

## Joint Health/Medicaid Budget Hearing Testimony

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Thank you for the opportunity to submit this testimony for the joint hearing on New York State's Health and Medicaid Budget. This testimony is written in support of the recommendations made by the organizations, hospital and university researchers, public health experts, advocates and community leaders directly impacted by hepatitis C (HCV), who make up the New York State Hepatitis C Elimination Campaign and its efforts.

Our HCV Elimination Campaign recognizes that New York State faces a growing hepatitis C epidemic with a rising death toll. The campaign, as well as the 147 endorsers of the NYS Hepatitis C Elimination Consensus Statement, call on Governor Andrew Cuomo, the NYS Legislature, and industry partners to make a joint commitment to hepatitis C elimination and for appointment of a formal NYS Hepatitis C Elimination Task Force.

Furthermore, the campaign is looking to the Legislature and the Governor to make an investment in urgently needed HCV initiatives. Nationwide, HCV is killing more people than the combined deaths of 60 other infectious diseases, including HIV. Approximately 280,000 New Yorkers have been infected with hepatitis C, half of whom are unaware of their status. There are now highly effective, well-tolerated curative treatments at our disposal, which is why we can no longer settle for a low cure rate that perpetuates the high fiscal and human costs of inaction. We must educate, screen, link to care, and cure as many New Yorkers as possible in order to eliminate this life threatening and treatable disease.

As we fight to expand access to life saving HCV treatments, we must also focus efforts on preventing rapidly rising new infections. There were nearly 15,000 new HCV cases in 2016, which is extremely alarming compared to the 3,155 HIV cases reported in 2015. The increase in prescription opioid and heroin injecting has likely driven many new cases of HCV infection. This has made prevention methods like HCV education, screening, and syringe exchange services critical to curbing rising infections.

VOCAL-NY facilitated 20 different listening sessions in cities of every major region across NYS (i.e. the Capital, Central, Metropolitan, NYC, and Western Regions). During these sessions it was found that roughly 58% of the areas surveyed were in need of more screening sites, nearly 79% were in need of establishing and/or expanding syringe exchange services, and 84% reported needing more HCV focused education programming. The NYS Department of Health has seen major local HCV epidemics emerge in the same areas hardest hit by opioid overdose deaths. The combined threats of the opioid and HCV epidemics should be reason enough to scale up syringe exchange and at-risk population focused programming.

Baby Boomers (people born between 1945 and 1965) were formerly at greatest risk of HCV infection. In NYS, the increase in prescription opioid and heroin injecting among young people has put a new generation at risk of HCV infection. Outside of NYC and compared to Baby Boomers, in 2016 HCV rates were higher in 20 to 39 year olds. Unfortunately, due to currently limited prevention resources, many young people are becoming infected before they engage with services.

In addition to Baby Boomers and young people who inject drugs, in NYS (excluding NYC) 59% of women who were newly reported as living with HCV were women of childbearing age. Among those cases, 7% were pregnant when diagnosed. There is a risk of transmitting HCV from parent to child, and HCV treatment is not currently possible for pregnant women, nor is it currently approved for children under the age of 12. This means baby boomers, young people who inject drugs, and unborn children are all different generations at risk of the same epidemic. Prevention and surveillance are, and will remain, key to preventing new infections among these groups.

The NYS AIDS Institute's viral hepatitis programs have been flat-funded at just over \$1 million a year for nearly a decade. This funding was supplemented by a \$500K CDC surveillance grant, which has been discontinued. This means local health departments will now have even greater challenges monitoring HCV cases in their counties, making it harder for NYS to identify trends in the epidemic and to set achievable elimination targets. The HCV Elimination Campaign strongly recommends a \$10.8 million investment in key programs. However, given the urgency to prevent and monitor new cases, at minimum we're advocating for \$2.8 million; \$500K to replace CDC funds, \$1M for linkage to care, and \$1.3M for prevention services.

On behalf of the HCV Elimination Campaign, thank you for the opportunity to submit this testimony. Our campaign hopes that this information will signal an urgent response from the legislature towards the aforementioned investments. Every delay made will ultimately and unnecessarily result in more lives lost to this epidemic.

Sincerely,  
Clifton Garmon  
Senior Policy Analyst, VOCAL-NY