



HEPELIMINATION

CAPACITY RUBRIC

The O'Neill Institute for National and Global Health Law at Georgetown University Law Center (O'Neill Institute), the National Viral Hepatitis Roundtable (NVHR), and the Center for Health Law and Policy Innovation (CHLPI) at Harvard Law School have launched a partnership to study viral hepatitis elimination efforts across the United States.

Many states have or are developing comprehensive, systemic strategies to improve their capacity to prevent, diagnose, and provide linkage to care for viral hepatitis. Yet no grading system exists to date to assess states' policy and programmatic capacity to eliminate viral hepatitis.

Hep ElimiNATION: A National Evaluation of States' Capacity for Viral Hepatitis Elimination will assess the policy landscape and programmatic strategies impacting viral hepatitis elimination in the 50 states, Washington, DC, and Puerto Rico, and offer guidance for states' ongoing efforts to develop viral hepatitis elimination strategies.

Partner organizations have released a preliminary rubric to assess states' capacity for viral hepatitis elimination. This rubric was developed in consultation with more than 40 stakeholders including advocates, clinicians, government partners, and people who have lived experience with viral hepatitis. The rubric is subject to change. Grades and accompanying resources will be released in late 2021.

Visit www.eliminatehep.org to learn more

Total Grade	
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I. State Viral Hepatitis Elimination Plan Development

Has a viral hepatitis elimination plan been drafted for the state and is it available to the public?	
<ul style="list-style-type: none"> • If yes, does it include an implementation plan with specific benchmarks and targets to be achieved within designated timeframes? 	
<ul style="list-style-type: none"> • If yes, have funds been specifically allocated to implement the plan’s strategies? 	
<ul style="list-style-type: none"> • If yes, is there a commitment to publish progress reports on at least an annual basis? 	
<ul style="list-style-type: none"> • If yes, are people with lived/living experience included in the development process? 	
<ul style="list-style-type: none"> • If yes, are strategies to offer DAA treatment for HCV in state corrections with limited or no restrictions? 	
<ul style="list-style-type: none"> • If yes, does a state-sponsored viral hepatitis (HAV, HBV) vaccination program exist targeting key populations? (A state may receive 0.5 points (out of a possible 3 points) if a vaccination program has been written into a state’s future hepatitis elimination plan.) <ul style="list-style-type: none"> ○ PWID/PWUD 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ People experiencing homelessness 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Corrections 	
<ul style="list-style-type: none"> • If there is no plan, is one in development? 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ If yes, has there been funding allocated in the budget to develop a state plan? 	

II. Legal Encumbrances

Are syringe service programs (SSPs) legal?	
<ul style="list-style-type: none"> • If yes, is it a needs-based law, or does it require a 1 for 1 item trade for needles and syringes? (Needs-based = plus 0.25, 1 for 1 = 0) 	
<ul style="list-style-type: none"> • If yes, are there prohibitions on using state funds for these programs? (no = plus 0.25, yes = 0) <ul style="list-style-type: none"> ○ If SSPs are not legal, is there any approved legislation to legalize them waiting to go into effect? 	
<ul style="list-style-type: none"> • Are there Good Samaritan Laws in place to protect persons who assist others that are experiencing a substance use-related medical emergency? 	
<ul style="list-style-type: none"> • Are there laws in place to protect persons seeking medical assistance for a substance use-related medical emergency that they are experiencing? 	
Is possessing substance use/injection drug use equipment ('works') legalized, decriminalized, or illegal?	
<ul style="list-style-type: none"> ○ Legalized (1 pt.) 	
<ul style="list-style-type: none"> ○ Decriminalized? (0.5 pts) 	
<ul style="list-style-type: none"> ○ Where IDU equipment is illegal, is there an exemption for syringes received from an SSP? 	
<ul style="list-style-type: none"> ○ Where IDU equipment is illegal, can an adult obtain a syringe without a prescription? 	
Are there SSPs in operation in this state?	
<ul style="list-style-type: none"> • Number of SSPs currently in operation (not scored) 	
<ul style="list-style-type: none"> • Are entities other than health departments permitted to operate SSPs? 	
<ul style="list-style-type: none"> • If there are SSPs in operation through community-based programs, do they require explicit state authorization to operate? (yes = 0, no = 0.25) 	

