



Jacob J. Lew
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

December 30, 2011

Dear Mr. Lew:

On behalf of the Hepatitis Appropriations Partnership (HAP) and the undersigned organizations, we would like thank you for your leadership in creating a government and health care system that meet the needs of millions across America.

HAP, a national coalition of community-based organizations, public health and provider organizations, national hepatitis and HIV organizations and diagnostic, pharmaceutical and biotechnology companies, works with policy makers and public health officials to increase federal support for viral hepatitis prevention, testing, education, research and treatment. Earlier this year, the President's FY2012 budget included a proposed increase of \$5.2 million for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC). This fiscal year, DVH is expected to receive an increase of \$10 million through the Prevention and Public Health (PPH) Fund to fund the first-ever, national hepatitis screening initiative. HAP is thankful for the Administration's step forward in combatting the silent epidemics of viral hepatitis and increasing the recommended funding amount. However, **HAP would like to formally and respectfully request the inclusion of additional increases in funding for programs that address the viral hepatitis epidemics in the President's FY2013 budget.**

The most common viral hepatitis diseases, hepatitis B and C, affect nearly six million Americans – the vast majority of whom are not aware of their infection. Viral hepatitis can lead to chronic liver disease, cirrhosis, liver cancer and liver failure and complications from these chronic infections claim 15,000 lives annually. To help ensure that those at higher risk of infection are protected and those currently infected are diagnosed and receive life-saving medical care, we request increased federal resources for the prevention, medical management, treatment and research of viral hepatitis. With the release of the evidence-based recommendations in the Institute of Medicine's (IOM) viral hepatitis report, the *HHS Viral Hepatitis Action Plan* and the CDC's Professional Judgment Budget (PJ) for viral hepatitis prevention and control, the government now has a comprehensive roadmap for its prioritization of hepatitis resources.

As you finalize the President's FY2013 budget, we ask that you consider the following critical funding needs to address the viral hepatitis epidemics. In addition to the typical discretionary process, we encourage you to continue to leverage funding through the Prevention and Public Health Fund (PPH) 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.

Hepatitis-specific funding recommendations:

- HAP requests a minimum funding level of \$59.8 million for CDC's Division of Viral Hepatitis for the division's program and resource priorities as outlined in the PJ including:

- \$25 million to support a national viral hepatitis testing initiative; and
- \$15 million to support a national surveillance initiative
- At least \$10.4 million are needed to support and expand the Adult Viral Hepatitis Prevention Coordinator (AVHPC) program in all 55 currently supported jurisdictions
- Funding and support is needed for the HHS Office of the Assistant Secretary for Health (ASH) for the successful implementation of the 2011 *HHS Viral Hepatitis Action Plan*
- At least \$20 million to CDC's National Center for Immunization and Respiratory Diseases (NCIRD) for the reinstatement of the Adult Hepatitis B Vaccination Initiative through the 317 Vaccination Program
- At least \$10 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund a project within the Special Projects of Regional and National Significance (SPRNS) to reach persons who use drugs with viral hepatitis prevention services.
- We strongly encourage the Administration to urge Congress to remove policy riders prohibiting the use of federal funds for syringe exchange programs in FY2013. Syringe exchange is a critical, evidence-based and cost-effective cornerstone of viral hepatitis prevention and a key component of the *HHS Viral Hepatitis Action Plan*.

General funding recommendations:

- We strongly encourage that funding to Community Health Centers (CHC), which provide a safety net for persons who may not benefit from increased access under the reforming health system, go to increase their capacity to serve people at-risk or affected by viral hepatitis
- With the implementation of the ACA coming to fruition in the coming years, we strongly encourage support for the Prevention and Public Health (PPH) Fund and for these funds to continue to be made available to support viral hepatitis testing and prevention initiatives
- Increase funding for the Ryan White Program to adequately cover persons co-infected with HIV and viral hepatitis through additional case management, provider education and coverage of viral hepatitis drug therapies
- At least \$35 billion to the National Institutes of Health to include support for their *Action Plan for Liver Disease Research*.

The viral hepatitis community welcomes the opportunity to work with you and your staff on these very important and timely issues. Please see the following attachment that provides our FY2013 funding recommendations in greater detail. 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.

