

April 9, 2020

The Honorable Nancy Pelosi, Speaker  
United States House of Representatives  
1236 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Mitch McConnell, Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Kevin McCarthy, Leader  
United States House of Representatives  
2468 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Charles Schumer, Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, D.C. 20510

**Re: Support for Vulnerable Populations Must be Included in Fourth COVID-19 package**

Dear Speaker Pelosi and Leaders McConnell, McCarthy, and Schumer:

We, the 76 undersigned organizations, appreciate the work Congress has done to respond to the COVID-19 pandemic. However, we remain concerned that health inequities will be exacerbated, and we will lose precious ground in the work to combat the viral hepatitis and overdose epidemics as a result of COVID-19. We urge you to include funding and policy changes in the next legislative package to support continued progress, provide humanizing health care, and to protect the vulnerable populations affected by those epidemics from acquiring COVID-19. We also urge Congress to take a stand against the increasing xenophobia, discrimination and hate speech being directed at Asian American and immigrant communities.

According to the Centers for Disease Control and Prevention (CDC)<sup>1</sup> and Assistant Secretary for Health Admiral Brett Giroir<sup>2</sup>, individuals with chronic liver diseases are at higher risk for a severe outcome if they acquire COVID-19, as are individuals with weakened immune systems and people experiencing homelessness, which are more common among people who use drugs. In addition, the increased risk of overdose is alarming as programs providing harm reduction services and medication for substance use treatment shut down or are stretched beyond capacity. Millions of people are at significant risk if steps are not taken to protect them from COVID-19.

The scope of the viral hepatitis epidemic in this country is significant. Every year hepatitis C (HCV) kills more people than 60 other CDC-reportable infectious diseases combined. Nationwide, there are an estimated 2 million cases of hepatitis B (HBV) and 2.4 million cases of HCV, in addition to continued outbreaks of hepatitis A (HAV). The overdose crisis and injection drug use has contributed to increases in new cases of HAV and HCV, and reversed years-long declines in new HBV cases.<sup>3</sup> Asian Americans and Pacific Islanders (AAPIs) make up only about 5% of the total U.S. population, but account for more than 50% of Americans living with chronic HBV.<sup>4</sup> Similarly, without thoughtful intervention, the health disparities that exist as it relates to race, ethnicity, immigration status, disability, sexual orientation, gender identity, incarceration, and socio-economic status will disproportionately increase the impact of viral hepatitis, overdose, and COVID-19 within these communities. Congress should immediately take the following steps to address the risk of greater infectious disease and consequences of the opioid epidemic during the COVID-19 crisis:

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<sup>1</sup> CDC, *People who are at higher risk for severe illness*, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?>

<sup>2</sup> The White House, *Remarks*, March 21, 2020, <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-7/>

<sup>3</sup> CDC, *Surveillance for Viral Hepatitis 2017*, <https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm>

<sup>4</sup> CDC, *Viral Hepatitis – Asian American and Pacific Islander*, <https://www.cdc.gov/hepatitis/populations/api.htm>

- 1) **Increase funding to CDC’s viral hepatitis infrastructure to ensure the critical work on viral hepatitis continues.** Many of the viral hepatitis and other infectious disease programs nationwide have had to shift their staff and efforts to COVID-19 response, leaving a gap in the public health network used to prevent new cases of viral hepatitis via education and vaccination, test and surveil existing cases, and link individuals to treatment. These programs are also important to support COVID-19 response, including infectious disease surveillance, immunization information systems, and for monitoring and addressing racial disparities during the response. While swiftly and fully responding to the current COVID-19 pandemic is essential, we must also ensure we are not exacerbating another public health emergency in its wake.
- 2) **Increase funding to syringe service programs via CDC’s infectious disease and opioid programs.** Many individuals, including those with a substance use disorder or underlying mental health issues, rely on a range of services that address basic needs such as food, transportation, first aid, and shelter. In numerous communities across the country, these services have been disrupted or are at-risk because of COVID-19. This disruption is in part due to closure of “non-essential” services, including syringe service programs (SSPs), which the American Medical Association has recommended be labeled an essential service.<sup>5</sup> SSPs are providing important front-line services, helping relieve burdens on emergency rooms and keeping communities safe. Congress should ensure SSPs have the resources they need to do their work safely.
- 3) **Increase funding for Community Health Centers to ensure they can provide adequate detection, prevention, diagnosis, and treatment of COVID-19.** Community health centers are critical access providers for nearly 30 million vulnerable and medically underserved people. The COVID-19 pandemic has stretched health center capacity and resources, including dire shortages of personal protective equipment and other medical supplies. Lost revenues threaten many health centers’ ability to continue operations. While Congress’ initial supplemental funding was an important short-term investment, health centers will need an additional \$7.6 billion over the next six months to continue COVID-19 response and remain open.
- 4) **Provide flexibility on how to spend funds.** Local jurisdictions know where their greatest needs lie, whether it is increased staffing, additional supplies, or for educational or communication materials.
- 5) **Remove the ban on syringes and other restrictions for using federal funds.** SSPs need the ability to spend federal funds for all aspects of their program, including the purchase of syringes, and to do so without restrictive policies like 1:1 exchange or barriers to accessing take-home kits.
- 6) **Maximize access to care.** Congress must protect those with underlying medical issues by requiring health insurance plans allow enrollees to receive a 90-day supply of their medication; use mail order pharmacies, including out of state mail order pharmacies and other delivery methods; relax requirements for in-person visits for refills; and push for insurers to establish policies to assist patients with cost-sharing.
- 7) **Waive prior authorization, utilization management, and medication-assisted treatment (MAT) restrictions.** It is imperative that newly diagnosed individuals can quickly access treatment. Medicaid programs continue to restrict access with time-consuming prior authorization requirements that healthcare providers and their staff have no capacity to address due to current demands. Removing this administrative burden would facilitate timely treatment of viral hepatitis. A growing number of individuals are trying to access MAT, but restrictive waivers remain limiting the number of prescriptions and to whom prescribers can serve.
- 8) **Implement a COVID-19-related special enrollment period for the federal Marketplace.** While those who lose their employer-provided insurance will have access to the Marketplace via a special enrollment period, those individuals who were already uninsured are not eligible for this special enrollment period. States that