III. Budget Allocation

Do the state budget allocations mention viral hepatitis?	
<ul style="list-style-type: none"> If yes, are there state budget allocations, either separately listed or located within an integrated HIV/Infectious Diseases line item, specifically for implementing viral hepatitis elimination initiatives? 	
<ul style="list-style-type: none"> If no, have state agencies submitted appropriations requests in the latest legislative cycle specifically for elimination initiatives? 	

IV. Improving Viral Hepatitis Prevention, Treatment and Outcomes

Does the state provide/distribute viral hepatitis educational information and materials geared towards the public?	
<ul style="list-style-type: none"> If yes, do they provide perinatal information/education for: <ul style="list-style-type: none"> HBV HCV 	
Did the state expand Medicaid?	
<ul style="list-style-type: none"> If no, any approved legislation to expand waiting to take effect? 	
Does the state offer provider training to increase workforce capacity to treat more people with HBV and/or HCV?	
Current State of Hep C Grade ¹	

¹ To date, there is no grading system that assesses hepatitis B treatment access. The Hepatitis B Foundation [published an analysis](#) of health insurance plans in 14 states that show evidence of one or more discriminatory practices in accessing hepatitis B treatment. Additional research is needed to assess state barriers to hepatitis B treatment.

Complete list of state grades available at the [State of Hep C website](#).

V. Reducing viral hepatitis-related disparities and health inequities

Does the state utilize or provide support (financial and/or in-kind) for mobile or on-location interventions to provide viral hepatitis screening and treatment outreach to key populations, such as people experiencing homelessness or people who use drugs?	
<ul style="list-style-type: none"> If no, are there programs/communities located within the state that are providing mobile or on-location interventions that provide viral hepatitis screening and treatment to the key outreach populations listed above (as well as others) that are receiving funding from the federal government, through either HRSA, SAMHSA, or another entity? 	
Are there linguistically diverse informational materials available on viral hepatitis prevention, screening, and treatment?	
<ul style="list-style-type: none"> If yes, list languages available (not scored) 	

VI. Improving viral hepatitis surveillance and data usage

Has the state recently published an epidemiological report (within the last two (2) years) collecting viral hepatitis data, including screening rates and demographic information, for:	
<ul style="list-style-type: none"> HAV 	
<ul style="list-style-type: none"> HBV 	
<ul style="list-style-type: none"> HCV 	
Is data published in the epidemiological report available to the public through a regularly updated (every 2 years) data dashboard?	

VII. Achieving integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

Is there an enduring collaborative network (i.e., task force, steering committee, etc.) within the state that is cross-cutting amongst state agencies, community organizations, advocacy groups, and healthcare providers to plan and coordinate activities and leverage resources?	
<ul style="list-style-type: none"> If yes, does the state lead this collaboration? 	
<ul style="list-style-type: none"> If yes, are people with lived/living experience part of this collaboration? 	



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About the Partners

O'NEILL INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW AT GEORGETOWN UNIVERSITY LAW CENTER

The O'Neill Institute, housed at Georgetown University Law Center, was established to create innovative solutions to the most pressing national and international health concerns, with the essential vision that the law has been, and will remain, a fundamental tool for solving critical health problems. Read more at www.oneillinstitute.org.

NATIONAL VIRAL HEPATITIS ROUNDTABLE (NVHR)

The National Viral Hepatitis Roundtable, an initiative of HEP, is a national coalition fighting for an equitable world free of viral hepatitis. NVHR seeks to eliminate viral hepatitis in the United States and improve the lives of those affected through advocacy, education, and support to national, state and local partners. For more information, visit www.nvhr.org.

CENTER FOR HEALTH LAW AND POLICY INNOVATION OF HARVARD LAW SCHOOL (CHLPI)

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of marginalized populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, government officials, and others to expand access to high-quality health care; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care systems. Learn more at www.chlpi.org.