



# HOUSE COMMITTEE ON APPROPRIATIONS

## FISCAL NOTE

HOUSE BILL NO. 59

PRINTERS NO. 51

PRIME SPONSOR: Baker

### COST / (SAVINGS)

FUND	FY 2014/15	FY 2015/16
General Fund	See Fiscal Impact	See Fiscal Impact

**SUMMARY:** House Bill 59, Printer's Number 51, the Hepatitis C Screening Act, creates a freestanding act which requires that health care practitioners offer individuals born between 1945 and 1965 a hepatitis C test when receiving inpatient services in a hospital or when receiving primary care services in the outpatient department of a hospital, a health care facility or a physician's office. This legislation is effective in 60 days.

**ANALYSIS:** This legislation requires persons born between 1945 and 1965 and receiving inpatient services in a hospital or primary care services in the outpatient department of hospital, a health care facility or physician's office must be offered a hepatitis C screening or hepatitis C diagnostic test unless the health care practitioner reasonably believes one of the following: the individual is being treated for a life-threatening emergency; the individual has previously been offered a hepatitis C test, or the individual lacks the capacity to consent to a hepatitis C test. If an individual accepts the offer and the screening test is reactive, the health care provider must offer the individual follow-up health care, including a hepatitis C diagnostic test, or refer the individual to a health care provider who can provide the follow-up care. The Department of Health would need to promulgate regulations for this act, including ensuring that the manner in which the test is offered to individuals is in a way that is culturally and linguistically appropriate.

**FISCAL IMPACT:** The Department of Health will need to promulgate regulations and any related costs should be able to be covered with existing funds.

There could be increased costs related to screening tests for recipients in the Department of Human Services Medical Assistance (MA) Program. DHS estimates nearly 354,000 recipients could potentially be screened. However, 67% of MA recipients are enrolled in a HealthChoices Managed Care Organization (MCO) and this test should not have a material impact on MCO rates. The remaining 115,500 recipients would be served in the fee-for-service program and if 50% of these recipients were screened at a DHS-provided cost of \$38.52 per test; the total fiscal impact would be \$2.2 million. The state share of the cost would be \$1.1 million.

In addition, there could be increased costs to the Pennsylvania Employee Benefit Trust Fund for screening active and retired Commonwealth employees but the impact should be minimal.

Finally, there could be additional costs in MA and PEBTF related to treatment, however, the fiscal impact is difficult to quantify as it is dependent on the number of people screened positive and the subsequent course of treatment provided.

**PREPARED BY:** Ann Bertolino  
House Appropriations Committee (R)

**DATE:** February 24, 2015

*Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.*