

Legislative History for Connecticut Act

**PA 14-203**

SB257

House	6959-6962	4
Senate	1206-1209, 1211-1212	6
Public Health	1405, 1407, 1412-1413, <u>1510-1515, 1687-1707</u>	31
		<b>41</b>

**H – 1201**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2014**

**VOL.57  
PART 21  
6912 – 7260**

Those absent and not voting 6

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

Mr. Speaker, I move that we immediately transmit to the Senate any items waiting further action.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Representative Aresimowicz, I understand we have another Consent Calendar.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

We are. We are about to list off the bills that will be included in our second Consent Calendar for the evening, sir.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

I move -- I'd to add the following to the Consent Calendar. Calendar 426, Calendar 308, Calendar 438, Calendar 488 --

SB281

SB19

SB182

SB330

DEPUTY SPEAKER GODFREY:

Whoa, whoa, whoa.

REP. ARESIMOWICZ (30th):

I apologize, Mr. Speaker. The first number was  
427.

DEPUTY SPEAKER GODFREY:

So 427, thank you, sir. Proceed.

REP. ARESIMOWICZ (30th):

Calendar 476, as amended by Senate "A"; Calendar  
445, Calendar 514, Calendar 505, as amended by Senate  
"A"; Calendar 455, Calendar 456, as amended by Senate  
"A"; Calendar 322, Calendar 536, as amended by Senate  
"A" and Senate "B"; Calendar 430, Calendar 520, as  
amended by Senate "A" and Senate "B"; Calendar 538, as  
amended by Senate "A"; Calendar 424, as amended by  
Senate "A"; Calendar 439, as amended by Senate "A";  
Calendar 482, as amended by Senate "A"; Calendar 325,  
as amended by Senate "A."

Calendar 526, as amended by Senate "A"; Calendar  
509, as amended by Senate "A"; Calendar 532, Calendar  
502, as amended by Senate "A"; Calendar 421, as  
amended by Senate "A"; Calendar 431, as amended by  
Senate "A"; and Calendar 539, as amended by Senate  
"A."

- SB 194
- SB 402
- SB 324
- SB 45
- SB 221
- SB 257
- SB 201
- SB 389
- SB 418
- SB 438
- SB 427
- SB 260
- SB 208
- SB 424
- SB 241
- SB 14
- SB 106
- SB 322
- SB 410
- SB 217
- SB 477
- SB 429

DEPUTY SPEAKER GODFREY:

Is there objection to any of these items being placed on the Consent Calendar? If not, Representative Aresimowicz, would you like to move passage of the Consent Calendar?

REP. ARESIMOWICZ (30th):

Mr. Speaker, I want to remove Calendar 539.

SB429

DEPUTY SPEAKER GODFREY:

Please remove Calendar 539, Mr. Clerk.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move passage of the bills on the second Consent Calendar of the day.

DEPUTY SPEAKER GODFREY:

The question is on passage of the items on Consent Calendar Number 2.

Staff and guests please come to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll on the second Consent Calendar of the day, House Consent 2. Please report to the Chamber immediately.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members  
voted?

If all the members have voted, the machine will  
be locked.

The Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

Consent Calendar Number 2.

Total Number Voting                    147

Necessary for Passage                    74

Those voting Yea                        147

Those voting Nay                         0

Those absent and not voting            4

DEPUTY SPEAKER GODFREY:

The items on the Consent Calendar are passed.

(Speaker Sharkey in the Chair.)

SPEAKER SHARKEY:

The House will please come back to order.

Will the Clerk please call Emergency Certified  
Bill 5597.

THE CLERK:

**S - 672**

**CONNECTICUT  
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SENATE**

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All those opposed anyway. The ayes have it.  
Amendment "A" is adopted. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I would move that the bill as amended be referred to the Appropriations Committee.

THE CHAIR:

Thank you, Senator. So ordered.

SENATOR LOONEY:

And also, Mr. President, move that the bill be immediately transmitted to that committee, and not held.

THE CHAIR:

Thank you. Without objection so ordered. Madam Clerk.

THE CLERK:

Page 10, Calendar Number 287, Senate Bill 257. AN ACT CONCERNING HEPATITIS C TESTING.

THE CHAIR:

Senator Gerratana.

THE CLERK:

And there are amendments.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

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THE CHAIR:

On acceptance of passage. Will you remark, Madam?

SENATOR GERRATANA:

Yes, Mr. President. This bill requires licensed primary care physicians, advanced practice nurses and physician assistants to offer or provide to order a hepatitis C screening or diagnostic test for patients between who were born between 1945 and 1965. Mr. President, the Clerk has an amendment. LCO Number 3773, if he or she will please call and I be allowed to summarize.

THE CHAIR:

Madam Clerk.

THE CLERK:

Senate Amendment "A", LCO 3773 offered by Senator Gerratana and Representative Johnson.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. Mr. President, I move adoption of the amendment.

THE CHAIR:

On adoption, will you remark, madam?

SENATOR GERRATANA:

Yes, thank you. This amendment just strikes lines 28 33 of the underlying bill. It is felt that it is unnecessary as medical practitioners will follow their best practices, and that is the summary of the amendment. Thank you, Mr. President.

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Thank you, Senator. Will you remark further on the amendment? Will you remark further on the amendment? If not, I'll try your minds. All those in favor please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed say nay. The ayes have it. The amendment is adopted. Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. Mr. President, this bill comes to us from many, many advocates throughout our state. Based on a recommendation from the Centers for Disease Control. In 2012 it was revealed through the CDC that about 75 percent of the estimated 3.2 million Americans who have developed hepatitis C are in the, what we call the baby boomer age group, born between 1945 and 1965.

Just for public health information, this affects people in that age group who may have received a blood transfusions before 1992. You may have hepatitis C, and not even know it. So this, we feel, is good public health policy. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator. Will you remark further on the bill as amended? Senator Welch.

SENATOR WELCH:

Thank you, Mr. President. I also support this bill. In addition to the CDC, testimony after testimony was revealing that there's a large undiagnosed population out there between the age ranges that affect this bill.

And the bill really does nothing more than require doctors to have a conversation. To have a

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conversation, and say, we can help you get a test. And I think that's a good public health concept and I hope it gets the full support of the Senate. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator. Will you remark further on the bill as amended? Will you remark further on the bill as amended? Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. If there's no objection I would like to place this bill on our Consent Calendar.

THE CHAIR:

Without objection, so ordered. Madam Clerk.

THE CLERK:

Page 28, Calendar number 114, Senate Bill Number 295, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATION REGARDING WAIVER OF SOVEREIGN IMMUNITY. Favorable Reports from Public Health and Judiciary.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

On acceptance and passage. Will you remark?

