



# NEW HAMPSHIRE

## 1. Plan Development

New Hampshire 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 New Hampshire 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 in New Hampshire, and they function on a needs-based policy, which is the preferred exchange policy. Additionally, there are Good Samaritan protections in place to protect those who call 911 to help others or themselves who need emergency medical assistance.

## 3. Budget Allocation

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

“Decrease of hepatitis C (HCV),” located in the state corrections’ “Goals and Performance Measures” section of the state’s budget, was the only mention of viral hepatitis in New Hampshire’s FY22-23 budget, and there is no mention of viral hepatitis at all in the state’s FY24-25 budget. Ensuring there are individual line-items included in future budgets is critical because 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**

New Hampshire 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. Training is offered to providers via the New Hampshire Public Health Education and Detailing (PHED) Team, which provides in-person and virtual education, as well as resource sharing with healthcare providers, community-based organizations, schools, and other community partners.

### **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 New Hampshire. There also has been no litigation in New Hampshire regarding this matter to direct proper guidance either.

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

There are non-state programs / community organizations providing targeted interventions available for key populations in at least one New Hampshire city: Nashua.

### **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, New Hampshire 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**

New Hampshire's Hepatitis C: State of Medicaid Access grade remains an A following the removal of prior authorization by the fee-for-service program. However, managed care organizations have not implemented this policy change, resulting in disparate treatment access across the Medicaid program.

## **5. Improving Viral Hepatitis Surveillance and Data Usage**

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

New Hampshire previously provided HAV data on a public-facing website. That data is no longer available as the website that housed it is no longer accessible. The state should consider publishing viral hepatitis data as soon as it is available.