November 25, 2013

Sylvia Mathews Burwell  
Director  
Office of Management and Budget  
725 17th Street, NW  
Washington, DC 20503

Dear Director Burwell:

On behalf of the Hepatitis Appropriations Partnership (HAP) and the 100 undersigned 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.

In FY2012, the Administration and Congress demonstrated commitment to increasing the federal response to the viral hepatitis epidemics with the creation of the first-ever viral hepatitis screening initiative through the Prevention and Public Health Fund (PPHF). This brought the total funding at the Centers for Disease Control and Prevention (CDC) Division of Viral Hepatitis (DVH) to an unprecedented $29.7 million in FY2012. The viral hepatitis community is grateful that the Administration took on this charge and prioritized the identification and linkage to care of people living with viral hepatitis who are unaware of their status. Although no funding was awarded through the PPHF in FY2013, the Secretary used her transfer authority to ensure that this initiative continued, once again marking the importance of addressing viral hepatitis in the United States, leaving the total funding at DVH at $29.6 million after sequestration. This transfer allowed for the continuation of the initiative created in FY2012 and helped bring us closer to meeting the goals of the Viral Hepatitis Action Plan.

Although this is certainly a step in the right direction, CDC’s 2010 professional judgment (PJ) budget recommended much higher funding levels. According to the PJ, in order to effectively respond to the viral hepatitis epidemics, CDC would require $90.8 million each year from FY2011-FY2013, $170.3 million annually from FY2014-FY2017 and $306.3 million annually from FY2018-FY2020. The President’s budget for FY2014 sought to capitalize on the momentum from FY2012 and FY2013 and increase the budget authority of DVH to $29.8 million in FY2014 (plus $1.6 million for the Working Capital Fund), an act that deserves to be commended, but is only a small step toward building a more comprehensive response to viral hepatitis. Given the fiscal uncertainty of FY2014, the partial continuing resolution (CR) funding the government until January 15, 2014, and the inability to administer the PPHF without a complete spending bill, the future of these additional resources is unknown, while the need for these programs continues to grow. HAP would like to formally and respectfully request $59.8 million for CDC DVH in the President’s FY2015 budget (+$30.2 million)*, in line with the needs determined by the PJ and the goals of the Administration’s Viral Hepatitis Action Plan.

In the United States there are approximately 5.3 million people living with chronic hepatitis B (HBV) and/or hepatitis C (HCV), with 15,000 deaths annually attributed to hepatitis-related liver disease or liver cancer. These figures are 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. While we have generally seen decreases in acute viral hepatitis infections, chronic viral hepatitis continues to affect millions of Americans. In the United States, an estimated 1.4 million persons are living with chronic HBV infection and an estimated 3.9 million persons are chronically infected with HCV. Of these, 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 or hepatocellular carcinoma. Still in 2010 alone, the CDC estimated that 35,000 Americans were newly infected with HBV and 17,000 with HCV. 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 (PWID), men who have sex with men (MSM), persons living with HIV (PLWH), 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 both CDC and the U.S. Preventive Services Task Force (USPSTF) released new HCV screening guidelines recommending that providers offer a one-time screening of HCV to anyone born in this birth cohort. Additionally, recent alarming epidemiologic reports indicate a burgeoning syndemic of HCV infection among young people throughout the country whose rates are rising. 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.

As you finalize the President’s FY2015 budget, we ask for total funding of $59.8 million for the CDC’s DVH to more effectively combat the epidemics. This request pales in comparison to the CDC’s PJ, which recommended a total of $170.3 million for DVH in FY2015. In addition to the typical discretionary process, we encourage you to continue to leverage funding through, but not limited to, the PPHF and the integration and eligibility of viral hepatitis programs into other public health initiatives and funding mechanisms for activities that do not currently include viral hepatitis. These increases will better enable state and local health departments, community-based organizations, community health centers and others to effectively implement the recommendations set by the IOM’s Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C, the Action Plan for Viral Hepatitis, and the CDC and USPSTF screening guidelines for baby boomers and at-risk groups.

