Hepatitis Appropriations Partnership

November 2, 2016

Shaun Donovan
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Director Donovan:

On behalf of the Hepatitis Appropriations Partnership (HAP) and the below XX organizations, we would like to thank you for your leadership in ensuring that our government and health care systems meet the needs of millions across America by creating a budget that reflects our nation's priorities. HAP is a national coalition of community-based organizations, public health and provider organizations, national organizations and diagnostic, pharmaceutical and biotechnology companies that works with policy makers and public health officials to increase federal support for viral hepatitis prevention, testing, education, research and treatment.

Overview of HAP Fiscal Year 2018 Funding Request:

- **Centers for Disease Control and Prevention, Division of Viral Hepatitis: $170.3 million**
- **Syringe Services Programs: Allow Federal Funding**

HAP formally and respectfully requests $170.3 million for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC). The President's budget for FY2017 acknowledged the many challenges facing the public health response to addressing viral hepatitis, including significant increases of hepatitis C (HCV) transmissions in many states across the U.S. Unfortunately, the budget submitted to Congress included only a $5 million increase to the Division of Viral Hepatitis, for a total of $39 million in proposed funding. We urge the President's FY2018 budget request to make a strong statement responsive to the need for a more aggressive approach to battling hepatitis B (HBV) and HCV in the United States. The World Health Organization has set a goal to eliminate HBV and HCV by 2030. Disturbingly, the U.S. currently is on track to fail to meet the less ambitious Healthy People 2020 goals. In fact, deaths related to HCV now surpass deaths related to all 60other infectious diseases reported to the CDC, *combined.* Without a strong investment in aggressively expanding hepatitis activities in the U.S., we will be unable to control hepatitis in the short term, nor eliminate it in the long term.

Our request aligns with the CDC's 2010 professional judgment (PJ) budget recommendations. According to the PJ, in order to effectively respond to the viral hepatitis epidemics, CDC would require $170.3 million annually from FY2014-FY2017 and $306.3 million annually from FY2018-FY2020. Of course these estimates pre-date recent, significant changes in the epidemics, such as the availability of direct-acting antivirals for HCV and testing guidelines for HBV and HCV, but do highlight the significant gap that persists between the stated need and the actual funding level. The viral hepatitis community understands the challenge of budgeting additional resources in the current fiscal climate, yet the need for these programs continues to grow. Further, in April 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 that **"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…"** We believe it is imperative for the President's budget to set the minimum level of funding necessary to begin to address hepatitis in the United States.

In the United States there are approximately 5.3 million people living with chronic hepatitis B (HBV) and/or hepatitis C (HCV), with approximately 21,000 deaths annually attributed to hepatitis-related liver disease or liver cancer – one of the few cancers seeing an increase in incidence and mortality according to the Annual Report to

the Nation on the Status of Cancer. These figures are conservative estimates based on National Health and Nutrition Examination Survey (NHANES) data, which does not include homeless individuals, those with unstable housing, the incarcerated, and many immigrant and migrant populations – populations disproportionately affected by viral hepatitis. Worse, of the estimated 1.4 million people living with chronic HBV and 3.9 million people living with chronic HCV, 65-75% do not know their diagnosis and are not receiving the appropriate care and treatment. Without a confirmed diagnosis and linkage to and retention in care, 15-40% of those living with viral hepatitis will eventually develop liver cirrhosis and/or hepatocellular carcinoma. Unfortunately, due to the lack of an adequate and comprehensive surveillance system, these estimates are likely only the tip of the iceberg.

Viral hepatitis disproportionately impacts several communities, particularly people who inject drugs, men who have sex with men, persons living with HIV, military veterans, African immigrants and African Americans, Asian immigrants and Asian Americans, Pacific Islanders, Latinos, and residents of rural and remote areas with limited access to medical treatment or culturally and linguistically-appropriate services. Persons born between 1945 and 1965 have the greatest risk for HCV-related morbidity and mortality, and 75% of people living with hepatitis C were born during this time period. Both CDC and the U.S. Preventive Services Task Force (USPSTF) released new HBV and HCV screening guidelines recommending that providers offer a one-time screening of HCV to anyone born in this birth cohort, and that anyone at high-risk for HBV should be screened. Additionally, recent alarming epidemiologic reports indicate a burgeoning epidemic of HCV infection among young people throughout the country, with a 151% rise in cases from 2010-2013. Some jurisdictions have even 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.

Even with these challenges, the availability of effective new curative treatments brings the elimination of HCV in the United States within our reach, setting the stage for an enormous new public health victory. The elimination of HCV in the United States – as well as HBV thanks to safe and effective vaccine and treatment options – is possible but not without increased investments in comprehensive, national viral hepatitis prevention, screening, linkage to care, education and surveillance programs.