Attachments (1)

CC:

Howard Koh, HHS ASH
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 Thomas Frieden, CDC
 Amy Pulver, CDC
 Kevin Fenton, CDC NCHHSTP
 John Ward, CDC DVH

Sincerely,

Hepatitis Appropriations Partnership

AIDS Action Baltimore - Baltimore, MD
AIDS Action Committee of Massachusetts - Boston, MA
AIDS Alabama - Birmingham, AL
AIDS Community Research Initiative of America - New York, NY
AIDS Foundation of Chicago - Chicago, IL
AIDS Resource Center Ohio - Dayton, OH
AIDS United - Washington, DC
American Association for the Study of Liver Disease - Alexandria, VA
American Liver Foundation - New York, NY
American Social Health Association - Durham, NC
Arizona Hepatitis C Coalition - Phoenix, AZ
Asian & Pacific Islander Wellness Center - San Francisco, CA
Asian Center - Southeast Michigan - Southfield, Michigan
Asian Health Coalition - Chicago, IL
Asian Pacific Community in Action - Phoenix, AZ
Asian Pacific Liver Center (St. Vincent Medical Center) - Los Angeles, CA
Asian Services in Action, Inc. - Cleveland, OH
Association of Asian Pacific Community Health Organizations - Oakland, CA
Association of Mexicans in North Carolina, Inc. (AMEXCAN) - Greenville, NC
Association of Nurses in AIDS Care - Akron, OH
Association of State and Territorial Health Officials - Washington, DC
Aspirations - Baton Rouge, LA
Atlanta Harm Reduction Coalitions, Inc. - Atlanta, GA
B Free CEED Coalition - New York, NY
Be The Change, Inc. - Oklahoma City, OK
BPSOS - Falls Church, VA
California Hepatitis Alliance - Sacramento, CA
Caring Ambassadors Program, Inc. - Oregon City, OR
Cascade AIDS Project - Portland, OR
Chattanooga CARES - Chattanooga, TN
Chicago Recovery Alliance - Chicago, IL
Chinese Cultural and Community Services Center - Gaithersburg, MD
Choices - New York, NY
CHOW Project - Honolulu, HI
CityWide Harm Reduction - Bronx, NY
Corporate Hepatitis Alliance
Digestive Disease National Coalition - Washington, DC
Drug Policy Alliance - New York, NY
Florida Chapter of NAMA Recovery - Bell, FL
Frederick County Hepatitis Clinic, Inc. - Frederick, MD
Georgia AIDS Coalition - Snellville, GA
Global Justice Institute - New York, NY

H.E.A.L.S. of the South - Tallahassee, FL
Harm Reduction Coalition - New York, NY
Harm Reduction Sisters/ Morpheus Project - Minneapolis, MN
HBV Advocate - San Francisco, CA
HCV Advocate - San Francisco, CA
Health Monitor Network - Paramus, NJ
HealthHIV - Washington, DC
Healthy Rhythm Consulting & Community Art Gallery - Fairfield, TX
Helping Individual Prostitutes Survive (H.I.P.S.) - Washington, DC
Hep B Free Coalition - Los Angeles, CA
Hep C Association - Scotch Plain, NJ
Hep C Connection - Denver, CO
Hep Free Hawaii - Honolulu, HI
Hepatitis B Coalition of WA (WithinReach) - Seattle, WA
Hepatitis B Initiative - Washington, DC
Hepatitis B Foundation - Doylestown, PA
Hepatitis C Support Project - San Francisco, CA
Hepatitis Community Voice - Raleigh, NC
Hepatitis Education Project - Seattle, WA
Hepatitis Foundation International - Silver Spring, MD
HIV and Hepatitis C Program (Santa Barbara Neighborhood Clinics) - Santa Barbara, CA
HIV Prevention Justice Alliance - Chicago, IL
HOPE Clinic (Asian American Health Coalition) - Houston, TX
Housing Works - Washington, DC
Hyacinth AIDS Foundation - New Brunswick, NJ
Immunization Action Coalition - St. Paul, MN
International Association of Physicians in AIDS Care - Washington, DC
Ka Hale Pomaikai - Kaunakakai, HI
K.I. Services, Inc. - Alexandria, VA
Lifelong AIDS Alliance - Seattle, WA
Light and Salt Association - Houston, TX
Local Area Support for Hepatitis (LASH) - Redding, CA
Lower East Side Harm Reduction Center - New York, NY
Maryland Hepatitis Coalition - Baltimore, MD
Metropolitan Community Churches - Washington, DC
Michigan Positive Action Coalition (MI-POZ)
Midwest Asian Health Association (MAHA) - Chicago, IL
Mo Hepatitis C Alliance - Columbia, MO
NAESM, Inc. - Atlanta, GA
National Alliance of State and Territorial AIDS Directors - Washington, DC
National Association of People With AIDS (NAPWA) - Washington, DC
National Council of Asian Pacific Islander Physicians - San Francisco, CA

