



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 Since that plan is no longer active, the state should consider creating and publishing a publicly available, separate, state-drafted guidance that includes strategies to offer DAA treatment for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.