



SOUTH DAKOTA

1. Plan Development

South Dakota has not yet published a viral hepatitis elimination plan. **South Dakota is the only state that did not receive funding under CDC PS21-2103 to support viral hepatitis elimination planning and surveillance efforts.**

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 the state, and the possession of paraphernalia is illegal. Revising state harm reduction policies to include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. There are Good Samaritan protections in place to protect those who call 911 to help others or themselves when in need of emergency medical assistance.

3. Budget Allocation

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

There is no specific state budget allocation identified related to viral hepatitis, either in the general South Dakota FY23 budget or the corrections portion of the 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

South Dakota is not a Medicaid expansion state, and there is limited educational information on the state’s viral hepatitis website; there is some information on the state’s Department of Health website. The state does provide information pertaining to perinatal HBV, but not perinatal HCV. The state does not direct health professionals to training resources to improve awareness and capacity to screen for and treat viral hepatitis. At a minimum, the state should consider including training programs such as Hepatitis B Online and Hepatitis C Online.

Standard of Care for HCV in State Corrections

There is a separate state-drafted guidance for the standard of care that should be administered for HCV in state corrections in South Dakota, but we are not aware as to whether the strategies included in the guidance are in accordance with the AASLD/IDSA treatment guidelines.

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

There are several non-state programs / community organizations providing targeted interventions available for key populations across South Dakota.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition / task force meeting to plan and coordinate activities and leverage resources in South Dakota.

Hepatitis C: State of Medicaid Access Grade

South Dakota improved its Hepatitis C: State of Medicaid Access grade from a D to an A: fibrosis, substance use, and prescriber restrictions (amongst others) are no longer in place. The state should still remove its prior authorization requirements and the required submission of documentation of genotype.

5. Improving Viral Hepatitis Surveillance and Data Usage

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

South Dakota has a regularly updated data dashboard with viral hepatitis surveillance data included on it, and it was most recently updated June 13th, 2023. The dashboard is accessible through the state's website. The state should consider assessing and compiling this data into a comprehensive epidemiological report, publishing it, and continuing this process annually.