

Hepatitis Appropriations Update

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Hepatitis Leadership Corps
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Overview

- Hepatitis at NASTAD
- Federal Response
- Funding Update
- Funding Outlook
- Congressional Asks
- Questions

Who is NASTAD?

Mission

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis.

Vision

NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.

Who is NASTAD?

- NASTAD is the non-profit national association of state health department program directors who administer HIV/AIDS and viral hepatitis prevention, care and treatment programs funded by state and federal governments.
 - Domestic Programs
 - Health Care Access
 - Prevention and Surveillance
 - Health Equity
 - Viral Hepatitis
 - Policy and Legislative Affairs
 - Global Program

NASTAD and Viral Hepatitis

- NASTAD's viral hepatitis program has three major components
 - Technical assistance
 - Public policy
 - Coalition engagement
- Priorities include
 - Health Equity
 - Drug User Health
 - Treatment Access
 - Increasing Federal Funding

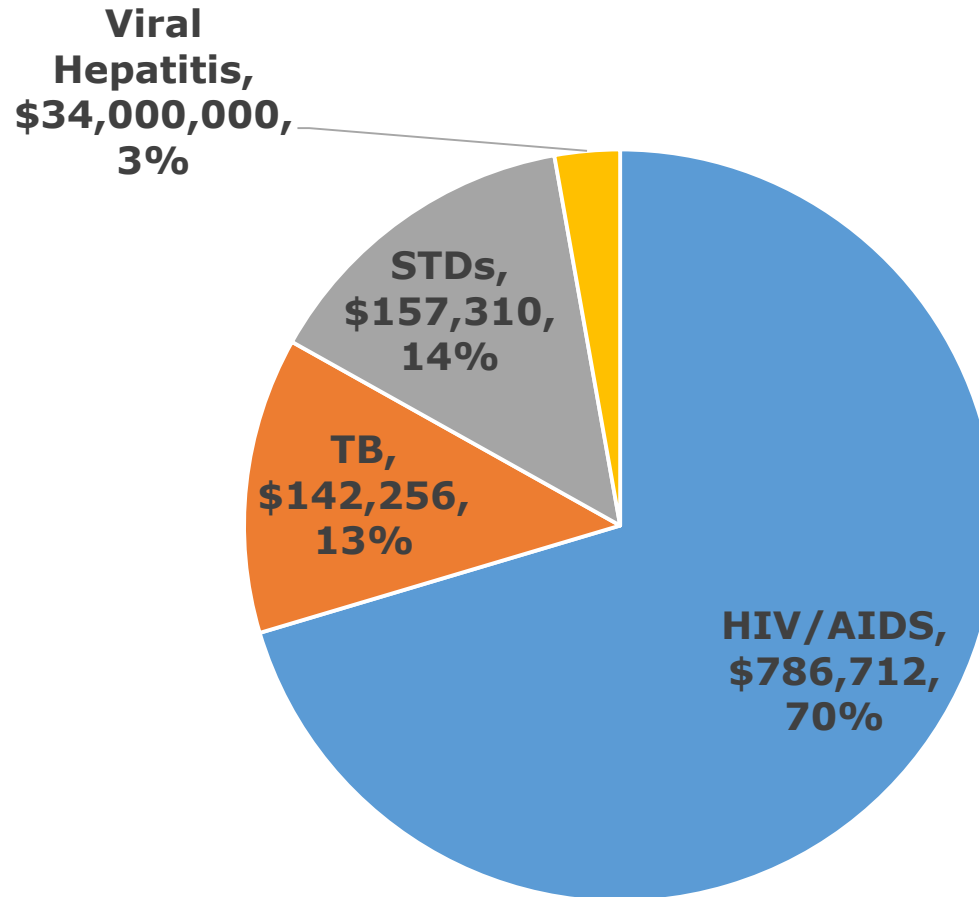
Federal Response to Hepatitis

- Centers for Disease Control and Prevention (CDC), Division of Viral Hepatitis (DVH)
 - Viral Hepatitis Prevention Coordinator Program: \$5.6m
 - 52 Jurisdictions Currently Funded
 - Average Award: \$90,000
 - Responsibility: To develop and implement a comprehensive viral hepatitis prevention and control program at the state/city level. (Implement CDC testing guidelines)
 - Surveillance Sites: \$1-3m
 - 7 Jurisdictions Currently Funded

