



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH

Commissioner

February 18, 2016

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Tamara Syrek Jensen, JD
Director, Coverage and Analysis Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Blvd. Baltimore, MD 21244

RE: Centers for Medicare and Medicaid National Coverage Analysis for Screening for Hepatitis B Virus (HBV) Infection (CAG-00447N)

Dear Ms. Jensen:

The New York City Department of Health and Mental Hygiene (DOHMH) appreciates the opportunity to offer comments on the Centers for Medicare and Medicaid Services (CMS) National Coverage Analysis for hepatitis B screening for Medicare beneficiaries who are at high risk for hepatitis B (HBV) infection as defined by the United States Preventive Services Task Force (USPSTF), and we urge CMS to add HBV screening as an “additional preventive service” reimbursable by Medicare.

Up to two million Americans have chronic HBV infection. Between 2011 and 2014, 83,494 unique individuals were reported with chronic HBV in New York City aloneⁱ, and the prevalence is estimated to be 1.2 percent, which is two to four times higher than the United States overall.ⁱⁱ Unfortunately, 67 percent of persons with chronic HBV are unaware of their infection, placing them at significant risk for advanced liver disease, liver cancer, and/or in need of a liver transplant. HBV is the leading cause of hepatocellular carcinoma (HCC), which is the only cancer that continues to rise in both incidence and mortality in the U.S.

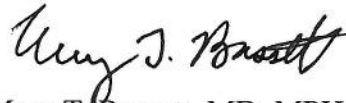
Of the 7,459 New Yorkers identified with chronic HBV in 2014, 7.4 percent of them were age 65 and over and part of the Medicare covered population. Seniors who are Medicare beneficiaries and are unaware of their HBV infection are likely to have been living with the disease for decades, and it is vital that they are linked to care and treatment before they develop advanced liver disease or liver cancer. Additionally, those with end stage renal disease are at higher risk for HBV infection and are less likely to respond to the HBV vaccine, and would benefit greatly from screening and subsequent linkage to care.

Furthermore, minority populations in the U.S. are disproportionately affected by chronic HBV; in particular, African immigrants and Asian Americans and Pacific Islanders (AAPI), who make up over 50 percent of the HBV infection burden in the United States, and have higher liver cancer rates than Caucasian populations. DOHMH serves an area with one of the highest populations of people at risk for or infected with hepatitis B due to the large population of immigrants from HBV-endemic regions. According to the 2010 U.S. census, the population of

non-Hispanic Asians showed the greatest growth among foreign-born NYC residents, which now makes up 12.6 percent of the City's population.

Chronic HBV infection is often asymptomatic and diagnosed late unless at-risk individuals are screened for the infection. Symptoms often indicate a late stage of infection and complications may have already developed, which are more difficult to reverse and are often fatal. There are FDA-approved medications that can suppress viral activity and help prevent end-stage liver disease and liver cancer. Despite the robust expansion of health care access since the passage of the Affordable Care Act, many foreign-born New York City residents remain vulnerable to poor health outcomes for a variety of reasons, including limited insurance coverage. We believe that including HBV screening under Medicare Preventive Services would lead to improved health outcomes for Medicare beneficiaries, and have a particularly beneficial impact on improving health equity among our immigrant populations. We thank CMS for initiating this National Coverage Analysis and appreciate the opportunity to comment on this process.

Sincerely,



Mary T. Bassett, MD, MPH
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ⁱ NYC DOHMH 2014 Hepatitis B and C Annual Report. Published 2016.

<http://www1.nyc.gov/assets/doh/downloads/pdf/cd/hepatitis-b-and-c-annual-report.pdf>

ⁱⁱ Estimating the prevalence of chronic hepatitis B virus infection--New York City, 2008.

A.M. France, et al., J Urban Health. 2012 Apr; 89(2): 373-83.

<http://www.ncbi.nlm.nih.gov/pubmed/22246675>