November 30, 2022

Dear Dr. Collins and Dr. Fleurence,

The prospect of a funded National hepatitis C elimination plan has shepherded renewed hope and engagement within the hepatitis community. Patients, advocates, providers, health departments, and more have joined a community conversation to share our lived experiences, perspectives, and expertise to help inform the Plan's development.

To eliminate viral hepatitis, we believe the Plan must be **patient-centric** and have the following fundamental pillars.

**A national peer navigator program** must be at the Plan's core. Peers are people with lived experiences. National standards must be developed and implemented, including workforce training, professional development opportunities, employee wellness programs, and incentives to recruit and retain workers.

**There is no wrong door.** We must test and treat people where they are. Not just testing for one infection but **testing across the syndemic (HIV, HCV, HBV, STI).** Be it in prison or jail, on the streets, at harm reduction sites, in FQHCs, in primary care, on a reservation, in rural America, and in our cities. We must provide low threshold, nonpunitive outreach, and testing, with peers and persons with lived experience playing a central role.

We need to promote **Cure as Prevention (CasP).** We know HCV treatment can profoundly affect patients' willingness to pursue whole-health opportunities, improve wellness, and take increased steps toward addiction recovery. Therefore, the Plan must combine access to opioid agonist therapies methadone and buprenorphine for opioid use disorders, sterile syringes at syringe service programs and pharmacies, and HCV treatment.

To do this successfully, we will need total **integration of services. Linkage-to-care is critical to hepatitis elimination.** Partnerships and collaboration need to be prioritized, including the promotion of telehealth. Removing funding silos and restrictive harm reduction and treatment policies is essential to make this a patient-centered program.

Stigma and lack of awareness continue to thwart elimination efforts. Therefore, the Plan should include a funded general **Public Awareness Campaign** through a notable agency like Ad Council to design, execute and manage a campaign similar to and patterned after seatbelts, child car seats, hypertension, diabetes, etc.

The community requests that the funding for the Plan be funneled into grant systems from the appropriate agencies (CDC, SAMHSA, etc.) to carry out these activities. Surveillance funding is needed for state and local health departments to support linkage to care and document progress toward elimination. The RFPs written with community input can ensure the funding flows to the people working on the ground.

The pandemic has taken a toll on safety-net services and programs provided by the nonprofit sector. To achieve integrated, No Wrong Door services, funding must be provided to allow programs to rebuild and expand their capacity to provide multidimensional services to communities disproportionately affected by hepatitis.

We have outlined the action items, the program priorities, and policy changes we deem critical to success in the care cascade attached. Many of these items are included in the current HHS and CDC Strategic plans but remain unfunded or underfunded. We would welcome another opportunity to dialogue with your team to review what we believe should be the operating principles in the Plan.

To ensure ongoing and long-term external advice and input from people living with hepatitis, their providers, and other community and professional experts, we urge the White House to create a federal advisory council that focuses on ending hepatitis C and all forms of hepatitis.

Thank you. We look forward to hearing from you. We are ready to be engaged to make this a reality. Together we can make viral hepatitis history.

Sincerely,

List below

cc: Dr. Jono Mermin
Dr. Carolyn Wester
Kristin Roha

Addiction Allies, Charlottesville, VA
AIDS ACTION BALTIMORE, Baltimore, MD
AIDS United, Washington, DC
AltaMed Healthcare, Anaheim, CA
Any Positive Change Inc., Lower Lake, CA
Caring Ambassadors Program, Oregon City, OR
C.O.R.E. Medical Clinic, Inc., Sacramento, CA
Carilion Clinic, Roanoke, VA
Central City Concern. Portland, OR
Clinic652, LLC, Gadsden, AL
Coalition on Positive Health Empowerment, Bronx, NY
Community Access National Network, Slidell, LA
Community Liver Alliance, Pittsburgh, PA
Digestive Disease National Coalition, Washington, DC
End Hep C SF, San Francisco, CA
FAHASS, Fredericksburg, VA
Flathead Family Planning, Kalispell, MT
Glide Foundation, San Francisco, CA
Harm Reduction Coalition of San Diego ON POINT, San Diego, CA
Hawai'i Health & Harm Reduction Center, Honolulu, HI
Health Brigade, Richmond, VA

