Asian Pacific Islander Coalition of Washington State
Celebrating Unity and Civic Participation

November 25, 2024

Dear Governor Inslee:

A. REQUEST FOR RENEWAL: $406 K HBV HEPATITIS B APPROPRIATION

The Asian Pacific Islander Coalition of Washington (APIC) and viral hepatitis B (HBV) elimination partners urgently request that you renew funding of a total $406 K in Biennium 2025-27 to continue essential foundational work for a state HBV Elimination Plan which has been funded this biennium by the total $406 K HBV elimination proviso appropriations you renewed in your BI 2023-25 budget.

The renewed biennium appropriation is needed for **a full-time, culturally competent nurse consultant who, in coordination with community HBV elimination advocates, will advise primary care health care providers of the key role they now have in reducing the incidence of liver cancer and other life-threatening liver ailments caused by chronic HBV infection.** To accomplish this, providers are expected to implement the Centers for Disease Control and Prevention's (**CDC's) expanded** **2023 Recommendations to Provide Universal Adult HBV Screening for Any Adult Patient Age 18 and Older**. **The nurse consultant position is especially important because universal HBV screening only recently replaced 4 decades of "at-risk" screening that have proven suboptimal to stem the increasing numbers of liver cancer and other serious liver ailments across the U.S. NOTE: Information related to recent significant changes in HBV screening and disease management protocols are listed in Addendum #1, which is attached and made a part hereof by reference.**

Universal once-per-lifetime HBV screening identifies patient HBV status and provider follow-up:

1. *If patient has chronic HBV infection and needs to be linked to care or referred to another medical provider; OR*
2. *If patient has not been vaccinated or infected with HBV, is vulnerable, and requires vaccination; OR*
3. *If patient has recovered from earlier, natural HBV infection; developed immunity; and is no longer infectious but requires information regarding potential virus re-activation, if future chemotherapy or other immunosuppressant therapy is needed; OR*
4. *If patient is currently infected and should be counseled to avoid infecting others and will require re-testing 6 months after the initial screening date to determine if 1) patient is chronically infected with HBV and requires treatment or referral to another provider OR 2) patient has recovered from an acute infection; developed immunity; and is no longer infectious but requires information regarding potential virus re-activation, if future chemotherapy or other immunosuppressant therapy is needed; OR*
5. *If patient is co-infected, results are unclear, and re-testing is needed.*

B. WHY UNIVERSAL HBV SCREENING IS ESSENTIAL TO ELIMINATING HBV

In the 40+years after 1981—when the first HBV vaccine was approved – the CDC recommended the vaccine for all youth, children and infants under 18 years. In fact, the one-time HBV series was quickly added to other immunizations required across most school districts. **However, for adults, the CDC only recommended screening and vaccinations for patients in populations considered "at-risk" for HBV, including:**

- **Adult immigrants who were born in world regions with moderate to high prevalence of HBV. In these regions the virus is generally transmitted from mother to child at birth;**
- **U.S.-born adults whose parents were born in world regions with moderate to high prevalence of HBV. In these regions the virus is generally transmitted from mother to child at birth;**
- Adults who share needles to inject drugs;
- Adults with multiple sex partners; and
- Men who have sexual relations with men.

Results after 40+ years of "at-risk" adult HBV recommendations have proven suboptimal and, evidenced by:

1) **Increased numbers of new HBV infections – especially among older U.S. adults-- linked to the oxyco-done and fentanyl epidemics, and**
2) **Higher rates of liver cancer deaths among adults in "at-risk" communities who were not screened, vaccinated or treated for chronic HBV, even as new, effective HBV antiviral medications became available.**

Today, **many adult U.S. and foreign-born Asian American Native Hawaiian and Pacific Islander American (AANHPIA) baby-boomers who, along with their white, black and brown high school peers, celebrated their 18th birthdays before 1981, are included among the estimated 70% of U.S. adults who self-reported they have not been vaccinated for HBV**. In addition, foreign-born AANHPIA adults and many children who immigrated to the U.S. in the years after 1981 or were born in the U.S. to foreign-born parents, may have been infected at birth but not screened for HBV before being vaccinated to enter school or fulfill a job requirement. **Without screening, many chronically infected individuals have only learned about HBV and their infections when they experienced physical disorders and were diagnosed with serious liver disease, cirrhosis or liver cancer. This explains why universal HBV screening, vaccination, and linkage to care are integral to HBV elimination and why APIC and HBV elimination advocates will support the following in the 2025 Legislative Session:**

