



June 7, 2024

B. Kaye Hayes, MPA
Deputy Assistant Secretary for Infectious Disease
US Department of Health and Human Services
Tower Building
111 Wootton Parkway
Rockville MD 20852

RE: Public Comments on Potential Viral Hepatitis Quality Measures in Medicaid

Submitted via email to OIDPViralHepatitis@hhs.gov

Dear Ms. Hayes:

The **HIV+Hepatitis Policy Institute**, a leading national 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, thanks you for the opportunity to offer comments on [potential viral quality measures in Medicaid](#).

We commend the Department of Health and Human Services (HHS) for recognizing the importance of using all available resources to eliminate viral hepatitis. Though quality measures are critically important tools to increase the uptake of key public health interventions such as viral hepatitis screening and treatment, none of the 33 current Medicaid Adult Core Set quality measures focus on viral hepatitis.

We support the adoption of quality measures for hepatitis B and hepatitis C in Medicaid:

- (1) We support the adoption of hepatitis C screening and treatment initiation measures within state Medicaid programs.
- (2) We urge HHS to consider quality measures for hepatitis B screening and linkage to care, as well as for hepatitis C sustained virological response (SVR) for testing and proposal to the Medicaid Adult Core Set.
- (3) We support the implementation of hepatitis B screening, hepatitis C screening, and hepatitis C treatment initiation quality measures within state Medicaid programs.

Hepatitis C

Prior to COVID, Hepatitis C killed more people than the other 60 notifiable infectious diseases put together. With over 55 percent of all persons who inject drugs (PWID) covered by Medicaid, quality measures related to hepatitis C screening, treatment initiation, and SVR in the Medicaid Adult Core Set and in state Medicaid programs are critical to progress in the fight to eliminate

HIV+HEPATITIS POLICY INSTITUTE

1602B Belmont Street NW | Washington DC 20009 | 202-462-3042 | 202-365-7725 (cell) HIVHep.org | Twitter: @HIVHep | Facebook: HIVHep

the hepatitis C epidemic.¹ The need for screening for hepatitis C has been recognized since 2013,² yet close to half of those living with HCV in the United States are estimated to be unaware of their status, with far too many people presenting for care only once they have developed liver cancer as a consequence of HCV infection. Despite the availability of curative medications increasingly covered by Medicaid programs without unnecessary barriers,³ only 23 percent of Medicaid enrollees initiate treatment within a year of a first positive HCV RNA test.⁴ **The adoption of quality measures relating to each step of the hepatitis C treatment cascade will help to ensure that health systems prioritize these key interventions.**

Hepatitis B

While there still is no cure for hepatitis B, there are a number of options for treatment. With a very active drug development pipeline holding out the promise of improved treatments or even a functional cure for hepatitis B, it is important to improve Medicaid enrollees' access to screening and treatment.⁵ As with hepatitis C, close to half of all people estimated to be living with hepatitis B are unaware of their status, making seamless access to screening and treatment through Medicaid of key importance to contain the HBV epidemic.

Hepatitis B is often overlooked compared to hepatitis C. ODP is to be applauded for considering the adoption of hepatitis B quality measures alongside those for hepatitis C. With universal screening now recommended by CDC for hepatitis B, hepatitis C, as well as HIV, integrated screening for these blood-borne viruses is now feasible, and would be supported by the adoption of quality measures for hepatitis B in the Medicaid Adult Core Set and by state Medicaid programs.

We also support and echo the more detailed public comments submitted to HHS on this subject by the National Viral Hepatitis Roundtable as well as by the Hepatitis B Foundation.

We applaud the Department of Health and Human Services for the opportunity to comment on this timely and much needed initiative. Should you have any questions or comments, please feel free to contact me at cschmid@hivhep.org or Kevin Herwig at kherwig@hivhep.org. Thank you very much.

Sincerely,



Carl E. Schmid II
Executive Director

¹ https://academic.oup.com/jid/article/222/Supplement_5/S420/5900598

² <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening-2013>

³ <https://stateofhepc.org/2024-national-snapshot-report/>

⁴ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7132e1.htm>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9416195/>.