

February 19, 2016

Tamara Syrek Jensen, JD
Director, Coverage and Analysis Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

RE: Centers for Medicare and Medicaid National Coverage Analysis for Screening for Hepatitis B Virus (HBV) Infection (CAG-00447N)

Dear Ms. Jensen:

On behalf of the National Association of County and City Health Officials (NACCHO), I appreciate the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) National Coverage Analysis for hepatitis B screening for Medicare beneficiaries who are at high risk for hepatitis B (HBV) infection as defined by the United States Preventive Services Task Force (USPSTF). NACCHO represents the nation's 2,800 local governmental health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote the health and well-being of all people in their communities.

Local health departments play a critical role in responding to viral hepatitis. In their capacity at the local level, local health departments are on the frontlines of efforts to achieve the goals of the *Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis*. Local health departments lead and support an array of services and activities to address viral hepatitis, including surveillance, prevention, outbreak control, education and outreach, vaccination for hepatitis A and B virus, and provision of or referral to diagnosis, care, and treatment. A number of local health departments house perinatal Hepatitis B prevention coordinators and work closely with their state on hepatitis b prevention activities. Additionally, local health departments are critical safety net providers for populations disproportionately affected by viral hepatitis, and are committed to addressing health inequities and reducing health disparities related to viral hepatitis outcomes.

Up to 2 million Americans have chronic HBV infection. Unfortunately, 67% are unaware of their infection, placing them at significant risk for advanced liver disease, liver cancer, and/or in need of a liver transplant. HBV is the leading cause of primary liver cancer (hepatocellular carcinoma, HCC), which is a leading cause of cancer related deaths worldwide and remains the only cancer that continues to rise rising in both incidence and mortality among men and women in the U.S.

In 2014, the USPSTF gave a grade of "B" for risk-based HBV screening, which includes those born in countries and regions with a high prevalence of HBV infection ($\geq 2\%$); people born in the U.S. who were not vaccinated as infants and whose parents were born in a region with high prevalence of hepatitis B infection ($\geq 8\%$); HIV-positive individuals; injection drug users; men who have sex with men and



household partners and sexual partners of people who are HBV infected.

HBV is associated with significant health disparities in the U.S. Both chronic HBV and HCC disproportionately affect Asian Americans and Pacific Islanders (AAPI), who make up 50% of the HBV infection burden in the U.S., and have liver cancer rates that are up to 13 times higher than Caucasian populations in the U.S. In fact, HCC has recently become the number one cause of cancer death in Vietnamese men in the U.S.

HBV is a silent killer, but there are lifestyle changes and FDA-approved medications that can help prevent end-stage liver disease and liver cancer. This is why it is critical that we improve opportunity and access to HBV screening. Some of the biggest barriers to screening for hepatitis b are a lack of insurance coverage and lack of a regular source of care. Expanding coverage to Medicare beneficiaries is an important step in addressing these barriers.

The revised USPSTF hepatitis B screening recommendations are a significant advance in efforts to identify those with chronic HBV and link them to care. We urge CMS to add hepatitis B screening as an “additional preventive service” in light of the new USPSTF evidence-based recommendations. Of the identified and reported cases of HBV in the U.S. between 2007 and 2012, 15.6% were over the age of 65 and part of the Medicare covered population. Seniors who are Medicare beneficiaries and are unaware of their HBV infection are likely to have been living with the disease for a very long time and it is vital to ensure they are linked to care and treatment before they develop advanced liver disease or liver cancer. Additionally, those with end stage renal disease are at higher risk for HBV infection and are less likely to respond to the HBV vaccine, and would benefit greatly from screening and subsequent linkage to care.

We believe that including HBV screening under Medicare Preventive Services would lead to improved health outcomes for Medicare beneficiaries. We thank CMS for initiating this National Coverage Analysis and appreciate the opportunity to comment on this process. If you have any questions, please contact Gretchen Weiss, Director, HIV, STI, and Viral Hepatitis, at 202-507-4326 or gweiss@naccho.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Hasbrouck', written in a cursive style.

LaMar Hasbrouck, MD, MPH
Executive Director