



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.