



Monday, November 9 2009

The Honorable Peter Orszag
Director, Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Mr. Orszag:

On behalf of the 80 undersigned organizations committed to increasing the federal government's response to viral hepatitis, we thank you for your leadership toward building a health care system that meets the needs of all Americans. To that end we request the inclusion of **increases in funding for programs that address viral hepatitis in the President's FY2011 budget.**

The most common viral hepatitis diseases, hepatitis B and C, affect at least 5.4 million Americans; the vast majority of whom do not know they are infected. Viral hepatitis can lead to chronic liver disease, cirrhosis, liver cancer and liver failure. Each year, complications from these chronic infections claim 15,000 lives. To help ensure that those at higher risk of infection are protected and those currently infected are diagnosed and receive lifesaving medical care, we request increased federal resources for the prevention, medical management, treatment and research of viral hepatitis.

As you finalize the President's FY2011 budget, we ask that you consider the following critical funding needs to address the viral hepatitis epidemics.

Specific funding needs:

- \$50 million for the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis (DVH);
- At least \$20 million for an adult hepatitis B vaccination initiative through the CDC Section 317 Vaccine Program;
- \$10 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund a project within the Programs of Regional and National Significance (PRNS) to reach persons who use drugs with viral hepatitis prevention services;

General funding needs:

- Increase funding for Community Health Centers to increase their capacity to serve people with chronic viral hepatitis;
- Increase funding for the Ryan White Program to adequately cover persons co-infected with viral hepatitis through additional case management, provider education and coverage of viral hepatitis drug therapies;
- Increase funding for the National Institutes of Health to support their *Action Plan for Liver Disease Research*



It is absolutely essential that we respond aggressively to address the rising death rate caused by viral hepatitis in the United States. This is particularly urgent due to the rising incidence rate of viral hepatitis among disproportionately impacted populations. In 2007 alone, the CDC estimated that 43,000 Americans were newly infected with hepatitis B and 17,000 with hepatitis C. Unfortunately, it is believed that these estimates of hepatitis B and C infections are just the tip of the iceberg, since we lack sufficient data in the absence of an adequate surveillance system. Most people living with hepatitis B and over three-fourths of people living with hepatitis C are unaware that they are infected. Further, the baby boomer population currently accounts for two out of every three cases of chronic hepatitis C. As these Americans continue to age, they are likely to develop complications from hepatitis C and require expensive medical interventions. It is also estimated that this epidemic will increase costs by billions of dollars 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 American workers suffering from chronic hepatitis B and C.

Prevention

We request a minimum increase of \$50 million in FY2011 for the Centers for Disease Control and Prevention's Division of Viral Hepatitis to enable state and local health departments to provide basic core public health services. Even with one of the largest and more costly disease burdens in the country, the Division continues to operate on \$18.3 million¹, the smallest budget of all the infectious disease divisions within CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), and has withstood years of underfunding and defunding since its peak level of \$25 million in FY2001. Clearly DVH cannot adequately address these epidemics with such inadequate financial resources. \$5 million of DVH's budget supports the Adult Viral Hepatitis Prevention Coordinator (AVHPC) Program in 55 jurisdictions, with an average of award of \$90,000. This amount is only enough for the salary of a single staff position, far less than what is needed for the provision of core prevention services that include hepatitis B and C education, counseling, testing, and referral, in addition to delivering the hepatitis A and B vaccines, and establishing a surveillance system for chronic hepatitis B and C.

The greatest remaining challenge for hepatitis A and B prevention is the vaccination of high-risk adults. High-risk adults account for more than 75 percent of all new cases of hepatitis B infection each year and annually result in an estimated \$658 million in medical costs and lost wages. This is unacceptable as we have had a vaccine against hepatitis B for more than 25 years, yet there exists no funding for a national adult vaccination program. CDC identified funds through program cost savings in the Section 317 Vaccine Program, allocating \$20 million in FY2008 and \$16 million in FY2009 for purchase of the hepatitis B vaccine for high-risk adults. We commend CDC for prioritizing high-risk adults with this initiative, but relying on the availability of these cost savings is not enough. Additionally, this initiative does not support any infrastructure or personnel and health departments need additional funding to support the delivery of this vaccine. **We request a continuation of \$20 million in FY2011 for an adult hepatitis B vaccination initiative through the CDC's Section 317 Vaccine Program.**

