

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1434

2007 HOUSE HUMAN SERVICES

HB 1434

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 30, 2007

Recorder Job Number: 2227

Committee Clerk Signature

Judy Schock

Minutes:

Vice Chair Pietsch: opens HB 1434.

Representative Clara Sue Price, District 40 from Minot, ND: Attached is hepatitis C virus pamphlet. This is a scary disease. It affects about 5 million Americans and is transmitted 10 times easier than HIV. 70% affects 35-54 year olds. It is predicted between 1990 and 2015 there will be a dramatic increase. It is often transmitted with pedicures and manicures. There are no symptoms, and you often get liver cancer. Hepatitis C virus is the most common reason for liver transplants. The cost is sky rocketing. The bill is an education piece.

Kirby Kruger, state epidemiologist for the ND Department of Health: See attached testimony.

Representative Price: questions the funding of 2 positions and only 1 person doing the job. The funding is for a hepatitis c coordinator.

Vice Chair Pietsch: Anyone else in favor of HB 1434? Is there any opposition to the bill? If not we will close the hearing on HB 1434.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 30, 2007

Recorder Job Number: 2230

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price: I have chosen **Representatives Pietsch, Uglem and Potter** to a sub committee for HB 1434. On HB 1433 and HB 1432 I have chosen **Representatives Weisz, Hofstad, and Kaldo** to be on that sub committee. I am asking you to report back this afternoon.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434

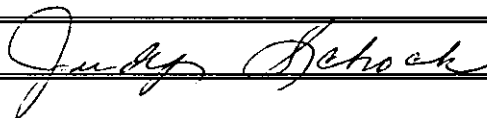
House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: Jan 31, 2007

Recorder Job Number: 2356

Committee Clerk Signature



Minutes:

Chairman Price: Take out HB 1434. We have proposed amendments before us.

Representative Pietsch: We have a break down of where the dollars are needed, with the proposed amendments, along with the request for appropriations. See attached. I would move the amendments. The motion was seconded by **Representative Potter**. The verbal vote was all yeas. **Representative Pietsch** moves a do pass as amended RR/ Appropriations.

Representative Potter seconds the motion.

The committee discusses the dollars and where they are going.

The vote was taken with 11 yeas, 1 nay and 0 absent. **Representative Pietsch** will carry the bill to the floor.

FISCAL NOTE
Requested by Legislative Council
02/13/2007

REVISION

Amendment to: Engrossed
 HB 1434

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$200,000		\$200,000	
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill establishes a viral hepatitis program. Three main components are education, vaccination and testing.

The amendment removes the surveillance duties and the report to the Legislative Council. It also reduces the appropriation and the FTE.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Department of Health proposes to provide public education through print media. Healthcare provider training will be offered to local public health units participating in the counseling, testing and vaccination program.

Total costs are explained in detail in the expenditure part of the fiscal note.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Included in this fiscal note are expenditures for a part time student intern for \$16,000 located in disease control division. In addition to general operating costs and equipment purchases of \$36,800, there would be a media campaign for \$50,000 and vaccine and lab supplies purchased for \$65,200. The local health units would receive \$32,000 to administer the vaccine and provide testing. Total costs for the 07-09 biennium would be \$200,000.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Included in this bill is an appropriation for \$200,000 to the department of health to carryout these responsibilities.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	02/13/2007

FISCAL NOTE
Requested by Legislative Council
02/13/2007

Amendment to: Engrossed
 HB 1434

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$200,000		\$210,000	
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill establishes a viral hepatitis program. Three main components are education, vaccination and testing.

The amendment removes the surveillance duties and the report to the Legislative Council. It also reduces the appropriation and the FTE.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Department of Health proposes to provide public education through print media. Healthcare provider training will be offered to local public health units participating in the counseling, testing and vaccination program.

Total costs are explained in detailed in the expenditure part of the fiscal note.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Included in this fiscal note are expenditures for a part time student intern for \$16,000 located in disease control division. In addition to general operating costs and equipment purchases of \$36,800, there would be a media campaign for \$50,000 and vaccine and lab supplies purchased for \$65,200. The local health units would receive \$32,000 to administer the vaccine and provide testing. Total costs for the 07-09 biennium would be \$200,000.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency*

and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.

Included in this bill is an appropriation for \$200,000 to the departmnet of health to carryout these responsibilities.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	02/13/2007

FISCAL NOTE
Requested by Legislative Council
02/02/2007

Amendment to: HB 1434

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$301,403		\$486,323	
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill establishes a viral hepatitis program. Three main components are education, vaccination and surveillance and testing. The amendment replaces study with surveillance and adds an appropriation.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Department of Health proposes to provide public education through print media. Healthcare provider training will be offered to local public health units participating in the counseling, testing and vaccination program.

An FTE will be added to the disease control division to conduct epidemiological surveillance of hepatitis C in North Dakota. Total costs are explained in detail in the expenditure part of the fiscal note.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Included in this fiscal note are expenditures for one FTE located in our disease control division. Total personnel costs are estimated to be \$96,482. In addition to general operating costs and equipment purchases of \$34,270 for the FTE there would be a media campaign for \$75,000 and vaccine and lab supplies purchased for \$63,055. The local health units would receive \$31,596 to administer the vaccine. Total costs for the 07-09 biennium would be \$300,403. It is anticipated that the surveillance results will demonstrate the need for increased laboratory testing, staff and equipment in our laboratory division for the 09-11 biennium.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funds for this project are not included in the health department's appropriation bill (HB 1004). The department would need these funds appropriated and one FTE to carryout these responsibilities.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	02/02/2007

FISCAL NOTE
Requested by Legislative Council
01/16/2007

Bill/Resolution No.: HB 1434

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$816,296		\$593,500	
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill establishes a viral hepatitis program. Three main components are education, vaccination and surveillance and testing.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Department of Health proposes to provide public education through both print and electronic media. Healthcare provider training will be offered to local public health units participating in the counseling, testing and vaccination program.

