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U.S. Department of Health and Human Services
Room L001
330 C Street SW
Washington, DC 20024
Attention: HIV/Viral Hepatitis RFI

Submitted via: federalregister.gov

To Whom It May Concern,

On behalf of the National-Nurse Led Care Consortium (NNCC), I thank you for the opportunity to comment on proposed changes to the National Viral Hepatitis Action Plan (NVHAP). NNCC supports nurse-led care, and advocates for nurse leaders across sectors. As a part of this mission, our organization provides public health programming to health centers to improve testing, linkage to care, and treatment for hepatitis C (HCV). In addition to the following suggestions for the 2020 NVHAP, NNCC is requesting that the federal government provide the funding and leadership needed to start a real effort to eliminate hepatitis B and C in the United States.

Comments:

- I. **Expanding UDS Data Collection:** The HRSA Uniform Data System (UDS) for Federally-Qualified Health Centers has limited data collection metrics for hepatitis C virus and associated health care services. We are requesting that FQHCs and other clinical settings receiving federal funding require additional UDS data collection metrics for hepatitis C virus screening, linkage to care, treatment services, including referrals to outside organizations. This will enable agencies to recognize barriers to care, gaps in services, and necessary resources for patients to receive appropriate quality health care.
- II. **Lifting Provider Restrictions:** NNCC and Public Health Management Corporation Health Centers have seen successful treatment for hepatitis from primary care providers, including advanced practice nurses and physician assistants. Lifting specialist provider restrictions for HCV treatment increases access to health care services, preventing reinfection and decreasing transmission. Other states with provider restrictions would avoid specialty barriers for patients if these Medicaid restrictions were lifted. In 2016, the University of Maryland published The ASCEND Study, which showed SVR after 12 weeks was higher for patients treated by nurse practitioners and primary care physicians, rather than specialists.
- III. **Eliminating Sobriety and F-Score Requirements:** Pennsylvania Medicaid has also lifted sobriety and F-score restrictions, which has improved patients' access to treatment at any stage in their disease. Eliminating sobriety restrictions would allow more patients to be treated and cured. People with HCV who also inject drugs are transmitting hepatitis more quickly than any other group, and curing them regardless of sobriety status would greatly decrease transmission rates. Additionally, patients should not have to wait to become chronically ill with hepatitis to receive approval for treatment. States with Medicaid expansion should lift F-score restrictions, especially with the availability of new,

less expensive medications, so that more patients can access treatment as soon as they are diagnosed.

- IV. Funding for Post-Diagnosis Lab Work: There are several funding sources for increased screening and tests for HCV, and patients can often receive funding for treatment medications. However, health centers and other clinical settings often struggle to find or receive funding for expensive lab costs after patients have been confirmed with a positive diagnosis. These labs are required to start an appropriate treatment regimen with the correct medication. This funding gap is especially prevalent for under/uninsured patients. NNCC proposes that measures be included in the NVHAP to close this loophole.
- V. Outreach, Education, and Linkage to Care: As the opioid crisis continues to impact the increased incidence of HCV, community organizations need more support for increased outreach, education, and testing in the community. The current population of people living with HCV has complex needs, and often does not seek primary care. Because transportation to a clinic can be a barrier, increased screening in the field followed by linkage to care will help identify and cure more cases of HCV.

NNCC appreciates the opportunity to comment on the 2020 National Viral Hepatitis Action Plan. Should you have any questions, you may reach me at shexem@nncc.us.

Very truly yours,

A handwritten signature in cursive script that reads "Sarah Hexem".

Sarah Hexem, Esq.
Executive Director
National Nurse-Led Care Consortium