New York State Hepatitis C Budget Platform 2017-18

Ending the Hepatitis C Epidemic in New York State

Well over 200,000 New Yorkers are living with a chronic hepatitis C infection, with an estimated 50% unaware of their status.[i] In 2015, the Centers for Disease Control and Prevention (CDC) reported a 133% increase in New York State's acute HCV cases.[ii] Even among those who have been diagnosed, many lack consistent care or access to curative treatment, a fact that drives increasing mortality related to the hepatitis C virus (HCV). Hepatitis C now kills more people in the United States each year than AIDS,[iii] and both in New York and the rest of the country, HCV-related mortality has risen steadily during the past decade.[iv]

Hepatitis C virus (HCV) infection is the leading cause of serious liver disease in the United States. According to the CDC, chronic liver disease is the 6th leading cause of death among Latinos; this does not happen with any other racial group.[v] Untreated HCV can lead to cirrhosis, liver cancer or liver transplantation. It also increases the risk for heart disease, bone loss and difficulties with memory and concentration. Although the most severe consequences of HCV may take decades to manifest, early-stage liver disease can cause chronic pain, fatigue, and other symptoms that impact one's quality of life.[vi]

With the recent U.S. Food and Drug Administration (FDA) approval of a game-changing new generation of all-oral, 90% to 100% effective, and easy to tolerate HCV curative treatments, we are finally at a moment where the epidemic can be controlled – and eventually eliminated – with the tools we have available. However, New York's investment in HCV control has historically been limited, depriving communities of the prevention, testing, care, and curative treatment resources they need. Needless legislative and other barriers also hinder access to prevention and testing services.

New York has nonetheless made important progress in responding to the HCV epidemic. Alongside the largest state-level HCV epidemic, New York has some of the most skilled medical providers, prevention specialists, researchers, and public health officials in the nation. The Department of Health's innovative Hepatitis C Care and Treatment Initiative and the NYC Department of Health and Mental Hygiene's Project Inspire are building HCV clinical capacity. New York's more than twenty-year history of support for syringe exchange and related harm reduction services, and its role in originating and expanding opioid agonist therapy for the treatment of opioid dependence, have influenced HIV, hepatitis, and drug services worldwide.

As the majority of new HCV infections are linked to injection drug use, it is critical for the response to the HCV epidemic to also address the state's heroin and prescription opioid crisis. Nearly half a million people in the country died from overdoses between the years of 2000 and 2014.[vii] With opioids involved in 61% of the rising U.S. drug overdose rates, heroin-related overdoses have more than tripled over just 4 years. Nonmedical use of prescription opioids is the greatest risk factor for transitioning to heroin use. These CDC findings closely mirror the recent rise in heroin injection among young New Yorkers. As injection drug use increases across the state, HCV, HIV and overdose prevention education and services must also be scaled up rapidly.

VOCAL-NY, Harm Reduction Coalition, and Housing Works alongside partnering community based organizations, recommend that Governor Andrew Cuomo and the New York State Legislature fund the following budget proposals as an initial step to combat the State's hepatitis C epidemic while the Department of Health (NYSDOH) and community partners formulate a comprehensive HCV elimination plan.

Hepatitis C Budget Proposals FY 2017-2018

NYSDOH AIDS Institute viral hepatitis programs have been flat-funded at less than $2 million/year for several years, while the epidemic continues to grow. At this funding level we are not only unable to eliminate HCV, we are also unable to control the rising rates of infection. We can bring HCV under control and even begin to work toward elimination if we invest an additional $10.8 million in surveillance, prevention, and treatment:

Surveillance

1. **$2 Million for Statewide Surveillance:** Municipal and county health departments currently lack resources to monitor the HCV epidemic, investigate new outbreaks, and utilize epidemiological data, including race/ethnicity, risk factors and country of origin, to efficiently guide public health resources. In past years the CDC has funded New York State a little under $500,000 to strengthen viral hepatitis surveillance across the state. However, that funding is not enough to bolster viral hepatitis surveillance systems statewide.

