



2023 Hep Elimination

# JURISDICTION ASSESSMENTS

# ACKNOWLEDGMENTS

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These assessments were written by the **O’Neill Institute for National and Global Health Law**, which takes sole responsibility for the content. Thanks to the staff of the Institute’s Infectious Diseases Initiative for their hard work on this project.

We would like to thank the **National Viral Hepatitis Roundtable (NVHR)** and the **Center for Health Law and Policy Innovation at Harvard Law School (CHLPI)** for their invaluable support over the past three years as partners and advisors on Hep Elimination. Hep Elimination was only successful because of your contributions.

We also thank the **dedicated health department personnel** who have been working at the frontline to protect the health of the American people and improve health outcomes, often with too few resources and always with too few accolades. You shared your insights to inform how Hep Elimination could best support your work to advance elimination, and it was our honor to work with you.

Many thanks to the **clinicians, advocates, scholars, and other stakeholders** who contributed their time and expertise to help make Hep Elimination a success.

Thanks to **Katie Burk** and **Facente Consulting** for assisting the development of the toolkit modules.

# Hep ElimINATION – THE PROJECT’S FINAL WRAP-UP SUMMARIES

The O’Neill Institute for National and Global Health Law at Georgetown University Law Center launched Hep ElimINATION ([www.eliminatehep.org](http://www.eliminatehep.org)) in January 2022 with consultation from the National Viral Hepatitis Roundtable (NVHR) and the Center for Health Law & Policy Innovation (CHLPI) at Harvard Law School. The project provided a snapshot of select policies and programmatic strategies relevant to building capacity for viral hepatitis elimination across the 50 states, Washington, D.C., and Puerto Rico. This advocacy tool aimed to inform policymakers, public health leaders, and communities about several essential pieces of the elimination puzzle and aimed to catalyze elimination planning efforts in pursuit of the World Health Organization’s goal to eliminate viral hepatitis by 2030.

Hep ElimINATION has provided a fascinating vantage point to witness states’ progress in developing elimination plans, Coalitions, and communication and transparency about elimination efforts. Since the project began, 8 jurisdictions have published new hepatitis elimination plans, 3 have released updated plans to their existing ones, and 14 have formed new collaborative groups.

It has been powerful to learn from and work alongside dedicated advocates, clinicians, government staff, and people with lived experience working tirelessly to care for their communities. Despite these significant efforts, numerous challenges have persisted across jurisdictions, including limited funding, bottlenecks in data and surveillance infrastructure, and residual policy constraints on syringe service programs and other harm reduction efforts. We must confront these barriers head-on if we hope to continue making progress moving forward.

In the absence of robust data, assessing viral hepatitis elimination capacity is a tall order. For example, it is difficult to correlate qualitative indicators about policies and programs with quantitative measures in progress towards elimination – like rates of treatment initiation or reductions in incidence of new infections. Additionally, an assessment that uses publicly available information can fail to capture the breadth of elimination planning and programs. We encourage future efforts to explore methodological approaches that facilitate more dynamic modeling of the impact of various elimination strategies on core outcomes and health equity.

This summer marks the last chapter of Hep ElimINATION. While the [eliminatehep.org](http://eliminatehep.org) domain will soon be retired, this final report and four new elimination planning modules will be available on the O’Neill Institute’s website in the coming months. We’d like to express our gratitude to all who came along for this ride. Your time and contributions have been invaluable! We look forward to continuing to partner with you as our viral hepatitis elimination pursuit continues. If you have any questions, please reach out to Sonia Canzater, Senior Project Director, at the O’Neill Institute: [sc1574@georgetown.edu](mailto:sc1574@georgetown.edu).

**The project has reached its end, but data collected, as well as previously released scoring rubrics, will be archived and available for research purposes. As a final resource, the O’Neill Institute has created a Summary Assessment for each jurisdiction based on the questions in the project’s scoring rubric that were previously used to calculate states’ letter grades. This assessment is based on analysis of states’ actions between July 2022-June 2023. We also highlight accomplishments and recommendations to address existing gaps. We hope these assessments are helpful to jurisdictions’ efforts to improve their hepatitis elimination efforts, especially in the development of actionable elimination strategies and the improvement of health outcomes for many individuals.**



# NOTABLE UPDATES AND OPPORTUNITIES

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## Elimination Plans

**ARIZONA, GEORGIA, NEW MEXICO, OREGON,** and **WEST VIRGINIA** have released their first hepatitis elimination plans since July 2022.

**CALIFORNIA** and **NEW MEXICO** have also updated their plan following the lapse of its prior plan in 2020.

## Syringe Services Program Legality

Since July 2022, no jurisdiction that prohibited or was silent regarding the legality of syringe services programs (SSPs) has legalized their operation.