Medical Management and Treatment

Access to available treatments and treatment support services are critical to combat viral hepatitis mortality. While we are supportive of the President's efforts to modernize and expand access to health care, we also support increased funding for existing safety net programs. Low-income patients who are uninsured or underinsured can and do seek services at Community Health Centers (CHCs). With the growing importance of

¹ The Division of Viral Hepatitis was funded at \$18.3 million for FY2009. It was given a small increase of \$1.8 million in the House's version and flat-funded in the Senate's version of the FY2010 Labor-HHS-Education Appropriations bill.

CHCs as a safety net in providing frontline support for these individuals, **we support increasing resources for CHCs to increase their capacity to serve people with chronic viral hepatitis.**

Many low-income individuals co-infected with viral hepatitis and HIV can obtain services through the Ryan White Program, however only half of the state AIDS Drug Assistance Programs (ADAPs) are able to provide viral hepatitis treatments to co-infected clients. **We urge you to increase Ryan White funding so states can provide adequate coverage for co-infected clients.** Increased resources are also needed to improve provider education on viral hepatitis medical management and treatment, to cover additional case management for patients undergoing treatment and to allow more states to add viral hepatitis therapies and viral load tests to their ADAP formularies. While Ryan White providers offer lifesaving care to co-infected clients, they also have the expertise and infrastructure to provide limited services to viral hepatitis mono-infected clients.

Prevention for People who Use Drugs

Persons who use drugs are disproportionately impacted by hepatitis B and C. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) are uniquely positioned to reach populations at risk for hepatitis B and C. The existing infrastructure of substance abuse prevention and treatment programs in the United States provides an important opportunity to reach Americans at risk or living with viral hepatitis. **We urge you to provide \$10 million to SAMHSA to fund a project within the Programs of Regional and National Significance (PRNS) to reach persons who use drugs with viral hepatitis prevention services.**

Research

Finally, research is needed to increase understanding of the pathogenesis of hepatitis B and C, improve hepatitis B and C treatments that are currently difficult to tolerate and have low "cure" rates, develop clinical strategies to slow the progression of liver disease among persons living with chronic infection, especially to those who may not respond to current treatment, and develop a vaccine against hepatitis C infection. The Liver Disease Branch, located within the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH), has developed an *Action Plan for Liver Disease Research*. **We request full funding for NIH to support the recommendations and action steps outlined in this Action Plan for Liver Disease Research.**

A strong public health response is needed to meet the challenges of these costly and neglected diseases. The viral hepatitis community welcomes the opportunity to work with you and your staff on this important issue and to gain support for increased resources to prevent these devastating epidemics. Please contact Colin Schwartz with the Hepatitis C Appropriations Partnership at 202.434.8005 or cschwartz@NASTAD.org if you have any questions or need additional information.

Sincerely,

A Community Resource Network, Lebanon, NH
AIDS Action Baltimore, Baltimore, MD
AIDS Alabama, Birmingham, AL
AIDS Treatment Activists Coalition, New York, NY
AIDS Treatment Data Network, New York, NY
American Liver Foundation, New York, NY
Asian & Pacific Islander American Health Forum, San Francisco, CA
Asian Health Foundation, Parsippany, NJ
Asian Health Services, Oakland, CA
Asian Liver Center at Stanford University, Palo Alto, CA



