Hepatitis Testing Reimbursement: Lessons Learned from HIV Experience
Ryan Clary
Director of Public Policy and Programs
rclary@nvhr.org
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The hepatitis B and C epidemic

- Over 5 million Americans have chronic hepatitis B or C (figure is potentially higher)
- 65% - 75% don’t know they have hepatitis B/C
- Viral hepatitis is the leading cause of liver cancer, which is on the rise in the U.S.
- Over 15,000 people die from hepatitis B/C per year
- 75% of hepatitis C cases are among those born between 1945 and 1965 (“Baby Boomers”)
- 1 in 12 Asian Americans has chronic hepatitis B
HIV and hepatitis B/C

- 25% of people with HIV in the U.S. are co-infected with hepatitis C and 5-10% are co-infected with hepatitis B
- Liver disease is a leading cause of death of people with HIV
- Many similar challenges: stigma, many not knowing their status, affects similar communities
- Many HIV and hepatitis services are being integrated; advocates working together
Hepatitis C: USPSTF Victory

- USPSTF previously had an “I” grade for HCV testing
- November, 2012: USPSTF releases draft recommendations with a “B” for at risk and “C” for those born between 1945 and 1965
- Massive community mobilization during public comment period – direct result of lessons learned from HIV advocacy
- June, 2013: USPSTF releases final recommendations with a “B” for testing at risk and Baby Boomers. Major victory!
Result of USPSTF victory

• HCV testing will be covered by:
  – Non-grandfathered private insurance plans
  – Expanded Medicaids
  – Traditional Medicaids in states that accept financial incentives

• Centers for Medicare & Medicaid Services issued a letter on August 22\textsuperscript{nd} stating it will begin a National Coverage Determination process for HCV testing
  – Goal: ensure HCV testing is part of Welcome to Medicare exam and annual wellness visits

• State/local advocacy: New York legislation; public health letter
Challenges and Gaps

• “Grandfathered” private insurance plans
• Traditional Mediccaids that don’t expand preventive services
• States that don’t expand their Mediccaids
• Undocumented and others who will remain uninsured
• Lack of sufficient federal and state funding for HCV education, outreach, testing services
• Lack of provider and public awareness
USPSTF and hepatitis B testing

• Current USPSTF recommendations are inadequate except for “A” grade for testing pregnant women
• Recommendations fail to address populations at risk, including Asian Americans and foreign-born individuals
• Result: reduced willingness among medical providers to test those at risk, lower public awareness, coverage/reimbursement barriers
• USPSTF currently reviewing/updating recommendations for testing non-pregnant adolescents and adults. Will require strong response during public comment period
Lessons learned from HIV

• Change happens slowly; patience pays off
• Knowing process and timelines are critical
• Community mobilization combined with engagement with medical providers, public health experts = success
• Opportunities to work together:
  – Medicaid expansion
  – Traditional Medicaids
  – Addressing the needs of those who remain uninsured
  – Advocating with “grandfathered” plans
  – Provider and public education