Testing costs include adding 1.5 FTE's to the laboratory services division and updating laboratory instrumentation to accommodate additional testing of approximately 750 tests per year. An FTE will be added to the disease control division to conduct an epidemiological study of hepatitis C in North Dakota. Total costs are explained in detail in the expenditure part of the fiscal note.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Included in this fiscal note are expenditures for 2.5 FTE. One of the FTE's would be located in our disease control division and the other 1.5 FTE will be in our laboratory division. Total personnel costs are estimated to be \$244,562. In addition to general operating costs of \$39,260 for the FTE's there would be a media campaign for \$150,000 and vaccine and lab supplies purchases of \$224,678. One time purchases include laboratory equipment of \$60,000 and computers, printers and office furniture for a total of \$10,000. The local health units would receive \$87,796 to administer the vaccine. Total costs for the 07-09 biennium would be \$816,296.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and*

appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.

Funds for this project are not included in the health department's appropriation bill (HB 1004). The department would need these funds appropriated and 2.5 FTE's to carryout these responsibilities.

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	01/26/2007

House Bill 1434
Viral Hepatitis Program
North Dakota Department of Health
Report to the Subcommittee

Suggested changes for HB 1434

Page 1, Line 22, replace "study" with "surveillance".

Page 1, Line 24, replace "study" with "surveillance".

Page 2, After Line 24, insert:

"There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$301,403, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing a viral hepatitis program under section 1 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state health department is authorized one full-time equivalent position for the biennium beginning July 1, 2007, and ending June 30, 2009."

Date: 4/3
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES

AB 1434

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move Amendment

Motion Made By Rep Putter Seconded By Rep Putter

Representatives			Yes	No	Representatives			Yes	No
Clara Sue Price – Chairman					Kari L Conrad				
Vonnie Pietsch – Vice Chairman					Lee Kaldor				
Chuck Damschen					Louise Potter				
Patrick R. Hatlestad					Jasper Schneider				
Curt Hofstad									
Todd Porter									
Gerry Uglem									
Robin Weisz									
Total	(Yes)	"Click here to see results"	12						

Total (Yes) 12 "Click here to type Yes Vote" No "Click here to type No Vote"

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: ~~7/31/2011~~ 7/31/2011
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES

H B 1434

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken

Do pass as Amended Re/App.

Motion Made By

Rep. Pietro

Seconded By

Rep Patten

Representatives		Yes	No	Representatives		Yes	No
Clara Sue Price - Chairman		☒		Kari L Conrad		☒	
Vonnie Pietsch - Vice Chairman		☒		Lee Kaldor		☒	
Chuck Damschen		☒		Louise Potter		☒	
Patrick R. Hatlestad		☒		Jasper Schneider		☒	
Curt Hofstad		☒					
Todd Porter		☒					
Gerry Uglem		☒					
Robin Weisz		☒					
			☒				
Total	(Yes)	11	0				

Total (Yes) "Click here to type Yes Vote" No "Click here to type No Vote"
Absent

Absent

Q

Floor Assignment

Rep Pietroch

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1434: Human Services Committee (Rep. Price, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (11 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1434 was placed on the Sixth order on the calendar.

Page 1, line 3, remove the first "and", replace "a study" with "surveillance", and after "council" insert "; and to provide an appropriation"

Page 1, line 22, replace "a study" with "surveillance"

Page 1, line 24, replace "study" with "surveillance"

Page 2, after line 2, insert:

"SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$301,403, or so much of the sum as may be necessary, to the state department of health for the purpose of establishing a viral hepatitis program under section 1 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009. The state department of health is authorized one full-time equivalent position for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

HE 1434

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 6, 2007

Recorder Job Number: 2971

Committee Clerk Signature

Minutes:

Rep. Svedjan: This one came to us because of a fiscal note of \$816,000. Is that the current fiscal note?

Rep. Price: No it is not.

Rep. Svedjan: \$301,000?

Rep. Price: That is correct.

Rep. Svedjan: It is the fiscal note dated February 2.

Rep. Price: HB 1434 is in front of you because awhile back I attended a conference in Denver on Hepatitis C and it scared me. There is a potential of Hepatitis C being a very costly thing for all of us in a number of ways. It is estimated that 5 million Americans have been affected with Hepatitis C. 70% of those people are ages 35-54. The National Institute of Health projects the 4 fold increase of the number of persons diagnosed with chronic Hepatitis C infection between 1990-2015. There is no vaccine for Hepatitis C. There is a vaccine for Hepatitis A and B. That is given if you are given if you are diagnosed with Hepatitis C because if you end up with all three of those the conditions are much worse. I think they may be up to Hepatitis G or H. Most people with Hepatitis C are unaware they are infected. They have no symptoms until you have a vast liver disease. You can carry this disease many times 20-30 years before you know you have it. Approximately 20-30% of the people that have it develop cirrhosis. Each year 1-4% of