National Health Care for the Homeless Council – Nashville, TN
National Hispanic Medical Association – Washington, DC
National Latino AIDS Action Network – Washington, DC
National Minority AIDS Council – Washington, DC
National Task Force on Hepatitis B, Focus on Asian and Pacific Islanders Americans – Palo Alto, CA
National Training Center for Integrated Hepatitis HIV/STD Prevention Services – Birmingham, AL
National Viral Hepatitis Roundtable – Rohnert Park, CA
National Women’s AIDS Collective (NWAC) – Washington, DC
New Mexico Hepatitis C Alliance, Inc. – Albuquerque, NM
North Carolina Harm Reduction Coalition – Durham, NC
NO/AIDS Task Force – New Orleans, LA
Ohio AIDS Coalition – Columbus, OH
Ohio Asian American Health Coalition (OAAHC) – Columbus, OH
Positive Connections - Topeka, Kansas
Positive Directions - Wichita, Kansas
Project Inform – San Francisco, CA
Project Lazarus – Moravian Falls, North Carolina
Recovery 2000 – Chicago, IL
Safe Horizon – New York, New York
San Francisco AIDS Foundation – San Francisco, CA
San Francisco Hepatitis C Task Force – San Francisco, CA
San Luis Obispo County AIDS Support Network – San Luis Obispo, CA
San Luis Obispo County Hepatitis C Project – San Luis Obispo, CA
SisterLove, Inc. – Atlanta, GA
Society of Gastroenterology Nurses and Associates (SGNA) – Chicago, IL
South Jersey AIDS Alliance – Atlantic City, NJ
St. Ann's Corner of Harm Reduction – Bronx, NY
Status C Unknown – Medford, NY
Swan Project – New York, NY
The AIDS Institute – Washington, DC
The Hepatitis C Mentor & Support Group – New York, NY
Total Health Care – Baltimore, MD
Transgender Individuals Living Their Truth, Inc. – Atlanta, GA
Treatment Action Group – New York, NY
Voices Of Community Activists & Leaders (VOCAL-NY) – New York, NY



Detailed FY2013 Viral Hepatitis Funding Asks

It is critical that the federal government fund and support an aggressive response to address the rising number of hepatitis-related deaths in the United States. According to an analysis of mortality trends performed by the Centers for Disease Control and Prevention (CDC) presented at the American Association for the Study of Liver Disease (AASLD) Liver Meeting, hepatitis C (HCV) related deaths in the U.S. have now surpassed HIV-related deaths. A response is especially urgent to combat the rising incidence rate of viral hepatitis among disproportionately impacted populations like incarcerated individuals, drug-users, men who have sex with men (MSM), African Americans, Asian Americans, “baby-boomers” and residents of rural and remote areas with limited access to medical treatment. It is time we ramp up our efforts to ensure that prevention and treatment in the U.S. keep up with the pace of these epidemics.

In 2009 alone, the CDC estimated that 38,000 Americans were newly infected with hepatitis B (HBV) and 16,000 with HCV. Unfortunately, due to the lack of an adequate surveillance system, these estimates are likely only the tip of the iceberg. An overwhelming majority of individuals living with viral hepatitis (65-75 percent) remains unaware of their infection and is not receiving the necessary treatment and care. Further, the baby boomer population (ages 46-64) currently accounts for two out of every three cases of chronic HCV. As these Americans continue to age, they are likely to develop complications from HCV and require costly medical interventions that can be avoided if tested earlier and provided with proper treatment. 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 workers suffering from chronic HBV and HCV.

The President’s budget for FY2012 increased funding for viral hepatitis at the CDC’s Division of Viral Hepatitis (DVH) by \$5.2 million. Although this increase was not approved by Congress, an additional \$10 million is expected to be allocated for a testing initiative at DVH through the Prevention and Public Health (PPH) Fund. However, many challenges in the fight against viral hepatitis remain. The CDC’s Section 317 Vaccine Program’s Adult HBV Vaccination Initiative, which helped expand HBV vaccine to at-risk adults with a funding peak of \$20 million, has been discontinued since 2010. Additionally, healthcare providers are not familiar with, and do not screen for, viral hepatitis nor do they readily deliver hepatitis A or B vaccines to adults at highest risk. Similarly, many of those most infected or affected by viral hepatitis, such as individuals who are incarcerated or inject drugs, continue to lack access to healthcare and are difficult to reach even under a reformed health care system. Finally, the Adult Viral Hepatitis Prevention Coordinator (AVHPC) program, the only federally funded hepatitis-prevention program with only \$5.2million to fund 55 states and jurisdictions, requires additional funding in order to meet the increasing needs of individuals throughout the United States.

