



# UTAH

## 1. Plan Development

Utah 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 Utah 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 are legal in the state, they function on a needs-based model, and an exemption does exist for the possession of syringes obtained from SSPs. Needs-based SSP policies broaden the efficacy of these programs to reduce transmission of hepatitis, HIV, and other diseases. There are also Good Samaritan Laws in place to protect individuals from criminal prosecution if they call for medical assistance for others experiencing an overdose or for persons who call for self-assistance because they are (or believe they are) experiencing an overdose.

## 3. Budget Allocation

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

Viral hepatitis is mentioned in the FY22 budget for the state of Utah, and funds allocated that have been non-lapsed can be used in FY23 but are limited to the Hepatitis C Outreach Pilot Program. Although no allocation for hepatitis C treatment for the current year was found in the corrections budget, a recent settlement agreement has allocated funds from the previous year’s budget going forward. Ensuring there is a designated line item for hepatitis in the general and corrections budget 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**

Utah is a Medicaid expansion state, and 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. The state does link to training resources for providers.

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

In a letter written on February 4th, 2023, the Utah Department of Corrections informed all incarcerated individuals that as a result of a recent settlement agreement, all inmates in the Utah Department of Corrections system will be tested for the hepatitis C virus. Those that test positive are added to a hepatitis C clinic.

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

In 2021, Utah opened a request for proposals to offer 10 grants for up to \$350,000 each to enhance the capacity of community organizations to conduct hepatitis C (HCV) education, outreach, testing, and linkage to care activities in their local communities. Continuing to fund community organizations in this way (and others) would be extremely beneficial to efforts to prevent and eliminate viral hepatitis.

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

The state recently started the Utah Hepatitis Coalition. We are not aware as to whether the coalition is led by the state or whether people with lived experience are included.

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

Since July 2022, Utah has brought its Hepatitis C: State of Medicaid Access grade up from a C to a B. It can still further improve access by removing prior authorization, ensuring transparency and parity across FFS and MCOs regarding HCV coverage, and removing other restrictions in certain situations, such as submitting documentation for chronic HCV infection to certain MCOs.

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

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

Utah is currently hosting a data dashboard on its website; however, the most recent epidemiological report is from 2020 and thus out-of-date. The state's DPH should strongly consider publishing an updated report and listing more current data on its website as it becomes available.