



# 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 reducing 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.