing hepatitis C support services in the community and assess the need for improving the quality and accessibility of these services.

The commissioner is further directed to seek to establish public-private partnerships to promote outreach and increase awareness for the purposes of this bill among employers, organized labor, health care providers, health insurers, and community-based organizations and

coalitions.

The commissioner shall establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate the effectiveness of the program in meeting its objectives. The advisory board members shall include: four physicians who include one internist, one hematologist and two hepatologists; one clinical researcher specializing in diseases of the liver; and two members who are not physicians or clinical researchers, at least one of whom is a veteran of the United States armed forces who has hepatitis C.

The bill requires the commissioner, in consultation with the hepatitis C advisory board, to report to the Governor and the Legislature, no later than 12 months after its effective date and annually thereafter, on the activities of the hepatitis C program and its effectiveness.

Finally, the bill amends N.J.S.A.26:2T-1, the statute that requires the reporting of all newly diagnosed cases of hepatitis C by health care providers or other designated persons to DHSS, in order to require that this information be reported directly to DHSS, rather than to local health departments (thereby including hepatitis C with sexually transmitted diseases and tuberculosis as the diseases that are required to be reported directly to DHSS).

The committee amended the bill to:

- update statistics in the preamble and specify other government agencies that define persons at risk for hepatitis C;
- specify groups, such as health care providers, police and emergency services personnel, to which the program shall direct its education, prevention and screening measures;
- direct the commissioner to use data provided by additional federal health agencies and liver disease advocacy groups in developing public awareness measures;
- clarify the program's responsibilities with respect to the collaborative effort with the Department of Corrections;
- delete references to treatment programs;
- specify the membership of the hepatitis C advisory board; and
- change the reporting requirement from 18 months to 12 months after the effective date of the bill.

This bill is similar to Senate Bill No. 1989 (1R) (Matheussen/Kosco), which was reported favorably by the Senate Health Committee on March 15, 2001 and is pending before the Senate Budget and Appropriations Committee.

[Third Reprint]

**ASSEMBLY, No. 3017**

**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

INTRODUCED DECEMBER 7, 2000

**Sponsored by:**

**Assemblyman FRANCIS J. BLEE**

**District 2 (Atlantic)**

**Assemblywoman JOAN M. QUIGLEY**

**District 32 (Bergen and Hudson)**

**Co-Sponsored by:**

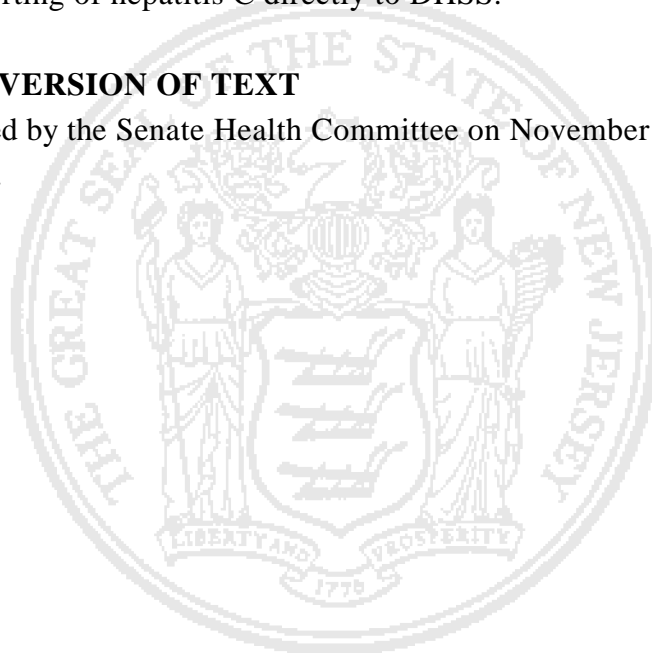
**Assemblywoman Weinberg, Assemblymen Thompson, Felice,  
Assemblywoman Vandervalk and Assemblyman Conaway**

**SYNOPSIS**

Establishes hepatitis C education, prevention and screening program and requires reporting of hepatitis C directly to DHSS.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health Committee on November 29, 2001, with amendments.



**(Sponsorship Updated As Of: 6/29/2001)**

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1</sup>, <sup>2</sup>and<sup>2</sup> amending P.L.1998, c.116 <sup>2</sup>[<sup>1</sup> and making an  
3 appropriation].<sup>2</sup>

4  
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

- 7  
8 1. <sup>1</sup>(New section)<sup>1</sup> The Legislature finds and declares that:
- 9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;
- 11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;
- 13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;
- 16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;
- 19 e. It is estimated that approximately <sup>3</sup>[146,000] 200,000<sup>3</sup> New  
20 Jersey citizens are infected with hepatitis C;
- 21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;
- 27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, <sup>3</sup>[as well as] and the Occupational Safety and Health  
32 Administration in the U.S. Department of Labor, including but not  
33 limited to,<sup>3</sup> police officers, <sup>3</sup>correctional officers,<sup>3</sup> firefighters,  
34 <sup>3</sup>including volunteers,<sup>3</sup> health care workers<sup>3</sup>, emergency services  
35 personnel, employees of the State's developmental centers<sup>3</sup> and the  
36 general public; and
- 37 h. New Jersey has established itself at the forefront of the fight  
38 against hepatitis C by becoming the first State in the nation to establish  
39 a comprehensive awareness program pursuant to P.L.1998, c.116  
40 (C.26:2T-1 et seq.), and through the enactment of this act will ensure

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Assembly AHL committee amendments adopted March 1, 2001.

<sup>2</sup> Assembly AAP committee amendments adopted June 25, 2001.

<sup>3</sup> Senate SHH committee amendments adopted November 29, 2001.

1 an optimal approach to controlling this lethal disease.

2

3 2. <sup>1</sup>(New section)<sup>1</sup> As used in this act:

4 "Commissioner" means the Commissioner of Health and Senior  
5 Services.

6 "HCV" means the hepatitis C virus.

7 "Program" means the hepatitis C education, prevention<sup>3</sup>[,] and<sup>3</sup>  
8 screening <sup>3</sup>[and treatment]<sup>3</sup> program established pursuant to this act.

9

10 3. <sup>1</sup>(New Section)<sup>1</sup> <sup>3</sup>[The] In consultation with the hepatitis C  
11 advisory board established pursuant to section 4 of this act, the<sup>3</sup>  
12 Commissioner of Health and Senior Services shall establish a hepatitis  
13 C education, prevention<sup>3</sup>[,] and<sup>3</sup> screening <sup>3</sup>[and treatment program  
14 in consultation with the hepatitis C advisory board established  
15 pursuant to section 4 of this act] program that includes, but is not  
16 limited to, measures directed to physicians and other health care  
17 workers, police officers, correctional officers, firefighters, emergency  
18 services personnel, employees of the State's developmental centers and  
19 the general public<sup>3</sup>. The program shall be established in accordance  
20 with accepted public health practice and recommendations of the  
21 federal Centers for Disease Control and Prevention, <sup>3</sup>the Surgeon  
22 General of the United States, the American Association for the Study  
23 of Liver Diseases, the National Insitutes of Health and the American  
24 Liver Foundation<sup>3</sup> and within the limits of funds appropriated pursuant  
25 to this act and any other resources available for the purposes thereof.

26 a. For the purposes of this program, the commissioner shall  
27 develop and implement the following:

28 (1) public education and outreach to raise awareness of hepatitis C  
29 among persons at high risk for hepatitis C as described in section 2 of  
30 P.L.1998, c.116 (C.26:2T-2), <sup>3</sup>[as well as] which includes<sup>3</sup> police  
31 officers, firefighters, persons employed by correctional facilities,  
32 emergency response personnel and other high-risk groups, including,  
33 but not limited to, health care professionals and persons employed in  
34 primary care settings or health care facilities, which shall include, at a  
35 minimum, information on risk factors, the value of early detection and  
36 the options available for treating hepatitis C;

37 (2) measures to promote public awareness about the availability of  
38 hepatitis C screening, prevention and treatment services among  
39 persons at high risk for hepatitis C as determined by the commissioner  
40 based upon data provided by the federal Centers for Disease Control  
41 and Prevention <sup>3</sup>, the Surgeon General of the United States, the  
42 American Association for the Study of Liver Diseases, the National  
43 Insitutes of Health and the American Liver Foundation<sup>3</sup> and <sup>3</sup>any<sup>3</sup>  
44 other <sup>3</sup>[sources of information deemed appropriate by the  
45 commissioner] nationally recognized liver societies<sup>3</sup>;

46 (3) educational activities for health care professionals in regard to

1 the epidemiology, natural history, detection and treatment of hepatitis  
2 C, which shall include information about coinfection with HCV and  
3 HIV and the implications of coinfection for HIV or AIDS treatment;  
4 (4) educational and informational measures targeted at specific  
5 groups, including, but not limited to, activities designed to educate  
6 youth about the long-term consequences of infection with HCV;  
7 (5) measures to prevent further transmission of HCV and to  
8 prevent onset of chronic liver disease caused by hepatitis C through  
9 outreach to detect and treat chronic HCV infection; and  
10 (6) a collaborative effort with the Department of Corrections to  
11 develop screening services to identify <sup>3</sup>[HCV-positive]<sup>3</sup> inmates  
12 <sup>3</sup>[who are likely to be released within a period of one year] at risk for  
13 hepatitis C upon admission,<sup>3</sup> and to provide <sup>3</sup>education and<sup>3</sup>  
14 counseling <sup>3</sup>[and] about<sup>3</sup> treatment options to reduce the potential  
15 health risk to the community from these persons.  
16 b. The commissioner shall evaluate existing hepatitis C support  
17 services in the community and assess the need for improving the  
18 quality and accessibility of these services.  
19 c. The commissioner shall seek to establish public-private  
20 partnerships to promote outreach and increase awareness for the  
21 purposes of this act among employers, organized labor, health care  
22 providers, health insurers, and community-based organizations and  
23 coalitions.  
24 d. The commissioner shall take such actions as are reasonably  
25 necessary to ensure that the program established pursuant to this act  
26 provides clear, complete and accurate hepatitis C education,  
27 information and referral services in a multiculturally competent manner  
28 that is designed to provide appropriate linkages to health care services  
29 for persons in need thereof.  
30 e. The commissioner shall seek to secure the use of such funds or  
31 other resources from private nonprofit or for-profit sources or the  
32 federal government to effectuate the purposes of this act as may be  
33 available therefor, which shall be used to supplement and shall not  
34 supplant State funds used to carry out the purposes of this act.  
35 f. The commissioner shall seek, to the maximum extent practicable,  
36 to coordinate the activities of the program, as applicable, with services  
37 provided separately to specific populations, including, but not limited  
38 to, veterans of the United States armed forces, persons participating  
39 in private or public drug abuse or alcohol treatment programs, and  
40 persons with HIV.  
41  
42 4. <sup>1</sup>(New section)<sup>1</sup> a. The commissioner shall establish a hepatitis  
43 C advisory board to provide advice and recommendations to the  
44 commissioner on, and to monitor, the implementation and operation  
45 of the program, and to evaluate the effectiveness of the program in  
46 meeting its objectives. The advisory board may also provide advice  
47 and recommendations to the commissioner on such other matters

1 relating to hepatitis C as a majority of its members deem appropriate.

