The Liaison Capitol Hill Hotel
415 New Jersey Avenue, NW
Washington, DC

Agenda

Monday, March 9

1:00 PM  Registration – Metropolitan Center

2:00 PM  Welcome & Introductions – Metropolitan Center

Mariah Johnson, Coordinator
Hepatitis Appropriations Partnership

Kate Moraras, Senior Program Director
Hep B United

Christine Rodriguez, Public Policy Manager
National Viral Hepatitis Roundtable

3:00 PM  Hepatitis Advocacy & the 114th Congress

Daniel Raymond, Policy Director
Harm Reduction Coalition

3:30 PM  2015 Policy Priorities & Our “Asks”

Chris Taylor, Director, Viral Hepatitis
National Alliance of State & Territorial AIDS Directors

4:00 PM  How to Conduct a Hill Visit & Effectively Tell Your Story

Christine Rodriguez, Public Policy Manager
National Viral Hepatitis Roundtable

Mariah Johnson, Coordinator
Hepatitis Appropriations Partnership

5:30 PM  Hill Visit Schedules & Questions

Isha Weerasinghe, Senior Policy Analyst
Association of Asian Pacific Community Health Organizations

6-7:30 PM  Networking Reception – The Hub/Grid
Tuesday, March 10, 2015

**8:00 AM**  Breakfast (Provided) – Metropolitan East/West

**9-12 PM**  Hill Visits – Capitol Hill

**12:00 PM**  Group Photo – East Steps of U.S. Capitol

**12:30-1:30 PM**  Lunch (Provided) – Congressional Meeting Room North, Capitol Visitors Center

  *Senator Bill Cassidy, M.D.*
  *Republican - Louisiana*

  *Ronald O. Valdiserri, MD, MPH*
  *Deputy Assistant Secretary for Health, Infectious Diseases*
  *Department of Health and Human Services*

**1:30-5 PM**  Hill Visits – Capitol Hill

**5-6:00 PM**  Hill Visit Debrief – Congressional Meeting Room North, Capitol Visitors Center

  *Isha Weerasinghe, Senior Policy Analyst*
  *Association of Asian Pacific Community Health Organizations*

  *Mariah Johnson, Coordinator*
  *Hepatitis Appropriations Partnership*

  *Christine Rodriguez, Public Policy Manager*
  *National Viral Hepatitis Roundtable*

**6-8:00 PM**  Capitol Hill Reception – Congressional Meeting Room North, Capitol Visitors Center

  *John Ward, MD, Director, Division of Viral Hepatitis*
  *Centers for Disease Control and Prevention*
Advocate Talking Points
March 10, 2015

Meeting Intro
- Introduce yourself with your name and where you are from.
- In 2-3 sentences, depending on timing, tell your story of how has hepatitis impacted you.
- For each of the below top line messages, where applicable, describe the potential impact to you, your city and state.

ASKS
- Sign House/Senate letter in support of President’s proposed FY2016 budget to increase funding at the CDC’s Division of Viral Hepatitis to $62.8 million, and include request in the Member appropriations submissions.
- Support repeal of the federal funding ban on syringe services programs.
- Join the Congressional Hepatitis Caucus.

Prevention and Treatment
- If we want to prevent new infections, we must identify the 75% of people with HCV and 65% of people with HBV who do not know their status.
- Effective hepatitis C (HCV) treatments with high cure rates are now available and more are coming, but people must know their status in order to be linked to care.
- Identifying and linking patients to treatments will rely on increased investments in public health infrastructure, research, and intra- and interagency collaboration as outlined in the Viral Hepatitis Action Plan
- In the wake of the opioid crisis, we must address the alarming increases in HCV infections through evidence-based harm reduction and drug user health strategies.
- The elimination of perinatal HBV transmission is within reach. In order to attain the goal of 0% transmissions, we must fully implement the universal birth dose.
FY2016 Viral Hepatitis Prevention Funding Request

$62.8 million for the CDC Division of Viral Hepatitis

- Expand adoption of CDC/U.S. Preventive Task Force (USPSTF) recommendations for HBV and HCV testing and linkage to care by health systems and providers. This includes expanding provider outreach and education.
- Develop monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons. There was a 75% increase – seen in 35 out of 41 states reporting – in new HCV infections among youth.
- Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B. There are 800-1000 cases of perinatal HBV transmission annually. We have the tools to get to zero, but we must make the investment.
- Strengthen state and local capacity to detect new infections, coordinate prevention activities, provide feedback to providers for quality improvement, and track progress toward prevention goals. The request would provide core funding for these activities in every state, and additional funds to the ten (10) states with the highest increases in new HCV cases.

