



January 11, 2017

U.S. Senate  
Washington, DC

Dear Senator:

The undersigned organizations are writing to strongly oppose repealing the Affordable Care Act (ACA) without also implementing replacement legislation to ensure coverage for millions of Americans, including the nearly 5 million living with hepatitis B or hepatitis C.<sup>1</sup> Individuals living with these conditions are among those who have benefited the most from the consumer protections established under the ACA and stand to lose the most without strong replacement programs and protections. We also write to establish our opposition to changing the current funding of the Medicaid program to a per capita or block grant structure, because it will inevitably result in cuts to services that many individuals living with hepatitis B or C rely on.

Infection with hepatitis B and/or C, leading causes of liver cancer, have been on the rise in the United States. From 2010 to 2014, acute hepatitis C infections increased by 250 percent. The opioid epidemic has largely fueled the rapid spread of hepatitis B and C. Acute hepatitis B infections increased 114 percent from 2006 to 2013 in three states that have been on the forefront of the opioid overdose epidemic (Kentucky, Tennessee, and West Virginia). From 2006 to 2012, acute hepatitis C infections have increased 364 percent in four states affected by the opioid epidemic (Kentucky, Tennessee, Virginia, and West Virginia). Viral hepatitis is a leading cause of liver cancer, rates of which – unlike other cancers – have steadily climbed since 2003. Since 2012, there have been more deaths due to hepatitis C than all 60 of the reportable infectious diseases combined.<sup>2</sup>

**We Oppose Repeal of the ACA without a Simultaneous Plan to Ensure Coverage for Millions of Americans**

Individuals living with hepatitis B or C cannot afford uncertainty and disruptions in their health care and treatment while replacement legislation is written, debated, voted upon, and implemented. Successful management of hepatitis B and C depends on continuity of care and uninterrupted access to treatment. Maintaining quality care for individuals living with hepatitis B or C requires the maintenance of ACA programs and protections until there are meaningful, adequately funded alternatives available.

---

<sup>1</sup> U.S. Department of Health and Human Services, *Viral Hepatitis in the United States: Data and Trends* (June 2016), available at <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>.

<sup>2</sup> *Id.*

We strongly urge Congress to maintain these key protections in place under the ACA:

- **Access to insurance for uninsured Americans with pre-existing conditions.** Before the ACA, people living with diagnosed chronic viral hepatitis were often unable to obtain lifesaving health coverage. Continued access to prevention, care, and treatment is crucial for people with pre-existing conditions such as hepatitis B and C.
- **Continued coverage when a beneficiary becomes ill and needs treatment.** Prohibiting insurance companies from dropping coverage when a person gets sick and needs to use his or her insurance for care and treatment is essential to safeguarding the health of persons newly infected with hepatitis B or C.
- **No lifetime or annual limits on insurance coverage.** Elimination of lifetime or annual limits on the amount of insurance available to a beneficiary has enabled persons with viral hepatitis to successfully treat and manage their disease, thereby helping to stop the spread of disease throughout communities.
- **Expanded Medicaid eligibility.** States now have the option to expand Medicaid to cover people with incomes at or below 138 percent of the federal poverty level, including single adults without children. In states that opted for the Medicaid expansion, viral hepatitis prevention, screening, and care are now more accessible to low-income persons.
- **More affordable coverage.** Under the ACA, the federal government provides financial assistance to many low- and middle-income beneficiaries who obtain coverage through their state's Health Insurance Marketplace. Such assistance includes premium tax credits to lower monthly premiums and cost-sharing reductions that lower beneficiaries' out-of-pocket costs when they need medical care. This financial assistance is critical to ensuring that low- and middle-income persons with viral hepatitis receive core services.
- **Free preventive care.** All new health plans must now cover certain preventive services without charging a deductible or co-pay. These services include hepatitis B vaccination and hepatitis B and C testing. Continued free coverage of such services is essential to stopping the spread of viral hepatitis and guaranteeing successful treatment.
- **Support for Community Health Centers.** The ACA has promoted investment in community health centers, which provide primary and preventive care for millions of low-income individuals. These centers are important partners in implementing the CDC's Viral Hepatitis Action Plan and in expanding the integration of viral hepatitis prevention services, testing, and access to treatment. Continued support for Community Health Centers is critical to ensure that people who have hepatitis B or C and who lack financial resources are not left behind in the battle against viral hepatitis.

We urge you to ensure that policy decisions on the future of the ACA maintain access to affordable care and treatment for individuals living with hepatitis B or C. Strong consumer protections and comprehensive, affordable coverage for this population are critical to improve the nation's public health and reduce health care spending. The uncertainty of repeal without replacement will hurt this population greatly because of the importance of continuity of care for addressing these conditions. Additionally, replacement without strong consumer protections,

programs, and funding will result in a health care system that only provides meaningful access for the healthy and leaves individuals with chronic viral hepatitis behind. We are hopeful that any health care reforms proposed under the new Administration and the 115th Congress will provide the necessary protections for those living with hepatitis B or C.

Respectfully submitted by the 54 undersigned organizations,

Access Support Network San Luis Obispo,  
Monterey and San Benito Counties  
ACT UP / NY  
Addiction Recovery Molokai  
The AIDS Institute  
AIDS Resource Group  
The Alliance for Patient Access Hepatitis,  
Therapy Access Physician's Working Group  
Asian Pacific Health Foundation  
American Association for the Study of Liver  
Diseases (AASLD)  
American Association of Occupational Health  
Nurses (AAOHN)  
American Liver Foundation  
Austin Harm Reduction Coalition  
Boston Health Care for the Homeless Program  
Bronx Lebanon Hospital Department of Family  
Medicine  
California Hepatitis Alliance  
The California Hepatitis C Task Force  
Care Community Health  
Caring Ambassadors Program, Inc.  
CHOW Project  
End AIDS Now  
Family Health Centers of San Diego  
The Harm Reduction Coalition  
Harm Reduction Services  
Hawaii Department of Health, Harm Reduction  
Services Branch  
Hep B United  
The Hepatitis B Foundation  
Hep C Alliance  
Hep Free Hawaii  
The Hepatitis C Alliance

The Hepatitis C Mentor & Support Group, Inc.  
The Hepatitis Education Project  
Hepatitis Foundation International  
Hepatitis Outbreaks' National Organization for  
Reform  
HIV Medicine Association  
The Immunization Action Coalition  
Liver Health Connection  
National Alliance of State & Territorial AIDS  
Directors (NASTAD)  
National Association of County and City Health  
Officials  
The National Association of Hepatitis Task  
Forces  
The National Native American AIDS Prevention  
Center  
The National Viral Hepatitis Roundtable  
Okaloosa AIDS Support and Informational  
Services, Inc. (OASIS)  
Orange County Needle Exchange Program  
(OCNEP)  
Project Inform  
RI Defeats Hep C  
Texas Overdose Naloxone Initiative  
The STD Project  
Transitions Clinic Network  
Treatment Access Expansion Project  
Treatment Action Group (TAG)  
Trust for America's Health  
Umbrella Way  
The University of Buffalo  
The Veterans Health Council  
Vietnam Veterans of America