Asian Pacific Community in Action, Phoenix, AZ
Asian Pacific Liver Center, Los Angeles, CA
Association of Asian Pacific Community Health Organizations, Oakland, CA
Boulder County AIDS Project, Boulder, CO
C.O.R.E. Medical Clinic, Inc., Sacramento, CA
CAB Health & Recovery Services, Lynn, MA
California Hepatitis Alliance, Sacramento, CA
CAP Quality Care, Inc., Westbrook, ME
Caring Ambassadors Program, Inc., Oregon City, OR
Center for Health Improvement, Sacramento, CA
Chicago Recovery Alliance, Chicago, IL
CitiWide Harm Reduction, Bronx, NY
Community AIDS National Network, Jersey City, NJ
Community Health Action of Staten Island, Staten Island, NY
Drug Abuse Alternatives Center, Santa Rosa, CA
Eastern Maine AIDS Network, Bangor, ME
Education for Healthy Choices, Sacramento, CA
EpiVax, Inc., Providence, RI
Georgia AIDS Coalition, Snellville, GA
Georgia Doty HIV & Hepatitis Community Outreach Inc., Chicago, IL
Harlem United Community AIDS Center, Inc., New York, NY
Harm Reduction Coalition, New York, NY
HCV & HBV Support Group, O'Connor Hospital, Delhi, NY
HCV Support, Inc., South Dennis, MA
HealthReach Harm Reduction, Augusta, GA
Hep C Connection, Denver, CO
Hep Help of New Jersey Alliance, Inc., Lanoka Harbor, NJ
Hepatitis B Foundation, Doylestown, PA
Hepatitis B Initiative, Washington, DC
Hepatitis C Association, Scotch Plains, NJ
Hepatitis C Support Project/HCV Advocate, San Francisco, CA
Hepatitis Education Project, Seattle, WA
Hepatitis Foundation International, Silver Spring, MD
Hepatitis Support Network of Hawaii, Honolulu, HI
HIV/AIDS Services for African Americans in Alaska, Anchorage, AK
HIVictorious, Inc., Madison, WI
HONORreform/HONORreform Foundation, Fremont, NE
Illinois Consortium for Asian Health, Chicago, IL
Immunization Action Coalition, St. Paul, MN
Inner City Support for Hepatitis C, Cleveland, OH
LiverHope, Minnetonka, MN
Los Angeles County Hepatitis B Coalition, Los Angeles, CA
Los Angeles Hepatitis Intervention Project, Los Angeles, CA
Lower East Side Harm Reduction Center, New York, NY
Marin Treatment Center, San Rafael, CA
Mo Hepatitis C Alliance, Columbia, MO
National Alliance of State and Territorial AIDS Directors, Washington, DC
National Coalition of STD Directors, Washington, DC

National Organization for the Advancement of Chamorro People, Long Beach, CA
National Task Force on Hepatitis B: Focus on Asian and Pacific Islander Americans, Palo Alto, CA
New York Harm Reduction Educators, Inc., Bronx, NY
North Carolina Harm Reduction Coalition, Winston-Salem, NC
North Shore Health Project, Gloucester, MA
Northeastern Pennsylvania Transplant Support Group Inc., E. Stroudsburg, PA
NYC AIDS Housing Network, Brooklyn, NY
NYU Medical Center Hepatitis C Support Group, New York, NY
Piedmont HIV Health Care Consortium, Durham, NC
Positive Health Project, Inc., New York, NY
San Luis Obispo Co. AIDS Support Network, San Luis Obispo, CA
St. Vincent's Hepatitis C Support Group, St. Vincent's Hospital, New York, NY
Status C Unknown, Medford, NY
The AIDS Institute, Washington, DC
The National Association of People with AIDS, Washington, DC
The Next Step Needle Exchange, Augusta, GA
Treatment Action Group, New York, NY
Upstate New York Hepatitis C Awareness Project, Delancey, NY
Vertex Pharmaceuticals Inc., Cambridge, MA
Vietnamese Community Health Promotion Project, San Francisco, CA
Voices of Community Advocates and Leaders, Brooklyn, NY
Washington Heights CORNER Project, New York, NY
Wilson Resource Center, Arnolds Park, IA

cc Keith Fontenot, Deputy Assistant Director, OMB
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Jeff Crowley, Director, Office of National AIDS Policy

This document was prepared by the Hepatitis C Appropriations Partnership (HCAP). HCAP was formed in June 2004 as a coalition that represents hepatitis community-based organizations, public health officials, health providers, national HIV and hepatitis organizations, and diagnostic and pharmaceutical companies. We work with policy makers and public health officials to increase federal leadership and support for viral hepatitis prevention, testing, education, research, medical management and treatment. For more information, please contact Colin Schwartz at 202.434.8005 or cschwartz@NASTAD.org.

