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TO: The Honorable Thomas Mac Middleton, Chair
Members, Senate Finance Committee
The Honorable John Astle

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 26, 2014

RE: **OPPOSE** – Senate Bill 594 – *Hepatitis C – Opportunity for Testing and Follow-Up Health Care*

On behalf of MedChi, the Maryland State Medical Society (MedChi), the American Congress of Obstetricians and Gynecologists, Maryland Section (MDACOG) and the Mid-Atlantic Association of Community Health Centers (MACHC), we oppose Senate Bill 594.

Senate Bill 594 would require hospitals, health care facilities and health care providers to offer Hepatitis C screening to "qualifying individuals" as defined in the bill. Of primary note is the cohort of individuals born between 1945 and 1965 for which the CDC has recommended screening. The legislation requires providers who offer the screening to follow up with individuals whose test is positive and provide further testing and/or referral for care. DHMH is charged with tracking both the numbers of individuals who are reported pursuant to a positive screen and to also track and evaluate the services provided following the report of a positive screen.

The objectives of this legislation are laudable – increase the number of individuals who are screened for Hepatitis C who meet the various categories of individuals at risk for the disease. The above named organizations support this objective but disagree that the proposed legislation is the correct mechanism to achieve that objective. First and foremost, they are opposed to legislating clinical practice. Clinical practice and standard of care requirements change over time and it is problematic to legislate clinical practice when a given practice may become obsolete and/or change in a manner that differs from that legislated.

Secondly, the breadth of practitioners and settings where it would be mandatory to offer screenings potentially leads to duplicative screenings, confusion about who is

responsible for follow up care, and lack of coherence on expansion of screening to those individuals at risk for Hepatitis C can most effectively and efficiently be accomplished. Finally, it is currently the standard of care to screen individuals who are defined in the law as "qualifying individuals." These organizations are unaware of any studies or evidence that indicates that screening is not now being recommended.

If the objective of the legislation is to increase Hepatitis C screening for at-risk individuals, then it would be better achieved through a public education campaign that informs those at risk about the need to be screened. This public education is particularly important for the age cohort of those born between 1945 and 1965, as this at-risk category of individuals is relatively new and may not be aware that they should discuss screening with their health care provider. They may not be accessing health care services on a regular basis and would not know to seek care to be screened.

Similarly, if there is a concern that health care providers are unaware of who should be screened, requiring the professional boards to publish the screening recommendations would better achieve the desired objective than mandating that all hospitals and health care providers offer Hepatitis C screening. An unfavorable report is respectfully requested.

For more information call:
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