people with Hepatitis C develop liver cancer. The incidents of liver cancer in the US more than doubled between 1975-1998. The number of new cases of liver cancer is expected to double again in the US over the next 10-20 years. Chronic liver disease is among the top 10 killers of American's 25 years of age and older. Hepatitis C is the most common cause of chronic liver disease in the US accounting for 40-60% of all cases. It is the most common indicator also for adult liver transplants. The fiscal costs of this are very high. The direct medical care cost for chronic hepatitis C is \$693 million in 1998. An actuarial study in 2002 estimated the total medical expenditures for people with the disease at \$15 billion. In 2002 the costs of drugs alone was approximately \$1.4 billion. Without intervention the Hepatitis C epidemic is expected to result in 3.1 million lives lost by the year 2019. The projected direct and indirect costs if left unchecked will be over \$85 billion for the year 2010-2019. I did pass out a sheet on there. The one thing I want you to know is this disease is 10 times more easily transmitted then HIV. It is very contagious. The seminar that I went to did mention tattooing and those types of things. They also said that the EMS and any people that are exposed to anything like bodily fluids and blood, that type of thing. I met a man there that was an EMS person in New Jersey and he contracted it from one of the cases he picked up. There is also a potential to pick it up when you have a manicure or pedicure depending on how they sterilize the instruments they use from the person ahead of you. It is not just a sexually transmitted disease. It does have some very high costs that come with it. The other group that is very susceptible to this is our veteran's. The highest rates of infection were found among veteran's who report having used injection drugs, served in the Vietnam era, had never been in jail for more than 48 hours, or received tattoos from unlicensed tattoo parlors. The first group I met that we talked about being a high risk group to take a look at was the veteran's who are coming back from over seas. They currently already test many of our prison population. The cost of the test is about \$15.

Rep. Svedjan: My next question was to see if you had a break out of what got you to \$301,000.

Rep. Wald: Rep. Price would you repeat that thing about returning Veteran's from Iraq or overseas?

Rep. Price: The highest rate of infection seems to be in our veteran population coming back from overseas for a variety of reasons. If they use drugs. They really only have looked at the Veteran's from the Vietnam era. Being exposed in jails you see a lot of self tattooing and those types of things. Because it is so easily transmitted tattooing is bad for this. They do self tattooing, don't sterilize, and so forth. You can go on the internet and buy a self tattooing kit for \$119. It tells what the inks and everything else is. If kids and other people do it, it is easily not sterilized.

Rep. Svedjan: So this is basically a tattooing issue?

Rep. Price: Not necessarily. Like I said the gentleman from the EMS that was exposed, that was just from a case that they picked up. I don't know if it was an accident or what it was. He got it from the patient that they picked up from the ambulance.

Rep. Monson: In section 1, number 1 it talks about Hepatitis C. You said there was no vaccine for it. In section 1 number 3 it talks about establishing a vaccination and testing program. This program and vaccination testing that you are talking about in 3 is just for Hepatitis in general and not just Hepatitis C?

Rep. Price: There is no vaccine for Hepatitis C. If you are infected with Hepatitis C they recommend being vaccinated for Hepatitis A and B. That is really the basis of it. It helps to manage the disease.

Rep. Svedjan: Can we call on the person from the health department?

Kirby Krueger: State Epidemiologist for the Department of Health.

Rep. Svedjan: If you would, would you just cover the costs here. It was indicated that you would possibly be interested in removing the 1 FTE? I would also be interested in any other places where we could make adjustments.

Kirby Krueger: As the bill is outlined right now and presented to you it requires an Epi study. The only way that we feel we can justly do an Epi study and report back to an interim committee is to have an epidemiologist. Right now we do not have an individual that is devoted full time to Hepatitis in general. We don't have the personal and resources. In order to do the Epi study as outlined in the bill we feel as if we would need to have that Epidemiologist. If we didn't have to do the Epi study we feel we have infrastructure in place with local health units that were built using HIV. Many of the individuals who are at risk for HIV are also at risk for Hepatitis C. We feel we can build upon that infrastructure at the local health unit to offer services to individuals who may be at risk for Hepatitis C as well. As long as we don't have to do the Epi study we don't think we need to have the FTE for that.

Rep. Svedjan: So if we were to do that, we would remove \$96,482 for the FTE. We would probably also remove the \$34,270 for the furnishings and suppliers operating costs and equipment or at least part of that?

Kirby Krueger: Yes some of that could be removed potentially.

Rep. Svedjan: There really is nothing else in here that relates to the study but we would have to remove the language that requires a study?

Kirby Krueger: Correct.

Rep. Svedjan: Just thinking out loud, if we remove the FTE, what portion of the \$34,270 could be included?

Kirby Krueger: I'm not seeing where you are coming up with the \$34,000.

Rep. Svedjan: It is in the fiscal note. It says general operating costs and equipment purchases for the FTE would be \$34,270. It is in that paragraph.

Kirby Krueger: That portion would include furnishings, IT equipment, and also the IT data processing, IT telephone, IT contractual information, and lease rentals. Also professional supplies, materials, office supplies.

Rep. Svedjan: So if we remove the FTE you wouldn't need any of that?

Kirby Krueger: There is a potential that some of that still would be needed because the individual would be required to have some IT connectivity.

Rep. Svedjan: But if we reduce this by \$100,000 and brought it to \$200,000 that would leave some latitude?

Kirby Krueger: Yes it would.

Rep. Skarphol: I would move that we reduce the appropriation to \$200,000 and remove section B of the bill.

Rep. Carlisle: I second that.

Rep. Svedjan: Is there any discussion?

Rep. Carlson: If this is in fact putting our citizens at risk why wouldn't an issue such as this been addressed when you put your budget together when you are talking about the Health Department and defending and protecting the health of our population. Why is it now important that it wasn't on our radar screen when the budget was put together?