SENATOR GERRATANA:

Thank you, Mr. President. Mr. President, this bill simply repeals part of our statutes, 19a-24, which deals with the claims that are, or suits that may be brought against the Department of Developmental

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that we might proceed to a vote on the Consent Calendar.

THE CHAIR:

Madam would the people please take their conversations outside the chamber so the Clerk can so we can all hear the items on the Consent Calendar? Madam Clerk.

THE CLERK:

Items on the Consent Calendar. Page 1, Calendar Number 325, House Joint Resolution 66, and Calendar Number 326, House Joint Resolution 67.

Page 5, Calendar Number 102, Senate Bill 258. Page 6, Calendar Number 143, Senate Bill 363. Page 10, Calendar Number 287, Senate Bill 257.

Page 16, Calendar Number 368, Senate Bill 262. Page 17, Calendar Number 370, Senate Bill 411, and Calendar Number 372, Senate Bill 463.

Page 19, Calendar Number 391, Senate Bill 154. Page 20, Calendar Number 411, Senate Bill 493.

Page 27, Senate Bill 101, excuse me, Calendar 101, Senate Bill 156.

Page 28, Calendar Number 105, Senate Bill 221, and Calendar Number 115, Senate Bill 291.

And Calendar Number 114, Senate Bill 295.

Page 29, Calendar Number 123, Senate Bill 290. Page 31, Calendar Number 172, Senate Bill 314.

And Calendar Number 169, Senate Bill 70. And page 33, Calendar Number 217, Senate Bill 318.

THE CHAIR:

Thank you, Madam Clerk. Please announce the pendency for roll call vote, and the machine will be open.

THE CLERK:

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There will be an immediate roll call vote in the Senate. All senators report to the Chambers.  
Immediate roll call vote for Consent Calendar in the Senate. All senators report to the Chambers.

THE CHAIR:

Senator Frantz.

Have all members voted? If all members have voted, please check the board to make sure your vote is accurately recorded. If all members have voted, the machine will be closed and the Clerk will announce the tally.

THE CLERK:

Total voting	36
Aye	36
Nay	0
Absent	0

THE CHAIR:

Consent Calendar Number 1 passes. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. I would yield the floor for members if there are announcements of any other committee meetings or other points of personal privilege to be announced before adjournment.

THE CHAIR:

Any members with additional announcements or points of personal privilege? Seeing none, Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, since there are a number of committee meetings tomorrow morning, it's our intention to begin the day with a Senate caucus at noon, and then session to follow. And with that I move the Senate stand adjourned subject to the call of the Chair.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
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PART 4  
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**2014**

status and that -- those problems with those billing coding and rules are causing these lengthy stays, that aren't actually -- they're not inpatient and they really don't look anything different than, than -- you would go visit somebody, you would not be able to tell. A person in the hospital bed would not know ; unless they specifically asked. In fact, I have had the experience several times over the last year or so with family members and me advising, "Make sure you find out. Please ask are you observation status because unless you know, you could be stuck with some really significant bills." And that's the time that you potentially could advocate for a change in status if that's possible.

REP. KLARIDES: Thank you.

DEB MIGNEAULT: Uh-huh.

REP. JOHNSON: Very good. Are there any additional questions?

Thank you so much for being here, for your testimony. It's very much appreciated.

DEB MIGNEAULT: Thank you.

REP. JOHNSON: Next on our list is Jim Iacobellis.

JIM IACOBELLIS: Good afternoon. My name is Jim Iacobellis. I'm the Senior Vice President of Government and Regulatory Affairs for Connecticut Hospital Association. It's a pleasure to be able to testify here this afternoon on House Bill 5535 and three other bills and I'm going to try to do that in three minutes.

With respect to H.B. 5535, it's broken down into two sections and I'll take the first

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SB413

HB5537

in between, doctors are caught in between, and hospitals are caught in between. And one of the most, I think, troubling aspects is three years after somebody leaves the hospital, a Medicare Recovery Audit Contractor can change their status.

Quickly, Section 2 is a bill that is -- is a section that's directed I think at those types of outpatient settings which are not regulated currently by the Department of Public Status -- Public Health as drafted. It includes emergency departments. I don't think it means to include emergency departments or other hospital clinics which are regulated by the Department of Public Health. We've added some language in our testimony I think to straighten that out.

SB257

The second bill, An Act Concerning Hepatitis C Testing, we support. We've added some technical clarifications. One, the bill refers to a nurse practitioner. I think the bill needs to refer to an APRN. That's the licensure status. Two, in lines 17 and 18 it requires the physicians to provide a hepatitis C test. In most cases the physician is not going to provide it. He is going to give them documentation in order to go get a blood test. So, I think it's technical, but highly important.

And lines 28 to 33 statutorily mandates the conversation or the next steps between the physician and the patient, and we feel pretty strongly, to the best that we can, we should not put in statute what a physician has to do when he receives a test result, what that conversation should be like. So, consider looking at that section and either modifying it or deleting it.

you know, the doctor, the nurse comes in to check them every so often and they, they assume that (inaudible) there that they are going to be automatically admitted only to find out, "No, you've been in observation status this entire period and now you're ready to go home" or whatever medical decision is made.

So, that information -- you're right, we've got to do it correctly. Look at New York and see how -- so that we learn from them. But informing the patient, informing the patient's relatives, the appropriate relatives that the person here is not being admitted but under -- is under observation status, would be very useful information as far as the patients are concerned. But you've got to do it right.

JIM IACOBELLIS: You know, I think -- I think you're absolutely right, because the patient has -- has the right to know what and how this -- how this status is going to impact them. And I think we need to do everything that we can do to make sure we do that. But, again, the thing that -- and we may have to deal with this bill, how do we deal with the fact that maybe six months, a year, three years later an Audit Contractor will come in and change someone's status, which doesn't impact anything to do with their care, but how does this notice requirement -- and I think we can figure out a way in which, in which to deal with that.

It is appropriate for the people and the patients while they're in the facilities to know what they are and this notice appears to be focused in that direction as opposed to some retrospective type of issue, but I look forward to working with the Committee to actually straighten that out.

REP. SRINIVASAN: And a second question is on, on

SB257

your Bill 257 which (inaudible) the hepatitis C screening. And what I kind of gleaned from you was that the testing obviously is being -- is being offered at the M.D.'s office, but the test would be done at the laboratory. And when the results come in, that was the part that I missed or couldn't comprehend. When the results come in, you're saying not to put in the statute that this conversation has to happen between the physician and the patient and just leave it like any other thing where obviously when the results come in, whether it be a CAT scan or blood test or whatever it is, and we are not mandating that or requiring that a CAT scan result has to be discussed or a bone density is to be discussed.

