Hepatitis Appropriations Partnership

March XX, 2016

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairman Cochran, Vice Chairwoman Mikulski, Chairman Rogers, and Ranking Member Lowey:

As you begin work on the Fiscal Year (FY) 2017 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations bill, the Hepatitis Appropriations Partnership (HAP) respectfully requests an increase in appropriations to $62.8 million for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC). We appreciate the commitment shown to hepatitis prevention in the FY2016 appropriations bill which included $34 million, an increase of $2.6 million, to DVH and understand the challenge of appropriating additional resources in the current fiscal climate. However, there is an urgent need for increased resources to combat the growing hepatitis B (HBV) and hepatitis C (HCV) epidemics in the United States.

According to the CDC, hepatitis mortality rates have increased substantially in the United States over the past decade. In fact, for nearly ten years, deaths from HCV have surpassed deaths from HIV and the CDC now reports that deaths associated with HCV now surpass deaths associated with all 59 other notifiable infectious diseases combined. Addressing HIV 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. Further, HBV and HCV are the leading causes of liver cancer – one of the most lethal, expensive, and fastest growing cancers in America. While HBV and HCV are completely preventable and treatable, as many as 5.3 million people in the U.S. live with HBV and/or HCV and 50-65 percent of them remain undiagnosed.

Although most people living with HCV, who also have the greatest risk for HCV-related morbidity and mortality, are baby boomers - those born between 1945 through 1965 – hepatitis transmission among young people has skyrocketed in recent years. Just last year, in Scott County, Indiana, an outbreak of nearly 185 cases of HIV, of which more than 90% were already infected with HCV, demonstrated the danger of a public health infrastructure lacking in the basic resources necessary to stop the spread of completely preventable infections. Between 2010 and 2013 there was a significant increase in new HBV and HCV infections, with HCV rising by 150%. States like Indiana, Kentucky, West Virginia, Washington and 25 others have reported increases in HCV, while at least Kentucky, Tennessee and West

Virginia have seen increases in HBV. Increases in both HBV and HCV in those areas are tied to increases in injection drug use.

In addition to the above concerns, mother-to-child transmission of hepatitis remains a challenge, again despite the availability of prevention tools. Although hepatitis B vaccination coverage among newborns has increased, it remains below the Healthy People 2020 goals. Approximately 24,000 infants are born to mothers living with HBV, resulting in as many as 1000 perinatal transmissions per year. Additionally, the ongoing HCV epidemic among young people who inject drugs has led to increases, in some areas, of mother-to-child transmission of HCV. Elimination of mother-to-child transmission is possible, with increased vaccination for HBV and early detection and treatment of new hepatitis infections.

Even with these challenges, the availability of effective new curative treatments for HCV, and an effective vaccine and good treatments to control HBV, brings the elimination of HCV and HBV in the United States within our reach, setting the stage for an enormous new public health victory. But not without increased investments in comprehensive, national hepatitis prevention, screening, linkage to care, education and surveillance programs. The CDC's 2010 professional judgment (PJ) budget provided the need estimate of $170.3 million annually from FY2014-FY2017 to comprehensively address HBV and HCV. HAP's request of $62.8 million recognizes the current budgetary limitations while also balancing the very urgent need to accomplish the goals of the *Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis (Viral Hepatitis Action Plan)*, to implement the United States Preventive Services Task Force (USPSTF) HBV and HCV screening recommendations, and to ultimately end the epidemics. HAP recommends that these funds be used on the following priority areas, allocated in proportion to HBV and HCV burden, using available epidemiological data.

Screening and Linkage to Care

The *Viral Hepatitis Action Plan* established a goal of increasing the proportion of persons who are aware of their hepatitis infection to 66 percent for both HBV and HCV. Full implementation of the CDC and USPSTF recommendations for HBV and HCV testing and linkage to care by state Medicaid programs, Medicare, and private health systems and providers are necessary to accomplish these goals. As studies have shown, identifying and treating a person living with hepatitis early, before the disease progresses, as opposed to at later stages both averts advanced liver disease and is cost effective: treating a person living with HCV before there is liver scarring gains, or saves, more than $187,000 per person per year. Increased resources would enable DVH to:

- Work to advance testing in private clinical settings, public health settings, and other settings to increase the number of persons diagnosed with HBV and HCV infection and linked to lifesaving care earlier in their infection
- Explore opportunities for utilizing electronic health records to monitor implementation of CDC/USPSTF recommendations

