

# Elimination of Hepatitis B and C: A National Strategy

According to the National Academies for Sciences, Engineering, and Medicine, the U.S. can eliminate hepatitis B and C as public health threats by 2030. Here are some ways to get it done.

## Create a national office to oversee a coordinated elimination effort.

---

- The federal government should develop and oversee a robust coordinated effort to end the epidemic of viral hepatitis.

## Invest in greater surveillance of the epidemics.

---

- Without comprehensive surveillance, the extent and regional concentration of the epidemics remain uncertain.
- CDC should work with state and local health departments to ramp up surveillance efforts and work with the National Cancer Institute to attach viral etiology to reports of liver cancer in its periodic national reports on cancer.

## Expand access to hepatitis B vaccination for adults.

---

- States should remove barriers to free immunization in pharmacies and other easily accessible settings.

## Expand access to syringe exchange programs.

---

- Syringe service programs (SSPs) are proven effective in preventing hepatitis B (HBV) and hepatitis C (HCV) infections but remain illegal or inadequately funded in multiple states.
- State and federal agencies should fully fund and expand access to SSPs, especially in rural areas.

## Remove discriminatory restrictions to hepatitis C treatment in Medicaid and private health plans.

---

- Most state Medicaid programs unlawfully restrict access to HCV treatment based on length of sobriety, severity of liver damage, or type of prescriber – which prevent many Americans from being cured of HCV.
- States and private health plans should lift discriminatory restrictions to ensure that the HCV cure is available to all patients.

## Treat more patients living with hepatitis B or C in primary care settings.

---

- Primary care providers can treat HBV and HCV efficiently and effectively, especially in rural or underserved communities where specialists may be scarce.
- Professional societies like AASLD and IDSA should partner with primary care providers to expand access to treatment in primary care settings.

## Screen, vaccinate, and treat hepatitis B and C in correctional facilities.

---

- Up to 30 percent of incarcerated people have HCV, but most states treat only the sickest inmates and do not provide routine testing.
- The federal and state prison systems should provide opt-out testing for HBV and HCV and lift medically unnecessary restrictions to HCV treatment for infected prisoners.

## Purchase the rights to an HCV medication for treating the Medicaid, Indian Health Service, and prison populations.

---

- By licensing or assigning the patent to an HCV medication from a pharmaceutical company, the federal government could treat more vulnerable and disproportionately infected patients, while the pharmaceutical company continues to profit from its innovation.

Source: The National Academies of Sciences, Engineering, and Medicine, Committee on a National Strategy for the Elimination of Hepatitis B and C, A National Strategy for the Elimination of Hepatitis B and C: Phase II Report (March 2017), <http://www.nationalacademies.org/hmd/Activities/PublicHealth/NationalStrategyfortheEliminationofHepatitisBandC.aspx>.

To learn more about NVHR and its role in the National Academies report, visit [www.nvhr.org/elimination](http://www.nvhr.org/elimination).