Is YOUR State One of 35 to Report a Significant Increase in Hepatitis?

Sign On to Support Funding for Viral Hepatitis in the FY 2017 LHHS Bill

Deadline: COB Friday, March 18, 2016

Dear Colleague:

We urge you to join us in requesting the Labor, Health and Human Services, Education, and Related Agencies Appropriations subcommittee increase the allocation for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) to $62.8 million in the FY 2017 appropriations bill. This is only a fraction of the $170.3 million needed in FY 2017 to reduce hepatitis transmission in the United States, as estimated in the CDC's 2010 Professional Judgment Budget.

Now is the time to increase funding for viral hepatitis programs. Hepatitis B virus (HBV) and hepatitis C virus (HCV) are the leading causes of liver cancer – one of the most lethal, expensive to battle, and fastest growing cancers in America. Sadly, CDC research reveals viral hepatitis mortality rates have increased substantially in the United States over the past decade. As many 5.3 million people in the United States living with HBV and HCV, 50-65 percent of whom are completely unaware of their infection. In fact, deaths associated with hepatitis C surpassed deaths associated with all 59 other notifiable infectious diseases combined, according to recent data from the CDC. For nearly ten years, since 2007, deaths from HCV have surpassed deaths from HIV. Addressing co-infection rates, as high as 25 percent for HCV and 10 percent for HBV, remains a significant challenge. Until more is done to address hepatitis it will remain the leading non-AIDS cause of death in people living with HIV.

These epidemics are particularly alarming given the rising rates of new infections and high rates of chronic infection among disproportionately impacted racial and ethnic populations.They present a dramatic public health inequity. For example, American Indian/Alaska Native communities have the highest incidence rates of HCV among all races and ethnicities. HCV is twice as prevalent among African Americans as among Caucasians. Additionally, African American and Latino patients are less likely to be tested for HCV in the presence of a known risk factor, less likely to be referred to treatment for subspecialty care and treatment, and less likely to receive antiviral treatment. Asian Americans comprise more than half of the known population living with HBV in the United States and, consequently, have the highest rate of liver cancer among all ethnic groups.

The good news is: Hepatitis B virus (HBV) and hepatitis C virus (HCV) are completely preventable. Only with a significant commitment can we prevent the number of people newly infected with HCV increasing drastically, as we've witnessed in 35 out of 41 responding states reporting to the CDC. In the absence of an adequate comprehensive and coordinated surveillance system, these estimates are only the tip of the iceberg. Our failure to act has significant

consequences for our constituents across the United States. Unfortunately, DVH funding has not been able to keep pace with rising HBV and HCV rates. One thing is clear: It is long past time to fund hepatitis prevention programs to the level these epidemics demand.

We are committed to funding this program and urge you to sign this letter to the LHHS Subcommittee. If you have any questions or to sign on, please contact Helen Beaudreau in Rep. Honda's office at Helen.Beaudreau@mail.house.gov (x52631), Arya Hariharan in Rep. Johnson's office at Arya.Hariharan@mail.house.gov (x51605), or Liliana Rocha in Rep. Chu's office at liliana.rocha@mail.house.gov (x55464).

Sincerely,

/s	/s	/s
Mike Honda	Hank Johnson	Judy Chu
Member of Congress	Member of Congress	Member of Congress

February/March XX, 2016

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human Services
United States House
Washington, D.C., 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services
United States House
Washington, D.C., 20515

Dear Chairman Cole and Ranking Member DeLauro:

As you begin deliberations on the Fiscal Year 2017 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you allocate $62.8 million for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC), an increase of $29 million over the FY2016 enacted level.

The CDC's 2010 professional judgment (PJ) budget recommended $90.8 million annually from FY2011-FY2013, $170.3 million annually from FY2014-FY2017, and $306.3 million annually from FY2018-FY2020 in order for DVH to comprehensively address the viral hepatitis epidemics. While past increases have been helpful, these have only been small steps toward building a more comprehensive response to viral hepatitis. Our recommendation of $62.8 million is in line with the needs determined by the President's budget and the goals of the *Viral Hepatitis Action Plan*, but pales in comparison to the CDC's PJ. These increased funds would be used to:

- Expand adoption of CDC/United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C testing and linkage to care by health systems and providers to prevent disease and premature death;
- Develop monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons and others at risk;
- Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B; and
- Strengthen state and local capacity to detect new infections, coordinate prevention activities, provide feedback to providers for quality improvement, and track progress toward prevention goals.

