HEPELIMINATION

2023 Hep ElimiNATION

JURISDICTION ASSESSMENTS

ACKNOWLEDGMENTS

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.

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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) 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 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.

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

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

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

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 jurisdictions' 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.

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ALABAMA

1. Plan Development

Alabama has not yet published a viral hepatitis elimination plan but is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Alabama has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

No SSPs are operating in Alabama because they are prohibited from operating in the state. The possession of paraphernalia is illegal, and laws are only in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency; there is no protection for the person experiencing the emergency. Revising state harm reduction policies to include allowing SSPs to be established and expanding Good Samaritan protections will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There was no specific state budget allocation or state correctional budget allocation identified related to viral hepatitis in Alabama's FY23 budget. While viral hepatitis public health programs may be funded through various budget allocations, a designated line item for hepatitis signals a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state does provide educational information to the public regarding viral hepatitis and specifically perinatal HBV, but its links to perinatal HCV information are no longer accessible; the state does not offer links to provider training. Alabama is also not a Medicaid expansion state. Improving provider awareness of how to screen for and treat viral hepatitis can increase the hepatitis treatment workforce capacity.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Alabama. The state previously reached a settlement agreement that committed the Alabama Department of Corrections to providing constitutionally adequate medical care for all prisoners in at least one of its major facilities. However, the 11th Circuit, in Hoffer v. Sec'y, Fla. Dep't of Corr., 973 F.3d 1263, 1270 (2020), ruled that a correctional institution satisfies constitutional requirements of delivering treatment to incarcerated individuals for a "serious medical condition" if it "monitors all HCV-positive inmates, including those who have yet to exhibit serious symptoms, and provides direct-acting antivirals to anyone who has an exacerbating condition, shows signs of rapid progression, or develops even moderate fibrosis." Therefore, the settlement agreement mentioned above has likely been rendered moot and inapplicable based on the decision in Hoffer.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state academic institutions and community-based organizations throughout the state providing non-syringe exchange harm reduction and health intervention services for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Alabama should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

One of Alabama's most significant improvements since July 2022 is its improved Hepatitis C: State of Medicaid Access grade, which has improved from a D to a B. This change is due to the state no longer imposing a sobriety requirement to receive HCV treatment through Medicaid.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state has published (within the last two years) an epidemiological report / profile collecting viral hepatitis data, but only for HAV and HBV, not HCV. To increase transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.

ALASKA

1. Plan Development

Alaska's viral hepatitis elimination plan lapsed in 2020, and they have not yet published a new viral hepatitis elimination plan. Alaska is expected to publish a plan by 2025 in accordance with funding it received via CDC PS21-2103. If Alaska has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legal in the state. Possessing substance use/drug use equipment is legal, but in the absence of an express law, the state's SSP is functioning on a 1-for-1 model. Needs-based programs are the preferred model to improve transmission risk and other associated health issues. Laws are in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency as well.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Alaska's FY23 state budget and corrections budget does allocate some money to address viral hepatitis, but there is no indication these amounts are increasing, and are thus insufficient.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state does provide educational information to the public regarding viral hepatitis and specifically perinatal HBV, but it does not provide information pertaining to perinatal HCV information. Alaska is a Medicaid expansion state. A positive improvement since July 2022 is that the state now offers provider training to increase workforce capacity.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Alaska. There also has not been litigation in Alaska regarding proper guidance for treatment of HCV in corrections.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Alaska's state Health and Social Service's viral hepatitis site does not indicate additional state-led support for targeted interventions for key populations within the state, but non-governmental programs / community organizations are working to assist these individuals.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. One did previously exist, but there is no record of its continuance. Timely updates of any of the state's viral hepatitis elimination efforts would improve transparency and public awareness of resources available to improve viral hepatitis elimination outcomes.

Hepatitis C: State of Medicaid Access Grade

Alaska's Hepatitis C: State of Medicaid Access grade remains an A. Substance use counseling and other restrictions, however, still remain in effect.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state has not recently published (within the last two years) an epidemiological report collecting viral hepatitis data.

ARIZONA

1. Plan Development

Since July 2022, Arizona has published an HCV elimination plan. People with lived / living experience (PWLE) were included in the plan's development process. There is a commitment to update plan details over time, and goals and objectives will be updated as improvements to the state's surveillance system are made. However, the state should further clarify how often progress reports pertaining to the plan will be published.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

While SSPs have been legalized, a drawback to Arizona's SSP practices is that they can only operate on a 1-for-1 exchange. While state law allows a facility to collect as many syringes as it wants, the amount it distributes cannot exceed the number it collects. The state should consider amending 2021 Ariz. Legis. § 36-798.51(C) so that it is no longer a modified 1-for-1 syringe exchange but rather allows for needs-based exchange, especially because the same legislation also has a stated purpose of ensuring that hypodermic syringes and injection supplies are not shared or reused. This purpose implies a desire to function on a needs-based model, but other explicit language of the same statute overshadows the stated intent. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. There are laws in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency. Additionally, the possession of substance use/injection drug use equipment is illegal, but there is an exemption for the possession of syringes by SSP participants.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

In Arizona's previous budget allocations, viral hepatitis was acknowledged. In the FY23 budget, that is no longer the case. Dedicated efforts should be made to once again allocate specific funding to viral hepatitis in future budget fiscal years, especially since the state has now created and published a viral hepatitis elimination plan.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state does provide educational information to the public regarding viral hepatitis and specifically perinatal HBV, but it does not provide information pertaining to perinatal HCV. Arizona is a Medicaid expansion state and offers provider training to increase workforce capacity through Project Echo.

Standard of Care for HCV in State Corrections

Arizona's new hepatitis elimination plan includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis (or in this case, also those who self-identify as requiring a test due to increased risk) held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-governmental (state academic institutions) and community-based organizations throughout the state providing targeted interventions to expand access to viral hepatitis prevention, testing, and treatment services to key populations (e.g., people experiencing homelessness, people who use drugs) disproportionately affected by viral hepatitis.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Hepatitis Free AZ is an active, state-led Coalition that is cross-cutting amongst state agencies, community organizations, advocacy groups, and healthcare providers to plan and coordinate activities and leverage hepatitis elimination resources. People with lived/living experience are part of this collaboration. This coalition was integral to the development and publishing of the state's elimination plan.

Hepatitis C: State of Medicaid Access Grade

Arizona's Hepatitis C: State of Medicaid Access grade has improved from an F to a B as the state has recently removed prior authorization for initial treatment. It could further increase access though by removing retreatment restrictions and improving access for individuals in managed care.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Arizona does have a public-facing website with regularly updated viral hepatitis epidemiological data included on it. The state has not recently published (within the last two years) a comprehensive viral hepatitis epidemiological report that includes and assesses HAV, HBV, and HCV data though.

ARKANSAS

1. Plan Development

Arkansas has not yet published a new viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with funding received through CDC PS21-2103. If Arkansas has not already done so, the state should convene a group of multi-disciplinary stakeholders, similar to those who helped to develop the state's 2014 HCV epidemiological profile, to develop a new comprehensive plan to guide efforts to improve its viral hepatitis strategies and outcomes. This process can help identify capacity needs, build collaborative partnerships to pool limited resources, and create targeted interventions to reduce viral hepatitis incidence.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in Arkansas, and the possession of substance use/injection drug use equipment is illegal, yet there is at least one community-based program that offers syringe services. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. There are laws in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There was no specific state budget or state correctional budget allocation identified related to viral hepatitis in the state's FY23 budget. While viral hepatitis public health programs may be funded through various budget allocations, a designated line item for hepatitis signals a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Arkansas is a Medicaid expansion state, and it now offers training to providers to increase workforce capacity to treat more people living with viral hepatitis. The state does provide educational information to the public regarding viral hepatitis, but it is limited and refers visitors to the CDC pages for HAV and HBV specifically. Arkansas does not provide information pertaining to perinatal HBV or HCV. The state's site does not indicate state-specific resources for testing or prevention. Educational materials that provide information and resources tailored for state residents, such as local testing locations, are more likely to engage people to seek care.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Arkansas. There also has not been litigation in Arkansas regarding proper guidance for treatment of HCV in corrections.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Some non-governmental programs / community organizations are providing targeted interventions to expand access to viral hepatitis for key populations, such as persons who use drugs and those experiencing homelessness, but there are no jurisdiction-led interventions providing this work.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Arkansas should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

There are still significant restrictions on HCV treatment in place in Arkansas. Arkansas is the only state Medicaid program that imposes a minimum fibrosis requirement. The Hepatitis C: State of Medicaid Access grade remains an F.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Arkansas has made significant improvements in its reporting of viral hepatitis epidemiological data since July 2022. On its public-facing website, it now includes comprehensive hepatitis profiles for HAV, HBV, and HCV in the state that include cases, trends, demographics, and other resources.

CALIFORNIA

1. Plan Development

California has published its Ending the Epidemics plan that addresses HIV, HCV, and sexually transmitted infections (STIs) in the state. The plan will be in effect from 2022-2026, it has been made available to the public, and people with lived/living experience were involved in its development. Although the state has not committed to publishing progress reports for its plan on an annual basis, its new plan does indicate the state intends to hold itself accountable to certain milestones (although more clarity is still needed as to what those milestones are). As we previously recommended, more clearly defined benchmark goals to assess progress related to HCV elimination efforts should be created.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by statute in California, and the exchange of syringes can operate on a needs-based approach. There are laws in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency. Although the possession of syringes is illegal, there is an exemption in place for syringes acquired from SSPs, which aids the state's outreach to key at-risk populations and expands harm reduction efforts.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is a mention of viral hepatitis in the state budget allocations for the upcoming FY 23-24 budget, but unlike in prior years, the upcoming fiscal year corrections budget does not include specified line items for viral hepatitis.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state does provide educational information to the public regarding viral hepatitis and specifically perinatal HBV and HCV. Additionally, the California Department of Public Health (DPH) provides a Primary Care Provider toolkit and the University of Washington provider training on its website, among other resources. California is also a Medicaid expansion state.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in California. We recommend that the state explicitly describe the standard of care that should be adhered to pertaining to this matter within its facilities.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state academic institutions and community-based organizations throughout the state providing targeted interventions for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

It is unclear whether CalHEP is currently active; however, the California Integrated Strategic Plan Workgroup worked to create and publish the state's newest elimination plan.

Hepatitis C: State of Medicaid Access Grade

Despite ongoing retreatment restrictions that should still be addressed and removed, California's Hepatitis C: State of Medicaid Access grade has slightly improved since July 2022 from a B to an A.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

California's Department of Public Health was previously providing regularly updated viral hepatitis epidemiological data (between 2016 and 2018) and had previously published an epidemiological report for HAV, HBV, and HCV on its website. However, this data has not been updated since 2020 and is therefore no longer current. The state's DPH should strongly consider publishing a more current report and listing more current data on its website as it becomes available.

COLORADO

1. Plan Development

Colorado has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Colorado has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by statute in Colorado; the exchange of syringes can operate on a needs-based approach; and the possession of substance use/injection drug use equipment is decriminalized, whereupon conviction of possession of drug paraphernalia, a person shall only be punished by a monetary fine. There are laws in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Both the general state budget and Colorado's correctional budgets allocate funds for viral hepatitis, and there was an increase in allocations between FY21-22 and FY22-23 in the state's general budget. Allocations for treatment in the correctional budget decreased across those timeframes though. The goal for FY23-24 (and beyond) should be to maintain overall increases in both the state budget and the correctional budget allocations for viral hepatitis services, especially treatment in corrections.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Colorado provides educational information to the public regarding viral hepatitis and specifically perinatal HBV, but it no longer has active links on its Department of Health website pertaining to perinatal HCV information. The state does not direct health professionals to training resources to improve awareness and capacity to screen for and treat viral hepatitis. At a minimum, the state should consider including training programs such as Hepatitis B Online and Hepatitis C Online.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Colorado. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within Colorado's correctional facilities. Pursuant to a 2018 settlement agreement, the Colorado Department of Corrections agreed to spend $41 million over two years to provide DAA treatment to more than 2,000 people with HCV in its custody—up from 20-25 people treated per year previously—and removed pre-treatment requirements, such as completion of drug and alcohol classes and deterioration of the liver.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-governmental programs (academic institutions) and community-based organizations throughout the state providing targeted interventions for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Colorado should pool multi-disciplinary stakeholders to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Colorado made massive improvements in improving access to treatment for its Medicaid enrollees since July 2022. They no longer require prior authorization, there are no prescriber, substance use, or fibrosis restrictions, and there are no undue retreatment restrictions. These changes have earned Colorado an A+ in their Hepatitis C: State of Medicaid Access grade.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state has continued to maintain a public-facing website that houses regularly updated viral hepatitis epidemiological data and an up-to-date hepatitis epidemiological report.