HealthHCV, Washington, DC
Help.4.Hep, Scotch Plains, NJ
Hep B United, Doylestown, PA
Hep Free Hawai'I, Honolulu, HI
Hepatitis B Foundation, Doylestown, PA
Hepatitis C Association, Scotch Plains, NJ
HIV + Hepatitis Policy Institute, Washington, DC
HIV Modernization Movement-Indiana, Indianapolis, IN
Housing Works, New York, NY
Imagine Hope Inc., Atlanta, GA
Indiana Recovery Alliance, Bloomington, IN
Intentions/ekiM For Change, Greenville, NC
Kumukahi Health + Wellness, Hilo, HI
Latino Commission on AIDS, New York, NY
Liver Coalition of San Diego, San Diego, CA
Los Angeles LGBT Center, Los Angeles, CA
Maui A.I.D.S. Foundation, Wailuku, HI
MHAAO, Gresham, OR
Minority Health Consortium Inc., Richmond, VA
NASTAD, Washington, DC
NATAP - National AIDS Treatment Advocacy Project, New York, NY
National Coalition of STD Directors, Washington, DC
National Harm Reduction Coalition, New York, NY
National Health Care for the Homeless Council, Baltimore, MD
National Viral Hepatitis Roundtable (NVHR), Seattle, WA
New York Recovery Alliance, Rochester, NY
NovaSalud. Inc., Falls Church, VA
Open Biopharma Research and Training Institute, Carlsbad, CA
OraSure Technologies, Inc, Washington, DC
Oregon Health Authority, Portland, OR
Positive People Network, Inc, Miami Gardens, FL
Project Weber/RENEW, Providence, RI
RAW - Recovery All Ways, Rochester, NY
Robert G Gish Consultants LLC, La Jolla, CA
San Francisco AIDS Foundation, San Francisco, CA
Southwest Recovery Alliance, Phoenix, AZ
Sun River Health, Bronx, NY
The Bonnie Morgan Foundation for HCV, Pueblo, CO
The Hepatitis C Mentor and Support Group- HCMSG. New York, NY
Treatment Action Group (TAG), New York, NY
University at Buffalo; Erie County Medical Center, Buffalo, NY
Virginia Hepatitis Coalition, Charlottesville, VA
West Virginia Hepatitis Academic Mentoring Partnership, Morgantown, WV
Women of a Certain Age, Portland, OR

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Yolonda Crane, Stockton, CA
Zachary Henry, MD, MSc, Charlottesville, VA

## Undiagnosed

Engagement - General Public
- National Mass Awareness Campaign media (Ad Council)
- Surgeon General Letter to ALL
- Infectious Disease School curriculum

Engagement- Providers
- Mandatory HCV education in medical school and continuing education
- substance use/harm reduction education and cultural competency on PWUD for providers
- Work with professional organizations to make this training a priority. Get them to commit to having trainings on testing and treatment at their annual meetings

Engagement- Outreach workers
- Paid peers to work the syndemic

Healthcare system
- No wrong door for testing
- Test for HBV/HCV/HIV/STI
- EHR- Universal opt-out testing
- Auto reflex to RNA
- Mobile testing units
- Routine opt-out HCV testing (screening and RNA) in all opioid treatment programs/ clinics
- Test in all prisons and jails
- Free labs for uninsured and underinsured

Diagnostics
- Approve existing POC RNA - antigen – DBS
- CLIA waiver issue

Policy
- Fully fund Indian Health Services for HCV elimination
- Remove paraphernalia laws/decriminalize personal use
- Remove Federal Funding restrictions on syringe access

## Diagnosed

Engagement
- It is not Interferon! Peer developed culturally specific educational materials
- Harm reduction in prison

Healthcare system
- Utilize all providers
- Peers and case managers
- Vaccinate – HBV negative
- Link to care – HBV positive
- Free labs for uninsured and underinsured

Policy - Increased treatment access
- Eliminate Medicaid restrictions/ all provider restrictions and prior auths
- Treatment policy in OTP
- Improve policy for Telehealth/ECHO

## Linkage-to-care

- Provide OAT and treatment in those settings
- Increase capacity at DOH
- Paid peers and case managers
- Transportation
- Housing
- Utilize pharmacists
- Increase support staff at FQHC's

## Treat

- Treat all
- No wrong door approach
- Co-localization of services at patient's home clinical site
- Telehealth
- Free labs for uninsured and underinsured
- Mobile units/street medicine
- Use all providers AAP
- Treat pregnant people

## SVR

- Incentives for documenting results
- Education on re-infection

**Implement standardized quality metrics**

## Prevention

- Utilize Treatment as Prevention
- Fund Harm Reduction Sites/SSP's
- Increase access to adult HAV/HBV vaccination
- Increase access to opioid agonist therapies methadone and buprenorphine
- Fund peers to work the syndemic and engage with those at-risk

## Surveillance

- Resource prevalence and incidence modeling for all jurisdictions
- Support health departments to change regulations to allow for negative test reporting and analyses for HCV and HBV so that care cascades can be measured.
- Provide funding for consistent, a minimum of 3 people full-time Hep Epidemiologist at all State PH Divisions (or more as needed for follow-up)
- Add HCV to HBV perinatal program

## Care and Wellness

- Liver cancer screening/hypertension for advanced disease
- Re-test for reinfection (at-risk)
- Continued OAT or other needed support
- Expansion of safe injection practices such as SSPs, etc.
- HCV Vaccine research

## Health Equity

Hepatitis elimination should not be another public health effort that reaches "easily reached" populations preferentially. It must be undertaken with a health equity lens. The epidemiology of viral hepatitis clearly shows that communities disproportionately affected by hepatitis are those also disproportionately affected by homelessness, incarceration, substance use, racism, and underinvestment of resources.

Peers are people with lived experiences