So, this would be no different is what I'm understanding from what you're saying. The tests are in, the results are in, and obviously it is the responsibility of the physician to discuss those results, A, and to discuss option B, and then leave it to the patient to decide what they want to do.

JIM IACOBELLIS: Exactly.

REP. SRINIVASAN: Thank you. Thank you.

Thank you, Madam Chair.

REP. JOHNSON: Thank you so much.

HB5535

And just, just as a -- one of the things I heard you say was that you have to figure out a way to deal with something that occurs between the hospital and the Medicare agency and the auditors. That's a separate issue from what occurs between the hospital and the patient. Those are two separate things. They shouldn't be confused or connected in any way. The -- under the Medicare certification requirements,

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Let's see, we'll go on to Senate Bill 257.  
Reverend Michael Christie, followed by Gloria  
Swenson. No.

CATHERINE LUTZ: I'm not Reverend Christie.

SENATOR GERRATANA: No.

CATHERINE LUTZ: I know. I can't feel a lot of  
surprise coming around the table. My name is  
Catherine Lutz, and I represent AVIA Research  
Biopharmaceutical Company. We've been working  
with a large coalition of public health  
providers and disease advocacy groups who had  
been here today in support of 257, and they had  
to leave to attend to some childcare and  
personal care. And I'm not going to be giving  
their testimony because it's been submitted and  
you have it.

SENATOR GERRATANA: Thank you.

CATHERINE LUTZ: But they -- yeah, I figured you'd  
like that would be good news.

SENATOR GERRATANA: Well -- but I -- I -- now I know  
what's going on.

CATHERINE LUTZ: And so what they just asked me to  
do was to put their names and their  
organizations on the record, and to -- to say  
that they were here and were here to support  
the bill. Reverend Christie from the Union  
Baptist Church in Stamford. There were two  
patients actually currently battling hepatitis  
C, one representing the Mid-Fairfield AIDS  
project, Stuart Lane, and a patient from COPA  
Coalition on Positive Health Empowerment,  
Gloria Searson. A hepatitis C advocacy manager  
with the Harm Reduction Coalition, Hadiyah  
Charles. You should have all of their  
testimony. I'm sure when you read the stories,

you'll understand why they, as a group and individually, were here to urge you to support Senate Bill 257, AN ACT CONCERNING HEPATITIS C SCREENING.

So thank you for letting me articulate their names, and their organizations for the record. As I said, you should have all of their testimony. I believe there are other folks here as well to testify if you have any questions.

SENATOR GERRATANA: No, other than I was reading the Connecticut Hospital Association. They were in here earlier and testified. They had a variety of suggested changes. If you would take a look at their testimony and let us know. I think they're fine, but --

CATHERINE LUTZ: Okay.

SENATOR GERRATANA: -- if you would like to do that.

CATHERINE LUTZ: We will do that.

SENATOR GERRATANA: Does anyone else have any questions? No.

CATHERINE LUTZ: Thank you very much.

SENATOR GERRATANA: Thank you so much for coming. Now I have -- I do have just one followup.

CATHERINE LUTZ: Sure.

SENATOR GERRATANA: And I'll see; I don't know whether all of these people are not going to testify: Reverend Michael Christie, Gloria Searson.

CATHERINE LUTZ: Reverend Christie, Stuart Lane, Gloria Searson, Hadiyah Charles.

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SENATOR GERRATANA: And Hadiyah Charles. So the rest are here. Okay, I -- I'm just trying to.

CATHERINE LUTZ: Yeah, they are the folks that left.

SENATOR GERRATANA: Stuart and Hadiyah Charles. Okay. So we would go next to Dan Munson, Mussen. Sorry. Dan Mussen? Thank you very much, Catherine.

DAN MUSSEN: Good afternoon.

SENATOR GERRATANA: Good afternoon.

DAN MUSSEN: I'm here as a representative of the Connecticut Academy of Physician Assistants. Committee Members, thank you for your time today.

I'm going to actually summarize on three bills and try to save some time for you today if I can real quickly. My testimony is already submitted.

SENATOR GERRATANA: We left you out, huh?

DAN MUSSEN: No, you did not. So I want to, first of all, iterate that physician assistants are members of the health care team. We still are very devoted to that -- that role model, and as part of that role, as part of the health care team, I want to summarize ConnAPA's, Connecticut Academy of PA's position on three bills.

One is 257, hepatitis C, where primary care providers will be needed to be tested for hepatitis C. We feel that physician assistants should be part of that bill. As of right now, they are not included in that legislation, so we just -- we feel that as primary care

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providers that if there's a requirement for testing, PAs should also be there.

I'm going to jump to the Medi-Spa bill which is 418, and I'll just say that ConnAPA was very involved with the development of that legislation. We're very much in favor of compromised language that was presented with that package, and so we are very in favor of that bill as well.

And finally, I'd like to comment on House Bill 5537, the Department of Health Revisions. In Section 43 -- I know you don't have it in front of you, but in Section 43, there is a section that allows for primary care providers to give exemptions for college students receiving meningitis vaccines. So it will be required that all students receive meningitis vaccines, but physicians and PAs should be included in that section, to be allowed to provide that exemption to the college students when applicable.

That's a summary of our positions on all three bills and I wonder if there's any questions.

SENATOR GERRATANA: Thank you. No, you summarized it very well. Are there any questions? No, but thank you for coming and thank you for covering all three pieces of legislation.

Next is Shawn Lang, followed by Carol Steinke.  
'Is Shawn here?

A VOICE: (Inaudible.)

SENATOR GERRATANA: I'm sorry?

A VOICE: He left.

SENATOR GERRATANA: Okay, so Carol, I thought it was

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s-t-e-i-n-k-e, I believe?

A VOICE: Yes.

SENATOR GERRATANA: And she is followed by Carol Jones. Two Carols. Welcome.

CAROL STEINKE: Good afternoon, Senator Gerratana and Representative Johnson, and members of the committee. I appreciate the opportunity to testify before you today to lend my support to Senate Bill 257, AN ACT CONCERNING HEPATITIS C TESTING.

I'm a public health nursing supervisor for the City of Hartford under the Health and Human Services Division. We're what they call a PSCI model -- Program Collaboration and Service Integration. We cover STD, TB, hepatitis, and HIV. We provide hepatitis C screenings to our clients in the STD Clinic, and also in a mobile health van that goes out throughout the city. We're identifying high-risk patients, but also including the baby boomers now since that's one of the newer recommendations from the Centers for Disease Control.

The 2010 census - U.S. census indicates that there are 1,000,019,042 baby boomers in Connecticut. Baby boomers disproportionately represent 28.5 percent of Connecticut's population, therefore placing Connecticut among the top five states with the highest baby boomer population. Based on these estimates, the Connecticut Hepatitis C Virus Registry has captured 44 percent of the baby boomers exposed to hepatitis C. Therefore, approximately 12,090 still remain; that's 30 percent. 36 percent of the baby boomers still need to be identified.

