



September XX, 2015

The Honorable Thad Cochran  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Barbara Mikulski  
Ranking Member  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Cochran, Ranking Member Mikulski, Chairman Rogers, and Ranking Member Lowey:

On behalf of the XX undersigned organizational members of the Hepatitis Appropriations Partnership, we write to share our comments and concerns regarding the draft fiscal year (FY) 2016 Labor, Health and Human Services, Education, and Related Agencies (LHHS) bills. First, we would like to express our appreciation for maintained funding in the House bill and the \$5 million increase in the Senate bill for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) – the only agency dedicated entirely to combating all five hepatitises (hepatitis A, B, C, D and E), domestically and abroad – in this challenging fiscal climate. We were also very pleased to see modified language included in both drafts loosening the restriction on use of federal funds for syringe services programs. Such programs not only provide a critical intervention to prevent hepatitis B and hepatitis C transmission, but also connect participants to healthcare, social services, and drug treatment.

Unfortunately, due to enduring issues and recent developments in the hepatitis B and C epidemics outlined below, and because DVH has been flat-funded at \$31.3 million since FY2012, the proposed FY2016 funding levels still fall egregiously short of the need for communities at risk for or living with hepatitis B and hepatitis C. **Therefore, we strongly urge Congress to work with the Administration to immediately negotiate a broader budget deal, ending sequestration and raising nondefense discretionary appropriations budget caps to levels that can meet the public health needs of Americans nationwide.**

*Under such an agreement, we ask that the Division of Viral Hepatitis at CDC be funded at the full \$62.8 million level in FY2016 as requested by the Administration and community advocates. These*

*investments are critical* given that 1) Hepatitis B and C affect over 5 million Americans by conservative estimates, with up to 75% unaware of their infection; 2) Hepatitis B and C collectively drive the nation's liver cancer and liver transplantation rates; 3) Current resources are inadequate to fund a robust, coordinated and accurate surveillance system; 4) According to a 2010 CDC professional judgment budget, the estimated resources needed for DVH in FY2016 alone would be \$170.3 million; and 5) We have the ability to significantly impact or even eliminate the diseases with preventive interventions, coupled with treatment and a safe effective vaccine (hepatitis B) or curative treatment (hepatitis C).

Further, the need for increased resources is particularly urgent due to the following:

- In a troubling development, CDC's 2013 surveillance report (the most recent data available) for viral hepatitis indicated the first increase in acute hepatitis B cases since 1990.
- Half of all chronic hepatitis B cases – estimated at 870,000 – exist among Asian American and Pacific Islander communities, who comprise less than 5% of the total U.S. population. This grave inequity must not be ignored any longer.
- A striking 75% of all Americans living with hepatitis C are “baby boomers” (among the 1945-1965 birth cohort), with disproportionate prevalence among communities of color, including tribal communities, and military veterans. Our seniors, as well as the Medicare system they are rapidly aging into, desperately need additional support.
- From 2010-2013, CDC reported a 151% increase in hepatitis C cases (with a more than 300% rise in the Appalachia region), found primarily among youth under 30 years of age and more evenly distributed among males and females than ever before, sparking concerns about potential increases in perinatal transmission as well. This outbreak is intimately tied to the opioid/heroin and overdose epidemics devastating communities nationwide – a downstream consequence with which states will increasingly need to contend.

Again, we thank Members of both the House and Senate for the clear commitment to maintaining funding for CDC's DVH, and for loosening restrictions on essential federal funding to support syringe services programs. We strongly urge a swift budget negotiation lifting overall funding caps and reversing the damaging effects of sequestration, and ask that under such a deal the Division of Viral Hepatitis at CDC be funded at the full \$62.8 million requested. Thanks to effective preventive and clinical interventions, however, we remain confident that, with adequate resources, the hepatitis B and hepatitis C epidemics can be eliminated in the United States.

We look forward to continuing our work with you on FY2016 appropriations and beyond; please do not hesitate to contact Mariah Johnson at [mjohnson@NASTAD.org](mailto:mjohnson@NASTAD.org) or 202.434.8042 with any questions.

Sincerely,

[list in formation]

cc:

Sen. Mitch McConnell, Senate Majority Leader

Sen. Harry Reid, Senate Democratic Leader

Rep. John Boehner, Speaker of the House

Rep. Nancy Pelosi, Democratic Leader

Sen. Mike Enzi, Senate Budget Committee Chair

Sen. Bernie Sanders, Senate Budget Committee Ranking Member

Rep. Tom Price, House Budget Committee Chair

Rep. Chris Van Hollen, House Budget Committee Ranking Member

Sen. Roy Blunt, Senate Labor, Health and Human Services, Education, and Related Subcommittee Chair

Sen. Patty Murray, Senate Labor, Health and Human Services, Education, and Related Subcommittee Ranking Member

Rep. Tom Cole, House Labor, Health and Human Services, Education, and Related Subcommittee Chair

Rep. Rosa DeLauro, House Labor, Health and Human Services, Education, and Related Subcommittee Ranking Member