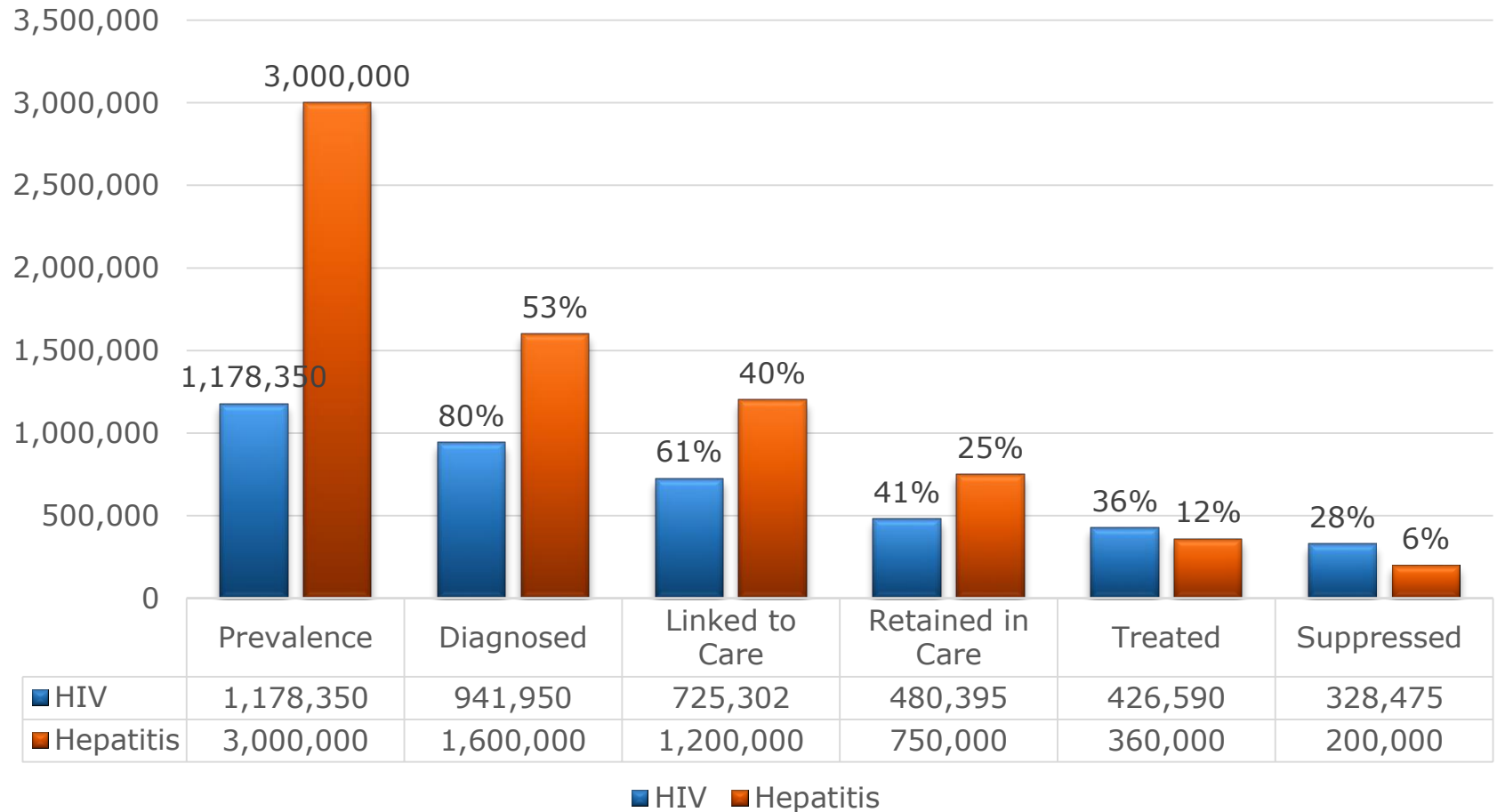
Funding Update – FY2016

- Fiscal Year 2016
 - Division of Viral Hepatitis received \$34 million
 - VA received \$1.5 billion
 - Congress modified language on syringe services programs

