

Roberta Silbert, MPH
155 White Birch Drive, Guilford CT 06437
203 453- 5966

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Honorable Members of the Committee On Public Health,

Re: SB –257 An Act Concerning Hepatitis C Testing

I am submitting testimony opposed to the passage of this bill for Hepatitis C screening.

Having been in the health care field in many capacities for 49 years and trained in public health when I saw this bill listed in the Bulletin I felt compelled to respond. My reactions were many. But my main question, quite frankly, was - who was behind getting this bill introduced. It sounded like a bill basically urged on by corporations and drug companies and others that make money from lab testing and especially selling drugs like those being marketed now for Hepatitis C. When one of the most recent drugs to treat Hepatitis C came out on the market I was in Manhattan for the day and saw bill boards and ads on buses for people to get tested. If I was a drug manufacturer I would also want everyone to get tested. But we can not let corporate greed dictate what a health provider shall offer their patient.

There are so many other things to say "...a provider shall offer..." that may really be of benefit. But once you start to say what a provider should do you are getting into difficult territory.

The 1945 – 1965 range does not make much sense medically. I wonder what your rationale was.

THE LESS EXPENSIVE SCREENING FOR LIVER DAMAGE FROM HEPATITIS C VIRUS WOULD PROBABLY BE A LIVER FUNCTION TEST. IF THAT WAS ABNORMALLY HIGH THEN SCREENING MAY BE APPROPRIATE. It should be noted that some people with antibodies and even some people that have the virus in their blood have very little liver damage. After verification of blood tests one would probably need a liver biopsy to see the amount of actual damage and possibly an ultrasound of the liver. After determination of actual damage in the presence of the virus one would be able to make a risk/benefit assessment of opting for treatment at a particular time. It can take up to 30 years for a liver to become damaged from Hepatitis C.

Treating people with hepatitis C now can cost approximately from \$70,000 and up, mainly on the "up" side and the response rate to clear the virus is still only 80%. The treatment has tremendous side effects, many of which require more medication and injections and boost the costs. My husband had one full year of drug/chemotherapy (now with the new drugs it may only be 6 months) for

Hepatitis C, contracted 30 years ago when he was a blood bank director, with SEVERE side effects and at a monetary cost of about \$70,000 for drugs to treat the virus not including doctors visits, blood tests, and other prescription drugs to treat the side effects. I should note that luckily he did clear the virus.

It is interesting to know who will pay for treatment for people who do not have drug insurance. One of the first things we were taught in public health school was that you do not screen if you can not do anything about it. One has to do a lot of soul searching on this issue to mandate doctors offering everyone born in a 20 year period testing. Plus supposedly now a preexisting condition will not disqualify you for health insurance, but we need to keep in mind that a positive test would label people.

The issues in this bill are really quite beyond what is merely written in SB257 and I hope you consider the ethical and legal issues carefully and not let corporate greed dictate how you act.

Respectfully submitted,
Roberta Silbert, MPH