In our small clinic in Hartford alone, in the

last nine months, we've identified 42 hepatitis C individuals; 36 percent of those were baby boomers.

Hepatitis C is a silent killer, where most people have no symptoms, don't know they're infected, and don't seek treatment. We counsel newly-identified hepatitis C individuals and try to help them determine how they might have contracted the disease. It could have come from a blood transfusion prior to the screen that has been improved since 1992, whether they used a one-time drug use back in the early sixties and seventies, or unregulated tattooing that we see.

I, myself, know an individual who had -- was undergoing chemotherapy for leukemia, and was having difficulty managing the drugs, and he came to find out when he did some more testing he also had hepatitis C which he was not aware of, which complicated his -- his treatment and -- and actually caused him an earlier death than they anticipated.

So please support the passage of Senate Bill 257. This will ensure that more individuals are tested for hepatitis C and lead to care and treatment. Thank you.

SENATOR GERRATANA: Thank you. Thank you very much for giving your testimony today. We appreciate it. Are there any questions? No. Well, thank you.

CAROL STEINKE: Thank you.

SENATOR GERRATANA: Next is Carol Jones, followed by Jonathan Raymond. Is Carol Jones here? She is? Is Carol Jones here? Okay. She was with the City of Hartford. I see; okay.

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dispensing of the prescription, so there's just a regular supervision by a medical doctor, at this time, and I think that that's part of the logistics that the Vermont Office of Professional Regulation are ironing out at this time.

REP. SRINIVASAN: Thank you. Thank you. Thank you, Madam Chair.

REP. JOHNSON: Thank you so much.

RICHARD MALIK: This greatly expanded prescriptive scope. Our current scope we can do without any kind of supervision.

REP. JOHNSON: Okay, very good. Any other questions?

Okay, anybody else?

Thank you so much for your testimony today.

RICHARD MALIK: Thank you for your time.

REP. JOHNSON: We really appreciate it, and thank you for waiting to speak. Are there any other people who didn't sign up who would like to speak?

I guess then we have the hearing closed. Thank you so much.



**Testimony in opposition to Senate Bill 257 An Act Concerning Hepatitis C Testing**  
**Public Health Committee**  
**March 13, 2014**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of physicians and physicians in training of the Connecticut State Medical Society (CSMS) and American College of Physicians Connecticut Chapter (ACP) thank you for the opportunity to provide this testimony to you today in opposition to Senate Bill 257 An Act Concerning Hepatitis C Testing.

Senate Bill 257 would require that physicians offer Hepatitis C (HCV) testing to any patient born between the years of 1945 and 1965. Further, it requires a physician with a patient whose test is reactive (positive for Hepatitis C) to offer care for Hepatitis C or refer to another physician for the continued care. Not only is this bill unnecessary, it codifies a medical protocol and interferes with the physician patient relationship. We feel resources would be better spent educating physicians and the public of the need for hepatitis screening for citizens born between those years as well as others at high risk, rather than mandated practice protocols.

Multiple separate and distinct national organizations currently support and have recommendations for the screenings contained in the bill: The United States Preventive Services Task Force (USPSTF), an independent panel of clinical experts created by Congress in 1984, and the Centers for Disease Control (CDC). Specific recommendations from the CDC are the following: (1) Adults born during 1945 and 1965 should receive 1-time testing for HVC without prior ascertainment of HVC risk and (2) All persons with identified HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HVC infection and related conditions. Just this week, the American Association for the Study of Liver Diseases and the Infectious Disease Society of American released their joint guideline on testing, managing and treating hepatitis C. Its testing provision mirrors the USPSTF guideline in calling for screening of the same age group as well as individuals otherwise at high risk.

A significant amount of time, effort and resources have been directed to the process to assess the need for and develop the recommendations provided. Recommendations from the CDC and USPSTF carry significant weight with physicians when developing practice protocols. Most physicians integrate these protocols into practice and adhere to them when providing care for their patients. For these reasons we believe there is no need for Senate Bill 257 and urge the committee to support education of physicians and the public regarding the need for screening rather than mandating aspects of the practice of medicine.

Please oppose Senate Bill 257

The Public Health Committee Hearing:

Senate Bill 257, An Act Concerning Hepatitis C Screening in Connecticut

Submitted by: Rev. Michael Christie, MDiv.  
Dean of Congress, Judah Association;  
Connecticut State Missionary Baptist Convention.

Greetings, and thank you for the opportunity to testify at this hearing regarding Hep-C screening in the Connecticut. As an African American clergy doing ministry in Stamford, I have witness the tremendous health disparities that affect people of color. In almost every health category African American have a higher cost of care and a poorer prognosis than other groups. And while there are many reasons for the lack of access or care we know that lower the barrier for screening can have a significant impact on families.

We are just beginning to see the tip of the ice-berg for the economic and societal impact of Hepatitis C for our communities and for the state. Bill 257 seeks to require primary care providers to offer Hepatitis C screening to patients born between 1945-65 – aka “Baby Boomers.” As this group ages and enters the Medicare space, 20% will develop cirrhosis, and about 1 in 10 will develop a serious liver disease or liver cancer (Alter et al, 2003; McHutchison & Bacon 2005). Nationally the medical cost of complications from hepatitis C, are expected to increase from \$30 billion to over \$85 billion in 2024.

Hepatitis C virus (HCV) infection is a growing public health problem in the United States and the worldwide. In the United States HCV is four times more prevalent than HIV/AIDS (NHANES III, 1999-2010; Armstrong et al 2006). Some experts estimate that 50 to 75 percent of those infected are unaware of their infection because they are symptoms free (Centers for Disease Control and Prevention, 2004; Armstrong, 2000; Alter, 1997). The landscape for HIV was radically changed by better therapy and better access to testing. I believe we have the opportunity to do the same for what is sometimes called the “silent epidemic”

This Senate Bill 257 is consistent with the guidelines issued by the Centers for Disease Control and Prevention ( CDC). You have the opportunity to preemptively address this emerging health threats. You have the opportunity to not only make communities and families healthier and stronger, but also to reduce, if not eliminate the cost of treat HCV complications by providing screening that will be lifesaving.



Testimony before the  
Committee on Public Health Connecticut  
On SB 257  
An Act concerning Hepatitis C Testing

Hadiyah Charles  
Hepatitis C Advocacy Manager  
Harm Reduction Coalition

March 14, 2014

**East Coast Office**

22 West 27th Street, 5th Floor  
New York, NY 10001

**West Coast Office**

1440 Broadway, Suite 510  
Oakland, CA 94612

On behalf of the Harm Reduction Coalition, I appreciate the invitation to testify before you today at this hearing on public health.