   New York State does not currently require reporting on factors like race/ethnicity for HCV surveillance, which creates holes in the data collected, and missed opportunities to pinpoint populations that may be at greatest risk of HCV transmission. For example, while prior to 2005 New York State's HCV epidemic was concentrated among the "baby boomer" age cohort (individuals born between 1945-1965), between the years 2005 and 2015 New York State saw a sharp rise in new HCV infections among 20-29 year olds. Enhanced statewide surveillance would allow state and local health departments to more quickly identify emerging high risk groups that would benefit the most from public health interventions. To complement the passive surveillance of the HCV epidemic that is ongoing and providing essential data, active surveillance should also be undertaken to ensure that the whole population of HCV-positive individuals is being sampled and medically disenfranchised populations are being included in the analysis. Active surveillance will yield prevalence data across the entire spectrum of the HCV-positive population by using mathematical modeling and epidemiology techniques to determine HCV status in a targeted sample.

   New York State is currently addressing a rapidly growing hepatitis C burden with less than adequate data collection resources. We recommend that the CDC funding be supplemented by New York State to support DOH surveillance staff and improve individual county surveillance. Through the AIDS Institute, New York should provide **$2,000,000** to allocate to county and local health departments to bolster statewide hepatitis C and hepatitis B surveillance efforts.

Total Proposed FY17 Surveillance Budget: $2 Million

Prevention

1. **$750,000 for HCV Prevention Among Young Injectors:** The U.S. Department of Health and Human Services has reported rising rates of hepatitis C infection among young injectors, both male and female, primarily White, found in suburban and rural settings, and who started prescription opioid use (e.g. oxycodone) before transitioning to heroin injection.[viii] Following the CDC's investigation of an outbreak of HCV cases among young injectors in upstate New York, it was concluded that sharing drug preparation equipment (e.g., drug cookers, filtration cotton, and rinse water) has become common practice among young people who use drugs. Many of the young people who inject drugs are unaware that hepatitis C can live up to 3 weeks on surfaces, other than inside used needles. These findings stressed the importance of reducing the risk of HCV transmission among young injectors through safer injection education, HCV education, and youth engagement with syringe exchange programs.[ix] The statewide increase in prescription opioid and heroin injecting among young people has put a new generation at risk of HCV infection. Due to currently limited prevention resources, many young people are

becoming infected before they engage with services. New York State should invest **$750,000** to expand HCV prevention programs including education, harm reduction services, and linkage to drug treatment.

2. **$250,000 to Expand HCV Prevention for MSM and Transgender Women:** New York HCV surveillance show a sharp increase in new HCV infections among HIV-positive MSM and transgender women over the past decade, and consistently higher HCV prevalence among people of color. In the year 2000, 7% of HCV reports among people with HIV were MSM and transgender women. This percentage tripled to 24% by the year 2010.[x] There are also alarming racial/ethnic disparities in HCV infections. A recent NYC Department of Health and Mental Hygiene report shows that approximately 65% of persons with a newly reported positive HCV antibody or viral RNA were black or Hispanic.[xi]

3. **$300,000 for Evidence Based Interventions to Reduce Illicit Opioid Use through Harm Reduction Programs:** New York State Harm Reduction Programs are the first line of defense against the harms of illicit opioid use. Because injection drug use is the leading cause of HCV transmission, reducing injections is an effective way to reduce incidences of viral transmission. New York State Harm Reduction Programs have a long history of prevention hepatitis C transmission through a variety of inventions such as syringe exchange, counseling, and referrals to Medication Assisted Treatment (MAT) or abstinence based treatment programs. MAT, particularly methadone and suboxone / buprenorphine, is the most effective intervention to help individuals stop or reduce their illicit opioid use and in many cases buprenorphine is more effective than methadone.[xii]

   Suboxone prescribing services should be available at all of the New York State Harm Reduction Programs. In 2016, Congress and federal officials raised the number of patients a doctor can prescribe buprenorphine to from 100 to 275 and expanded the categories of who can prescribe this medication to include physician assistants and nurse practitioners. There is now an opportunity to hire part-time staff to provide on demand MAT services, which will help to reduce illicit opioid use and HCV transmission.

