

THIRTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)

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SENATE
S. B. No 2017

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article II, Section 15, provides:

The State shall protect and promote the right to health of the people and instill health consciousness among them.

Hepatitis C is a blood-borne pathogen that is, according to the American Liver Foundation, the most common cause of chronic liver disease, liver cirrhosis, and liver cancer. It is also the most common indication for liver transplant, and the leading cause of death in people with Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome. In addition, there may be links between the Hepatitis C Virus (HCV) and certain other diseases, given that a high number of people infected with HCV also suffer from Type 2 Diabetes, lymphoma, thyroid and certain blood disorders, and autoimmune diseases.

Individuals infected with HCV serve as a source of transmission to others and, since few individuals are aware that they are infected, they are unlikely to take precautions to prevent the spread or exacerbation of their infection. To date, there is no known cure for Hepatitis C.

The government should expand efforts to increase knowledge and awareness of HCV among its citizens. Hence, this bill seeks to provide for a study to determine the prevalence of Hepatitis C infection in the country and undertake a program to provide training, testing, and treatment regarding cases of the disease.


MIRIAM DEFENSOR SANTIAGO
2017

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AN ACT
TO MANDATE A COMPREHENSIVE RESEARCH
FOR THE PREVENTION, CONTROL, AND MEDICAL MANAGEMENT
OF HEPATITIS C VIRUS INFECTION

SECTION 1. *Short Title.* – This Act may be cited as the “Hepatitis C Epidemic Control and Prevention Act.”

SECTION 2. *Definition of Terms.* – The following terms are defined as used in this Act:

- (A) Secretary – refers to the Secretary of the Department of Health.
- (B) DOH – refers to the Department of Health.
- (C) HCV – means Hepatitis C Virus.

SECTION 3. *Prevention, Control, and Medical management of Hepatitis C.* – (A) IN GENERAL – The Secretary shall develop and implement a plan for the prevention, control, and medical management of the HCV that includes strategies for education and training, surveillance and early detection, and research.

(B) INPUT IN DEVELOPMENT OF PLAN – In developing the plan under subsection (A), the Secretary shall –

- (1) be guided by existing recommendations of the DOH, and
- (2) consult with –
 - (a) the Director of the National Center for Disease Prevention and Control (NCDPC);
 - (b) the Board of Advisers of the National Institutes of Health;
 - (c) medical advisory bodies that address issues related to HCV; and
 - (d) the public, including –
 - (i) individuals infected with the HCV; and
 - (ii) advocates concerned with issues related to HCV.

(C) BIENNIAL ASSESSMENT OF PLAN –

(1) IN GENERAL – The Secretary shall conduct a biennial assessment of the plan developed under subsection (A) for the purpose of incorporating into such plan new knowledge or observations relating to HCV and chronic HCV, such as knowledge and observations that may be derived from clinical, laboratory, and epidemiological research and disease detection, prevention, and surveillance outcomes, and addressing gaps in the coverage or effectiveness of the plan.

(2) PUBLICATION OF NOTICE OF ASSESSMENTS – Not later than October 1 of the first even numbered year beginning after the date of enactment of the Hepatitis C Epidemic Control and Prevention Act, and October 1 of each even numbered year thereafter, the Secretary shall publish in the Official Gazette a notice of the results of the assessments conducted under paragraph (1). Such notice shall include –

(a) a description of any revisions to the plan developed under subsection (A) as a result of the assessment;

(b) an explanation of the basis for any such revisions, including the ways in which such revisions can reasonably be expected to further promote the original goals and objectives of the plan, and

(c) in the case of a determination by the Secretary that the plan does not need revision, an explanation of the basis for such determination.

SECTION 4. Elements of the National Plan for the Prevention, Control, and Medical Management of Hepatitis C. –

(A) Education and Training – The Secretary, acting through the Director of the NCDPC, shall implement programs to increase awareness and enhance knowledge and understanding of HCV. Such programs shall include –

(1) the conduct of health education, public awareness campaigns, and community outreach activities to promote public awareness and knowledge about risk factors, the transmission and prevention of infection with HCV, the value of screening for the early detection of HCV infection, and options available for the treatment of chronic HCV;

(2) the training of healthcare professionals regarding the prevention, detection, and medical management of the hepatitis B virus (HBV) and HCV, and the importance of vaccinating HCV-infected individuals and those at risk for HCV infection against the hepatitis A virus and HBV, and

(3) the development and distribution of curricula, including information relating to the special needs of individuals infected with HBV or HCV, such as the importance of early intervention and treatment and the recognition of psychosocial needs, for individuals providing hepatitis counseling, as well as support for the implementation of such curricula by State and local public health agencies.

