



Testimony on SB 2670
Senate Public Health Committee - Tuesday, April 29, 2014
Janet Albers, MD – IAFP President-Elect

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On behalf of the Illinois Academy of Family Physicians, I'd like to provide important information that shapes our opposition to *mandated* Hepatitis C screening.

In developing this testimony, we asked our members to comment on the proposed legislation and offer their insight from a practice perspective. We received an overwhelming response to both the questions posed by Sen. Mulroe (which are addressed in a separate attachment) as well as unabridged, didactic observations explaining why mandated Hep C screening would not achieve the legislation's intent.

Family physicians agree that hepatitis C infection is an important public health issue. While the incidence is low compared to conditions like diabetes and asthma, it's estimated at 3.2 million cases in the U.S. which is on par with HIV.

Unfortunately, the optimal treatment regimen for Hepatitis C including when treatment should be initiated is still uncertain."

The screening test alone does not and cannot achieve the goal of reducing deaths from Hep C, which we believe is Sen. Mulroe's well-intentioned objective. There are many factors that play into the disease progression with Hep C. For every 100 persons infected with HCV, anywhere from one to five of those will die from the consequences of chronic infection. I have provided excerpts from CDC data as an addendum that addresses this in more detail.

Family physicians would like to see increased awareness of the Hep C screening guidelines among providers, patients, and insurance carriers. To that end, I'm very pleased that my colleague, Dr. Janak Koirala of Southern Illinois University School of Medicine is already part of Rep. McAuliffe's Task Force and working toward this goal. I believe the Task Force should continue its work and include primary care physicians as essential providers in these discussions.

As our health care system moves toward a patient-centered medical home, this comprehensive care model can lead to improved screening rates and the provision of preventive services for those who need them. Patients who test positive will also have direct access to follow up care and treatment.

There are many ways to promote Hep C screening, including patient education campaigns and provider education through webinars, handouts and mailings, etc. We would welcome pursuing collaborative efforts between state, medical and public health organizations (e.g., IDPH, IAFP, ISMS, IL-ACP, IL-ACOG, medical staff at hospitals, etc.) to educate providers and the public on the screening recommendations as well as hepatitis C prevention.

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Patients are not receiving recommended Hep C screenings for a variety of reasons, be it time, opportunity or the cost of testing. The science is still evolving and the most effective treatment and timing remain uncertain. Insurance companies and the Centers for Medicare and Medicaid Services (CMS) need to cover screening as a preventive service not subject to copays, deductibles or coinsurance to improve screening rates. More importantly, ensuring coverage for the follow-up diagnostic testing (labs, ultrasound +/- CT scan, etc) and treatment for positive results would be needed in order to increase routine testing by providers. While progress is being made with new treatments for Hep C, the current cost for a 12-week course is over \$80,000 which is untenable for most patients.

In summary, we believe the Task Force is the appropriate structure for further action on raising Hepatitis C awareness. Medicine must remain responsive as new evidence leads to changing recommendations and new treatment options emerge. Legislatively mandated screenings are not always the best course of action to address public health concerns. These mandates are very hard to change once put into place and may actually hamper the attempt to improve public health in the future.

Thank you for the opportunity to address this Committee today and I am happy to answer any questions.

Respectfully submitted,

Janet Albers, MD
President-Elect