

April 30, 2021

The Honorable Rachel L. Levine, MD
Office of the Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Assistant Secretary Levine,

On behalf of the Provider Advocates Network of the National Viral Hepatitis Roundtable (NVHR), we are writing to congratulate you on your historic appointment and confirmation as Assistant Secretary for Health and encourage you to provide leadership on the nation's efforts towards viral hepatitis elimination. NVHR is a coalition of patients, health care providers, community-based organizations, and public health partners fighting for an equitable world free of viral hepatitis. NVHR's Provider Advocates Network serves as a leading voice for clinicians championing viral hepatitis elimination efforts across the country.

We are encouraged by your strong record of leadership in Pennsylvania's viral hepatitis elimination planning and activities, and confident that you will bring the same focus and emphasis to the Department of Health and Human Services' efforts to implement the recently released Viral Hepatitis National Strategic Plan for 2021-2025. We stand ready to inform, assist, and partner with you, your office, and the Office of HIV/AIDS and Infectious Disease Policy (OIDP) on this vital work. To that end, we wish to highlight four areas of need and opportunity where your voice and attention would have a strong impact.

First, we continue to face challenges in securing access and reimbursement to direct-acting antivirals to treat and cure hepatitis C, including for our patients who are Medicaid beneficiaries. NVHR partners with Harvard Law School's Center for Health Law and Policy Innovation on the Hepatitis C: State of Medicaid Access project (www.stateofhepc.org), which documents on-going barriers in restrictive policies and prior authorization requirements that limit patient access based on unjustified criteria including disease severity, provider type, and arbitrary sobriety restrictions. HHS' Centers for Medicaid and Medicare Services issued a communication to states in 2015 which advised state Medicaid programs to design coverage

policies for HCV drugs which are not unduly restrictive nor in conflict with the statutory aims of the Medicaid program under Section 1927 of the Social Security Act. In the intervening years, as costs of HCV drugs have fallen dramatically, several states have revised, eased, or in a few cases removed restrictions to access, most states still maintain harmful and inequitable barriers to HCV treatment in their Medicaid program. We encourage you to work with CMS on conveying the strongest possible stance under the Biden-Harris Administration towards facilitating removal of all remaining barriers to coverage and access.

Second, we are encouraged by the recent expansion of the CDC HCV screening guidelines to recommend one-time screening for all adults aged 18 and over, and screening during each pregnancy. These updated guidelines mark a major step towards viral hepatitis elimination, yet their dissemination and implementation has lagged considerably due to their release by CDC in April 2020 during the early stages of the COVID-19 pandemic. As providers dedicated to ensuring prompt diagnosis and linkage to care and treatment, we urge you to prioritize federal efforts across agencies to promote the implementation and uptake of these recommendations, along with strengthening adherence to hepatitis B screening and vaccination guidelines.

Third, we view with concern reports of increased rates of hepatitis C prevalence among pregnant persons and the potential for significant increases in perinatal HCV transmission, along with the persistent underutilization of HBV birth dose vaccination. As our nation grapples with challenges and disparities in maternal mortality, neonatal abstinence syndrome, and increases in congenital syphilis, we request that you work across federal agencies to ensure a coordinated response to improving maternal and child health that recognizes and responds to missed opportunities in addressing HBV and HCV in these vulnerable populations.

Fourth, we commend your leadership in Pennsylvania in strengthening state strategies to respond to the overdose crisis and encourage you to elevate similar approaches in integrating comprehensive harm reduction and strategies for improving drug user health to the vital work of implementing the National Viral Hepatitis Strategic Plan. Viral hepatitis elimination efforts require strong leadership in championing the expansion and sustainability of harm reduction services, in particular syringe services programs (SSPs), and in advancing policies to lower barriers to prescribing and accessing medications for opioid use disorder (MOUD). In tandem

with Secretary Becerra and Surgeon General Murthy, your voice and role in these efforts would be instrumental in orienting federal and state activities towards a syndemic lens.

In conclusion, we thank you for your work in Pennsylvania and we are grateful for your attention to our recommendations. We stand ready to support your leadership and collaborate on our shared goals. Please do not hesitate to let us know how we can be of assistance.

Signed,

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