



# NEW JERSEY

## 1. Plan Development – Possible Plan Development

New Jersey has not yet published a viral hepatitis elimination plan, but the development of a plan is currently underway. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. It is our understanding that New Jersey has begun convening a group of multi-disciplinary stakeholders to guide plan development 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 Jersey, 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**

New Jersey's FY22 budget mentions allocations for viral hepatitis surveillance and HCV testing and treatment in state corrections. These same mentions are also present in the upcoming fiscal year's budget. In addition to these mentions, 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 Jersey is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV and HCV. It provides this information in multiple languages as well. Since July 2022, the New Jersey Health Department webpage has been updated to link to several trainings for providers, including Perinatal Hepatitis B Webinars and the Communicable Disease Reporting and Surveillance System 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 New Jersey. There also has been no litigation in New Jersey regarding this matter to direct proper guidance either.

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

New Jersey provides supports for targeted interventions for key populations across the state, including those experiencing homelessness and people who use injection drugs.

### **Enduring Coalition / Task Force to Coordinate and Leverage Resources**

We have not found information on the state having an existing coalition, but it is our understanding that New Jersey has begun convening a group of multi-disciplinary stakeholders to guide elimination plan development efforts, which will ultimately improve its viral hepatitis strategies and outcomes.

### **Hepatitis C: State of Medicaid Access Grade**

Since July 2022, New Jersey's Hepatitis C: State of Medicaid Access grade has remained at a C. New Jersey should ensure transparency and parity across FFS and MCOs regarding HCV coverage criteria.

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

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

New Jersey maintains a data dashboard that provides demographic data, total case counts, and county-level case rates for HBV and HCV up until 2021, but data since then has not been added to the dashboard. Additionally, the state's Reportable Communicable Diseases Report has not been recently updated (within the last two years). The state should consider updating and publishing this data as soon as it becomes available.