

113TH CONGRESS
2D SESSION

S. 2538

To amend the Public Health Service Act to revise and extend the program for viral hepatitis surveillance, education, and testing in order to prevent deaths from chronic liver disease and liver cancer, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 26, 2014

Mr. KIRK (for himself and Ms. HIRONO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to revise and extend the program for viral hepatitis surveillance, education, and testing in order to prevent deaths from chronic liver disease and liver cancer, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Viral Hepatitis Testing
5 Act of 2014”.

1 **SEC. 2. REVISION AND EXTENSION OF HEPATITIS SURVEIL-**
 2 **LANCE, EDUCATION, AND TESTING PROGRAM.**

3 (a) IN GENERAL.—Section 317N of the Public
 4 Health Service Act (42 U.S.C. 247b–15) is amended—

5 (1) by amending the section heading to read as
 6 follows: “**SURVEILLANCE, EDUCATION, TESTING,**
 7 **AND LINKAGE TO CARE REGARDING HEPATITIS**
 8 **VIRUS**”;

9 (2) by redesignating subsections (b) and (c) as
 10 subsections (d) and (e), respectively; and

11 (3) by striking subsection (a) and inserting the
 12 following:

13 “(a) IN GENERAL.—The Secretary shall, in accord-
 14 ance with this section, carry out surveillance, education,
 15 and testing programs with respect to hepatitis B and hep-
 16 atitis C virus infections (referred to in this section as
 17 ‘HBV’ and ‘HCV’, respectively). The Secretary may carry
 18 out such programs directly and through grants to public
 19 and nonprofit private entities, including States, political
 20 subdivisions of States, territories, Indian tribes, and pub-
 21 lic-private partnerships.

22 “(b) NATIONAL SYSTEM.—In carrying out subsection
 23 (a), the Secretary shall, in consultation with States and
 24 other public or nonprofit private entities and public-pri-
 25 vate partnerships described in subsection (d), establish a

1 national system with respect to HBV and HCV with the
2 following goals:

3 “(1) To determine the incidence and prevalence
4 of such infections, including providing for the report-
5 ing of acute and chronic cases.

6 “(2) With respect to the population of individ-
7 uals who have such an infection, to carry out testing
8 programs to increase the number of individuals who
9 are aware of their infection to 50 percent by Decem-
10 ber 31, 2014, and to 75 percent by December 31,
11 2016.

12 “(3) To develop and disseminate public infor-
13 mation and education programs for the detection
14 and control of such infections.

15 “(4) To improve the education, training, and
16 skills of health professionals in the detection, con-
17 trol, and care and treatment, of such infections.

18 “(5) To provide appropriate referrals for coun-
19 seling and medical care and treatment of infected in-
20 dividuals and to ensure, to the extent practicable,
21 the provision of appropriate follow-up services.

22 “(c) HIGH-RISK POPULATIONS; CHRONIC CASES.—

23 “(1) IN GENERAL.—The Secretary shall deter-
24 mine the populations that, for purposes of this sec-
25 tion, are considered at high-risk for HBV or HCV.

1 The Secretary shall include the following among
2 those considered at high-risk:

3 “(A) For HBV, individuals born in coun-
4 tries in which 2 percent or more of the popu-
5 lation has HBV or who are a part of a high-
6 risk category as identified by the Centers for
7 Disease Control and Prevention.

8 “(B) For HCV, individuals born between
9 1945 and 1965 or who are a part of a high-risk
10 category as identified by the Centers for Dis-
11 ease Control and Prevention.

12 “(C) Those who have been exposed to the
13 blood of infected individuals or of high-risk in-
14 dividuals or who are family members of such in-
15 dividuals.

16 “(2) PRIORITY IN PROGRAMS.—In providing for
17 programs under this section, the Secretary shall give
18 priority—

19 “(A) to early diagnosis of chronic cases of
20 HBV or HCV in high-risk populations under
21 paragraph (1); and

22 “(B) to education, and referrals for coun-
23 seling and medical care and treatment, for indi-
24 viduals diagnosed under subparagraph (A) in
25 order to—

1 “(i) reduce their risk of dying from
 2 end-stage liver disease and liver cancer,
 3 and of transmitting the infection to others;

4 “(ii) determine the appropriateness
 5 for treatment to reduce the risk of progres-
 6 sion to cirrhosis and liver cancer;

7 “(iii) receive ongoing medical manage-
 8 ment, including regular monitoring of liver
 9 function and screenings for liver cancer;

10 “(iv) receive, as appropriate, drug, al-
 11 cohol abuse, and mental health treatment;

12 “(v) in the case of women of child-
 13 bearing age, receive education on how to
 14 prevent HBV perinatal infection, and to al-
 15 leviate fears associated with pregnancy or
 16 raising a family; and

17 “(vi) receive such other services as the
 18 Secretary determines to be appropriate.