Total Proposed FY17 Prevention Budget: $1.3 Million

<u>Linkage to Care and Treatment</u>

1. **$1 Million for Linkage to Care and Patient and Peer Navigation Programs at Syringe Exchange Program and Community-based Organizations and Health Centers:** HCV peer and patient navigation services modeled on programs developed to combat the HIV epidemic have been vital to engaging and retaining people in care and treatment. The NYC Council's Viral Hepatitis Initiative, created in 2014, included seed funding for innovative patient and peer navigation services that have significantly exceeded targets. In 2015 the NYC Hep C Peer Program had 1,683 program enrollees receive hepatitis C education; 86% were linked to harm reduction services; 700 participants were tested for hepatitis C and at least 266 people were referred to hepatitis C medical care. Also in 2015, the NYC Check Hep C Patient Navigation program served 275 people with hepatitis C; 78% of these patients completed a full hepatitis C medical evaluation, and 91 people completed HCV treatment and were cured of hep C. Each health center that participated in the Check Hep C program had 1 patient navigator who provided services to 75 different patients per year. Due to their effectiveness these NYC Council initiatives have received a boost in funding from the city.

   Since injection drug use is the leading cause of HCV transmission, syringe exchange and MAT programs that routinely provide services to the HCV at-risk population, are the ideal setting to access persons at risk for HCV for disease identification. Although syringe exchange programs in NYC have successfully screened 91% of program participants and link them to care, the NYS AIDS Institute should work with OASAS to support development of routine HCV screening programs with follow up linkages to care and treatment at harm reduction and drug treatment sites across the rest of the State.

The short intervals that exist between HCV diagnosis and death strongly suggest the need for earlier testing, linkage to care, and keeping people in care. Due to the increase in injection drug use among young people, a portion of the funds dedicated to creating peer navigator positions should be specifically geared towards reaching youth. Focusing peer navigators towards populations of high prevalence could help close screening gaps by engaging people who may not have otherwise been identified. We recommend that all AIDS Institute funded upstate syringe exchange programs have a minimum of 40 hours of peer navigator coverage per week, and that each navigator is paid at a living wage of at least $15 per hour. New York State should invest **$1,000,000** to replicate hepatitis C patient and peer navigation programs statewide, including filling coverage gaps within NYC's programs.

2. **$3 Million to Expand HCV Treatment Programs in Primary Care Settings for HCV mono-infected and HIV-HCV co-infected Persons:** The vast majority of primary care settings across NYS do not have the capacity to provide HCV treatment and support services. It is critical to increase treatment capacity in clinical settings to improve linkage to care and treatment access, as well as post-treatment follow up. This would include funding to expand HCV treatment for HIV-HCV coinfected persons at primary care settings that specialize in serving people with HIV.

   Since 2010, the NYS Department of Health / AIDS Institute HCV Care and Treatment Initiative has provided a limited amount of funding to integrate HCV care and treatment into primary care settings using a model with a multidisciplinary team approach to provide comprehensive HCV care and treatment, with access to a mental health provider, nutritionist, peer support, and other supportive services in a primary care setting. HCV telehealth programs, successfully implemented in NYS, offer an additional HCV management opportunity for primary care. From April 1, 2015 through March 31, 2016, 1,557 patients were enrolled in one of the fifteen AIDS Institute-funded Hepatitis C Care and Treatment Programs. A total of 652 patients started treatment (69.2% of those linked to care with a medical provider), 522 of these (80.1%) completed treatment, and 375 achieved a sustained virologic response (71.8% of those completing treatment). NYS should significantly expand on and improve this successful model at primary care sites statewide.