CONNECTICUT

1. Plan Development

Connecticut has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Connecticut has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legal in Connecticut via a state law expressly authorizing them, and although the possession of injection drug use equipment is illegal, there is an exemption for syringes received from an SSP. Although first-time applicants to a syringe services program receive an initial packet of thirty (30) needles and syringes, this is not sufficient to qualify as a needs-based model because the state still reverts to a 1-for-1 model after this initial allotment. Needs-based programs are the preferred model to increase access to sterile syringes and other injection supplies, and reduce the risk of them being shared or reused, thus ireducing transmission rates and other associated health issues.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Both the general state budget and Connecticut's correctional budgets (even FY24-25 proposed versions) mention viral hepatitis services and treatment. Although the state's general budget does not refer to "elimination" specifically, language included, such as "planning for the prevention of future transmission," demonstrates a distinct commitment to addressing viral hepatitis. This will assist future elimination efforts.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Connecticut provides educational information to the public regarding viral hepatitis and specifically perinatal HBV, but it no longer has active links on its Department of Health website pertaining to perinatal HCV information. The information provided is also only in English. The state has not provided health professionals with any recent training resources to improve awareness and capacity to screen for and treat viral hepatitis.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Connecticut. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within Connecticut's correctional facilities. In Barfield v. Semple, No. 3:18-cv-1198 (MPS), 2019 WL 3680331, at *12 (D. Conn. Aug. 6, 2019), the court ruled that the Connecticut Department of Corrections exhibited deliberate indifference when it knew that the delay / deferment of DAA treatment would cause harm yet still chose merely to monitor the condition of individuals or provide only supporting care to individuals.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-governmental programs (academic institutions) and community-based organizations throughout the state providing targeted interventions for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Connecticut should convene multi-disciplinary stakeholders to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

There has been no change in Connecticut's Hepatitis C: State of Medicaid Access grade – it remains a B.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Connecticut has not recently published (within the last two years) a comprehensive viral hepatitis epidemiological report that includes and assesses HAV, HBV, and HCV data; and the viral hepatitis data included on its public-facing website is now outdated (last updated in 2018). The state should consider updating this information as soon as new data is available.

DELAWARE

1. Plan Development

Delaware has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Delaware has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

In 2006, Senate Bill 60 was passed, which legally authorized the operation of a syringe services program in the city of Wilmington, Delaware. Over the past 17 years, however, no other legislation has been passed, thus leaving it unclear whether SSPs can operate outside of the city of Wilmington and if the possession of syringes covers individuals who reside or who possess a syringe outside of the city of Wilmington. DE Code § 4762 lists several exceptions for the possession of hypodermic syringes and needles, but possessing a syringe or needle as a participant in an SSP is not included in this list. The legislature should expand the legality of SSPs and the possession of hypodermic syringes and needles beyond the city of Wilmington; it should allow for the exchange of sterile syringes and needles to function on a needs-based policy.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is a mention of viral hepatitis in the state budget allocations in the current FY22-23 budget; however, there is no mention of viral hepatitis in Delaware's corrections budget allocations.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Delaware provides educational information to the public regarding viral hepatitis and previously shared perinatal HBV and HCV data with the public, but it no longer has active links on its Department of Health website pertaining to that perinatal information. It is a Medicaid expansion state, and has maintained provider training resources through the University of Washington's training program and resources.

Standard of Care for HCV in State Corrections

A professional services agreement for Correctional Health Services was in effect until the end of June 2023 that outlines guidance for testing and treating individuals in correctional facilities, specifically through an opt-out approach.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The state funds mobile SSP programs in collaboration with a community partner organization, but only in the city of Wilmington. The state should expand this program more broadly throughout the state.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Delaware should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Delaware's Hepatitis C: State of Medicaid Access grade has significantly improved since July 2022 following the removal of a prior authorization requirement, in addition to the removal of several other restrictions. Delaware's Hepatitis C: State of Medicaid Access grade has improved from a D to an A+.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

In December 2017, Delaware published HCV data in an epidemiological report on a public-facing website. That HCV data, and thus the data included on the public-facing website, is now outdated. The state should consider updating this information as soon as new data is available.

DISTRICT OF COLUMBIA

1. Plan Development

The District of Columbia (D.C.) has not yet created a viral hepatitis elimination plan, but work groups have been established to further these efforts. The jurisdiction is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by statute in D.C. and function on a needs-based policy. Possessing syringes is illegal unless received from an SSP. Additionally, there are laws in place to protect Good Samaritans who attempt to assist others that are experiencing a substance use-related medical emergency, and there are protections in place for the person experiencing the emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

D.C.'s FY23 budget does mention viral hepatitis, but it does not mention the elimination of viral hepatitis. The corrections budget also fails to address viral hepatitis as well.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

D.C. provides educational information to the public regarding viral hepatitis and previously shared perinatal HBV and HCV data with the public, but it no longer has active links on its Department of Health website pertaining to HCV perinatal information. The information that is provided though is linguistically diverse and reflects the varied cultural composition of the population. The DC Health website includes one training resource for providers: The ABCs of Hepatitis for Health Professionals. The jurisdiction should consider including additional resources to improve awareness and capacity to screen for and treat viral hepatitis, such as Hepatitis B Online and Hepatitis C Online, or training programs offered by Maryland and Virginia.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in the District of Columbia. There also has not been litigation in D.C. regarding proper guidance for treatment of HCV in corrections.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The District funds targeted interventions for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We would like to especially acknowledge the establishment of work groups being formed to create a viral hepatitis elimination plan for the District of Columbia. These work groups will help bolster partnership, identify needs, leverage available resources, and further efforts to create and publish a comprehensive viral hepatitis elimination plan.

Hepatitis C: State of Medicaid Access Grade

The District of Columbia made a significant improvement in its Hepatitis C: State of Medicaid Access grade: prior authorization is not required for preferred HCV treatment regimens, and no fibrosis, substance use, or prescriber restrictions (amongst others) are in place. The grade has moved all the way from an F to an A.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

D.C. does have a public-facing website with regularly updated viral hepatitis epidemiological data on, it but reports that have been published do not include data on HAV. Because of its frequent correlation with risk factors that also increase incidence of HBV and HCV, HAV data should be included in overall viral hepatitis surveillance as well.

FLORIDA

1. Plan Development

Florida has not yet published an updated viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Florida has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

Although SSPs are authorized by statute in Florida and there is an exemption in place for the possession of syringes from SSPs, the exchange of syringes is restricted to a 1-for-1 exchange. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no mention of viral hepatitis in Florida's general budget allocations or the state's corrections budget allocations either for FY23-24.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Florida provides educational information to the public regarding viral hepatitis and specifically perinatal HBV and HCV; the state also offers hepatitis training to providers through the Florida TRAIN program. However, Florida is not a Medicaid expansion state, which limits the number of persons who have access to viral hepatitis prevention, treatment, and care.

Standard of Care for HCV in State Corrections

Florida corrections has continued to maintain a policy of denying treatment to people with chronic HCV, in defiance of the modern standard of care and AASLD/IDSA guidance. Litigation against this policy was unsuccessful.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The state funds targeted interventions for key populations, such as persons who use drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The state convened an elimination committee in 2019 – HCV Free Florida – but it is unclear whether the committee is active. The status of elimination planning efforts is also unclear.

Hepatitis C: State of Medicaid Access Grade

Florida's Hepatitis C: State of Medicaid Access grade has slightly improved since July 2022, from a C to a B, following the implementation of "Smart PA," which will effectively remove the prior authorization requirement in place.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Florida does have a public-facing website, but only HAV data is updated regularly on this site. It was most recently updated in April 2023. The state has not published an epidemiological report / profile that includes HAV, HBV, or HCV data within the last two years though. The state should consider updating and publishing this information as soon as new data is available.

GEORGIA

1. Plan Development

Since July 2022, Georgia has created and published a viral hepatitis elimination plan that includes strategies to address HAV, HBV, and HCV. Although the plan's progress will be monitored by the Georgia Department of Public Health Viral Hepatitis Program and reported during ongoing workgroup and sub-committee meetings, the plan does not include a commitment to publish at least annual progress reports or any indication that people with lived / living experience were included in the plan's development process.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

Although Georgia has passed a law authorizing SSPs, possessing a syringe even from an SSP is still illegal. The only related syringe possession exemption in effect is GA Code § 16-13-32(c)(2), which provides a protection for the possession of syringes for people who work for SSPs. There is no express protection for participants in syringe services programs. This means that even if someone engages in the services of an SSP and acquires a syringe, they can still be found in violation of the law for possessing said syringe(s).

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Although there was a state budget allocation for infectious disease control in the GA FY23-24 budget, there was no specific state budget allocation identified related to viral hepatitis. While public health programs may be funded through various budget allocations, a designated line item for hepatitis establishes a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes. The state should consider creating this specific line-item allocation in its overall budget and in its corrections budget.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Georgia does provide educational information and materials geared towards the public, as well as perinatal information for HBV and HCV, all of which are linguistically diverse. It provides limited resources to increase provider capacity to treat more people with viral hepatitis though. The state should link providers to a more comprehensive training resource, such as Project ECHO, Hepatitis B Online, and Hepatitis C Online. Georgia is also a state that has not expanded Medicaid.

Standard of Care for HCV in State Corrections, Targeted Interventions for Key Populations, and Enduring Coalition

The creation of the state's viral hepatitis elimination plan has led to several key developments across the state. It led to the establishment of the Georgia Viral Hepatitis Elimination Workgroup, which is comprised of health department staff, community-based organizations, and even individuals whose work primarily focuses on HIV and substance use. The plan mentions the state's intent to integrate viral hepatitis testing and treatment in corrections but does not clearly state that HCV testing and treatment would be made widely available in correctional settings. The plan also outlines efforts to establish and maintain targeted interventions for key populations, such as those experiencing homelessness and those who inject drugs. However, we are not aware of these strategies / guidances being in accordance with the AASLD/IDSA treatment guidelines.

Hepatitis C: State of Medicaid Access Grade

There has been no change in Georgia's Hepatitis C: State of Medicaid Access grade: it remains a C due to the stringent requirements being imposed that hinder access to HCV treatment for many.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state should consistently publish a comprehensive viral hepatitis epidemiological report and publish regularly updated epidemiological data on the state's website for HAV, HBV, and HCV. Hopefully, with the creation of Georgia's new viral hepatitis elimination plan, new reports and a data dashboard will be created and released soon.

HAWAII

1. Plan Development

Hawaii has successfully created a viral hepatitis plan that addresses HAV, HBV, and HCV. It has been made available to the public, and people with lived/living experience were extensively involved in its development. The state has not committed to publishing progress reports for its plan on an annual basis but should consider doing so.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

Although SSPs are authorized by law in Hawaii, the state should consider expanding its syringe exchange laws from a 1-for-1 exchange to a needs-based SSP policy, which would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. The possession of substance use/injection drug use equipment has recently been decriminalized. Thus, upon a conviction of possession of drug paraphernalia, a person shall only be punished by a monetary fine.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

No funds have been allocated to implement the state's strategies, but viral hepatitis is mentioned in the state's FY23-25 budget as well as the state corrections budget.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Hawaii provides educational information to the public regarding viral hepatitis and previously shared perinatal HBV and HCV data with the public, but it no longer has active links to perinatal HBV or HCV information available anymore. However, Hawaii is a Medicaid expansion state and does offer hepatitis training to providers.

Standard of Care for HCV in State Corrections

Hawaii is one of just a handful of jurisdictions that has an elimination plan that has been made available to the public that also includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with AASLD / IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-supported targeted interventions available for key populations across Hawaii.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

There is also an enduring Coalition that is state-led and includes people with lived / living experience.

Hepatitis C: State of Medicaid Access Grade

Hawaii has improved its Hepatitis C: State of Medicaid Access grade from a D to an A after the fee-for-service program removed prior authorization. However, zero managed care organizations have implemented the policy change. Barriers to HCV treatment persist for most beneficiaries.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Hawaii now has an updated HCV epidemiological report available on its public-facing website.

IDAHO

1. Plan Development

Idaho has not yet created a viral hepatitis elimination plan, but the ongoing efforts of the Idaho Viral Hepatitis Prevention Program are promising signs and could mean a plan is developed soon. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

Although SSPs are authorized by law, the restrictive language of the authorizing law combined with the language of a functioning SSP in the state supports that a 1-for-1 model for syringe exchanges is in place. The state should consider expanding its syringe exchange laws from a 1-for-1 exchange to a needs-based policy because a needs-based SSP policy would broaden the access to sterile injection equipment to reduce transmission of hepatitis, HIV, and other diseases. There is also no existing exemption for the possession of syringes that are acquired through SSPs.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no mention of viral hepatitis in Idaho's FY23 budget. Implementing a designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes. The state's corrections budget does mention viral hepatitis and includes treatment allocations.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Idaho provides educational information to the public regarding viral hepatitis and previously shared perinatal HBV and HCV data with the public, but it no longer has active links to perinatal HBV or HCV information. However, Idaho is a Medicaid expansion state and does offer hepatitis training to providers.

Standard of Care for HCV in State Corrections

A separate state-drafted guidance for the standard of care for HCV does not exist in state corrections in Idaho. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. A settlement agreement was reached in 2022 (four years after the initial complaint was filed) that will require Idaho to allocate at least $29.25 million to hepatitis C treatment for incarcerated people in the state.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-supported targeted interventions available for key populations across Idaho.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Idaho's Viral Hepatitis Prevention Program has established the Viral Hepatitis Elimination Technical Advisory Committee for input and insight for elimination planning. It is not clear who the members of the Committee are though.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Idaho has maintained its A+ Hepatitis C: State of Medicaid Access grade.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Updated epidemiological data on HAV, HBV, and HCV was not located on the state's department of health website. Idaho should consider publishing updated information as soon as it is available.

ILLINOIS

1. Plan Development

Illinois has not yet published a viral hepatitis elimination plan, but work groups have been established to further these efforts. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in Illinois, and they function on a needs-based policy. Although the possession of syringes is illegal, there is an exemption in place for syringes acquired from SSPs via 720 ILCS 635/1(a).