1. **A bill directing Washington's primary care health care providers to offer universal HBV and HCV screening, respectively, in accordance with recent, expanded CDC recommendations, to their adult patients during annual physicals or well check-ups; and**
2. **APIC's and HBV elimination partners' request for renewal of a total $406 K HBV proviso appropriations to ensure the state's primary care health care providers, clinics and health provider associations receive information and outreach from a skilled, culturally competent nurse consultant working in coordination with community HBV elimination advocates.**

With a total $974 K initial and renewed HBV proviso funding received between July 1, 2019 and June 30, 2025, DOH delivered the requested proviso-specified HBV elimination resources. And -- as Washington emerged from the prolonged 2020 Covid-19 pandemic, DOH initiated work to build on the community partnerships forged during the pandemic by initiating action to ensure HBV educational material content and formats that are being developed for the state elimination plan proceed in coordination with community and/or HBV organizations. Additional cooperative projects are planned with local community boards -- e.g., Somali Health Board, Mother Africa, Chinese Health Organization -- to develop digital health education materials and strengthen the DOH Hep B Resource Hub.

Internally, DOH has reorganized and re-assigned staff to transition its organizationally and physically split legacy HBV functions into a cohesive, coordinated HBV unit under the Office of Infectious Disease -- essential steps to strengthen coordination and communication among the HBV prevention, surveillance, epidemiology and perinatal staff, who interact with 35 local health jurisdictions throughout the state. Meanwhile, infectious disease staff continue their work to develop and document a comprehensive plan to eliminate HBV in Washington.

C. CEMENTING YOUR GUBERNATORIAL LEGACY

Governor Inslee, in September 2018 you issued Directive 18-13 for DOH to establish a Washington H**C**V Elimination Program and for the state Health Care Authority to undertake a first-in-the-nation state procurement strategy for costly H**C**V medications. The H**C**V Elimination Program is now recognized as part of your gubernatorial legacy. **By contrast, a different advocacy path was forged to advance the state HBV elimination we requested -- in writing and during your meeting with APIC leaders in early 2019. As part of APIC's briefing, we informed you that a significant portion of the most common form of liver cancer is caused by asymptomatic chronic HBV infection -- a disease not widely understood by the public or those within the population groups disparately impacted by the disease.**

It's important to point out that the public's general lack of knowledge about chronic HBV made it easier for discriminatory HBV institutional policies to take root. In the 1990's and early 2000's, policies to exclude or terminate students who were diagnosed with chronic HBV infection were quietly adopted by a number of U.S. health care schools and residency programs. Policies were generally not disclosed until students were accepted and close to enrolling. Most of them lost one or more years of training while they researched their options and applied to other schools; others gave up. **Fearing stigma and discrimination, students and their families did not make their situations public; and the silence around silent HBV discrimination left community civil rights advocates in the dark. When challenges became known in 2010 and 2011, the cases required disability rights advocacy; lawsuits; and a Dept. of Justice (DOJ) investigation, followed in 2013 by a settlement agreement and joint federal agency technical assistance letter sent by the DOJ to each of the nation's healthcare schools.** Post-settlement advocacy was also necessary to work with schools that remained non-compliant. In 2013 advocacy was also initiated to have the Dept. of Defense update exclusionary and non-standardized HBV service regulations for active duty servicemembers; the advocacy is ongoing.

On learning that the state would not initiate action onn HBV elimination in 2019, HBV advocates recalled your comment at the conclusion of our HBV briefing, i.e., that the U.S. HBV disparity and increasing number of chronic HBV cases and long-term liver afflictions point to inadequate HBV clinician training. **Your comment inspired HBV elimination advocates to prepare a legislative HBV proviso request that successfully secured a moderate, but meaningful, state investment in virtual, online HBV provider training and development of a multilingual HBV Hub – important educational resources that would be needed for a future elimination program AND on delivery, would immediately be used for clinician education, to assist newly diagnosed chronic HBV patients, and to facilitate ongoing outreach to foreign-born and other "at-risk" communities disparately impacted by the virus.**