FY 2016 CDC Enacted Funding*

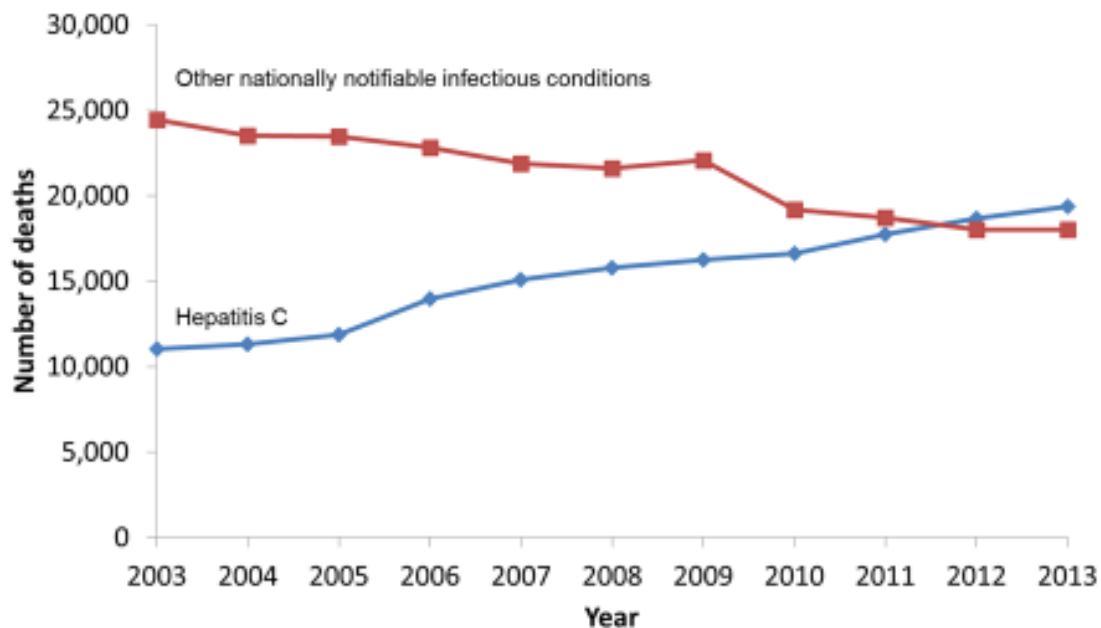


HIV/AIDS & Hepatitis Care Continuum



Side by Side Comparisons

Annual deaths from hepatitis C and all 60 other nationally notifiable infectious conditions (including HIV), United States, 2003- 2013



Holmberg SD, Ly KN, Xing J, Moorman AC. Continued Rising Mortality from Hepatitis C Virus in the United States, 2003-2013 [abstract #1972]. IDWeek, San Diego, CA, October 7-11, 2015. <https://idsa.confex.com/idsa/2015/webprogram/Paper50299.html>

Funding Outlook - Fiscal Year 2017

- POTUS
 - \$39 million for DVH (\$5M increase)
 - \$1.979 billion for Hospitals and Health Clinics (\$122.773M increase)
 - \$9 million for HIV/HCV co-infection screening and LTC Program (through SPNS)
 - Maintains congressional syringe language
- Congress
 - Considering budget resolution that could impact funding caps
 - Election Year
 - SCOTUS Nomination Debate