Kirby Krueger: This has always been on our radar screen. It's a matter of prioritizing with them the Health Department on where we need to go and such. This was an opportunity for us. When Rep. Price was interested in this it was an opportunity for us to take a look at this and see if we could do more. Right now with our capabilities we do not have a very basic

understanding of Hepatitis C in ND. We don't have the capacity to collect the data to even understand what we are dealing with in ND. We really think that it is a starting point.

Rep. Monson: Are there very many epidemiologists available if we were to have the FTE would you be able to find or hire one?

Kirby Krueger: The Epidemiologists that we hire and would be looking at for this type of position would be looking up someone with a four year degree in a science or health field. Generally speaking that is where most of our epidemiologists and the department have that type of background.

Rep. Williams: Are any other states that you are aware of doing anything of this nature?

Kirby Krueger: We are aware of one other state that has put some state money into a program. That is Iowa. Their initial program is much like what I was talking about before. We are going that route as well.

Rep. Skarphol: The very last sentence of section 3 should also be removed, authorizing one FTE.

Rep. Svedjan: Can we make that part of the motion? We will just include that. The amendment will be that we reduce the appropriation to \$200,000 and that we remove any reference to the study. Is there any other discussion? Hearing none we will take a voice vote. All in favor say 'aye' all opposed say 'no'. The motion carries. What are your wishes?

Rep. Klein: I move a do pass as amended.

Rep. Ekstrom: I second that.

Rep. Svedjan: Is there any discussion? If not we will take a roll call vote on HB 1434. The motion passes 22-1-1.

Rep. Klein: I will carry this.

Date: 2/6/07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1434

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Reduce app. to \$200,000
any ref. to study and remove section 2; remove
Action Taken section 3

Motion Made By Skarphol Seconded By Carlisle

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleason		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voie Vote - motion carries

Date: 2/6/07
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1434

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended

Motion Made By Klein Seconded By Ekstrom

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold	✓	
Representative Monson	✓		Representative Gulleason	✓	
Representative Hawken	✓				
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson	✓		Representative Glassheim	✓	
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson	✓				
Representative Pollert		✓	Representative Ekstrom	✓	
Representative Bellew	✓		Representative Kerzman	✓	
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 22 No 1

Absent 1

Floor Assignment Klein

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1434, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (22 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). Engrossed HB 1434 was placed on the Sixth order on the calendar.

Page 1, line 3, remove "to provide for surveillance and a report to the legislative council;"

Page 1, remove lines 22 through 24

Page 2, remove lines 1 through 3

Page 2, line 5, replace "\$301,403" with "\$200,000"

Page 2, line 8, remove "The state department of health is authorized one"

Page 2, remove line 9

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment:

- Removes Section 2 of the bill providing that the State Department of Health conduct surveillance relating to the impact of viral hepatitis on the state and provide a report to the Legislative Council.
- Decreases the general fund appropriation in Section 3 of the bill by \$101,403, from \$301,403 to \$200,000, relating to removing the 1 FTE position.
- Removes the language authorizing the State Department of Health 1 new FTE position for the program.

2007 SENATE HUMAN SERVICES

HB 1434

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 13, 2007

Recorder Job Number: 4977

Committee Clerk Signature

Mary K Monson

Minutes:

Madame Chair Lee opened the hearing on HB 1434, a bill relating to a state department of health viral hepatitis education and vaccination program.

Representative Price, District 40, introduced and spoke in support of HB 1434. Handouts and other information explaining the different types of hepatitis were handed out (Attachment #1). There are vaccines for hepatitis A and B, but no vaccine for hepatitis C. People can carry the hepatitis virus for 20-30 years without knowing it. Treatment for hepatitis C is difficult. Examples followed (meter 04:15). Hepatitis C is contracted through IV drug use, body fluid, and tattooing. Examples followed (meter 05:05). It is a silent, expensive, highly infectious, and easily contracted disease. The public is not educated about this disease. This bill would help to make the public aware.

Madame Chair Lee asked about contracting hepatitis C through donating blood.

Representative Price answered that the bill does not speak of that specifically; however, it is possible that hepatitis C could be contracted through donating blood.

Senator Dever commented on the high number of inmates who have hepatitis C and the high cost of treatment.

Representative Price stated the treatment cost is huge and referred to the Health Department to further address the number issues.

Senator Dever commented on the criteria used to decide which inmates receive treatment.

Representative Price referred that question to the Health Department.

Madame Chair Lee asked for neutral testimony.

Kirby Kruger, State Epidemiologist for the ND Department of Health, spoke and provided written information about viral hepatitis (Attachment #2). A person infected with hepatitis C is recommended to receive hepatitis A and hepatitis B vaccinations which provide extra protection for the liver and could make a significant difference in successful treatment (meter 11:01).

Madame Chair Lee referred to previous information and asked Mr. Kruger to expound on certain pockets of society that are more likely to be affected by hepatitis C, such as Native Americans.

Mr. Kruger stated that prior to hepatitis A vaccinations in ND, there were periodic outbreaks that coincided with the Native American populations. Since introducing vaccinations for hepatitis A, there have been no outbreaks.

Madame Chair Lee asked Mr. Kruger to give further explanation on the military and veterans' issues with hepatitis.

Mr. Kruger stated that Vietnam vets are a group that may be at risk of hepatitis C. One single exposure to high risk activity could lead to an infection. The Veteran's Administration provides testing and treatment for veterans with Hepatitis C. However, the program through the Health Department could provide more convenient testing locations and, if positive, they could be referred to the VA for treatment.

