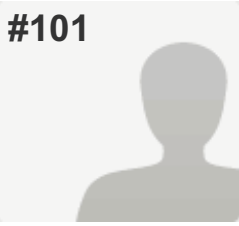


Ending the Epidemic Task Force Recommendation Form

#101



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Mark
Last Name	Harrington
Affiliation	Treatment Action Group (TAG)
Email Address	mark.harrington@treatmentactiongroup.org

Q2: Title of your recommendation

Provide HCV testing to all HIV+ individuals and HCV treatment to all HIV/HCV coinfecting individuals

Q3: Please provide a description of your proposed recommendation

Reduce HCV transmission and new infections among HIV+ persons and eliminate HCV-related morbidity and mortality among HIV/HCV coinfecting persons by providing HCV testing to all HIV+ individuals and HCV treatment to all HIV/HCV coinfecting individuals.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing policy

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Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)? Within the next three to six years

Q9: What are the perceived benefits of implementing this recommendation?

Increased testing and cure for HCV among HCV/HIV coinfecting individuals. Reduced HCV-related ESLD, hepatocellular carcinoma (HCC), and death among HCV/HIV coinfecting individuals. Reduced HCV incidence, transmission, and new infections among HIV+, HCV-negative individuals.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Cost. Perceived inequity in care/treatment between HIV-negative and HIV-positive individuals coinfecting with HCV.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated? *Respondent skipped this question*

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

At least 25% of HIV+ New Yorkers are HCV/HIV coinfecting. There is an emerging epidemic of rapidly progressive, sometimes fatal HCV infections among HIV+ persons. HCV directly kills more Americans than HIV.
HCV testing is already available and relatively inexpensive. HCV treatment is becoming increasingly available and is expensive; however, NYS could achieve rebates and cost-savings through manufacturer negotiations as it has with antiretroviral treatments. Long-term savings to NYS Medicaid will be substantial through reduced new HCV infections, hospitalizations, end-stage liver disease (ESLD), liver cancer, and deaths.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

HIV+ individuals who do not know their HCV status. HIV+ individuals who are HCV-negative and would have a greater chance of remaining HCV-negative. HIV+ individuals who are HCV-positive and would have reduced illness and death due to HCV coinfection.
Providers.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Number and % of HIV+ New Yorkers who have been tested for HCV.
HCV incidence among HIV+ New Yorkers from 2015-2020.
Reduced new HCV infections among HIV+ New Yorkers.
Greater than 98% HCV cure rates can be achieved with new HCV regimens among HIV+ persons.
Reduced ESLD and HCC will reduce health care costs significantly to NYS Medicaid and other providers in the medium- and long-term.

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Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York