NASTAD



MAY 2015

SUPPORT VIRAL HEPATITIS PREVENTION FUNDING

OVERVIEW

The Centers for Disease Control and Prevention (CDC) estimates that up to 5.3 million people are living with hepatitis B (HBV) and/or hepatitis C (HCV) in the United States and as many as 75% are not aware of their infection. It is estimated that more than 150,000 lives will be lost to viral hepatitis in the coming decade from complications caused by end-stage liver disease or liver cancer. Additionally, viral hepatitis disproportionately impacts several communities, particularly people who inject drugs, men who have sex with men (MSM), African Americans, Asian Americans, Latinos, Native Americans, residents of rural and remote areas, and people living with HIV. Persons born between 1945 and 1965 represent the group with the highest HCV-related morbidity and mortality. Recent alarming epidemiologic reports also 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.

CDC DIVISION OF VIRAL HEPATITIS

Increase funding at the CDC Division of Viral Hepatitis (DVH) to total \$62.8 million to make progress in combatting the epidemics

This increase will help CDC, state and local health departments, and other key stakeholders build the necessary infrastructure to provide basic, core public health services to combat hepatitis; increase surveillance, testing and education efforts nationwide; and implement the recommendations of the IOM's *Plan for Viral Hepatitis* and the CDC and United States Preventive Services Task Force (USPSTF) viral testing recommendations.

CDC DIVISION OF VIRAL HEPATITIS FUNDING

FY2015	FY2016	FY2016
Final	President's	NASTAD
Appropriations:	Budget:	Request:
\$31.4 million	\$62.8 million	\$62.8 million

VIRAL HEPATITIS PREVENTION COORDINATOR ACTIVITIES

Viral Hepatitis Prevention Coordinators (VHPCs) are responsible for jurisdictional coordination and integration of hepatitis prevention activities. VHPCs are also expected to provide the following services but receive no federal funding for:

- HBV and HCV testing
- Linkage to care
- Vaccinations for hepatitis A (HAV) and HBV
- Decreasing new HCV cases, particularly among young people who inject drugs
- Decreasing the number of new HBV cases, particularly among pregnant women, MSM and adults with high risk behaviors, including injecting drugs
- Training and education to staff
- Engaging other state/local health department programs to integrate HAV, HBV, and HCV prevention services
- Overseeing a viral hepatitis task force
- Public education and awareness campaigns
- Compiling data on testing, co-infection with HIV, referrals and linkage to care

VIRAL HEPATITIS QUICK FACTS

- As many as 5.3 million people are living with hepatitis B (HBV) and/or hepatitis C (HCV) in the U.S.
- Up to 75% of chronic viral hepatitis cases are undiagnosed
- Viral hepatitis can be asymptomatic for decades, leading to late-testing and late diagnoses
- Viral hepatitis can lead to liver disease and claims the lives of an estimated 15,000 people annually
- Baby boomers have the highest rates of HCV-related mortality
- The number of new HCV infections is on the rise, primarily among young people who inject drugs
- New, curative HCV treatments are on the market that can reduce new infections, if patients are identified and linked to care

Hepatitis Appropriations Partnership

*NASTAD convenes the **Hepatitis Appropriations Partnership (HAP)** is a national coalition based in Washington, DC and includes community-based organizations, public health and provider associations, national hepatitis and HIV organizations, and diagnostic, pharmaceutical and bio-technology companies. HAP works with policy makers and public health officials to increase federal support for hepatitis prevention, testing, education, research and treatment.*

For more information: mjohnson@NASTAD.org

Our Ask

<i>Help Combat the Silent Epidemic</i>				
CDC Division of Viral Hepatitis Funding				
FY2015	FY2016	FY2017	FY2017	FY2017
Final:	Final:	Need	President's	Community
\$31.3	\$34	Estimate:	Budget:	Request:
million:	million:	\$170.3	\$39	\$62.8
		Million ²	million:	million:

¹Includes 10-12% for the Working Capital Fund
² According to the 2010 CDC DVH Professional Judgment Budget

Hepatitis Appropriations Partnership

Hepatitis Appropriations Partnership
February 2015

Increase Funding for Viral Hepatitis

What is Viral Hepatitis?