Madame Chair Lee pointed out that the pamphlet and CD information that was provided is specific to Iowa (Attachment #1). It is an example of something North Dakota may be able to do.

Senator Warner asked Mr. Kruger to speak some about the issues of disease control in prisons and about the access that the Health Department has to that population for educating and monitoring.

Mr. Kruger stated that the state has made advances over the past few years, especially in the area of hepatitis. Vaccination programs for hepatitis B have been implemented. Screening for hepatitis upon entry has also been implemented. Those found positive for hepatitis C are evaluated to see if they would be eligible for treatment. Treatment is provided for those found eligible.

Senator Warner asked if a person can become reinfected after being treated.

Mr. Kruger stated that there are several different sub-types of hepatitis C virus. The virus changes and there are different varieties. One problem with developing a vaccine is that there are so many variants of the virus and each variant would require a different vaccine. It would be possible that an individual could become reinfected or become infected with several different kinds of the virus.

Senator Warner asked for clarification regarding the three main classifications of hepatitis.

Mr. Kruger explained that there are three species, but also three different families and the difference between DNA and RNA viruses. Hepatitis B and hepatitis C are not closely related.

Senator Dever asked if the testing process involved one simple blood test.

Mr. Kruger responded that it is a rather simple blood test and they are working on new technology to make it even less invasive.

Senator Heckaman asked if the criteria for the appropriation would go along with the provider's choice program.

Mr. Kruger stated that that money is separate from provider choice. This would provide for free vaccine for those at-risk for hepatitis or infected with hepatitis.

Senator Heckaman asked how many doses could be supplied with the funding.

Mr. Kruger gave specifics on cost per dose and the number of doses needed (meter 22:11).

There was no additional neutral testimony.

There was no further testimony in support of HB 1434.

There was no testimony in opposition of HB 1434.

Madame Chair Lee closed the public hearing on HB 1434.

Senator Heckaman made a Do Pass and Rerefer motion.

Senator Pomeroy seconded the motion.

Senator Dever expressed concern that the bill would be seen as rewarding individuals who have made poor life choices.

Madame Chair Lee acknowledged the concern, but noted that with the disease being so highly infectious, others could also adversely be affected.

Senator Warner commented on the consequences to the insurance system and public health system (meter 25:28).

Madame Chair Lee gave an example relating to Senator Dever's concern (meter 25:47).

Senator Dever stated that the concern he raised was partly for the benefit of the students in the room who should know that risky behaviors lead to negative consequences.

Madame Chair Lee called for the roll call vote on the Do Pass and Rerefer motion on HB 1434. Motion passed 6-0-0. Senator Heckaman will carry the bill.

Date: 3-13-07

Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1434

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass / refer

Motion Made By Sen. Heckaman Seconded By Sen. Pomeroy

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman 1	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy 2	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1434, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1434 was rereferred to the **Appropriations Committee**.

2007 SENATE APPROPRIATIONS

HB 1434

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1434

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-19-07

Recorder Job Number: 5298

Committee Clerk Signature



Minutes:

Chairman Holmberg opened the hearing on HB 1434 regarding viral hepatitis education and vaccination program. He stated the amendment .0300 is here and we need to look at the 2nd engrossment of the re-engrossed bill and the last fiscal note dated February 13th.

Representative Clara Sue Price, District 40, Minot, Co-sponsor of the bill submitted written testimony (1) and oral testimony in support of HB 1434. She shared the different ways that people can become infected with the Hepatitis C Virus (HCV), stating veterans (especially from the Vietnam era) are at high risk. It is a very silent disease but can be deadly. It affects the liver and you may not have any symptoms till the disease is well advanced.

Senator Judy Lee, District 13, West Fargo, Co-sponsor of the bill gave oral testimony in support of HB 1434.

Senator Christmann had questions regarding the symptoms of the illness and does something bad happen to you if you have it. Seems like people don't even know they have it.

Kirby Krueger, State Epidemiologist stated that is the thing about Hepatitis C is that people who are affected and don't have signs or symptoms until much later in life so they have silent infection, however, once they know they have it they can be counseled and provided information so that they can protect others from getting infected, they know how it is

transmitted. They may benefit from treatment. The disease does progress to liver failure and there can be serious consequences from the disease.

Senator Kilzer stated this is one of the Hepatitis diseases that is an infection of the liver. The symptoms is most commonly the people are tired, eventually is identified by lab test. Some people will have jaundice, low hemoglobin, problems with liver enzymes, it is a slow relentless disease. Most of the time it doesn't kill you in a decade or two, but ultimately you will have sclerosis of the liver, your liver will fail, and you will get to the point of liver failure and you will need a liver transplant. Just about half the people waiting for a liver transplant are there because of HCV. He feels the vaccine will be here soon and that will significantly change the population and needs for transplants.

Chairman Holmberg asked if routine lab work would detect this disease. He was told in most cases the patients are not having symptoms enough to cause lab tests but in a lot of cities people will show up for the lab test in a regular profile. You need to look for it in prisons or places of concentrated people.

Senator Robinson asked if they could pass the bill out now. Chairman Holmberg stated no, there were more questions.

Senator Bowman stated he has health issues and asked if there is a test that you can find out if you have HCV. He was told by Mr. Krueger that blood test can be done to confirm that.