2 b. The commissioner shall appoint as members of the advisory  
3 board persons with a demonstrated expertise and interest in hepatitis  
4 C, including, but not limited to, health care professionals and persons  
5 with hepatitis C, and including representation among the various  
6 geographic regions and ethnic groups within the State. The advisory  
7 board shall include <sup>3</sup>[at least one person who is a representative of the  
8 American Liver Foundation] four physicians who include one internist,  
9 one hematologist and two hepatologists; one clinical researcher  
10 specializing in diseases of the liver; and two members who are not  
11 physicians or clinical researchers, at least one of whom is a veteran of  
12 the United States armed forces who has hepatitis C.<sup>3</sup>

13 c. The members of the advisory board shall serve without  
14 compensation, but shall be entitled to reimbursement for necessary  
15 expenses incurred in the performance of their duties.

16 d. The advisory board shall organize as soon as may be practicable  
17 after the appointment of its members and shall select a chairman from  
18 among its members and a secretary who need not be a member of the  
19 board.

20

21 5. <sup>1</sup>New section<sup>1</sup> The commissioner, in consultation with the  
22 hepatitis C advisory board, shall report to the Governor and the  
23 Legislature, no later than <sup>3</sup>[18] 12<sup>3</sup> months after the effective date of  
24 this act and annually thereafter, on the activities of the program and  
25 the effectiveness of the program in meeting its objectives. The report  
26 shall clearly describe the guidelines, assessments and strategies  
27 employed by the commissioner in developing, implementing and  
28 evaluating the program. In addition, the commissioner shall seek to  
29 include in the report information on the proportion of acute versus  
30 chronic HCV infection among persons with HCV in the State and  
31 information about HCV infection that is specific to various populations  
32 within the State. The commissioner shall accompany the report with  
33 any recommendations that the commissioner desires to make for  
34 administrative or legislative action relating to hepatitis C education,  
35 prevention, screening or treatment.

36

37 <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read  
38 as follows:

39 1. The Commissioner of Health and Senior Services shall provide  
40 for the inclusion of all newly diagnosed cases of hepatitis C among  
41 those communicable diseases which are required to be reported by  
42 health care providers or other designated persons to the Department  
43 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and  
44 8:57-1.5. The commissioner shall require that such information be  
45 reported directly to the department, rather than to local health  
46 departments, as he determines necessary to assist the department to



1 develop hepatitis C disease control measures, and shall revise these  
2 requirements as necessary to reflect technological advances which  
3 improve the ability to diagnose and treat the disease.<sup>1</sup>

4 (cf: P.L.1998, c.116, s.1)

5

6 <sup>2</sup>[<sup>1</sup>[6.] 7.<sup>1</sup> There is appropriated \$2,500,000 from the General  
7 Fund to the Department of Health and Senior Services to effectuate  
8 the purposes of this act.]<sup>2</sup>

9

10 <sup>1</sup>[7.] <sup>2</sup>[8.<sup>1</sup>] 7.<sup>2</sup> This act shall take effect on the 30th day after  
11 enactment.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[Third Reprint]

## ASSEMBLY, No. 3017

with committee amendments

# STATE OF NEW JERSEY

DATED: DECEMBER 13, 2001

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 3017 (3R).

This bill establishes a hepatitis C education, prevention and screening program in the Department of Health and Senior Services (DHSS) and provides for the creation of an advisory board on the disease.

*Program.* The bill requires the Commissioner of Health and Senior Services to develop and implement a program of: (i) public education and outreach to raise awareness of hepatitis C among persons at high risk for the disease, including law enforcement and public health and safety personnel, by providing those persons, at a minimum, with information on risk factors, the value of early detection, and the options available for treatment; (ii) measures to promote public knowledge about the availability of hepatitis C screening, prevention and treatment services among persons at high risk for the disease; (iii) educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, including information about coinfection with the hepatitis C virus (HCV) and HIV and the implications of coinfection for HIV or AIDS treatment; and (iv) education directed at specific groups, including but not limited to youth, about the long-term consequences of HCV infection.

The program would also include: (a) measures to prevent further transmission of HCV and the onset of chronic liver disease caused by the virus through outreach to detect and treat chronic HCV infection; (b) a collaborative effort with the Department of Corrections to develop screening services to identify inmates at risk for hepatitis C upon admission, and to provide education and counseling about treatment options to reduce the potential health risk to the community from these persons; (c) an evaluation of existing hepatitis C support services in the community and an assessment of the need for improving the quality and accessibility of these services; and (d) the creation of

public-private partnerships to promote outreach and increase awareness of issues addressed by this bill among employers, organized labor, health care providers, health insurers, and community-based organizations and coalitions.

In addition, the bill stipulates that the commissioner shall take such actions as are reasonably necessary to ensure that the entire program provides clear, complete and accurate hepatitis C education, information and referral services in a multiculturally competent manner that is designed to provide appropriate linkages to health care services.

*Advisory board.* The bill directs the commissioner to establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate its effectiveness. The board may also provide the commissioner with advice and recommendations on such other matters relating to hepatitis C as a majority of board members deems appropriate. The advisory board members shall include: four physicians who include one internist, one hematologist and two hepatologists; one clinical researcher specializing in diseases of the liver; and two members who are not physicians or clinical researchers, at least one of whom is a veteran of the United States armed forces who has hepatitis C.

*Report.* The bill requires the commissioner, in consultation with the advisory board, to report to the Governor and the Legislature, within a year after the legislation takes effect and annually thereafter, on the activities of the hepatitis C program and its effectiveness.

*Disclosure of new cases.* Finally, the bill amends the law requiring that health care providers or other designated persons must report to health officials all newly diagnosed cases of hepatitis C by specifying that this information must be reported directly to DHSS, rather than to local health departments (thus including hepatitis C with sexually transmitted diseases and tuberculosis as the diseases that are required to be reported directly to DHSS).

As amended, the provisions of this bill are identical to those of Senate Bill No. 1989 (1R) Sca, which the committee also reports this day.

#### COMMITTEE AMENDMENTS:

Committee amendments to this bill delete a reference to the funds appropriated in the bill, as the appropriation itself was removed in prior Assembly Appropriations Committee amendments.

#### FISCAL IMPACT:

The Office of Legislative Services (OLS) cannot estimate the cost of the legislation. As DHHS existing appropriations provide monies for public awareness, education, outreach, etc., certain aspects of the legislation do not require additional funds. The deletion by Senate Health Committee amendments, of a treatment component eliminates

potentially substantial costs. Certain other aspects of the legislation, however, may require DHHS to solicit proposals from outside agencies to provide services. Until proposals are received from such outside agencies, potential costs will not be known.

[Fourth Reprint]

**ASSEMBLY, No. 3017**

**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

INTRODUCED DECEMBER 7, 2000

**Sponsored by:**

**Assemblyman FRANCIS J. BLEE**

**District 2 (Atlantic)**

**Assemblywoman JOAN M. QUIGLEY**

**District 32 (Bergen and Hudson)**

**Co-Sponsored by:**

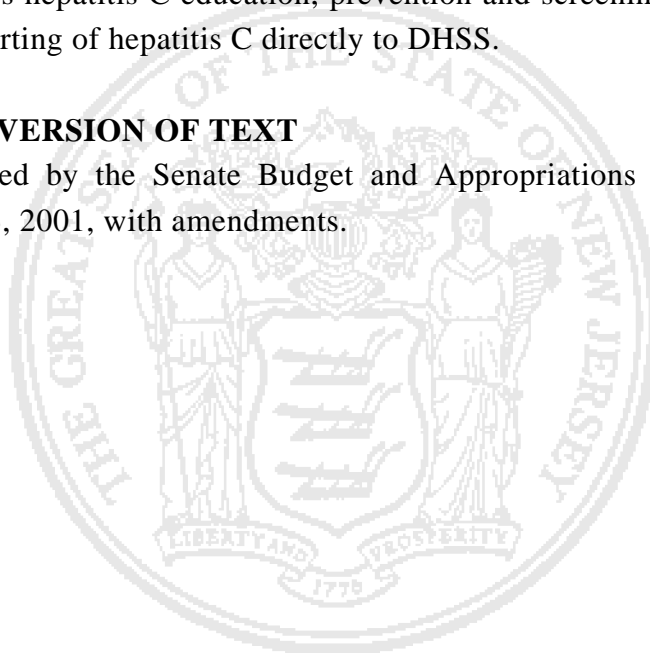
**Assemblywoman Weinberg, Assemblymen Thompson, Felice,  
Assemblywoman Vandervalk, Assemblyman Conaway, Senators  
Matheussen, Kosco, Allen, Inverso, Bucco, Singer, Robertson, Bennett,  
Vitale and Assemblyman Corodemus**

**SYNOPSIS**

Establishes hepatitis C education, prevention and screening program and requires reporting of hepatitis C directly to DHSS.

**CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on December 13, 2001, with amendments.



**(Sponsorship Updated As Of: 1/4/2002)**

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1</sup>, <sup>2</sup>and<sup>2</sup> amending P.L.1998, c.116<sup>2</sup> [<sup>1</sup> and making an  
3 appropriation].<sup>2</sup>

4  
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

- 7  
8 1. <sup>1</sup>(New section)<sup>1</sup> The Legislature finds and declares that:
- 9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;
- 11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;
- 13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;
- 16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;
- 19 e. It is estimated that approximately <sup>3</sup>[146,000] 200,000<sup>3</sup> New  
20 Jersey citizens are infected with hepatitis C;
- 21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;
- 27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, <sup>3</sup>[as well as] and the Occupational Safety and Health  
32 Administration in the U.S. Department of Labor, including but not  
33 limited to,<sup>3</sup> police officers, <sup>3</sup>correctional officers,<sup>3</sup> firefighters,  
34 <sup>3</sup>including volunteers,<sup>3</sup> health care workers<sup>3</sup>, emergency services  
35 personnel, employees of the State's developmental centers<sup>3</sup> and the  
36 general public; and
- 37 h. New Jersey has established itself at the forefront of the fight  
38 against hepatitis C by becoming the first State in the nation to establish  
39 a comprehensive awareness program pursuant to P.L.1998, c.116

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Assembly AHL committee amendments adopted March 1, 2001.

<sup>2</sup> Assembly AAP committee amendments adopted June 25, 2001.

<sup>3</sup> Senate SHH committee amendments adopted November 29, 2001.

<sup>4</sup> Senate SBA committee amendments adopted December 13, 2001.

1 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
2 an optimal approach to controlling this lethal disease.

3  
4 2. <sup>1</sup>(New section)<sup>1</sup> As used in this act:

5 "Commissioner" means the Commissioner of Health and Senior  
6 Services.

7 "HCV" means the hepatitis C virus.

8 "Program" means the hepatitis C education, prevention<sup>3</sup>[,] and<sup>3</sup>  
9 screening <sup>3</sup>[and treatment]<sup>3</sup> program established pursuant to this act.

10  
11 3. <sup>1</sup>(New Section)<sup>1</sup> <sup>3</sup>[The] In consultation with the hepatitis C  
12 advisory board established pursuant to section 4 of this act, the<sup>3</sup>  
13 Commissioner of Health and Senior Services shall establish a hepatitis  
14 C education, prevention<sup>3</sup>[,] and<sup>3</sup> screening <sup>3</sup>[and treatment program  
15 in consultation with the hepatitis C advisory board established  
16 pursuant to section 4 of this act] program that includes, but is not  
17 limited to, measures directed to physicians and other health care  
18 workers, police officers, correctional officers, firefighters, emergency  
19 services personnel, employees of the State's developmental centers and  
20 the general public<sup>3</sup>. The program shall be established in accordance  
21 with accepted public health practice and recommendations of the  
22 federal Centers for Disease Control and Prevention, <sup>3</sup>the Surgeon  
23 General of the United States, the American Association for the Study  
24 of Liver Diseases, the National Institutes of Health and the American  
25 Liver Foundation<sup>3</sup> and within the limits of <sup>4</sup>[funds appropriated  
26 pursuant to this act and any other]<sup>4</sup> resources available for the  
27 purposes thereof.