(B) Early Detection and Surveillance –

(1) IN GENERAL – The Secretary, acting through the Director of the NCDPC, shall support activities described in paragraph (2) to promote the early

detection of HCV infection, identify risk factors for infection, and conduct surveillance of HCV infection trends

(2) ACTIVITIES –

(a) VOLUNTARY TESTING PROGRAMS –

(i) IN GENERAL – The Secretary shall support and promote the development of national and local voluntary HCV testing programs to aid in the early identification of infected individuals.

(ii) CONFIDENTIALITY OF TEST RESULTS – The results of an HCV test conducted by a testing program developed or supported under this subparagraph shall be considered *protected health information*.

(b) COUNSELING REGARDING VIRAL HEPATITIS – The Secretary shall support national and local programs in a wide variety of settings, including those providing primary and specialty healthcare services in nonprofit private and public sectors, to –

(i) provide individuals with information about ongoing risk factors for HCV infection with client-centered education and counseling that concentrates on changing behaviors that place them at risk for infection; and

(ii) provide individuals infected with HCV with education and counseling to reduce the risk of harm to themselves and transmission of the virus to others.

(c) VACCINATION AGAINST VIRAL HEPATITIS – With respect to individuals infected, or at risk for infection, with HCV, the Secretary shall provide for –

(i) the vaccination of such individuals against hepatitis A virus, HBV, HCV, and other infectious diseases, as appropriate, for which such individuals may be at increased risk; and

(ii) the counseling of such individuals regarding hepatitis A, HBV, HCV, and other viral hepatides

(d) MEDICAL REFERRAL- The Secretary shall support –

(i) referral of persons infected with or at risk for HCV, for drug or alcohol abuse treatment where appropriate; and

(ii) referral of persons infected with HCV –

(I) for medical evaluation to determine their stage of chronic HCV and suitability for antiviral treatment; and

(II) for ongoing medical management of HCV.

(3) HEPATITIS C COORDINATORS – The Secretary, acting through the Director of the NCDPC, shall, upon request, provide a Hepatitis C Coordinator to a local health department in order to enhance the management, networking, and technical expertise needed to ensure successful integration of HCV prevention and control activities into existing public health programs.

(C) Surveillance and Epidemiology –

(1) IN GENERAL – The Secretary shall promote and support the establishment and maintenance of State HCV surveillance databases, in order to –

(A) identify risk factors for HCV infection;

(B) identify trends in the incidence of acute and chronic HCV;

(C) identify trends in the prevalence of HCV infection among groups that may be disproportionately affected by HCV, including individuals living with Human Immunodeficiency Virus, military veterans, emergency first responders, racial or ethnic minorities, and individuals who engage in high risk behaviors, such as intravenous drug use; and

(D) assess and improve HCV infection prevention programs.

(2) SEROPREVALENCE STUDIES- The Secretary shall conduct a population-based seroprevalence study to estimate the current and future impact of HCV. Such studies shall consider the economic and clinical impacts of HCV, as well as the impact of HCV on quality of life.

(D) Research Network- The Secretary, acting through the Director of the NCDPC and the Board of Advisers of the National Institutes of Health, shall –

(1) conduct epidemiologic research to identify best practices for HCV prevention,

(2) establish and support a Hepatitis C Clinical Research Network for the purpose of conducting research related to the treatment and medical management of HCV; and

(3) conduct basic research to identify new approaches to prevention, such as vaccines, and treatment for HCV

(E) Referral for Medical Management of Chronic HCV – The Secretary shall support and promote State, local, and tribal programs to provide HCV-positive individuals with referral for medical evaluation and management, including currently recommended antiviral therapy when appropriate.

(F) Underserved and Disproportionately Affected Populations – In carrying out this section, the Secretary shall provide expanded support for individuals with limited access to health education, testing, and healthcare services and groups that may be disproportionately affected by HCV

(G) *Evaluation of Program* – The Secretary shall develop benchmarks for evaluating the effectiveness of the programs and activities conducted under this section and make determinations as to whether such benchmarks have been achieved.

SECTION 5 *Appropriations*. – There shall be authorized to be appropriated such amounts as necessary to carry out the provisions of this Act, to be included in the annual budget of the Department of Health in the General Appropriations Act.

SECTION 6. *Separability Clause*. – If any provision, or part hereof, is declared invalid or unconstitutional, the remainder of the law not otherwise affected shall remain valid and subsisting.

SECTION 7. *Repealing Clause*. – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with, the provisions of this Act, are hereby modified, repealed, or amended accordingly.

SECTION 8 *Effectivity Clause*. – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,