Chairman Holmberg stated they will not take up the bill right now but will vote on it another time. The hearing was closed on HB 1434.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1434, 1435, 1004

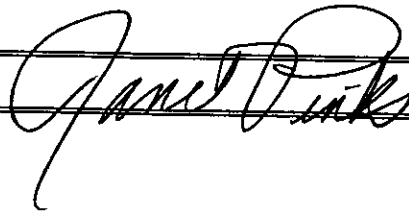
Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-22-07

Recorder Job Number: 5482

Committee Clerk Signature



Minutes:

Senator Kilzer opened the subcommittee committee discussion on HB 1334, 1335, 1004, and Senator Kilzer indicated what had transpired to day on HB 1434, after questions were responded to the committee decided to accept HB 1434. He then discussed what had transpired to date on HB 1435 as well as the appropriations that are currently in it.

He distributed an amendment concerning the morgue in Grand Forks.

Senator Mathern expressed concerns on the language in the appropriations. The differences between the 0207 and 0208 amendments were then discussed together with the appropriations.

Senator Mathern indicated he talked with Dr. Wilson, Dept. of Health, and asked Don Morrisette to prepare amendments. The amendment has the same language as that from the oil tax fund. The only difference is one has \$25,000 and the other has the new figure of \$75,000.

Arvy Smith worked with UND on that to see how to deal with it and they indicated it would take about one year to construct the building and one year to begin autopsy operations.

Senator Kilzer discussed the \$75,000 and referenced \$125,000. He then questioned where the other location is.

Don Morrisette indicated it is strictly in section 4.

Senator Kilzer questioned about Section 6. The response was that emails were sent. The only other item recalled was to remove section 8 out of bill.

Don Morrisette stated that page 4 removes legislative intent and is part of the corrected amendment.

Senator Mathern stated he would like to see section 6 amended. After yesterday's meeting did spend some time on this and would like the opportunity to go thru 1-16 and see if we can include some of them in the recommendations we make.

He stated this set of amendments is the same as yours with the removal of section 8 and then lists other items. They are in a different rank order. He asked the department of health to put them in their order.

Arvy Smith presented comments on section 18.

Senator Mathern stated one item on school health we could be open to other methods of funding and consideration of the fact that we passed a bill that supports school nursing. He has amendments that are an option to fund that. We take the language of what was passed in a senate bill and school nursing bill and pass it in this format by taking the money from DPI and moving it to the health department.

Senator Kilzer indicated schools already receive tobacco funds from three sources. This would increase that by \$1 million to permit the schools to expand school nursing program.

Senator Kilzer asked if SB 2385 is still around. The response was that the house defeated it.

Senator Mathern indicated this takes a different approach as to how to fund it and it requires a local match. I haven't spoken with Dr Sanstead but they have seen the language and agree.

Senator Mathern looked for state equity in salary adjustments. The Health Department did not get the same funding as other agencies did.

Arvy Smith indicated the adjustments are now all 17 percent below others state agencies.

Senator Mathern stated in some agencies there was direct funding but not in the health dept

Senator Kilzer stated as he remembers to bring people to 90 percent of marketable salary would take \$50 million.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1434

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-22-07

Recorder Job Number: 5484

Committee Clerk Signature



Minutes:

Chairman Holmberg opened the hearing on HB 1434. He asked Senators Kilzer and Mathern if they had additional information concerning this bill. Senator Kilzer stated they talked to the Health Department. They are ok with moving it the way it is. He was asked if he was moving the bill.

Senator Kilzer moved a DO PASS, Seconded by Mathern. Senator Mathern gave further information regarding this bill. **A roll call vote was taken resulting in 14 yeas, 0 nays, 0 absent. The motion carried. Senator Heckaman from Human Services will carry the bill.**

The hearing on HB 1434 closed.

Date: 3/22/07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1434

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken do pass

Motion Made By Kilzer Seconded By Mathern

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson	✓	
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 14 No

Absent

Floor Assignment pol sub - policy committee DHS

If the vote is on an amendment, briefly indicate intent:

Hickman

REPORT OF STANDING COMMITTEE (410)
March 23, 2007 9:46 a.m.

Module No: SR-55-6041
Carrier: Heckaman
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1434, as reengrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Reengrossed HB 1434 was placed on the Fourteenth order on the calendar.

2007 TESTIMONY

HB 1434

Testimony

House Bill 1434

House Human Services Committee

Tuesday, January 30, 2007; 8:30 AM

North Dakota Department of Health

Good morning, Madam Chair and members of the House Human Services Committee. My name is Kirby Kruger, and I am the state epidemiologist for the North Dakota Department of Health. I am here today to provide information about viral hepatitis and the status of our current program and program activities.

Viral hepatitis is an infection of the liver caused by a virus. In the United States and in North Dakota, hepatitis A virus, hepatitis B virus and hepatitis C virus are the most common types.

An estimated 2.7 million people in the U.S. are chronically infected with hepatitis C. Applying national statistics to North Dakota, it is estimated that about 8,400 North Dakotans are chronically infected with hepatitis C. The U.S. Centers for Disease Control and Prevention (CDC) recommends screening individuals who are at high risk for acquiring hepatitis C. These risk groups include injection drug users, recipients of clotting factors made before 1987, recipients of blood and/or solid organs before 1992, hemodialysis patients, people with undiagnosed liver problems, and infants born to mothers infected with hepatitis C. Many individuals in these risk groups, as well as people who are infected with hepatitis C, are recommended to receive hepatitis A and hepatitis B vaccinations.

Through 2005, about 3,150 hepatitis C cases have been reported to the Department of Health. When compared to the estimate of 8,400 North Dakotans with chronic hepatitis C, the surveillance data tells us that many North Dakotans are not yet aware of their infection status, may unknowingly transmit the virus to others, and are unaware that they may benefit from treatment.