19 “(3) CULTURAL CONTEXT.—In providing for
 20 services pursuant to paragraph (2) for individuals
 21 who are diagnosed under subparagraph (A) of such
 22 paragraph, the Secretary shall seek to ensure that
 23 the services are provided in a culturally and linguis-
 24 tically appropriate manner.

25 “(d) PUBLIC-PRIVATE PARTNERSHIPS.—

1 “(1) IN GENERAL.—In carrying out this sec-
2 tion, and not later than 60 days after the date of
3 the enactment of the Viral Hepatitis Testing Act of
4 2014, the Secretary shall, in consultation with the
5 Assistant Secretary for Health, the Director of the
6 Centers for Disease Control and Prevention, the
7 Health Resources and Services Administration, the
8 Substance Abuse and Mental Health Services Ad-
9 ministration, the Office of Minority Health, the In-
10 dian Health Service, other relevant agencies, and
11 non-government stakeholder entities, establish and
12 support public-private partnerships that facilitate
13 the surveillance, education, screening, testing, and
14 linkage to care programs authorized by this section.

15 “(2) DUTIES.—Public-private partnerships es-
16 tablished or supported under paragraph (1) shall—

17 “(A) focus primarily on the surveillance,
18 education, screening, testing, and linkage to
19 care programs authorized by this section;

20 “(B) generate resources, in addition to the
21 funds made available pursuant to subsection
22 (f), to carry out the surveillance, education,
23 screening, testing, and linkage to care programs
24 authorized in this section by leveraging Federal
25 funding with non-Federal funding and support;

1 “(C) allow for investments in such pro-
2 grams of financial or in-kind resources by each
3 of the partners involved in the partnership;

4 “(D) include corporate and industry enti-
5 ties, academic institutions, public and non-prof-
6 it organizations, community and faith-based or-
7 ganizations, foundations, and other govern-
8 mental and non-governmental organizations;
9 and

10 “(E) advance the core goals of each of the
11 partners of the partnership as determined by
12 the Secretary in development of the partner-
13 ship.

14 “(3) ANNUAL REPORTS.—The Secretary shall
15 provide to the Congress an annual report on the
16 public-private partnerships established under this
17 subsection. Each such report shall include—

18 “(A) the number of public-private partner-
19 ships established;

20 “(B) specific and quantifiable information
21 on the surveillance, education, screening, test-
22 ing, and linkage to care activities conducted as
23 well as the outcomes achieved through each of
24 the public-private partnerships;

1 “(C) the amount of Federal funding or re-
2 sources dedicated to the public-private partner-
3 ships;

4 “(D) the amount of non-Federal funding
5 or resources leveraged through the public-pri-
6 vate partnerships; and

7 “(E) a plan for the following year that out-
8 lines future activities.

9 “(4) LIMITATION.—No more than 25 percent of
10 the funds made available to carry out this section
11 may be used for public-private partnerships estab-
12 lished or supported under this subsection.

13 “(5) LINKAGE TO CARE.—For purposes of this
14 section, the term ‘linkage to care’ means, with re-
15 spect to an individual with a diagnosis of HBV or
16 HCV, the referral of such individual to clinical care
17 for a thorough evaluation of their clinical status to
18 determine the need for treatment, vaccination for
19 HBV, or other therapy.

20 “(e) AGENCY FOR HEALTHCARE RESEARCH AND
21 QUALITY HBV AND HCV GUIDELINES.—Due to the rap-
22 idly evolving standard of care associated with diagnosing
23 and treating viral hepatitis infection, the Director of the
24 Agency for Healthcare Research and Quality shall convene
25 the Preventive Services Task Force under section 915(a)

1 to review its recommendation for screening for HBV and
2 HCV infection every 3 years.

3 “(f) FUNDING.—

4 “(1) IN GENERAL.—In addition to any amounts
5 otherwise authorized by this Act, there are author-
6 ized to be appropriated to carry out this section—

7 “(A) \$25,000,000 for fiscal year 2014;

8 “(B) \$35,000,000 for fiscal year 2015; and

9 “(C) \$20,000,000 for fiscal year 2016.

10 “(2) GRANTS.—Of the amounts appropriated
11 pursuant to paragraph (1) for a fiscal year, the Sec-
12 retary shall reserve not less than 80 percent for
13 making grants under subsection (a).

14 “(3) SOURCE OF FUNDS.—The funds made
15 available to carry out this section shall be derived
16 exclusively from the funds appropriated or otherwise
17 made available for planning and evaluation under
18 this Act.”.

19 (b) SAVINGS PROVISION.—The amendments made by
20 this section shall not be construed to require termination
21 of any program or activity carried out by the Secretary
22 of Health and Human Services under section 317N of the
23 Public Health Service Act (42 U.S.C. 247b–15) as in ef-

1 fect on the day before the date of the enactment of this
2 Act.

