



The Honorable Kay Granger
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Rosa L. DeLauro
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Susan Collins
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

May 23, 2023

Subject: Hepatitis Community Funding Requests for FY2024 Domestic Hepatitis Programs

Dear Chairwoman Granger, Ranking Member DeLauro, Chair Murray, and Vice Chair Collins:

The Hepatitis Appropriations Partnership (HAP), a national coalition of hepatitis advocacy and public health organizations, and the 54 undersigned supporting organizations urge you to secure meaningful investments for viral hepatitis prevention programs in Fiscal Year 2024 (FY2024). For over a decade, the CDC Division of Viral Hepatitis (DVH) has been underfunded in the yearly Congressional appropriations process, leaving health departments and hepatitis providers across the country unable to curb rising rates of hepatitis B virus (HBV) and hepatitis C virus (HCV). Although we have the biomedical tools to prevent HBV and cure HCV—the most common bloodborne infection in the U.S.¹ and the leading cause of liver cancer²—less than half of people living with HBV and HCV are aware of their condition³ and only a third will receive treatment for HCV.⁴ Increased funding is necessary in FY2024 to finally address the significant public health risk and health system costs associated with viral hepatitis and reduce morbidity and mortality for people living with chronic HBV and HCV.

HAP requests a total of \$150 million for the viral hepatitis program in FY2024 in order to ensure that the nation does not continue to lose ground on preventing new hepatitis

¹ <https://pubmed.ncbi.nlm.nih.gov/10622567/>

² <https://www.cancer.gov/types/liver/what-is-liver-cancer/causes-risk-factors#:~:text=Chronic%20HCV%20infection%20is%20the,is%20replaced%20by%20scar%20tissue.>

³ <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>

⁴ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7132e1.htm>

infections. The additional funds would enable DVH to coordinate efforts across states and jurisdictions as they work to eliminate viral hepatitis in their communities, including shoring up historically scant hepatitis workforce capacity at health departments and building out disease surveillance infrastructures that are required to detect and intervene on outbreaks and conduct elimination planning and progress monitoring. Additionally, increased funding would enable health departments and community partners to ramp up hepatitis testing to identify people living with chronic HBV and HCV and link them to treatment. CDC estimates that in 2016, only 33% of people living with HBV and 49% of people living with HCV were aware of their infection, and if left untreated, may inadvertently transmit the virus and are likely to develop preventable cirrhosis, liver failure, cancer, and death. Strong funding in FY2024 would also facilitate provider education on newly expanded HBV testing⁵ and vaccination⁶ recommendations that will facilitate greater detection of people living with chronic HBV, and prevent new HBV and HCV infections through targeted investments for evidence-based, community-led interventions for people who are most at risk,⁷ including people who use or inject drugs, immigrant populations, people experiencing homelessness, people in carceral settings, and American Indians and Alaska Natives.

HAP was encouraged by the \$11.5 million proposed increase for DVH in the FY2024 Executive Budget Request to Congress,⁸ totaling \$54.5 million. Although an increase at this level would boost capacity for state and local health departments to expand hepatitis services, the amount is insufficient to fully address rising rates of viral hepatitis nationwide and is a disproportionately low investment in the nation's hepatitis infrastructure when compared to the public health threat of viral hepatitis, including disease mortality, costs to the health system,⁹ and inequities in access to care and treatment.¹⁰ According to a 2016 CDC Professional Judgment Budget,¹¹ a comprehensive, national viral hepatitis program would need at least \$316 million to put the U.S. on the path to eliminating hepatitis B (HBV) and hepatitis C (HCV). However, viral hepatitis programs have, on average, been underfunded at \$32 million per year in the past decade— a 90% deficit from the true funding need. Without Congressional action to increase funding in FY2024, the nation will continue to fail to meet its viral hepatitis prevention targets: according to CDC's 2022 Viral Hepatitis National Progress Report,¹² the public health system failed to meet 6 out of 10 epidemiological indicators set forth by the Viral Hepatitis National Strategic Plan, reflecting the public health system's inability to operationalize hepatitis care at a scale proportional to the epidemic utilizing only the current available resources.

⁵ <https://www.cdc.gov/mmwr/volumes/72/rr/rr7201a1.htm>

⁶ [Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](https://www.cdc.gov/ncidod/diseases/hepatitis/immunization/2022-immunization-practices-us-2022-mmwr-cdc.gov)

⁷ <https://www.cdc.gov/hepatitis/populations/index.htm>

⁸ <https://www.cdc.gov/budget/documents/fy2024/FY-2024-CDC-Budget-Detail.pdf>

⁹ <https://www.nber.org/papers/w31139>

¹⁰ <https://jamanetwork.com/journals/jama/fullarticle/2804116>

¹¹ [PDF-Policy-Resource-CDC-DVH-FY2018-FY2027.pdf \(nastad.org\)](https://www.nastad.org/PDF-Policy-Resource-CDC-DVH-FY2018-FY2027.pdf)

