



# TEXAS

## 1. Plan Development

Texas 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 Texas has not already done 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 have not been legalized in the state, and the possession of substance use/injection drug use equipment is illegal. Improved harm reduction policies that include allowing SSPs to be established will aid state efforts to engage with key populations at greatest risk for viral hepatitis transmission. Texas recently passed a Good Samaritan Law that allows bystanders who see someone overdosing to call emergency services with protection from prosecution, but there are many exceptions that may prohibit callers from being protected from criminal prosecution, including if the caller has called 911 for an overdose in the past 18 months, has been convicted of a felony, or has used this same protection when calling for a previous overdose. The state should consider removing these qualifications.

## 3. Budget Allocation

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

Viral hepatitis is only mentioned in the FY21-23 budget for the state of Texas, but there is no indication that it will remain in the upcoming fiscal year’s budget, per proposed versions. Continuing to include 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**

Texas is not a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, as well as information pertaining to perinatal HBV. No information for perinatal HCV is offered though. Since July 2022, the state has begun offering training resources for providers. The state website links to University of Texas San Antonio’s ECHO Program.

### **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 Texas. However, in 2021, a settlement agreement was reached that will phase in near-universal DAA treatment, with initial priority determined by disease progression but eventual eligibility for almost everyone with HCV. Through this agreement, the state also agreed to treat at least 1,200 people in state custody each year through January 1, 2028.

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

The state's hepatitis C website links to the "TACKLE Program," which stands for "Targeted Access to Community Knowledge, Linkage to treatment and Education for HIV/HCV in people of color."

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

Although hepatitis C information is housed in the same section as HIV and STDs on the state's website, we are not aware of an ongoing Coalition across agencies. There are links shared regarding coinfection and other relations, but no apparent showing of shared resources or ongoing meetings to strategize.

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

Since July 2022, Texas has made a significant improvement in its Hepatitis C: State of Medicaid Access grade, bringing it from a C to an A. Prior authorization is not required, and other restrictions have been lifted. What will further improve their grade is ensuring 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**

The Department of Public Health in Texas was previously providing viral hepatitis epidemiological data on its website and had published an epidemiological report for HCV on its website. However, this data has not been updated since 2019, and is therefore no longer current. The state's DPH should strongly consider publishing an updated report (including HAV and HBV data) and listing more current data on its website as it becomes available.