



VERMONT

1. Plan Development

Vermont 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 Vermont 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 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 mentioned in the FY23 budget for the state of Vermont, and viral hepatitis treatment is also mentioned in the corrections budget. However, there is no indication that hepatitis funding allocations will be included 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

Vermont is a Medicaid expansion state. The state does provide educational information to the public regarding viral hepatitis, but it does not offer information pertaining to perinatal HBV or perinatal HCV. The state hepatitis website provides information resources for health care professionals, but the information does not provide guidance to treat viral hepatitis. The state should link providers to a more comprehensive training resource such as Project ECHO, Hepatitis B Online, and Hepatitis C Online Modules.

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 Vermont. However, per a 2021 settlement agreement, opt-out testing for all people in Vermont's unified corrections system, as well as treatment "as soon as possible" for incarcerated people with sufficient time remaining on their sentence to complete a course of DAA treatment, is required.

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

We are not aware of the existence of state-sponsored targeted interventions for key populations in Vermont, but there are nonstate-sponsored interventions, including even a trio of Massachusetts health organizations who have embarked on a clinical trial to try to reduce the prevalence of hepatitis C connected to drug use in the rural communities of Vermont, New Hampshire, and Massachusetts via a mobile van.

Enduring Coalition / Task Force to Coordinate and Leverage Resources

We are not aware of an enduring Coalition / task force to plan and coordinate activities and leverage resources currently existing in Vermont.

Hepatitis C: State of Medicaid Access Grade

Vermont's Hepatitis C: State of Medicaid Access grade has remained steady at a B. It should remove the prior authorization requirement in place, the required submission of HCV genotype, and the requirement that for patients in need of additional treatment beyond 12 weeks, "documentation of adherence" is needed prior to continuing therapy.

5. Improving Viral Hepatitis Surveillance and Data Usage

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

Vermont has made improvements in its data collection. Since July 2022, the state has published an epidemiological report that includes HAV (through July 2022) and HBV data (since July 2019), and it houses this data on its health department's website.