For the first time, however, the federal government has the opportunity to turn the page on these epidemics with the 2010 Institute of Medicine (IOM) report and recommendations to combat hepatitis and liver cancer, the CDC’s Professional Judgment Budget (PJ) for viral hepatitis and the 2011HHS *Viral Hepatitis Action Plan*. It is imperative that public health programs be given the necessary financial resources to ensure collaboration with key stakeholders, including state and local health departments, professional organizations, health care organizations and community-based organizations, in order to successfully implement these initiatives and reduce morbidity and mortality related to chronic viral hepatitis.

Combatting the Silent Epidemic: Division of Viral Hepatitis Funding

We ask for a total funding of \$59.8 million for the CDC Division of Viral Hepatitis to effectively combat the epidemics.

In the President's proposal for FY2012, the Division of Viral Hepatitis (DVH) at CDC received an increase of \$5.2 million above the FY2011 level. However, a minimum increase of \$30 million above the FY2012 funding level is needed for DVH in FY2013. Although this may seem like a large sum, the amount pales in comparison to the CDC's Professional Judgment Budget (PJ) which requires \$306.3 million dollars over the next ten years for viral hepatitis programs. This increase will better enable state and local health departments to provide the basic, core public health services to combat viral hepatitis; increase surveillance, testing and education efforts nationwide; and effectively implement the *HHS Action Plan for Viral Hepatitis*. In FY2012, DVH was appropriated \$19.8 million dollars, with an additional \$10 million from PPH for a screening initiative, to combat a condition that affects over 6 million people nationwide. HAP recommends that DVH receive a total funding level of \$59.8 million for FY2013.

Support for Adult Viral Hepatitis Prevention Coordinators

We ask for the Adult Viral Hepatitis Prevention Coordinator program to receive additional funding to total \$10.4 million to support and expand programs in all 55 existing jurisdictions.

For over a decade, the Adult Viral Hepatitis Prevention Coordinator (AVHPC) program has been and remains the only national program dedicated to the prevention and control of the viral hepatitis epidemics. Currently, \$5.2 million is used to support the AVHPC program which funds a total of 55 jurisdictions. This program provides an average award to states of \$90,000 to support a coordinator, leaving little to no money for the provision of public health services, such as public education and access to prevention services, such as viral hepatitis testing and hepatitis A and B vaccinations. In September of 2011, the Senate Appropriations Committee approved a committee report that supported the AVHPC program and "encourage[d] the Division of Viral Hepatitis to maintain this program in all previously funded jurisdictions to build the Federal response for both low- and high-impacted areas." HAP supports this recommendation and encourages the Administration to continue to support and expand the AVHPC program in all 55 current jurisdictions in order to best combat the epidemics in all affected communities.

Increased Support for Implementation of the HHS Viral Hepatitis Action Plan

We ask for increased funding to support greater capacity for the implementation of the HHS Viral Hepatitis Action Plan in the HHS Office of the Assistant Secretary for Health (ASH).

The President's FY2013 budget must include an increase for capacity support in order to realize the priority initiatives in the *HHS Action Plan on Viral Hepatitis*. Without adequately resourcing the staff needed to successfully implement the plan, we are concerned that ASH will not be able to deliver on commitments to leverage new funding opportunities, integrate activities throughout HHS or strengthen partnerships with federal, professional, public health and patient organizations. Even goals of the plan that will not require dedicated funding, such as harmonizing screening guidelines and creating new strategies for workforce development, will not come to fruition without increased staff support. Increasing the federal response to the viral hepatitis epidemics require such a commitment.

National Testing, Education and Surveillance Initiative

We ask for an increase of at least \$30 million for DVH go to the development and implementation of a national testing, education and surveillance initiative.

The Administration must engage in additional efforts to successfully decrease incidence and increase awareness of viral hepatitis through a national testing initiative that provides funding for testing and infrastructure, develops a national testing goal and supports a monitoring and evaluation component. 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 *Action Plan* establishes 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. DVH is poised to receive an additional \$10 million dollars in FY2012 for a screening initiative through the PPH, per a recommendation by congressional appropriators. HAP commends the Administration, Congress, and appropriators for this increase. In order to reduce the public health and economic consequences of viral hepatitis, it is necessary that this amount be increased by \$15 million in FY2013 for the expansion and continuation of the first-ever DVH national viral hepatitis testing initiative.

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. By creating a national surveillance system, the Administration will provide stakeholders with information that is critical to: understanding the impact of the hepatitis epidemics; identifying and averting outbreaks; and that will best target resources to the most impacted communities. HAP recommends that \$15 million be allocated to support a national viral hepatitis surveillance initiative.

