Advocating for Sensible Policies in the Age of HCV Cure

Webcast 2.6
Webcast Overview

1. Systemic Challenges to Addressing HCV

2. Local Health Department Roles in the Changing Policy Landscape
Systemic Challenges to Addressing HCV
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

Local Health Department Roles in the Changing Policy Landscape
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.
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
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