

Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009 (H.R.3974)

In an effort to develop a public health response to the hepatitis B (HBV) and hepatitis C (HCV) viruses, Representatives Mike Honda (D-CA), Ed Towns (D-NY), Charlie Dent (R-PA) and Bill Cassidy (R-LA) have authored the “Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009.” The legislation authorizes a comprehensive prevention, education, research and medical management referral program to reduce the disease burden associated with these infections. This includes the development of a national plan developed by the Department of Health and Human Services (HHS) to address these epidemics and the expansion of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) authority to include hepatitis.

NEED FOR PREVENTION, CONTROL, AND MEDICAL MANAGEMENT

This bill would reduce disease transmission and the risk of liver disease through the provision of core services such as counseling and testing for persons at risk of infection and referral to medical care and substance abuse treatment for persons living with HBV or HCV. Most Americans living with HBV and HCV are unaware of their infection. Without knowledge of their disease, infected persons may unknowingly transmit the virus to others and engage in behaviors that could exacerbate their disease. Further, health departments need support to increase their capacity to test and counsel for HBV and HCV; currently health departments receive no federal funding to support HBV or HCV counseling, testing and referral.

NEED FOR EDUCATION AND TRAINING INITIATIVES

This bill calls for the implementation of education and training programs, such as health education and community outreach activities, that are targeted to the general public and populations at greatest risk of infection.

HEPATITIS B AND C VIRUS FACTS

- An estimated **6 million Americans** are living with chronic infection of HBV and HCV – roughly six times the number of Americans with HIV
- Chronic infection of HBV or HCV is the **most common cause of liver cancer**, one of the most lethal, expensive and fastest growing cancers in America, and causes at least **15,000 deaths each year**
- Chronic infection of HBV or HCV is a **leading cause of death** in Americans co-infected with HIV. Nearly **25 percent** of HIV-positive Americans are infected with HCV and nearly **10 percent** with HBV
- **43,000** Americans were newly infected with HBV and **17,000** Americans with HCV in 2007
- Most people infected are unaware: over 50 percent with HBV and over three-fourths with HCV.

The bill also provides for health care provider training initiatives in the areas of prevention, detection, and medical management of HBV and HCV, which will help increase awareness of status and ensure that providers are able to adequately manage people living with HBV and HCV.

NEED FOR SURVEILLANCE

Surveillance is essential to monitor acute and chronic disease trends and to evaluate the effectiveness of national, state and local prevention efforts. Capacity for viral hepatitis surveillance remains limited in comparison to other programs such as HIV and STD. HHS has not kept up with the disease burden and demands placed on these programs to adequately survey viral hepatitis, especially given recent state budget cuts that have negatively impacted surveillance programs and staff. The development of surveillance systems and chronic disease registries are provided in this legislation.

EXPANSION OF VACCINATION INITIATIVES

The HBV vaccine is known as the “first anti-cancer vaccine” for preventing HBV-related liver cancer. While the HBV vaccine has been available for some time, an estimated 43,000 Americans are newly infected annually. HBV continues to disproportionately impact minority groups such as Asian and Pacific Islander Americans where one in ten is estimated to be chronically infected with HBV. Under the legislation, current vaccination programs for hepatitis A (HAV) and HBV would be expanded to cover adults at-risk and ensure children who may not be covered under the Vaccine for Children program are vaccinated.

INCREASED SUPPORT FOR ADULT VIRAL HEPATITIS PREVENTION COORDINATORS

The legislation calls on HHS for increased support for Adult Viral Hepatitis Prevention Coordinators (AVHPCs), located in state and some city health departments. The bill authorizes increased support to enhance the additional management and technical expertise needed to ensure successful integration and execution of HBV and HCV prevention and control activities into existing public health programs.

NEED TO ADDRESS UNDERSERVED AND DISPROPORTIONATELY AFFECTED POPULATIONS

African Americans, Asian and Pacific Islander Americans, Latino Americans, in addition to Veterans, incarcerated populations, persons who inject drugs, gay and bisexual men and HIV-positive Americans are all populations that are disproportionately affected by HBV and/or HCV. The bill authorizes core prevention and care services to persons with limited access to health education, testing and health care services.

INCREASED RESEARCH SUPPORT

Research is critical to controlling these epidemics. Improvements in HBV and HCV treatment are needed to increase “cure” rates and shorten

COSTS OF THE EPIDEMICS

- The cost of treatment of HBV is approximately **\$2,500,000,000 (\$2,000 per infected person)**. The lifetime cost of HBV in 2000 – before the availability of most of the current therapies – was approximately \$80,000 per person or more than \$100,000,000,000.
- The medical costs of HCV are expected to increase from **\$30,000,000,000** in 2009 to over **\$85,000,000,000** in 2024.
- The baby boomer population currently accounts for two out of every three cases of chronic hepatitis C. As these Americans continue to age into Medicare, they are likely to develop complications from hepatitis C and require expensive medical interventions.

treatment duration as well as minimize toxic side effects and liver disease. New noninvasive and more efficient screening tests are needed to capture progression of liver disease. Finally, while there is a vaccine for HAV and HBV, there is no vaccine for HCV.

SUPPORTING THIS BILL IS THE FAIR THING TO DO

There is no federal funding to provide core public health services for viral hepatitis. Addressing hepatitis by each outbreak is not disease prevention. This bill works to increase federal support, while capitalizing on existing public health programs and infrastructures that reach Americans at greatest risk of infection. This legislation seeks to broaden public knowledge and awareness of HBV and HCV, while working to assist state and local authorities in prevention and control efforts.

REFERENCES

<http://www.cdc.gov/hepatitis/Statistics.htm>
<http://www.cdc.gov/Hepatitis/HBV/TestingChronic.htm>
<http://www.cdc.gov/hepatitis/HCV/Strategy/NatHePCPrevStrategy.htm>
http://www2.niddk.nih.gov/AboutNIDDK/ResearchAndPlanning/Liver_Disease/Action_Plan_For_Liver_Disease_Intro.htm

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