

Status C Unknown

Promoting Hepatitis C Prevention in New York State

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Increasing Access to Health Insurance Coverage and Moving Toward Universal Healthcare Coverage: Defining the Goals and Identifying the Steps

Hepatitis C virus (HCV) infection is the most common chronic blood-borne infection in the United States. Nearly five million Americans are infected with HCV.⁽¹⁾ The Centers for Disease Control conservatively estimates that over 340,000 New Yorkers are infected with the hepatitis C virus. These numbers do not reflect those incarcerated, the New York homeless population and United States Veterans, all who have a high incidence of infection. Hepatitis C is the most common blood-borne infection in the United States, affecting 3 times as many people as HIV. It is the leading cause of liver failure, liver cancer, liver transplants and a leading cause of death among persons living with HIV/AIDS.

Medical costs associated with hepatitis C are expected to increase exponentially over the next decade and New York State is at risk of facing a health care crisis of major proportions. Measures to evaluate current responses and formulate an effective, comprehensive strategy to address this disease are desperately needed to reduce the rate of new infections and maximize the health of New Yorkers.

I am citing from a Study published in the Journal of Clinical Gastroenterology in October 2005 titled "High Rates of Uninsured Among HCV-Positive Individuals," the following are outcome excerpts, (please note the study in it's entirety is attached including references and sources):

...HCV-positive individuals were more likely to be uninsured compared with those who were HCV-negative (29.6% vs. 12.2%). Among those with health insurance, HCV-positive individuals were more likely to have government insurance compared with those who were HCV-negative (42.9% vs. 27.6%). These finding may have implications for access to health care and for liver-related disease outcomes in HCV-positive persons.

Chronic HCV infection accounts for about 10,000 deaths each year in the United States, and the CDC estimates that this figure is likely to double or even triple in the next two decades.³ HCV-related end-stage liver disease is currently the leading indication for transplantation in the United States. Although there appears to be a decrease in the number of new HCV infections as a result of better blood banking procedures and decreased incidence among intravenous drug users, the current pool of HCV-positive individuals is large enough for estimated direct medical costs to exceed \$10 billion, and for the indirect costs of premature mortality or disability from decompensated liver disease to exceed \$65 billion from 2010 to 2019.

Effective antiviral therapy for HCV infection currently leads to viral eradication in up to 80% of eligible patients depending on several variables including genotype. However, limitations to antiviral treatment may arise from the lack of health insurance coverage in some individuals.

In summary, HCV-positive individuals are more likely than their HCV-negative counterparts to be uninsured and to have government insurance. Uninsured HCV-positive individuals are less likely than their insured counterparts to identify a healthcare facility for sick or routine care and are also less likely to have regular contact with a healthcare professional. This may have important implications for the care of HCV positive individuals.

Measures to evaluate current responses and formulate an effective, comprehensive strategy to address this disease are desperately needed to reduce the rate of new infections and maximize the health of New Yorkers infected with hepatitis C. Medical costs associated with hepatitis C are expected to increase exponentially over the next decade and New York State is at risk of facing a health care crisis of major proportions. The NYS Department of Health's AIDS Institute has established four programs which provide access to free health care (HIV Drugs, Primary Care, Home Care, and APIC) for New York State residents with HIV infection who are uninsured or underinsured. Programs such as these need to be established for those infected with HCV as well, not only for those co-infected with HCV/HIV but for those who are mono-infected with the Hepatitis C virus as well. An effective infrastructure addressing the needs of all individuals infected with HCV will not only be cost-effective down the road, but is a humane and responsible approach for a disease that effects so many.

Adequate medical care in prisons is an essential component of the public health responsibilities in New York State. It is estimated that 40% of all inmates nationally are HCV positive. Medical treatment and care for all residents of New York regardless of immigration status will save money in the long term by providing preventive care to patients in an effort to eliminate critical care in the long run.

HCV services will save the state significant health care dollars through being proactive and averting increased rates of liver failure, liver cancer and liver transplantation associated with hepatitis C.

On a personal note, I was listed at Mount Sinai for liver transplantation due to extra-hepatic liver manifestations caused by the Hepatitis C virus. I was fortunate to have private insurance coverage. It was decided by my transplant team that I was a candidate for standard treatment regimens of interferon combined with ribavirin. I cleared the virus, a personal success story. My insurance company was successful as well, treating the virus saved them \$350,000 for transplantation and upwards of \$10,000 per year for the remainder of my life for anti-rejection drugs, it's a win-win situation. Everybody deserves the right to treat a chronic disease, insured or otherwise.

In closing I leave you with this from the World Health Organization, "Hepatitis C has been compared to a 'viral time bomb.' WHO estimates that about 180 million people,

some 3% of the world's population, are infected with the HCV, 130 million of whom are chronic HCV carriers at risk of developing liver cirrhosis and/or liver cancer. It is estimated that three to four million persons are newly infected each year, 70% of whom will develop chronic hepatitis. HCV is responsible for 50–76% of all liver cancer cases, and two thirds of all liver transplants in the developed world.”⁽²⁾

By incorporating Hepatitis C programs into all existing substance abuse programs, HIV/Aids programs, Department of Health clinics and expanding harm reduction and needle exchange programs will be the first of many positive steps in order to stop the threat of this time bomb in New York State.

⁽¹⁾ Nov 2005- American Association for the Study of Liver Disease, AASLD, Brian R. Edlin, Weill Medical College of Cornell University, New York, NY

⁽²⁾ http://www.who.int/immunization/topics/hepatitis_c/en/index.html