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Congress of the United States
House of Representatives
Washington, DC 20515-1004

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RAILROADS, PIPELINES, AND

HAZARDOUS MATERIALS

NATIONAL SECURITY

ECONOMIC AND CONSUMER POLICY

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

April 23, 2021

Dear Chairwoman DeLauro and Ranking Member Cole:

As you begin deliberations on the Fiscal Year 2022 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 at least \$120 million to fully fund the agency's program to eliminate opioid-related infectious diseases.

There are an estimated 2.2 million living with the hepatitis B virus (HBV) and more than 2.4 million people in the U.S. living with the hepatitis C virus (HCV), with nearly half of those affected unaware that they are living with the disease. Although there is a cure for HCV, CDC estimates that there are more HCV-related deaths annually than all deaths from 60 other nationally notifiable infectious diseases combined. Chronic HBV and HCV are the most common risk factors for liver cancer, which has a five-year survival rate of only 18 percent. There have been increases in hepatitis A virus (HAV) and HBV infections over recent years, despite both HAV and HBV being vaccine-preventable. From 2014 to 2018, the number of reported cases of HAV in the U.S. increased by 850 percent, and from 2006 to 2018, increases in reported cases of acute HBV infection ranged from 56 percent to 729 percent in states heavily impacted by the opioid crisis. COVID-19 has further impacted the already understaffed and underfunded hepatitis programs across the country, which have had to redirect resources to pandemic response. The ability to reverse these increases and to eliminate hepatitis in the U.S. exists, but reaching this achievement will require a significant investment in resources that will bolster treatment accessibility and prevention options.

First, we urge the Committee to allocate no less than \$134 million in funding for the CDC's viral hepatitis programs in FY2022 to provide state and local health departments and other key stakeholders the resources necessary to address this public health crisis and stop the spread of these diseases. According to a December 2016 professional judgment budget, a comprehensive national viral hepatitis program that puts the U.S. on a path towards elimination requires approximately \$3.9 billion over 10 years.

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Prioritizing funding for viral hepatitis programs will help build the infrastructure and programs necessary to identify people living with viral hepatitis and link them to preventative care; increase collaboration with healthcare providers, 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. CDC's current funding level for its national viral hepatitis program is only \$39.5 million, which falls woefully short of the amount needed to fully combat the spread of viral hepatitis.

Second, we urge the Committee to allocate no less than \$120 million to eliminate opioid-related infectious diseases. Funding for this program must not come at the expense of existing viral hepatitis and other critical healthcare programs, nor be a substitute for additional funding for the CDC's viral hepatitis programs. Available data suggests that more than 70 percent of new HCV infections and 36 percent of new HBV infections are among people who inject drugs. Continued efforts to combat the increased rates of injection drug use amidst the opioid crisis is another key step in preventing new cases of viral hepatitis and putting the country on the path towards elimination. As the country fights the COVID-19 pandemic, the U.S. has seen a significant increase in overdose deaths, as well as a need for investment in public health infrastructure. Now more than ever, investments in drug user health and infectious disease are needed. The CDC's program to eliminate opioid-related infectious diseases would help address the infectious disease complications of the opioid crisis by offering testing and linkage in high-impact settings through education efforts, substance abuse treatment facilities, and emergency departments.

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 integral to strengthening our public health infrastructure and addressing the devastating and ongoing viral hepatitis epidemics.

Sincerely,



Henry C. "Hank" Johnson, Jr.
Member of Congress



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