

April XX, 2018

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray:

As you begin deliberations on the Fiscal Year 2020 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully urge you to increase funds for the viral hepatitis programs at the Centers for Disease Control and Prevention (CDC) to \$134 million and include \$58 million to fully fund resources included in the recently passed SUPPORT for Patients and Communities Act to eliminate opioid-related infectious diseases.

New cases of viral hepatitis have skyrocketed in communities across the country. The CDC estimates that up to 5.3 million people in the United States live with hepatitis B (HBV) or hepatitis C (HCV), with more than half unaware they are living with the disease. Between 2010 and 2016, new cases of HCV rose by a staggering 350 percent nationwide. It is estimated that more than 70 percent of those cases are a direct result of injection drug use, which has increased during the opioid crisis. In addition, we are at a critical time for HBV, as little to no progress has been made to reduce the number of chronic HBV cases, despite HBV being a vaccine preventable disease. In 2015, the number of reported acute HBV cases across the country rose for the first time since 2006, increasing by 20.7 percent over 2014, largely due to the opioid crisis and low adult vaccination rates. HBV and HCV remain the leading causes of liver cancer – one of the most lethal, most expensive to battle, and fastest growing cancers in America, with a 5-year survival rate of only 20 percent.

The tools to reverse these trends and to eliminate viral hepatitis in the United States exist. Due to advances in medical science, there is now a highly effective treatment for HCV that can cure the disease in as little as eight weeks. There are also highly effective vaccines for infants, children, and adults that protect against HBV.

Reaching elimination will require an investment in resources, especially at the CDC. According to a December 2016 professional judgment budget, a comprehensive national viral hepatitis program putting the U.S. on a path towards elimination requires approximately \$3.9 billion over 10 years. This is well above the CDC's viral hepatitis programs' current funding level of only \$39 million. Prioritizing funding for viral hepatitis programs will allow the agency to build the infrastructure and programs necessary to identify people living with viral hepatitis and link them to care and treatment, work with providers, health care professionals and insurers to improve access to screening and treatment, improve surveillance and outbreak response, prevent mother-

to-child transmission of HBV and HCV, and improve prevention efforts through research and technical assistance. The ability to provide state and local health departments and other key stakeholders funding to build the necessary infrastructure to provide services is integral to stopping the spread of this disease. We urge the Committee to allocate no less than \$134 million in funding for the CDC's viral hepatitis programs in FY2020.

Further combatting injection drug use and the opioid crisis is another key step in preventing new cases of viral hepatitis and putting the country on the path towards elimination. The bipartisan SUPPORT for Patients and Communities Act passed by Congress and signed into law last year included many impactful and important solutions that can be used to combat the ongoing opioid crisis. One of these is Section 7141, Reauthorization and Expansion of Program of Surveillance and Education Regarding Infections Associated with Illicit Drug Use. This section authorizes funding for the CDC to provide much-needed resources to state and local governments and others to help improve the response to the infectious disease consequences of the opioid crisis. Resources can be used for surveillance, testing, and to link individuals to care and treatment of the infectious diseases most exacerbated by the opioid crisis – including viral hepatitis – along with expanding prevention and education efforts. We urge the Committee to match the Department of Health and Human Service's budget request of \$58 million for this program to eliminate opioid-related infectious diseases.

Funding for the SUPPORT Act must not come at the expense of existing viral hepatitis and other critical health care programs, nor be a substitute for additional funding for the viral hepatitis programs at CDC.

We appreciate the Committee's commitment to combating the opioid crisis and for its support for viral hepatitis prevention. Making this investment in CDC viral hepatitis programs and funding the program to eliminate opioid-related infectious diseases are key to strengthening our public health infrastructure and addressing the devastating ongoing viral hepatitis epidemics.

Sincerely,

Mazie K. Hirono
United States Senator

United States Senator

United States Senator

United States Senator

United States Senator

United States Senator

United States Senator

United States Senator

United States Senator

United States Senator

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