Surveillance

As testing and linkage to care activities increase and improve, strengthening local and state capacity to execute hepatitis monitoring and surveillance activities takes on an even greater importance. The CDC currently funds only 5 state health departments and 2 local health departments to conduct minimal surveillance in their jurisdictions. CDC also provides funds to state and local health departments, the cornerstone implementers of national public health policies, to coordinate prevention and surveillance efforts via the Viral Hepatitis Prevention Coordinator Program (VHPC). The VHPC program is the only national program dedicated to the prevention and control of the hepatitis epidemics. This program

provides funding to support a coordinator position in each jurisdiction, though not enough for a full time position, and leaves little to no money for the provision of public health services, such as surveillance, public education and access to prevention services like testing and hepatitis A and B vaccinations, which must be cobbled together from other sources year-to-year. Hepatitis disproportionately impacts several communities, particularly people who inject drugs (PWID) – as demonstrated by the Indiana outbreak, men who have sex with men, persons living with HIV, African immigrants and African Americans, Asian immigrants and Asian Americans, Pacific Islanders, Latinos, tribal communities, veterans, and residents of rural and remote areas with limited access to medical treatment or culturally and linguistically-appropriate services. Surveillance is needed in order to adequately address the epidemics in these populations. Increasing funding would allow DVH to:

- Establish a regional health training and technical assistance center to support detection and investigations of new HBV and HCV cases, including mother to child HCV transmission; promote implementation of prevention practices among state/local health departments, substance use disorder treatment programs, correctional organizations, and nongovernmental organizations
- Support the development model projects for the elimination of HCV transmission and related mortality throughout an indicated area
- Increase the number of funded sites to increase surveillance in those jurisdictions hardest hit by the hepatitis epidemics.

Addressing the Emerging Hepatitis C Epidemic Among Young Persons at Risk

HCV prevalence among PWIDs is as high as 70%, and between 20-30% of people who inject drugs acquires HCV each year. This trend is largely due to the prescription opiate epidemic and the transition many young people have made from using opiate pills to injecting heroin. This increase, and the ongoing outbreaks in several states, makes the need to enhance and expand these prevention efforts all the more urgent and underscore the need to prioritize immediate support in the field, strengthening health department and community responses that target youth and young adults, specifically persons who injection drugs, persons under 30 years old, and persons living in rural areas. Increased funding would enable DVH to:

- Investigate networks of transmission in order to improve implementation and evaluation of prevention services
- Promote HBV vaccinations, and HBV and HCV screening in settings that reach and provide services for populations at highest risk for transmission
- In addition to HBV and HCV testing, DVH would assure implementation of prevention services to stop HBV and HCV transmission, including counseling, locally supported syringe services programs, treatment for substance use disorders, and linkage to care treatment for people living with HBV and HCV

Elimination of Mother-to-Child Transmission of Hepatitis B

Due in part to the success of the Perinatal Hepatitis B Coordinator program at CDC's National Center for Immunization and Respiratory Diseases (NCIRD), great strides have been made to reduce HBV among newborns and youth. However, between 800 to 1000 perinatal HBV transmissions still occur each year in the U.S. With increased resources, DVH would:

- Monitor and improve implementation of vaccination of all infants within three days of birth through continued collaborations with birthing hospitals

- Continue to work with state epidemiologists to implement revised state and local reporting criteria for pregnant women and their newborns living with HCV
- Consider routine testing HCV testing for women of child bearing age to identify young women living with HCV who would benefit from treatment, and to provide preventive services to their newborns

Additional Hepatitis Related Priorities

Finally, we commend the Committee's leadership in modifying the ban on the use of federal funds for syringe services programs to allow for the use of federal funds to support syringe services programs in the FY2016 Consolidated Appropriations Bill. Syringe exchange programs are one of the most effective ways to prevent transmission of blood borne pathogens, including HIV, hepatitis B, and hepatitis C, among people who inject drugs. Given the prescription opiate epidemic and the well-known trend in people transitioning from the use of pills to injecting heroin, it is critical that syringe exchange programs have appropriate support to provide life-saving services and to link participants to much-needed additional support, such as drug treatment, mental health services, and housing. We urge you to maintain this language in FY2017 appropriations bills.

As the World Health Organization has recognized, prevention and elimination of hepatitis should be a worldwide goal. It is certainly possible in the United States. We have the tools to accomplish this goal and we hope the FY2017 Labor HHS bill will reflect this priority through the allocation of significant resources to reign in the current epidemics and begin to identify those who are already living with HBV and HCV.

The hepatitis community welcomes the opportunity to work with you and your staff on these very important and timely issues. HAP is a national coalition based in Washington, DC and includes community-based organizations, public health and provider associations, national hepatitis and HIV organizations, and diagnostic, pharmaceutical and biotechnology companies. HAP works with policy makers and public health officials to increase federal support for hepatitis prevention, testing, education, research and treatment. Should any questions arise or if you need additional information, please contact Mariah Johnson at (202) 434-8042 or mjohnson@NASTAD.org. We thank you for your leadership and look forward to your assistance in the fight against these silent epidemics.

Sincerely,

The Hepatitis Appropriations Partnership
(List in Formation)