Harm Reduction Coalition is a national organization founded in 1993 and incorporated in 1994 by a working group of needle exchange providers, advocates and drug users. Today, we are strengthened by an extensive and diverse network of allies who challenge the persistent stigma faced by people who use drugs and advocate for policy and public health reform.

**The problem**

HCV infection is the most common chronic blood borne infection in the United States. It affects approximately 3.2 million people, yet 45-85 percent of HCV cases in the United States remain undiagnosed. Each year more than 17,000 Americans are infected and 15,000 people die from liver disease, which surpasses deaths related to HIV. We are encouraged by the introduction of SB 257 because testing this "baby boomer" population will make strides to identify cases of HCV in a birth cohort which comprises 75 percent of all cases in the US. People born from 1945 through 1965 are five times more likely to be infected with Hepatitis C.

Liver disease, liver cancer and deaths from Hepatitis C are on the rise. According to the CDC - of the estimated 3.2 million Americans with chronic hepatitis infection, about half of them don't know it. Chronic hepatitis C is most common in "baby boomers" -- about two thirds of U.S. infections are in people born between 1945 and 1964.

**The solution**

The vast majority of people with hepatitis C do not know they have it and are at greatly increased risk for advanced liver disease, liver cancer, and death. According to the CDC, if everyone born between 1945 and 1965 were tested, over 800,000 cases would be identified, and up to 121,000 deaths could be avoided. As a result, the CDC now recommends one-time HCV screening for all baby boomers. Connecticut can take a major step in ending the Hepatitis C epidemic by promoting cost-effective guidelines for the screening of baby boomers. We can never hope to achieve the legitimate public health goal of curing HCV without the active involvement of medical professionals in affirmatively offering HCV tests to patients born between 1945 – 1965. This policy by the CDC requires medical provider cooperation to be actualized. Hepatitis C is curable – but you can't be treated if you've never been diagnosed. We hope that within a few years, we'll be able to say that this legislation marked the beginning of the end of the hepatitis C in Connecticut.

**Harm Reduction Coalition is calling for passage of SB257.** The Harm Reduction Coalition is a national health policy advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use.



**PEDRO E. SEGARRA**  
Mayor

## CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**RAUL PINO**  
Director

**Testimony of Carol Steinke**  
**Public Health Committee**  
**14 March 2014**  
**SB 257**

Senator Gerratana, Representative Johnson, and members of the committee; I appreciate the opportunity to testify before you today to lend my support to SB 257, an Act Concerning Hepatitis C Testing.

I am Carol Steinke, the Public Health Nursing Supervisor for the City of Hartford Health and Human Services Department. We are a PSCI Model Clinic (Program Collaboration and Service Integration) offering Sexually Transmitted Disease, HIV, Tuberculosis and Hepatitis C services. We provide Hepatitis C testing at our Sexually Transmitted Disease Clinic and also offer Rapid Hepatitis C testing from our mobile van for high risk individuals along with "Baby Boomers", consistent with the recommendations from the Centers for Disease Control.

The 2010 US Census data indicates that there are 1,019,049 Baby Boomers in CT. Baby Boomers disproportionately represent 28.5% of CT's population; therefore placing CT among the top five states with the highest Baby Boomer population rates. Based on these estimates, the CT HCV registry has captured 44% of the Baby Boomers exposed to HCV; therefore approximately 12,090 (36%) Baby Boomers still need to be identified. In our small Hartford clinic alone over the last 9 months we identified 42 Hepatitis C positive individuals and 36% of those were "Baby Boomers". Hepatitis C is a silent killer where most people have no symptoms, don't know they are infected, and don't seek treatment. We counsel newly diagnosed Hepatitis C individuals and try to determine how they may have contracted the disease; it may have come from a blood transfusion they received prior to 1992, a one-time experimental drug use in the 70's, or unregulated tattooing (shared needle).

I know an individual, a "Baby Boomer", who was undergoing chemotherapy treatment for leukemia and had difficulty with his liver processing the drugs. After additional blood work he was found to have Hepatitis C. He had no prior knowledge of the disease and the Hepatitis C caused additional burden to his treatment regime which led to poor a response, and ultimately his death.

Please support the passage of SB 257 that will ensure more individuals get tested for Hepatitis C, linked to care and treatment, and prevent thousands of deaths from liver disease. By requiring primary care providers to offer one time Hepatitis C screening to "Baby Boomers" in Connecticut alone, we can help to identify the estimated 12,090 individuals who are not aware that they have Hepatitis C, link them to care, treatment, and a longer life. Thank you.

**Prevent. Promote. Protect.**



## Real Possibilities

Testimony of AARP Connecticut  
S.B. # 257: AAC Hepatitis C Testing  
March 14, 2014  
Public Health Committee

AARP is a nonpartisan social mission organization with an age 50+ membership of nearly 37 million nationwide, and over 602,000 here in Connecticut. We are dedicated to the health and well-being of our members and the 50+ population generally. That's why we support legislation requiring that primary care providers offer Hepatitis C screening for "Baby Boomers" based on recommendations from the Centers for Disease Control.

S.B. 257 will require individuals born between 1945 and 1965 to be offered a Hepatitis C screening test when receiving primary health care services from a provider in most circumstances. Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver, leading to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

In August 2012, the Centers for Disease Control and Prevention (CDC) called for such testing after finding "Baby Boomers" are at risk for Hepatitis C infection. Those baby boomers accounted for 75 percent of the estimated 3.2 million Americans infected with Hepatitis C, according to the CDC.

There have been great advances over the past few years in treatments for Hepatitis C and many can be cured. By increasing testing opportunities, S.B. 257 will ensure that more individuals living with Hepatitis C can become aware of their infection status, get available treatment, and take steps to prevent transmission.

Empowering individuals to know their infection status is an important step toward meeting the public health challenges presented by this contagious and communicable disease. Testing is a crucial factor in disease prevention since many people infected with Hepatitis C show no symptoms.

AARP applauds the Public Health Committee for raising legislation to expand access to Hepatitis C testing and we urge support for S.B. 257. Thank you.

**COALITION  
ON POSITIVE  
HEALTH  
EMPOWERMENT**

The Public Health Committee Hearing

Testimony in Support of SB 257  
An Act Concerning Hepatitis C Screening

Submitted by  
Gloria Searson  
President  
Coalition on Positive Health Empowerment

March 11, 2014

Good morning, my name is Gloria Searson and I am the President of the Coalition on Positive Health Empowerment (COPE). Thank you for the opportunity to testify on behalf of Connecticut's hepatitis C community.

