



March XX, 2017

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

The Honorable Patrick Leahy  
Vice Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Rodney Frelinghuysen  
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 Chairman Leahy, Chairman Frelinghuysen, and Ranking Member Lowey:

As you begin work on the Fiscal Year (FY) 2018 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations bill, the Hepatitis Appropriations Partnership (HAP) and the more than **XX** organizations signed on below respectfully urge you to provide increased funding for Viral Hepatitis prevention related activities at the Centers for Disease Control and Prevention (CDC). Per a December 2016 CDC professional judgment budget, “[o]ur nation is losing ground in the battle against viral hepatitis,” an infection that kills more than 21,000 people in the U.S., annually. According to this same document, a comprehensive, national viral hepatitis program focused on achieving elimination goals for the U.S. would require approximately \$308 million for FY2018, and \$3.9 billion over 10 years. We appreciate 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, and urge the Committees to allocate no less than \$70 million for viral hepatitis activities at the CDC in FY2018.

Given the extremely low level of current funding for viral hepatitis, at \$34 million, we are very concerned about the prospect of any cut to the program. President Trump has proposed in his FY18 budget blueprint cuts of 18 percent for the Department of Health and Human Services. If viral hepatitis prevention funding were to be cut by that amount it would translate to a \$6.1 million cut. This would have serious, negative public health consequences, likely exacerbate the increase in new viral hepatitis cases, and ultimately result in a costlier public health response and strain on programs, such as Medicaid and Medicare, in the future.

According to the 2016 Annual Report to the Nation on the Status of Cancer, liver cancer cases and deaths are on the rise. In the U.S., the rate of new liver cancer cases rose by 38%, while deaths increased at a higher rate than all other common cancers. Worldwide, most liver cancer

cases are caused by chronic HBV and HCV. There are an estimated 5.3 million people in the U.S. living with hepatitis (1.4 million people living with HBV and 3.9 million people living with HCV). In fact, more people die from HCV than all other 60 infectious diseases reported to the Centers for Disease Control and Prevention (CDC) combined.

The number of new hepatitis cases, which from 2010 to 2013 increased 151% across the country, and from 2006 to 2012 increased 364% in the Appalachian region (Kentucky, Tennessee, Virginia, and West Virginia), continues to rise due to the devastating impacts of the opioid epidemic. Due to widespread underreporting of hepatitis, and the fact that up to 75% of people living with hepatitis are unaware of their condition, these numbers are likely only the tip of the iceberg.

In addition to the above concerns, mother-to-child transmission of hepatitis remains a challenge, despite the availability of prevention tools. Although HBV vaccination coverage among newborns has increased, approximately 24,000 infants are born to mothers living with HBV, resulting in as many as 1,000 perinatal transmissions per year. Additionally, the ongoing HCV epidemic among young people who inject drugs has led to increases 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.

In April 2016, the National Academies of Sciences, Engineering, and Medicine (NASEM) released *Eliminating the Public Health Problem of Hepatitis B and C in the United States: Phase One Report*. The report concluded “hepatitis B and C could both be eliminated as public health problems in the United States, but that this would take considerable will and resources...” Phase Two of the NASEM process established a strategy to reach elimination goals, and was released on March 28, 2017. We look forward to briefing you about the findings of the strategy,

As the above referenced professional judgment budget indicates, we have the tools necessary to eliminate hepatitis in the United States, however, a significant investment in resources is necessary. CDC identified the following activities as priorities should additional resources be allocated: build jurisdictional capacity to identify people living with hepatitis and link them to care and treatment, and work with providers, health care professionals and insurers to improve access to screening and treatment; prioritize interventions among people who use drugs and improve surveillance and outbreak response; prevent mother-to-child transmission of HBV and HCV; and improve prevention efforts through research and technical assistance. These activities complement the goals laid out in the updated *National Viral Hepatitis Action Plan 2017-2020* to (1) prevent new viral hepatitis infections, (2) reduce deaths and improve the health of people living with viral hepatitis, (3) reduce viral hepatitis health disparities, and (4) coordinate, monitor and report implementation of viral hepatitis activities.

### **Screening and Linkage to Care**

Full implementation of the CDC and United States Preventive Service Task Force recommendations for HBV and HCV testing and linkage to care by state Medicaid programs, Medicare, and private health systems and providers are necessary to make elimination a reality. As studies have shown, identifying and treating a person living with hepatitis early, before the

disease progresses, is cost effective. Treating a person living with HCV before there is liver scarring saves more than \$187,000 per person per year. Successful treatment is now more possible than ever, as new therapies to cure HCV have success rates of well over 90%. Previous therapies were difficult to administer and tolerate and had low cure rates; while the new therapies are easy to take, have little to no side-effects, and almost always lead to a cure. Linkage to these treatments is essential to elimination efforts. Increased resources would enable CDC to:

- Work to advance testing in private clinical settings, state, territorial, tribal, and local 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;
- Work with health insurance and health care providers to improve access to testing and treatment; and
- Train health care professionals to integrate testing and treatment services.

## 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 2015 Scott County, 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 to adequately address the epidemics in these populations. Increasing funding would allow CDC 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 of model projects for the elimination of HCV transmission and related mortality throughout an indicated area; and
- Increase the number of funded sites to improve 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 acquire 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 CDC to:

- Investigate networks of transmission 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; and
- In addition to HBV and HCV testing, with additional funding, CDC 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**

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. With proper policies in place, perinatal hepatitis B can be eliminated in the United States. However, 800 to 1,000 perinatal HBV transmissions still occur each year in the U.S. With increased resources, CDC would:

- Monitor and improve implementation of HBV vaccination of all infants within 24 hours of birth through continued collaborations with birthing hospitals;
- Work with health care and public health systems to remove barriers for reimbursing providers administering the birth dose and screening of infants;
- Continue to work with state epidemiologists to implement revised state and local reporting criteria for pregnant women and their newborns living with HCV; and
- Consider routine testing HCV testing for women of child bearing age to identify young women living with HCV who would benefit from early 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 such programs. Syringe service programs are one of the most effective ways to prevent transmission of blood borne pathogens, including HIV, HBV, and HCV, 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 service 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 FY2018 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 FY2018 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](mailto: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  
American Association for the Study of Liver Diseases  
Caring Ambassadors  
Harm Reduction Coalition  
Hep B United  
Hepatitis B Foundation  
Hepatitis C Association  
Hepatitis Foundation International  
Liver Health Connection  
NASTAD  
Project Inform  
[List in formation]