



# Arkansas Department of Health

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Governor Asa Hutchinson

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## Frequently asked questions about Act 598

**What is required by the new law?** Act 598 requires that health care providers caring for pregnant women in Arkansas must:

- **“Take or cause to be taken a sample of venous blood or other approved specimen** as early as reasonably possible in the pregnancy or at the time of delivery if the physician or healthcare provider did not attend the pregnant woman prenatally;”
- **“Submit the sample to an approved laboratory** for a standard test for Hepatitis C;”
- **“Inform a pregnant woman that Hepatitis C may be transmitted from a mother with Hepatitis C to her unborn child** and that Hepatitis C may be prevented if the mother’s Hepatitis C is diagnosed and treated;” and
- **“Provide counseling and instruction to the pregnant woman** regarding Hepatitis C in a manner determined by the Department of Health based on contemporary state and federal standards.”

[A PDF of Act 598](#) is available on the Arkansas State Legislature’s website, while [the Arkansas State Legislature’s state law section](#) also provides access to §§ 20-15-101 and 23-79-165 of the Arkansas Code.

**Why was this requirement put in place?** Hepatitis C is the most common bloodborne infectious disease in the United States, affecting 1% or more of the adult population. Because hepatitis C patients may have an asymptomatic infection for many years, 40% or more of cases may still be undiagnosed.

Like other bloodborne infections, hepatitis C can be passed from a mother to her child. It is estimated that this occurs in 5% or more of all births to women who have hepatitis C. Because hepatitis C is curable, both in children and in adults, it is crucial to promptly identify cases among pregnant women and children, so patients may be referred to appropriate care to prevent severe complications, including cirrhosis, liver cancer, liver failure, and death.

**Who is subject to this requirement?** Act 598 applies to “a physician or health care provider who is attending a pregnant woman in this state for conditions relating to pregnancy or any other person who is attending or providing medical treatment to a pregnant woman in this state.”

**How do I find an “approved laboratory” to do hepatitis C screening?** Many facilities already have an in-house laboratory that is certified to perform hepatitis C tests, or an existing agreement with a reference laboratory to perform this testing. If your facility does not, many national and local reference laboratories conduct tests for hepatitis C.

**What if my patient declines to be screened for hepatitis C?** A patient’s refusal of the offer of screening relieves the health care provider of any further responsibility under this requirement. The provider should document that screening was offered and refused.

**What if my patient’s hepatitis C test is positive?** There are two commonly used tests for hepatitis C. An antibody test determines whether the patient has any history of hepatitis C infection (past or present). If the patient’s antibody test is positive, an RNA test should be done to determine whether the patient has a current, active infection with the hepatitis C virus. (The blood sample for both tests can usually be drawn at the same time, with the follow-up RNA test run only if necessary [“reflex testing.”] This prevents patients from having to return for a second blood draw.)

If the antibody test is negative, or if the antibody test is positive, but the RNA test is negative, the patient does not have a current hepatitis C infection. No further action is usually needed.

If the patient has a positive antibody test and a positive RNA test, this indicates a current hepatitis C infection which should be referred to a specialist in hepatology, gastroenterology, or infectious disease. Further information about hepatitis C testing is available on [the Centers for Disease Control and Prevention website](#).

**Any clinical diagnosis of hepatitis C, or lab result that indicates a hepatitis C infection, must be reported to ADH.** If you have questions about disease reporting, please refer to [the ADH’s Mandatory Reportable Diseases List and Instructions](#).

Care for hepatitis C includes, among other recommendations:

- Immunizations for hepatitis A and hepatitis B
- Screening for HIV
- Monitoring for any progression of liver disease
- Counseling to prevent liver damage (e.g., avoid alcohol consumption)
- Counseling to prevent spreading hepatitis C (e.g., do not share needles, syringes, or other injection equipment; avoid donating blood; do not share personal items such as toothbrushes or razors)
- Most importantly, patients should be advised that **hepatitis C is curable with a course of direct-acting antiviral drugs**. These have few side effects and can cure hepatitis C in over 90% of cases. Treatment with direct-acting antivirals eliminates the hepatitis C virus in the body and helps prevent many complications of advanced liver disease.

**Does this change affect other, previously existing requirements for screening pregnant women?** No. In addition to the hepatitis C testing mandated by Act 598, Arkansas law continues to require that all pregnant women must be offered screening for syphilis, HIV, and hepatitis B. Details of these requirements are available in [§ 20-16-507 of the Arkansas Code](#).

**How can I implement this requirement at my facility?** The ADH encourages providers and administrators to judge how best to implement this requirement in their practices. However, some common initiatives that may be helpful include:

- Job aids for clinicians explaining this screening requirement
- Signs for patients explaining hepatitis C and why screening is offered
- Electronic health record prompts that remind providers to offer screening

**Can I bill for hepatitis C screening?** Billing for hepatitis C screening, like other services, is subject to agreements between health care providers and health insurers. Providers and insurers should be aware that [Act 598](#) requires insurers to cover hepatitis C screening for pregnant women, generally with no co-payment. See [§ 23-79-165 of the Arkansas Code](#).

**If a pregnant woman is diagnosed with hepatitis C, can she be treated? If her child contracts hepatitis C, can the child be treated?** Pregnant women and children under age 3 are not generally eligible for treatment, because of a lack of data on the safety and efficacy of direct-acting antivirals in these groups. However, a pregnant woman with hepatitis C should be referred to a specialist to be treated promptly after pregnancy. If her child also has hepatitis C, the child should also be referred for treatment as soon as eligible. Treatment guidelines are published by the [American Association for the Study of Liver Diseases and the Infectious Diseases Society of America](#).

**What data is available about perinatal hepatitis C in our state?** Since 2017, the ADH has recorded nine confirmed and 39 probable or suspected perinatal hepatitis C cases. An additional 28 probable or confirmed cases of hepatitis C were reported among children younger than age 5, and may have resulted from perinatal exposures, although they were not classified under the perinatal case definition. The ADH also collects information about hepatitis C on birth certificates. Between 2017 and 2020, there were 736 births to women who had a history of hepatitis C.

**Where can I find more information?** [The ADH's hepatitis C webpage](#) has answers to additional questions and links to resources, including in Spanish and Marshallese.

**Who can I contact with questions about this requirement or about hepatitis C?**

ADH staff who can help answer questions about this requirement include:

- Melinda Curtis, RN, Hepatitis C Nursing Program Coordinator  
(501) 614-5349  
[melinda.curtis@arkansas.gov](mailto:melinda.curtis@arkansas.gov)
- Alan May, Hepatitis C Epidemiologist  
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You can also send questions to [adhhepc@arkansas.gov](mailto:adhhepc@arkansas.gov).