¹² <https://www.cdc.gov/hepatitis/policy/npr/2022/overview.htm>

Additionally, rising rates of injection drug use are exacerbating the gaps in hepatitis testing, treatment, and prevention. According to the 2019 Viral Hepatitis Surveillance Report,¹³ the number of new HCV cases increased by 93% from calendar years 2013 to 2018, with new cases in 2019 significantly exceeding the CDC's targeted cap required to set the nation on a path to achieving viral elimination by 2030. The rate of acute HBV infections increased by 11% from 2014 to 2018, despite the availability of preventive vaccines. Available data suggest that up to 70% of new HCV infections and 36% of new HBV infections are attributable to injection drug use, elevating the critical need to direct targeted resources towards jurisdictions that are at risk of or are currently experiencing hepatitis outbreaks among people who inject drugs. To accomplish this, HAP requests that Congress **fund the CDC Infectious Diseases and Opioid Epidemic Program at \$150 million**. This funding will enable health departments to build strong disease surveillance and intervention networks with community-based harm reduction programs in order to intervene on the key driver of new hepatitis infections, screen and test drug users for infectious diseases, and link program participants to healthcare and substance use disorder treatment. Without this funding, hepatitis programs will continue to face an influx of new hepatitis infections among people who inject drugs and will be unable to treat their way out of the epidemic. In order to maximize the effectiveness of this funding, HAP requests that the committee incorporate language in the FY2024 Appropriations package that lifts the ban on the use of federal funds for purchasing sterile injection equipment for syringe service programs. Additionally, HAP requests **\$50 million for the new Community Harm Reduction and Engagement Initiative** at the Substance Abuse and Mental Health Services Administration (SAMHSA), which will provide additional support for community-based harm reduction providers and strengthen the link between infectious disease care and access to substance use disorder treatment and behavioral and mental health care.

Lastly, we call your attention to the White House proposal to authorize a National Hepatitis C Elimination Initiative,¹⁴ which would dramatically accelerate diagnosis and treatment of hepatitis C. This proposal would require legislation and envisions mandatory funding for a 5-year program. We regard our above recommendations for discretionary funding in FY2024 Appropriations as complementary to the White House proposal, as the relevant funding lines address core surveillance and prevention activities which fall outside of the National Hepatitis C Elimination Initiative but would strengthen the impact of the White House plan. **As we eagerly await legislative action on the White House HCV Elimination Initiative, we encourage the Subcommittee to support robust discretionary funding to support aligned core viral hepatitis efforts.**

¹³ <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>

¹⁴

https://jamanetwork.com/journals/jama/article-abstract/2802533?guestAccessKey=0fbb578d-5434-4d59-be36-c56f73b8b061&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=030923

Addressing the viral hepatitis epidemic in the U.S. is an urgent public health imperative. The dire epidemiological trends for HBV and HCV reflect the nation's underinvestment in viral hepatitis prevention programs and disease surveillance and intervention infrastructures. Yet, despite growing awareness that the nation's federal public health response is losing ground on containing the viral hepatitis epidemic, there have not been commensurate efforts to resource viral hepatitis programming through the yearly Congressional appropriations process. HAP and the hepatitis community urge the Committees to build on the Administration's proposed increase for hepatitis prevention programs and take action now to support this critical public health need with a bold increase in funding in FY2024.

Should you have any questions or if you need additional information from HAP, please contact one of the HAP co-chairs: Julio Contreras (jcontreras@nastad.org), Daniel Raymond (daniel@nvhr.org), Naomi Gaspard (ngaspard@tmail.org), or Richard So (richard.so@sfhepbfree-bayarea.org). On behalf of the 54 undersigned organizations, we thank you for your leadership and look forward to your partnership in the fight against these epidemics.

Sincerely,

AIDS Action Baltimore
AIDS Alabama
AIDS Foundation Chicago (AFC)
AIDS United
American Academy of HIV Medicine
American Association for the Study of Liver Diseases
American Liver Foundation
Any Positive Change Inc
Appalachian Learning Initiative
Asian Liver Center at Stanford University
Asian Pacific Health Foundation
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Nurses in AIDS Care
Association of Public Health Laboratories
Bienestar Human Services
Callen-Lorde Community Health Center
Caring Ambassadors Program
Center for Housing & Health
Community Access National Network
Community Education Group
DAP Health
Faith in Harm Reduction

Fruit of Labor Action Research & Technical Assistance, LLC
Georgia AIDS Coalition
GoodWorks: North AL Harm Reduction
Hawai'i Health & Harm Reduction Center
Hep Free Hawai'i
Hep Free PA
Hepatitis Foundation of Ghana
HIV Medicine Association
HIV+Hepatitis Policy Institute
Housing Works
International Association of Providers of AIDS Care
MoNetwork
MTW District Health Department
NASTAD
National Health Care for the Homeless Council
National Viral Hepatitis Roundtable (NVHR)
National Working Positive Coalition
Ohio Hepatitis Academic Mentorship Program (OH-HAMP)
Radiant Health Centers
REACH LA
Safer Alternatives thru Networking & Education
SF Hep B Free - Bay Area
SHOTS (Stop Harm on Tulsa Streets)
Smoky Mountain Harm Reduction
Students for Sensible Drug Policy
The AIDS Institute
The Hepatitis C Mentor and Support Group-HCMSG
The Matrix Consulting, LLC
Treatment Action Group (TAG)
VelNonArt Transformative Health
West Virginia HAMP
Will Rodgers Lived Health Foundation