28 a. For the purposes of this program, the commissioner shall  
29 develop and implement the following:

30 (1) public education and outreach to raise awareness of hepatitis  
31 C among persons at high risk for hepatitis C as described in section 2  
32 of P.L.1998, c.116 (C.26:2T-2), <sup>3</sup>[as well as] which includes<sup>3</sup> police  
33 officers, firefighters, persons employed by correctional facilities,  
34 emergency response personnel and other high-risk groups, including,  
35 but not limited to, health care professionals and persons employed in  
36 primary care settings or health care facilities, which shall include, at a  
37 minimum, information on risk factors, the value of early detection and  
38 the options available for treating hepatitis C;

39 (2) measures to promote public awareness about the availability of  
40 hepatitis C screening, prevention and treatment services among  
41 persons at high risk for hepatitis C as determined by the commissioner  
42 based upon data provided by the federal Centers for Disease Control  
43 and Prevention<sup>3</sup>, the Surgeon General of the United States, the  
44 American Association for the Study of Liver Diseases, the National  
45 Institutes of Health and the American Liver Foundation<sup>3</sup> and <sup>3</sup>any<sup>3</sup>

- 1 other <sup>3</sup>[sources of information deemed appropriate by the  
2 commissioner] nationally recognized liver societies<sup>3</sup>;
- 3 (3) educational activities for health care professionals in regard to  
4 the epidemiology, natural history, detection and treatment of hepatitis  
5 C, which shall include information about coinfection with HCV and  
6 HIV and the implications of coinfection for HIV or AIDS treatment;
- 7 (4) educational and informational measures targeted at specific  
8 groups, including, but not limited to, activities designed to educate  
9 youth about the long-term consequences of infection with HCV;
- 10 (5) measures to prevent further transmission of HCV and to  
11 prevent onset of chronic liver disease caused by hepatitis C through  
12 outreach to detect and treat chronic HCV infection; and
- 13 (6) a collaborative effort with the Department of Corrections to  
14 develop screening services to identify <sup>3</sup>[HCV-positive]<sup>3</sup> inmates  
15 <sup>3</sup>[who are likely to be released within a period of one year] at risk for  
16 hepatitis C upon admission,<sup>3</sup> and to provide <sup>3</sup>education and<sup>3</sup>  
17 counseling <sup>3</sup>[and] about<sup>3</sup> treatment options to reduce the potential  
18 health risk to the community from these persons.
- 19 b. The commissioner shall evaluate existing hepatitis C support  
20 services in the community and assess the need for improving the  
21 quality and accessibility of these services.
- 22 c. The commissioner shall seek to establish public-private  
23 partnerships to promote outreach and increase awareness for the  
24 purposes of this act among employers, organized labor, health care  
25 providers, health insurers, and community-based organizations and  
26 coalitions.
- 27 d. The commissioner shall take such actions as are reasonably  
28 necessary to ensure that the program established pursuant to this act  
29 provides clear, complete and accurate hepatitis C education,  
30 information and referral services in a multiculturally competent manner  
31 that is designed to provide appropriate linkages to health care services  
32 for persons in need thereof.
- 33 e. The commissioner shall seek to secure the use of such funds or  
34 other resources from private nonprofit or for-profit sources or the  
35 federal government to effectuate the purposes of this act as may be  
36 available therefor, which shall be used to supplement and shall not  
37 supplant State funds used to carry out the purposes of this act.
- 38 f. The commissioner shall seek, to the maximum extent practicable,  
39 to coordinate the activities of the program, as applicable, with services  
40 provided separately to specific populations, including, but not limited  
41 to, veterans of the United States armed forces, persons participating  
42 in private or public drug abuse or alcohol treatment programs, and  
43 persons with HIV.
- 44
- 45 4. <sup>1</sup>(New section)<sup>1</sup> a. The commissioner shall establish a hepatitis  
46 C advisory board to provide advice and recommendations to the  
47 commissioner on, and to monitor, the implementation and operation



1 of the program, and to evaluate the effectiveness of the program in  
2 meeting its objectives. The advisory board may also provide advice  
3 and recommendations to the commissioner on such other matters  
4 relating to hepatitis C as a majority of its members deem appropriate.

5 b. The commissioner shall appoint as members of the advisory  
6 board persons with a demonstrated expertise and interest in hepatitis  
7 C, including, but not limited to, health care professionals and persons  
8 with hepatitis C, and including representation among the various  
9 geographic regions and ethnic groups within the State. The advisory  
10 board shall include <sup>3</sup>[at least one person who is a representative of the  
11 American Liver Foundation] four physicians who include one internist,  
12 one hematologist and two hepatologists; one clinical researcher  
13 specializing in diseases of the liver; and two members who are not  
14 physicians or clinical researchers, at least one of whom is a veteran of  
15 the United States armed forces who has hepatitis C.<sup>3</sup>

16 c. The members of the advisory board shall serve without  
17 compensation, but shall be entitled to reimbursement for necessary  
18 expenses incurred in the performance of their duties.

19 d. The advisory board shall organize as soon as may be practicable  
20 after the appointment of its members and shall select a chairman from  
21 among its members and a secretary who need not be a member of the  
22 board.

23  
24 5. <sup>1</sup>New section<sup>1</sup> The commissioner, in consultation with the  
25 hepatitis C advisory board, shall report to the Governor and the  
26 Legislature, no later than <sup>3</sup>[18] 12<sup>3</sup> months after the effective date of  
27 this act and annually thereafter, on the activities of the program and  
28 the effectiveness of the program in meeting its objectives. The report  
29 shall clearly describe the guidelines, assessments and strategies  
30 employed by the commissioner in developing, implementing and  
31 evaluating the program. In addition, the commissioner shall seek to  
32 include in the report information on the proportion of acute versus  
33 chronic HCV infection among persons with HCV in the State and  
34 information about HCV infection that is specific to various populations  
35 within the State. The commissioner shall accompany the report with  
36 any recommendations that the commissioner desires to make for  
37 administrative or legislative action relating to hepatitis C education,  
38 prevention, screening or treatment.

39  
40 <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read  
41 as follows:

42 1. The Commissioner of Health and Senior Services shall provide  
43 for the inclusion of all newly diagnosed cases of hepatitis C among  
44 those communicable diseases which are required to be reported by  
45 health care providers or other designated persons to the Department  
46 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and

1 8:57-1.5. The commissioner shall require that such information be  
2 reported directly to the department, rather than to local health  
3 departments, as he determines necessary to assist the department to  
4 develop hepatitis C disease control measures, and shall revise these  
5 requirements as necessary to reflect technological advances which  
6 improve the ability to diagnose and treat the disease.<sup>1</sup>

7 (cf: P.L.1998, c.116, s.1)

8

9 <sup>2</sup>[<sup>1</sup>[6.] 7.<sup>1</sup> There is appropriated \$2,500,000 from the General  
10 Fund to the Department of Health and Senior Services to effectuate  
11 the purposes of this act.]<sup>2</sup>

12

13 <sup>1</sup>[7.] <sup>2</sup>[8.<sup>1</sup>] 7.<sup>2</sup> This act shall take effect on the 30th day after  
14 enactment.

# SENATE, No. 1989

## STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED DECEMBER 18, 2000

**Sponsored by:**

**Senator JOHN J. MATHEUSSEN**  
**District 4 (Camden and Gloucester)**  
**Senator LOUIS F. KOSCO**  
**District 38 (Bergen)**

**Co-Sponsored by:**

**Senators Allen, Inverso, Sinagra, Bucco, Singer, Robertson, Bennett and Vitale**

**SYNOPSIS**

Establishes hepatitis C education, prevention, screening and treatment program; appropriates \$2.5 million.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 2/9/2001)**

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes and making an appropriation.

3  
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*

6  
7 1. The Legislature finds and declares that:

8 a. Hepatitis C is a silent killer, being largely asymptomatic until  
9 irreversible liver damage may have occurred;

10 b. Hepatitis C has been characterized by the World Health  
11 Organization as a disease of primary concern to humanity;

12 c. Hepatitis C currently infects approximately 4.5 million persons  
13 in the United States; and each year, there are some 30,000 new  
14 infections nationwide;

15 d. The federal Centers for Disease Control and Prevention estimate  
16 that approximately 12,000 persons die annually from the consequences  
17 of hepatitis C, and this number continues to grow each year;

18 e. It is estimated that approximately 146,000 New Jersey citizens  
19 are infected with hepatitis C;

20 f. The disease is considered to be such a public health threat that  
21 the United States Department of Health and Human Services has  
22 initiated a comprehensive plan to address this significant health  
23 problem, beginning with the identification of, and notification to,  
24 hundreds of thousands of persons who were inadvertently exposed to  
25 hepatitis C through blood transfusions;

26 g. In the absence of a vaccine for hepatitis C, emphasis must be  
27 placed on other means of awareness and prevention of this disease,  
28 including, but not limited to, education of persons at high risk for  
29 hepatitis C as defined by the federal Centers for Disease Control and  
30 Prevention, as well as police officers, firefighters, health care workers  
31 and the general public; and

32 h. New Jersey has established itself at the forefront of the fight  
33 against hepatitis C by becoming the first State in the nation to establish  
34 a comprehensive awareness program pursuant to P.L.1998, c.116  
35 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
36 an optimal approach to controlling this lethal disease.

37  
38 2. As used in this act:

39 "Commissioner" means the Commissioner of Health and Senior  
40 Services.

41 "HCV" means the hepatitis C virus.

42 "Program" means the hepatitis C education, prevention, screening  
43 and treatment program established pursuant to this act.

44  
45 3. The Commissioner of Health and Senior Services shall establish  
46 a hepatitis C education, prevention, screening and treatment program

1 in consultation with the hepatitis C advisory board established  
2 pursuant to section 4 of this act. The program shall be established in  
3 accordance with accepted public health practice and recommendations  
4 of the federal Centers for Disease Control and Prevention, and within  
5 the limits of funds appropriated pursuant to this act and any other  
6 resources available for the purposes thereof.

7 a. For the purposes of this program, the commissioner shall develop  
8 and implement the following:

9 (1) public education and outreach to raise awareness of hepatitis C  
10 among persons at high risk for hepatitis C as described in section 2 of  
11 P.L.1998, c.116 (C.26:2T-2), as well as police officers, firefighters,  
12 persons employed by correctional facilities, emergency response  
13 personnel and other high-risk groups, including, but not limited to,  
14 health care professionals and persons employed in primary care  
15 settings or health care facilities, which shall include, at a minimum,  
16 information on risk factors, the value of early detection and the  
17 options available for treating hepatitis C;

18 (2) measures to promote public awareness about the availability of  
19 hepatitis C screening, prevention and treatment services among  
20 persons at high risk for hepatitis C as determined by the commissioner  
21 based upon data provided by the federal Centers for Disease Control  
22 and Prevention and other sources of information deemed appropriate  
23 by the commissioner;

24 (3) educational activities for health care professionals in regard to  
25 the epidemiology, natural history, detection and treatment of hepatitis  
26 C, which shall include information about coinfection with HCV and  
27 HIV and the implications of coinfection for HIV or AIDS treatment;

28 (4) educational and informational measures targeted at specific  
29 groups, including, but not limited to, activities designed to educate  
30 youth about the long-term consequences of infection with HCV;

31 (5) measures to prevent further transmission of HCV and to prevent  
32 onset of chronic liver disease caused by hepatitis C through outreach  
33 to detect and treat chronic HCV infection; and

34 (6) a collaborative effort with the Department of Corrections to  
35 develop screening services to identify HCV-positive inmates who are  
36 likely to be released within a period of one year and to provide  
37 counseling and treatment options to reduce the potential health risk to  
38 the community from these persons.

