

SENATE BILL 512

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5r1761
CF 5r2220

By: **Senator Nathan–Pulliam**

Introduced and read first time: February 6, 2015

Assigned to: Education, Health, and Environmental Affairs

A BILL ENTITLED

1 AN ACT concerning

2 **Hepatitis C – Opportunity for Testing and Follow–Up Health Care**

3 FOR the purpose of requiring certain hospitals and certain health care practitioners who
4 provide certain care in certain health care facilities to offer, to the extent practicable,
5 certain individuals a hepatitis C screening test or hepatitis C diagnostic test;
6 establishing the circumstances under which a hospital or certain health care
7 practitioner is not required to offer certain tests to certain individuals; requiring
8 hospitals and certain health care practitioners to offer, to the extent practicable,
9 certain health care to or make a certain referral for certain individuals under certain
10 circumstances; requiring a certain offer of certain testing to be, to the extent
11 practicable, culturally and linguistically appropriate; requiring the Department of
12 Health and Mental Hygiene to collect and analyze certain information, subject to the
13 limitations of the State budget; requiring the Department of Health and Mental
14 Hygiene, on or before a certain date each year, to report on certain information to
15 certain committees of the General Assembly; providing for the construction of this
16 Act; defining certain terms; and generally relating to hepatitis C testing and health
17 care.

18 BY adding to

19 Article – Health – General

20 Section 18–1003

21 Annotated Code of Maryland

22 (2009 Replacement Volume and 2014 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
24 That the Laws of Maryland read as follows:

25 **Article – Health – General**

26 **18–1003.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (2) (I) “HEALTH CARE FACILITY” MEANS A FACILITY OR OFFICE
4 WHERE HEALTH OR MEDICAL CARE IS PROVIDED TO PATIENTS BY A HEALTH CARE
5 PRACTITIONER.

6 (II) “HEALTH CARE FACILITY” INCLUDES A LIMITED SERVICE
7 HOSPITAL, AS DEFINED IN § 19-301 OF THIS ARTICLE.

8 (III) “HEALTH CARE FACILITY” DOES NOT INCLUDE A HOSPITAL.

9 (3) “HEALTH CARE PRACTITIONER” MEANS A PERSON WHO IS
10 LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH
11 OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY
12 COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

13 (4) “HEPATITIS C DIAGNOSTIC TEST” MEANS A HEPATITIS C VIRAL
14 RNA LABORATORY TEST THAT:

15 (I) DETECTS THE PRESENCE OF HEPATITIS C VIRUS IN AN
16 INDIVIDUAL’S BLOOD; AND

17 (II) PROVIDES CONFIRMATION OF WHETHER THE INDIVIDUAL
18 HAS A HEPATITIS C VIRUS INFECTION.

19 (5) “HEPATITIS C SCREENING TEST” MEANS A LABORATORY
20 SCREENING TEST THAT DETECTS THE PRESENCE OF HEPATITIS C VIRUS
21 ANTIBODIES IN THE BLOOD.

22 (6) “HOSPITAL” HAS THE MEANING STATED IN § 19-301 OF THIS
23 ARTICLE.

24 (7) “QUALIFYING INDIVIDUAL” INCLUDES:

25 (I) AN INDIVIDUAL BORN BETWEEN THE YEARS OF 1945 AND
26 1965, BOTH INCLUSIVE;

27 (II) A CURRENT OR FORMER USER OF AN INJECTION DRUG;

28 (III) A RECIPIENT OF A BLOOD TRANSFUSION, A BLOOD
29 PRODUCT, OR AN ORGAN TRANSPLANT BEFORE 1992;

1 (IV) A RECIPIENT OF A BLOOD CLOTTING PRODUCT BEFORE
2 1987;

3 (V) AN INDIVIDUAL WHO HAS LIVER DISEASE OR WHO HAS HAD
4 ABNORMAL LIVER TEST RESULTS;

5 (VI) A HEMODIALYSIS PATIENT;

6 (VII) A HEALTH CARE WORKER WHO MAY BE EXPOSED TO NEEDLE
7 STICKS; AND

8 (VIII) AN INDIVIDUAL WHO IS INFECTED WITH HIV.

