May 7, 2013

The Honorable Kathleen Sebelius  
Secretary  
Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Sebelius:

The undersigned organizations and corporations strongly urge you to ensure that Medicare incorporates hepatitis C screening into the Welcome to Medicare exam and the Medicare annual wellness visit.

In August, 2012, the Centers for Disease Control and Prevention (CDC) issued updated hepatitis C testing recommendations, calling on everyone born between 1945 – 1965 (“Baby Boomers”) to receive a one-time test. It is vital that Medicare play a role in implementing these lifesaving guidelines given the age of its current and incoming beneficiaries and the looming financial impact of hepatitis C on the program. It is estimated that, without any significant changes in current testing practices, the cost of hepatitis C care and treatment to the Medicare program will increase five fold over the next 20 years, from $5 billion to $30 billion per year.

Baby Boomers represent 75% of the more than 4 million cases of hepatitis C in this country. However, the overwhelming majority do not know they are infected. The CDC accurately recognized that the best way to identify these individuals, so that they can benefit from care and treatment before developing late stage liver disease, liver cancer, and/or need a liver transplant, is to ensure everyone in the birth cohort have an opportunity to be tested. Testing everyone in this age range removes stigma associated with the test, thus reducing barriers for the provider and the patient. According to the CDC, this one-time test would result in identifying more than 800,000 cases and avoiding as many as 121,000 deaths.

We urge you to direct Medicare to ensure that all existing and incoming beneficiaries in the birth cohort receive a one-time hepatitis C test. New beneficiaries could be offered testing as part of the “Welcome to Medicare” exam. Existing beneficiaries and those who do not participate in the “Welcome to Medicare” visit could be offered a test in the annual wellness visit. While this would not ensure that every Medicare beneficiary is tested, it would significantly expand the number of people who know they are infected and allow those who need it to access rapidly improving hepatitis C treatment. It would
save lives and reduce expensive medical costs to Medicare in treating late stage liver
disease and liver cancer.

Incorporating hepatitis C screening into Medicare would fulfill a key action in U.S.
Department of Health and Human Services Action Plan for the Prevention, Care, and
Treatment of Viral Hepatitis. Your leadership is urgently needed to make sure the goals
of your viral hepatitis action plan are realized. Please do everything in your power to
make sure that Medicare is leading the way in implementing the CDC hepatitis C testing
guidelines.

