



VIRGINIA

1. Plan Development – Possible Plan Development

Virginia recently published a plan, but the development of a plan is currently underway. The state is expected to publish a plan by 2025 in accordance with CDC PS21-2103. In 2021, Virginia formed the Virginia Hepatitis Coalition to work to eliminate viral hepatitis in the state. It is unclear whether people with living/lived experience are part of this coalition.

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 in the state, they function on a needs-based model, and an exemption does exist for the possession of syringes obtained from SSPs. 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 only mentioned in the FY22-24 budget for the state of Virginia, but there is no mention of viral hepatitis in the corrections budget. Continuing to include a designated line item for hepatitis, both in the general budget and the 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

Virginia is 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, Virginia has improved its training for providers by maintaining the Virginia HepC Training Program, which offers virtual and in-person training, webinars for clinicians and staff to learn from each other, and consultation and resources for various follow-up needs.

Standard of Care for HCV in State Corrections

Virginia has published a separate state-drafted guidance for the standard of care for HCV in state corrections – 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.

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

The Virginia Department of Health sponsors targeted interventions for key populations. For example, it sponsors the hepatitis C / HIV co-infected treatment assistance program.

Enduring Collaborative Network / Task Force to Coordinate and Leverage Resources

In June 2018, the Virginia Department of Health and the University of Virginia joined to develop an innovative method to connect people without access to hepatitis C (HCV) care to HCV treatment near their homes. This task force is known as Virginia HepC, and it utilizes telemedicine to increase access to treatment, trains providers to treat HCV, and has methods in place to connect those recently released from corrections to hepatitis treatment. The state also has the Virginia Hepatitis Coalition, a network of patients, providers, and community partners coming together to realize viral hepatitis elimination in Virginia.

Hepatitis C: State of Medicaid Access grade

Virginia has taken steps to remove restrictions on access to care and has addressed MCO parity issues, bringing its Hepatitis C: State of Medicaid Access grade up from an A to an A+.

5. Improving Viral Hepatitis Surveillance and Data Usage

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

The state's data dashboard only includes data up to 2020. A 2021 epidemiological report that includes HCV data has been published, but the state should consider publishing a report with updated information as data becomes available, and it should include HAV and HBV data as well.