39 b. The commissioner shall evaluate existing hepatitis C support  
40 services in the community and assess the need for improving the  
41 quality and accessibility of these services.

42 c. The commissioner shall seek to establish public-private  
43 partnerships to promote outreach and increase awareness for the  
44 purposes of this act among employers, organized labor, health care  
45 providers, health insurers, and community-based organizations and  
46 coalitions.

1 d. The commissioner shall take such actions as are reasonably  
2 necessary to ensure that the program established pursuant to this act  
3 provides clear, complete and accurate hepatitis C education,  
4 information and referral services in a multiculturally competent manner  
5 that is designed to provide appropriate linkages to health care services  
6 for persons in need thereof.

7 e. The commissioner shall seek to secure the use of such funds or  
8 other resources from private nonprofit or for-profit sources or the  
9 federal government to effectuate the purposes of this act as may be  
10 available therefor, which shall be used to supplement and shall not  
11 supplant State funds used to carry out the purposes of this act.

12 f. The commissioner shall seek, to the maximum extent practicable,  
13 to coordinate the activities of the program, as applicable, with services  
14 provided separately to specific populations, including, but not limited  
15 to, veterans of the United States armed forces, persons participating  
16 in private or public drug abuse or alcohol treatment programs, and  
17 persons with HIV.

18  
19 4. a. The commissioner shall establish a hepatitis C advisory board  
20 to provide advice and recommendations to the commissioner on, and  
21 to monitor, the implementation and operation of the program, and to  
22 evaluate the effectiveness of the program in meeting its objectives.  
23 The advisory board may also provide advice and recommendations to  
24 the commissioner on such other matters relating to hepatitis C as a  
25 majority of its members deem appropriate.

26 b. The commissioner shall appoint as members of the advisory  
27 board persons with a demonstrated expertise and interest in hepatitis  
28 C, including, but not limited to, health care professionals and persons  
29 with hepatitis C, and including representation among the various  
30 geographic regions and ethnic groups within the State. The advisory  
31 board shall include at least one person who is a representative of the  
32 American Liver Foundation.

33 c. The members of the advisory board shall serve without  
34 compensation, but shall be entitled to reimbursement for necessary  
35 expenses incurred in the performance of their duties.

36 d. The advisory board shall organize as soon as may be practicable  
37 after the appointment of its members and shall select a chairman from  
38 among its members and a secretary who need not be a member of the  
39 board.

40  
41 5. The commissioner, in consultation with the hepatitis C advisory  
42 board, shall report to the Governor and the Legislature, no later than  
43 18 months after the effective date of this act and annually thereafter,  
44 on the activities of the program and the effectiveness of the program  
45 in meeting its objectives. The report shall clearly describe the  
46 guidelines, assessments and strategies employed by the commissioner

1 in developing, implementing and evaluating the program. In addition,  
2 the commissioner shall seek to include in the report information on the  
3 proportion of acute versus chronic HCV infection among persons with  
4 HCV in the State and information about HCV infection that is specific  
5 to various populations within the State. The commissioner shall  
6 accompany the report with any recommendations that the  
7 commissioner desires to make for administrative or legislative action  
8 relating to hepatitis C education, prevention, screening or treatment.

9  
10 6. There is appropriated \$2,500,000 from the General Fund to the  
11 Department of Health and Senior Services to effectuate the purposes  
12 of this act.

13  
14 7. This act shall take effect on the 30th day after enactment.

15  
16  
17 STATEMENT

18  
19 This bill establishes a hepatitis C education, prevention, screening  
20 and treatment program in the Department of Health and Senior  
21 Services (DHSS) and appropriates \$2.5 million to DHSS for that  
22 purpose.

23 Specifically, the bill requires the Commissioner of Health and  
24 Senior Services to develop and implement the following:

25 -- public education and outreach to raise awareness of hepatitis C  
26 among persons at high risk for hepatitis C as described in  
27 N.J.S.A.26:2T-2, as well as police officers, firefighters, persons  
28 employed by correctional facilities, emergency response personnel and  
29 other high-risk groups, including, but not limited to, health care  
30 professionals and persons employed in primary care settings or health  
31 care facilities, which shall include, at a minimum, information on risk  
32 factors, the value of early detection and the options available for  
33 treating hepatitis C;

34 -- measures to promote public awareness about the availability of  
35 hepatitis C screening, prevention and treatment services among  
36 persons at high risk for hepatitis C as determined by the commissioner  
37 based upon data provided by the federal Centers for Disease Control  
38 and Prevention and other sources of information deemed appropriate  
39 by the commissioner;

40 -- educational activities for health care professionals in regard to  
41 the epidemiology, natural history, detection and treatment of hepatitis  
42 C, which shall include information about coinfection with the hepatitis  
43 C virus, or HCV, and HIV and the implications of coinfection for HIV  
44 or AIDS treatment;

45 -- educational and informational measures targeted at specific  
46 groups, including, but not limited to, activities designed to educate

1 youth about the long-term consequences of infection with HCV;  
2 -- measures to prevent further transmission of HCV and to prevent  
3 onset of chronic liver disease caused by hepatitis C through outreach  
4 to detect and treat chronic HCV infection; and

5 -- a collaborative effort with the Department of Corrections to  
6 develop screening services to identify HCV-positive inmates who are  
7 likely to be released within a period of one year and to provide  
8 counseling and treatment options to reduce the potential health risk to  
9 the community from these persons.

10 The commissioner is also directed to evaluate existing hepatitis C  
11 support services in the community and assess the need for improving  
12 the quality and accessibility of these services.

13 The commissioner is further directed to seek to establish public-  
14 private partnerships to promote outreach and increase awareness for  
15 the purposes of this bill among employers, organized labor, health care  
16 providers, health insurers, and community-based organizations and  
17 coalitions.

18 In addition, the bill stipulates that the commissioner shall take such  
19 actions as are reasonably necessary to ensure that the program  
20 provides clear, complete and accurate hepatitis C education,  
21 information and referral services in a multiculturally competent manner  
22 that is designed to provide appropriate linkages to health care services.

23 The bill stipulates that the commissioner shall establish a hepatitis  
24 C advisory board to provide advice and recommendations to the  
25 commissioner on, and to monitor, the implementation and operation  
26 of the program, and to evaluate the effectiveness of the program in  
27 meeting its objectives. The advisory board may also provide advice  
28 and recommendations to the commissioner on such other matters  
29 relating to hepatitis C as a majority of its members deem appropriate.  
30 The commissioner is to appoint as members of the advisory board  
31 persons with a demonstrated expertise and interest in hepatitis C,  
32 including, but not limited to, health care professionals and persons  
33 with hepatitis C, and including representation among the various  
34 geographic regions and ethnic groups within the State. The advisory  
35 board shall include at least one person who is a representative of the  
36 American Liver Foundation.

37 The bill further requires that the commissioner, in consultation with  
38 the hepatitis C advisory board, report to the Governor and the  
39 Legislature, no later than 18 months after its effective date and  
40 annually thereafter, on the activities of the hepatitis C education,  
41 prevention, screening and treatment program and the effectiveness of  
42 the program in meeting its objectives. The commissioner shall  
43 accompany the report with any recommendations that the  
44 commissioner desires to make for administrative or legislative action  
45 relating to hepatitis C education, prevention, screening or treatment.

46 The bill takes effect on the 30th day after enactment.



# SENATE HEALTH COMMITTEE

## STATEMENT TO

### **SENATE, No. 1989**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: MARCH 15, 2001

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 1989.

As amended by the committee, this bill establishes a hepatitis C education, prevention, screening and treatment program in the Department of Health and Senior Services (DHSS) and appropriates \$2.5 million to DHSS for that purpose.

Specifically, the bill requires the Commissioner of Health and Senior Services to develop and implement the following:

-- public education and outreach to raise awareness of hepatitis C among persons at high risk for hepatitis C as described in N.J.S.A.26:2T-2, as well as police officers, firefighters, persons employed by correctional facilities, emergency response personnel and other high-risk groups, including, but not limited to, health care professionals and persons employed in primary care settings or health care facilities, which shall include, at a minimum, information on risk factors, the value of early detection and the options available for treating hepatitis C;

-- measures to promote public awareness about the availability of hepatitis C screening, prevention and treatment services among persons at high risk for hepatitis C as determined by the commissioner based upon data provided by the federal Centers for Disease Control and Prevention and other sources of information deemed appropriate by the commissioner;

-- educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, which shall include information about coinfection with the hepatitis C virus (HCV) and HIV and the implications of coinfection for HIV or AIDS treatment;

-- educational and informational measures targeted at specific groups, including, but not limited to, activities designed to educate youth about the long-term consequences of infection with HCV;

-- measures to prevent further transmission of HCV and to prevent onset of chronic liver disease caused by hepatitis C through outreach to detect and treat chronic HCV infection; and

-- a collaborative effort with the Department of Corrections to

develop screening services to identify HCV-positive inmates who are likely to be released within a period of one year and to provide counseling and treatment options to reduce the potential health risk to the community from these persons.

The commissioner is also directed to evaluate existing hepatitis C support services in the community and assess the need for improving the quality and accessibility of these services.

The commissioner is further directed to seek to establish public-private partnerships to promote outreach and increase awareness for the purposes of this bill among employers, organized labor, health care providers, health insurers, and community-based organizations and coalitions.

In addition, the bill stipulates that the commissioner shall take such actions as are reasonably necessary to ensure that the program provides clear, complete and accurate hepatitis C education, information and referral services in a multiculturally competent manner that is designed to provide appropriate linkages to health care services.

The bill further provides that the commissioner shall establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate the effectiveness of the program in meeting its objectives. The advisory board may also provide advice and recommendations to the commissioner on such other matters relating to hepatitis C as a majority of its members deem appropriate. The commissioner is to appoint as members of the advisory board persons with a demonstrated expertise and interest in hepatitis C, including, but not limited to, health care professionals and persons with hepatitis C, and including representation among the various geographic regions and ethnic groups within the State. The advisory board shall include at least one person who is a representative of the American Liver Foundation.

The bill requires that the commissioner, in consultation with the hepatitis C advisory board, report to the Governor and the Legislature, no later than 18 months after its effective date and annually thereafter, on the activities of the hepatitis C education, prevention, screening and treatment program and the effectiveness of the program in meeting its objectives. The commissioner is to accompany the report with any recommendations that the commissioner desires to make for administrative or legislative action relating to hepatitis C education, prevention, screening or treatment.