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are completely preventable, but only when we commit the resources necessary can we treat or cure the nearly 5.3 million people in the United States living with HBV and HCV, 50-65 percent of whom are completely unaware of their infection. Only with a significant commitment can we prevent the number of people newly infected with HCV increasing drastically, as we've witnessed in 35 out of 41 responding states reporting to the CDC. In the absence of an adequate comprehensive and coordinated surveillance system, these estimates are only the tip of the iceberg. Our failure to act has significant consequences for our constituents across the United States.

HBV and HCV remain the leading causes of liver cancer – one of the most lethal, expensive to battle, and fastest growing cancers in America – and, as noted by the CDC, viral hepatitis mortality rates have increased substantially in the United States over the past decade. In fact, deaths associated with HCV now surpass deaths associated with all 59 other notifiable infectious diseases combined, according to recent data from the CDC. For nearly ten years, since 2007, deaths from HCV have surpassed deaths from HIV. Addressing co-infection rates, as high as 25 percent for HCV and 10 percent for HBV, remains a significant challenge. Until more is done to address hepatitis it will remain the leading non-AIDS cause of death in people living with HIV.

As funding at the Division of Viral Hepatitis – which received a small $2.6 million increase in Fiscal Year 2016 – has remained mostly flat, transmission of HBV and HCV continues to rise. This is especially the case among people who inject drugs like heroin and other opioids, with many jurisdictions noting that the number of people ages 15 to 29 being diagnosed with HCV infection now exceeds the number of people diagnosed in all other age groups combined. And

just last year in Indiana an outbreak of 185 cases of HIV and HCV demonstrated the result of a public health infrastructure lacking in the basic resources necessary to stop the spread of completely preventable infections.

No community is exempt from the impact of HBV and HCV. Rising rates of new transmissions and high rates of chronic infection among disproportionately impacted racial and ethnic populations continue to drive a dramatic public health inequity. For example, Asian Americans comprise more than half of the known hepatitis B population in the United States and, consequently, maintain the highest rate of liver cancer among all ethnic groups. American Indian/Alaska Native communities have the highest incidence rates of HCV among all races and ethnicities. HCV is twice as prevalent among African Americans as among Caucasians. Additionally, African American and Latino patients are less likely to be tested for HCV in the presence of a known risk factor, less likely to be referred to treatment for subspecialty care and treatment, and less likely to receive antiviral treatment.

Furthermore, the "baby boomer" population (those born between 1945 through 1965) currently accounts for three out of every four cases of chronic HCV. As these Americans continue to age, they are likely to develop complications from HCV and require costly medical interventions that can be avoided if they are tested earlier and provided curative treatment options. It is estimated that this epidemic will increase costs by billions of dollars – from $30 billion in 2009 to over $85 billion in 2024 – to private insurers and public systems of health such as Medicare and Medicaid, and account for additional billions lost due to decreased productivity from the millions of workers suffering from chronic HBV and HCV. Congress demonstrated its commitment to treating our veterans living with HCV by appropriating $1.5 billion to the Department of Veterans Affairs specifically to treat the 175,000 veterans currently living with HCV. However, as many as 40,000 veterans may be infected with HCV and not know it and more may be at risk for transmission.

We appreciate the Committee's support for viral hepatitis prevention, in particular the increased support to prioritize the identification of people living with HBV and HCV who are unaware of their status. We strongly encourage you to sustain your commitment this year. We have the tools to prevent the major causes of liver disease and liver cancer – a hepatitis B vaccine and effective treatments that reduce disease progression, new diagnostics for HCV and treatments that increase cure rates to over 90%, and even more medical advances for HBV and HCV in the research pipeline. Making this relatively modest investment in the prevention and detection of viral hepatitis represents a key component in addressing a vital public health inequity and will ensure more Americans receive the appropriate health care, strengthen our public health infrastructure, and combat the devastating and expensive complications caused by viral hepatitis.

Sincerely,