The CDC is working to implement efforts to prevent new hepatitis C infections and to identify people already infected, thus reducing the risk of long-term liver disease through medical care and counseling. As part of this endeavor, the CDC provides funding for a hepatitis C coordinator in every state and large metropolitan health departments. In September 2004, the Department of Health hired a hepatitis coordinator to integrate viral hepatitis prevention and education activities into existing public health programs that serve high-risk individuals.

The Viral Hepatitis Program at the Department of Health consists of a single staff member who devotes 40 percent of her time to viral hepatitis-related activities and 60 percent of her time to sexually transmitted disease prevention activities. For the 21-month grant period of 2005-2006, the Department of Health received a funding award of about \$91,640. This funding supports the coordinator's salary, fringe benefits and travel to one national conference. No federal financial support is available for follow-up of reported hepatitis C laboratory results, educational materials, hepatitis C testing, hepatitis A and B vaccinations, or direct viral hepatitis services to North Dakotans.

A fiscal note in the amount of \$816,296 for the biennium was submitted for this bill. The funding is for 1.5 FTE for the Division of Laboratory Services to cover increased testing demand and 1 FTE for the Division of Disease Control to coordinate epidemiological services. The funding also allows for reimbursement to HIV counseling-and-testing sites for hepatitis C counseling and testing services provided and to local public health units for the administration of hepatitis A and B vaccinations. Finally, educational activities for the general public and for health-care providers would be provided.

This concludes my testimony. I am happy to answer any questions you may have.

LIVING WITH HEPATITIS C

HCV infection is not a "death sentence." Most persons are able to live full, happy, and healthy lives. Health care providers recommend persons living with HCV:

- Not drink alcohol
- Avoid crash diets and/or binges
- Eat a variety of healthy foods
- Not take vitamins or mineral supplements without consulting a physician
- Drink 8-12 full glasses of water a day
- Learn about hepatitis C and communicate with their health care provider

It may also be important to educate your family and friends of your HCV infection.

Educating them about the transmission of HCV can be helpful in avoiding transmission to others, as well as providing support for you.

Learning of your HCV diagnosis can impact your emotional health as well.

It is completely normal to have strong feelings such as fear, anger, sadness, and helplessness. Some things to keep in mind about your feelings are:

- No matter what you are feeling, you have a right to feel that way
- There are no "wrong" or "right" feelings — they are what they are
- Feelings come and go
- You have choices about how you respond to your feelings

Learning to deal with stress can also help you live happily with HCV.

- Try physical activity. When you feel anxious, sad, or angry try walking, gardening, or any other form of physical activity to relieve your tension.
- Take care of yourself. Make sure to get an adequate amount of rest and eat well. If you are irritable from lack of sleep or are not eating well you will have less energy to deal with stressful situations appropriately.
- Talk about it. If you do not feel comfortable voicing your concerns with family members or friends contact a VA health care provider or counselor.
- Learn relaxation techniques such as yoga, meditation, or deep breathing.

FOR MORE INFORMATION

Iowa Department of Public Health

(515) 281-5027

www.idph.state.ia.us/adpwr/hepatitis.asp

Centers for Disease Control & Prevention

(888) 4-HIEP-CDC

(888) 443-7262

KNOWLEDGE IS freedom.

WHAT VETERANS NEED TO KNOW ABOUT
HEPATITIS C VIRUS



Hepatitis C is one of three types of viral hepatitis that cause inflammation of the liver. Hepatitis A, hepatitis B, and hepatitis C are the most common types of the virus seen in the United States. The Centers for Disease Control and Prevention estimate that almost 4 million Americans have been infected with hepatitis C virus (HCV).

HCV is spread by contact with the blood of a person who is infected.

WHO IS AT RISK?

- Injection drug users (even if only a one time occurrence).
- Persons treated for clotting problems with a blood product made before 1987.
- Persons who received a blood transfusion or solid organ transplant prior to July 1992.
- Persons ever on long-term kidney dialysis.

While 80% of persons infected with HCV have no signs or symptoms, some do experience flu-like symptoms including:

- Jaundice
- Fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Joint and muscle pain
- Fever

As this disease progresses the liver may become enlarged and tender causing additional symptoms such as:

- Chills

WHY ARE VETERANS AT AN INCREASED RISK?

Studies estimate that veterans may be at an increased risk of infection due to behavioral risk. Some studies indicate the infection rate among veterans is three times higher than the general population.

Highest rates of infection were found among veterans who:

- reported having used injection drugs
- served in the Vietnam era
- had ever been in jail for more than 48 hours
- received tattoos from unlicensed tattoo parlors or got their tattoos before HCV was identified.

No link has been found between HCV infection and military-related factors such as history of combat duty, exposure to blood during combat, or being wounded in combat.



RECOMMENDATIONS, TREATMENT, VACCINATIONS

Currently there is no vaccine or other preventive treatment for HCV. Knowing your status can help stop the transmission of HCV. If you are or have been at risk, ask for a blood test.

PREVENTION

If you shoot drugs, stopping and getting into a treatment program is the first step to reducing your risk. If you cannot stop never reuse or share needles, syringes, water, or "works."

Do not share personal care items such as razors or toothbrushes as they might have blood on them.

TREATMENT

Many people with chronic (long-term) hepatitis C have no symptoms and feel well, but should still see their doctor.

Treatment is available for those infected with HCV.

It is important for those infected with HCV to abstain from drinking alcohol as this can worsen the progression of the disease.

VACCINATION

If you have already been infected with HCV that does not mean you are infected with hepatitis A or hepatitis B. There are vaccines available to protect you from hepatitis A and hepatitis B which can help protect you against further damage to your liver.

