

United States Senate

WASHINGTON, DC 20510

April 4, 2014

The Honorable Tom Harkin
Chair
Subcommittee on Labor-HHS-Education
Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Jerry Moran
Ranking Member
Subcommittee on Labor-HHS-Education
Appropriations Committee
United States Senate
Washington, DC 20515

Dear Chairman Harkin and Ranking Member Moran:

As you work towards finalizing the Subcommittee's Fiscal Year 2015 Appropriations bill, we would like to respectfully request that you increase the allocation for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) by \$16.4 million over FY2014 to total \$47.8 million.

The need to enhance and expand viral hepatitis prevention efforts is growing more urgent. Viral hepatitis is the leading cause of liver cancer—one of the most lethal, expensive and fastest growing cancers in America. More than 5.3 million people in the U.S. are living with hepatitis B (HBV) and/or hepatitis C (HCV) and 65-75 percent of them are undiagnosed. With the lack of an adequate comprehensive surveillance system these estimates are only the tip of the iceberg. Viral hepatitis kills 15,000 people each year and is the leading non-AIDS cause of death in people living with HIV—nearly 25 percent of HIV-positive persons are also infected with HCV and nearly 10 percent with HBV.

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 and present a dramatic public health inequity. For example, HCV is twice as prevalent among African Americans as it is in the general U.S. population. 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. 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. Additionally, recent alarming epidemiologic reports indicate a rise in HCV infection among young people throughout the country. Some jurisdictions have noted 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.

Further, the baby boomer population (those born 1945-1965) currently accounts for two out of every three 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 with 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. Additionally, over the last two years, CDC and the U.S. Preventive Services Task Force (USPSTF) have begun to align their recommendations for hepatitis screening, recommending one-time testing of baby boomers and screening vulnerable groups for HCV.

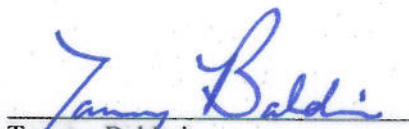
We appreciate the Committee's support for viral hepatitis prevention, in particular the increased support to prioritize the identification of HBV and HCV-positive individuals who are unaware of their status. We strongly encourage you to sustain your commitment this year. We have the tools to prevent the major causes of viral hepatitis and liver cancer—a hepatitis B vaccine and effective treatments that reduce disease progression, new diagnostics for HCV and treatments that increase cure rates over 90 percent, and even more medical advances 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 improve access to care, strengthen our public health infrastructure, and combat the devastating and expensive complications caused by viral hepatitis. We thank you for your consideration of this request.

Sincerely,



Jeffrey A. Merkley
United States Senator



Tammy Baldwin
United States Senator



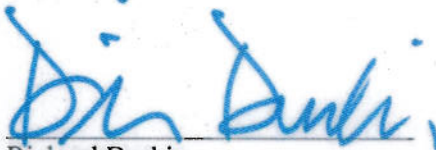
Kirsten Gillibrand
United States Senator



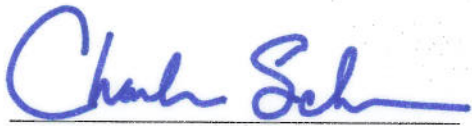
Elizabeth Warren
United States Senator



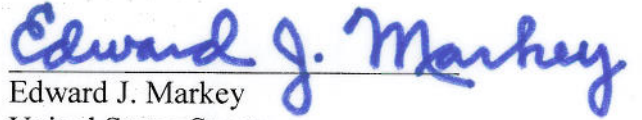
Barbara Boxer
United States Senator



Richard Durbin
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Charles Schumer
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Edward J. Markey
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