

Testimony of Esther Rosner, Social Work Policy Intern at Harm Reduction Coalition
before the New York State Medicaid/Health Budget Hearing
February 12th, 2018

Thank you for the opportunity to speak today. My name is Esther Mae Rosner. I am presenting today on behalf of the Harm Reduction Coalition in support of the proposed budget increase to expand Hepatitis C services across New York State. Harm Reduction Coalition is a national capacity building and advocacy organization with offices in New York City and Oakland, California. We are members of the New York State Hepatitis C Elimination Campaign Steering Committee and will explain why we believe that the proposed budget will provide New York State with enough capacity to reverse the current trends and ensure that we are identifying new hepatitis C cases, preventing people from becoming infected, and removing barriers to curing New Yorkers living with the hepatitis C virus.

I am here to testify today because as hepatitis C infections continue soar throughout our state, our budget to address this health crisis has stagnated at \$1 million a year for the last decade. The cost of this health crisis is rising both in terms of actual dollars, and in lives lost to a curable disease. With your support of our proposed budget increase, we can help save the lives of many of the estimated 280,000 New Yorkers living with the hepatitis C virus, and prevent the pain and suffering of the serious conditions that manifest if this virus goes untreated. By investing \$10.8 million in surveillance, prevention, and treatment New York State has the opportunity to turn the tide on Hepatitis C.

At a time when the opioid crisis looms large both nationally, and here at home in NYS, funding Hepatitis C prevention programming is one of our most valuable tools in reaching the populations suffering the most from both public health issues. In many of your districts, the surge in prescription opioid and heroin injecting among young people has put a new generation at risk of HCV infection. Outside of NYC, data from 2016 shows us that HCV rates were higher in 20 to 39 year olds than Baby Boomers, and injection drug use was reported in 91% of HCV cases among people less than 30 years old in regions of the State outside of NYC. It is no coincidence that the counties with the highest opioid overdose rates, and the highest hepatitis C infection rates are the same counties – the populations being hit hardest with the fatal costs of opioid overdose and hepatitis need our support, and we can help them. We can help these young people. We can help the growing population of young women of childbearing age infected with hepatitis C. We can help the growing population of men who have sex with men in our state, and black and Hispanic New Yorkers with hepatitis C.

Many young people who inject drugs are unaware that hepatitis C can live up to 3 weeks on surfaces, other than inside used needles. We know that these findings carry immense value in shining light on the need for safer injection education, HCV education, and youth engagement with syringe exchange programs that can reach these young people and keep them safe from infection and other harms. Unfortunately, due to the current situation of limited prevention resources, many young people are becoming infected before they engage with services.

We propose \$1.3 million in new funding to expand education, harm reduction services, and linkage to treatment with a particular focus on young people who inject drugs, women of childbearing age, MSM, and transgender individuals. New York City surveillance data shows a ballooning in HCV infections among men who have sex with men and transgender people. 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. Moreover, a recent NYC Department of Health and Mental Hygiene report shows that approximately 65% newly reported positive HCV antibody or viral RNA tests were Black or Hispanic. Statewide surveillance has also shown a concerning increase in hepatitis C among women of childbearing age. In NYS (excluding NYC), 59% of women who were newly reported as living with HCV are of childbearing age. Of the 1,902 women of childbearing age newly reported with HCV in 2016, 7% were pregnant. There is a risk of transmitting HCV from mother to child and HCV treatment is not currently possible for pregnant women, nor is treatment approved for children under the age of 12.

These health disparities cannot be overlooked, and the prevalence of hepatitis C infection among populations that have been historically underserved in NYS are on a cusp where we must meet the challenge to bridge these gaps in healthcare for the most vulnerable in our state – and we must begin now. Men, women, children, and communities of color need your help and support for hepatitis C. If we do not meet this challenge, these gaps in health disparities will soon be sinkholes when we talk about hepatitis C in NYS.

Looking beyond prevention, we need to focus on treating those who are infected – people are dying from a disease that we can cure, and there is no excuse for the lives already lost, but we still have time to help. We need your help. We need you to support our \$1 Million ask for linkage to care to fund patient and peer navigation programs at syringe exchange programs and community-based organizations and health centers. It is crucial to recognize how valuable these programs are during this crisis. 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. We need to use this as one of our best tools to interrupt the surge of hepatitis C in NYS.

