



TENNESSEE

1. Plan Development

Tennessee 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 are authorized by law, but operate on a 1-for-1 exchange. The state should consider removing the caveat that syringe services programs “shall strive for a one-to-one exchange.” Removing this will allow programs to fully function under a needs-based policy. A needs-based SSP policy would broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. Additionally, the Good Samaritan Law applicable to people who call for medical assistance because they are experiencing (or believe they are experiencing) a drug overdose only grants immunity “if it is the first time the person experiencing a drug overdose is having such drug overdose.” This is a very limiting immunity, and the state should consider revising it.

3. Budget Allocation

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

Tennessee’s FY22-23 budget mentions allocations for viral hepatitis, and services and treatment are included in the corrections section of the current budget. However, there is no mention anywhere of viral hepatitis in the state’s next proposed budget. Continuing to designate a 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

Tennessee is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, including information pertaining to perinatal HBV and HCV. Since July 2022, the state has offered training resources for providers.

Standard of Care for HCV in State Corrections

There is no information included in Tennessee's new elimination plan, and we are not aware of a publicly available, separate, state-drafted guidance for the standard of care for HCV in state corrections existing in Tennessee. There has been litigation, but it cuts in an unfavorable direction. The U.S. Court of Appeals for the Sixth Circuit held that "while the best practice would be to treat every sick prisoner, that is not possible in the real world of limited resources." This statement signals that treating all individuals in corrections doesn't need to be a priority.

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

Tennessee does link to the syringe services programs functioning in the state, but it appears that non-state programs / community organizations are more robustly providing targeted interventions for key populations across Tennessee.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

There is an ongoing Coalition / task force in Tennessee that meets to plan and coordinate activities and leverage resources throughout the state.

E. Hepatitis C: State of Medicaid Access Grade

Tennessee's Hepatitis C: State of Medicaid Access grade remains a B. The state should remove the prior authorization requirement, retreatment restrictions, and end the required submission of documentation of chronic HCV infection and genotype.

5. Improving Viral Hepatitis Surveillance and Data Usage

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

Tennessee's Department of Public Health was previously providing regularly updated viral hepatitis epidemiological data and had published an epidemiological report for HBV and HCV on its website. However, this data has not been updated since 2020 and is therefore no longer current. The state's DPH should strongly consider publishing a more current report and listing more current data on its website as it becomes available.