COPE is a membership organization dedicated to empowering people living with Hep C to be their *own* healthcare advocates. We work within underserved communities that are often disproportionately affected by viral hepatitis and similar illnesses. COPE accomplishes this by offering various levels of service through both direct to client services and expert's training. Examples include Supportive Services (Hep C testing, adherence & Mental health counseling, nutrition, behavioral modification and self-advocacy), Educational services (train the trainer & monthly Hep C community forums), Advocacy (founding member of National Hepatitis Day Committee and White House World Hepatitis Day Panelist), and Research (Clinical trial partnerships and published journal articles). We strive to eliminate the stigma and discrimination often associated with chronic illness. I understand the devastation attached to this stigma and discrimination not only because I work in this field; but because I am one of the millions of Americans who live with HEP C.

Overall, COPE is pleased to see that the Senate Bill 257 to require primary care providers to offer Hepatitis C screening to patients born between 1945-65 – aka "Baby Boomers", has been introduced. The State of Connecticut now has the opportunity to ensure that this legislation is enacted.

Viral hepatitis is a silent epidemic in the United States and more than 3 million Americans are living with chronic hepatitis C, according to the Center for Disease Control (CDC). Over time, chronic hepatitis C can lead to serious liver problems including liver damage, cirrhosis, liver failure, or liver cancer. Every year, thousands of Americans die from liver disease associated with viral hepatitis.

The Center for Disease Control (CDC) has recently released a report detailing birth cohort testing guidelines that identified baby boomers, or those born between 1945 and 1965, as at risk for

hepatitis C. There are an estimated 3.2 million Americans infected with hepatitis C, 75% of whom were born between 1945 and 1965. According to the CDC report, 45-85% of individuals living with Hepatitis C are unaware of their infection status.

Hepatitis C is curable! Requiring primary health care providers to offer the hepatitis C test to baby boomers is crucial to our communities. Knowing their hepatitis C infection status will allow individuals to take steps to prevent infection or have the opportunity to seek treatment and care, which can save our healthcare system hundreds of thousands of dollars.

I respectfully urge the Committee to pass this important bill that will save thousands of lives for people in Connecticut and look forward to seeing an improvement in the quality of life of many of our baby boomers.

**Roberta Silbert, MPH**  
155 White Birch Drive, Guilford CT 06437  
203 453- 5966

March 14, 2014

Honorable Members of the Committee On Public Health,

Re: SB -257 An Act Concerning Hepatitis C Testing

I am submitting testimony opposed to the passage of this bill for Hepatitis C screening.

Having been in the health care field in many capacities for 49 years and trained in public health when I saw this bill listed in the Bulletin I felt compelled to respond. My reactions were many. But my main question, quite frankly, was - who was behind getting this bill introduced. It sounded like a bill basically urged on by corporations and drug companies and others that make money from lab testing and especially selling drugs like those being marketed now for Hepatitis C. When one of the most recent drugs to treat Hepatitis C came out on the market I was in Manhattan for the day and saw bill boards and ads on buses for people to get tested. If I was a drug manufacturer I would also want everyone to get tested. But we can not let corporate greed dictate what a health provider shall offer their patient.

There are so many other things to say "...a provider shall offer..." that may really be of benefit. But once you start to say what a provider should do you are getting into difficult territory.

The 1945 - 1965 range does not make much sense medically. I wonder what your rationale was.

THE LESS EXPENSIVE SCREENING FOR LIVER DAMAGE FROM HEPATITIS C VIRUS WOULD PROBABLY BE A LIVER FUNCTION TEST. IF THAT WAS ABNORMALLY HIGH THEN SCREENING MAY BE APPROPRIATE. It should be noted that some people with antibodies and even some people that have the virus in their blood have very little liver damage. After verification of blood tests one would probably need a liver biopsy to see the amount of actual damage and possibly an ultrasound of the liver. After determination of actual damage in the presence of the virus one would be able to make a risk/benefit assessment of opting for treatment at a particular time. It can take up to 30 years for a liver to become damaged from Hepatitis C.

Treating people with hepatitis C now can cost approximately from \$70,000 and up, mainly on the "up" side and the response rate to clear the virus is still only 80%. The treatment has tremendous side effects, many of which require more medication and injections and boost the costs. My husband had one full year of drug/chemotherapy (now with the new drugs it may only be 6 months) for

Hepatitis C, contracted 30 years ago when he was a blood bank director, with SEVERE side effects and at a monetary cost of about \$70,000 for drugs to treat the virus not including doctors visits, blood tests, and other prescription drugs to treat the side effects. I should note that luckily he did clear the virus.

It is interesting to know who will pay for treatment for people who do not have drug insurance. One of the first things we were taught in public health school was that you do not screen if you can not do anything about it. One has to do a lot of soul searching on this issue to mandate doctors offering everyone born in a 20 year period testing. Plus supposedly now a preexisting condition will not disqualify you for health insurance, but we need to keep in mind that a positive test would label people.

The issues in this bill are really quite beyond what is merely written in SB257 and I hope you consider the ethical and legal issues carefully and not let corporate greed dictate how you act.

Respectfully submitted,  
Roberta Silbert, MPH



**Testimony of Shawn M. Lang  
Public Health Committee  
14 March 2014  
SB 257**

Senator Gerratana, Representative Johnson, and members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the AIDS CT, Connecticut's only statewide HIV/AIDS organization. We work to ensure that the 10,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity.

I'm here to lend my support to SB 257, An Act Concerning Hepatitis C Testing with friendly substitute language for Section 1, #1, lines 3 – 4, "Hepatitis C screening test" means a laboratory test that detects the presence of hepatitis C virus antibodies in the blood, "

We suggest the following - "Hepatitis C screening test" shall mean any FDA-approved laboratory screening test, FDA-approved rapid point-of-care test, or other FDA-approved tests that detect the presence of hepatitis C antibodies in the blood."

There are a tremendous number of parallels between HIV and Hep C. Routine assessment and screening of Hepatitis C in baby boomers, like routine HIV testing, helps to identify people who are infected and may be completely unaware of their status, all the while Hepatitis is wreaking havoc on their liver and other systems, which, eventually, can lead to cancer or, if left untreated, death. Early detection and care of Hep C results in much better health outcomes, and easily demonstrates far greater savings over time. While the cost of treatment can be pricey (\$80,000 per course of treatment) it is far less expensive than treating liver disease over time, and a fraction of the cost of a liver transplant (\$575,000)

Co-infection of HIV and Hep C is common (50 – 90%, according to the CDC) among HIV positive injecting drug users. A recent CT research study conducted by Drs. Laretta Grau and Robert Heimer from Yale found that 40.5% of the participants (n=462) in the study were Hep C+, and of those, only 43% (78) were aware of their status.