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<sup>5</sup> American Medical Association, *COVID-19 policy recommendations for OUD, pain, harm reduction*, <https://www.ama-assn.org/delivering-care/public-health/covid-19-policy-recommendations-oud-pain-harm-reduction>

operate their own marketplaces have already established new open enrollment periods to enable those who are uninsured to sign up for coverage in light of this unanticipated national health crisis. Congress should require the federally operated marketplace to offer the same opportunity.

- 9) **Prevent the overcrowding of public institutions.** Many correctional institutions are still ill-equipped to properly handle the medical needs of their inmates, especially during a pandemic. We advocate for reduced admissions and the decarceration of those people in jails, prisons, and detention centers who are most vulnerable to COVID-19 and are serving due to non-violent offenses.
- 10) **Provide funding accessible to well-established health-focused non-profits.** Non-profit organizations have stepped up to provide the care, comfort, and services needed by Americans during this pandemic. Unfortunately, many of these non-profits have seen their budgets depleted and their sources for additional funding dry up. Without financial support, non-profits nationwide may not stay open through the pandemic, and millions of Americans will lose their safety nets.
- 11) **Publicly denounce discrimination against Asian American and immigrant communities who have been targets of increased violence amidst the COVID-19 pandemic.** Asian Americans across the nation have been victims of increased acts of violence and racism stemming from inaccurate information and stigma from COVID-19. We urge you to issue public statements of support for Asian American communities, support legislation in the House and Senate condemning anti-Asian xenophobia, and refrain from using any geographic descriptors, as recommended by the CDC and WHO, when referencing COVID-19.

We appreciate your actions to date and your attention during this time. If you have any questions, please feel free to contact Frank Hood at The AIDS Institute ([fhood@tmail.org](mailto:fhood@tmail.org)), or Lauren Canary at the National Viral Hepatitis Roundtable ([lauren@NVHR.org](mailto:lauren@NVHR.org)).

Sincerely,

A New PATH  
Access Support Network  
ADAP Advocacy Association  
African American Health Alliance  
AIDS Action Baltimore  
AIDS Alabama  
AIDS Alliance for Women, Infants, Children,  
Youth & Families  
AIDS United  
Any Positive Change Inc.  
Asian Center - Southeast Michigan  
Asian Liver Center at Stanford University  
Asian Pacific Health Foundation  
Association of Asian Pacific Community  
Health Organizations  
California Hepatitis C Task Force. Inc.  
Caring Ambassadors Program, Inc  
Central City Concern (Oregon)  
Charles B. Wang Community Health Center  
Coalition on Positive Health Empowerment  
Community Access National Network  
Community Education Group  
Community Welfare Services of Metro Detroit

East Bay Getting to Zero  
ekiM For Change  
End Hep C SF  
Equality California  
Equality North Carolina  
Global Liver Institute  
GoodWorks: North Alabama Harm Reduction.  
Harm Reduction Coalition  
Hawaii Health & Harm Reduction Center  
HealthHCV  
Hep B United  
Hep B United Philadelphia  
Hep Free Hawaii  
Hepatitis B Foundation  
Hepatitis C Association  
Hepatitis Education Project  
HIV Dental Alliance  
HIV Medicine Association  
Howard Brown Health  
Immunize Colorado  
International association of Hepatitis Task Forces  
Korean Community Services of Metropolitan  
New York

Latino Commission on AIDS  
LEA Lived Experience Alliance  
Liver Health Connection  
Maui AIDS Foundation  
Mental Health Association of San Francisco  
Mission Wellness Pharmacy  
National Alliance of State and Territorial  
AIDS Directors  
National Nurse-Led Care Consortium  
National Task Force on Hepatitis B Focus on Asian  
and Pacific Islander Americans  
National Viral Hepatitis Roundtable  
NC AIDS Action Network  
Northwest Portland Area Indian Health Board  
NT AIDS and Hepatitis Council  
Pennsylvania Harm Reduction Coalition  
Positive Women's Network-USA  
PRC

Robert G Gish Consultants LLC  
Sacramento Area S.T.O.P. Hepatitis Task-Force  
San Francisco AIDS Foundation  
San Francisco Community Health Center  
San Francisco Hepatitis C Task Force  
SF Hep B Free - Bay Area  
Shanti  
Silver State Equality-Nevada  
The AIDS Institute  
The Hepatitis C Mentor and Support  
Group - HCMSG  
The Wall Las Memorias Project  
Treatment Action Group  
UCSF  
UCSF Alliance Health Project  
Untitled Management  
Virginia Harm Reduction Coalition  
Ward 86, San Francisco General Hospital