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There was no specific state budget allocation identified related to viral hepatitis in the state's FY23 budget or corrections budget. A designated line item for hepatitis signals a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Illinois provides educational information to the public regarding viral hepatitis and previously shared perinatal HBV and HCV data with the public, but it no longer has active links to perinatal HBV or HCV information. Additionally, the training resources for providers linked on the website are from 2015 and are now outdated. However, Illinois is a Medicaid expansion state.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Illinois. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. In a 2023 ruling from the U.S. District Court for the Northern District of Illinois' Eastern Division, it was determined that the Illinois Department of Corrections has failed to create and implement a plan to improve medical care at state prisons, which it was obligated to do via a 2019 agreement.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The Hepatitis C Community Alliance to Test and Treat actively provides targeted interventions to key populations disproportionately affected by viral hepatitis. Printed and digital informational materials available on viral hepatitis prevention, screening, and treatment on the state page is provided in several languages in addition to English.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Although there is a hepatitis-focused Community Alliance, Illinois lacks a task force that is cross-cutting amongst state agencies to plan and coordinate activities and leverage resources. iHEP was a previously active Coalition, but it is not clear that this group is still active.

Hepatitis C: State of Medicaid Access Grade

Illinois has improved its Hepatitis C: State of Medicaid Access grade from an F to an A following the removal of prior authorization. Illinois should remove its prescriber certification requirement to improve access further.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state's most recent epidemiological report, which only included data for HAV, is now outdated. To increase transparency, the state should consistently publish viral hepatitis epidemiological data for HAV, HBV, and HCV, and house this data on a public-facing website.

INDIANA

1.Plan Development

Indiana released the Zero Is Possible Plan to End HIV and HCV in 2021. It has been made available to the public, people with lived/living experience were involved in its development, and the state has committed to publishing progress reports for its plan on an annual basis. The plan addresses only HCV elimination, not HAV or HBV.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

Although SSPs are authorized by statute in the state and function on a needs-based policy and there is an exemption for possessing a syringe if it was acquired from an SSP, there are no Good Samaritan laws in place for individuals seeking medical assistance for themselves. Therefore, if someone does utilize an SSP's services and experiences an overdose (or believes they are experiencing one), the individual could be found in violation of a substance use statute if they seek medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Hepatitis C is mentioned in the state's FY23-25 budget allocations, and hepatitis and treatment are mentioned in the corrections section of the state's FY23-25 budget.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Indiana provides educational information and materials geared towards the public as well as perinatal information for HBV and HCV, all of which are linguistically diverse. Indiana also offers provider training through Indiana ECHO and references resources, including a provider toolkit and the UCSF National Clinical Consultation Center. Indiana has also expanded HCV treatment access for Medicaid beneficiaries by removing prior authorization.

Standard of Care for HCV in State Corrections

Following litigation against the state, a settlement agreement was reached in 2020 pursuant to which approximately 3,350 people with HCV in Indiana Department of Corrections' custody will receive DAA treatment by 2023. The agreement is proceeding apace with the agreement's phased-in universal treatment approach. Indiana drafted guidance for the standard of care for HCV in state corrections that provides direct-acting antiviral (DAA) treatment for all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines. They have now included this standard of care guidance into their elimination plan.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-supported targeted interventions available for key populations across Indiana.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The creation of the state's viral hepatitis elimination plan was supported by an Advisory Council made up of members from different agencies, including the Indiana Department of Health, State Family and Social Services, the Department of Corrections, and medical providers.

Hepatitis C: State of Medicaid Access Grade

Indiana has an A for its Hepatitis C: State of Medicaid Access grade. It could further improve this grade by removing retreatment restrictions that are still in place.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Previously, Indiana only had a data dashboard on its public-facing website. In 2022 though, an epidemiological report was released, and it included 2020 data for HBV and HCV. Although it did not include HAV data, this report was comprehensive and should be continually published.

IOWA

1. Plan Development

Iowa released its 2017-2021 Hepatitis Action Plan in 2018. This plan lapsed in 2021, and there is no indication that a new plan is being created at this time. If it has not already begun to do so, the planning committee should work on creating a new plan to govern state viral hepatitis elimination activities as most states are expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in Iowa. IA § 124.414(1)(b) would provide an exemption for syringes, but since SSPs are not legal and none are operating in the state, there is no applicable "lawful purpose" for the possession of syringes to meet the exemption. The state does have protections in place for Good Samaritan assisters and those suffering a medical emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Iowa's FY24 budget does mention viral hepatitis. Although the state's general budget does not refer to "elimination" specifically, language included, such as "planning for the prevention of future transmission," demonstrates a distinct commitment to addressing viral hepatitis. This will assist future elimination efforts.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state does provide educational information to the public regarding viral hepatitis and specifically perinatal HBV, but it does not provide information pertaining to perinatal HCV information. Iowa is a Medicaid expansion state, and while not referenced on the DOH website, Iowa Primary Care Association runs an ECHO program to increase the capacity of providers to provide viral hepatitis care and treatment services. The state should include this resource on their website.

Standard of Care for HCV in State Corrections

Guidance for HCV care and treatment in state corrections was previously included in Iowa's viral hepatitis elimination plan. Since that plan is no longer active, the state should consider creating and publishing a publicly available, separate, state-drafted guidance that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-governmental programs / community organizations providing targeted interventions available for key populations across Iowa.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Iowa should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Iowa has only slightly improved its Hepatitis C: State of Medicaid Access grade from an F to a D; it did so by removing a small number of access restrictions. There are still strict sobriety and prescriber requirements for HCV treatment in place, which limit access to DAA medication for many.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Iowa now has a data dashboard on its public-facing website that includes viral hepatitis data up to 2021. To improve transparency, the state should consistently publish epidemiological data for HAV and HBV, in addition to the data it provides for HCV.

KANSAS

1. Plan Development

Kansas has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Kansas has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in Kansas, and there are no Good Samaritan laws in place, for assisters or users. However, Kansas saw the second-highest increase in drug deaths in 2021. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. As a step towards improving its harm reduction policies, the state should pass a Good Samaritan Law that offers protection from criminal prosecution for persons who call 911 to assist others who are experiencing a substance use-related medical emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There was no specific state budget allocation identified related to viral hepatitis. In the upcoming FY24 budget, the only mention of viral hepatitis is the number of inmates that have been treated in prior years. It fails to specify what this number equates to in terms of the percentage of inmates who have a viral hepatitis diagnosis or how much money will be spent to treat the listed number of inmates. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state links directly to the CDC viral hepatitis website. They also provide information regarding perinatal HBV. Kansas is not a Medicaid expansion state, which limits the number of persons who have access to viral hepatitis prevention, treatment, and care. Kansas does not direct health professionals to training resources to improve awareness and capacity to screen for and treat viral hepatitis. At a minimum, the state should consider including training programs such as Hepatitis B Online and Hepatitis C Online.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Kansas. There also has not been litigation in the state regarding proper guidance for treatment of HCV in corrections.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Targeted interventions for key populations across Kansas are not being provided, either by the state or non-governmental organizations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Kansas should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Kansas's Hepatitis C: State of Medicaid Access grade remains a B.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Kansas has not recently published (within the last two years) current viral hepatitis epidemiological data on the state's hepatitis site. To improve transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.

KENTUCKY

1. Plan Development

Kentucky published an HCV elimination plan in July 2022, the development of which included people with lived experience. While there is no commitment to publish progress reports on at least an annual basis, the plan notes that "VHP and evaluation group will meet semi-annually to review, discuss, and determine the progress of goals, strategies, and objectives" and will encourage this group to publish plan progress reports following these meetings. The state should also take strides to incorporate strategies to address screening, prevention, and treatment of HAV and HBV in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law and function on a needs-based policy, there is an exemption in place for syringes acquired from SSPs, and there are Good Samaritan protections for those seeking medical care or offering aid to others for a substance use-related health emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned only in the state's FY22-24 and nothing further. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state hepatitis website provides educational information on HAV, HBV, and HCV, including perinatal information for HBV and the Kentucky Perinatal Hepatitis B Prevention Program. The website previously included perinatal HCV information, but it no longer does. The Kentucky Rural Health Association offers a provider training for viral hepatitis called KHAMP; however, the Kentucky Cabinet for Health and Family Services (CHFS) website does not make mention of the program. Many links on the CHFS website are inoperable; upon clicking on the link for hepatitis B and C, users are directed to the CDC website for hepatitis B. The state should consider rebuilding a viral hepatitis prevention page complete with resources for the public and providers.

Standard of Care for HCV in State Corrections

The state's viral hepatitis elimination plan includes strategies to offer DAA treatment to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The state provides financial support to operate syringe exchange programs (SEPs) throughout the state in collaboration with community partners. The Kentucky Pharmacists Association partners with the Cabinet for Health and Family Services to operate a mobile harm reduction unit that distributes naloxone and provides HIV and HCV testing throughout the state.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The state's viral hepatitis elimination plan includes evidence that several Coalitions are functioning in Kentucky, including Kentucky HepatitisTAC and HepatitisFree KY.

Hepatitis C: State of Medicaid Access Grade

The Hepatitis C: State of Medicaid Access grade given to Kentucky has not changed since July 2022: it remains a B. To further improve this grade, the state should remove the prior authorization requirement and remove retreatment and other restrictions that are still in place.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

In July 2022, an epidemiological report was published that included HBV and HCV data. This information was only presented at a conference and is not housed on the Kentucky Department of Public Health website.

LOUISIANA

1. Plan Development

Louisiana released Hepatitis C Free Louisiana: Louisiana Hepatitis C Elimination Plan 2019-2024 in 2019. The plan only addresses HCV elimination, not HAV or HBV. It is unclear if the committee that worked to develop the plan included people with lived experience. The plan also does not include a commitment to publish annual progress reports.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in Louisiana, but the law does not appear to provide a clear exemption from drug paraphernalia violations for persons receiving syringes from SSPs.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is not mentioned in the state's FY 2023 general budget, and it is only mentioned in the state's correctional budget via "contract services" with Louisiana State University. Other than a low average number of inmates being listed as having a hepatitis diagnosis, the corrections budget makes no indication of a dedication of funds to prevention, treatment, or elimination strategies.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state hepatitis website provides educational information on HAV, HBV, and HCV, including perinatal information for HBV. The website previously included perinatal HCV information, but it no longer does. Louisiana is a Medicaid expansion state, and part of the elimination strategy is the expansion of the state's health care delivery system and capacity to treat HCV by training and supporting PCPs, substance use treatment providers, and pharmacists, as well as creating a specialty referral system. Training for providers is offered through Tulane University's ECHO program.

Standard of Care for HCV in State Corrections

The state's viral hepatitis elimination plan includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-supported targeted interventions available for key populations across Louisiana.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The state contracted with 14 community-based organizations to develop the elimination plan. It is unclear whether this committee continues to meet routinely.

Hepatitis C: State of Medicaid Access Grade

Louisiana does not have many restrictions on access to treatment, but its Hepatitis C: State of Medicaid Access grade has decreased from an A+ to an A due to at least one additional imposed restriction: the requirement of documentation of chronic HCV infection.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

At the beginning of 2023, Louisiana published a comprehensive HBV and HCV Surveillance Report with 2020 data. No data for HAV (either through a dashboard or a comprehensive report) has been updated since 2021 though.

MAINE

1. Plan Development

Maine has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Maine has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law, they function on a needs-based policy, and there is an exemption in place for syringes acquired from SSPs. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is no longer mentioned in the state's general budget; it was previously included in the "Maine Annual Report 2021." Continuing to include a budget line item for hepatitis services and treatment would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Maine is a Medicaid expansion state and does distribute viral hepatitis educational information and materials geared towards the public; since July 2022, it now also provides perinatal information / education for HCV, which is a welcome addition to the materials the state offers. Maine Health now also leads a Project Echo program to help train professionals in this space as well as reach underserved communities.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Maine. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. A 2021 settlement in Maine resulted in universal opt-out testing at intake and near-universal eligibility for treatment. The state provided DAA treatment to 205 people in Maine Department of Corrections custody in 2021.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The Peabody Center is a non-governmental / community organization that provides targeted interventions available for key populations across Maine.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Maine should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Maine's Hepatitis C: State of Medicaid Access grade has decreased from a B to a C, as the state still requires prior authorization for all HCV treatment regimens and has retreatment restrictions and other restrictions still in place, including time-based lab requirements, submission of documentation of genotype, and a 14-day dispensing limitation for first fills.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Maine previously published epidemiological reports that included HAV, HBV, and HCV surveillance data and published this data on a public-facing website. To our knowledge, the most recent data for Maine published on a public-facing website is HAV data from 2021. The most recent surveillance reports for HBV and HCV data are from 2019 and are now out-of-date. To improve transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.