Since injection drug use is the leading cause of HCV transmission, syringe exchange and medication-assisted treatment 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 linked them to care, the NYS AIDS Institute should work with the NYS Office of Office of Alcoholism and Substance Abuse Services (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 improved efforts to retain people in care and complete treatment. 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.

The budget increase we are proposing has been designed strategically to not only catalyze new initiatives to tackle hepatitis C in NYS, but also takes into account existing services and programs that we can fortify to meet our goal of elimination. With \$3 million to expand HCV treatment programs in primary care settings for HCV mono-infected and HIV-HCV coinfecting persons we can reinvigorate programs we already have in order to meet the needs of the New Yorkers they serve. The vast majority of primary care settings across NYS do not have the capacity to provide HCV treatment and support services, but we can change this. Your support of the proposed budget increase would extend 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 coinfecting 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 – and the positive outcomes are tangible in the data. 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 69.2% of those were linked to care with a medical provider, 80.1% completed treatment, and 71.8 % achieved a sustained virologic response.

Those numbers are powerful when you consider the almost 300,000 New Yorkers infected with hepatitis C, and downright motivational when we consider the estimated 50% of people who do not know their infected. Reaching that 50% is in reach if we invest \$1 Million to develop and implement an HCV awareness campaign to inform and educate the public and medical care 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.

We can all agree that the quality of care we can provide for our New Yorkers living with the hepatitis C virus is crucial in any effort we make to combat this health crisis. Healthcare providers are on the frontlines of delivering these services, and with \$1 million to expand provider training and other educational opportunities for medical providers, testing and linkage to care staff. New York State should expand programs to educate and train providers and ensure high-quality HCV care and services statewide. It's time for NYS to build and expand so that we can see the success of this model at primary care sites statewide – in your districts, with your healthcare providers and the New Yorkers depending on them to survive a disease that can be painful and fatal if left untreated.

Incarcerated Americans infection rates are 17 times the national average of non-incarcerated people. Incarcerated New Yorkers are living in correctional facilities with extremely limited access to healthcare, and ultimately the majority of those who are incarcerated will serve their sentence and return to their communities. While they are incarcerated the state must provide for their medical needs. The proposed budget increase would ensure that no one has to return to their loved ones with the burden of an untreated

hepatitis C infection. Fortunately, the scaffolding to support this initiative to combat the rise of HCV infections in our correctional facilities is already there - 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. With \$1.5 Million to expand the existing NYS DOH Criminal Justice Initiative (CJI) in state and local correctional facilities to include hepatitis C prevention, screening, and support services we are effectively bolstering an existing program to meet the healthcare needs.

Elimination of a viral disease like hepatitis C will require the expansion and provision of comprehensive prevention and treatment services and programming I've laid out thus far, but in order to garner real momentum towards our goal of elimination in NYS, we absolutely need to fund surveillance of this epidemic. We simply do not have money to fund a single staff member at many county and local health departments statewide whose position is devoted to investigating and monitoring hepatitis C in our cities and towns. Truly, in respect to prudent fiscal planning alone, it is absolutely necessary that we increase funding for surveillance statewide. With \$2 million we can provide our local and county health departments with the resources they need 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 funded New York State at under \$500,000 to strengthen viral hepatitis surveillance across the state; however, that funding was not enough to bolster viral hepatitis surveillance systems statewide. However, that federal funding has now ended, leaving the state with even fewer data collection resources and ever-growing gaps to fill.

Those gaps in healthcare disparities that turn into sinkholes – these gaps turn into sinkholes too. Lack of resources limit the amount of follow up that can be done to ensure quality HCV surveillance that includes collecting data on factors such as race/ethnicity, and transmission route. 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. Increased funding for surveillance is an advantage on this epidemic that NYS cannot afford overlook at this point. With your support, we can pull New Yorkers up out of the canyon we're falling into with hepatitis C.

In closing, I thank the members of the committee for the opportunity to testify today on this important public health issue. I encourage you to support the Hepatitis C Elimination Campaign's budget proposal. The time is now, the cure is here, and we can't wait for funding for another year.

Thank you,

Esther Rosner