

# NEW YORK

## CHRONIC HEPATITIS<sup>1</sup>

**Male Liver Cancer Incidence Rates per 100,000 : 15.5**  
**Female Liver Cancer Incidence Rates per 100,000 : 4.7**  
**State Population: 19,229,752**  
**HCV in General Population: 307,677**  
**HCV in Baby Boomer Population: 205,218**  
**HCV in Caucasian: 191,464**  
**HCV in African American: 89,719**  
**HCV in API: 36,619**  
**HCV in Latino: 42,755**  
**HBV in General Population: 76,918**  
**HBV in African American: 29,903**  
**HBV in API: 146,460**  
**HBV in Latino: 9,864**  
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## DRUG RELATED DEATHS<sup>2</sup>



## STATE OPIOID POLICIES<sup>2</sup>

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 POLICIES<sup>2</sup>

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.

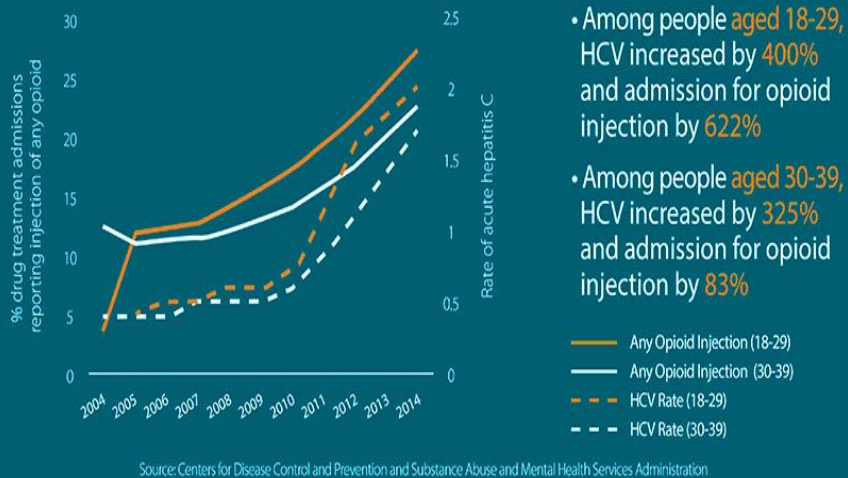
Source:

1. Caring Ambassadors Program, [www.hepcchallenge.org](http://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



*“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 Services <sup>2</sup>	#
Syringe Exchange Programs	23
Facilities providing substance abuse services	768
Facilities providing some Medication Assisted Treatment (MAT)	567 ...of which 535 accept Medicaid

## HEALTHCARE ACCESS<sup>2</sup>

Healthcare Access	NY	US
Percent of People without Health Insurance	8.6	11.7
Percent Needing but Not Receiving Addiction Treatment	89.49	88.89
Number of 30 Days Supply of Opioids per Part D Enrollee	1.19	2.08
Opioids prescribed per capita, in morphine mg equivalents (MME)	536.03	642.05