

2010 Viral Hepatitis Hill Visit Talking Points

FACTS:

Hepatitis B and C are among the leading causes of preventable deaths worldwide.

Hepatitis C virus affects 4 times more people than HIV. Hepatitis B virus affects 2 times as many people as 5.4 million people are chronically infected with viral hepatitis in the US.

HCV is ten times more infectious than HIV, and HBV is 100 times more infectious than HIV. These viruses can live for days outside of the human body.

HBV and HCV can be prevented. HBV can be prevented by a vaccine and by the same measures that reduce HIV transmission risk. Although there is no vaccine to prevent HCV, it can be prevented through infection control procedures, and access to sterile injection equipment.

Most chronically infected people are not aware that they have been infected until they have symptoms of cirrhosis or liver cancer many years later. About 65% and 75% of the infected population are unaware that they are infected with HBV and HCV, respectively. Importantly, the prevention of chronic hepatitis B and hepatitis C serves to prevent liver cancer because HBV and HCV are the leading causes of this type of cancer throughout the world.

There is no federal funding to provide core public health services for viral hepatitis. Funds are needed for hepatitis B and C counseling, testing, and medical referral.

The new Institute of Medicine report, "Viral Hepatitis and Liver Cancer" supports increased resources and program expansion to improve hepatitis prevention and care in the US.

ASKS:

Please co-sponsor HR 3974 Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009 – THIS ASK ONLY FOR the HOUSE NOT SENATE

This bill amends the Public Health Service Act to increase hepatitis prevention and control activities. It affects people at risk for and chronically infected with hepatitis B and C by increasing:

- education for patients and health care providers,
- access to hepatitis testing and liver cancer screening,
- the ability of health departments to detect outbreaks, and
- supporting viral hepatitis prevention and education programs across the U.S..
- The Democratic staff lead is Bernardette Arellano (Honda- CA) and the Republican staff lead is Laura Kent (Dent- PA).
- AS IT RELATES TO HEALTH REFORM
 - While we hope the prevention, wellness and public workforce provisions in health reform remain intact, this bill is necessary to establish a much-needed comprehensive and proactive prevention program to complement the main tenants of the health reform bill's Medicaid expansion and health insurance reform
- AS IT RELATES TO COST
 - The bill has not been scored by CBO as most bills at this stage are not scored.
 - The cost however of **NOT** preventing these diseases is skyrocketing: For HBV, it is estimated to be approximately \$2.5 billion (\$2000 per infected person). The lifetime cost of HBV in 2000--before the availability of most of the current therapies--was approximately \$80,000 per person chronically infected, or more than \$100 billion. For HCV, medical costs alone for patients are expected to increase from \$30 billion in 2009 to over \$85 billion in 2024. Such costs will undoubtedly increase in the absence of expanded prevention and treatment efforts.

Please Support Hepatitis Prevention Funding – THIS ASK FOR BOTH HOUSE AND SENATE VISITS

- **Support the increase for a total of \$50 million in the budget of the CDC's Division of Viral Hepatitis in the FY2011 Labor-HHS-Education Appropriations**
- Federal funding for viral hepatitis has been woefully inadequate for too many years. The only dedicated funding for viral hepatitis is the FY2010 \$19.3 million allocated to CDC's Division of Viral Hepatitis for prevention and control. We ask that Congress make public health, including hepatitis a funding priority.
- \$90,000 average award for state coordinator, funds a salary and little else.
- CDC currently addresses hepatitis, outbreak by outbreak – not prevention.
- Additional funding would allow for offering of public health services - hepatitis counseling, testing, and referral as well as education of the public and health providers and infrastructure to deliver hepatitis A and B vaccines to high risk adults.
- Not asking for creation of new public health infrastructure rather integration into HIV and STD prevention programs with similar affected populations.

The Economic Consequences of the Status Quo (without increased funding):

- In the absence of increased screening and care, models for the 2010-2019 period project an additional 165,900 deaths from chronic liver disease, 27,200 deaths from hepatocellular carcinoma, and \$10.7 billion in direct medical expenditures for hepatitis C virus (HCV)¹.
- The 2008 NIH consensus development conference on the management of hepatitis B noted that more than \$1 billion is spent each year for hepatitis B–related hospitalizations.
<http://consensus.nih.gov/2008/HepBfinal021809.pdf> (the full economic burden to society is much greater as this estimate does not include the indirect costs of chronic reduced physical and emotional quality of life, reduced economic productivity, long-term disability, and premature death.)
- In the absence of significant increases in screening and care above current medical management, mathematical modeling² predicts:
 - Medical costs for patients with HCV infection are expected to more than double, from \$30 billion to over \$85 billion over the next 15 years.
 - The cost of HCV will grow and shift to Medicare. In 10 years, commercial insurance and Medicare costs will more than double. In 20 years, Medicare costs will increase 5-fold.
 - The number of patient with advanced liver disease will more than quadruple in 20 years.
 - Over the next 10 years, the number of patients with decompensated cirrhosis will more than quadruple.

¹ JB Wong, GM McQuillan, JG McHutchison and T Poynard Department of Medicine, New England Medical Center, Tufts Research Institute, Tufts University School of Medicine, Boston, Mass., USA. *Estimating future hepatitis C morbidity, mortality, and costs in the United States*, American Journal of Public Health, Vol 90, Issue 10 1562-1569.

² May 2009, Milliman Study for Vertex Pharmaceuticals – Consequences of Hepatitis C Virus – Costs of a Baby Boomer Epidemic of Liver Disease