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January 20, 2020

The Honorable Mark D. Sickles Chair, Health, Welfare and Institutions Virginia House of Delegates 900 East Main Street Pocahontas Building, Room W1312 Richmond, VA 23219

Re: Support for HB791

Dear Chairman Sickles and members of the Committee on Health, Welfare and Institutions,

On behalf of the Virginia Society of Addiction Medicine (VASAM), the medical specialty society representing physicians and clinicians in Virginia who specialize in the treatment of addiction, we would like to take this opportunity to provide our support for HB791, which repeals the sunset on the authority of the Commissioner of Health to establish and operate comprehensive harm reduction programs. Given the significant impact of the opioid addiction and overdose epidemic on Virginia, we support this legislation which aims to reduce the burden of infectious disease on patients and communities in the state.

VASAM is dedicated to increasing access to and improving the quality of addiction treatment for patients in Virginia. To that end, we are wholeheartedly committed to advocating for a state addiction treatment system that provides evidence-based, comprehensive care that improves the health and well-being of all patients with addiction. We applaud this bill as it seeks to address infectious diseases such as Hepatitis C (HCV), which has killed more Americans than HIV and all other reportable infectious diseases combined, with deaths totaling 19,659 in 2014. If this legislation is enacted, it will help reduce the deaths associated with infectious diseases and the number of cases that occur, as modeling studies project that without a significant increase in screening, diagnosis, and treatment efforts, HCV-related deaths will peak in 2030 to 2035, with approximately 36,000 deaths per year.

The American Society of Addiction Medicine's Public Policy Statement on Prevention supports "harm reduction policies such as those targeting injection drug use to prevent harms including the transmission of infectious disease." Syringe exchange programs serve as a point of contact to bring individuals with addiction into treatment. It is incredibly important to counsel and screen the patient population with addiction, as injection drug use currently accounts for a majority of new infections and is the main driver perpetuating the HCV epidemic. Approximately 80% of people who inject illicit drugs are HCV-infected. As a result, all persons who inject drugs and/or have an active infectious disease should be linked to a practitioner who can provide comprehensive management that includes assessing for potential curative antiviral therapies. All patients with chronic HCV or other infectious diseases are candidates for currently available curative treatment, including those who continue to use alcohol and/or drugs as well as those receiving medication-assisted treatment for opioid use disorder. In fact, the National Institutes of Health HCV Consensus Conference Statement of 2002 stated that "HCV therapy has been successful even when patients have not abstained form continued drug or alcohol use or are on daily methadone."

VASAM shares the state of Virginia's goal of providing access to high-quality, evidence-based, and comprehensive addiction and infectious disease treatment services to this patient population. We offer our support for HB791 and strongly recommend its passage. Please do not hesitate to contact VASAM if we can be of any assistance.

Sincerely,

Jonathan C. Lee, MD ilee@farlevcenter.com

757-565-0106

CC:The Honorable Vice Chair Sam Rasoul

The Honorable Dawn Adams

The Honorable Lashrecse Aird

The Honorable Karrie Delanev

The Honorable Liz Guzman

The Honorable Cliff Hayes

The Honorable Patrick Hope

The Honorable Mark Levine

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The Honorable Keith Hodges

The Honorable Bobby Orrock

The Honorable Roxann Robinson

The Honorable Wendell Walker

The Honorable Kenneth Plum

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention. (2016). Hepatitis C Kills More Americans than Any Other Infectious Disease. Atlanta, GA: Centers for Disease Control and Prevention. Available at <a href="https://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html">https://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html</a>

<sup>&</sup>lt;sup>II</sup> Razavi, Homie et al. "Chronic Hepatitis C Virus (HCV) Disease Burden and Cost in the United States." Hepatology (Baltimore, Md.) 57.6 (2013): 2164–2170. PMC. Web. 11 Jan. 2017.

iii American Society of Addiction Medicine Public Policy Statement on Prevention, available at: <a href="https://www.asam.org/docs/default-source/public-policy-statements/prevention.pdf?sfvrsn=e80647c2">https://www.asam.org/docs/default-source/public-policy-statements/prevention.pdf?sfvrsn=e80647c2</a> 4.

<sup>&</sup>lt;sup>iv</sup> Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Viral Hepatitis. (2016). Hepatitis C FAQs for the Public. Atlanta, GA: Centers for Disease Control and Prevention. Available at <a href="https://www.cdc.gov/hepatitis/hcv/cfaq.htm#cFAQ31">https://www.cdc.gov/hepatitis/hcv/cfaq.htm#cFAQ31</a>

Valional Institutes of Health. National Institutes of Health Consensus Development Conference Statement: Management of hepatitis C: 2002--June 10-12, 2002. Hepatology. 2002 Nov;36(5 Suppl 1):S3- 20.