



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 at Harvard Law School (CHLPI)** partner 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 assesses the policy landscape and programmatic strategies impacting viral hepatitis elimination in the 50 states, Washington, DC, and Puerto Rico, and offers guidance for states’ ongoing efforts to develop viral hepatitis elimination strategies.

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 based on periodic review.

Visit www.eliminatehep.org to learn more.

1 State Viral Hepatitis Elimination Plan Development

In this section we assess whether a jurisdiction has drafted a publicly available viral hepatitis plan that is current and reflects the priorities outlined in the HHS Viral Hepatitis National Strategic Plan and the World Health Organization’s goals to eliminate hepatitis by 2030.

Does the state have a viral hepatitis elimination plan?¹

/ 3 points

• If yes, is there a commitment to publish progress reports on at least an annual basis?

/ 1 point

• If yes, are people with lived/living experience included in the development process?

/ 1 point

/ of possible 5 points

¹ A ‘plan’ is defined herein as one that: (a) has goals aligned with the HHS Viral Hepatitis National Strategic Plan and the World Health Organization’s goals to eliminate hepatitis by 2030; (b) includes specific actions, activities, and commitments to achieve goals; (c) is an active plan through 2021; and (d) is available to the public.

2

Harm Reduction Laws

The Harm Reduction Laws section analyzes laws jurisdictions have in place that support the implementation of harm reduction strategies proven to reduce rates of viral hepatitis transmission, such as syringe service programs.

Are syringe service programs (SSPs) legal?

/ 3 points

Is there a state law expressly authorizing SSPs?

/ 1 point

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- If yes, is it a needs-based law, or does it require a 1-for-1 item trade for needles and syringes? (Needs-based = 1 point; 1-for-1 requirement = 0 points)

/ 1 point

Are there Good Samaritan Laws in place to protect persons who assist others that are experiencing a substance use-related medical emergency?

/ 1 point

Are there laws in place to protect persons seeking medical assistance for a substance use-related medical emergency that they are experiencing?

/ 1 point

Is possessing substance use/injection drug (IDU) use equipment ('works') legalized, decriminalized, or illegal? (Legalized = 2 point; decriminalized = 1 point; illegal = 0 points)

/ 2 point

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- Where IDU equipment is illegal, is there an exemption for syringes received from an SSP?

/ 0.5 points

/ of possible
8.5 points

3 Budget Allocation

How much and in what manner a jurisdiction allocates fiscal resources for its viral hepatitis elimination strategies is critical to providing the support needed to realize stated elimination goals.

If a viral hepatitis elimination plan has been drafted and been made available to the public, have funds been specifically allocated to implement the plan's strategies? / 2 points

Do the state budget allocations mention viral hepatitis? / 1 point

Do the state budget allocations mention elimination? / 1 point

Does the state corrections budget mention viral hepatitis? / 1 point

• If yes, does it specify hepatitis C treatment allocations? / 0.5 point

/ of possible 5.5 points

4

Improving Viral Hepatitis Prevention, Treatment, and Outcomes

To improve prevention, treatment, and outcomes, jurisdictions must employ innovative and inclusive strategies that reflect best practice approaches and expand access to the health care interventions needed to diagnose and treat viral hepatitis.

Does the jurisdiction provide/distribute viral hepatitis educational information and materials geared towards the public?² / 1 point

• If yes, do they provide perinatal information/education for HBV? / 1 point

• If yes, do they provide perinatal information/education for HCV? / 1 point

Did the jurisdiction expand Medicaid? / 3 points

Does the jurisdiction offer or recommend provider training to increase workforce capacity to treat more people with viral hepatitis? / 3 points

If a plan has been drafted and made available to the public, does it include 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? / 3 points

• If no plan exists or state corrections are not mentioned in the state’s viral hepatitis plan, does a separate state-drafted guidance for the standard of care for HCV in state corrections exist – 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? / 2 points

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² Jurisdictions can receive credit for this question for educational materials created by the state as well as for utilizing/distributing information such as the CDC’s “Know More Hepatitis” campaign.

4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes (Continued)

- If a separate standard also does not exist, has there been litigation within the jurisdiction or a region of the jurisdiction (e.g., city or county) that has prompted changes to be made regarding hepatitis screening and treatment within corrections facilities? (NOTE: not scored)
-

Does the jurisdiction utilize or provide support for (financial and/or in-kind) targeted interventions to expand access to viral hepatitis prevention, testing, and treatment services to key populations (e.g., BIPOC communities, people experiencing homelessness, people who use drugs) disproportionately affected by viral hepatitis? (Such interventions include but are not limited to mobile outreach units, non-traditionally located/on-location services, and programs targeting specific racial or cultural communities)

/ 3 points

- If no, are there non-governmental programs/community organizations located within the jurisdiction that are providing the aforementioned interventions to the key outreach populations listed above (as well as others) that are receiving funding from the federal government (HRSA, SAMHSA or another agency), or some other source?
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/ 1 point

Does the jurisdiction provide linguistically diverse informational materials on viral hepatitis prevention, screening, and treatment?

/ 2 points

- If yes, list languages available (NOTE: not scored)
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4. Improving Viral Hepatitis Prevention, Treatment, and Outcomes (Continued)

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? / 2 points

• If yes, does the jurisdiction lead this collaboration? / 1 point

• If yes, are people with lived/living experience part of this collaboration? / 1 point

Hepatitis C: State of Medicaid Access Grade³ / 10 points

/ of possible
31 points

Complete list of state grades available at the [Hepatitis C: State of Medicaid Access website](#).

Hepatitis C: State of Medicaid Access Scoring Scale

10	=	A+
8	=	A, A-
6	=	B+, B, B-
4	=	C+, C, C-
2	=	D+, D, D-
0	=	F

³ 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.

5

Improving Viral Hepatitis Surveillance and Data Usage

Publishing epidemiological data at consistent intervals allows researchers, medical practitioners, and individuals to evaluate current diagnosis rates, demographic information, and other statistics to assess progress towards elimination. In this section of the rubric, we measure jurisdictions' data sharing transparency.

Has the state recently published a comprehensive viral hepatitis epidemiological report/profile (within the last two (2) years) that includes data on HAV?

/ 1 point

Has the state recently published a comprehensive viral hepatitis epidemiological report/profile (within the last two (2) years) that includes data on HBV?

/ 1 point

Has the state recently published a comprehensive viral hepatitis epidemiological report/profile (within the last two (2) years) that includes data on HCV?

/ 1 point

Does a jurisdiction have a public-facing website with regularly updated (within the last two (2) years) viral hepatitis epidemiological data included on it?

/ 2 points

/ of possible 5 points

CAPACITY RUBRIC: TOTAL GRADE

/ 55 points

Total Grade Scoring Scale (max = 55 points)*

40+ = A

39.5 – 30 = B

29.5 – 20 = C

19.5 – 10 = D

9.5 – 0 = F

* Scores based on data collected as of December 2021.