Governor Inslee, APIC and our HBV elimination partners already consider HBV elimination a part of your gubernatorial legacy. Moreover, the HBV Elimination Plan that is emerging for Washington is the result of significant, unorchestrated action by stakeholder groups to stem the long-term harm, medical and financial costs of liver cancer and serious liver disease caused or exacerbated by chronic HBV infection. These include:

- **Civic engagement and grassroots advocacy initiated by APIC and community HBV elimination advocates;**
- **HBV elimination development work undertaken by DOH public health professionals;**
- **Action taken by your office to renew proviso funding in BI2023-25 and have the voices and insights of people in Washington's multiethnic and multilingual communities included in the state elimination plan; and**
- **Legislative champions who will re-introduce during the 2025 session, an amended bill advising primary care health care providers of the expectation that providers will implement CDC's 2023 expanded universal adult HBV screening recommendations and initiate appropriate follow-up action.**

Thank you for considering our request for renewal of HBV proviso funding in BI 2025-27. Nadine Shiroma, HBV civil rights advocate and Policy Advisor to the national Hepatitis B Foundation is the APIC lead for HBV advocacy and will respond to questions on our behalf. She can be reached at Nadine.shiroma@gmail.com or by phone at (425) 753-1257.

Sincerely,

Michael Byun, Co-Chair, Asian Pacific Islander Coalition of King County
Shomya Tripathy, Co-Chair, Asian Pacific Islander Coalition of King County
Wren Wheeler, Co-Chair, Asian Pacific Islander Coalition of King County
Lalita Uppala, Co-Chair, Asian Pacific Islander Coalition of East King County
Fa'aluaina Pritchard, Chair, Asian Pacific Islander Coalition of Pierce County
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Lin Crowley, Co-Chair, Asian Pacific Islander Coalition of South Puget Sound
Brian Lock, Co-Chair, Asian Pacific Islander Coalition of South Puget Sound

Ryann Louie, Co-Chair, Asian Pacific Islander Coalition of Spokane County
Paul Tabayoyon, Chair, Asian Pacific Islander Coalition of Yakima County
Apoorva Mallya, Executive Director, Hepatitis Education Project
Ahmed Ali, Chair, Somali Health Board of King County
Nadine Shiroma, HBV Civil Rights Advocate and Policy Advisor to the Hepatitis B Foundation

cc: Robert Ferguson, Washington Attorney General and Governor-Elect
Joby Shimomura, Chief of Staff, Office of the Governor
Samantha Pskowski, Sr Policy Advisor, Public Health and Health Care, Office of the Governor
Nam Nguyen, Interim Executive Director, Commission on Asian Pacific American Affairs
Ed Prince, Executive Director, Commission on African American Affairs
Dr. Benjamin Danielson, Chair, Governor's Interagency Council on Health Disparities
Dr. Umair Shah, Secretary of Health, State of WA Dept. of Health
Emalie Huriaux, Program Manager, Integrated Infectious Disease Testing, Viral Hepatitis Prevention, and Drug User Health, Office of Infectious Disease, WA State Department of Health
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Dr. Chari Cohen, President, Hepatitis B Foundation
Frank Hood, Director, Hep B United

ADDENDUM #1: ADDITIONAL INFORMATION RELATING TO ELIMINATION OF HBV

- **IMPROVED PREVENTION, TESTING, DIAGNOSTICS AND TREATMENT OF HBV**

In March 2024, the World Health Organization (WHO) reported that **in 2022, 254 million people around the world were living with chronic HBV infection and further stated that the world is not on track to reach WHO's Year 2030 targeted elimination goals of improving prevention, testing, diagnostics and treatment of hepatitis B**. **However, changes and updates related to the basic activities and protocols germane to HBV elimination and the pace at which they are now arriving inspire hope that the coming state elimination plan and, eventually, a funded state program, will benefit from the updates.** Following are the more significant announcements.

