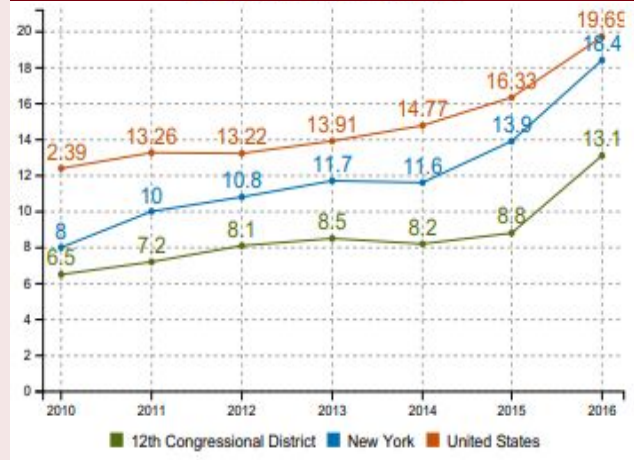


NEW YORK - District 12

CHRONIC HEPATITIS¹

District Population: 673,256
 HCV Infection in Constituents: 10,772
 HCV Infection in Baby Boomers 7,185
 HCV Infection in Caucasians: 4,831
 HCV Infection in African Americans: 1,921
 HCV Infection in API: 3,205
 HCV Infection in Latinos: 4,045
 HBV Infection in Constituents: 2,693
 HBV Infection in African Americans: 640
 HBV Infection in API: 12,821
 HBV Infection in Latinos: 933
 Adult Viral Hepatitis Coordinator: Nirah Johnson
 Contact: Njohnso2@health.nyc.gov

DRUG RELATED DEATHS²



STATE OPIOID POLICIES²

Opioid Policy Provision	Status
Syringe Exchange Program Legality	Legal
Prescribers required to check a prescription drug monitoring program before prescribing controlled substances	Required
Jurisdictions submitted request for CDC Consultation demonstrating high risk of HCV or HIV outbreak due to drug use	Completed

STATE HCV MEDICAID POLICIES²

HCV Medicaid Policy Provision	Status
Liver damage restrictions	Fee-For-Service (FFS) does not have liver damage requirements. Six Managed Care Organizations (MCOs) follow FFS liver damage criteria. Two MCOs specifically reference the American Association for the Study of Liver Disease/Infectious Disease Society of America (AASLD/IDSA) guidelines in their prior authorization (PA) criteria but don't specify liver damage requirements. Seven MCOs have limited coverage information publicly available and their liver damage requirements are unclear. One MCO does not provide any coverage information publicly.
Sobriety restrictions	FFS requires screening for substance and alcohol use and assurance for treatment readiness. Five MCOs follow FFS sobriety criteria. One MCO requires a urine toxicology screen 30 days before treatment. Two MCOs specifically reference the AASLD/IDSA guidelines in their PA criteria but don't specify sobriety requirements. Seven MCOs have limited coverage information publicly available and their requirements are unclear. One MCO does not provide any coverage information publicly.

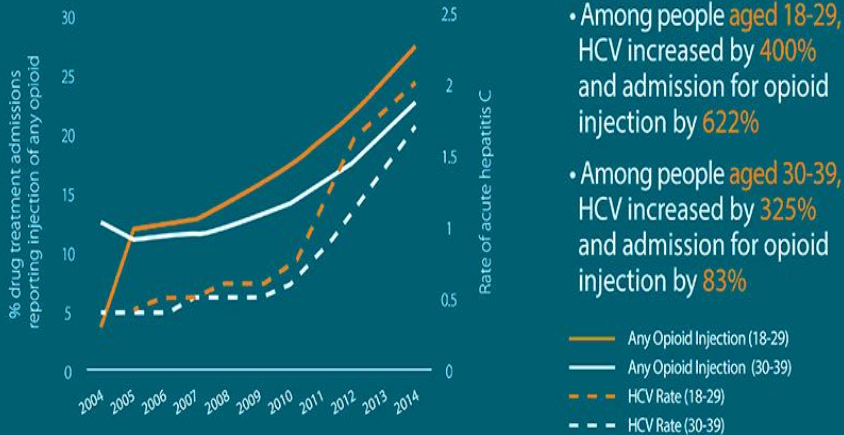
Source:

1. Caring Ambassadors Program, www.hepcchallenge.org

2. amfAR, 2018;

Hepatitis C: State of Medicaid Access, 2017

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

“Hepatitis C is a deadly, common, and often invisible result of America’s opioid crisis,” said Jonathan Mermin, M.D., M.P.H., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation’s devastating opioid crisis and save lives.”

TREATMENT AND PREVENTION SERVICES²

Treatment and Prevention Services ²	District	State
Syringe Exchange Programs	13	23
Facilities providing substance abuse services	200	768

HEALTHCARE ACCESS²

Healthcare Access	District	State
Percent of People without Health Insurance	11.1	8.6
Percent Needing but Not Receiving Addiction Treatment	95.6	89.5
Number of 30 Days Supply of Opioids per Part D Enrollee	0.7	1.2
Opioids prescribed per capita, in morphine mg equivalents (MME)	348.9	536