The CT Department of Public Health, has been forward thinking on this topic for some time. DPH funds three syringe exchange programs, one of which is a program of AIDS CT. They routinely offer Hep C and HIV screening and testing, and because they're with the client at the time of the results, are able to immediately refer someone to care.

The treatments for Hep C have vastly improved over the years and new medications have very recently been approved for use. These new treatments have much fewer side effects, a shorter treatment regimen, and a 90-100% cure rate in most people.

Please support SB 257 so that we can detect Hepatitis C early on, and save lives.

Thank you.

I'm happy to answer any questions you might have.



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 14, 2014**

**SB 257, An Act Concerning Hepatitis C Testing**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 257, An Act Concerning Hepatitis C Testing**. CHA supports the intent and goals of the bill but has concerns about the bill as written.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

Generations of Connecticut families have trusted Connecticut hospitals to provide care we can count on.

SB 257 seeks to increase the number of patients who are tested for Hepatitis C. Broader Hepatitis C testing is an announced goal of the National Centers for Disease Control and Connecticut is moving in the right direction to try to increase testing. Unfortunately, SB 257 as drafted contains some technical errors that will likely reduce its effectiveness. Here are our specific concerns:

At line 10, the use of the term "nurse practitioner" is misplaced, and should be deleted. The term "advance practice registered nurse" (APRN), which is already used in the section, is the correct licensure category.

At lines 17-18, the bill states that a primary care provider "shall offer to provide a hepatitis C screening test or hepatitis C diagnostic test." But in fact the provider will be "offering" to send the patient to a lab for a test, not providing the test. While this may seem like a small issue, it is not. Various tests are available in the primary care provider's office, but testing for Hepatitis C is not one of them. Requiring physicians and APRNs to personally provide the testing would be an extreme and unnecessary waste of healthcare resources.

Lines 28-33 attempt to instruct a physician or APRN on what clinical steps he or she must implement for a patient, without regard for patient choice or sound medical judgment. However well-intentioned this language is, ultimately it seeks to interfere with the physician-patient relationship by managing what is said to a patient, mandating specific patient advice, and requiring a diagnostic test potentially absent patient consent. Such decisions are best left to medical professionals acting within their scope of practice.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.



March 13, 2014

The Honorable Terry Gerratana  
Co-Chair, Joint Committee on Public Health  
Public Health Committee  
Room 3000, Legislative Office Building  
Hartford, CT 06106

**Re: SB 257, *An Act Concerning Hepatitis C Screening* - *SUPPORT***

Dear Senator Gerratana:

On behalf of the National Viral Hepatitis Roundtable, a coalition of public, private and voluntary organizations dedicated to reducing the incidence of infection, morbidity and mortality from viral hepatitis in the United States, I write in strong support SB 257, "An Act Concerning Hepatitis C Screening." This bill would require primary care providers to offer screening for the Hepatitis C virus (HCV) to individuals who were born between the years of 1945 and 1965, the so-called "Baby Boomer" cohort, consistent with Centers for Disease Control and Prevention (CDC) guidelines.

HCV is a contagious liver disease that can lead to lifelong illness and can progress to life-threatening conditions, including cirrhosis, liver cancer, and liver transplantation. Since 2007, HCV has eclipsed HIV as a major cause of mortality in Americans. The CDC reports HCV accounts for more than 50% of new cases of chronic liver disease and affects between 3 – 4 million people in the United States. The CDC predicts that deaths due to HCV will double or triple in the next 15 to 20 years.

HCV is a silent killer, usually with no symptoms; and, thus presents a grave threat to public health. The vast majority of people with HCV (45-85%) do not know they are infected, and are at a greatly increased risk of advanced liver diseases, such as cirrhosis, liver cancer, and liver transplantation – which are very expensive to treat. The CDC is now recommending a one-time HCV test of everyone born between 1945 and 1965. According to the CDC, if all Baby Boomers were tested, over 800,000 additional HCV cases would be identified, and up to 121,000 deaths could be avoided. In addition, the United States Preventive Services Task Force (USPSTF) issued a B grade recommendation in June of 2013 for testing of people at high risk for HCV and a one-time screening for HCV infection for adults born between 1945 and 1965. The USPSTF B recommendation will ensure that HCV testing for these populations will be reimbursed by most third party payers. Further, on March 4, 2014, the Center for Medicare & Medicaid Services (CMS) released a Proposed Decision Memo outlining its intention to cover a one-time Hepatitis C testing for all in the program for everyone born between 1945 and 1965. A final ruling is expected in June.

There has also been significant HCV treatment advances in the past several years, with more expected to come on the market soon. Unlike older HCV regimens, the new treatments have excellent tolerability profiles (fewer side effects), and have a 90 to 100% cure rate in most people with HCV. The increased testing that will result from enacting this legislation will ensure that individuals are made aware of their HCV status, have access to new treatments and cures, and take proactive steps to prevent further transmission. Also critical, it will result in significant savings to the Connecticut healthcare system by avoiding the exorbitant costs associated with treating preventable advanced liver disease.

New York was the first state to pass a comparable law last fall. Many other states are now considering similar legislation, and many more will soon see bills introduced when their legislative sessions convene. SB 257 would ensure that Connecticut is a national leader around codifying federal guidelines around requiring hepatitis C screening for Baby Boomers

The National Viral Hepatitis Roundtable respectfully urges this Committee to pass SB 257, which is essential to the health and well-being of the people of Connecticut as well as the Connecticut treasury.

The thousands of Connecticut residents who do not know they are infected with the HCV virus are relying on your leadership. Thank you for your consideration. If you have any questions or need additional information, please contact me at (415) 235-8593 or [rclary@nvhr.org](mailto:rclary@nvhr.org)

Sincerely,



Ryan Clary  
Executive Director



March 13th, 2014

Joint Committee on Public Health  
Public Health Committee  
Room 3000, Legislative Office Building  
Hartford, CT 06106

*Re: SB 257, An Act Concerning Hepatitis C Screening*

Dear Committee Members:

On behalf of the Hepatitis C Mentor and Support Group, Inc., which was founded to address a lack of supportive services for people living with Hepatitis C, I write in strong support SB 257, "An Act Concerning Hepatitis C Screening." This bill would require primary care providers to offer screening for the Hepatitis C virus (HCV) to individuals who were born between the years of 1945 and 1965, the so-called "Baby Boomer" cohort, consistent with Centers for Disease Control and Prevention (CDC) guidelines.

HCV is a contagious liver disease that can lead to lifelong illness and can progress to life-threatening conditions, including cirrhosis, liver cancer, and liver transplantation. Since 2007, HCV has eclipsed HIV as a major cause of mortality in Americans. The CDC reports HCV accounts for more than 50% of new cases of chronic liver disease and affects between 3 – 4 million people in the United States. The CDC predicts that deaths due to HCV will double or triple in the next 15 to 20 years.

