Advocating for Sensible Policies in the Age of HCV Cure

Webcast 2.6

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Webcast Overview

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Systemic Challenges to Addressing HCV

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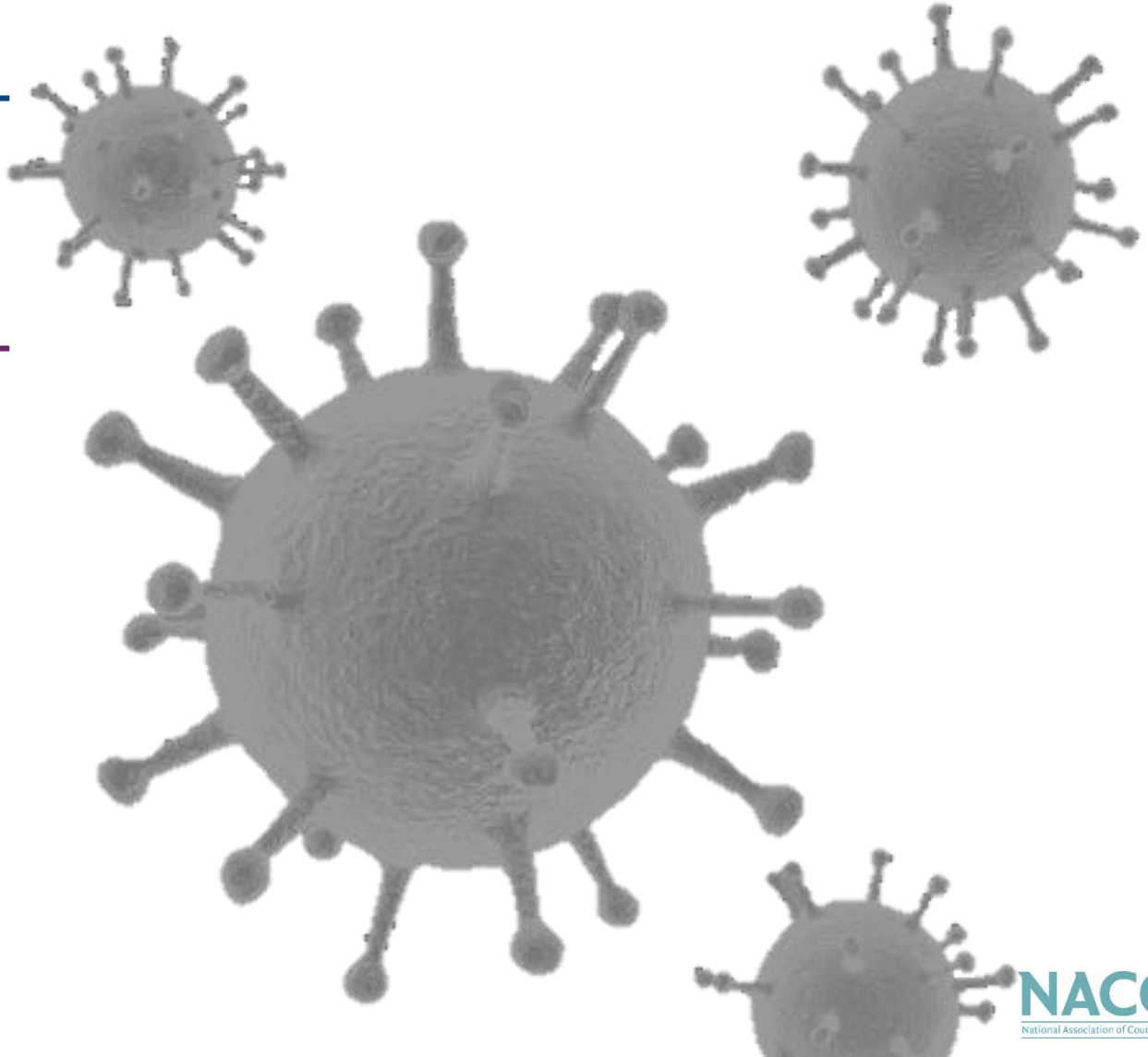
Local Health Department Roles in the Changing Policy Landscape



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Systemic Challenges to Addressing HCV

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Structural Barriers

- Only 1 out of every 10 people chronically infected with hepatitis C has received treatment
- Many HCV-positive or at-risk individuals:
  - Do not know their status
  - Belong to populations that are difficult to reach with education and services
  - Engage in behaviors that put them at-risk for acquiring or spreading HCV
- Each of these factors makes HCV a challenging disease to prevent, test for, and treat, and contributes to negative perceptions that may not be based on evidence, treatment guidelines, or sound medical practice
- These perceptions accumulate into significant barriers to reaching an era of widespread, universally accessible treatment for HCV

Impacts of Systemic Challenges

- Treatment access is limited due to restrictive insurance policies and eligibility requirements:
  - Advanced levels of liver fibrosis/cirrhosis
  - Limitations on providers who can prescribe
  - Patients must be abstinent from drugs or alcohol
- In 2014, 88% of state Medicaid policies addressed drugs and/or alcohol in treating for HCV, 50% of states had an abstinence requirement, and 64% required drug screening[1]
- Restrictions are not based on current treatment guidelines
- Additional barrier is provider resistance due to fears of re-infection among people who inject drugs
  - Evidence indicates re-infection is unlikely, even among those who continue to inject drugs

1. Barua, S., et al. (2015). Restrictions for Medicaid reimbursement of Sofosbuvir for the treatment of hepatitis C virus infection in the Unites States. *Ann Intern Med. 163*(3): 215-23.

Local Health Department Roles in the Changing Policy Landscape

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Changes to Syringe Services Program (SSP) Legislation

- Effective in 2016, the ban on the use of federal funds to support SSPs was partially lifted
- Funds from select federal grants/cooperative agreements can now be redirected for certain SSP-related expenses and wrap-around services, including:
  - Program and evaluation staff, supplies, testing kits for HIV/HCV, syringe disposal services, navigation services and support, provision of naloxone, educational materials, condoms, outreach activities, and planning and evaluation efforts
- Funds cannot be used for syringes or works such as cookers
- Redirecting funds requires jurisdictions to request and receive a *Determination of Need* from CDC
- Determination may be requested by health departments only

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Advocacy Opportunities for Local Health Departments

- Advocacy begins with storytelling, to make individual experiences relatable
- Provide a platform to share stories of clients who are encountering barriers to treatment
  - Critical for educating elected officials, state Medicaid programs, and other key decision makers on the importance of treatment and what stands in the way
- Use local data to highlight the extent of the opioid epidemic within local communities to make a case for treatment as prevention
- Engage local health officers, key public health leaders, and national advocacy organizations to keep them aware of local and regional HCV issues

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Developing Policies to Address Health Disparities

- Policies to support treatment access
- Set public health goals for reducing HCV transmission and mortality to use for engaging stakeholders about why treatment should be more accessible
- Engage and mobilize community partnerships and coalitions composed of diverse stakeholders to collaborate on reducing barriers to testing, care, and treatment and to increase treatment access
- Connect with membership organizations for policy development resources and capacity building assistance

NACCHO's Educational Series on HCV & Local Health Departments: *Module 2*

2.1: Planning for Action at the Local Level

2.2: Creating a Local HCV Epidemiologic Profile

2.3: HCV Testing Challenges and Systems-based Solutions

2.4: Targeted Outreach and Other Strategies for Increasing HCV Testing: Working in Settings that Serve High-risk Populations

2.5: Building and Supporting Local Capacity for HCV Care, Treatment, and Cure

2.6: Advocating for Sensible Policies in the Age of HCV Cure

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