The IOM report and the Viral Hepatitis Action Plan set prevention goals, established program priorities, and assigned responsibilities for actions to HHS operating divisions, including CDC. In turn, CDC 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). For over a decade, the VHPC program has been and remains the only national program dedicated to the prevention and control of the viral hepatitis epidemics. In FY2013, the VHPC program received $5.3 million to fund a total of 48 states, the District of Columbia and three jurisdictions. This program provides funding to support a coordinator, but leaves little to no money for the provision of public health services, such as public education and access to prevention services like testing and hepatitis A and B vaccinations. Even without funding for programmatic activities, coordinators administered nearly 90,000 tests nationwide in FY2011. The previously noted increase of HCV infection among young persons who inject drugs makes the need to enhance and expand these prevention efforts all the more urgent. HAP encourages the Administration to continue to support and expand the VHPC program in all currently-funded jurisdictions by increasing the VHPC budget to $10.5 million (+$5.2 million) in FY2015, within the above recommended amount of $59.8 million.

The Administration must engage in additional efforts to successfully decrease incidence, increase awareness of viral hepatitis and increase linkage to care for people living with viral hepatitis through a national testing and linkage to care initiative that provides funding and infrastructure for testing and linkage to care; develops national testing goals and supports monitoring and evaluation. At present, only 25-35 percent of people living with chronic viral hepatitis are aware of their infection. According to the PJ for viral hepatitis, the top priority is to identify persons with viral hepatitis early and refer them to care by strategically increasing access to testing nationwide. 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. The FY2012 and FY2013 funding for screening and linkage to care must continue, be increased to $20 million (+$10 million)*, and be directed to grantees with existing infrastructure to identify larger numbers of people living with viral hepatitis in FY2015 in order to best meet the goals of the Viral Hepatitis Action Plan.

With an increase in testing, the second priority is to improve the monitoring of viral hepatitis. There are currently no funds for a national surveillance system of chronic viral hepatitis, limiting the access to information about viral
hepatitis available to states, health departments, policy makers and service providers. CDC currently funds four state health departments and two local health departments to conduct minimal surveillance in their jurisdictions. By creating a national surveillance system, the Administration will provide stakeholders with information that is critical to understanding the impact of the hepatitis epidemics, identifies and averts outbreaks, and that will best target resources to the most impacted communities. **HAP recommends that the Administration continue to provide funding to the currently funded surveillance projects and invest $15 million (+$15 million)* for the creation of a national infrastructure for monitoring the viral hepatitis epidemics, in line with the PJ.**

In addition to the increase in core viral hepatitis prevention at CDC DVH, the President’s FY2015 budget must include:

- An increase for capacity support at HHS in order to continue the priority initiatives that were established in the *Action Plan on Viral Hepatitis*
- Additional funding at CDC’s National Center for Immunization and Respiratory Diseases (NCIRD) for hepatitis A and B vaccinations for at-risk adults
- Funding for the HHS Office of Minority Health to support viral hepatitis education initiatives in communities of color and foreign-born populations
- Directed resources at the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund initiatives to reach persons who use drugs with viral hepatitis prevention, identification and linkage to care services
- Resources for existing support services and safety net programs like Community Health Centers, who help provide culturally and linguistically-appropriate services to populations in need
- Increased access to treatment, vaccines and diagnostics through the Ryan White program to care for the 25% of PLWH who are coinfected with HCV and 15% coinfected with HBV
- Steady and predictable growth for the budget of the National Institutes of Health to ensure success of the objectives outlined by the *Viral Hepatitis Action Plan.*

**Finally, we urge you to end the ban on the use of federal funds for syringe exchange programs and to maintain language that allows the use of local funds for syringe exchange programs in the District of Columbia.** More than 55 percent of HCV cases are directly or indirectly related to injection drug use. Numerous studies have shown syringe exchange programs to be an evidence-based and cost-effective means to lower rates of viral hepatitis and HIV, to reduce the use of drugs and help connect people to medical treatment, including substance abuse treatment.

