

# Support FY2012 Viral Hepatitis Funding

## UNMET PROGRAMMATIC AND FISCAL NEEDS

**There is no federal funding to provide core public health services for viral hepatitis.** Funds are needed for hepatitis B and C counseling, testing and medical referral. States receive on average \$90,000 for adult hepatitis prevention. This provides little more than a position in the health department. Availability of testing is essential so individuals can take steps to protect their health and prevent infecting others.

**Addressing hepatitis by each outbreak is not disease prevention.** Due to lack of funding, CDC must treat hepatitis outbreaks as sentinel events rather than systematically addressing hepatitis B and C epidemics with over 6 million Americans infected. Addressing one outbreak at a time is not cost-effective nor is it prevention.

**There is no federally funded chronic hepatitis B and C surveillance system.** An important step to controlling infectious diseases such as hepatitis B and C is establishing a surveillance system to monitor disease incidence, prevalence, and trends.

**There is no longer funding for an at-risk hepatitis A and B vaccination initiative.** Vaccines to prevent hepatitis A and hepatitis B have been available for over 10 and 20 years, respectively. The vaccination of high-risk adults is modest despite recommendations and is necessary to eliminate both diseases.

**There is no hepatitis C vaccine.** Provision of basic prevention services is the only way to prevent new infections. The good news is there are drug therapies that can eliminate the virus in over half of those treated and there are a number of new promising therapies soon to be available.

**Hepatitis disproportionately impacts minorities and must be addressed in the context of health disparities.** Approximately half of persons with chronic HBV are Asian Americans. HBV is most prevalent among immigrants from HBV-endemic countries (Asia and sub-Saharan Africa) who were infected at birth or childhood. Of the 24,000 HBV-infected women who give birth every year, half are Asian Americans. African American adults in the South have the highest incidence rate of HBV. HCV infection is 2 to 3 times as prevalent in African Americans as it is in whites.

## CDC Division of Viral Hepatitis (DVH)

FY2012 NASTAD Recommendation\*: \$59.8 million

FY2012 President's Budget: \$25 million

FY2010 Appropriation (FY2011 CR): \$19.8 million

\* \$40 million increase for a national testing, education and surveillance initiative including increased support for the Adult Viral Hepatitis Prevention Coordinators in all jurisdictions.

## MAINTAIN FUNDING FOR ALL ADULT VIRAL HEPATITIS PREVENTION COORDINATORS (AVHPCs)

It is imperative to maintain funding for the decade-long AVHPC program for all jurisdictions regardless of disease impact. A national public health response and implementation of the HHS Action Plan requires such an investment.

## SUPPORT OF THE HHS VIRAL HEPATITIS ACTION PLAN

Funding is needed to support increased capacity at the HHS Office of the Assistant Secretary for Health (ASH) for the implementation of the HHS Viral Hepatitis Action Plan. Without adequate support for knowledgeable staff, we are concerned that the ASH will not leverage new funding opportunities, integrate activities throughout HHS or strengthen partnerships with federal, professional, public health and patient organizations.

## A NATIONAL TESTING, EDUCATION AND SURVEILLANCE INITIATIVE

An increase of \$40 million is needed by the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis (DVH) for the development and implementation of a national testing, education and surveillance initiative. NASTAD recommends an increase of \$25 million for a national viral hepatitis testing and education initiative and \$15 million for a national surveillance initiative.

## VACCINATION OF ADULTS AT-RISK OF VIRAL HEPATITIS

At least \$20 million is needed for the continuation of CDC's National Center for Immunization and Respiratory Diseases (NCIRD) Adult Hepatitis B Vaccination Initiative through the Section 317 Vaccine Program. This initiative was discontinued in 2010.

# FY2012 Viral Hepatitis Funding Needs

## GENERAL FUNDING RECOMMENDATIONS

### **SUPPORT FOR PERSONS WHO USE DRUGS AT RISK OF VIRAL HEPATITIS**

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

### **SUPPORT FOR VIRAL HEPATITIS SERVICES AT COMMUNITY HEALTH CENTERS (CHC)**

Funding must support CHC's capacity to serve people at-risk or affected by viral hepatitis. CHCs provide a safety net for persons who are difficult to reach by health providers and public health programs, and who may not benefit from increased access under the reforming health system.

### **SUPPORT FOR RYAN WHITE CO-INFECTION SERVICES**

Increase funding for the Ryan White Program must go to adequately cover persons co-infected with viral hepatitis through additional case management, provider education and coverage of viral hepatitis drug therapies and hepatitis A and B vaccines.

### **SUPPORT FOR HEPATITIS RESEARCH**

At least \$35 million must go to the National Institutes of Health to include support for their Action Plan for Liver Disease Research. 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.

### **HEALTH REFORM FUNDING MUST SUPPORT VIRAL HEPATITIS**

As health reform legislation is funded and implemented, viral hepatitis must be eligible for funding within the prevention, wellness and public health provisions. Funding through integration and eligibility of viral hepatitis into other health reform initiatives must be identified and utilized. Further, the Prevention and Public Health Fund must be used to increase much-needed resources to viral hepatitis.

## FEDERAL SUPPORT FOR INCREASED FUNDING

### **HHS VIRAL HEPATITIS ACTION PLAN**

For the first-time ever, HHS has released a plan to prevent and control viral hepatitis that will improve the collaboration and coordination of viral hepatitis program activity and resources across federal agencies, provide transparency and accountability to community and external stakeholders, increase the political will and awareness among key policymakers, and implement the Institute of Medicine (IOM) recommendations. Developed by the ASH's Interagency Work Group on Viral Hepatitis, the Action Plan along with the Division of Viral Hepatitis's professional judgment (PJ) budget, is a roadmap that will guide the federal response.

### **BIPARTISAN CONGRESSIONAL SUPPORT FOR INCREASED VIRAL HEPATITIS FUNDING**

Congress is planning to reintroduce the Viral Hepatitis and Liver Cancer Control and Prevention Act that would authorize spending for a comprehensive prevention program for viral hepatitis. This bill has been lead by Rep. Bill Cassidy (R-LA), a practicing physician who continues to treat patients with hepatitis, and Rep. Hank Johnson (D-GA), who is living with hepatitis C. Further, the House Committee on Oversight and Government Reform held a hearing entitled, "Viral Hepatitis: The Secret Epidemic" in June, 2010 where many bipartisan members of the Committee publicly committed to increased funding.

### **INSTITUTE OF MEDICINE REPORT CALLS FOR GREATER RESOURCES**

The 2010 IOM report, Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C found that the public health response needs to be significantly ramped up. The report attributes low public and provider awareness to the lack of public resources.

### **IF WE WAIT: THE COSTS OF INACTION**

- HBV treatment: \$2,000 - \$16,000 per year, ~10% are cured
- HCV treatment: \$15,000 - \$25,000, about 50% are cured
- The medical costs of HCV are expected to increase from \$30 billion to over \$85 billion 2024.

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

For more information, visit [www.NASTAD.org](http://www.NASTAD.org)