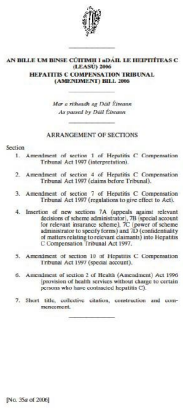
Irish Compensation Scheme for Hepatitis C and / or HIV: Non Compensation Elements

Brian O Mahony

2022

Non Compensation Provisions



AN BILLE UM BINSE CÚITIMH I nDÁIL LE HEIPTÍTEAS C (LEASÚ) 2006
HEPATITIS C COMPENSATION TRIBUNAL (AMENDMENT) BILL 2006

Mar a tríosaíodh ag Dáil Éireann
As passed by Dáil Éireann

ARRANGEMENT OF SECTIONS

Section
1. Amendment of section 1 of Hepatitis C Compensation Tribunal Act 1997 (interpretation).
2. Amendment of section 4 of Hepatitis C Compensation Tribunal Act 1997 (claims before Tribunal).
3. Amendment of section 7 of Hepatitis C Compensation Tribunal Act 1997 (regulations to give effect to Act).
4. Insertion of new sections 7A (appeals against relevant decisions of scheme administrator), 7B (special account for relevant insurance scheme), 7C (power of scheme administrator to co-operate with other persons) and 7D (confidentiality of matters relating to applicants (claimants) into Hepatitis C Compensation Tribunal Act 1997.
5. Amendment of section 10 of Hepatitis C Compensation Tribunal Act 1997 (special account).
6. Amendment of section 2 of Health (Amendment) Act 1996 (provision of health services without charge to certain persons who have contracted hepatitis C).
7. Short title, collective citation, construction and commencement.

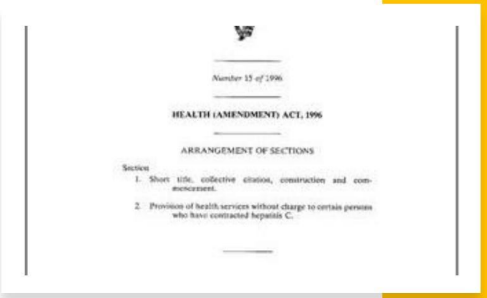
[No. 25a of 2006]

- 1996: Health Amendment act- provided list of free additional health care cover for PWH
- 2006-2007: Government subsidised Insurance
  - : Life
  - :Mortgage
  - : Travel
- 2007 : Tax concessions negotiated with revenue Dept for tribunal claimants – if > 50% of total income annually was from tribunal award- no tax due on income

Health Amendment Card 1996

Free and prioritised access to healthcare for all conditions for life

- General practitioner
- Prescription medications
- Priority access to appointments with new Specialists if required
- Counselling, Physiotherapy ,alternative medicine
- Glasses, hearing appliances
- Home workers
- Home nursing



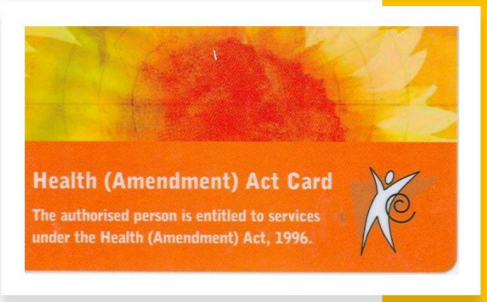
Number 15 of 1996

HEALTH (AMENDMENT) ACT, 1996

ARRANGEMENT OF SECTIONS

Section

1. Short title, collective citation, construction and commencement.
2. Provision of health services without charge to certain persons who have contracted hepatitis C.



Health Amendment Card 1996

Free and prioritised access to healthcare for all conditions for life

- Chiropody/Podiatry
- Complementary therapies- acupuncture, hydrotherapy, reflexology…. Referred by GP
- Priority access to Hospital bed and to Specialists
- Counselling- for PWH and immediate family members
- Dental services
- Travel vaccinations
- Aids and appliances
- Specific Liaison officers

  to manage provisions and deal with queries

Number 15 of 1996

HEALTH (AMENDMENT) ACT, 1996

ARRANGEMENT OF SECTIONS

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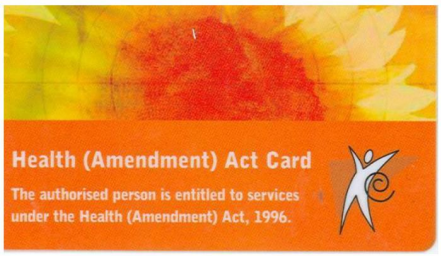

AN BILLE UM BINSE CÚITIMH I nDÁIL LE HEIPITÍTEAS C (LEASÚ) 2006

HEPATITIS C COMPENSATION TRIBUNAL (AMENDMENT) BILL 2006

Mar a ritheadh ag Dáil Éireann
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ARRANGEMENT OF SECTIONS

Section

[No. 35a of 2006]

