



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.