



Legislation Text

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By Council Members Chin, Johnson, Koo, Maisel, Arroyo, Eugene, Gentile, Levine, Mendez, Palma, Rose, Williams, Van Bramer, Richards, Koslowitz, Menchaca, Dromm, Rodriguez, Lander, Cohen, Greenfield and Kallos

A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to issue an annual report regarding hepatitis B and hepatitis C

Be it enacted by the Council as follows:

Section 1. Chapter one of title 17 of the administrative code of the city of New York is amended by adding a new section 17-198 to read as follows:

§ 17-198 **Hepatitis B and hepatitis C data compilation and reporting.** On or before September 30 of two thousand sixteen and each year thereafter, the department shall submit an annual report to the speaker of the council and the mayor detailing the department's efforts to identify and prevent the spread of hepatitis B and hepatitis C during the preceding calendar year.

a. Such annual report shall, at minimum, provide separate data on hepatitis B and hepatitis C, disaggregated by disease where applicable, including:

(i) the number of persons newly reported to the department with hepatitis B and hepatitis C infections;

(ii) the prevalence of diagnosed cases;

(iii) the top five causes of hepatitis B and hepatitis C infections in newly reported cases to the department where a cause is indicated;

(iv) the demographic information, including age, gender, zip code or other neighborhood-level designation, borough and, in cases where data is available, country of birth, of persons infected with hepatitis B and persons infected with hepatitis C;

(v) the demographic information, including, to the extent available, age, gender, zip code or other neighborhood-level designation, borough, race, ethnicity and national origin of persons infected with hepatitis B and of persons infected with hepatitis C who receive care or treatment in a program operated or contracted by the department or which receives funding from the council. The department shall also report any such information provided to it by the New York city health and hospitals corporation;

(vi) the number of deaths where hepatitis B and the number of deaths where hepatitis C is listed as the immediate cause of death or the immediate or underlying cause of death on a person's medical certificate of death, and the number of deaths where hepatitis B, hepatitis C or liver cancer is listed as a significant condition contributing to death on a person's medical certificate of death;

(vii) the number of new liver cancers diagnosed;

(viii) the number of new liver cancers diagnosed for which it has been reported to the department that the person also has hepatitis B or hepatitis C, provided, however, that the department is able to obtain the requisite information from the New York state department of health in order to complete such reporting;

(ix) in cases of hepatitis B or hepatitis C diagnosed in a viral hepatitis program operated or contracted by the department or which receives funding from the council, the number of persons linked to care; the number of persons evaluated for treatment; the number of persons who have started treatment; and the number of persons who have completed treatment. The department shall also report any such information provided to it by the New York city health and hospitals corporation;

(x) the number of hepatitis B vaccine doses given and three-dose series completed for hepatitis B for persons who receive care or treatment in a program operated or contracted by the department, including those for whom care or treatment is provided by sites that are contracted to provide department-provided hepatitis B vaccine and those for whom care or treatment is provided by entities that voluntarily provide such information to the department, and the number of hepatitis B vaccine doses given and three-dose series completed for hepatitis B for children;

(xi) the number of pregnant women with hepatitis B including their race, ethnicity and geographic region of birth;

(xii) funding for the previous fiscal year allocated and used specifically on hepatitis B and hepatitis C related programs through both full time equivalent staff and from grants or funding to non-governmental organizations; and

(xiii) a description and list of community outreach efforts targeting hepatitis B and hepatitis C.

Provided, however, that the information in paragraph (i) of this subdivision shall be provided every two years beginning in the second year of reporting, the information in paragraphs (ii) and (viii) of this subdivision shall be provided every five years beginning in the second year of reporting and the information in paragraph (vi) of this subdivision shall be provided every three years beginning in the second year of reporting.

b. In addition to any other data the department may deem relevant, such report shall include:

(i) a list of programs and measurable outcomes of such programs, relating to hepatitis B and hepatitis C, including, but not limited to, those programs provided through the department's perinatal hepatitis B prevention program; and

(ii) identification of best practices in programs and/or strategies that could be implemented by the department, non-governmental organizations or other state or federal entities that effectively address hepatitis B and hepatitis C prevention, treatment, care, outreach and education.

c. The annual reports required pursuant to this section as well as any materials distributed by the department in conjunction with programs or initiatives involving hepatitis B and C shall be made available on the department's website and to any member of the public upon request.

d. Information required by this section shall be reported in a manner consistent with the requirements of section 11.11(a)(2) of the New York city health code, or successor provision thereto.

§ 2. This local law shall take effect immediately upon enactment.

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