

1           A CONCURRENT RESOLUTION directing the establishment of a Hepatitis C  
2 Task Force.

3           WHEREAS, 5 million Americans are likely infected with Hepatitis C; and

4           WHEREAS, possibly 200 million people around the world are infected with  
5 Hepatitis C; and

6           WHEREAS, Hepatitis C is a serious liver disease caused by the Hepatitis C virus;  
7 and

8           WHEREAS, about 80 percent of people who become infected with the Hepatitis C  
9 virus develop a chronic, lifelong infection; and

10          WHEREAS, over time chronic Hepatitis C can cause serious liver damage, liver  
11 failure, or even liver cancer; and

12          WHEREAS, Hepatitis C is very infectious, often infecting people who have direct  
13 contact with surfaces, equipment, or other objects contaminated with infected blood even  
14 if the amount of blood is invisible to the naked eye; and

15          WHEREAS, Hepatitis C can survive on equipment and surfaces for up to three  
16 weeks; and

17          WHEREAS, Hepatitis C infection has exploded in recent years due to the  
18 intravenously injecting of heroin and opioid epidemics that have impacted Kentucky; and

19          WHEREAS, the spread of Hepatitis C also can foretell the spread of human  
20 immunodeficiency virus (HIV); and

21          WHEREAS, young adults in Kentucky, Tennessee, Virginia, and West Virginia  
22 have been reported as having sharp increases in reported cases of Hepatitis C; and

23          WHEREAS, acute Hepatitis C is extremely expensive to treat; and

24          WHEREAS, Kentucky's rate of acute Hepatitis C infection is more than seven times  
25 the national average; and

26          WHEREAS, new drugs are highly effective at treating Hepatitis C; and

27          WHEREAS, the new treatment courses may cost \$84,000 for a 12-week course of

1 treatment; and

2 WHEREAS, receiving care for liver failure, receiving a liver transplant, receiving  
3 palliative treatment for liver disease, or experiencing additional complications from  
4 Hepatitis C also negatively impacts health care costs; and

5 WHEREAS, the population of individuals with Hepatitis C infection is complex,  
6 with many having become infected from blood transfusions or other medical care, and a  
7 new population of younger intravenous drug users; and

8 WHEREAS, there are multiple public health avenues to reduce infection rates of  
9 Hepatitis C; and

10 WHEREAS, Hepatitis C infection could become a serious threat to the  
11 Commonwealth's health care infrastructure and system;

12 NOW, THEREFORE,

13 ***Be it resolved by the House of Representatives of the General Assembly of the***  
14 ***Commonwealth of Kentucky, the Senate concurring therein:***

15 ➔Section 1. The Hepatitis C Infection Prevention and Reduction Task Force is  
16 hereby created to study and develop consensus legislative, executive, community, and  
17 regional recommendations to address the current status of the Hepatitis C epidemic, to  
18 assist in developing legislative or executive actions to better combat this epidemic, and to  
19 advocate and publicize the seriousness of viral Hepatitis C infection and the looming  
20 Hepatitis C epidemic.

21 ➔Section 2. (1) The Hepatitis C Infection Prevention and Reduction Task  
22 Force shall be composed of the following members with final membership of the task  
23 force being subject to the consideration and approval of the Legislative Research  
24 Commission:

25 (a) Three members of the House of Representatives appointed by the speaker of  
26 the House;

27 (b) Three members of the Senate appointed by the President of the Senate;

1 (c) Two members of the general public to be appointed by the House co-chair;

2 (d) Two members of the general public to be appointed by the Senate co-chair;

3 (e) The director of the Office of Drug Control policy; and

4 (f) The commissioner of Medicaid;

5 (2) The Speaker of the House of Representatives and the President of the Senate  
6 shall each appoint one co-chair of the task force from among the members of the task  
7 force from their respective chamber.

8 ➔Section 3. The task force shall report its findings to the Legislative Research  
9 Commission for referral to the appropriate committee or committees no later than  
10 December 1, 2017.

11 ➔Section 4. Provisions of Sections 1 to 3 of this Concurrent Resolution to the  
12 contrary notwithstanding, the Legislative Research Commission shall have the authority  
13 to alternatively assign the issues identified in this Concurrent Resolution to an interim  
14 joint committee or subcommittee thereof, and to designate a study completion date.