

**To: Rosie Henson and John Ward
Co-Chairs, HHS Viral Hepatitis Interagency Working Group
Department of Health and Human Services**

Re: Comments on the HHS Action Plan on Viral Hepatitis

**From: The Association of Asian Pacific Community Health Organizations (AAPCHO),
the National Council of Asian & Pacific Islander Physicians (NCAPIP), and the Asian
Pacific Islander American Health Forum (APIAHF)**

Thank you so much for the opportunity to review and comment on the HHS Hepatitis Action Plan (Plan). This comprehensive Plan has come together very quickly. Your support for this initiative is critical and AAPCHO, NCAPIP, and APIAHF look forward to working with you, Assistant Secretary of Health Howard Koh, and the subcommittee co-chairs as the Department of Health and Human Services (HHS) works toward implementation of the Plan.

Overall AAPCHO finds that the Plan addresses critical issues in hepatitis with realistic actions requiring leadership from all HHS agencies. We are committed to supporting implementation of the plan. However, as you know, funding has been a major barrier in the development of a national viral hepatitis response. With this Plan and the support of Dr. Koh, we hope that each agency will prioritize viral hepatitis and liver cancer prevention and identify individuals and resources that they will use toward implementation in concert with available funding specifically for hepatitis prevention and services. Prioritization by agency leadership and funding are critical elements required to implement the Plan.

Our comments on the draft will fall into the following general categories:

- Greater involvement of the Office of Minority Health (OMH)
- Hepatitis B care and treatment
- Hepatitis B vaccination
- Inclusion of liver cancer
- Basic mistakes/misprints

Office of Minority Health Involvement in the HHS Action Plan

The OMH has been active in hepatitis B issues for many years due to the health disparities in rates of HBV. They have experience working with community organizations that work specifically with minority communities and can share information and resources with those organizations, support development of culturally competent and linguistically appropriate hepatitis initiatives, and provide valuable information to subcommittee members. The OMH should be added as a partner agency and represented on the subcommittee developing the actions for the following sections and goals:

- Educating Providers and Transforming Communities to Reduce Health Disparities
Goal 2c (pg 26)
- Improving Screening, Care and Treatment for Viral Hepatitis
Goal 2b (pg 72), Goal 3a (pg 74), Goal 3c (pg 75)
- Preventing Viral Hepatitis Transmission Through Vaccination

Goal 1c, Goal 1d (pg 113)

Section: Improving Screening, Care and Treatment for Viral Hepatitis

AAPCHO recommends that Initiative 2, 3 and 4 can be enhanced by the development and implementation of a Hepatitis B Program Assistance Letter (PAL) by the Health Services and Resources Administration (HRSA) to improve clinical services for hepatitis B education, screening rates, care and treatment. The PAL should also include language to enhance vaccination services such as those described in Section: Preventing Viral Hepatitis Transmission Through Vaccination Goals 2a (pg 116) and 2e (pg 118) in Federally Qualified Health Centers (FQHCs).

Additionally, we support the funding and development of a “Hepatitis Collaborative” model project with the goal of increasing the proportion of FQHCs providing hepatitis care and treatment up to 20% of all FQHCs. This model would cut across HHS Action Plan sections and support the development of comprehensive hepatitis care through primary care providers.

Finally, in the draft Plan Initiative 5 (pgs 79-80): Improve access to and quality of treatment for hepatitis B and C, does not mention hepatitis B at all despite the fact that treatment rates of hepatitis B patients are not at optimal levels. We recommend adding the following goals to Initiative 5:

“Increase rates of HBV treatment by integrating HBV treatment into primary care” and
“Expand HBV treatment to a larger proportion of persons identified as potential treatment candidates”

Section: Prevention Viral Hepatitis Transmission Through Vaccination

AAPCHO recommends the development and implementation of standing order protocols for the administration of HBV vaccine birth dose and appropriate post-exposure prophylaxis (PEP) for all newborns of women who are infected or of unknown HBV status. This critical action should be included in Initiative 1: Eliminate Perinatal Hepatitis Transmission, Goal 1b (pg 112).

Hepatitis B pre-vaccination testing is not currently being implemented adequately and is especially important among Asian American, Native Hawaiian and Pacific Islander communities because of the high rates of chronic infection. AAPCHO strongly recommends that Goal 2a-e (pgs 116-118) include strong recommendations for HBV pre-vaccination serologic testing that will ensure appropriate use of limited vaccine resources and identification of individuals chronically infected with HBV. Importantly, support for inclusion of HBV pre-vaccination serologic testing within the Affordable Care Act preventive services will enable access to testing for many more individuals in groups recommended for HBV vaccination.

Liver Cancer Inclusion in the HHS Action Plan on Viral Hepatitis

AAPCHO strongly recommends including liver cancer in the title of the Plan. A majority of liver cancer is caused by chronic hepatitis B and C and liver cancer rates are increasing across the U.S.. Liver cancer disproportionately affects Asian Americans and Pacific Islanders who are 2.7 times more likely to develop liver cancer and 2.4 times more likely to

die from the malignancy than are Caucasians. Other minority communities such as African Americans and Native Americans are also disproportionately affected by hepatitis B and C and liver cancer. While many individuals are unfamiliar with “viral hepatitis”, most people understand what “cancer” means and its inclusion in the title will increase the Plan’s sense of urgency and the public’s understanding.

Basic Mistakes/Misprints

- Improving Screening, Care and Treatment for Viral Hepatitis

Goal 2d (pg 73) the year of initiation is listed as 2015 for this action which is critical and is partially already underway.

Goal 4d (pg 77) “Improve the care and treatment of patients with end-stage liver disease” should include NIH as a participating agency.