MARYLAND

1. Plan Development

Maryland's 2019 Hepatitis C Strategic Plan has lapsed. It should be noted that a 2022-2030 Elimination Plan Framework has been published, so this is a step in the right direction in terms of the development of a new viral hepatitis elimination plan. The state is expected to publish a viral hepatitis plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

Although SSPs are authorized by law in Maryland and there is an exemption in place for the possession of syringes acquired from SSPs, the state's health code implies that a 1-for-1 exchange is required by SSP participants. The state should consider clarifying its syringe exchange laws so that SSPs explicitly function under the needs-based model. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned only in the state's FY24 proposed budget, but nothing further. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Maryland is a Medicaid expansion state and provides educational information to the public regarding viral hepatitis, but it fails to provide information geared toward the public pertaining to perinatal HBV and HCV. Maryland Community-Based Programs to Test and Cure Hepatitis C is an initiative to reduce hepatitis C virus (HCV) related morbidity and mortality. Administered by the Maryland Department of Health and the Baltimore City Health Department, in collaboration with a coalition of clinical and public health partners, this initiative addresses two critical problems related to HCV care: 1) A high burden of undiagnosed and untreated HCV infection in HIV/HCV co-infected and HCV mono-infected populations; and 2) An insufficient number of HCV services providers offering care to successfully keep up with demand. There is a clinician training and videoconference program that has been implemented by the Division of Infectious Diseases at Johns Hopkins University.

Standard of Care for HCV in State Corrections

Litigation was filed against the state in January 2019 for denying HCV treatment in state corrections. The outcome of that litigation is unclear. Additionally, guidance provided in the prior plan was not aligned with the AASLD / IDSA treatment recommendations for persons in prison.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

It is not clear whether the state still provides support for targeted interventions for key populations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Through the creation of the 2022-2030 Elimination Plan Framework, it seems that a Coalition / task force is working together to coordinate activities and leverage resources.

Hepatitis C: State of Medicaid Access Grade

The Hepatitis C: State of Medicaid Access grade given to Maryland has remained a C since July 2022. It can improve its current C score by removing the prior authorization requirement and/or other restrictions still in place.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state developed and published a detailed epidemiology profile in 2021 that covers 2015-2019 and includes HAV, HBV, and HCV data. The state should consider publishing a report that includes more recent data and ensure that this data (and the report) is easily accessible through the state's (or the Department of Public Health's) public-facing website.

MASSACHUSETTS

1. Plan Development – Possible Plan Development

Massachusetts has not yet published a viral hepatitis elimination plan, but the development of a plan is currently underway. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. It is our understanding that the Massachusetts Department of Public Health is actively working on an elimination plan (including working with stakeholder groups and members of EndHepatitisCMA). If this plan is developed, it should be made public upon completion.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law, but the law is silent on whether they function on a needs-based policy or a 1-for-1 exchange policy. At least some local SSPs are functioning without a quantity component attached to their exchange process, but the state should still consider clarifying its syringe exchange laws so that SSPs explicitly function under the needs-based model. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Via litigation, there is an exemption in place for the possession of syringes acquired from SSPs. There are Good Samaritan protections in place for those seeking medical care or offering aid to others for a substance use-related health emergency.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned only in the state's FY23 budget, nothing further though. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Massachusetts is a Medicaid expansion state and does distribute viral hepatitis educational information and materials geared towards the public in a wide variety of languages. Since July 2022, Maine now also provides perinatal information / education for HBV, which is a welcome addition to the materials the state offers. The state also offers training to providers to help increase workforce capacity to treat more people with viral hepatitis.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Massachusetts. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. The Massachusetts Department of Correction has reached a settlement with prisoners' rights groups over its medical treatment of prison inmates with hepatitis C. It requires prisoners with the most serious cases of hepatitis C to be treated within 12 months. Prisoners with less serious cases will have to be treated within 18 months. Every new prisoner will be tested for hepatitis C, and those who have the disease will be treated.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Massachusetts works with community health partners to operate integrated testing and linkage services to provide HIV, HCV and STD testing, PrEP services, and linkage to care throughout the state. The state also partners with community groups to support both mobile and standing syringe service programs statewide.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

EndHepatitisCMA is a coalition of providers, consumers, and advocates working to achieve the elimination of hepatitis C in Massachusetts. This is not a state-led collaboration, and it is not apparent that people with lived experience are part of this task force.

Hepatitis C: State of Medicaid Access Grade

The Hepatitis C: State of Medicaid Access grade given to Massachusetts remains an A. It can further improve its grade if it takes steps to ensure parity across MassHealth ACOs and MCOs regarding HCV prior authorization requirements.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Massachusetts previously published epidemiological reports that included HAV, HBV, and HCV surveillance data and published this data on a public-facing website. However, it has not recently published (within the last two years) any viral hepatitis data.

MICHIGAN

1. Plan Development

Michigan released its State Plan on Eliminating Hepatitis C in May 2021. The plan only addresses HCV elimination, but the state has now committed to publishing progress reports for its plan on at least an annual basis. The plan does not contain information about whether people with lived experience were involved in the plan's development.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are in operation across the state. However, there is no state law expressly authorizing SSPs – many seem to be in operation via the passage of city ordinances. The state should consider passing a law expressly authorizing the legality of syringe services programs, and specifically, ones that function on a needs-based policy. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Additionally, there is a list of exceptions for the possession of syringes included in the Michigan State Code, but the possession of syringes from SSPs is not included in this list. City ordinances adhere to the notion that there is an exemption for the possession of syringes if acquired via a SSP. This is another opportunity for alignment via the state of Michigan and the individual cities.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no indication that funds have been specifically allocated to carry out the mission and goals of the state's viral hepatitis elimination plan. Viral hepatitis is mentioned in the state's FY23-24 budget, and viral hepatitis services and treatment is included in the state's corrections budget as a "Health Care" line-item appropriation. This specification is not seen in many jurisdictions.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state hepatitis website provides educational information on HAV, HBV, and HCV, as well as HBV and HCV perinatal information geared toward the public. Michigan is a Medicaid expansion state, and Michigan provides a number of provider training resources on its website, including its own Henry Ford Health System Hepatitis C Clinical Consult Program, Midwest AIDS Training + Education Center Michigan, and the Michigan Opioid Collaborative HCV Virtual Case Conferencing.

Standard of Care for HCV in State Corrections

The state's viral hepatitis elimination plan includes strategies to offer DAA treatment for HCV diagnosis held in state corrections in accordance with AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-supported targeted interventions available for key populations across Michigan.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

While a steering committee developed the State Plan on Eliminating Hepatitis C, we are not aware as to whether this committee continues to meet and whether this committee includes people with lived experience.

Hepatitis C: State of Medicaid Access Grade

The Hepatitis C: State of Medicaid Access grade given to Michigan has remained at the highest possible grade, an A+.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

HAV data has not been recently published (within the last two years) for the state of Michigan. However, in addition to a yearly HBV/HCV surveillance report, Michigan publishes two other reports designed to help local health departments improve their HCV elimination efforts. The Local Health Department Hepatitis C Virus Data Quality Report is released quarterly and informs health departments of their variable completion rates relative to each other. The objective is to help departments improve their HCV data quality. The Local Health Department Hepatitis C Virus Surveillance Report is published quarterly and contains selected metrics that may indicate cases related to injection drug use. The objective is to highlight areas where HCV transmission may be occurring among people who use drugs. These data sets can be beneficial to improve the quality and efficacy of the state's elimination strategies, especially when they are reporting even more current data than the larger reports, which is what is occurring now.

MINNESOTA

1. Plan Development

Minnesota has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Minnesota has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

There are several SSPs in operation across the state. However, there is no state law expressly authorizing SSPs. Section 151.40 of the state code provides an exemption for the possession of hypodermic syringes and needles in certain circumstances, but nothing in those sections alludes to SSPs being one of those applicable circumstances. The state should consider passing a law expressly authorizing the legality of syringe services programs, and specifically, ones that function on a needs-based policy. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

The state's FY22-23 budget makes several references to dedicated efforts being made to control and prevent the spread of hepatitis C, including through the encouragement of pharmacies distributing syringes even if no prescription is presented; a goal of preventing the spread amongst those experiencing homelessness and persons who use injection drugs; and a dedicated line-item in the budget. There is no mention of hepatitis in Minnesota's corrections budget.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Minnesota is a Medicaid expansion state and distributes viral hepatitis educational information and materials geared towards the public in a variety of languages; it provides perinatal information / education for HBV, but it does not offer perinatal HCV information. The state refers to the CDC provider training and HepatitisCure webinars on its website.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Minnesota. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. Per a settlement agreement reached in 2019, the Minnesota Department of Corrections must (1) screen all prisoners for hepatitis C; (2) antiviral drugs must be provided if the inmate has an advanced stage of the disease or has hepatitis along with other complications, such as another viral infection, diabetes, or has had a liver transplant; and (3) any inmate denied treatment can request a re-evaluation every six months. Any inmate with the virus will get treatment after 16 months' imprisonment.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Based on the state's general budget, it seems as though there is at least an interest in implementing targeted interventions for key populations, such as those experiencing homelessness or people who use injection drugs. Those specific targeted interventions are not evident (or easily accessible for reviewing) though.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Minnesota should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Minnesota has been able to improve its Hepatitis C: State of Medicaid Access grade since July 2022 from a C to a B. Although prior authorization is still required, including substance use counseling and documentation of genotype, other restrictions have been removed, including fibrosis and retreatment restrictions.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Minnesota has published annual rates of HAV, HBV, and HCV on its public-facing website through 2021, but it lacks a comprehensive epidemiological report of this data. The state should consider updating this information as soon as new data is available and publishing a comprehensive report as well.

MISSISSIPPI

1. Plan Development

Mississippi has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Mississippi has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in Mississippi, but there are Good Samaritan protections in place for those who seek medical assistance for individuals in need of emergency medical assistance, including themselves. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations most susceptible to viral hepatitis transmission.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is not mentioned in the state's FY23 general budget, and there is no mention of viral hepatitis in the proposed FY24 budget either. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Mississippi is not a Medicaid expansion state, which limits the number of persons who have access to viral hepatitis prevention, treatment, and care. The state does distribute viral hepatitis educational information and materials and provides perinatal information / education for HBV; it does not offer perinatal HCV information. The state does include provider training resources on its website, including the UMMC ECHO. Information provided is only offered in English.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Mississippi. There also has been no litigation regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The MSDH Health Equity team has partnered with Boat People SOS and Mercy Housing and Human Development to establish "Test to Protect Family and Self," a hepatitis B initiative that provides culturally appropriate hepatitis B education, screening, and treatment referral to the Vietnamese American communities of Harrison, Hancock, and Jackson counties.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Mississippi should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Mississippi has improved its Hepatitis C: State of Medicaid Access grade from a D to B by not imposing fibrosis, prescriber, and retreatment restrictions (among others). However, it still requires prior authorization and imposes other restrictions, including documentation of genotype and documentation of counseling regarding abstinence from alcohol and IV drugs before receiving treatment.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state of Mississippi's published monthly case count report for all reportable diseases is available, but it has not been updated since May 2021. This is for all reportable disease statistics, not just hepatitis statistics. The state should work diligently to update all of this data as soon as possible.

MISSOURI

1. Plan Development

Missouri has created an HCV elimination plan that will be in effect from 2022-2026, and it has been made available to the public. The plan does not contain information about whether people with lived/living experience were involved in its development, and the state has not committed to publishing progress reports for its plan on an annual basis. The state should take steps to integrate strategies to address HAV and HBV into its plan in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in the state, but there are Good Samaritan protections in effect. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations most susceptible to viral hepatitis transmission.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is not mentioned in Missouri's FY23 general budget, and there is no mention of viral hepatitis in the proposed FY24 budget either. It is only briefly mentioned in the FY23 corrections budget request, but not the final budget. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Missouri is a Medicaid expansion state; it distributes viral hepatitis educational information and materials on its state's Department of Public Health website and through Project Hepatitis Cure, and it provides perinatal information / education for HBV and HCV. Information is distributed in English and Spanish. The Viral Hepatitis and Fatty Liver ECHO empowers and supports primary care providers and offers opportunities for training and learning.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Missouri. There has been litigation within the jurisdiction that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. In Postawko v. Missouri Dep't of Corr., No. 2:16-cv-04219-NKL, 2017 WL 1968317, at *7 (W.D. Mo. May 11, 2017), the court ruled that a "'wait and see' policy of relying solely on fibrosis scores and delaying DAA treatment until the disease has progressed to a far more serious level "contravenes the applicable medical standard of care without any medical justification."

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-supported targeted interventions available for key populations across Missouri, some of which are included in the state's viral hepatitis elimination plan. Additionally, near the end of 2021, Missouri HealthNet launched Project Hepatitis Cure to eliminate hepatitis C in Missouri's Medicaid population.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The Missouri Department of Health and Senior Service, Viral Hepatitis Prevention Program's (VHPP) along with the Bureau of HIV, STD, and Hepatitis (BHSH), is a Coalition whose focus is to educate and collaborate with providers, local public health agencies (LPHAs), substance use disorder treatment centers, and community-based organizations to increase efforts related to testing, treatment, and care of people that are most at risk for hepatitis C.

Hepatitis C: State of Medicaid Access Grade

Missouri has maintained its A+ Hepatitis C: State of Medicaid Access grade.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Missouri has made a marked improvement in its data surveillance and reporting. It has now published a comprehensive epidemiological report covering 2021 HBV and HCV data and has made this data available on the state's public-facing website.