CDC Division of Viral Hepatitis

Therefore, as you finalize the President's FY2018 budget HAP requests $170.3 million (+$139 million) for the CDC DVH to more effectively combat these epidemics, in line with the needs determined by the PJ and the goals of the Administration's *Viral Hepatitis Action Plan***.** This request mirrors the recommendation included in the CDC PJ, and is a critical investment necessary to move toward elimination of HBV and HCV in the United States. This increase will better enable state and local health departments, community-based organizations, community health centers and others to effectively implement the upcoming NASEM recommendations, the forthcoming updated *Action Plan for Viral Hepatitis,* and the CDC and USPSTF screening guidelines for baby boomers and communities with other risk factors.

At present, only 25-35 percent of people living with chronic viral hepatitis are aware of their infection. The *Viral Hepatitis Action Plan* established a goal of increasing the proportion of persons who are aware of their HBV infection from 33 percent to 66 percent and from 45 percent to 66 percent for HCV. In FY2014 DVH discontinued the screening and linkage to care programs for HBV and HCV, shifting the majority of this funding to community-based programs and towards collaborations. We agree that funding should be directed to grantees with existing infrastructure to identify larger numbers of people living with viral hepatitis. However, in the absence of a nationwide awareness, testing and linkage to care initiative, we remain concerned that this shift in funding will result in an inability to meet the goals of the *Viral Hepatitis Action Plan*. Further, there are currently insufficient resources to support a coordinator in the Pacific Island-area territories and Puerto Rico, two jurisdictions in dire need of such coordination and services. **HAP recommends that the Administration restore funding for screening and linkage to care programs in the President's FY2018 budget, and increase funding to $50 million, within the above recommended funding level for DVH.**

The CDC currently funds only 5 state health departments and 2 local health departments to conduct minimal surveillance in their jurisdictions, and these grants will soon come to an end. 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 viral hepatitis epidemics. In FY2015 the VHPC program received roughly $5.4 million to fund a total of 48 states, the District of Columbia and three cities, leaving 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. With increased investments in nationally coordinated surveillance activities, key stakeholders (states, health departments, policy makers, and providers) would be equipped with information that is critical to understanding the burden and impact of the hepatitis epidemics, identify and averts outbreaks, and that will allow for improved targeting of resources to the most impacted communities. **HAP encourages the Administration to continue to support and expand the VHPC program and hepatitis surveillance activities in all jurisdictions by including $40.5 million in the President's FY2018 budget proposal.**

Mother-to-child, or perinatal HBV transmission during the labor and delivery process is the most common route of HBV infection worldwide. In the U.S., an estimated 25,000 infants are born to HBV-infected mothers each year. These women are at risk of transmitting the virus to their infants and other household members, without proper interventions. HBV vaccine-based strategies are recommended for newborns immediately after delivery; post-exposure prophylaxis reduces up to 95% of perinatal HBV infections. Despite preventive efforts, an estimated 1,000 infants are still infected with HBV in the U.S. annually. Approximately 90% of HBV-infected infants will develop chronic infection, and 1 in 4 will die prematurely from liver disease or liver cancer. **To achieve the national goal of eliminating mother-to-child HBV transmission, HAP recommends that the Administration provide $30 million to study and address gaps in current prevention strategies, develop a comprehensive case management program that focuses on strengthening public health agencies' responses and the identification, referral, care and treatment of HBV-infected women and infants.**

HCV prevalence among PWIDs is as high as 90%, and between 20-30% of uninfected people who inject drugs acquire HCV each year. In recent years, and in close correlation to the national epidemics of opioid misuse, heroin use, and overdose, public state health departments have reported an alarming increase in new HCV cases among people under the age of 30 in many states, including: Alabama, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Montana, New Mexico, North Carolina, Oregon, Tennessee, Washington and West Virginia. New HCV infections are increasingly found in suburban and rural settings, especially in the Appalachian and northeast regions of the country, where access to harm reduction, public health, and care and treatment are often limited. This increase makes the need to enhance and expand these prevention efforts all the more urgent. **HAP recommends that the Administration provide $20 million to prioritize immediate support in the field, strengthening health department and community responses that target youth and young adults, specifically persons who injection drugs (PWIDs), persons under 30 years old, and persons living in rural areas.**

In addition to the above-recommended HHS funding priorities, the President's FY2017 budget must also include robust funding for viral hepatitis activities within other key departments, including the Department of Veterans Affairs' Veterans Health Administration, the Department of Justice's Federal Bureau of Prisons, and the Department of Defense.

Finally, we applaud President Obama for consistently proposing an end to the ban on the use of federal funds for syringe exchange programs and allowing the use of local funds for syringe exchange programs in the District of Columbia. **We urge that the President's FY2018 budget include funding for state, local and tribal governments and community based organizations to support syringe exchange programs.**

The viral hepatitis community welcomes the opportunity to work with you and your staff on these very important and timely issues. Should any questions arise or if you need additional information, please contact Mariah Johnson at (202) 434-8042 or mjohnson@NASTAD.org. Once again, we thank you for your leadership and look forward to your assistance in the fight against these silent epidemics.

Sincerely,

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