HIV+HEP
POLICY INSTITUTE

November 18, 2021

Jessica Deerin
Office of Infectious Diseases & HIV/AIDS Policy
Office of the Assistant Secretary of Health
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Comments on Draft Hepatitis Federal Implementation Plan

Dear Ms. Deerin:

The **HIV+Hepatitis Policy Institute** is pleased to submit comments on the draft *Viral Hepatitis Federal Implementation Plan 2021-2025*. The **HIV+Hepatitis Policy Institute** is a leading HIV and hepatitis policy organization promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.

Thank you for all your efforts in putting together this implementation plan. We cannot achieve the goal of ending hepatitis without increased funding for the key elements of the strategy, including testing, treating, and vaccination. Increasing resources for hepatitis elimination must be our first priority. While this plan was drafted with current resources in mind, there are areas where we would suggest some strengthening.

In the area of **outreach and awareness**, we suggest adding in the participation of the Surgeon General, with his bully pulpit, and greater use of the Assistant Secretary of Health and the Secretary as well.

The section on **improving outcomes for people with hepatitis** needs strengthening. With a miracle cure for hepatitis c available—which is key to elimination—this section did not lay out a plan to increase testing and improve treatment access. Instead, it simply calls for more studies. For example, for barriers of reimbursement of preventive services like testing, it calls for more research even though we have been dealing with these issues for years. The same is true for barriers for insurance coverage of treatment and prior authorizations: more research and new payment models are recommended. There is no mention of Medicaid barriers. Our government can just act and enforce the laws now. The cost of the drugs has come way down, we do not need new payment models. We do not understand why we HHS is allowing payers to discriminate against people with hepatitis. Instead, HHS should enforce ACA nondiscrimination provisions and current Medicaid laws.

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There was very little focus on using the Ryan White Program for the co-infected, just mentioning its workforce training, and no mention of the community health center program to increase testing and treatment. Both programs are currently doing both but can always improve.

As a person living with chronic hepatitis B, I was pleased to see the continued focus on finding a hepatitis b cure.

In the **surveillance and data section,** we strongly support the use of IQVIA's hepatitis data to track treatments over time and by payer and incorporating hepatitis in NHANES.

We certainly support the **syndemic approach** while you also work on HIV and the opioid epidemic. It is great to see the establishment of a Syndemic Steering Committee; however, we think the plan should detail how you will implement this approach, such as including hepatitis in HIV funding announcements and ensuring grantee accountability.

Speaking of accountability, we also recommend that the implementation plan include the establishment of an ending hepatitis federal advisory council. The plan acknowledges that it cannot be implemented by the government alone. Having an outside group of experts and community partners to advise and work with you can only help us ensure that the strategic plan is implemented in order to end hepatitis.

Should you have any questions or comments, please feel free to contact me at cschmid@hivhep.org or (202) 462-3042. Thank you.

Sincerely,

Carl E. Schmid II
Executive Director