Vaccination of Adults At-Risk of Viral Hepatitis

We ask for at least \$20 million for CDC's National Center for Immunization and Respiratory Diseases (NCIRD) go to reinstate the Adult HBV Vaccination Initiative through the Section 317 Vaccine Program.

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 HBV infection each year and annually result in an estimated \$658 million in medical costs and lost wages, despite the fact that HBV is preventable. A vaccine against HBV has existed for more than 25 years and it is time that we support a national adult vaccination program.

In previous fiscal years, CDC identified funds through program cost savings in the Section 317 Vaccine Program, allocating \$20 million in FY2008 and \$16 million in FY2009 and FY2010 for purchase of the HBV vaccine for at-risk adults. While this initiative did not support any infrastructure or personnel for health departments to deliver the vaccine, and funding was not permanent, it was an unprecedented expansion of the vaccine into our nation's public health system. The elimination of this funding has limited access to HBV vaccines and immunization programs must solely rely on existing federal and/or other funds to continue adult HBV vaccination activities in an already limited fiscal environment.

In order for our health care system to take steps forward in to eliminating HBV in the U.S. it is critical that this initiative be reinstated. Given the lack of fiscal resources dedicated to HBV prevention among at-risk adults, this limited funding was a welcome change in the right direction is essential to elimination efforts.

Prevention in Disproportionately Affected Communities

We ask for at least \$10 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund a project within the Special Projects of Regional and National Significance (SPRNS) to reach persons who use drugs with viral hepatitis prevention services.

Persons who use drugs are disproportionately impacted by hepatitis B and C. SAMHSA's 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. HAP supports the creations of an initiative within SPRNS to target persons who use drugs with viral hepatitis prevention services.

We ask for increased support for existing support services and safety net programs like Community Health Centers.

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) and suffer higher rates of hepatitis infection. This disparity is especially pronounced for individuals experiencing homelessness and highlights the importance of Health Care for the Homeless projects, a specialized type of CHC. With the growing importance of 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.

We ask for increased access to treatment, vaccines and diagnostics for people living with HIV and co-infected with viral hepatitis through the Ryan White program.

It is estimated that up to 30 percent of people living with HIV are also infected with HCV and up to 15 percent with HBV. Co-infection increases the progression to liver disease and can occur without symptoms. A number of ADAPs provide vaccination, treatment and/or diagnostics for viral hepatitis; 22 ADAPs covered hepatitis A (HAV) and HBV vaccines for people living with HIV; 25 ADAPs covered HBV treatment for co-infected individuals; 23 ADAPs covered HCV treatment for co-infected individuals; and 7 ADAPs provided diagnostics for HCV. Increased resources are 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.

We ask for increased funding for the HHS Office of Minority Health to support viral hepatitis education initiatives in communities of color and foreign-born populations.

In order to effectively combat the rising incidence rate of viral hepatitis among disproportionately impacted populations, in particular communities of color, HAP encourages the Administration to provide additional funding to the HHS Office of Minority Health to increase activities targeting racial and ethnic minorities who bear a disproportionate burden of viral hepatitis infection. These additional funding streams should also increase programs targeting providers whose patient populations are primarily racial and ethnic minorities.

Research

We ask at least \$35 billion for the National Institutes of Health to increase support for their *Action Plan for Liver Disease Research*.

Finally, research is needed to advance understanding of prevention, pathogenesis, management and treatment of chronic viral hepatitis, and to develop strategies to delay liver disease progression, which too often ends in primary liver cancer. Hepatitis B antiviral drugs have overlapping resistance profiles; new drugs from different classes are needed to forestall and surmount resistance. There is no preventive HCV vaccine; more research is needed to identify and develop one. Dozens of new treatments for HCV are in development, but there is no new clinical network to explore multi-drug treatment strategies with drugs from different classes and from different sponsors, or to study drug safety, efficacy and tolerability in understudied populations and those with the most urgent need, such as transplant candidates and recipients who usually lack access to these life-saving drugs until they have been approved. The Liver Disease Branch, located within the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), has developed a detailed *Action Plan for Liver Disease Research* that addresses these issues but lack of funding has hindered scientific progress. While several critical NIDDK biomedical research projects have already been supported by investments in NIH from the American Recovery and Reinvestment Act (ARRA), this one time funding is not a substitute for robust and sustainable growth and does not address long-term needs. A FY2013 funding level for NIH of at least \$35 billion is necessary to support the recommendations and action steps outlined in this *Action Plan for Liver Disease Research* and to expand and leverage the current momentum of viral hepatitis biomedical research in NIDDK.

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. Please contact Oscar Mairena at 202.434.8058 or omairena@NASTAD.org if you have any questions or need additional information.