Finally, the bill amends N.J.S.A.26:2T-1, the statute that requires the reporting of all newly diagnosed cases of hepatitis C by health care providers or other designated persons to DHSS, in order to require that this information be reported directly to DHSS, rather than to local health departments (thereby including hepatitis C with sexually transmitted diseases and tuberculosis as the diseases that are required to be reported directly to DHSS).

The bill takes effect on the 30th day after enactment.

The committee amended the bill to require the reporting of all newly diagnosed cases of hepatitis C by health care providers or other designated persons directly to DHSS, rather than to local health departments.

As reported by the committee, this bill is identical to Assembly Bill No. 3017 (1R) (Blee/Quigley), which is pending in the Assembly Appropriations Committee.

[First Reprint]

**SENATE, No. 1989**

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**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

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INTRODUCED DECEMBER 18, 2000

**Sponsored by:**

**Senator JOHN J. MATHEUSSEN**

**District 4 (Camden and Gloucester)**

**Senator LOUIS F. KOSCO**

**District 38 (Bergen)**

**Co-Sponsored by:**

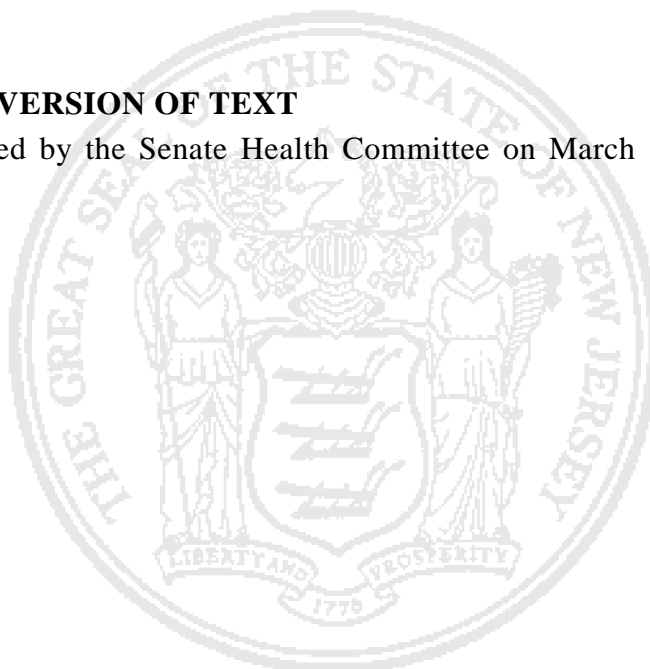
**Senators Allen, Inverso, Sinagra, Bucco, Singer, Robertson, Bennett and Vitale**

**SYNOPSIS**

Establishes hepatitis C education, prevention, screening and treatment program; requires reporting of hepatitis C directly to DHSS; appropriates \$2.5 million.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health Committee on March 15, 2001, with amendments.



**(Sponsorship Updated As Of: 2/9/2001)**

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1</sup>, amending P.L.1998, c.116,<sup>1</sup> and making an  
3 appropriation.

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. (New section) The Legislature finds and declares that:

9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;

11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;

13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;

16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;

19 e. It is estimated that approximately 146,000 New Jersey citizens  
20 are infected with hepatitis C;

21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;

27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, as well as police officers, firefighters, health care workers  
32 and the general public; and

33 h. New Jersey has established itself at the forefront of the fight  
34 against hepatitis C by becoming the first State in the nation to establish  
35 a comprehensive awareness program pursuant to P.L.1998, c.116  
36 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
37 an optimal approach to controlling this lethal disease.

38  
39 2. (New section) As used in this act:

40 "Commissioner" means the Commissioner of Health and Senior  
41 Services.

42 "HCV" means the hepatitis C virus.

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

**<sup>1</sup> Senate SHH committee amendments adopted March 15, 2001.**

1 "Program" means the hepatitis C education, prevention, screening  
2 and treatment program established pursuant to this act.

3  
4 3. (New section) The Commissioner of Health and Senior Services  
5 shall establish a hepatitis C education, prevention, screening and  
6 treatment program in consultation with the hepatitis C advisory board  
7 established pursuant to section 4 of this act. The program shall be  
8 established in accordance with accepted public health practice and  
9 recommendations of the federal Centers for Disease Control and  
10 Prevention, and within the limits of funds appropriated pursuant to this  
11 act and any other resources available for the purposes thereof.

12 a. For the purposes of this program, the commissioner shall develop  
13 and implement the following:

14 (1) public education and outreach to raise awareness of hepatitis C  
15 among persons at high risk for hepatitis C as described in section 2 of  
16 P.L.1998, c.116 (C.26:2T-2), as well as police officers, firefighters,  
17 persons employed by correctional facilities, emergency response  
18 personnel and other high-risk groups, including, but not limited to,  
19 health care professionals and persons employed in primary care  
20 settings or health care facilities, which shall include, at a minimum,  
21 information on risk factors, the value of early detection and the  
22 options available for treating hepatitis C;

23 (2) measures to promote public awareness about the availability of  
24 hepatitis C screening, prevention and treatment services among  
25 persons at high risk for hepatitis C as determined by the commissioner  
26 based upon data provided by the federal Centers for Disease Control  
27 and Prevention and other sources of information deemed appropriate  
28 by the commissioner;

29 (3) educational activities for health care professionals in regard to  
30 the epidemiology, natural history, detection and treatment of hepatitis  
31 C, which shall include information about coinfection with HCV and  
32 HIV and the implications of coinfection for HIV or AIDS treatment;

33 (4) educational and informational measures targeted at specific  
34 groups, including, but not limited to, activities designed to educate  
35 youth about the long-term consequences of infection with HCV;

36 (5) measures to prevent further transmission of HCV and to prevent  
37 onset of chronic liver disease caused by hepatitis C through outreach  
38 to detect and treat chronic HCV infection; and

39 (6) a collaborative effort with the Department of Corrections to  
40 develop screening services to identify HCV-positive inmates who are  
41 likely to be released within a period of one year and to provide  
42 counseling and treatment options to reduce the potential health risk to  
43 the community from these persons.

44 b. The commissioner shall evaluate existing hepatitis C support  
45 services in the community and assess the need for improving the  
46 quality and accessibility of these services.

1 c. The commissioner shall seek to establish public-private  
2 partnerships to promote outreach and increase awareness for the  
3 purposes of this act among employers, organized labor, health care  
4 providers, health insurers, and community-based organizations and  
5 coalitions.

6 d. The commissioner shall take such actions as are reasonably  
7 necessary to ensure that the program established pursuant to this act  
8 provides clear, complete and accurate hepatitis C education,  
9 information and referral services in a multiculturally competent manner  
10 that is designed to provide appropriate linkages to health care services  
11 for persons in need thereof.

12 e. The commissioner shall seek to secure the use of such funds or  
13 other resources from private nonprofit or for-profit sources or the  
14 federal government to effectuate the purposes of this act as may be  
15 available therefor, which shall be used to supplement and shall not  
16 supplant State funds used to carry out the purposes of this act.

17 f. The commissioner shall seek, to the maximum extent practicable,  
18 to coordinate the activities of the program, as applicable, with services  
19 provided separately to specific populations, including, but not limited  
20 to, veterans of the United States armed forces, persons participating  
21 in private or public drug abuse or alcohol treatment programs, and  
22 persons with HIV.

23

24 4. (New section) a. The commissioner shall establish a hepatitis  
25 C advisory board to provide advice and recommendations to the  
26 commissioner on, and to monitor, the implementation and operation  
27 of the program, and to evaluate the effectiveness of the program in  
28 meeting its objectives. The advisory board may also provide advice  
29 and recommendations to the commissioner on such other matters  
30 relating to hepatitis C as a majority of its members deem appropriate.

31 b. The commissioner shall appoint as members of the advisory  
32 board persons with a demonstrated expertise and interest in hepatitis  
33 C, including, but not limited to, health care professionals and persons  
34 with hepatitis C, and including representation among the various  
35 geographic regions and ethnic groups within the State. The advisory  
36 board shall include at least one person who is a representative of the  
37 American Liver Foundation.

38 c. The members of the advisory board shall serve without  
39 compensation, but shall be entitled to reimbursement for necessary  
40 expenses incurred in the performance of their duties.

41 d. The advisory board shall organize as soon as may be practicable  
42 after the appointment of its members and shall select a chairman from  
43 among its members and a secretary who need not be a member of the  
44 board.

45

46 5. (New section) The commissioner, in consultation with the

1 hepatitis C advisory board, shall report to the Governor and the  
2 Legislature, no later than 18 months after the effective date of this act  
3 and annually thereafter, on the activities of the program and the  
4 effectiveness of the program in meeting its objectives. The report shall  
5 clearly describe the guidelines, assessments and strategies employed  
6 by the commissioner in developing, implementing and evaluating the  
7 program. In addition, the commissioner shall seek to include in the  
8 report information on the proportion of acute versus chronic HCV  
9 infection among persons with HCV in the State and information about  
10 HCV infection that is specific to various populations within the State.  
11 The commissioner shall accompany the report with any  
12 recommendations that the commissioner desires to make for  
13 administrative or legislative action relating to hepatitis C education,  
14 prevention, screening or treatment.

15

16 <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read as  
17 follows:

18 1. The Commissioner of Health and Senior Services shall provide  
19 for the inclusion of all newly diagnosed cases of hepatitis C among  
20 those communicable diseases which are required to be reported by  
21 health care providers or other designated persons to the Department  
22 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and  
23 8:57-1.5. The commissioner shall require that such information be  
24 reported directly to the department, rather than to local health  
25 departments, as he determines necessary to assist the department to  
26 develop hepatitis C disease control measures, and shall revise these  
27 requirements as necessary to reflect technological advances which  
28 improve the ability to diagnose and treat the disease.<sup>1</sup>

29 (cf: P.L.1998, c.116, s.1)

30

31 <sup>1</sup>[6.] 7.<sup>1</sup>There is appropriated \$2,500,000 from the General Fund  
32 to the Department of Health and Senior Services to effectuate the  
33 purposes of this act.

34

35 <sup>1</sup>[7.] 8.<sup>1</sup> This act shall take effect on the 30th day after enactment.



# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## **SENATE, No. 1989**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: DECEMBER 13, 2001

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 1989 (1R).

This bill establishes a hepatitis C education, prevention and screening program in the Department of Health and Senior Services (DHSS) and provides for the creation of an advisory board on the disease.

*Program.* The bill requires the Commissioner of Health and Senior Services to develop and implement a program of: (i) public education and outreach to raise awareness of hepatitis C among persons at high risk for the disease, including law enforcement and public health and safety personnel, by providing those persons, at a minimum, with information on risk factors, the value of early detection, and the options available for treatment; (ii) measures to promote public knowledge about the availability of hepatitis C screening, prevention and treatment services among persons at high risk for the disease; (iii) educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, including information about coinfection with the hepatitis C virus (HCV) and HIV and the implications of coinfection for HIV or AIDS treatment; and (iv) education directed at specific groups, including but not limited to youth, about the long-term consequences of HCV infection.

The program would also include: (a) measures to prevent further transmission of HCV and the onset of chronic liver disease caused by the virus through outreach to detect and treat chronic HCV infection; (b) a collaborative effort with the Department of Corrections to develop screening services to identify inmates at risk for hepatitis C upon admission, and to provide education and counseling about treatment options to reduce the potential health risk to the community from these persons; (c) an evaluation of existing hepatitis C support services in the community and an assessment of the need for improving the quality and accessibility of these services; and (d) the creation of public-private partnerships to promote outreach and increase

awareness of issues addressed by this bill among employers, organized labor, health care providers, health insurers, and community-based organizations and coalitions.

