

Congress of the United States
Washington, DC 20515

March 19, 2018

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
2358-B Rayburn HOB
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
1016 Longworth HOB
Washington, DC 20515

Dear Chairs Cole and Ranking Members DeLauro:

As you begin deliberations on the Fiscal Year 2019 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you increase funds for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC) to \$134 million.

We request an increase of \$100 million over the FY2017 enacted level for the viral hepatitis program at CDC to implement comprehensive state and local health department and community-based opioid infectious disease prevention services and programs. The viral hepatitis program, which is significantly underfunded, needs an infusion of dedicated resources to build and strengthen our nation's public health infrastructure to assist in the infectious disease response to the current opioid epidemic. Programs and services supported by this increase would allow existing and future viral hepatitis grantees to integrate services with existing prevention and care programs to ensure individuals using injection drugs are able to appropriately access prevention and substance use, mental health, and infectious disease treatment.

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are completely preventable, but only when we commit the resources necessary can we treat or cure the nearly 5.3 million people in the United States living with HBV and HCV, 50 to 65 percent of whom are completely unaware of their infection.

The recent explosion of opioid use in the United States has also led to increasing infection rates of HCV and HBV among new groups and it is undoing progress we've made towards curbing disease transmissions. The nation's infectious disease public health infrastructure is an underutilized resource in our collective response to the opioid epidemic. New HCV infections have increased nationally, with 30 states reporting increases of more than 200 percent, compared with cases reported during 2010-2014. HBV infections are also increasing alongside an increase in injection drug use. In 2014, approximately 20,000 new cases of HBV occurred, an increase from an estimated 18,800 in 2011.

HBV and HCV also remain the leading causes of liver cancer – one of the most lethal, most expensive to battle, and fastest growing cancers in America. As noted by the CDC, viral hepatitis mortality rates have increased substantially in the United States over the past decade. In fact, deaths associated with HCV now surpass deaths associated with all 59 other notifiable infectious diseases combined, according to recent data from the CDC. For ten years, since 2007, deaths from HCV have surpassed deaths from HIV. Addressing co-infection rates, as high as 25 percent for HCV and 10 percent for HBV, remains a significant challenge. Until more is done to address hepatitis it will remain the leading non-AIDS cause of death in people living with HIV.

No community is exempt from the impact of HBV and HCV. Rising rates of new transmissions and high rates of chronic infection among disproportionately impacted racial and ethnic populations continue to drive a dramatic public health inequity. Asian Americans comprise more than half of the known HBV population in the United States and, consequently, maintain the highest rate of liver cancer among all ethnic groups. American Indian/Alaska Native communities have the highest incidence rates of HCV among all races and ethnicities.

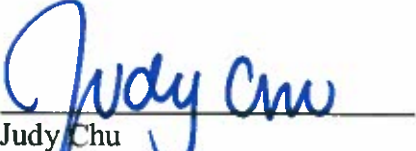
Furthermore, the “baby boomer” population (those born between 1945 through 1965) currently accounts for three out of every four cases of chronic HCV. As these Americans continue to age, they are likely to develop complications from HCV and require costly medical interventions that can be avoided if they are tested earlier and provided with curative treatment options.


We appreciate the Committee’s commitment to combating the opioid epidemic and for its support for viral hepatitis prevention. Making this investment in DVH is a key component in addressing a vital public health inequity and will strengthen our public health infrastructure as well as combat the devastating and expensive complications caused by viral hepatitis.


Sincerely,


Grace Meng
Member of Congress


Henry C. “Hank” Johnson
Member of Congress


Judy Chu
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Colleen Hanabusa
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Debbie Wasserman Schultz
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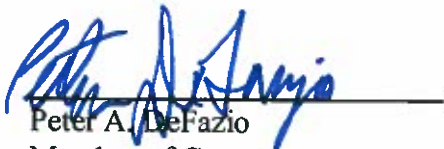
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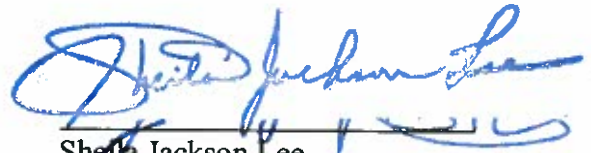
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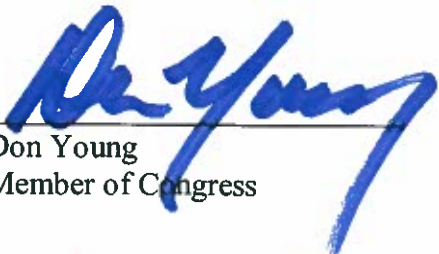
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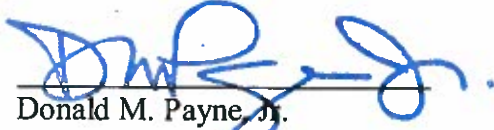
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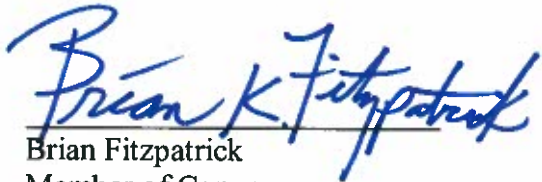
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