## Good Samaritan Laws

Almost all jurisdictions have Good Samaritan Laws in place, which provide legal protection against liability if a person seeks assistance for someone experiencing a substance-use related medical emergency. Jurisdictions often have protections in place for the person experiencing the emergency as well. Several states only offer limited protections and should consider removing caveats to be eligible for Good Samaritan protections. For example, Ohio only offers a Good Samaritan protection that covers the caller or the person needing assistance if they are not on “community control or post-release control.” West Virginia’s Good Samaritan law only grants immunity “if it is the first time the person experiencing a drug overdose is having such drug overdose.” These jurisdictions (and others who have similar limitations) should consider removing them as they decrease the number of people who are able to receive protections under these laws and will likely deter many from seeking assistance for themselves or others in need.

## Jurisdiction’s Budgets

Since July 2022, we noticed that specific mentions of viral hepatitis have been, or are proposed to be, removed from the upcoming state budgets and corrections budgets in more than ten jurisdictions.

## Prevention, Treatment, and Outcomes

With the creation of their hepatitis elimination plans, **ARIZONA, GEORGIA, NEW MEXICO,** and **WEST VIRGINIA** now offer guidance for treatment in correctional facilities directly in their plans. **HAWAII, INDIANA, KENTUCKY, LOUISIANA, NORTH CAROLINA, PENNSYLVANIA,** and **RHODE ISLAND** are the additional jurisdictions that also offer guidance for treatment in correctional facilities directly in their hepatitis elimination plans. **MONTANA, SOUTH DAKOTA, VERMONT,** and **VIRGINIA** now have new, separately drafted guidance pertaining to treatment in corrections.

More jurisdictions should be leading efforts to establish either a coalition or task force that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources to further hepatitis elimination efforts.

Since July 2022, 25 states have removed prior authorization for most patients entirely. **ARIZONA, COLORADO, DELAWARE,** the **DISTRICT OF COLUMBIA, FLORIDA, HAWAII, ILLINOIS, OKLAHOMA, OREGON, PENNSYLVANIA,** and **TEXAS** most recently removed prior authorization.

**ARIZONA,** the **DISTRICT OF COLUMBIA,** **ILLINOIS,** and **OKLAHOMA** made the largest improvements in their grades. **ALABAMA, MISSISSIPPI, SOUTH CAROLINA** and **SOUTH DAKOTA** have also significantly improved their Hepatitis C: State of Medicaid Access grades.

**OKLAHOMA** made the largest changes, improving its grade from an F to an A+.

## Surveillance and Data Usage

We observed that since the COVID-19 pandemic, many jurisdictions have struggled to maintain their surveillance efforts and the publication of corresponding data. There are at least twenty public-facing websites that have not been updated in over two years, and the publication of epidemiological reports that included HAV, HBV, and HCV similarly trended in the wrong direction. Data surveillance and publication will be critical to ongoing hepatitis elimination efforts.

# NOTABLE UPDATES AND OPPORTUNITIES

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## NOTABLE UPDATES (since July 2022)

**ARIZONA, GEORGIA, OREGON, and WEST VIRGINIA** have released their first **Hepatitis Elimination Plans**.

**CALIFORNIA** and **NEW MEXICO** updated their plan as the **End the Syndemics plan**, which includes strategies to combat HIV, HCV, and STIs.

**COLORADO, DELAWARE, and VIRGINIA** improved their Hepatitis C: State of Medicaid Access score to an A+.

**OKLAHOMA** saw the biggest improvement, jumping from an F to an A+!

**CALIFORNIA, DC, HAWAII, ILLINOIS, NEW YORK, OREGON, and SOUTH DAKOTA** all raised their Hepatitis C: State of Medicaid Access scores to an A!

**MONTANA, VERMONT, SOUTH DAKOTA, and VIRGINIA** have drafted policies pertaining to HCV treatment in their correctional facilities.

## OPPORTUNITIES FOR CONTINUED PROGRESS

Establishing dedicated funding allocations for viral hepatitis elimination strategies in state budgets.

Improving Hepatitis C: State of Medicaid Access scores by removing restrictions from state Medicaid programs that limit access to HCV treatment.

Enacting legislation authorizing syringe services programs and other harm reduction policies that support improved health outcomes for people who use drugs.

Compiling and regularly publishing viral hepatitis data and surveillance reports to monitor ongoing elimination progress.

# Hep ElimINATION: A RETROSPECTIVE

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## Hep ElimINATION's Legacy

**Hep ElimINATION** offered a first-of-its-kind analysis of viral hepatitis elimination capacity as a tool to provide insights and accountability on programs and policies that impact elimination in the U.S. This advocacy tool aimed to inform policymakers, public health leaders, and communities about the many pieces of the elimination puzzle, while catalyzing elimination planning efforts in pursuit of the World Health Organization's goal to eliminate viral hepatitis by 2030.

