



NEBRASKA

1. Plan Development

Nebraska 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 Nebraska 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 Nebraska, but there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance. 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.

3. Budget Allocation

Specific Funds Allocated for Plan Implementation, State Budget, and State Corrections Budget

There is no mention of viral hepatitis in Nebraska’s FY21-23 budget, the state’s corrections budget, or Nebraska’s next proposed biennium budget. 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

Nebraska is a Medicaid expansion state and provides educational information to the public regarding viral hepatitis, but it does not provide information pertaining to perinatal HBV or HCV or offer training to providers. The state should at least link to 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 Nebraska. There also has been no litigation regarding this matter to direct proper guidance either.

Targeted Interventions for Key Populations and the Provision of Linguistically Diverse Informational Materials

Targeted interventions for key populations across Nebraska 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, Nebraska 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, Nebraska's Hepatitis C: State of Medicaid Access grade has moved from an F to a D. While the state has made minor improvements, it still requires prior authorization, including substance use restrictions and documentation of genotype.

5. Improving Viral Hepatitis Surveillance and Data Usage

Epidemiological Report / Profile, and Public-Facing Website with Viral Hepatitis Data

The state's hepatitis site still does not provide current epidemiological data on HAV, HBV, or HCV. To improve transparency, the state should consistently publish epidemiological data for HAV, HBV, and HCV.