3. **$1 Million to Expand Provider Training and Other Educational Opportunities for Medical Providers, Testing and Linkage to Care Staff:** New York State should establish a program to educate and train providers and ensure that high-quality HCV care and services statewide. As part of the AIDS Institute Clinical Education Initiative, similar training programs on HIV prophylaxis, nPEP and PrEP, have succeeded in greatly increasing the number of physicians who prescribe these HIV prevention regimens. As part of this program, HCV educators should provide education via tele-mentoring to reach providers statewide, particularly those in high HCV prevalence areas or areas with limited HCV provider access. NYS should implement best practices to improve the frequency, availability, and acceptability of viral hepatitis testing, and linking patients to care, treatment, and supportive services.

4. **$1 Million to Develop and Implement an HCV Awareness Campaign to Inform and Educate the Public and Health and Social Service Providers:** NYS should fund a public HCV awareness campaign to decrease HCV stigma and provide HCV health literacy and public education on the importance of screening, diagnosis, linkage to care and the existence of the HCV cure. The HCV health literacy component of the campaign should tailor materials to population at risk, IDUs, formerly incarcerated persons, MSM and transgender people, and other at risk groups, including those receiving care in substance use treatment programs and those not receiving any services. Both the health literacy and public components of the campaign should include the meaningful involvement of stakeholders living with and affected by HCV when developing materials and resources to support outreach efforts. All materials should be culturally appropriate, available in multiple languages, and intentionally written in a way that does not stigmatize persons living with or at risk for HCV.

Total Proposed FY17 Linkage to Care and Treatment Budget: $6 Million

Criminal Justice Initiative, Surveillance, Prevention, Linkage to Care and Treatment

1. **$1.5 Million to Expand the Existing NYS DOH Criminal Justice Initiative (CJI) in State and Local Correctional Facilities to Include Hepatitis C Prevention, Opt-out or Universal HCV Screening, and Support Services:** With extremely limited access to care, people living in correctional facilities have some of the greatest healthcare needs and highest rates of serious chronic illnesses, such as hepatitis C. The prevalence of antibodies to hepatitis C in the United States (in the general community) is estimated at 1.0%, while the prevalence in U.S. prisons is estimated at 17.3%. In 2013 it was estimated that 11% of all New York State prisoners were living with HCV.[xiii] To meet the needs of this priority population New York State should expand the existing NYS DOH AIDS Institute Criminal Justice Initiative to include hepatitis C prevention as well as support services for HCV mono-infected inmates in NYS and local correctional facilities.

   The NYS DOH AIDS Institute's Criminal Justice Initiative (CJI) was developed in response to the emerging prevention and service needs of HIV infected and at risk detainees, inmates and formerly incarcerated individuals in New York State. The goal is to implement a combination of prevention interventions and supportive services aimed at decreasing the spread of HIV/STIs/HCV. These interventions include identification of new HIV infections, linkage of newly infected individuals to medical care and partner services, facilitation of peer education, anonymous HIV counseling and testing, discharge planning for HIV positive inmates ready for re-entry, and multi-session group interventions to enhance knowledge and skills.

   Expansion of the existing Criminal Justice Initiative should include opt-out screening or universal screening of hepatitis C; linkage to care and partner services; discharge planning for inmates who have not yet started treatment, or are in treatment at the time of discharge; revision of CJI curricula to include a stronger emphasis on HCV prevention; and making treatment and services available within the correctional facility and in the community, particularly Syringe Exchange Programs and Expanded Syringe Access Programs. We propose New York State invest **$1,500,000** towards expanding the Criminal Justice Initiative.

Total Proposed FY17 Criminal Justice Budget: $1.5 Million

Total Proposed FY17 Hepatitis C Budget: $10.8 Million

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