Informed by insights from stakeholders, we developed a scoring rubric of key metrics aligned with the elimination priorities set forth in the **Viral Hepatitis National Strategic Plan** both to assess the 50 states, Puerto Rico, and Washington D.C.'s existing viral hepatitis elimination capacity and provide a framework for all jurisdictions to create more uniform viral hepatitis elimination policies and practices.

We focused on gathering publicly available information to inform our analysis of each jurisdiction. This data collection model served the double purpose of information collection and a means to identify gaps in how timely and transparently states communicate and disseminate viral hepatitis resources to their communities.

Each jurisdiction's assessment was translated into a letter-grade score, rating elimination capacity from A to F. This type of national assessment provided a platform where viral hepatitis stakeholders throughout the country could easily learn more about strategies being implemented by peers in other jurisdictions to advance elimination. The scores provided a benchmark by which jurisdictions could identify strengths in their current elimination strategies and places for growth and improvement.

In addition to the jurisdiction assessments, Hep ElimINATION created toolkit modules and an extensive resource list to further assist jurisdictions' elimination efforts. The modules provide templates and guidance for building an elimination collaboration engaging people with living experience and other stakeholders in elimination efforts, conducting collaboration meetings, and how to approach budget advocacy to support viral hepatitis elimination efforts.

## Lessons Learned Through the Hep ElimINATION Journey

The process of bringing Hep ElimINATION to fruition was a steep learning curve that called for us to create novel approaches. We hope that this project is a catalyst for continued work to analyze elimination efforts, identify and remediate existing barriers, and support ongoing progress. It is our hope that the lessons we learned throughout this process benefit future viral hepatitis analysis efforts.

### Assessing Elimination Progress in the Absence of Robust Data

One of our greatest takeaways from executing this project is the ongoing challenges to developing and assessing viral hepatitis elimination capacity created by the lack of robust elimination-related data. In the absence of comprehensive surveillance data, our analysis could not include assessment of impact or efficacy of strategies. As an alternative, our team took great care to identify which qualitative indicators to assess and how to translate them into quantitative scores in the most objective and equitable way

possible. However, we were aware that this method could not provide a full picture of the impact a strategy has in its respective jurisdiction, and that the limited resources they have to collect and analyze data continue to be barriers to the implementation of best practice approaches or monitoring outcomes.

### **Benefits and Limitations of Analyzing Publicly Available Information**

We acknowledge that while we had a clear objective with our decision to use publicly available information for our assessments, doing so may have missed accounting for some jurisdictions' accomplishments. Our decision was influenced in part by wanting to limit the effects of survey fatigue on viral hepatitis personnel and other stakeholders as well as to highlight the need for greater resources for jurisdictions to compile, update, and disseminate relevant data.

### **Challenges Assessing Varied Viral Hepatitis Elimination Plans**

The initial thought was for the project to provide a substantive analysis of the components of elimination plans. However, once research and metric development began, we decided to pivot this approach. Elimination plans vary greatly in scope, detail, and resource allocation. In addition, several states had already published viral hepatitis elimination plans prior to Hep ElimiNATION's inception, but the majority still have no published plan. For these reasons, we opted not to conduct in-depth substantive assessments of elimination plans in the early stages of the project. We identified certain high-level plan components—such as if the plan covered multiple types of viral hepatitis and if it included plans for HCV treatment in correctional settings—as our preliminary grading benchmarks, choosing instead to wait until more plans were published to perform more in-depth analysis as part of future assessments. This decision was also influenced by most states receiving CDC grant funding to develop elimination plans and strategies in the coming years. While this project will not be available to conduct those assessments, we feel there remains a need and opportunity to establish a method for evaluating jurisdictions' plans as more are released in order to hold states accountable for creating plans that encompass best practices.

## **Looking Ahead**

As Hep ElimiNATION draws to a close, we are grateful for the opportunity to amplify the exceptional work done across the country by our dedicated colleagues working in state and local public health agencies, and the myriad of advocates, clinicians, and other stakeholders working tirelessly to promote viral hepatitis elimination. We THANK YOU for your contributions of time and wisdom to make this project a reality.

We want the legacy of this project to keep the spotlight on the need to prioritize policies and resource allocations that promote favorable elimination outcomes and health equity. These include enacting harm reduction/syringe service program legislation, expanding Medicaid and removing HCV treatment restrictions, and providing universal vaccination, testing and treatment for viral hepatitis in correctional settings, just to name a few.

We are encouraged by the prospect of a national HCV elimination strategy, and see Hep ElimiNATION as a useful tool to inform on the state-level infrastructure needed to facilitate optimal implementation of a national HCV initiative.

We pass on the charge to others looking to monitor elimination progress to explore methodological approaches that facilitate more dynamic modeling of the impact of various elimination strategies on core outcomes—including health equity.