HCV is a silent killer, usually with no symptoms; and, thus presents a grave threat to public health. The vast majority of people with HCV (45-85%), do not know they are infected, and are at a greatly increased risk of advanced liver diseases, such as cirrhosis, liver cancer, and liver transplantation – which are very expensive to treat. The CDC is now recommending a one-time HCV test of everyone born between 1945 and 1965. According to the CDC, if all Baby Boomers were tested, over 800,000 additional HCV cases would be identified, and up to 121,000 deaths could be avoided. In addition, the United States Preventive Services Task Force (USPSTF) issued a B grade recommendation in June of 2013 for testing of people at high risk for HCV and a one-time screening for HCV infection for adults born between 1945 and 1965. The USPSTF B recommendation will ensure that HCV testing for these populations will be reimbursed by third party payers. Further, on March 1, 2014, the Center for Medicare & Medicaid Services (CMS) released a Proposed Decision Memo outlining its intention to cover a one-time Hepatitis C testing for all in the program for everyone born between 1945 and 1965. A

final ruling is expected in June. This important trend among federal policymakers should ensure that HCV testing is paid for by most third party payers

The timing of this bill is ripe. There have also been significant HCV treatment advances in the past several years, with more expected to come on the market soon. Unlike older HCV regimens, the new treatments have excellent tolerability profiles (fewer side effects), and have a 90 to 100% cure rate in most people with HCV. The increased testing that will result from enacting this legislation will ensure that individuals are made aware of their HCV status, have access to new treatments and cures, and take proactive steps to prevent further transmission. Also critical, it will result in significant savings to the Connecticut healthcare system by avoiding the exorbitant costs associated with treating preventable advanced liver disease.

New York was the first state to pass a comparable law last Fall. Many other states are now considering similar legislation, and many more will soon see bills introduced when their legislative sessions convene. SB 257 would ensure that Connecticut is a national leader around codifying federal guidelines around requiring Hepatitis C screening for Baby Boomers.

The Hepatitis C Mentor and Support Group respectfully urges this Committee to pass SB 257, which is essential to the health and well-being of the people of Connecticut as well as the Connecticut treasury.

The thousands of Connecticut residents who do not know they are infected with the HCV virus are relying on your leadership.

Respectfully,

Ronni Marks-Founder/Executive Director

**HCMSSG**

The Hepatitis C Mentor & Support Group, Inc.

[www.hepatitisCms-g.org](http://www.hepatitisCms-g.org)

917 612.2731

SENATOR CATHY OSTEN

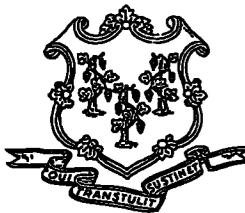
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Public Safety & Security Committee  
Veterans' Affairs Committee

March 14, 2014

Members of the Public Health Committee, I would like to write in favor of Senate Bill 257, An Act Concerning Hepatitis C Testing. This bill would require health care providers to offer Hepatitis C testing to patients born between 1945 and 1965, an age group that is highly susceptible to this disease.

Hepatitis C is a serious liver disease, which is contracted through contact with infected blood. It currently affects over three million people in the United States, many of which do not even know they have it, because there are few symptoms of its early stages. The CDC has estimated that deaths due to Hepatitis C will double or triple in the next ten to fifteen years. Veterans especially are four times more likely to be diagnosed with this disease and thousands die each year from it.

With this one-time test, people will learn of their infection status, and many deaths can be prevented. It will save Connecticut and Connecticut's health care system millions of dollars in health care costs associated with treating this preventable disease if the test is not instituted. I am emphasizing that this test will ultimately save the Connecticut's healthcare system many millions of dollars by treating this disease early on.

Just this month, the Centers for Medicare and Medicaid Services released a Proposed Decision to cover a one-time test for everyone born between 1945 and 1965, and a final decision is expected in June. These new recommendations show that this issue is finally being discussed on the national level. Twelve states are currently discussing similar legislation, and the New York State Legislature passed a bill about it last year.

Thank you for raising this bill, and I hope that you will pass it, as it will help many people, especially veterans, get the health care that they need.



## Connecticut Academy of Physician Assistants

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### CONNECTICUT ACADEMY OF PHYSICIAN ASSISTANTS

#### Testimony on Raised Bill 257, "An Act Concerning Hepatitis C Testing"

PUBLIC HEALTH COMMITTEE

MARCH 14, 2014

Rep. Johnson, Sen. Gerratana, and members of the Public Health Committee,

The Connecticut Academy of Physician Assistants, ConnAPA, is the sole organization representing the interests of the nearly 2000 practicing physician assistants in our state. I am Dan Mussen, a member of our legislative committee, and in practice now as a PA for 38 years, 32 of those years being in primary care settings.

Physician Assistants are of course, key providers of primary health care. Our profession is a leader in the delivery of team based, high quality, cost effective health and preventative medical care.

Raised bill 257, "An Act Concerning Hepatitis C Testing" seeks to require certain patients be offered hepatitis C testing. PAs currently test for hepatitis C as part of their routine medical care, and therefore should be including in this bill as one of the primary care providers.

If PAs are not included as primary care providers in this bill, an unintended exemption will occur. Other PCPs will be required to offer hepatitis C testing, but PAs will not be required to do so. We do not believe that is the intent of this committee.

Thank you for your generous consideration.

Sincerely,

Dan Mussen PA  
Member, ConnAPA Legislative Committee



## Connecticut Academy of Physician Assistants

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[www.connapa.org](http://www.connapa.org)

March 14, 2014

Testimony on raised bill 257, An Act Concerning Hepatitis C Testing

Rep. Johnson, Sen. Gerratana, and members of the Public Health Committee,

The Connecticut Academy of Physician Assistants, ConnAPA, is the sole organization representing the interests of the nearly 2000 practicing physician assistants in our state. I am Dan Mussen, a member of our legislative committee, and in practice now as a PA for 38 years, 32 of those years being in primary care settings.

Physician Assistants are of course, key providers of primary health care. Our profession is a leader in the delivery of team based, high quality, cost effective health and preventative medical care.

Raised bill 257, "An Act Concerning Hepatitis C Testing" seeks to require certain patients be offered hepatitis C testing. PAs currently test for hepatitis C as part of their routine medical care, and therefor should be including in this bill as one of the primary care providers.

If PAs are not included as primary care providers in this bill, an unintended exemption will occur. Other PCPs will be required to offer hepatitis C testing, but PAs will not be required to do so. We do not believe that is the intent of this committee.

Thank-you for your generous consideration.

Sincerely,

Dan Mussen PA  
Member, ConnAPA Legislative Committee