

June 7, 2024

Director B. Kaye Hayes.
Deputy Assistant Secretary for Infectious Disease,
Department of Health and Human Services

Re: Notice for Public Comments on Potential Viral Hepatitis Quality
Measures in Medicaid, [FR Doc. 2024-10006](#)

Dear Director Hayes,

NASTAD is pleased to provide comments regarding the proposed viral hepatitis quality measures for the Medicaid Adult Core Set for implementation at the state and territory levels. NASTAD is the leading non-partisan non-profit association representing public health officials who administer HIV and hepatitis programs in the U.S. On behalf of our members, NASTAD would like to convey how critical developing a viral hepatitis measure is to quantifying progress towards reaching our viral hepatitis elimination goals. NASTAD has been in consultation with several state Medicaid and infectious disease programs that have expressed that their Medicaid programs understand and note the importance of hepatitis B and C measures.

1. NASTAD supports the implementation of Medicaid quality measures for hepatitis B screening, hepatitis C screening and treatment initiation. The following addresses the specific questions posed in the request for comments. NASTAD supports adopting a hepatitis C screening and treatment initiation measure within state Medicaid programs. The proposed measures have public health significance and would incentivize increased screening and linkage to care. Many people living with and impacted by hepatitis C are Medicaid beneficiaries, so Medicaid programs have a particularly important role to play in addressing the epidemic. The measures proposed would be a major step in understanding the jurisdiction-level epidemiology of hepatitis C and would advance public health efforts.

These measures are feasible given they rely on claims data only, not surveillance data since public health surveillance programs are underfunded and have limited capacity. Additionally, these measures support the implementation of CDC's updated hepatitis C universal screening recommendations, the evaluation of the HHS Viral Hepatitis National Strategic Plan, and the proposed White House Hepatitis C Elimination Initiative.

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2. NASTAD supports adopting a hepatitis B screening measure that at least includes hepatitis B surface antigen (HBsAg) screening, but optimally would incorporate the updated CDC screening recommendations for a triple panel (HBsAg, hepatitis B surface antibody (HBsAb), hepatitis B core antibody (HBcAb)). A triple panel screening measure would be clinically important as it would indicate a need for linkage to care, ongoing monitoring, or vaccination. Incorporation of a hepatitis B triple panel screening measure can lead to increased adoption of screening by providers. There are many barriers to implementing triple panel screening, but at a minimum, a measure for HBsAg screening would identify active infection and lead to follow up testing and care.
3. NASTAD believes it would be feasible to implement a hepatitis B screening, hepatitis C screening, and hepatitis C treatment initiation quality measures within state Medicaid programs, and is prepared to offer technical assistance to jurisdictions. Since August 2021, NASTAD has been developing technical assistance resources to increase the capacity of state Medicaid and HIV programs to report the HIV viral suppression measure (HVL-AD) to CMS and stand ready to support the validation and adoption of similar measures for hepatitis B and C. We are working in partnership with more than fifteen state HIV and Medicaid programs to find the right approach to report the measure. Several of the states that we are working with have already included hepatitis C data in their data-sharing agreements and are exploring how to operationalize those exchanges. Even if the measures proposed for hepatitis B and C do not require data sharing, health departments are ready to support validation efforts at the jurisdictional level using the public health surveillance system.

NASTAD is hopeful that hepatitis B screening, hepatitis C screening and treatment initiation quality measures are added to the Medicaid Adult Core Set. Hepatitis program leads at state and territorial public health agencies have indicated that having a measure has been a facilitator to build relationships across Medicaid and public health programs. This supports both programs' efforts to coordinate resources and maximize expertise to improve the outcomes of people living with and impacted by hepatitis B and C.

We appreciate your attention and consideration of these recommendations. Please do not hesitate to contact me at (202) 434-8090 or by email at slee@NASTAD.org if you have questions related to these comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Lee", written over a horizontal line.

Stephen Lee, MD, MBA, DHSM
Executive Director