



June 25, 2018

The Honorable Richard Shelby  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Patrick Leahy  
Vice Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Chairman Shelby and Vice Chairman Leahy:

As you continue to work on the Fiscal Year (FY) 2019 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations bill, we the undersigned organizations representing the hepatitis advocacy community, respectfully urge you to provide increased funding for viral hepatitis activities at the Centers for Disease Control and Prevention (CDC). The Division of Viral Hepatitis is the primary agency tasked with coordinating national efforts to prevent viral hepatitis, identify those living with hepatitis, and link people to care and treatment. CDC estimates that up to 5.3 million people in the United States live with hepatitis B (HBV) or hepatitis C (HCV), with more than half unaware they are living with the disease. According to a December 2016 professional judgment budget, a comprehensive, national viral hepatitis program focused putting the U.S. on a path toward elimination, require approximately \$3.9 billion over 10 years. While we appreciate the challenge of appropriating additional resources in the current fiscal climate, there is an urgent need for an investment in resources to combat the growing HBV and HCV epidemics in the United States. We urge the Committees to allocate no less than \$134 million for viral hepatitis activities at the CDC in FY2019.

Given the inadequate level of current funding for viral hepatitis, at \$39 million, and the increasing pressures of the opioid epidemic, we are very concerned about the prospect of simply maintaining the program's current status quo. Remaining stagnant in the fight against viral hepatitis would represent an avoidable setback with negative public health consequences, likely exacerbate the increase in new viral hepatitis cases, and ultimately result in a costlier public health response and strain on programs, such as Medicaid and Medicare, in the future.

The opioid epidemic has greatly impacted the number of viral hepatitis cases in the U.S. New cases of HCV rose 350 percent between 2010 and 2016 and new cases of HBV also rose during that time. The number of new HBV cases increased 114 percent in the Kentucky, Tennessee, and West Virginia among young people who use injection drugs due to the devastating impacts of the opioid epidemic. In addition to the above effects of the opioid epidemic, mother-to-child

transmission of hepatitis remains a challenge, despite the availability of prevention tools. From 2011-2014, data indicates that national rates of HCV also increased by 22 percent among women of childbearing age while testing for HCV rose by 14 percent among children two years old or younger. Although HBV vaccination coverage among newborns has increased, approximately 24,000 infants are born to mothers living with HBV, resulting in as many as 1,000 perinatal transmissions per year. Elimination of mother-to-child transmission is possible with increased vaccination for HBV and early detection and treatment of new hepatitis infections.

The increase in viral hepatitis cases has also impacted liver cancer cases. Twenty percent of liver cancer cases are caused by chronic HBV and HCV. According to the 2016 Annual Report to the Nation on the Status of Cancer, liver cancer cases and deaths are on the rise. In the U.S., the rate of new liver cancer cases rose by 38 percent, while deaths increased at a higher rate than all other common cancers.

The tools to eliminate viral hepatitis in the United States exist but reaching this achievement will require a significant investment in resources. Committing an increase in funding for the CDC's Division of Viral Hepatitis will allow the agency to build the infrastructure and programs necessary to identify people living with hepatitis and link them to care and treatment; work with providers, health care professionals and insurers to improve access to screening and treatment; prioritize interventions among people who use drugs and improve surveillance and outbreak response; prevent mother-to-child transmission of HBV and HCV; and improve prevention efforts through research and technical assistance. An increase in funding could also support the implementation of syringe service programs. The ability to provide state and local health departments and other key stakeholders funding to build the necessary infrastructure to provide services combating viral hepatitis is integral to stopping the spread of this disease and ending the epidemic in totality.

The below organizations thank you for your continued work in combating the spread of infectious disease and the use of opioids. We welcome 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 Garrett Eberhardt at (202) 434-7129 or [geberhardt@NASTAD.org](mailto:geberhardt@NASTAD.org). We thank you for your leadership and look forward to your assistance in the fight against this epidemic.

Sincerely,

ADAP Advocacy Association  
American Liver Foundation  
Caring Ambassadors Program, Inc.  
Community Access National Network (CANN)  
Digestive Disease National Coalition  
Harm Reduction Coalition  
Hep B United  
Hepatitis B Foundation  
Hepatitis C Association

Hepatitis Education Project

Liver Health Connection

NASTAD

National Association of County and City Health Officials (NACCHO)

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

National Viral Hepatitis Roundtable (NVHR)

Project Inform

The AIDS Institute

The Hepatitis C Mentor and Support Group (HCMSG)