



Department of Health

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Dear Colleagues:

It's the end of another busy year, and I'd like to devote this letter to the highlights of 2016, as we look forward to what's to come in 2017.

Looking Back: The year began with Zika, a mosquito-borne virus that became a global health crisis. In New York, Governor Cuomo issued a six-step action plan to protect New Yorkers. From distribution of free larvicide dunks for elimination of mosquito breeding grounds to prevention kits for pregnant women at risk for Zika, the goal was to reduce the threat of local transmission and safeguard the health of unborn babies. As of early December, New York State (NYS) had 1,240 cases of confirmed or probable Zika infection, including 382 pregnant women with laboratory evidence of Zika virus. To date, there have been six infants born in New York with congenital Zika virus disease and birth defects. All Zika cases in NYS have been the result of travel, including eight cases of sexual transmission from a partner who traveled. NYS collaborated with the Centers for Disease Control and Prevention (CDC) and four other states to estimate the proportion of fetuses and infants with birth defects following Zika virus infection during pregnancy in the United States. This is the first release of preliminary findings based on data reported to the US Zika Pregnancy Registry (USZPR), and was published in the December 15, 2016 issue of *JAMA*. The data show that about 6% of fetuses or infants whose mothers had Zika virus infections during pregnancy are affected by birth defects. Preliminary data also suggest that about 11% of pregnant women with Zika virus symptoms or exposure during the first trimester and laboratory evidence of possible Zika virus infection had a fetus or infant with a birth defect. These findings underscore the importance of offering pregnant women Zika testing in addition to continuing to ask all pregnant patients and their partners if they have traveled or are likely to travel to areas with Zika, and to advise both pregnant patients and patients trying to conceive to postpone such travel and be vigilant about avoiding exposure to mosquitos.

Also this year, the state stepped up efforts to address the deadly opioid epidemic. According to data from the CDC and released in a *Morbidity and Mortality Weekly Report (MMWR)* this month, the number of overdose deaths involving synthetic opioids (other than methadone) in New York rose almost 136% between 2014 and 2015, from 294 to 668. In the same time period, the number of overdose deaths involving heroin rose nearly 29% from 825 to 1,058. Sweeping changes in 2016 shortened opioid prescriptions for acute pain from a 30-day to seven-day supply; expanded treatment opportunities by removing insurance barriers and increasing beds for recovering addicts; and promoted more provider education on pain management and opioid addiction. Physicians play a pivotal role in helping to stop this epidemic. I encourage physicians to take the federal government's free Medication Assisted Treatment (MAT) training offered through the Providers Clinical Support System for MAT (www.PCSSMAT.org) and become certified to prescribe buprenorphine to treat opioid addiction.

Over the last year, the NYS Department of Health (Department) also examined the seriousness of the threat posed by antimicrobial resistance. The CDC estimate that each year in

the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die each year as a direct result of these infections. The discovery of a variant of the drug-resistant *mcr-1* gene in *Klebsiella pneumoniae* in a New York hospital tells us the threat is in our midst and very real. Providers can reduce this threat by being vigilant about prescribing the appropriate antibiotic at the right dose and for the correct duration. I urge you to talk to patients about proper antibiotic use and to work with pharmacists to be on the lookout for any problems with the use of antibiotics.

Since its launch in January of this year, the state's Medical Marijuana Program has grown to more than 11,000 certified patients and 750 registered doctors. Amendments to the program will soon allow patients who suffer from chronic pain to be certified for the use of medical marijuana. The Department defines chronic pain as "any severe debilitating pain that the practitioner determines degrades health and functional capability; where the patient has contraindications, has experienced intolerable side effects, or has experienced failure of one or more previously tried therapeutic options; and where there is documented medical evidence of such pain having lasted three months or more beyond onset, or the practitioner reasonably anticipates such pain to last three months or more beyond onset." I trust that you will apply this definition judiciously and prescribe medical marijuana when appropriate.

Another amendment to the Medical Marijuana Program now authorizes nurse practitioners to register with the Department and certify patients for the use of medical marijuana. The Department is seeking to do the same for physician assistants. In addition, the Department proposed amendments that will explicitly allow hospitals to create policies and procedures that permit patients to self-administer certain medications, including medical marijuana, or have their caregivers administer the medication in the hospital. Hospitals that wish to permit self-administration of such medications must develop and follow policies and procedures to ensure the safe administration and security of the medication.

Efforts to reduce the number of new HIV cases in New York to 750 by the end of 2020 advanced in 2016. More people diagnosed with HIV are being linked to care, and the numbers of people who have achieved viral suppression has increased from 71,000 in 2013 to 77,000 in 2014. And in the 18-month period leading up to February 2016, the state had no new cases of mother-to-child transmission of HIV. New legislation has removed the upper age limit on HIV testing so that providers are now required to offer HIV testing to patients over the age of 64. I hope you will continue working with the Department to normalize the offer of HIV testing, so undiagnosed patients can be identified and linked to care.

Looking Ahead: In the coming year and beyond, the Department, in collaboration with the NYS Office of Aging, will focus more on issues related to aging. With the Baby Boomer generation growing older, we will certainly need ways to better assist an increasing segment of the population that is frail and disproportionately affected by chronic diseases. We will also need to enhance support for caregivers and continue to promote aging-in-place.

While it may be premature to envision a world where drones deliver medications, genomics reduce our predisposition for disease, and precision medicine allows customized healthcare, it is certainly intriguing to ponder the ways these new technologies will shape health and healthcare. Changes in the evolving healthcare system are making it increasingly apparent that the sharing and updating of electronic health records are crucial to the transformation of the system. The Department will continue to forge ahead with its efforts to improve the system with initiatives such as the Delivery System Reform Incentive Payment (DSRIP) program, the State Health Innovation Plan (SHIP) and Advanced Primary Care. Shifts in the way we seek out care

will produce changes in the workforce as more people receive services in 24-hour clinics, retail sites and other convenience care sites.

And while it is too early to predict how the new administration in Washington will impact our nation's healthcare system, rest assured that New York will remain a leader in its efforts to reform the healthcare system while improving and protecting the health of all New Yorkers. Whatever the future holds, one thing is certain: the work we do at the Department and the work you do as physicians are critical to the health, well-being and quality of life of all New Yorkers. I wish you the best for a wonderful holiday season. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Howard Zucker M.D.". The signature is written in a cursive style with a large, prominent "Z" and "C".

Howard A. Zucker, M.D., J.D.