



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH

Commissioner

August 5, 2016

Gotham Center
42-09 28th Street, 8th Floor
Queens, NY 11101-4132

+ 1 347 396 4100 tel

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: Proposed Decision Memorandum for Screening for Hepatitis B
Virus (HBV) Infection (CAG-00447N)

Dear Ms. Jensen:

The New York City Department of Health and Mental Hygiene (NYC DOHMH) fully supports the Centers for Medicare and Medicaid Services' (CMS) decision memo proposing to cover hepatitis B screening at no cost to Medicare beneficiaries who are at high risk as defined by the United States Preventive Services Task Force. Adding hepatitis B screening as a covered Medicare preventive service would significantly improve efforts to identify people living with hepatitis B and link them to lifesaving care and treatment.

Rather than limiting this benefit to those whose tests were ordered by the beneficiary's primary care physician or practitioner within the context of a primary care setting, however, we request that CMS expand coverage beyond the primary care into a variety of settings where vulnerable populations seek culturally competent healthcare services. By limiting coverage to primary care, CMS would be creating barriers to hepatitis B screening in other vital health care settings, such as emergency departments. Similar restrictions have created significant challenges in hepatitis C screening and other covered preventive services.

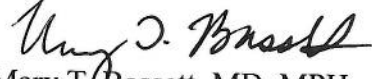
Up to 2 million Americans have chronic HBV infection. Between 2011 and 2014, 83,494 unique individuals were reported with chronic HBV in NYC alone¹, and the prevalence is estimated to be 1.2 percent, which is two to four times higher than the U.S overall.² Unfortunately, 67 percent of persons with chronic 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 U.S., and have higher liver cancer rates than Caucasian populations. The NYC area has the third largest Asian elderly population in the United States, with over 100,000 Asian seniors, and nearly a quarter of elderly Asians live in poverty³. 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 make up over one million, or 1 in 8 New Yorkers.

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 releasing this decision memo and appreciate the opportunity to comment on this process.

Sincerely,


Mary T. Bassett, MD, MPH
Commissioner

MTB/er

¹ 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>

² 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>

³ Asian American Federation of New York Census Information Center. Census Profile: New York City's Asian American Elderly Population.

<http://www.aafny.org/cic/briefs/elderly.pdf>