MONTANA

1. Plan Development

Montana has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Montana has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law, but the state should consider modifying its authorization law for syringe services programs so that it more clearly states that programs function on a needs-based model. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Additionally, there is no express protection against drug paraphernalia violations for participants in syringe services programs; the exemption only applies to workers or volunteers of SSPs, not the actual participants. This means that even if someone engages in the services of an SSP and acquires a syringe, they can still be found in violation of the law of possessing said syringe(s). The state should clarify exemptions to drug paraphernalia violations for SSP participants.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is not mentioned in the most recent Montana budget or the Biennium FY25 budget. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes. Viral hepatitis (and treatment for those with a diagnosis) is included in the Montana corrections budget, at least through 2024.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Montana is a Medicaid expansion state; the state does distribute viral hepatitis educational information and materials and provides perinatal information / education for HBV; it does not offer perinatal HCV information. Montana has taken steps in the right direction since July 2022 by now offering provider training through the University of Montana ECHO program.

Standard of Care for HCV in State Corrections

The state of Montana has published a separate state-drafted guidance for the standard of care for HCV in state corrections – that was not drafted subsequent to viral hepatitis treatment access litigation brought against the jurisdiction – that provides DAA treatment for all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-governmental programs / community organizations providing targeted interventions available for key populations across Montana.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Montana should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Montana's Hepatitis C: State of Medicaid Access grade has not changed since July 2022. To improve from its current grade of C, the state should remove prior authorization for HCV treatment and substance use, retreatment, and other restrictions that are still in place.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Montana has only published viral hepatitis epidemiological reports up until 2019. The most recent data snapshot is from 2020. The state should update this data (as soon as it becomes available); it should publish it to a centrally located site with links to information for all forms of viral hepatitis.

NEBRASKA

1. Plan Development

Nebraska has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Nebraska has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in Nebraska, but there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no mention of viral hepatitis in Nebraska's FY21-23 budget, the state's corrections budget, or Nebraska's next proposed biennium budget. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Nebraska is a Medicaid expansion state and provides educational information to the public regarding viral hepatitis, but it does not provide information pertaining to perinatal HBV or HCV or offer training to providers. The state should at least link to training programs such as Hepatitis B Online and Hepatitis C Online.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Nebraska. There also has been no litigation regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Targeted interventions for key populations across Nebraska are not being provided, either by the state or non-governmental organizations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, Nebraska should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Nebraska's Hepatitis C: State of Medicaid Access grade has moved from an F to a D. While the state has made minor improvements, it still requires prior authorization, including substance use restrictions and documentation of genotype.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state's hepatitis site still does not provide current epidemiological data on HAV, HBV, or HCV. To improve transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.

NEVADA

1. Plan Development

Nevada has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Nevada has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legally authorized in Nevada, they function on a needs-based policy, which is the preferred exchange policy, and there is an exemption in place for the possession of syringes acquired from SSPs. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned in Nevada's FY21-23 budget and the state's corrections budget (as well as treatment). Ensuring there are individual line items included in future budgets is critical because a designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

The state does provide educational information to the public, but since July 2022, its links to perinatal HBV information are no longer accessible and the state does not offer information for patients pertaining to perinatal HCV. Nevada is a Medicaid expansion state, and it now links to provider training through the Pacific AIDS Education and Training Center (Pacific AETC). There is no indication that information provided is available in any language other than English.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Nevada There has been litigation within Nevada though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. A settlement was reached that has led to Nevada budgeting $6 million to treat incarcerated individuals for hepatitis C. The class-action federal lawsuit claimed denial of treatment. All affected inmates are expected to be treated by October 2023.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-governmental programs / community organizations providing targeted interventions available for key populations across Nevada.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

There is a collaborative task force in Nevada: The Nevada Hepatitis Prevention and Control Program. The mission of the Nevada Hepatitis Prevention and Control Program is to facilitate a coordinated, comprehensive, culturally appropriate, and systematic approach to prevent the spread of viral hepatitis in Nevada, limit the progression and complications of hepatitis-related liver disease, and advocate for hepatitis policies and resources. However, after accessing the homepage, which houses the mission and vision of the program, no clickable links on the rest of the site are working. This should be rectified immediately.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Nevada's Hepatitis C: State of Medicaid Access grade remains at a C. A significant number of restrictions to the access of services and treatment are still in place across the state.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Nevada's hepatitis site still does not provide recent (within the last two years) epidemiological data on HAV, HBV, or HCV. To improve transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.

NEW HAMPSHIRE

1. Plan Development

New Hampshire has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If New Hampshire has not already begun to do so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in New Hampshire, and they function on a needs-based policy, which is the preferred exchange policy. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

"Decrease of hepatitis C (HCV)," located in the state corrections' "Goals and Performance Measures" section of the state's budget, was the only mention of viral hepatitis in New Hampshire's FY22-23 budget, and there is no mention of viral hepatitis at all in the state's FY24-25 budget. Ensuring there are individual line-items included in future budgets is critical because a designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

New Hampshire is a Medicaid expansion state; the state does distribute viral hepatitis educational information and materials and provides perinatal information / education for HBV; it does not offer perinatal HCV information. Training is offered to providers via the New Hampshire Public Health Education and Detailing (PHED) Team, which provides in-person and virtual education, as well as resource sharing with healthcare providers, community-based organizations, schools, and other community partners.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in New Hampshire. There also has been no litigation in New Hampshire regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-state programs / community organizations providing targeted interventions available for key populations in at least one New Hampshire city: Nashua.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition or task force in existence that includes state agencies, community organizations, and advocacy groups to coordinate activities and leverage resources. If it has not already begun to do so, New Hampshire should convene stakeholders across various disciplines to form a Coalition that can help build partnership, identify needs, leverage available resources, and further implement targeted interventions.

Hepatitis C: State of Medicaid Access Grade

New Hampshire's Hepatitis C: State of Medicaid Access grade remains an A following the removal of prior authorization by the fee-for-service program. However, managed care organizations have not implemented this policy change, resulting in disparate treatment access across the Medicaid program.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

New Hampshire previously provided HAV data on a public-facing website. That data is no longer available as the website that housed it is no longer accessible. The state should consider publishing viral hepatitis data as soon as it is available.

NEW JERSEY

1. Plan Development – Possible Plan Development

New Jersey has not yet published a viral hepatitis elimination plan, but the development of a plan is currently underway. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. It is our understanding that New Jersey has begun convening a group of multi-disciplinary stakeholders to guide plan development efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in New Jersey, and they function on a needs-based policy, which is the preferred exchange policy. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

New Jersey's FY22 budget mentions allocations for viral hepatitis surveillance and HCV testing and treatment in state corrections. These same mentions are also present in the upcoming fiscal year's budget. In addition to these mentions, ensuring there are individual line-items included in future budgets is critical because a designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

New Jersey is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV and HCV. It provides this information in multiple languages as well. Since July 2022, the New Jersey Health Department webpage has been updated to link to several trainings for providers, including Perinatal Hepatitis B Webinars and the Communicable Disease Reporting and Surveillance System website.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in New Jersey. There also has been no litigation in New Jersey regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

New Jersey provides supports for targeted interventions for key populations across the state, including those experiencing homelessness and people who use injection drugs.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We have not found information on the state having an existing coalition, but it is our understanding that New Jersey has begun convening a group of multi-disciplinary stakeholders to guide elimination plan development efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, New Jersey's Hepatitis C: State of Medicaid Access grade has remained at a C. New Jersey should ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

New Jersey maintains a data dashboard that provides demographic data, total case counts, and county-level case rates for HBV and HCV up until 2021, but data since then has not been added to the dashboard. Additionally, the state's Reportable Communicable Diseases Report has not been recently updated (within the last two years). The state should consider updating and publishing this data as soon as it becomes available.

NEW MEXICO

1. Plan Development

New Mexico has published an updated HCV elimination plan. The plan is vague, however, regarding if or when progress reports pertaining to the plan's goals will be published. It does say that "the coalition will continue to meet to track progress." Additionally, the plan does not contain information about whether people with lived experience (PWLE) were part of the plan's creation. The plan simply states: "efforts to engage with persons living with HCV will continue." New Mexico should better define the communities worked with to create their new viral hepatitis elimination plan and better define PWLE's meaningful roles and input.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legal in New Mexico via a state law expressly authorizing them. Although first-time applicants to a syringe services program receive an initial packet of thirty (30) needles and syringes, this is not sufficient to qualify as a needs-based model. After this initial allotment, programs function on a 1-for-1 policy. Participants can receive extra syringes, but that is left up to the discretion of the staff of individual programs. This is onerous and makes it much more difficult to patrol the disbursement of syringes. Completely needs-based programs are the preferred model to ensure hypodermic syringes and other injection supplies are not shared or reused; this also improves transmission risk and reduces other associated health issues.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

New Mexico's FY23 budget mentions viral hepatitis and viral hepatitis elimination. Budget appropriations proposals specify requests from the state Department of Corrections for funding to treat HCV in corrections. In the FY24 proposed budget request though, viral hepatitis is only mentioned in the corrections portion of the budget.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

New Mexico is a Medicaid expansion state. The state hepatitis site provides comprehensive educational and informational resources for viral hepatitis prevention, such as information on free HAV and HBV vaccines, as well as perinatal HBV (but not perinatal HCV). New Mexico was a pioneer in developing the provider training program, Project ECHO, which continues to be adapted and utilized across the country.

Standard of Care for HCV in State Corrections

New Mexico's new viral hepatitis plan includes guidance pertaining to HCV treatment in correctional settings, but this guidance does not include information that there are strategies in place to offer DAA treatment for HCV diagnosis held in state corrections that are in accordance with AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

New Mexico provides supports for targeted interventions for key populations across the state.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The New Mexico Hepatitis C Coalition was integral to the creation of the state's new elimination plan. It is a collaborative body with diverse membership, including individuals from the state department of public health, University of New Mexico, and specialty services organizations. EndHepatitisC New Mexico also exists, and people with lived experience are part of this coalition as well.

Hepatitis C: State of Medicaid Access Grade

Grade has improved from a D to a B

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

New Mexico's Health and Human Services released a 2022 data book that includes a county-by-county breakdown of HCV rates and total counts.

NEW YORK

1. Plan Development

New York drafted its NY Cures Hepatitis C Elimination Plan in 2019 and published it in 2021. The plan only addresses HCV elimination, but it does contain cumulative HCV elimination targets for the state to achieve under the plan by 2030, a commitment to publish at least annual progress reports, and indicates that people with lived experience were part of the plan creation process. The state should take steps to integrate strategies to address testing, prevention, and treatment of HAV and HBV into its elimination plan.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in New York State, and they function on a needs-based policy. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Additional notable harm reduction successes include the decriminalization of the possession of syringes and opening the first Overdose Prevention Centers in New York City. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There was no specific state budget allocation identified related to viral hepatitis in the state's FY22 budget, and it does not appear that there will be one in the upcoming budget either. The state should strive to implement specific line-items focused on hepatitis services and elimination in future budgets.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

New York is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV and HCV (it provides this information in multiple languages as well). Perinatal HCV information was more difficult to locate because it is only listed under "Educational Materials" and not referenced on the main hepatitis page. The New York State Health Department webpage links to trainings resources for providers as well.

Standard of Care for HCV in State Corrections

New York State's viral hepatitis plan includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

New York provides supports for targeted interventions for key populations across the state, including those experiencing homelessness, people who use injection drugs, individuals with a positive HIV diagnosis, and populations at higher risk for viral hepatitis.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The New York State Hepatitis C Elimination Task Force was created in July 2018 and includes representatives from community-based organizations, people living with and affected by hepatitis C, health care providers, payers, public health experts, researchers, harm reduction specialists and social service providers. The Task Force structure consisted of community and governmental co-chairs and five workgroup committees: 1) Hepatitis C Prevention; 2) Hepatitis C Care and Treatment Access; 3) Hepatitis C Testing and Linkage to Care; 4) Surveillance, Data and Metrics; and 5) Social Determinants.

Hepatitis C: State of Medicaid Access Grade

Although New York still needs to remove retreatment restrictions, New York has improved its Hepatitis C: State of Medicaid Access grade from a B to an A by ensuring there is parity between fee-for-service and managed care organizations.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

New York State Department of Health has released a Hepatitis B and C 2021 Annual Report through its website. This is helpful information, and the state should continue to create and publish these reports as data becomes available.

NORTH CAROLINA

1. Plan Development

In February 2022, North Carolina published a viral hepatitis elimination plan that contains strategies for HAV, HBV, and HCV. The plan also outlines a commitment to publishing progress reports for its plan on at least an annual basis. We are not aware as to whether the planning committee that developed the elimination plan included people with lived/living experience.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in North Carolina, they function on a needs-based policy, which is the preferred exchange policy, and there is an exemption in place for the possession of syringes acquired from SSPs. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

North Carolina's FY21-23 budget mentions allocations for viral hepatitis, but it is not mentioned in the state corrections budget, and there is no mention of viral hepatitis in the state's next proposed biennium budget. Continuing to designate a line-item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

North Carolina has adopted legislation for Medicaid expansion, but it has not been implemented yet. The state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV, but not information for perinatal HCV; this information is only available in English. North Carolina offers the Carolina Hepatitis C Academic Mentorship Program (CHAMP) to train primary care providers on HCV screening and treatment. It also offers Clinical Care Options Modules to provide online CME training on hepatitis care.

Standard of Care for HCV in State Corrections

A publicly available, state-drafted guidance for the standard of care for HCV in state corrections exists in North Carolina – that was not drafted after viral hepatitis treatment access litigation brought against the jurisdiction – that provides DAA treatment for all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

North Carolina provides supports for targeted interventions for key populations across the state, including those experiencing homelessness, people who use injection drugs, and populations at higher risk for viral hepatitis.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The North Carolina Viral Hepatitis Task Force is a collection of individuals who represent key stakeholders in viral hepatitis in North Carolina. The continued engagement in this work, even during difficult and unprecedented times, highlights the dedication and care that this task force provides.