1. **In 2022 the CDC updated and released universal HBV vaccination recommendations for adults ages 19 to 59 and other adults who want to be vaccinated (e.g., scroll down to #4 below to review the policy for HBV vaccine coverage released on Nov 1, 2024 by the Centers for Medicare and Medicaid for their respective program beneficiaries). In adopting the new screening recommendations, CDC wrote that "vaccination with hepatitis B (HepB) vaccines shows well-established safety and efficacy. However, because of risk factor–based approaches of previous vaccination recommendations, coverage among adults has been suboptimal."**

2. **And in 2023 the CDC published new and broader HBV screening recommendations for all adults ages 18 years and older that included the following statement :**

"Universal screening of adults for HBV infection is cost-effective compared with risk-based screening and averts liver disease and death [56]. Although a curative treatment is not yet available, early diagnosis and treatment of chronic HBV infections reduces the risk for cirrhosis, liver cancer, and death [10,11]. Risk-based testing alone has not identified most persons living with chronic HBV infection and is inefficient for providers to implement. Along with vaccination strategies, universal screening of adults and appropriate testing of persons at increased risk for HBV infection will improve health outcomes, reduce the prevalence of HBV infection in the United States, and advance viral hepatitis elimination goals."

Within the same CDC guideline is the recommendation for use of the hepatitis B triple panel test to ensure comprehensive pictures of past infection, protected status or current infection. The CDC has also recommended universal vaccination to compliment the screening guidelines, stating that **"Hepatitis B vaccination is highly effective in preventing HBV infection and subsequent liver disease; however, 70% of adults in the United States self-reported they were unvaccinated as of 2018 [9]. Although treatment is not considered curative, antiviral treatment, monitoring, and liver cancer surveillance can reduce morbidity and mortality** [10,11]**."**

3. **In March 2024 the WHO itself announced updated guidelines that expand the treatment criteria for hepatitis B antiviral therapy.**

4. **On November 1, 2024 the U.S. Centers of Medicare and Medicaid announced that effective Jan1, 2025, Medicare Part B beneficiaries and Medicaid beneficiaries will cover the HBV vaccine series for all persons covered by those programs.:**

"For CY 2025, we are addressing two issues related to coverage and payment of the hepatitis B vaccine and its administration under Part B. Hepatitis B is a vaccine-preventable, communicable disease of the liver. In this final rule, **we are expanding coverage of hepatitis B vaccinations to include individuals who have not previously received a completed hepatitis B vaccination series or whose vaccination history is unknown**. This policy expansion will help protect Medicare beneficiaries from acquiring hepatitis B infection and contribute to eliminating viral hepatitis as a viral health threat in the United States.

"In this rule, we clarify that a physician's order will no longer be required for the administration of a hepatitis B vaccine under Part B, which will facilitate roster billing by mass immunizers for hepatitis B vaccine administration. Additionally, we are finalizing a policy to set payment for hepatitis B vaccines and their administration at 100% of reasonable cost in RHCs and FQHCs, separate from payment under the FQHC PPS or the RHC All-Inclusive Rate (AIR) methodology, in order to streamline payment for all Part B vaccines in those settings."

5. **In Sept, 2024 the FDA published Federal Register Notice (FRN) #Docket No. FDA-2024-N-3533 to invite public comment on the FDA's proposed reclassification of hepatitis B virus diagnostic machines and encourage companies to bring rapid test technology for hepatitis B to the U.S.** Currently, the only point-of care (POC) HBV test machines are made and sold abroad. They are not FDA-approved and thus unavailable in the U.S. This presents a significant barrier to increasing U.S. screening rates, since only laboratory-based HBV diagnostics are available here, and blood must be drawn and analyzed in the laboratory. **When approved, POC HBV test machines will help Washington state – and the nation -- closer to achieving the WHO HBV elimination goals.**

- **CHALLENGES THAT CALL FOR HBV PUBLIC EDUCATION AND SOCIAL MARKETING**

  The public is largely unaware that chronic HBV infection is a leading cause of serious liver disease, cirrhosis and liver cancer. And many who read or hear of the cure for chronic HCV erroneously assume there is a cure for chronic HBV as well. **Now, with significant increases in the numbers of HBV cases linked to opioid and fentanyl epidemics reported in states and regions not historically considered "at risk" for HBV, concerns have emerged regarding large swaths of the U.S. population that have never been screened or immunized for HBV and remain vulnerable to infection. APIC strongly believes a state HBV elimination plan is essential and best achieved through the public health and health care system in conjunction with outreach and assistance from trusted leaders and community organizations that can help reach into disproportionately impacted and/or hard-to-reach communities.**