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 Oscar Mairena at (202) 434-8058 or omairena@NASTAD.org. Once again, we thank you for your leadership and look forward to your assistance in the fight against these silent epidemics.

*Sincerely,*

The Hepatitis Appropriations Partnership

*Funding comparisons are based on FY2013, post-sequester, post-Secretary transfer amounts, excluding the Working Capital Fund.*
ACRIA (AIDS Community Research Initiative of America)
AIDS Action Baltimore
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation of Chicago
The AIDS Institute
AIDS Research Consortium of Atlanta
AIDS Resource Center Ohio
AIDS United
American Academy of HIV Medicine (AAHIVM)
American Association for the Study of Liver Diseases
American Liver Foundation
Anthony Jordan Health Center
Asian & Pacific Islander American Health Forum
Asian American Health Coalition DBA HOPE Clinic
Asian Health Coalition
Asian Pacific Community in Action
Asian Pacific Health Foundation
Asian Services In Action
Association of Asian Pacific Community Health Organizations
Association of Nurses in AIDS Care
Association of State and Territorial Health Officials
AzHCC
Berkeley Free Clinic
Beth Israel Deaconess Medical Center
Boehringer Ingelheim
C.O.R.E. Medical Clinic, Inc.
Caring Ambassadors Program, Inc.
CHIPO
CHOW Project
Community Access National Network - CANN
COPE
Corporate Hepatitis Alliance
DFW Hepatitis B Free Project
Digestive Disease National Coalition
Division Of Global Health, UCSF
Frederick County Hepatitis Clinic, Inc.
Georgia AIDS Coalition
GMHC
Harm Reduction Action Center
Harm Reduction Coalition
HBV Advocate (www.hbvadvocate.org)
HCV Advocate (www.hcvadvocate.org)
Health and Medicine Counsel of Washington
HealthHIV
Help & Education for Liver Patients (HELP!)
Hep B United
Hep C Assoc
Hep C Connection
Hep Free Hawaii
Hepatitis B Foundation
Hepatitis B Initiative of Washington DC
Hepatitis C Association
Hepatitis C Support Project
Hepatitis Wellness Hawai‘i
HepTREC
HIV Medicine Association
HIV Prevention Justice Alliance
HIVdent
HONOReform (Hepatitis Outbreaks' National Organization for Reform)
Housing Works
Hyacinth AIDS Foundation
Immunization Action Coalition
Infectious Diseases Society of America
Latino Commission on AIDS
Lifelong AIDS Alliance
Maryland Hepatitis Coalition
Midwest Asian Health Association (MAHA)
Mo Hepatitis C Alliance
National Task Force on Hepatitis B: Focus on Asian and Pacific Islander Americans
National Alliance of State & Territorial AIDS Directors
National Association of County and City Health Officials
National Coalition of STD Directors
National Council of Asian Pacific Islander Physicians
National Hispanic Hepatitis Awareness Day
National Latino AIDS Action Network
National Minority AIDS Council
National Viral Hepatitis Roundtable
North Shore Health Project
NYC Hepatitis B Coalition
OASIS
Ohio AIDS Coalition, a Division of AIDS Resource Center Ohio
Ohio Asian American Health Coalition
Project Inform
Racial and Ethnic Health Disparities Coalition
Recovery 2000, Inc.
Robert G. Gish Consultants, LLC
San Francisco Department of Public Health
SEAMAAC
Southern AIDS Coalition
Southern Arizona AIDS Foundation
Street Works
Suncoast HepC Friends.Org
The Hepatitis C Mentor and Support Group, Inc. (HCMSG)
The National Task Force on Hepatitis B: Focus on Asian and Pacific Islander Americans
Treatment Access Expansion Project
Treatment Action Group
UCSF Division of Global Health
University at Buffalo
VillageCare
Weill Cornell Medical Center