Hepatitis C: State of Medicaid Access Grade

North Carolina's Hepatitis C: State of Medicaid Access grade remains a B. The state should remove the prior authorization requirement in place and other requirements, like the submission of documentation of chronic HCV infection and "readiness for treatment" evaluations.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

North Carolina did have a previously functioning and well-detailed data dashboard with hepatitis data included, but the dashboard is no longer functioning. A 2021 Hepatitis B and C epidemiological report has been published.

NORTH DAKOTA

1. Plan Development

North Dakota has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If North Dakota has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in North Dakota, they function on a needs-based policy, which is the preferred exchange policy, and there is an exemption in place for the possession of syringes acquired from SSPs. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

North Dakota's FY21-23 budget mentions allocations for viral hepatitis, but it is not mentioned in the state corrections budget, and there is no mention of viral hepatitis in the state's next proposed biennium budget. Continuing to designate a line-item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

North Dakota is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV, but not information for perinatal HCV. Training for providers is linked through the North Dakota Department of Health Website. Links to Hepatitis B and C Online are located there, as well as HepatitisCure Webinars, and the ability to participate in a "Lunch and Learn" series hosted by the Division of Sexually Transmitted and Bloodborne Diseases.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in North Dakota. There also has not been litigation in North Dakota regarding proper guidance for treatment of HCV in corrections.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The NDDOH Division of Sexually Transmitted and Bloodborne Diseases program offers hepatitis C testing to vulnerable populations with the counseling, testing and referral (CTR) program. CTR sites aim to inform clients of their hepatitis C status, provide counseling and support for harm reduction, and help to secure needed referrals for treatment and care.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The CTR program mentioned above is cross-cutting and includes providers from local public health units, substance abuse and treatment centers, ND community action organizations, ND family planning sites, pregnancy clinics, correctional institutions, homeless shelters, institutions of higher education, community health centers, sexual health clinics, tribal health services providers, and more. It is all housed within the North Dakota Department of Public Health and aims to help increase access to care and provide other counseling and supports. This is a valuable program to serve the state's most vulnerable populations. This program, however, does not appear to meet the criteria for a Coalition working to advance elimination planning and interventions as defined in our rubric.

Hepatitis C: State of Medicaid Access Grade

North Dakota's Hepatitis C: State of Medicaid Access grade remains a D. A significant number of restrictions remain in place to the access of services and treatment still in place, including substance use and retreatment restrictions and the requirement of prior authorization.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

North Dakota successfully maintains a data dashboard on a public-facing website that provides current demographic data (total case counts) for HAV, HBV, and HCV through 2023. The state released a 2021 comprehensive epidemiological report in September 2022 that included HBV and HCV data.

OHIO

1. Plan Development – Possible Plan Development

Ohio has not yet published a viral hepatitis elimination plan, but we are aware that the development of a plan is currently underway. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in Ohio, and they function on a needs-based policy, which is the preferred exchange policy, but there are caveats that must be met in order to be exempt from penalty for possessing syringes acquired from SSPs. The requirement is: "An SSP participant can only avoid prosecution for possessing a syringe if they are "within one thousand feet of a program facility and is in possession of documentation from the program identifying the individual as an active participant in the program." This is highly contradictory, since the state allows SSPs to function but still leaves a gap for participants to be punished. Ohio should remove these caveats. Additionally, the Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance also hinge on being applicable only if "the person making the call is not on 'community control or post-release control.'" This limitation decreases the number of people able to receive protection under these laws and may deter some individuals from acting to help others or themselves. To prevent further injury or the loss of life, the state should remove these qualifications.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Ohio's FY22-23 budget mentions allocations for viral hepatitis, but it is not mentioned in the state corrections budget, and there is no mention of viral hepatitis in the state's next proposed budget (FY24-25). Continuing to designate a line-item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Ohio is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV, but not for perinatal HCV (it provides this information in multiple languages though). Training for providers is offered under the "Resources" tab of the Ohio Department of Health's website.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Ohio. There also has been no litigation in Ohio regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The Ohio Department of Health Viral Hepatitis Prevention Initiative provides technical support and guidance for the prevention and control of hepatitis C virus (HCV) in Ohio. This initiative seeks to improve the delivery of hepatitis prevention services in healthcare settings and public health programs that serve at-risk adults and adolescents by integrating viral hepatitis messages and services into existing programs. Consultation is available to local public health, private providers, healthcare facilities, community agencies, substance abuse treatment centers, correctional facilities, and the general public.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The work of the Coalition of the Ohio Department of Health's (ODH) Hepatitis Surveillance program and Hepatitis Prevention Initiative should be praised. Together, they provide technical support and guidance for the prevention and control of hepatitis in Ohio and ongoing and systematic collection, analysis, and interpretation of population-based information about people diagnosed with non-perinatal hepatitis B virus (HBV), hepatitis C virus (HCV), and hepatitis D virus (HDV) in Ohio.

Hepatitis C: State of Medicaid Access Grade

Ohio's Hepatitis C: State of Medicaid Access grade remains at a C. Significant number of restrictions to the access of services and treatment are still in place, including retreatment restrictions and the requirement of prior authorization.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Ohio does have a 5-year report for Hepatitis B and Hepatitis C each on a website controlled by the Ohio Department of Health. The data only goes up until 2021 though, and the reports are not overly comprehensive. The state, in conjunction with the Hepatitis Prevention Initiative, should consider updating this data as soon as it becomes available and publishing a more comprehensive epidemiological report (that also houses all viral hepatitis data within the same report).

OKLAHOMA

1. Plan Development

Oklahoma has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs were legalized in 2021, and they function on a needs-based policy. However, there is no exemption in place for the possession of syringes obtained from SSPs. This means the state has only partially made progress because even if someone engages in the services of an SSP and acquires a syringe, they can still be found in violation of the law for possessing the syringe(s). Additionally, although Oklahoma implemented a Good Samaritan Law to protect persons who assist others that are experiencing a substance use-related medical emergency, [the caller is only granted immunity if] 'the caller stays on scene and does not possess a trafficking amount of opioids.'" The state should consider removing this qualification.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There has been no allocation for hepatitis C treatment for Oklahoma since the 2021-2022 budget; viral hepatitis was mentioned in the FY23 budget, but it was not mentioned in the corrections budget. Additionally, there is no mention of viral hepatitis in the state's next proposed budget (general or corrections). Oklahoma should return to designating a line-item for hepatitis: that would signal a renewed commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Ohio is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV, but not for perinatal HCV (it provides this information in multiple languages as well). An improvement for the state is a partnership with Oklahoma State University and its ECHO program that offers training resources for providers.

Standard of Care for HCV in State Corrections

A publicly available, state-drafted guidance for the standard of care for HCV in state corrections exists in Oklahoma – that was not drafted subsequent to viral hepatitis treatment access litigation brought against the jurisdiction – that provides DAA treatment for all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines. The state has taken steps to expand screening and treatment of HCV in state corrections. Testing in corrections is done for those persons with identified risk factors. The state uses a prioritization scheme to determine when people in state corrections will receive treatment.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are several non-governmental / community organizations providing targeted interventions to key populations, including a mobile van run by H.O.P.E. Testing and Tulsa CARES. These are important to note since there are minimal state-supported interventions. The state public health site does not publish information on SSPs in the state. The only reference to "harm reduction" is regarding STD prevention.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The Oklahoma HIV & Hepatitis Planning Council is an advisory body that assists the Oklahoma State Department of Health, HIV/STD Service with coordinated HIV Prevention and Care and Hepatitis planning. Part of this planning council includes people with lived experience and (assumingly) the Oklahoma State Department of Health's Sexual Health and Harm Reduction Service.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Oklahoma's Hepatitis C: State of Medicaid Access grade improved from an F to an A+ following the removal of prior authorization for preferred HCV treatment regimens. This policy changed also removed previous fibrosis, substance use and retreatment requirements.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The most current viral hepatitis data available on the state site is from 2018. Just as the state committed to eliminating access restrictions, it should commit to assessing, publishing, and uploading recent viral hepatitis epidemiological data and commit to regularly updating that data.

OREGON

1. Plan Development

Oregon published a plan in May 2023: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/ADULTVIRALHEPATITIS/Pages/Elimination-Plan.aspx

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legal and operate via a state law expressly authorizing their functioning. They operate on a needs-based policy. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. The possession of syringes in Oregon has been decriminalized statewide.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no mention of viral hepatitis in the FY21-23 budget; it is mentioned in the state's corrections budget. There is no mention at all in Oregon's next proposed biennium budget. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Oregon is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV, but not for perinatal HCV (it provides this information in multiple languages as well). The state includes resources and trainings for providers on its website, including those provided by The National Hepatitis Training Institute and Hepatitis C Online.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Oregon. However, there has been litigation within Oregon that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. On December 19, 2002, a suit brought by Oregon prisoners against prison officials for refusing to properly diagnose and treat their hepatitis C virus (HCV) was certified as a class action. The state of Oregon also has policies in place to prevent the transmission of blood borne pathogens, including HBV and HCV. The policy designates that, at a minimum, exposure plans for correctional facilities must include a description of preventive measures, including hepatitis vaccination. Beyond the certification of the class of prisoners in the 2002 case and the prevention policies described above, we are not aware of a publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections or other litigation.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-sponsored targeted interventions being offered to key populations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Oregon provides information on how to participate in its statewide Viral Hepatitis Collective on the state hepatitis page. The most recent activity of the collective seems to be 2021 though. If it is still in existence and meeting, new information related to it should be released as soon as possible.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, its Hepatitis C: State of Medicaid Access grade has improved from a C to an A. There are no prior authorization requirements or substance use or prescriber restrictions in place anymore. One recommended action the state can still take to improve access is ensuring transparency and parity across FFS and CCOs regarding HCV coverage criteria.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Oregon has not published recent (within the last two years) viral hepatitis epidemiological data. There was a functioning data dashboard, but the data on the dashboard has not been updated since 2020.

PENNSYLVANIA

1. Plan Development

Pennsylvania has published a viral hepatitis elimination plan that addresses HAV, HBV, and HCV. The plan outlines an intent to publishing progress reports for its plan on at least an annual basis, and people with lived/living experience were included in the development process of the hepatitis elimination plan.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in Pennsylvania. However, approximately 20 operate throughout the state. In its Good Samaritan Law, the state should consider removing the contingencies that the freedom from prosecution of the person experiencing the overdose is dependent on several actions of the person who makes the call to assist another and if the caller remains immune themselves.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned in the FY22-23 budget and in Pennsylvania's corrections budget, but there is no indication that any mention of viral hepatitis will be included in the next fiscal year's budget (if the proposed budget becomes permanent without change). A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Pennsylvania is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV and perinatal HCV (it provides this information in multiple languages as well). There is a stated goal to provide training to providers and in certain city's health departments, establish partnerships (e.g., Allegheny County partnering with the MidAtlantic Public Health Training Center), but we are not aware of whether this training was developed, and if it was, if it is still ongoing. There are some references made to the Hepatitis C Online provider training though.

Standard of Care for HCV in State Corrections

The state's viral hepatitis elimination plan includes guidance pertaining to HCV treatment in correctional settings. However, the plan does not include information that indicates that the strategies included to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections are in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-sponsored targeted interventions being offered to key populations, and this is reiterated in the elimination plan as well, especially for people who use injection drugs and those experiencing homelessness.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The state has multiple coalitions including Hepatitis Free PA, Hepatitis C Allies of Philadelphia, and Hepatitis C Free Allegheny.

Hepatitis C: State of Medicaid Access Grade

Pennsylvania's Hepatitis C: State of Medicaid Access grade has improved from an A to an A+ following the removal of prior authorization for preferred treatment regimens in July 2023.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Individual disease data for Pennsylvania is available through the Enterprise Data Dissemination Informatics Exchange (EDDIE) system on the state site. EDDIE requires setting several query requests before data is retrieved and could be challenging for some consumers to use. The data set only includes HAV and HBV, and the most recent year's data is 2021. The state should consider overhauling this platform into something more manageable by consumers and should publish digestible epidemiological reports that include data and more information for all forms of viral hepatitis.

PUERTO RICO

1. Plan Development

Puerto Rico has not created a comprehensive viral hepatitis elimination plan yet. The Department of Health, through its STD/HIV/HV Prevention Division, however, commissioned a study of the gap in Viral Hepatitis (HV) surveillance and prevention services in Puerto Rico. Its objective is to guide the efforts for the creation of a Multisectoral Advisory Committee for the Elimination of HV (VHEAC). The information derived from the evaluation, together with the recommendations of the Committee, will provide the basis for a Plan for the Elimination of Viral Hepatitis in Puerto Rico 2023-2027. A copy of the draft plan is publicly available, and the jurisdiction is accepting comments and feedback on the draft. The jurisdiction is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in the jurisdiction. There are at least two in operation: El Punto en la Montaña and Intercambios Puerto Rico. Additional harm reduction policies, including functioning on a needs-based policy and offering an exemption for violating possession laws for possessing syringes acquired from an SSP, will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. There are also no Good Samaritan Laws in place to protect individuals who call 911 to request emergency medical assistance for others or for themselves.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned in the FY23 budget, but it is not mentioned in Puerto Rico's corrections budget. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Puerto Rico is a Medicaid expansion jurisdiction; since July 2022, it has begun providing educational information pertaining to viral hepatitis and perinatal HCV information to the public. It does not provide perinatal HBV information though. Puerto Rico has partnered with the Empire Liver Foundation to provide training to primary care providers; however, this information is not available on the ASES website.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Puerto Rico, and there has been no litigation regarding the matter. However, in the plan that is currently under development, a stated objective to improve the quality of care for individuals who receive continued care for hepatitis B and C, and complete treatment is "to increase the number of people who receive treatment who have viral hepatitis, including people in correctional settings."

