

September 10, 2014

The Honorable Sylvia Mathews Burwell  
Secretary of Health and Human Services  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Burwell:

On behalf of the over 700 hundred organizations, medical providers, and individuals who signed the enclosed letter, we are writing to ask for your leadership in addressing the serious and harmful barriers to accessing new hepatitis C treatments. We are alarmed by the proliferation of restrictions numerous private and public payers are putting in place that deny treatment to all but the sickest patients as well as to people who inject drugs, the group at highest risk for hepatitis C infection. We believe that such restrictions are discriminatory and violate the spirit and the intent of the Affordable Care Act to ensure access to quality, affordable health care regardless of pre-existing conditions. They will also increase health inequities and disparities, as people of color and the economically disadvantaged, who have disproportionately higher hepatitis C prevalence and face greater barriers to healthcare access, are denied the benefits the new treatments bring to other groups, and continue to suffer needlessly disproportionate rates of preventable disease and death.

The FDA approval of highly promising hepatitis C treatments last year brought tremendous hope, as it marked the beginning of a new era in treating and curing the disease. With higher cure rates, reduced side effects, and shorter treatment durations than previous regimens, these new therapies, along with others in the pipeline, provide an opportunity to end needless suffering and death from end-stage liver disease, liver cancer, and extrahepatic conditions, while reducing and potentially eliminating new infections. Twenty-five years after the discovery of the hepatitis C virus, the tools are now available to eliminate a chronic, life-threatening infectious disease that, according to data from the Centers for Disease Control and Prevention needlessly hastens the death of from 15,000 to as many as 50,000 Americans each year.

However, the growing crisis in treatment access, combined with a highly public media debate about who is worth the expense of a hepatitis cure, has quickly dashed this hope. The hepatitis C community has responded with a strong and bold statement insisting that all people with hepatitis C deserve lifesaving treatment and calling for stakeholders to work together to reach solutions. Your leadership is essential to bring together these stakeholders, including the pharmaceutical industry, public and private payers, government health officials, hepatitis C medical experts, and

representatives from the hepatitis C patient and advocacy community to begin these badly needed discussions.

We would like to meet with you to develop a process for bringing together stakeholders and developing short-term and long-term solutions to overcome hepatitis C treatment access barriers. Only with universal access to treatment can we hope to end the terrible toll this epidemic is taking on our nation, in disease, disability, death, and cost.

Thank you for your consideration. We look forward to your response to and to your leadership on this critical issue. If you have any questions, please do not hesitate to contact Ryan Clary, Executive Director of the National Viral Hepatitis Roundtable, at (415) 235-8593 or [rclary@nvhr.org](mailto:rclary@nvhr.org).

Sincerely,

Caring Ambassadors Program, Inc.  
Global Liver Institute  
Harm Reduction Coalition  
Hepatitis Education Project  
Hepatitis C Mentor & Support Group, Inc.  
National Alliance of State and Territorial AIDS Directors  
National Viral Hepatitis Roundtable  
Project Inform  
Treatment Access Expansion Project

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Dr. Stephen Cha, CMS  
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