



*Hepatitis C Appropriations Partnership*

## **Hepatitis C Appropriations Partnership Update**

**August 13, 2009**

**OraSure & NASTAD Industry Meeting**

# HCAP Overview

- Partnership of 50 public health and provider associations, patient advocacy organizations, national HBV, HCV and HIV organizations, and the pharmaceutical and diagnostics industry dedicated to increasing public funding and support for viral hepatitis
- NASTAD is responsible for managing the coalition; including agenda setting, seeking new members and carrying out activities
  - Monthly calls and annual face-to-face meeting
  - Maintain and update series of fact sheets\*
  - Schedule Coalition Hill visits
- Meetings with Congress, Administration, HHS and Agencies
- Supported development of grassroots network - HCAU



# HCAP 2009 Priorities and Activities

## Appropriations – Congressional Focus

- Developed FY2010 Appropriations ‘Ask’
  - Community sign-on letter with 111 organizational signatures
- Coordinated/Conducted 200 Hill Visits
- Developed and Disseminated 4 Action Alerts on Appropriations and World Hepatitis Day Resolutions

## Administration Education

- Developed Hepatitis First 100 Days Document and Sign on letter for the Obama Administration
  - 99 organizational signatures
- Met with White House Office of National AIDS Policy
- Coordinating Meetings with HHS leadership, OMB and Agencies
  - Assistant Secretary of Health Dr. Koh
  - OMB staff with responsibility for CDC, HRSA and SAMHSA
  - Invite federal agencies to calls/face to face meetings

# HCAP 2009 Priorities and Activities

## Congressional Education and Relationship Building

- Identifying opportunities to develop hepatitis champions
  - Ongoing Hill visits with all offices
  - Visiting offices with healthcare acquired infections (outbreaks)
  - Outreach to appropriators, authorizers, leadership, and caucus members
    - Congressional Black Caucus
    - Congressional Asian Pacific American Caucus
    - Congressional Hispanic Caucus
    - Progressive Caucus

## Supporting Legislative Advocacy

- Coordinated Congressional World Hepatitis Day Resolutions
  - House introduction with 30 original cosponsors
  - Working on Senate introduction next year
- Supporting combined HBV and HCV bill
- Participation in Health Reform activities
  - Dissemination and education on the Hill

# HCAP Partnership with Industry

- HCAP welcomes the expertise and participation of industry
- Industry funding supports the maintenance of HCAP
- Industry participants in HCAP
  - Gilead
  - GSK
  - Novartis
  - OraSure
  - Roche
  - Schering-Plough
  - Tibotec
  - Valeant
  - Vertex

# HCAP Documents

HCAP continues to produce documents to educate the Administration, Congress and federal agencies on viral hepatitis needs.

Examples of existing documents:

- Viral Hepatitis Policy Recommendations
- HIV and HCV Co-infection
- Funding HCV Programs is Cost-effective
- Viral Hepatitis Prevention Needs FY10 & FY11
- Veterans Health Administration
- SAMHSA Role in HCV
- HRSA: Addressing HIV/HCV Co-infection
- National Institutes of Health

**Viral Hepatitis Policy Recommendations for the Obama Administration's First 100 Days**

Hepatitis B and C Disease Burden

The Centers for Disease Control and Prevention (CDC) estimates that 4 million Americans have chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection. In 2006, 16,000 Americans were newly infected with HCV and 4,000 with HBV. Each year, 10,000 Americans die of HCV-related liver disease and 4,000 die from HBV-related liver disease in addition. Chronic hepatitis B is a leading cause of liver cancer, now among the top 10 killers of Americans over the age of 25 years. At least 20 percent of people living with HCV/AIDS are also infected with HBV. End-stage liver disease is now a leading cause of Americans living with HIV/AIDS.

HCV is the most common cause of chronic liver disease in the U.S., accounting for 60 to 80 percent of all cases. Most liver transplants in the U.S. are due to complications of chronic HCV. Many could be averted by initiatives to educate those at risk, and diagnose and treat the remaining infection. Without increased resources for counseling, testing, and medical research services, HCV-related deaths and long-term complications are projected to increase substantially in the next 20-30 years: liver failure by 100 percent, liver cancer by 81 percent, and liver-related deaths by 100 percent.

Many people with chronic HBV and HCV are unaware that they are infected, unaware they can be cured, and often do not understand why advanced liver damage has developed. Without knowledge of their status, individuals cannot receive timely treatment or make the changes to slow the progression of the disease, such as cessation of drinking alcohol, a good diet, and regular exercise. Continued screening that are needed, persons with HBV and HCV may unknowingly transmit the virus to others.

Failure to address viral hepatitis has enormous consequences. HBV infections result in an estimated \$282 billion in medical costs and lost wages annually. Untreated chronic HCV infection is expected to result in 3.1 million years of life lost over the next decade. The projected direct and indirect costs of the current HCV epidemic, if left unchecked, will be over \$60 billion for the years 2010 through 2016.

**HCAP Disease of the month: Hepatitis C**

Year	HBV	HCV
2006	4,000	16,000
2007	4,000	16,000
2008	4,000	16,000
2009	4,000	16,000
2010	4,000	16,000
2011	4,000	16,000
2012	4,000	16,000
2013	4,000	16,000
2014	4,000	16,000
2015	4,000	16,000
2016	4,000	16,000

**Hepatitis is a preventable public health threat**

HCV is the most common infectious liver virus, and HBV is the second most common liver virus. These viruses can live for days outside of the human body. Yet HBV and HCV can be prevented. HBV can be prevented by a vaccine, and the same vaccine that makes HBV non-transmissible. Although there is no vaccine to prevent HCV, it can be prevented through injection drug prevention, and access to sterile injection equipment.

**Funding Resources to Viral Hepatitis Liaisons**

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 referrals. States should be awarded up to \$50,000 annually for state hepatitis prevention. This provides for one more than one staff position – the Adult Viral Hepatitis Prevention Coordinator (AVHPC) – in an entire state health department. The AVHPC works to integrate hepatitis prevention messages into existing programs serving existing for actual services. Additionally, there is no funding for community-based organizations to provide services.

There is no federally funded chronic hepatitis B and C surveillance system. The first step to controlling chronic diseases such as hepatitis B and C is establishing a surveillance system to monitor disease incidence, prevalence, and trends. Without a national chronic hepatitis B and C surveillance system, prevention messages and interventions cannot be effectively targeted.

Addressing hepatitis outbreaks by outbreak is not disease prevention. Due to lack of funding, CDC tracks hepatitis outbreaks as sentinel events, rather than systematically addressing hepatitis B and C epidemics with 2.4 million Americans infected. Addressing one outbreak at a time is not cost-effective for B and C prevention.

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# Thank You!



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