STATUTORY INSTRUMENTS

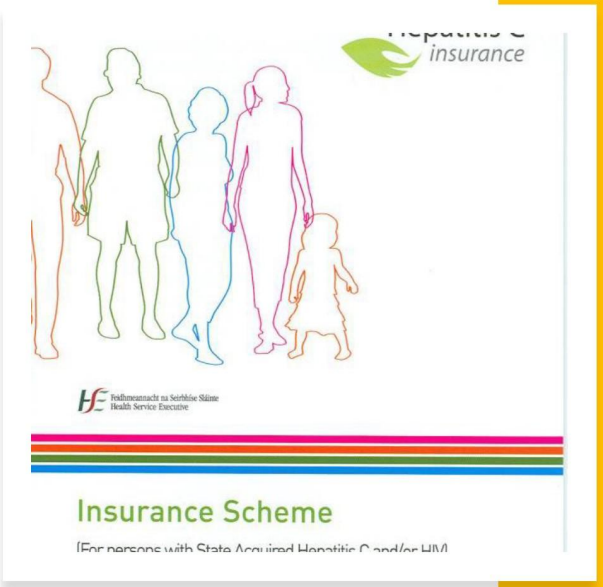
S.I. No. 364 of 2008

HEPATITIS C COMPENSATION TRIBUNAL (INSURANCE SCHEME FOR RELEVANT CLAIMANTS) (AMENDMENT) REGULATIONS 2008

(Prn. A8/1419)

Other Elements: Insurance

- Life insurance: up to € 525,000
- Mortgage: up to € 475,000
- Travel: Annual
- PWH pays normal premium for healthy (non- smoker) person of their age- Government pays loading
- No non- insurable- all conditions covered
- Cover to age 65 (75 if taken out in first year of scheme)



Tax Concessions

- **Section 191 of Taxes Consolidation Act (TCA) 1997**- payments from the Hepatitis C Tribunal are exempt from income tax and CGT
- **Section 189 of Taxes Consolidation Act 1997**

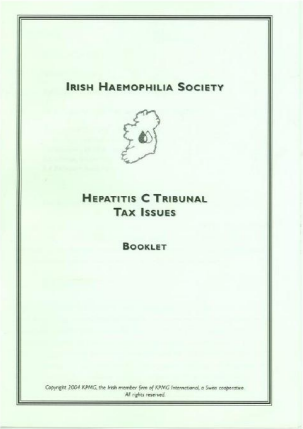
Deals with Income and gains from the investment of compensation received, which has been exempted under Section 191 TCA 1997

" an individual who is permanently and totally incapacitated by reason of a mental or physical infirmity from maintaining himself or herself"

- Revenue agreed that this applied to all infected with HIV or Hepatitis C via blood or blood products

Other Elements: Tax Concessions

- Annual calculation
- Investment income and capital gains from compensation income exempt from tax if > 50% of income from Tribunal award
- Society provide tax advice via a professional and investment advice via meetings
- Can reclaim automatically deducted taxes- deposit interest/dividend taxes



Tax Concessions and Confidentiality

- HAA card holders can apply to have their tax affairs dealt with by a Confidential tax inspector
- He deals annually with the 50/50 applications and issues tax refunds
- Members fall into 1 of 3 categories:
- : always exempt- Most or all of their income from award
- : never or rarely exempt: >50% income always from non- award
- : annual calculation- can be close to 50% each year depending on income and investment decisions
- Confidential service- much appreciated by members
- Society and our financial/Tax advisor have been able to make representations to the inspector and tax unit

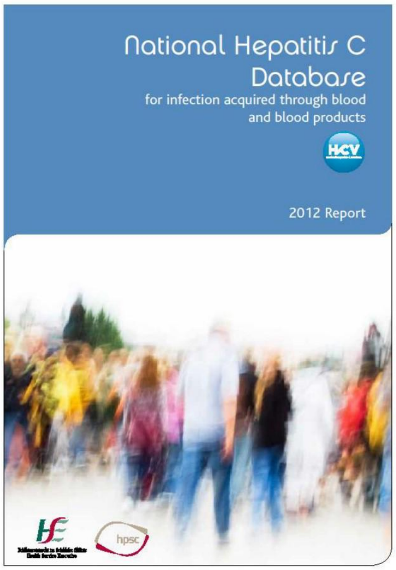
Universal Social Charge (USC)

- Effectively an additional tax introduced in 2011 and maintained since.
- Levied at 2% of taxable income for first €10,036
- Levied at 4% of taxable income for next €5,980
- Levied at 7% of taxable income for remainder of income

- For HAA card holders with a taxable income < €60,000, USC capped at 4% of taxable income

Impact of Non Compensation Provisions

- Life insurance very valued
- Mortgage insurance rarely used
- Travel insurance universally used
- HAA card invaluable
- Role of liaison officers very much appreciated
- Tax concessions have also enabled many to retire early



National Hepatitis C Database

for infection acquired through blood and blood products

HCV

2012 Report

hpsc

Haemophilia — The Official Journal of the World Federation of Hemophilia, European Association for Haemophilia and Allied Disorders and the Hemostasis & Thrombosis Research Society

Haemophilia (2017), 1–9 DOI: 10.1111/hae.13244

ORIGINAL ARTICLE

Progression of hepatitis C in the haemophiliac population in Ireland, after 30 years of infection in the pre-DAA treatment era

