

Viral Hepatitis and Liver Disease

Viral Hepatitis Summit

HCV Policy and Practice

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- Member Executive Committee NVHR



VIRAL HEPATITIS SUMMIT
Black Canyon Conference Center
9440 N 25th Avenue
Phoenix, AZ
Thursday, September 17, 2015

On behalf of the Hepatitis Foundation International (HFI) and the Arizona Department of Health Services (ADHS) we invite you to join us as we convene the Phoenix, Arizona Viral Hepatitis Summit that will be held September 17, 2015 at the Black Canyon Conference Center, 9440 N 25th Avenue, Phoenix, AZ 85021.

To implement the Hepatitis Foundation International's educational initiatives, the Foundation conducts a series of one day training Summits. These Summits are geared towards health care professionals across different specialties and continuing education contact hours are provided for each Summit. HFI reaches well over 1,500 health professionals, annually.

The Viral Hepatitis Summit will address the following topics:

- Hepatitis C Overview- Research Diagnosis and Treatment
- Hepatitis B and Vaccination Schedules
- Pipeline Drugs and Pending Therapies
- Accessing Treatment and Financial Resources
- Hepatitis/ HIV Co-Infection
- Adherence to Viral Hepatitis Testing & Treatment Guidelines
- Sorting Out the Diagnostics



Thank you to: Ryan Clary and NVHR



Recent HCV Policy Successes

- Increased federal funding for viral hepatitis in a challenging financial environment
- Updated U.S. Preventive Services Task Force recommendations re: HCV screening Grade B
- Medicare coverage: HCV screening paid for by Govt funding
- State level HCV testing laws
- Expanding HCV treatment access in some states

2015 HCV Policy Priorities

- Increase federal funding
- Pass the Viral Hepatitis Testing Act
- Eliminate treatment access barriers
- Address new wave of HCV infections among young people who inject drugs
- Cultivate new champions in Congress and within Obama Administration

Federal Funding

- Current funding level for CDC's Division of Viral Hepatitis: \$31.3M
- CDC's documented need based on 2010 Professional Justification: \$170.3M
- President's request in Fiscal Year 2016 budget: \$62.8M
- Senate has proposed \$5M increase; House has proposed flat funding
- Increased funds would allow CDC to expand testing and linkage to care, develop HCV prevention strategies aimed at young people who inject drugs, and enhance efforts to end perinatal HBV transmission

Viral Hepatitis Testing Act

S. 1287/H.R. 1101

- Bipartisan legislation to increase HBV/HCV surveillance, education, and testing in the U.S.
- Would provide \$80M over 3 years
- Requires HHS to provide benchmarks for activities in the Viral Hepatitis Action Plan
- Establishes public-private partnerships to leverage funds for viral hepatitis education, testing, linkage to care programs
- Directs the Department of Veterans Affairs to provide veterans with HBV/HCV risk assessment and evaluation for treatment/care
- Pending in Congress: currently has 5 Senate co-sponsors & 30 House co-sponsors

Talk to your elected officials!

- Ask your Members of Congress to:
 - Support increased funding for viral hepatitis
 - Endorse the Viral Hepatitis Testing Act
 - Join the Congressional Hepatitis Caucus
 - End the syringe access funding ban

HCV Treatment Access Challenges

- Massive PR campaign by payors
- Media obsession with \$1,000/pill
- Misinformation/misunderstanding
- Stigma
- Lack of respect for science and expertise
- Little attention to the voice and needs of people with hepatitis C
- Resistance to expanding hepatitis C testing because of access problems

HCV Treatment Access Restrictions

- Limits based on stage of fibrosis
- Restrictions based on substance use
- Prescriber limitations
- HIV co-infection limitations
- Retreatment/“once per lifetime”
- Medication replacement
- Adherence requirements
- Dispensing/supply limits
- Exclusivity deals

Growing Treatment Access Opportunities,

- Competition has led to price reductions
- Significant victories in some state Medicaid
- Little/no movement in other Medicaid
- Growing advocacy movement
- Research/data bolsters our argument
- Media starting to cover the access crisis, not just cost

Illinois Medicaid Restrictions: Worst Case Example

- Stage 4 fibrosis (cirrhosis)
- No evidence of substance abuse in past 12 months
- Urine drug screen required 15 days before treatment begins
- If prescriber not a specialist, required one-time written consultation within past months
- Once in lifetime treatment policy
- Lost/misplaced medications not replaced

MassHealth: Fee For Service vs. Managed Care

Fee For Service:

- No fibrosis restrictions
- No restrictions based on substance use
- No prescriber restrictions
- No restrictions based on HIV co-infection
- No restrictions based on previous adherence

Managed Care:

- Fibrosis restrictions (F3/F4)
- Substance use restrictions (6 months)
- Prescriber limitations
- Adherence requirements

Reframing the Treatment Access Message

- Recognize payor concerns, but accurately assess the value of cure
- With supplemental rebates, cure is now around \$40K - \$50K
- Price relief must lead to expanded access
- Insist on accurate information and science-based justification
- Treatment denials undermine the intent of the ACA
- Public and private health laws preclude restrictive, unfair, discriminatory HCV treatment access practices

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Get Involved and Make Your Voice Heard!

Ask your Members of Congress to:

- Support increased funding for viral hepatitis
- Endorse the Viral Hepatitis Testing Act
- Join the Congressional Hepatitis Caucus
- Support efforts to expand access to HCV treatment
- Speak out on the need to eliminate HCV

Thank you to

- Felicia McLean



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