



March 22, 2017

U.S. House of Representatives  
Washington, DC 20515

Dear Representative:

On behalf of Hep B United, a national coalition dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States, and the 36 coalitions and organizations signed on below, we are writing to express our concerns about the American Health Care Act and how certain provisions would negatively impact the communities we serve. We ask you to consider our concerns outlined below and urge you to vote “NO” on the bill.

*(1) Repealing the Prevention and Public Health Fund, which provides significant funding support to the Centers for Disease Control and Prevention’s (CDC) Section 317 Immunization and Chronic Disease Prevention and Health Promotion Programs*

Since its creation in 2010, the Prevention and Public Health Fund (PPHF) has provided more than \$4 billion nationally for disease prevention and health promotion programs, including an investment of over \$600 million in immunization activities and infrastructure and vital efforts to prevent hepatitis and liver cancer through screening and linkage to care programs. CDC’s Section 317 Immunization Program, which helps state and local health departments to purchase and supply vaccines to populations in need and to prevent or respond to disease outbreaks, receives 53% of its funding (\$324 million) from the PPHF.

Sustaining this program is very important in the fight against hepatitis B—the deadliest vaccine-preventable disease in the world, according to the CDC. The hepatitis B vaccine was designated as the first “anti-cancer vaccine” by the FDA because preventing hepatitis B virus (HBV) infection will prevent primary liver cancer—the second leading cause of cancer deaths worldwide and one of the only types of cancers with a rising incidence rate in the United States. Vaccines purchased through the Section 317 Immunization Program have played a critical role in HBV prevention in high-risk uninsured and underinsured children and adults. Additionally, PPHF funding for this program helps ensure that infants at risk of contracting HBV from their infected mothers can be identified and provided with the HBV vaccine and treatment at birth.

Section 317 also supports the Vaccines for Children Program, vaccine effectiveness studies, disease surveillance, outbreak detection and response, vaccine coverage assessment, vaccine safety and provider education programming, community linkages, and screening activities. Without continued PPHF funding, the Section 317 Immunization Program could be eliminated entirely, having a devastating impact on the nation’s ability to prevent and respond to deadly, costly disease outbreaks.

*(2) Repealing the Essential Health Benefit requirement for certain state Medicaid plans*

The ACA’s Essential Health Benefits (EHB) provisions included ten categories of benefits that private insurance plans and Medicaid for newly eligible beneficiaries were required to provide. Among the required benefit categories, people at risk or living with HBV are particularly impacted by preventive services and chronic disease management. Without these EHB requirements, some state Medicaid plans

may no longer cover HBV screening and vaccination, which are critical in reducing the burden of the disease. Although it is preventable and treatable with proper diagnosis and linkage to care, testing rates for hepatitis B in the United States remain very low. Up to 2.2 million Americans are chronically infected with HBV, yet the silent (largely asymptomatic) nature of the disease combined with low rates of testing has contributed to an estimated 70% of infected Americans being unaware of their disease.

*(3) Converting Medicaid to per capita caps and (4) Repealing ACA cost sharing subsidies*

Changing Medicaid to a per capita cap model and repealing ACA cost sharing subsidies would severely impact millions of Americans' ability to access health care. Hep B United is dedicated to reducing the health disparities associated with hepatitis B, particularly among Asian Americans and Pacific Islanders (AAPIs), African immigrants, and other communities disproportionately impacted by hepatitis B. While Asian Americans comprise only about 5% of the population, they account for over 50% of chronic HBV cases in the United States. By making Medicaid less accessible, these changes could reverse critical progress that has been made in decreasing the uninsured rate of AAPIs since the passage of the ACA. The uninsured rate dropped from 15.1% in 2010 to 7.5% in 2015 for Asian Americans, and from 14.5% to 7.8% for Native Hawaiians and Pacific Islanders. Changing the Medicaid structure to be controlled by the states will also limit the amount of funding states receive and affect funding given to key health entities that serve AAPIs, such as federally-qualified health centers.

*(5) Eliminating of FMAP for Medicaid expansion*

Eliminating federal matching dollars for Medicaid expansion will make it harder for state Medicaid programs to fund coverage for preventive services, such as hepatitis B screening and vaccination for pregnant women and high-risk adults, which are recommended by the U.S. Preventive Services Task Force with a grade "A" and "B" respectively. The CDC estimates that each year 24,000 infants are born in the United States to women who are infected with HBV. Between 30% and 40% of all chronic HBV infections result from perinatal transmission, which is entirely preventable. Eliminating federal matching dollars for Medicaid expansion will place a great burden on low-income Americans and families living with hepatitis B and reverse the progress made thus far to identify the over 2 million Americans living with hepatitis, prevent transmission, and eliminate hepatitis B and related liver disease and liver cancer.

*(6) Limiting tax credits to citizens, nationals and "qualified aliens" based on the 1996 welfare reform law that restricted access to many immigrant groups*

Limiting tax credits to persons who are citizens or "qualified aliens" would leave out many immigrant groups with lawful status, including Compact of Free Association (COFA) migrants from the Marshall Islands, Micronesia, and Palau. Without this financial assistance, many lawfully present AAPIs and other immigrant groups may no longer be able to afford health coverage. AAPIs and recent African immigrants are already disproportionately impacted by hepatitis B, so any barriers such as this that restrict their access to preventive services, screening, and treatment may only worsen this health disparity.

The American Health Care Act will harm and create a greater financial burden on our health care system and for people living with hepatitis B – this plan will worsen this public health crisis that affects millions of Americans. We strongly urge you to vote "NO" on this bill.

Sincerely,

*Hep B United*

Hepatitis B Foundation

Association of Asian Pacific Community Health Organizations

Asian & Pacific Islander American Health Forum

Immunization Action Coalition

National Center for Reducing Asian American Cancer Health Disparities

National Council of Asian Pacific Islander Physicians

National Task Force on Hepatitis B

National Viral Hepatitis Roundtable

Asian American Health Coalition (HOPE Clinic), Houston, TX  
Asian American Community Services, Upper Arlington, OH  
Asian Health Coalition, Chicago, IL  
Asian Pacific Community in Action, Phoenix, AZ  
Asian Pacific Health Foundation, San Diego, CA  
Asian Pacific Liver Center at St. Vincent Medical Center, Los Angeles, CA  
Asian Services in Action, Inc., Cleveland, OH  
California Hepatitis Alliance  
Center for Asian Health, St. Barnabas Medical Center, Livingston, NJ  
Dallas-Fort Worth Hepatitis B Free Project, Dallas, TX  
Hepatitis B Coalition of Washington State, Seattle, WA  
Hepatitis Education Project, Seattle, WA  
Hep B Project, Oakland, CA  
Hep B United Philadelphia, Philadelphia, PA  
Hep B United - Twin Cities (Lao Assistance Center of MN), Minneapolis, MN  
Hep Free Hawaii, Honolulu, HI  
Hep B Free Las Vegas, Las Vegas, NV  
Hep B Free Los Angeles, Los Angeles, CA  
Hepatitis B Initiative of Washington DC, Washington, DC  
Mercy Housing and Human Development, Gulfport, MS  
Midwest Asian Health Association, Chicago, IL  
North East Medical Services, San Francisco, CA  
New York City Hepatitis B Coalition, New York, NY  
New Jersey Hepatitis B Coalition, Trenton, NJ  
NYU Center for the Study of Asian American Health, New York, NY  
Ohio Asian American Health Coalition, Columbus, OH  
Project Prevention, Merced, CA  
San Francisco Hep B Free, San Francisco, CA