



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.