



# OKLAHOMA

## 1. Plan Development

Oklahoma 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.

## 2. Harm Reduction Laws

### **Syringe Services Program Legality, Syringe Exchange Specifications, Medical Emergency Laws, and “Works” Possession Laws and Syringe Exemption**

SSPs were legalized in 2021, and they function on a needs-based policy. However, there is no exemption in place for the possession of syringes obtained from SSPs. This means the state has only partially made progress because even if someone engages in the services of an SSP and acquires a syringe, they can still be found in violation of the law for possessing the syringe(s). Additionally, although Oklahoma implemented a Good Samaritan Law to protect persons who assist others that are experiencing a substance use-related medical emergency, [the caller is only granted immunity if] ‘the caller stays on scene and does not possess a trafficking amount of opioids.’” The state should consider removing this qualification.

## 3. Budget Allocation

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

There has been no allocation for hepatitis C treatment for Oklahoma since the 2021-2022 budget; viral hepatitis was mentioned in the FY23 budget, but it was not mentioned in the corrections budget. Additionally, there is no mention of viral hepatitis in the state’s next proposed budget (general or corrections). Oklahoma should return to designating a line-item for hepatitis: that would signal a renewed 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**

Ohio is a Medicaid expansion state; the state distributes viral hepatitis educational information and materials and provides perinatal information / education for HBV, but not for perinatal HCV (it provides this information in multiple languages as well). An improvement for the state is a partnership with Oklahoma State University and its ECHO program that offers training resources for providers.

### **Standard of Care for HCV in State Corrections**

A publicly available, state-drafted guidance for the standard of care for HCV in state corrections exists in Oklahoma – 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. The state has taken steps to expand screening and treatment of HCV in state corrections. Testing in corrections is done for those persons with identified risk factors. The state uses a prioritization scheme to determine when people in state corrections will receive treatment.

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

There are several non-governmental / community organizations providing targeted interventions to key populations, including a mobile van run by H.O.P.E. Testing and Tulsa CARES. These are important to note since there are minimal state-supported interventions. The state public health site does not publish information on SSPs in the state. The only reference to “harm reduction” is regarding STD prevention.

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

The Oklahoma HIV & Hepatitis Planning Council is an advisory body that assists the Oklahoma State Department of Health, HIV/STD Service with coordinated HIV Prevention and Care and Hepatitis planning. Part of this planning council includes people with lived experience and (assumably) the Oklahoma State Department of Health’s Sexual Health and Harm Reduction Service.

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

Since July 2022, Oklahoma’s Hepatitis C: State of Medicaid Access grade improved from an F to an A+ following the removal of prior authorization for preferred HCV treatment regimens. This policy change also removed previous fibrosis, substance use and retreatment requirements.

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

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

The most current viral hepatitis data available on the state site is from 2018. Just as the state committed to eliminating access restrictions, it should commit to assessing, publishing, and uploading recent viral hepatitis epidemiological data and commit to regularly updating that data.