AAPCHO

ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

February 19, 2016

Tamara Syrek Jensen, JD
Director, Coverage and Analysis Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Blvd. Baltimore, MD 21244

RE: Centers for Medicare and Medicaid National Coverage Analysis for Screening for Hepatitis B Virus (HBV) Infection (CAG-00447N)

Dear Ms. Jensen:

Thank you for the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) National Coverage Analysis for hepatitis B screening for Medicare beneficiaries who are at high risk for hepatitis B (HBV) infection, as defined by the 2014 United States Preventive Services Task Force (USPSTF) "B" grade final recommendation. The Association of Asian Pacific Community Health Organizations (AAPCHO), along with our members and partners, were very glad to see the revised USPSTF hepatitis B screening recommendations, as the greater access to care helps to identify those with chronic HBV and link them to care.

In 2014, the USPSTF gave a grade of "B" for risk-based HBV screening, which includes those born in countries and regions with a high prevalence of HBV infection (≥2%); people born in the U.S. who were not vaccinated as infants and whose parents were born in a region with high prevalence of hepatitis B infection (≥8%); HIV-positive individuals; injection drug users; men who have sex with men and household partners and sexual partners of people who are HBV infected.

Up to 2 million Americans are chronically infected with HBV. Unfortunately, 67% are unaware of their infection, placing them at significant risk for advanced liver disease, liver cancer, and/or in need of a liver transplant. One in four of these individuals will experience liver failure, cirrhosis, or primary liver cancer (hepatocellular carcinoma, or HCC). The hepatitis B virus is the leading cause of primary liver cancer, which is the second deadliest cancer in the world, and remains the only cancer that continues to rise in both incidence and mortality among men and women in the U.S.

HBV is associated with significant health disparities in the U.S. Both chronic HBV and HCC disproportionately affect Asian Americans and Pacific Islanders (AAPI), who make up 50% of the HBV infection burden in the U.S., and have liver cancer rates that are up to 13 times higher than Caucasian populations in the U.S. In fact, HCC has recently become the primary cause of cancer death in Vietnamese men in the U.S.

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AAPCHO, based in San Leandro, CA, with an office in Washington, DC, represents 35 community health centers across the country, 29 of which are Federally Qualified Health Centers (FQHCs). AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and access of medically underserved Asian Americans, Native Hawaiians, and Pacific Islanders (AA & NHPIs) in the U.S., its territories, and its freely associated states. Since a number of AAPCHO member centers have patient populations infected with and with increased risk for hepatitis B, AAPCHO prioritizes education, awareness, and policy objectives around hepatitis B. AAPCHO is also a founding member of Hep B United, a national coalition to address the public health challenge of hepatitis B, the leading cause of liver cancer and a major health disparity among Asian Americans and Pacific Islanders (AAPIs). Hep B United works with 30 community coalitions in 24 cities and 14 states across the U.S. to increase hepatitis B awareness, screening, vaccination and linkage to care, particularly for high-risk AAPIs who are disproportionately impacted.

A number of our members screen for hepatitis B, and some of those members have provided comments separately. Because Federally Qualified Health Center (FQHC) data, included in the the Uniform Data System (UDS), does not require reporting for hepatitis B screening, we do not have data across our member centers. However, we have data in the aggregate from seventeen centers, of which four of our centers participate: Asian Health Services Community Health Center in Oakland, CA, Charles B. Wang Community Health Center in New York, NY, Waianae Coast Comprehensive Health Center and Waimanalo Health Center in Oahu, HI, who participate in the Community Health Applied Research Network (CHARN). Of the 121,346 patients screened among all seventeen sites that are part of CHARN, 58.84% (n= 71,401) were AAPIs. Of all patients screened, 9.72% (n= 11,793) were infected with HBV, and 21.71% (n= 26,347) found to be susceptible for HBV. Of those infected, 2.32% (n= 1,063) are older than 64, and of those susceptible for HBV, 4.55% (n= 2,087) are older than 64.

HBV is a silent killer, but there are lifestyle changes and FDA-approved medications that can help prevent end-stage liver disease and liver cancer. This is why it is critical that we improve opportunity and access to HBV screening. Patients experience cultural and linguistic barriers, which often impact their access to care, and therefore impede HBV screening levels. Older Limited English proficient populations many times have issues with transportation as well, creating barriers to get them to their local clinic.

The revised USPSTF hepatitis B screening recommendations are a significant advance in efforts to identify those with chronic HBV and link them to care. We urge CMS to add hepatitis B screening as an “additional preventive service” in light of the new USPSTF evidence-based recommendations. Of the identified and reported cases of HBV in the U.S. between 2007 and 2012, 15.6% were over the age of 65 and part of the Medicare covered population. Seniors who are Medicare beneficiaries and are unaware of their HBV infection are likely to have been living with the disease for a very long time. It is vital to ensure they are linked to care and treatment before they develop advanced liver disease or liver cancer. Additionally, those with end stage renal disease are at higher risk for HBV infection and are less likely to respond to the HBV vaccine, and would benefit greatly from screening and subsequent linkage to care.

We believe that including HBV screening under Medicare’s Preventive Services would lead to improved health outcomes for Medicare beneficiaries. We thank CMS for initiating this National Coverage Analysis and appreciate the opportunity to comment on this process.

Sincerely,

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