- 55-85% of infected persons progress to develop chronic infection.
- 1-5% of those infected may die from chronic liver disease.
- Hepatitis C is the leading cause for liver transplant.

KNOWLEDGE IS
freedom.

KNOWING YOUR HEPATITIS C
STATUS CAN HELP PROTECT
YOUR HEALTH AND THOSE
YOU CARE ABOUT.

House Bill 1434

Health Budget Report to Subcommittee
North Dakota Department of Health

Salaries and Wages

		2007-2009		2009-2011	
		Monthly Base	Biennial Total	Monthly Base	Biennial Total
Epidemiologist II		\$2,800	\$68,544		\$74,027
	Benefits		\$27,938		\$29,191
			<u>\$96,482</u>		<u>\$103,218</u>
Microbiologist I				\$3,000	\$73,440
					<u>\$28,759</u>
					<u>\$102,199</u>
Administrative Assistant .5 FTE				\$2,079	\$25,447
					<u>\$20,434</u>
					<u>\$45,881</u>
TOTAL Salaries & Wages			<u>\$96,482</u>		<u>\$251,298</u>

Operations

Travel		\$4,050		\$2,500
IT - Software/Supp.		\$350		\$500
Professional Supplies & Materials		\$500		\$1,000
Office Supplies		\$3,000		\$3,000
Postage		\$500		\$500
Printing		\$11,600		\$5,000
Lease/Rentals - Equipment				
Lease \Rentals-- Buildings./Land		\$4,750		\$4,750
IT-Data Processing		\$1,500		\$1,500
IT-Telephone		\$600		\$600
IT - Contractual Services				
Professional Development		\$4,420		\$4,420
Media Campaign		\$75,000		\$30,000
Medical Dental and Optical				
Laboratory Test Kits and Reagents		\$5,200		\$10,400
Laboratory Equipment				\$60,000
Vaccine (500x3x\$38.57)		\$57,855		\$57,855
Grants to HIV CTS and LPHU for services		\$31,596		\$50,000
IT Equip Under \$5000	*	\$2,000		\$3,000
Office Equip Under \$5000	**	\$2,000		
TOTAL Operating Expenses		<u>\$204,921</u>		<u>\$0 \$235,025</u>
Grand Total		\$301,403		\$486,323

*Includes 1 notebook computer

**Modular furniture

Hepatitis C Basics

Hepatitis is inflammation of the liver, usually caused by a virus. Hepatitis A, hepatitis B and hepatitis C are the most common types of viral hepatitis in the United States.

Hepatitis C is the most common chronic, blood-borne viral infection in the United States.

- The Centers for Disease Control and Prevention (CDC) estimate that 4-5 million Americans have been infected with the hepatitis C virus (HCV)
- Many people with chronic hepatitis C are unaware that they are infected because HCV is often asymptomatic until advanced liver damage occurs.
- Hepatitis C is highly infectious and is transmitted 10 times more easily than the HIV virus.
- There is no vaccine to protect against HCV, however people infected with HCV should be vaccinated for hepatitis A and hepatitis B, because these viruses can cause further liver damage.

Hepatitis C Testing

The U.S. Department of Health and Human Services, the National Institutes of Health and the Centers for Disease Control and Prevention recommend and support hepatitis C screening for at-risk individuals.

Passing and funding LB 1434 will enable the North Dakota Department of Health to:

- Inform North Dakota residents who may have been exposed to hepatitis C virus.
- Offer counseling and testing services to at-risk residents.
- Prevent spread of disease through case identification and counseling.
- Prevent long-term, cost-intensive complications of chronic hepatitis C.
- Integrate HCV testing into existing programs serving at-risk residents.

Hepatitis A & B Vaccination

The U.S. Department of Health and Human Services, the National Institutes of Health and the Centers for Disease Control and Prevention recommend and support hepatitis A and B vaccination for at-risk individuals.

Passing and funding LB 1434 will enable the North Dakota Department of Health to:

- Inform North Dakota residents who may be at risk for HAV and/or HBV infection.
- Offer counseling vaccination to at-risk residents.
- Prevent spread of disease through counseling and vaccination.
- Integrate vaccination into existing programs serving at-risk residents.

Testimony**House Bill 1434****Senate Human Services Committee****Tuesday, March 13, 2007; 11:00 A.M.****North Dakota Department of Health**

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Through 2005, about 3,150 hepatitis C cases have been reported to the Department of Health. When compared to the estimate of 8,400 North Dakotans with chronic hepatitis C, the surveillance data tells us that many North Dakotans are not yet aware of their infection status, may unknowingly transmit the virus to others, and are unaware that they may benefit from treatment.

The CDC is working to implement efforts to prevent new hepatitis C infections and to identify people already infected, thus reducing the risk of long-term liver disease through medical care and counseling. As part of this endeavor, the CDC provides funding for a hepatitis C coordinator in every state and large metropolitan health department. In September 2004, the Department of Health used the CDC funding to hire a hepatitis coordinator. However, the CDC funding is restricted so that it cannot be used for provider and patient follow-up of reported hepatitis C lab results

(i.e., surveillance), educational materials, hepatitis C testing, hepatitis A and B vaccinations, or direct viral hepatitis services to North Dakotans.

A \$200,000 appropriation is included in the engrossed House Bill 1434. This money would be used by the department to initiate hepatitis C testing at HIV counseling and testing sites in North Dakota. Hepatitis A and B vaccine would also be purchased and offered to people infected with or at risk for hepatitis C. Finally, professional training for HIV counseling and testing personnel and educational materials for health-care providers and the general public would be provided.

This concludes my testimony. I am happy to answer any questions you may have.