In addition, the bill stipulates that the commissioner shall take such actions as are reasonably necessary to ensure that the entire program provides clear, complete and accurate hepatitis C education, information and referral services in a multiculturally competent manner that is designed to provide appropriate linkages to health care services.

*Advisory board.* The bill directs the commissioner to establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate its effectiveness. The board may also provide the commissioner with advice and recommendations on such other matters relating to hepatitis C as a majority of board members deems appropriate. The advisory board members shall include: four physicians who include one internist, one hematologist and two hepatologists; one clinical researcher specializing in diseases of the liver; and two members who are not physicians or clinical researchers, at least one of whom is a veteran of the United States armed forces who has hepatitis C.

*Report.* The bill requires the commissioner, in consultation with the advisory board, to report to the Governor and the Legislature, within a year after the legislation takes effect and annually thereafter, on the activities of the hepatitis C program and its effectiveness.

*Disclosure of new cases.* Finally, the bill amends the law requiring that health care providers or other designated persons must report to health officials all newly diagnosed cases of hepatitis C by specifying that this information must be reported directly to DHSS, rather than to local health departments (thus including hepatitis C with sexually transmitted diseases and tuberculosis as the diseases that are required to be reported directly to DHSS).

As amended, the provisions of this bill are identical to those of Assembly Bill No. 3017 (3R) Sca, which the committee also reports this day.

#### COMMITTEE AMENDMENTS

Committee amendments to this bill (1) update the count of New Jersey HCV cases, (2) amplify the list of groups at risk for hepatitis C and cite OSHA as an agency that identifies those groups, (3) broaden the list of agencies whose data may be used in developing public awareness about the availability of hepatitis C services, (4) clarify the program's responsibilities with respect to the collaborative effort with the Department of Corrections, (5) delete references to treatment programs, (6) specify more fully the professional and lay groups from which membership of the hepatitis C advisory board is to be drawn, (7) reduce from 18 to 12 months after the bill's enactment the deadline for submission of the commissioner's initial report on the activities and effectiveness of the program, and (8) delete an appropriation of \$2.5

million to the department.

FISCAL IMPACT

The Office of Legislative Services (OLS) cannot estimate the cost of the legislation. As existing DHSS appropriations provide monies for public awareness, education, outreach, etc., certain aspects of the legislation do not require additional funds. The deletion, by committee amendments, of a treatment component eliminates potentially substantial costs. Certain other aspects of the legislation, however, may require DHSS to solicit proposals from outside agencies to provide services. Until proposals are received from such outside agencies, potential costs will not be known.

[Second Reprint]

**SENATE, No. 1989**

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**STATE OF NEW JERSEY**  
**209th LEGISLATURE**

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INTRODUCED DECEMBER 18, 2000

**Sponsored by:**

**Senator JOHN J. MATHEUSSEN**

**District 4 (Camden and Gloucester)**

**Senator LOUIS F. KOSCO**

**District 38 (Bergen)**

**Co-Sponsored by:**

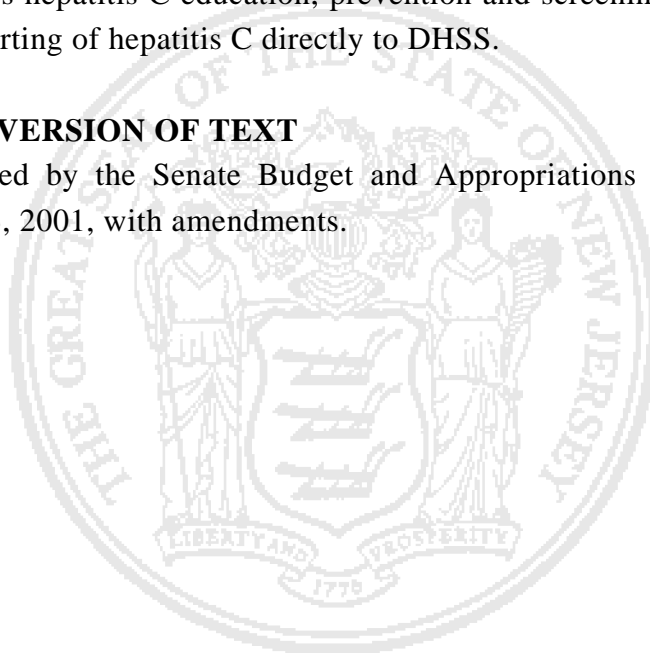
**Senators Allen, Inverso, Sinagra, Bucco, Singer, Robertson, Bennett and Vitale**

**SYNOPSIS**

Establishes hepatitis C education, prevention and screening program and requires reporting of hepatitis C directly to DHSS.

**CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on December 13, 2001, with amendments.



**(Sponsorship Updated As Of: 2/9/2001)**

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1</sup>, <sup>2</sup>and<sup>2</sup> amending P.L.1998, c.116 <sup>2</sup>[<sup>1</sup> and making an  
3 appropriation]<sup>2</sup>.

4  
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

- 7  
8 1. (New section) The Legislature finds and declares that:  
9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;  
11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;  
13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;  
16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;  
19 e. It is estimated that approximately <sup>2</sup>[146,000] 200,000<sup>2</sup> New  
20 Jersey citizens are infected with hepatitis C;  
21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;  
27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, <sup>2</sup>[as well as] and the Occupational Safety and Health  
32 Administration in the U.S. Department of Labor, including but not  
33 limited to,<sup>2</sup> police officers, <sup>2</sup>correctional officers,<sup>2</sup> firefighters,  
34 <sup>2</sup>including volunteers,<sup>2</sup> health care workers <sup>2</sup>, emergency services  
35 personnel, employees of the State's developmental centers<sup>2</sup> and the  
36 general public; and  
37 h. New Jersey has established itself at the forefront of the fight  
38 against hepatitis C by becoming the first State in the nation to establish  
39 a comprehensive awareness program pursuant to P.L.1998, c.116  
40 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
41 an optimal approach to controlling this lethal disease.

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Senate SHH committee amendments adopted March 15, 2001.

<sup>2</sup> Senate SBA committee amendments adopted December 13, 2001.

1 2. (New section) As used in this act:

2 "Commissioner" means the Commissioner of Health and Senior  
3 Services.

4 "HCV" means the hepatitis C virus.

5 "Program" means the hepatitis C education, prevention <sup>2</sup>[,] and<sup>2</sup>  
6 screening <sup>2</sup>[and treatment]<sup>2</sup> program established pursuant to this act.

7  
8 3. (New section) <sup>2</sup>[The] In consultation with the hepatitis C  
9 advisory board established pursuant to section 4 of this act, the<sup>2</sup>  
10 Commissioner of Health and Senior Services shall establish a hepatitis  
11 C education, prevention <sup>2</sup>[,] and<sup>2</sup> screening <sup>2</sup>[ and treatment program  
12 in consultation with the hepatitis C advisory board established  
13 pursuant to section 4 of this act] program that includes, but is not  
14 limited to, measures directed to physicians and other health care  
15 workers, police officers, correctional officers, firefighters, emergency  
16 services personnel, employees of the State's developmental centers and  
17 the general public<sup>2</sup>. The program shall be established in accordance  
18 with accepted public health practice and recommendations of the  
19 federal Centers for Disease Control and Prevention, <sup>2</sup>the Surgeon  
20 General of the United States, the American Association for the Study  
21 of Liver Diseases, the National Institutes of Health and the American  
22 Liver Foundation<sup>2</sup> and within the limits of <sup>2</sup>[funds appropriated  
23 pursuant to this act and any other]<sup>2</sup> resources available for the  
24 purposes thereof.

25 a. For the purposes of this program, the commissioner shall develop  
26 and implement the following:

27 (1) public education and outreach to raise awareness of hepatitis C  
28 among persons at high risk for hepatitis C as described in section 2 of  
29 P.L.1998, c.116 (C.26:2T-2), <sup>2</sup>[as well as] which includes<sup>2</sup> police  
30 officers, firefighters, persons employed by correctional facilities,  
31 emergency response personnel and other high-risk groups, including,  
32 but not limited to, health care professionals and persons employed in  
33 primary care settings or health care facilities, which shall include, at a  
34 minimum, information on risk factors, the value of early detection and  
35 the options available for treating hepatitis C;

36 (2) measures to promote public awareness about the availability of  
37 hepatitis C screening, prevention and treatment services among  
38 persons at high risk for hepatitis C as determined by the commissioner  
39 based upon data provided by the federal Centers for Disease Control  
40 and Prevention <sup>2</sup>, the Surgeon General of the United States, the  
41 American Association for the Study of Liver Diseases, the National  
42 Institutes of Health and the American Liver Foundation<sup>2</sup> and <sup>2</sup>any<sup>2</sup>  
43 other <sup>2</sup>[sources of information deemed appropriate by the  
44 commissioner] nationally recognized liver societies<sup>2</sup>;

45 (3) educational activities for health care professionals in regard to

1 the epidemiology, natural history, detection and treatment of hepatitis  
2 C, which shall include information about coinfection with HCV and  
3 HIV and the implications of coinfection for HIV or AIDS treatment;

4 (4) educational and informational measures targeted at specific  
5 groups, including, but not limited to, activities designed to educate  
6 youth about the long-term consequences of infection with HCV;

7 (5) measures to prevent further transmission of HCV and to prevent  
8 onset of chronic liver disease caused by hepatitis C through outreach  
9 to detect and treat chronic HCV infection; and

10 (6) a collaborative effort with the Department of Corrections to  
11 develop screening services to identify <sup>2</sup>[HCV-positive]<sup>2</sup> inmates  
12 <sup>2</sup>[who are likely to be released within a period of one year] at risk for  
13 hepatitis C upon admission,<sup>2</sup> and to provide <sup>2</sup>education and<sup>2</sup>  
14 counseling <sup>2</sup>[and] about<sup>2</sup> treatment options to reduce the potential  
15 health risk to the community from these persons.

16 b. The commissioner shall evaluate existing hepatitis C support  
17 services in the community and assess the need for improving the  
18 quality and accessibility of these services.

19 c. The commissioner shall seek to establish public-private  
20 partnerships to promote outreach and increase awareness for the  
21 purposes of this act among employers, organized labor, health care  
22 providers, health insurers, and community-based organizations and  
23 coalitions.

24 d. The commissioner shall take such actions as are reasonably  
25 necessary to ensure that the program established pursuant to this act  
26 provides clear, complete and accurate hepatitis C education,  
27 information and referral services in a multiculturally competent manner  
28 that is designed to provide appropriate linkages to health care services  
29 for persons in need thereof.

30 e. The commissioner shall seek to secure the use of such funds or  
31 other resources from private nonprofit or for-profit sources or the  
32 federal government to effectuate the purposes of this act as may be  
33 available therefor, which shall be used to supplement and shall not  
34 supplant State funds used to carry out the purposes of this act.

35 f. The commissioner shall seek, to the maximum extent practicable,  
36 to coordinate the activities of the program, as applicable, with services  
37 provided separately to specific populations, including, but not limited  
38 to, veterans of the United States armed forces, persons participating  
39 in private or public drug abuse or alcohol treatment programs, and  
40 persons with HIV.