Sincerely,

AIDS Action Baltimore, Baltimore, MD
AIDS Community Research Initiative of America, Washington, DC
AIDS Foundation of Chicago, Chicago, IL
The AIDS Institute, Washington, DC
AIDS Project Los Angeles, Los Angeles, CA
AIDS United, Washington, DC
Alianza of New Mexico, Roswell, NM
American Academy of HIV Medicine, Washington, DC
American Association for Clinical Chemistry
American Association for the Study of Liver Diseases
American Liver Foundation, New York, NY
Asian Health Coalition, Chicago, IL
Association of Asian Pacific Community Health Organizations, Oakland, CA
Berkeley Free Clinic, Berkeley, CA
Blue Mountain Heart to Heart, Walla Walla, WA
Boulder Community Hospital, Boulder, CO
Broward County Medical Association, Ft. Lauderdale, FL
Broward County Pediatric Society, Ft. Lauderdale, FL
Broward County Society of Plastic Surgeons, Ft. Lauderdale, FL
Broward Palm Beach Allergy Society, Ft. Lauderdale, FL
California Hepatitis Alliance
Caring Ambassadors Program, Portland, OR
Center for Research Strategies, Denver, CO
Chinese Cultural and Community Services Center, Gaithersburg, MD
CHOW Project, Honolulu, HI
Colorado Organizations Responding to AIDS
Community Access National Network, Washington, DC
C.O.R.E. Medical Center, Sacramento, CA
Corporate Hepatitis Alliance
FROST’D, New York, NY
Gay City Health Project, Seattle, WA
Genentech, South San Francisco, CA
Georgia AIDS Coalition, Snellville, GA
Greater Washington Hepatitis C Support Project, Washington, DC
Greenview Hepatitis C Fund, Ann Arbor, MI
Harm Reduction Coalition, New York, NY
Hawaii Department of Health, STD/AIDS Prevention Branch, Honolulu, HI
Hawaii Island HIV/AIDS Foundation, Kea’au, HI
Haymarket Center, Chicago, IL
HealthHIV, Washington, DC
Help 4 Hep, San Francisco, CA
Hep B United
Hep C Connection, Denver, CO
Hep Free Hawaii, Honolulu, HI
Hepatitis AIDS Research Trust, Florence, CO
Hepatitis B Foundation, Doylestown, PA
Hepatitis C Association, Scotch Plains, NJ
The Hepatitis C Mentor and Support Group, Inc., New York, NY
Hepatitis Education Project, Seattle, WA
Hepatitis Foundation International, Silver Spring, MD
Hepatitis Support Network of Hawaii, Honolulu, HI
HIV Medicine Association
HIV Prevention Justice Alliance, New York, NY
Housing Works, New York, NY
Hyacinth AIDS Foundation, New Jersey
Immunization Action Coalition
Infectious Diseases Society of America
Instituto Familiar de la Raza, Inc., San Francisco, CA
It Takes A Village, Aurora, CO
Janssen Therapeutics, Titusville, NJ
L.A. Gay & Lesbian Center, Los Angeles, CA
Latino Commission on AIDS, New York, NY
Lifelong AIDS Alliance, Seattle, WA
LiverHope, Minnetonka, MN
Local Area Support for Hepatitis (LASH), Redding, CA
Lower East Side Harm Reduction Center, New York, NY
Malama Pono Health Services, Lihue, HI
The MARS Project, Brooklyn, NY
Maryland Hepatitis Coalition, Baltimore, MD
Merck, Whitehouse Station, NJ
Michigan HIV/AIDS Council, Lansing, MI
Minnesota AIDS Project, Minneapolis, MN
Missouri Hepatitis C Alliance, Columbia, MO
MIWhoSoEver, Traverse City, MI
Moveable Feast, Baltimore, MD
National AIDS Housing Coalition, Washington, DC
National AIDS Treatment Advocacy Project, New York, NY
National Alliance for Medication Assisted Recovery, New York, NY
National Alliance of State and Territorial AIDS Directors, Washington, DC
National Association of County and City Health Officials, Washington, DC
National Gay and Lesbian Task Force, Washington, DC
National Minority AIDS Council, Washington, DC
National Native American AIDS Center, Denver, CO
National Viral Hepatitis Roundtable, Rohnert Park, CA
New Mexico Consumer Advocacy Coalition
New York Harm Reduction Educators, Bronx, NY
North Carolina Harm Reduction Coalition, Durham, NC
Northwest Patient Education Network, Seattle, WA
Ohio Gastroenterology Society, Akron, OH
Okaloosa AIDS Support and Informational Services, Inc (OASIS), Ft. Walton Beach, FL
One Colorado, Denver, CO
One to One for Health, Austin, TX
NAMA – Recovery of Tennessee, Walland, TN
Project Inform, San Francisco, CA
Recovery 2000, Inc., Chicago, IL
San Francisco AIDS Foundation, San Francisco, CAS
San Francisco Department of Public Health
San Francisco Hepatitis C Task Force, San Francisco, CA
San Luis Obispo Syringe Exchange Program, San Luis Obispo, CA
Southern AIDS Coalition, Inc.
Southern Harm Reduction and Drug Policy Network, Durham, NC
Southwest Care Center, Santa Fe, NM
Spokane AIDS Network, Spokane, WA
S.T.O.P. Hepatitis Task Force, Sacramento, CA
StopHEPC, Pelzer, SC
Treatment Action Expansion Project, Boston, MA
Treatment Action Group, New York, NY
Trust for America’s Health, Washington, DC
VillageCare, New York, NY
Voices Of Community Activists & Leaders (VOCAL-NY) New York, NY