Hepatitis is an inflammation of the liver and is most often caused by a virus. In the US, the most common types of viral hepatitis are hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV). The Centers for Disease Control and Prevention (CDC) estimate that between 4.4-5.3 million nationwide are living with HBV or HCV and as many as 75 percent are not aware of their infection. Because viral hepatitis can be asymptomatic for years, many people are not tested until they begin to show signs of liver disease, cirrhosis, liver failure or liver cancer. Viral hepatitis claims the lives of 15,000 people annually. Baby boomers, those born between 1945 and 1965, have the highest rates of HCV-related mortality.

Help Combat the Silent Epidemic				
CDC Division of Viral Hepatitis Funding				
FY2014	FY2015	FY2016	FY2016	FY2016
Final:	Final:	Need	President's	Community
\$31.3 million ¹	\$31.3 million ¹	Estimate: \$170.3 Million ²	Budget: \$62.8 million ¹	Request: \$62.8 million ¹
¹ Includes 10-12% for the Working Capital Fund				
² According to the 2010 CDC/DVH Professional Judgment Budget				

Viral Hepatitis Funding Needs

At least \$62.8 million for CDC's Division of Viral Hepatitis to stop viral hepatitis transmission and prevent viral hepatitis-related illness and death. CDC will use the increase to:

- Expand adoption of CDC/United States Preventive Services Task Force (USPSTF) recommendations for HBV and HCV testing and linkage to care by health systems and providers to prevent disease and premature death
- Develop monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons and others at risk
- Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B
- Strengthen state and local capacity to detect new infections, coordinate prevention activities, provide feedback to providers for quality improvement, and track progress toward prevention goals
- Additional needs include funding for Ryan White-funded clinics, community health centers, and SAMHSA-funded programs to increase capacity and integrate comprehensive services into settings that serve high-risk populations, and 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*
- The budget also supports an end to the ban on the use of federal funds for syringe exchange programs to help prevent new viral hepatitis infections

The Costs of Inaction

- Annual HBV medical costs range from \$761 to \$86,552 per individual.
- The bulk of people living with HCV will age into Medicare eligibility over the next 10 years and the costs to the Medicare program will increase five-fold.
- The annual medical costs for HCV will rise from \$30 billion to \$85 billion by 2024.

The Hepatitis Appropriations Partnership (HAP) is a national coalition based in Washington, DC and includes community-based organizations, public health and provider associations, national hepatitis and HIV organizations, and diagnostic, pharmaceutical and biotechnology companies. HAP works with policy makers and public health officials to increase federal support for hepatitis prevention, testing, education, research and treatment.

For more information contact:
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Hepatitis Appropriations Partnership

United States Senate
WASHINGTON, DC 20510

March 27, 2015

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

As you begin work on the Fiscal Year 2016 (FY2016) Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you increase the allocation for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) by \$31.5 million over FY2015 to a total of \$62.8 million.

The need to enhance and expand these prevention efforts is growing more urgent. Hepatitis B (HBV) and hepatitis C (HCV) are the leading causes of liver cancer¹ – one of the most lethal, expensive, and fastest growing cancers in America. As many as 5.3 million people in the U.S. are living with HBV and/or HCV and 65-75 percent of them are undiagnosed.² Approximately 175,000 veterans are living with HCV and at least 30,000 have liver cirrhosis (scarring of the liver); yet as many as 40,000 veterans may be infected with HCV and not know it. Given the lack of a comprehensive surveillance system, these estimates do not present the full picture of hepatitis rates in the United States.