41  
42 4. (New section) a. The commissioner shall establish a hepatitis  
43 C advisory board to provide advice and recommendations to the  
44 commissioner on, and to monitor, the implementation and operation  
45 of the program, and to evaluate the effectiveness of the program in  
46 meeting its objectives. The advisory board may also provide advice

1 and recommendations to the commissioner on such other matters  
2 relating to hepatitis C as a majority of its members deem appropriate.

3 b. The commissioner shall appoint as members of the advisory  
4 board persons with a demonstrated expertise and interest in hepatitis  
5 C, including, but not limited to, health care professionals and persons  
6 with hepatitis C, and including representation among the various  
7 geographic regions and ethnic groups within the State. The advisory  
8 board shall include <sup>2</sup>[at least one person who is a representative of the  
9 American Liver Foundation] four physicians who include one internist,  
10 one hematologist and two hepatologists; one clinical researcher  
11 specializing in diseases of the liver; and two members who are not  
12 physicians or clinical researchers, at least one of whom is a veteran of  
13 the United States armed forces who has hepatitis C<sup>2</sup>.

14 c. The members of the advisory board shall serve without  
15 compensation, but shall be entitled to reimbursement for necessary  
16 expenses incurred in the performance of their duties.

17 d. The advisory board shall organize as soon as may be practicable  
18 after the appointment of its members and shall select a chairman from  
19 among its members and a secretary who need not be a member of the  
20 board.

21

22 5. (New section) The commissioner, in consultation with the  
23 hepatitis C advisory board, shall report to the Governor and the  
24 Legislature, no later than <sup>2</sup>[18]12<sup>2</sup> months after the effective date of  
25 this act and annually thereafter, on the activities of the program and  
26 the effectiveness of the program in meeting its objectives. The report  
27 shall clearly describe the guidelines, assessments and strategies  
28 employed by the commissioner in developing, implementing and  
29 evaluating the program. In addition, the commissioner shall seek to  
30 include in the report information on the proportion of acute versus  
31 chronic HCV infection among persons with HCV in the State and  
32 information about HCV infection that is specific to various populations  
33 within the State. The commissioner shall accompany the report with  
34 any recommendations that the commissioner desires to make for  
35 administrative or legislative action relating to hepatitis C education,  
36 prevention, screening or treatment.

37

38 <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read as  
39 follows:

40 1. The Commissioner of Health and Senior Services shall provide  
41 for the inclusion of all newly diagnosed cases of hepatitis C among  
42 those communicable diseases which are required to be reported by  
43 health care providers or other designated persons to the Department  
44 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and  
45 8:57-1.5. The commissioner shall require that such information be  
46 reported directly to the department, rather than to local health



1 departments, as he determines necessary to assist the department to  
2 develop hepatitis C disease control measures, and shall revise these  
3 requirements as necessary to reflect technological advances which  
4 improve the ability to diagnose and treat the disease.<sup>1</sup>

5 (cf: P.L.1998, c.116, s.1)

6

7 <sup>1</sup>[6.] <sup>2</sup>[7.<sup>1</sup>There is appropriated \$2,500,000 from the General  
8 Fund to the Department of Health and Senior Services to effectuate  
9 the purposes of this act.]<sup>2</sup>

10

11 <sup>1</sup>[7.] <sup>2</sup>[8.<sup>1</sup>] 7.<sup>2</sup> This act shall take effect on the 30th day after  
12 enactment.

P.L. 2001, CHAPTER 357, *approved January 6, 2002*  
Assembly, No. 3017 (*Fourth Reprint*)

1 AN ACT concerning hepatitis C, supplementing Title 26 of the Revised  
2 Statutes<sup>1, 2</sup> and<sup>2</sup> amending P.L.1998, c.116<sup>2</sup> [ ,<sup>1</sup> and making an  
3 appropriation].<sup>2</sup>

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7

8 1. <sup>1</sup>(New section)<sup>1</sup> The Legislature finds and declares that:

9 a. Hepatitis C is a silent killer, being largely asymptomatic until  
10 irreversible liver damage may have occurred;

11 b. Hepatitis C has been characterized by the World Health  
12 Organization as a disease of primary concern to humanity;

13 c. Hepatitis C currently infects approximately 4.5 million persons  
14 in the United States; and each year, there are some 30,000 new  
15 infections nationwide;

16 d. The federal Centers for Disease Control and Prevention estimate  
17 that approximately 12,000 persons die annually from the consequences  
18 of hepatitis C, and this number continues to grow each year;

19 e. It is estimated that approximately <sup>3</sup>[146,000] 200,000<sup>3</sup> New  
20 Jersey citizens are infected with hepatitis C;

21 f. The disease is considered to be such a public health threat that  
22 the United States Department of Health and Human Services has  
23 initiated a comprehensive plan to address this significant health  
24 problem, beginning with the identification of, and notification to,  
25 hundreds of thousands of persons who were inadvertently exposed to  
26 hepatitis C through blood transfusions;

27 g. In the absence of a vaccine for hepatitis C, emphasis must be  
28 placed on other means of awareness and prevention of this disease,  
29 including, but not limited to, education of persons at high risk for  
30 hepatitis C as defined by the federal Centers for Disease Control and  
31 Prevention, <sup>3</sup>[as well as] and the Occupational Safety and Health  
32 Administration in the U.S. Department of Labor, including but not  
33 limited to,<sup>3</sup> police officers, <sup>3</sup>correctional officers,<sup>3</sup> firefighters,  
34 <sup>3</sup>including volunteers,<sup>3</sup> health care workers<sup>3</sup>, emergency services  
35 personnel, employees of the State's developmental centers<sup>3</sup> and the

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Assembly AHL committee amendments adopted March 1, 2001.

<sup>2</sup> Assembly AAP committee amendments adopted June 25, 2001.

<sup>3</sup> Senate SHH committee amendments adopted November 29, 2001.

<sup>4</sup> Senate SBA committee amendments adopted December 13, 2001.

1 general public; and

2 h. New Jersey has established itself at the forefront of the fight  
3 against hepatitis C by becoming the first State in the nation to establish  
4 a comprehensive awareness program pursuant to P.L.1998, c.116  
5 (C.26:2T-1 et seq.), and through the enactment of this act will ensure  
6 an optimal approach to controlling this lethal disease.

7

8 2. <sup>1</sup>(New section)<sup>1</sup> As used in this act:

9 "Commissioner" means the Commissioner of Health and Senior  
10 Services.

11 "HCV" means the hepatitis C virus.

12 "Program" means the hepatitis C education, prevention<sup>3</sup>[,] and<sup>3</sup>  
13 screening <sup>3</sup>[and treatment]<sup>3</sup> program established pursuant to this act.

14

15 3. <sup>1</sup>(New Section)<sup>1</sup> <sup>3</sup>[The] In consultation with the hepatitis C  
16 advisory board established pursuant to section 4 of this act, the<sup>3</sup>  
17 Commissioner of Health and Senior Services shall establish a hepatitis  
18 C education, prevention<sup>3</sup>[,] and<sup>3</sup> screening <sup>3</sup>[and treatment program  
19 in consultation with the hepatitis C advisory board established  
20 pursuant to section 4 of this act] program that includes, but is not  
21 limited to, measures directed to physicians and other health care  
22 workers, police officers, correctional officers, firefighters, emergency  
23 services personnel, employees of the State's developmental centers and  
24 the general public<sup>3</sup>. The program shall be established in accordance  
25 with accepted public health practice and recommendations of the  
26 federal Centers for Disease Control and Prevention, <sup>3</sup>the Surgeon  
27 General of the United States, the American Association for the Study  
28 of Liver Diseases, the National Institutes of Health and the American  
29 Liver Foundation<sup>3</sup> and within the limits of <sup>4</sup>[funds appropriated  
30 pursuant to this act and any other]<sup>4</sup> resources available for the  
31 purposes thereof.

32 a. For the purposes of this program, the commissioner shall  
33 develop and implement the following:

34 (1) public education and outreach to raise awareness of hepatitis  
35 C among persons at high risk for hepatitis C as described in section 2  
36 of P.L.1998, c.116 (C.26:2T-2), <sup>3</sup>[as well as] which includes<sup>3</sup> police  
37 officers, firefighters, persons employed by correctional facilities,  
38 emergency response personnel and other high-risk groups, including,  
39 but not limited to, health care professionals and persons employed in  
40 primary care settings or health care facilities, which shall include, at a  
41 minimum, information on risk factors, the value of early detection and  
42 the options available for treating hepatitis C;

43 (2) measures to promote public awareness about the availability of  
44 hepatitis C screening, prevention and treatment services among  
45 persons at high risk for hepatitis C as determined by the commissioner  
46 based upon data provided by the federal Centers for Disease Control

1 and Prevention<sup>3</sup>, the Surgeon General of the United States, the  
2 American Association for the Study of Liver Diseases, the National  
3 Institutes of Health and the American Liver Foundation<sup>3</sup> and <sup>3</sup>any<sup>3</sup>  
4 other <sup>3</sup>[sources of information deemed appropriate by the  
5 commissioner] nationally recognized liver societies<sup>3</sup>;

6 (3) educational activities for health care professionals in regard to  
7 the epidemiology, natural history, detection and treatment of hepatitis  
8 C, which shall include information about coinfection with HCV and  
9 HIV and the implications of coinfection for HIV or AIDS treatment;

10 (4) educational and informational measures targeted at specific  
11 groups, including, but not limited to, activities designed to educate  
12 youth about the long-term consequences of infection with HCV;

13 (5) measures to prevent further transmission of HCV and to  
14 prevent onset of chronic liver disease caused by hepatitis C through  
15 outreach to detect and treat chronic HCV infection; and

16 (6) a collaborative effort with the Department of Corrections to  
17 develop screening services to identify <sup>3</sup>[HCV-positive]<sup>3</sup> inmates  
18 <sup>3</sup>[who are likely to be released within a period of one year] at risk for  
19 hepatitis C upon admission,<sup>3</sup> and to provide <sup>3</sup>education and<sup>3</sup>  
20 counseling <sup>3</sup>[and] about<sup>3</sup> treatment options to reduce the potential  
21 health risk to the community from these persons.

22 b. The commissioner shall evaluate existing hepatitis C support  
23 services in the community and assess the need for improving the  
24 quality and accessibility of these services.

25 c. The commissioner shall seek to establish public-private  
26 partnerships to promote outreach and increase awareness for the  
27 purposes of this act among employers, organized labor, health care  
28 providers, health insurers, and community-based organizations and  
29 coalitions.

30 d. The commissioner shall take such actions as are reasonably  
31 necessary to ensure that the program established pursuant to this act  
32 provides clear, complete and accurate hepatitis C education,  
33 information and referral services in a multiculturally competent manner  
34 that is designed to provide appropriate linkages to health care services  
35 for persons in need thereof.

36 e. The commissioner shall seek to secure the use of such funds or  
37 other resources from private nonprofit or for-profit sources or the  
38 federal government to effectuate the purposes of this act as may be  
39 available therefor, which shall be used to supplement and shall not  
40 supplant State funds used to carry out the purposes of this act.

41 f. The commissioner shall seek, to the maximum extent practicable,  
42 to coordinate the activities of the program, as applicable, with services  
43 provided separately to specific populations, including, but not limited  
44 to, veterans of the United States armed forces, persons participating  
45 in private or public drug abuse or alcohol treatment programs, and  
46 persons with HIV.