9 (B) THIS SECTION MAY NOT BE CONSTRUED TO AFFECT:

10 (1) THE SCOPE OF PRACTICE OF A HEALTH CARE PRACTITIONER; OR

11 (2) THE AUTHORITY OR LEGAL OR PROFESSIONAL OBLIGATION OF A
12 HEALTH CARE PRACTITIONER TO:

13 (I) OFFER A HEPATITIS C SCREENING TEST OR HEPATITIS C
14 DIAGNOSTIC TEST TO AN INDIVIDUAL; OR

15 (II) PROVIDE SERVICES TO OR CARE FOR AN INDIVIDUAL WHO
16 HAS BEEN THE SUBJECT OF A HEPATITIS C SCREENING TEST OR A HEPATITIS C
17 DIAGNOSTIC TEST.

18 (C) (1) (I) A HOSPITAL SHALL, TO THE EXTENT PRACTICABLE, OFFER
19 A QUALIFYING INDIVIDUAL WHO RECEIVES HEALTH SERVICES IN THE HOSPITAL A
20 HEPATITIS C SCREENING TEST OR A HEPATITIS C DIAGNOSTIC TEST.

21 (II) A HEALTH CARE PRACTITIONER WHO PROVIDES PRIMARY
22 CARE TO A QUALIFYING INDIVIDUAL IN A HEALTH CARE FACILITY SHALL, TO THE
23 EXTENT PRACTICABLE, OFFER THE QUALIFYING INDIVIDUAL A HEPATITIS C
24 SCREENING TEST OR A HEPATITIS C DIAGNOSTIC TEST.

25 (2) A HOSPITAL OR HEALTH CARE PRACTITIONER IS NOT REQUIRED
26 TO OFFER A QUALIFYING INDIVIDUAL A HEPATITIS C SCREENING TEST OR A
27 HEPATITIS C DIAGNOSTIC TEST UNDER THIS SUBSECTION IF THE HOSPITAL OR
28 HEALTH CARE PRACTITIONER REASONABLY BELIEVES THAT THE QUALIFYING
29 INDIVIDUAL:

1 **(I) IS BEING TREATED FOR A LIFE–THREATENING EMERGENCY;**

2 **(II) HAS PREVIOUSLY BEEN OFFERED OR HAS BEEN THE**
3 **SUBJECT OF A HEPATITIS C SCREENING TEST; OR**

4 **(III) LACKS CAPACITY TO CONSENT TO A HEPATITIS C**
5 **SCREENING TEST.**

6 **(D) (1) IF A QUALIFYING INDIVIDUAL ACCEPTS AN OFFER OF A HEPATITIS**
7 **C SCREENING TEST UNDER SUBSECTION (C)(1) OF THIS SECTION AND THE**
8 **SCREENING TEST IS POSITIVE, THE HOSPITAL OR HEALTH CARE PRACTITIONER**
9 **SHALL, TO THE EXTENT PRACTICABLE:**

10 **(I) OFFER THE QUALIFYING INDIVIDUAL FOLLOW–UP HEALTH**
11 **CARE; OR**

12 **(II) REFER THE QUALIFYING INDIVIDUAL TO A HEALTH CARE**
13 **PRACTITIONER WHO CAN PROVIDE FOLLOW–UP HEALTH CARE.**

14 **(2) THE FOLLOW–UP HEALTH CARE UNDER PARAGRAPH (1) OF THIS**
15 **SUBSECTION SHALL, TO THE EXTENT PRACTICABLE, INCLUDE A HEPATITIS C**
16 **DIAGNOSTIC TEST.**

17 **(E) THE OFFER OF HEPATITIS C TESTING UNDER SUBSECTION (C)(1) OF**
18 **THIS SECTION SHALL, TO THE EXTENT PRACTICABLE, BE CULTURALLY AND**
19 **LINGUISTICALLY APPROPRIATE.**

20 **(F) (1) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, THE**
21 **DEPARTMENT SHALL COLLECT AND ANALYZE INFORMATION ON POSITIVE**
22 **HEPATITIS C SCREENINGS AND THE NUMBER OF INDIVIDUALS WHO HAVE ACCESSED**
23 **CARE FOLLOWING A POSITIVE RESULT.**

24 **(2) ON OR BEFORE OCTOBER 1 OF EACH YEAR, THE DEPARTMENT**
25 **SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH**
26 **AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1246 OF**
27 **THE STATE GOVERNMENT ARTICLE, ON THE INFORMATION COLLECTED AND**
28 **ANALYZED UNDER PARAGRAPH (1) OF THIS SUBSECTION.**

29 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
30 October 1, 2015.