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-sponsored targeted interventions being offered to key populations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Hopefully with the creation of Puerto Rico's new elimination plan, the Multisectoral Advisory Committee for the Elimination of HV (VHEAC) will continue to persist and assist with leveraging resources across agencies.

Hepatitis C: State of Medicaid Access Grade

Puerto Rico's Hepatitis C: State of Medicaid Access grade has improved from a C to a B following the removal of its prescriber certification requirement. Puerto Rico can further improve access by removing prior authorization altogether.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

There is no viral hepatitis epidemiological report or incidence data available on the jurisdiction's ASES site. We are not aware as to whether the data included in the draft elimination plan is already publicly available elsewhere. To improve transparency, the jurisdiction should make sure to publish the epidemiological data for HAV, HBV, and HCV that is already included in the draft of the Viral Hepatitis Elimination Plan being finalized.

RHODE ISLAND

1. Plan Development

In 2022, Rhode Island published an HCV elimination plan and has incorporated several strategies into the plan to monitor progress of certain elimination metrics on an annual basis. The plan does not specify whether people with lived/living experience played a role in the development of the plan. The state should take steps to integrate strategies to address HAV and HBV into its elimination plan.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law, but the state should more clearly articulate its syringe exchange laws: there is currently no restriction on the number of syringes, so we can assume SSPs function on an "as-needed" approach, but a revision could make the needs-based policy more explicit. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Additionally, there is an exemption for the possession of syringes by SSP participants. The law is unclear regarding any existing exemptions for other substance use 'works' or paraphernalia.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is only mentioned in the FY23 corrections budget, but it is not mentioned elsewhere. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Rhode Island is a Medicaid expansion state and does provide educational information to the public regarding viral hepatitis, but the state does not provide information pertaining to perinatal HBV or HCV. The state does not direct health professionals to training resources to improve awareness and capacity to screen for and treat viral hepatitis. At a minimum, the state should consider including training programs such as Hepatitis B Online and Hepatitis C Online.

Standard of Care for HCV in State Corrections

Rhode Island's elimination plan includes strategies / guidance to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/ IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Rhode Island has implemented several innovative approaches to advance hepatitis elimination and harm reduction efforts. Some noteworthy achievements include passing legislation to establish safe injection sites, establishing onsite HCV screening and treatment at methadone facilities, and installing harm reduction vending machines at community locations and correctional facilities.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The Rhode Island Hepatitis Action Coalition (RIHAC) is a statewide community planning group co-chaired by medical directors from the RIDOH and RIEOHHS. RIHAC is composed of 45 multidisciplinary members, such as medical providers, community agencies, individuals with lived experience, academic institutions, and other state agencies, such as the Rhode Island Department of Corrections.

Hepatitis C: State of Medicaid Access Grade

Rhode Island has maintained its A+ Hepatitis C: State of Medicaid Access grade.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Rhode Island previously published a 2020 epidemiological report that included HBV and HCV data, but it has not published a more recent report since then. The state should consider assessing and publishing new data as it becomes available and making it accessible via its public-facing website.

SOUTH CAROLINA

1. Plan Development

South Carolina has published a viral hepatitis elimination plan that addresses HAV, HBV, and HCV. Yearly progress on the plan will be documented online and shared with partners, and the plan indicates that the South Carolina Viral Hepatitis Committee (VHC) "will continue to recruit, welcome, and support people with lived experience to lead and participate in [its] efforts to improving viral hepatitis outcomes." Since the VHC created the elimination plan, we gather from this that people with lived experience were included in the plan's development process.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legal in South Carolina but not via a state law expressly authorizing them. Possession of drug paraphernalia is decriminalized across the state. The exchange of syringes operates on a 1-for-1 policy. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. There are Good Samaritan protections in place though to protect those who call 911 to help others or themselves when in need of emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

It is promising to see that although viral hepatitis was not mentioned in the prior fiscal year's budget, it is mentioned in the FY23-24 budget. Continuing to designate a line-item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

South Carolina is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. It does offer training to providers through its state health department website. It should just ensure the training is easy to locate on the website.

Standard of Care for HCV in State Corrections

Although the plan "encourages organizations to work with local jails, prisons, and justice-involved people to increase access to screening, vaccination, linkage to care, and treatment services," the plan does not include information that there are strategies in place to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines. The plan indicates that "the Policy workgroup will focus on … developing and implementing a policy" for treatment that aligns with the AASLD/IDSA treatment guidelines. However, there has been litigation within the jurisdiction that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities. In accordance with the case of Geissler v. Stirling, Case No. 4:17-cv-01746-MBS, a settlement agreement was reached in South Carolina in 2020 related to Hepatitis C testing and treatment of all South Carolina Department of Corrections inmates with chronic Hepatitis C. The settlement states that (1) inmates will be offered testing for chronic HCV consistent with the approved Partial Settlement Agreement; (2) all inmates who are diagnosed with Chronic HCV will be evaluated for how severe their illness is and will be assigned an acuity level; and (3) all inmates who are diagnosed with chronic HCV will be provided treatment, including direct-acting antiviral medication.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

It appears that there are state-sponsored targeted interventions for key populations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

South Carolina has formed a Viral Hepatitis Committee to develop the state's forthcoming Viral Hepatitis Elimination Strategic Plan. It was integral in creating the elimination plan and is made up of a large conglomerate of invested stakeholders. This network does include people with lived / living experience.

Hepatitis C: State of Medicaid Access Grade

South Carolina's Hepatitis C: State of Medicaid Access grade has improved from a D to a B following the removal of substance use and prescriber restrictions.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

South Carolina has published HAV data through April 30th, 2022 and posted it on its public-facing website, but there is no other viral hepatitis epidemiological data available. The state should consider assessing and publishing new data as it becomes available and making it accessible via its public-facing website.

SOUTH DAKOTA

1. Plan Development

South Dakota has not yet published a viral hepatitis elimination plan. **South Dakota is the only state that did not receive funding under CDC PS21-2103 to support viral hepatitis elimination planning and surveillance efforts.**

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in the state, and the possession of paraphernalia is illegal. Revising state harm reduction policies to include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. There are Good Samaritan protections in place to protect those who call 911 to help others or themselves when in need of emergency medical assistance.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no specific state budget allocation identified related to viral hepatitis, either in the general South Dakota FY23 budget or the corrections portion of the budget. A designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

South Dakota is not a Medicaid expansion state, and there is limited educational information on the state's viral hepatitis website; there is some information on the state's Department of Health website. The state does provide information pertaining to perinatal HBV, but not perinatal HCV. The state does not direct health professionals to training resources to improve awareness and capacity to screen for and treat viral hepatitis. At a minimum, the state should consider including training programs such as Hepatitis B Online and Hepatitis C Online.

Standard of Care for HCV in State Corrections

There is a separate state-drafted guidance for the standard of care that should be administered for HCV in state corrections in South Dakota, but we are not aware as to whether the strategies included in the guidance are in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are several non-state programs / community organizations providing targeted interventions available for key populations across South Dakota.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition / task force meeting to plan and coordinate activities and leverage resources in South Dakota.

Hepatitis C: State of Medicaid Access Grade

South Dakota improved its Hepatitis C: State of Medicaid Access grade from a D to an A: fibrosis, substance use, and prescriber restrictions (amongst others) are no longer in place. The state should still remove its prior authorization requirements and the required submission of documentation of genotype.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

South Dakota has a regularly updated data dashboard with viral hepatitis surveillance data included on it, and it was most recently updated June 13th, 2023. The dashboard is accessible through the state's website. The state should consider assessing and compiling this data into a comprehensive epidemiological report, publishing it, and continuing this process annually.

TENNESSEE

1. Plan Development

Tennessee has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law, but operate on a 1-for-1 exchange. The state should consider removing the caveat that syringe services programs "shall strive for a one-to-one exchange." Removing this will allow programs to fully function under a needs-based policy. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Additionally, the Good Samaritan Law applicable to people who call for medical assistance because they are experiencing (or believe they are experiencing) a drug overdose only grants immunity "if it is the first time the person experiencing a drug overdose is having such drug overdose." This is a very limiting immunity, and the state should consider revising it.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Tennessee's FY22-23 budget mentions allocations for viral hepatitis, and services and treatment are included in the corrections section of the current budget. However, there is no mention anywhere of viral hepatitis in the state's next proposed budget. Continuing to designate a line-item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Tennessee is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, including information pertaining to perinatal HBV and HCV. Since July 2022, the state has offered training resources for providers.

Standard of Care for HCV in State Corrections

There is no information included in Tennessee's new elimination plan, and we are not aware of a publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections existing in Tennessee. There has been litigation, but it cuts in an unfavorable direction. The U.S. Court of Appeals for the Sixth Circuit held that "while the best practice would be to treat every sick prisoner, that is not possible in the real world of limited resources." This statement signals that treating all individuals in corrections doesn't need to be a priority.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Tennessee does link to the syringe services programs functioning in the state, but it appears that non-state programs / community organizations are more robustly providing targeted interventions for key populations across Tennessee.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

There is an ongoing Coalition / task force in Tennessee that meets to plan and coordinate activities and leverage resources throughout the state.

E. Hepatitis C: State of Medicaid Access Grade

Tennessee's Hepatitis C: State of Medicaid Access grade remains a B. The state should remove the prior authorization requirement, retreatment restrictions, and end the required submission of documentation of chronic HCV infection and genotype.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Tennessee's Department of Public Health was previously providing regularly updated viral hepatitis epidemiological data and had published an epidemiological report for HBV and HCV on its website. However, this data has not been updated since 2020 and is therefore no longer current. The state's DPH should strongly consider publishing a more current report and listing more current data on its website as it becomes available.

TEXAS

1. Plan Development

Texas has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Texas has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs have not been legalized in the state, and the possession of substance use/injection drug use equipment is illegal. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. Texas recently passed a Good Samaritan Law that allows bystanders who see someone overdosing to call emergency services with protection from prosecution, but there are many exceptions that may prohibit callers from being protected from criminal prosecution, including if the caller has called 911 for an overdose in the past 18 months, has been convicted of a felony, or has used this same protection when calling for a previous overdose. The state should consider removing these qualifications.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is only mentioned in the FY21-23 budget for the state of Texas, but there is no indication that it will remain in the upcoming fiscal year's budget, per proposed versions. Continuing to include a designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Texas is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. Since July 2022, the state has begun offering training resources for providers. The state website links to University of Texas San Antonio's ECHO Program.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Texas. However, in 2021, a settlement agreement was reached that will phase in near-universal DAA treatment, with initial priority determined by disease progression but eventual eligibility for almost everyone with HCV. Through this agreement, the state also agreed to treat at least 1,200 people in state custody each year through January 1, 2028.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The state's hepatitis C website links to the "TACKLE Program," which stands for "Targeted Access to Community Knowledge, Linkage to treatment and Education for HIV/HCV in people of color."

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Although hepatitis C information is housed in the same section as HIV and STDs on the state's website, we are not aware of an ongoing Coalition across agencies. There are links shared regarding coinfection and other relations, but no apparent showing of shared resources or ongoing meetings to strategize.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Texas has made a significant improvement in its Hepatitis C: State of Medicaid Access grade, bringing it from a C to an A. Prior authorization is not required, and other restrictions have been lifted. What will further improve their grade is ensuring transparency and parity across FFS and MCOs regarding HCV coverage criteria.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The Department of Public Health in Texas was previously providing viral hepatitis epidemiological data on its website and had published an epidemiological report for HCV on its website. However, this data has not been updated since 2019, and is therefore no longer current. The state's DPH should strongly consider publishing an updated report (including HAV and HBV data) and listing more current data on its website as it becomes available.

UTAH

1. Plan Development

Utah has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Utah has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are legal in the state, they function on a needs-based model, and an exemption does exist for the possession of syringes obtained from SSPs. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. There are also Good Samaritan Laws in place to protect individuals from criminal prosecution if they call for medical assistance for others experiencing an overdose or for persons who call for self-assistance because they are (or believe they are) experiencing an overdose.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned in the FY22 budget for the state of Utah, and funds allocated that have been non-lapsed can be used in FY23 but are limited to the Hepatitis C Outreach Pilot Program. Although no allocation for hepatitis C treatment for the current year was found in the corrections budget, a recent settlement agreement has allocated funds from the previous year's budget going forward. Ensuring there is a designated line item for hepatitis in the general and corrections budget would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Utah is a Medicaid expansion state, and the state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. The state does link to training resources for providers.