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Introduction: Prior to the introduction of viral inactivation of factor concentrates and screening of blood, 225 people with haemophilia became infected with hepatitis C (HCV) in Ireland. **Aim:** Our aim was to assess liver disease progression and mortality in this population after 30 years of infection. **Methods:** Demographic and clinical data were collected from medical records in five hepatology units and one infectious disease unit retrospectively in 2005, and on four subsequent occasions. **Results:** The participation rate was 73% (165/225). Eighty three percent of patients, who had been tested for RNA (n = 106/128), developed chronic HCV infection. Thirty four percent were co-infected with HIV. All-cause mortality, after approximately 30 years of infection with chronic HCV, was 44% in HIV positive patients and 29% in HIV negative patients. Liver-related mortality was 12.5% and did not vary significantly by HIV status. Thirty seven percent of patients had developed advanced liver disease, including 20% with cirrhosis and 9% with hepatocellular carcinoma. In the pre-interferon-free direct acting antivirals era, 57% (n = 60/106) of patients were treated for HCV, 65% of whom achieved a sustained virological response. Successfully treated patients had few adverse liver outcomes. **Conclusion:** After 30 years of infection, 40% of the patients who had evidence of chronic HCV had developed advanced liver disease, such as cirrhosis and HCC, or had died from liver-related causes. This proportion is high relative to similar international cohorts despite good anti-HCV treatment uptake and responses.

Keywords: cirrhosis, haemophilia, HCV, hepatitis C, hepatocellular carcinoma, HIV

Introduction

Blood clotting factor concentrates were used in Ireland from 1967 and represented a significant improvement in treatment for bleeding disorders over fresh plasma and whole blood. However, the lack of availability of a commercial blood test for the human immunodeficiency virus (HIV) before 1985, and the hepatitis C virus (HCV) before 1991, and the absence of viral inactivation, combined with the use of commercially fractionated factor concentrates from large pooled donations, meant that Irish haemophiliacs were exposed to, and infected with HIV and HCV [1]. At least 225 people with haemophilia and other inherited bleeding disorders in Ireland became infected with HCV [2], 104 became infected with HIV and at least 69 were co-infected [1]. Most had severe haemophilia (<1% normal clotting factor activity in blood). As there were approximately 250 people with severe haemophilia in Ireland at the time (personal communication: Brian O'Mahony, Irish Haemophilia Society), almost all were infected with HCV, more than 40% were infected with HIV and over a quarter were co-infected with HCV and HIV.

Overall, approximately 1700 people were infected with HCV through the administration of blood or blood products in Ireland [2]. Other cohorts included women infected through anti-D immunoglobulin and people infected through blood transfusions. All were referred to specialist hospital hepatology units and all are entitled to hospital and primary care services, free of charge, under the Health (Amendment) Act, 1996 (HAA). A national

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[a]http://www.hpsc.ie/A-Z/Hepatitis/HepatitisC/HepatitisCDatabase/

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DE GRUYTER OPEN

CLINICAL PRACTICE

Hepatitis C and bleeding disorders in Europe

Laura Savini, Radoslaw Kaczmarek, Declan Noone, Paul Giangrande, Geoffrey Dusheiko, Brian O'Mahony

In the 1980s and 1990s, thousands of people with bleeding disorders (PWBD) across the world were infected with HIV and hepatitis C virus (HCV) through contaminated treatment products. The extent of the infection, as well as the needs of those still living with HCV, were never properly assessed. The purpose of our survey was to identify how many PWBD were infected with HCV in Europe, as well as their health status and needs. HCV infection was defined as any person with a bleeding disorder who was exposed to the virus and seroconverted to become anti-HCV antibody positive. The survey also looked at testing and treatment availability. Between December 2016 and March 2017, the survey was distributed to 45 national patient organisations in the European Haemophilia Consortium (EHC), who were encouraged to respond with the support of a local hepatologist. The data gathered led us to estimate that some 15,000 people with bleeding disorders were infected with HCV in the 30 countries that responded. Although some countries have detailed records of patients with HCV, most – including some with national haemophilia registries – were unable to provide exact numbers of initial infections, HIV co-infection, survival and SVR rates. Responding countries reported varying degrees of monitoring for disease progression, as well as extremely divergent access to new direct-acting antivirals, with only eight countries prioritising PWBD for treatment. With liver disease and hepatocellular carcinoma being among the main causes of death in an aging bleeding disorders population, this survey identifies a clear gap in care. It is a frustrating paradox that today, in many European countries PWBD, such as haemophilia, may live long and productive lives due to much-improved access to factor replacement therapy, yet die prematurely of a curable disease such as hepatitis C. It has been demonstrated that HCV eradication in PWBD can be achieved through national commitment, especially when the patient population is limited and HCV eradication could be achieved in the short-term. The eradication of HCV in PWBD in Europe is an idea whose time has come.

Image: HCV diagnosis with medication and syringe

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Keywords: *Bleeding disorders, Haemophilia, Hepatitis C, Monitoring, Treatment*

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