1       4. <sup>1</sup>(New section)<sup>1</sup> a. The commissioner shall establish a hepatitis  
2 C advisory board to provide advice and recommendations to the  
3 commissioner on, and to monitor, the implementation and operation  
4 of the program, and to evaluate the effectiveness of the program in  
5 meeting its objectives. The advisory board may also provide advice  
6 and recommendations to the commissioner on such other matters  
7 relating to hepatitis C as a majority of its members deem appropriate.  
8       b. The commissioner shall appoint as members of the advisory  
9 board persons with a demonstrated expertise and interest in hepatitis  
10 C, including, but not limited to, health care professionals and persons  
11 with hepatitis C, and including representation among the various  
12 geographic regions and ethnic groups within the State. The advisory  
13 board shall include <sup>3</sup>[at least one person who is a representative of the  
14 American Liver Foundation] four physicians who include one internist,  
15 one hematologist and two hepatologists; one clinical researcher  
16 specializing in diseases of the liver; and two members who are not  
17 physicians or clinical researchers, at least one of whom is a veteran of  
18 the United States armed forces who has hepatitis C.<sup>3</sup>  
19       c. The members of the advisory board shall serve without  
20 compensation, but shall be entitled to reimbursement for necessary  
21 expenses incurred in the performance of their duties.  
22       d. The advisory board shall organize as soon as may be practicable  
23 after the appointment of its members and shall select a chairman from  
24 among its members and a secretary who need not be a member of the  
25 board.  
26  
27       5. <sup>1</sup>New section<sup>1</sup> The commissioner, in consultation with the  
28 hepatitis C advisory board, shall report to the Governor and the  
29 Legislature, no later than <sup>3</sup>[18] 12<sup>3</sup> months after the effective date of  
30 this act and annually thereafter, on the activities of the program and  
31 the effectiveness of the program in meeting its objectives. The report  
32 shall clearly describe the guidelines, assessments and strategies  
33 employed by the commissioner in developing, implementing and  
34 evaluating the program. In addition, the commissioner shall seek to  
35 include in the report information on the proportion of acute versus  
36 chronic HCV infection among persons with HCV in the State and  
37 information about HCV infection that is specific to various populations  
38 within the State. The commissioner shall accompany the report with  
39 any recommendations that the commissioner desires to make for  
40 administrative or legislative action relating to hepatitis C education,  
41 prevention, screening or treatment.

42  
43       <sup>1</sup>6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read  
44 as follows:

45       1. The Commissioner of Health and Senior Services shall provide  
46 for the inclusion of all newly diagnosed cases of hepatitis C among

1 those communicable diseases which are required to be reported by  
2 health care providers or other designated persons to the Department  
3 of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and  
4 8:57-1.5. The commissioner shall require that such information be  
5 reported directly to the department, rather than to local health  
6 departments, as he determines necessary to assist the department to  
7 develop hepatitis C disease control measures, and shall revise these  
8 requirements as necessary to reflect technological advances which  
9 improve the ability to diagnose and treat the disease.<sup>1</sup>

10 (cf: P.L.1998, c.116, s.1)

11

12 <sup>2</sup>[<sup>1</sup>[6.] 7.<sup>1</sup> There is appropriated \$2,500,000 from the General  
13 Fund to the Department of Health and Senior Services to effectuate  
14 the purposes of this act.]<sup>2</sup>

15

16 <sup>1</sup>[7.] <sup>2</sup>[8.<sup>1</sup>] 7.<sup>2</sup> This act shall take effect on the 30th day after  
17 enactment.

18

19

20

21

22 Establishes hepatitis C education, prevention and screening program  
23 and requires reporting of hepatitis C directly to DHSS.

## CHAPTER 357

AN ACT concerning hepatitis C, supplementing Title 26 of the Revised Statutes, and amending P.L.1998, c.116.

**BE IT ENACTED** *by the Senate and General Assembly of the State of New Jersey:*

C.26:2T-5 Findings, declarations relative to Hepatitis C.

1. The Legislature finds and declares that:
  - a. Hepatitis C is a silent killer, being largely asymptomatic until irreversible liver damage may have occurred;
  - b. Hepatitis C has been characterized by the World Health Organization as a disease of primary concern to humanity;
  - c. Hepatitis C currently infects approximately 4.5 million persons in the United States; and each year, there are some 30,000 new infections nationwide;
  - d. The federal Centers for Disease Control and Prevention estimate that approximately 12,000 persons die annually from the consequences of hepatitis C, and this number continues to grow each year;
  - e. It is estimated that approximately 200,000 New Jersey citizens are infected with hepatitis C;
  - f. The disease is considered to be such a public health threat that the United States Department of Health and Human Services has initiated a comprehensive plan to address this significant health problem, beginning with the identification of, and notification to, hundreds of thousands of persons who were inadvertently exposed to hepatitis C through blood transfusions;
  - g. In the absence of a vaccine for hepatitis C, emphasis must be placed on other means of awareness and prevention of this disease, including, but not limited to, education of persons at high risk for hepatitis C as defined by the federal Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration in the U.S. Department of Labor, including but not limited to, police officers, correctional officers, firefighters, including volunteers, health care workers, emergency services personnel, employees of the State's developmental centers and the general public; and
  - h. New Jersey has established itself at the forefront of the fight against hepatitis C by becoming the first State in the nation to establish a comprehensive awareness program pursuant to P.L.1998, c.116 (C.26:2T-1 et seq.), and through the enactment of this act will ensure an optimal approach to controlling this lethal disease.

C.26:2T-6 Definitions relative to Hepatitis C.

2. As used in this act:
  - "Commissioner" means the Commissioner of Health and Senior Services.
  - "HCV" means the hepatitis C virus.
  - "Program" means the hepatitis C education, prevention and screening program established pursuant to this act.

C.26:2T-7 Hepatitis C education, prevention and screening program.

3. In consultation with the hepatitis C advisory board established pursuant to section 4 of this act, the Commissioner of Health and Senior Services shall establish a hepatitis C education, prevention and screening program that includes, but is not limited to, measures directed to physicians and other health care workers, police officers, correctional officers, firefighters, emergency services personnel, employees of the State's developmental centers and the general public. The program shall be established in accordance with accepted public health practice and recommendations of the federal Centers for Disease Control and Prevention, the Surgeon General of the United States, the American Association for the Study of Liver Diseases, the National Institutes of Health and the American Liver Foundation and within the limits of resources available for the purposes thereof.

a. For the purposes of this program, the commissioner shall develop and implement the following:

(1) public education and outreach to raise awareness of hepatitis C among persons at high risk for hepatitis C as described in section 2 of P.L.1998, c.116 (C.26:2T-2), which includes police officers, firefighters, persons employed by correctional facilities, emergency response

personnel and other high-risk groups, including, but not limited to, health care professionals and persons employed in primary care settings or health care facilities, which shall include, at a minimum, information on risk factors, the value of early detection and the options available for treating hepatitis C;

(2) measures to promote public awareness about the availability of hepatitis C screening, prevention and treatment services among persons at high risk for hepatitis C as determined by the commissioner based upon data provided by the federal Centers for Disease Control and Prevention, the Surgeon General of the United States, the American Association for the Study of Liver Diseases, the National Institutes of Health and the American Liver Foundation and any other nationally recognized liver societies;

(3) educational activities for health care professionals in regard to the epidemiology, natural history, detection and treatment of hepatitis C, which shall include information about coinfection with HCV and HIV and the implications of coinfection for HIV or AIDS treatment;

(4) educational and informational measures targeted at specific groups, including, but not limited to, activities designed to educate youth about the long-term consequences of infection with HCV;

(5) measures to prevent further transmission of HCV and to prevent onset of chronic liver disease caused by hepatitis C through outreach to detect and treat chronic HCV infection; and

(6) a collaborative effort with the Department of Corrections to develop screening services to identify inmates at risk for hepatitis C upon admission, and to provide education and counseling about treatment options to reduce the potential health risk to the community from these persons.

b. The commissioner shall evaluate existing hepatitis C support services in the community and assess the need for improving the quality and accessibility of these services.

c. The commissioner shall seek to establish public-private partnerships to promote outreach and increase awareness for the purposes of this act among employers, organized labor, health care providers, health insurers, and community-based organizations and coalitions.

d. The commissioner shall take such actions as are reasonably necessary to ensure that the program established pursuant to this act provides clear, complete and accurate hepatitis C education, information and referral services in a multiculturally competent manner that is designed to provide appropriate linkages to health care services for persons in need thereof.

e. The commissioner shall seek to secure the use of such funds or other resources from private nonprofit or for-profit sources or the federal government to effectuate the purposes of this act as may be available therefor, which shall be used to supplement and shall not supplant State funds used to carry out the purposes of this act.

f. The commissioner shall seek, to the maximum extent practicable, to coordinate the activities of the program, as applicable, with services provided separately to specific populations, including, but not limited to, veterans of the United States armed forces, persons participating in private or public drug abuse or alcohol treatment programs, and persons with HIV.

#### C.26:2T-8 Hepatitis C advisory board.

4. a. The commissioner shall establish a hepatitis C advisory board to provide advice and recommendations to the commissioner on, and to monitor, the implementation and operation of the program, and to evaluate the effectiveness of the program in meeting its objectives. The advisory board may also provide advice and recommendations to the commissioner on such other matters relating to hepatitis C as a majority of its members deem appropriate.

b. The commissioner shall appoint as members of the advisory board persons with a demonstrated expertise and interest in hepatitis C, including, but not limited to, health care professionals and persons with hepatitis C, and including representation among the various geographic regions and ethnic groups within the State. The advisory board shall include four physicians who include one internist, one hematologist and two hepatologists; one clinical researcher specializing in diseases of the liver; and two members who are not physicians or clinical researchers, at least one of whom is a veteran of the United States armed forces who has hepatitis C.

c. The members of the advisory board shall serve without compensation, but shall be entitled



to reimbursement for necessary expenses incurred in the performance of their duties.

d. The advisory board shall organize as soon as may be practicable after the appointment of its members and shall select a chairman from among its members and a secretary who need not be a member of the board.

C.26:2T-9 Annual report to Governor, Legislature.

5. The commissioner, in consultation with the hepatitis C advisory board, shall report to the Governor and the Legislature, no later than 12 months after the effective date of this act and annually thereafter, on the activities of the program and the effectiveness of the program in meeting its objectives. The report shall clearly describe the guidelines, assessments and strategies employed by the commissioner in developing, implementing and evaluating the program. In addition, the commissioner shall seek to include in the report information on the proportion of acute versus chronic HCV infection among persons with HCV in the State and information about HCV infection that is specific to various populations within the State. The commissioner shall accompany the report with any recommendations that the commissioner desires to make for administrative or legislative action relating to hepatitis C education, prevention, screening or treatment.

6. Section 1 of P.L.1998, c.116 (C.26:2T-1) is amended to read as follows:

C.26:2T-1 Newly diagnosed Hepatitis C case; information, reports.

1. The Commissioner of Health and Senior Services shall provide for the inclusion of all newly diagnosed cases of hepatitis C among those communicable diseases which are required to be reported by health care providers or other designated persons to the Department of Health and Senior Services pursuant to N.J.A.C.8:57-1.4 and 8:57-1.5. The commissioner shall require that such information be reported directly to the department, rather than to local health departments, as he determines necessary to assist the department to develop hepatitis C disease control measures, and shall revise these requirements as necessary to reflect technological advances which improve the ability to diagnose and treat the disease.

7. This act shall take effect on the 30th day after enactment.

Approved January 6, 2002.