Standard of Care for HCV in State Corrections

In a letter written on February 4th, 2023, the Utah Department of Corrections informed all incarcerated individuals that as a result of a recent settlement agreement, all inmates in the Utah Department of Corrections system will be tested for the hepatitis C virus. Those that test positive are added to a hepatitis C clinic.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

In 2021, Utah opened a request for proposals to offer 10 grants for up to $350,000 each to enhance the capacity of community organizations to conduct hepatitis C (HCV) education, outreach, testing, and linkage to care activities in their local communities. Continuing to fund community organizations in this way (and others) would be extremely beneficial to efforts to prevent and eliminate viral hepatitis.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The state recently started the Utah Hepatitis Coalition. We are not aware as to whether the coalition is led by the state or whether people with lived experience are included.

Hepatitis C: State of Medicaid Access Grade

Since July 2022, Utah has brought its Hepatitis C: State of Medicaid Access grade up from a C to a B. It can still further improve access by removing prior authorization, ensuring transparency and parity across FFS and MCOs regarding HCV coverage, and removing other restrictions in certain situations, such as submitting documentation for chronic HCV infection to certain MCOs.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Utah is currently hosting a data dashboard on its website; however, the most recent epidemiological report is from 2020 and thus out-of-date. The state's DPH should strongly consider publishing an updated report and listing more current data on its website as it becomes available.

VERMONT

1. Plan Development

Vermont has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Vermont has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in the state, they function on a needs-based model, and an exemption does exist for the possession of syringes obtained from SSPs. There are also Good Samaritan Laws in place to protect individuals from criminal prosecution if they call for medical assistance for others experiencing an overdose or for persons who call for self-assistance because they are (or believe they are) experiencing an overdose.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is mentioned in the FY23 budget for the state of Vermont, and viral hepatitis treatment is also mentioned in the corrections budget. However, there is no indication that hepatitis funding allocations will be included in the upcoming fiscal year's budget, per proposed versions. Continuing to include a designated line item for hepatitis would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Vermont is a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, but it does not offer information pertaining to perinatal HBV or perinatal HCV. The state hepatitis website provides information resources for health care professionals, but the information does not provide guidance to treat viral hepatitis. The state should link providers to a more comprehensive training resource such as Project ECHO, Hepatitis B Online, and Hepatitis C Online Modules.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections that includes strategies to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines does not exist in Vermont. However, per a 2021 settlement agreement, opt-out testing for all people in Vermont's unified corrections system, as well as treatment "as soon as possible" for incarcerated people with sufficient time remaining on their sentence to complete a course of DAA treatment, is required.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

We are not aware of the existence of state-sponsored targeted interventions for key populations in Vermont, but there are nonstate-sponsored interventions, including even a trio of Massachusetts health organizations who have embarked on a clinical trial to try to reduce the prevalence of hepatitis C connected to drug use in the rural communities of Vermont, New Hampshire, and Massachusetts via a mobile van.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition / task force to plan and coordinate activities and leverage resources currently existing in Vermont.

Hepatitis C: State of Medicaid Access Grade

Vermont's Hepatitis C: State of Medicaid Access grade has remained steady at a B. It should remove the prior authorization requirement in place, the required submission of HCV genotype, and the requirement that for patients in need of additional treatment beyond 12 weeks, "documentation of adherence" is needed prior to continuing therapy.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Vermont has made improvements in its data collection. Since July 2022, the state has published an epidemiological report that includes HAV (through July 2022) and HBV data (since July 2019), and it houses this data on its health department's website.

VIRGINIA

1. Plan Development — Possible Plan Development

Virginia recently published a plan, but the development of a plan is currently underway. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. In 2021, Virginia formed the Virginia Hepatitis Coalition to work to eliminate viral hepatitis in the state. It is unclear whether people with living/lived experience are part of this coalition.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in the state, they function on a needs-based model, and an exemption does exist for the possession of syringes obtained from SSPs. There are also Good Samaritan Laws in place to protect individuals from criminal prosecution if they call for medical assistance for others experiencing an overdose or for persons who call for self-assistance because they are (or believe they are) experiencing an overdose.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is only mentioned in the FY22-24 budget for the state of Virginia, but there is no mention of viral hepatitis in the corrections budget. Continuing to include a designated line item for hepatitis, both in the general budget and the corrections budget, would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Virginia is a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. Since July 2022, Virginia has improved its training for providers by maintaining the Virginia HepC Training Program, which offers virtual and in-person training, webinars for clinicians and staff to learn from each other, and consultation and resources for various follow-up needs.

Standard of Care for HCV in State Corrections

Virginia has published a separate state-drafted guidance for the standard of care for HCV in state corrections – that was not drafted subsequent to viral hepatitis treatment access litigation brought against the jurisdiction – that provides DAA treatment for all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The Virginia Department of Health sponsors targeted interventions for key populations. For example, it sponsors the hepatitis C / HIV co-infected treatment assistance program.

Enduring Collaborative Network / Task Force to Coordinate and Leverage Resources

In June 2018, the Virginia Department of Health and the University of Virginia joined to develop an innovative method to connect people without access to hepatitis C (HCV) care to HCV treatment near their homes. This task force is known as Virginia HepC, and it utilizes telemedicine to increase access to treatment, trains providers to treat HCV, and has methods in place to connect those recently released from corrections to hepatitis treatment. The state also has the Virginia Hepatitis Coalition, a network of patients, providers, and community partners coming together to realize viral hepatitis elimination in Virginia.

Hepatitis C: State of Medicaid Access grade

Virginia has taken steps to remove restrictions on access to care and has addressed MCO parity issues, bringing its Hepatitis C: State of Medicaid Access grade up from an A to an A+.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state's data dashboard only includes data up to 2020. A 2021 epidemiological report that includes HCV data has been published, but the state should consider publishing a report with updated information as data becomes available, and it should include HAV and HBV data as well.

WASHINGTON

1. Plan Development

Washington was one of the first states to publish a hepatitis elimination plan, called Hepatitis C Free Washington; it was published in 2019. People with lived/living experience were included in the development process of the hepatitis elimination plan. It has committed to, and does, publish progress reports pertaining to the plan; it appears they are published quarterly.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in the state, they function on a needs-based model, and an exemption does exist for the possession of syringes obtained from SSPs.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis and the elimination of viral hepatitis is mentioned in the FY21-23 budget for the state of Washington, but there is no mention in the corrections budget. Including a designated line item for hepatitis in both locations would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Washington is a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. Washington's Department of Health website lists a number of resources, several being training resources for providers (e.g., Hepatitis C Clinician Consultation Center and the National Training Center for Integrated Hepatitis HIV/STD Prevention Services).

Standard of Care for HCV in State Corrections

The state's elimination plan includes strategies / guidance to offer DAA treatment for HCV to all persons with a confirmed HCV diagnosis held in state corrections in accordance with the AASLD/IDSA treatment guidelines.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

The state partners with Abbvie and community-based organizations, such as the Hepatitis Education Project, to conduct outreach, screening, care coordination, and linkage to care events throughout the state. Ongoing efforts should be coordinated to include strategies to prevent, screen, and treat HAV and HBV.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

In response to Governor Jay Inslee's Directive 18-13, a first-in-nation approach that focuses on hepatitis C elimination through combined public health efforts and a new medication purchasing approach, the Washington State Department of Health brought together a broad range of partners to develop the Hepatitis C Free Washington Initiative. It is not apparent that people with lived / living experience are members of the Hepatitis C Free Washington Initiative though.

Hepatitis C: State of Medicaid Access Grade

Washington continues to maintain its A+ Hepatitis C: State of Medicaid Access grade.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

In January 2023, Washington published its 2021 Communicable Disease Report, and it includes data for HAV, HBV, and HCV. This is a great update, and the state should continue to publish such reports as data becomes available.

WEST VIRGINIA

1. Plan Development

West Virginia published its HIV and Hepatitis C Elimination Plan in December 2022. The plan addresses strategies to improve health outcomes related to both diseases. People with lived/living experience were included in the plan development process. The plan notes an intent of the task force to monitor the progress of the plan annually and provide data and other progress updates on a publicly accessible, online dashboard.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in West Virginia, but they operate on a 1-for-1 exchange. Shifting political sentiment against SSPs have reduced the number of SSPs in operation throughout the state, and proposed legislation to impose strict requirements on SSPs further threaten the harm reduction efforts in the state. The state should consider removing the caveat that syringe services programs shall "strive for a one-to-one exchange." Removing this will allow programs to fully function under a needs-based policy. Additionally, the Good Samaritan Law applicable to people who call for medical assistance because they are experiencing (or believe they are experiencing) a drug overdose only grants immunity 'if it is the first time the person experiencing a drug overdose is having such drug overdose.' This is a very limiting immunity, and the state should consider removing it.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is only mentioned in the FY23 budget for the state of West Virginia, but there is no indication that it will remain in the upcoming fiscal year's budget. Continuing to include a designated line item for hepatitis, both in the general budget and the corrections budget, would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

West Virginia is a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, and now provides information pertaining to both perinatal HBV and perinatal HCV (since July 2022). The state offers a provider training program, WVHAMP, to increase the number of HCV treatment providers.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in West Virginia. There has been litigation within the jurisdiction though that has prompted changes to be made regarding hepatitis screening and treatment within correctional facilities.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are non-state programs / community organizations providing targeted interventions available for key populations within West Virginia.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

The Community Education Group recently started the WV Statewide Stakeholder Coalition, a syndemic coalition that includes viral hepatitis. People with lived/living experience are included in this coalition. In addition, the state created the HIV and Hepatitis C Elimination Plan Steering Committee to provide guidance and oversight for the development and implementation of the plan.

Hepatitis C: State of Medicaid Access Grade

West Virginia's Hepatitis C: State of Medicaid Access grade remains at a C. To improve it, the state should remove prior authorization, the substance use counseling requirement, retreatment restrictions, and other restrictions.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

West Virginia does not provide regularly updated hepatitis data on its website and has not recently published (within the last two years) any comprehensive epidemiological reports that include hepatitis data.

WISCONSIN

1. Plan Development

Wisconsin has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Wisconsin has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are authorized by law in the state, and there are several in operation across the state. However, there is no state law expressly authorizing SSPs. The state should consider passing a law expressly authorizing the legality of syringe services programs, and specifically, ones that function on a needs-based policy. There are Good Samaritan protections in effect that provide limited immunity from criminal prosecution for anyone who calls 911 in response to someone else's overdose. There is no codification of limited immunity from criminal prosecution for the person who overdoses though.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is only mentioned in the FY21-23 budget for the state of Wisconsin, but there is no indication that it will remain in the upcoming fiscal year's budget, per proposed versions. Continuing to include a designated line item for hepatitis, both in the general budget and the corrections budget, would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

A. Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Wisconsin is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. Wisconsin provides HCV provider training through the Midwest AIDS Training + Education Center. The state should consider including Hepatitis B Online and Hepatitis C Online as additional provider resources.

B. Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Wisconsin. There also has been no litigation regarding this matter to direct proper guidance either. However, the Department of Corrections universally screens all people who are incarcerated and provides treatment to anyone who needs it.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-sponsored targeted interventions being offered to key populations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Viral hepatitis is included in the HIV Community Planning Group, a multi-agency group led by DPH.

Hepatitis C: State of Medicaid Access Grade

Wisconsin has maintained its A+ Hepatitis C: State of Medicaid Access grade.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Wisconsin has created and published the “Wisconsin Hepatitis C Virus Surveillance Annual Review, 2021,” and it can be found via the state’s website. The state should consider publishing a similar report that includes HAV and HBV data.

WYOMING

1. Plan Development

Wyoming has not yet published a viral hepatitis elimination plan. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. If Wyoming has not already done so, the state should convene a group of multi-disciplinary stakeholders to guide these efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

2. Harm Reduction Laws

Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and "Works" Possession Laws and Syringe Exemption

SSPs are not legal in Wyoming, it is illegal to possess drug paraphernalia, and there are no Good Samaritan Laws in place, for assisters or users. Improved harm reduction policies, such as allowing SSPs to be established and implementing Good Samaritan laws, will aid state efforts to engage with key populations most vulnerable to viral hepatitis transmission.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

Viral hepatitis is only mentioned in the FY22-24 budget for the state of Wyoming. Including a designated line item for hepatitis, both in the general budget and the corrections budget, in future budget allocations would signal a commitment to providing resources to support ongoing efforts to improve statewide viral hepatitis outcomes.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes

Educational and Perinatal Information for the Public, Provider Training, and Medicaid Expansion

Wyoming is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis (only for HCV), but it does not provide information pertaining to perinatal HBV or perinatal HCV. Wyoming offers provider training through the UTAH Project ECHO. The Wyoming DOH website also references Hepatitis C Online; the state should consider including Hepatitis B Online as well.

Standard of Care for HCV in State Corrections

A publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections does not exist in Wyoming. There also has been no litigation regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

There are state-sponsored targeted interventions being offered to key populations.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

Wyoming Comprehensive Care and Prevention Planning Alliance (CAPPA) is the statewide community planning group for HIV, hepatitis B & C, and sexually transmitted infections (STI) in Wyoming. People with lived experience are involved in this collaborative task force.

Hepatitis C: State of Medicaid Access Grade

Wyoming's Hepatitis C: State of Medicaid Access grade remains at a C. To improve it, the state should remove the prior authorization and drug screening requirements, the limit of one course of treatment per lifetime, and other restrictions.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

Wyoming does include HBV and HCV data on its website, most recently from 2021, but it is not comprised in a comprehensive epidemiological report. The state should consider doing such and including HAV data in the report and on its website.

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