Syringe Exchange Policy Rider

- In the FY2012 Appropriations bill, Congress reinstated the ban on the use of federal funds for syringe exchange (previously lifted in FY2010) in the Labor-HHS and Financial Services Appropriations language.
- Research has provided overwhelming evidence that access to sterile syringes is effective in reducing transmission of HCV, without increasing drug use.
- Syringe exchange programs help connect people to medical treatment including substance use treatment.
- Local control and flexibility in use of federal funds allows distribution in locations that have been determined by the local public health or local law enforcement authorities to be appropriate for distribution.

Screening

- Only 25-35% of people living with chronic viral hepatitis are aware of their infection.
The Viral Hepatitis Action Plan established a goal of increasing the percentage of people with a diagnosis to 66%.

Full implementation of the U.S. Preventive Services Task Force (USPSTF) testing guidelines for HBV and HCV within state Medicaid programs, Medicare, and private health care systems would help to reach this goal.

Nationally Coordinated Surveillance Activities
- There is currently no funding for nationally coordinated surveillance activities to monitor trends in chronic viral hepatitis, and CDC funds only 7 sites nationally.
- Without a nationally coordinated system, we have limited information on which to base a hepatitis response and respond to outbreaks.
- The National Health and Nutrition Examination Survey (NHANES) data, from which most of our statistics our collected, does not include homeless or unstably housed individuals, those living in nursing homes, the incarcerated, the military, or many immigrant and migrant populations – populations disproportionately affected by viral hepatitis.

Viral Hepatitis and Substance Use
- Syringe exchange programs are a crucial, evidence-based and cost-effective aspect of comprehensive viral hepatitis prevention services which help connect people to medical and substance use treatment, without increasing drug use.
- There are untapped opportunities to reach persons who use drugs who are vulnerable to hepatitis C infection.
- Effective hepatitis prevention must include a combination of sterile syringes and injection equipment, medication-assisted treatment (MAT) for opioid/heroin use, and hepatitis testing and treatment.
- Local control and flexibility in use of federal funds allows distribution in locations that have been determined by the local public health or local law enforcement authorities to be appropriate for distribution, protecting local law enforcement and connecting substance users to needed medical and substance use treatment.
Hepatitis Appropriations Partnership
February 2015

Increase Funding for Viral Hepatitis

What is Viral Hepatitis?

Hepatitis is an inflammation of the liver and is most often caused by a virus. In the US, the most common types of viral hepatitis are hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV). The Centers for Disease Control and Prevention (CDC) estimate that between 4.4-5.3 million nationwide are living with HBV or HCV and as many as 75 percent are not aware of their infection. Because viral hepatitis can be asymptomatic for years, many people are not tested until they begin to show signs of liver disease, cirrhosis, liver failure or liver cancer. Viral hepatitis claims the lives of 15,000 people annually. Baby boomers, those born between 1945 and 1965, have the highest rates of HCV-related mortality.

Help Combat the Silent Epidemic

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<thead>
<tr>
<th>Fiscal Year</th>
<th>Final Funding</th>
<th>Need Estimate</th>
<th>President’s Budget</th>
<th>Community Request</th>
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1 Includes 10-12% for the Working Capital Fund
2 According to the 2010 CDC DVH Professional Judgment Budget

Viral Hepatitis Funding Needs

At least $62.8 million for CDC’s Division of Viral Hepatitis to stop viral hepatitis transmission and prevent viral hepatitis-related illness and death. CDC will use the increase to:

- Expand adoption of CDC/United States Preventive Services Task Force (USPSTF) recommendations for HBV and HCV testing and linkage to care by health systems and providers to prevent disease and premature death
- Develop monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons and others at risk
- Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B
- Strengthen state and local capacity to detect new infections, coordinate prevention activities, provide feedback to providers for quality improvement, and track progress toward prevention goals
- Additional needs include funding for Ryan White-funded clinics, community health centers, and SAMHSA-funded programs to increase capacity and integrate comprehensive services into settings that serve high-risk populations, and Steady and predictable growth for the budget of the National Institutes of Health to ensure success of the objectives outlined by the Viral Hepatitis Action Plan
- The budget also supports an end to the ban on the use of federal funds for syringe exchange programs to help prevent new viral hepatitis infections

The Costs of Inaction

- Annual HBV medical costs range from $761 to $86,552 per individual.
- The bulk of people living with HCV will age into Medicare eligibility over the next 10 years and the costs to the Medicare program will increase five-fold.
- The annual medical costs for HCV will rise from $30 billion to $85 billion by 2024.

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.

For more information contact:
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