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 15-29 being diagnosed with HCV infection now exceeds the number of people diagnosed in all other age groups combined.³ Alarmingly, 35 out of 41 responding states reported increases in persons newly infected with HCV from 2010-2012. Furthermore, the “baby boomer” population (those born between 1945 through 1965) currently accounts for three out of every four cases of chronic HCV.⁴ 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 curative 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 2024⁵ – 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.

http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf

hepatitisstatistics2012surveillance/PDFs/2012HepSurveillanceRpt.pdf

<http://blog.nastad.org/2013/05/hepatitis-c-infection-among-young-injection-drug-users-in-massachusetts/>

Wittenborn JS, Lesesne SB, Wagner LJ, Roblin DW, Patel N, Ward JW, Weinbaum CM. *Ann Intern Med.* 2012 Feb 21; 156(4):263-70. Epub 2011 Nov 4.

⁵ Consequences of Hepatitis C Virus (HCV): Costs of a Baby Boomer Epidemic of Liver Disease, Milliman Report: <http://publications.milliman.com/research/health-r/pdfs/consequences-hepatitis-c-virus-RR05-18-09.pdf>

The Status Quo

VIRAL HEPATITIS PREVENTION: IS \$1 ENOUGH?

FUNDING

Health department Viral Hepatitis Prevention Coordinators receive less than \$1 in federal funding for every person living with viral hepatitis.



What You Can DO

Engage with your elected officials!

- Schedule a meeting in their DC or DO
- Call your elected official
- Write letter/email
- Invite them to in-district events
- Attend their events
- Participate in an advocacy day

Ask: \$62.8 Million to DVH

- “I emailing/calling today to ask Congress(wo)man/Senator_____ to sign the Division of Viral Hepatitis funding letter for \$62.8 million.”
- Broad talking points:
 - Hepatitis B and C continue to affect millions across the U.S. and in your state/district
 - Public health prevention and care programs are key to ending the hepatitis B and C epidemics
 - Insufficient investment compromises the nation’s response to the hepatitis B and C epidemics

What does \$62.8 Million at DVH do?

- Strengthen state and local capacity to detect new infections and link to care
- Coordinate prevention activities such as expanding provider outreach and education.
- Address the current HCV outbreak with additional funds to states with the highest increases in new cases.
- Develop nationally coordinated surveillance activities to monitor and respond to effective treatments and address outbreaks
- Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B.

Making the Ask

- Senate: “Will Senator_____ sign on to the letter, led by Senator Mazie Hirono, to provide robust funding to the Division of Viral Hepatitis?”
 - Staff Contact: Swarna Vallarupalli
 - Deadline: March 16, 2016
 - www.senate.gov;

House of Representatives

House: “Will Representative _____ sign on to the letter, led by Representatives Honda, Johnson and Chu to provide \$62.8 million to the Division of Viral Hepatitis?”

- Staff Contacts: Helen Beaudreau in Rep. Honda’s office at Helen.Beaudreau@mail.house.gov (x52631), Arya Hariharan in Rep. Johnson’s office at Arya.Hariharan@mail.house.gov (x51605), or Liliana Rocha in Rep. Chu’s office at liliana.rocha@mail.house.gov (x55464).
- Deadline: Friday, March 18, 2016
- www.house.gov or 202-224-3121

Questions & Answers

www.NASTAD.org

- Breaking the Silence on an Epidemic: Policy Recommendations to End Viral Hepatitis (2013)
- A Path to Policy: A Blueprint for Community Engagement and Advocacy (2014)
- Policy Statement: Strategic Community Engagement to End the HIV and Hepatitis Epidemics (2015)
- Maximizing Health Minimizing Harm: The Role of Public Health Programs in Drug User Health (2015)
- Statement of Urgency: Addressing Opioid Epidemic in the United States (2015)

Resources

- Modernizing Public Health Law and Policy: Affordable Care Act Opportunities for Drug User Health (2015)
- NASTAD Annual Viral Hepatitis Technical Assistance Meeting, October 19-21, 2015

(Others)

- Viral Hepatitis Patient Assistance and Co-Payment Assistance Programs
- Viral Hepatitis and HIV Integration : A Resource Guide for HIV Programs

Contact

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