

CANN and HealthHCV's National Monitoring Update on HIV/HCV Co-Infection

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Session Learning Objectives

- ▶ Identify the latest data, information, and trends on people co-infected with HIV and hepatitis C (HCV)
- ▶ Describe current access to care and treatment within certain public assistance programs, such as ADAP and Medicaid
- ▶ Initiate dialogue and strategy to attain more funding for ADAP to treat co-infected clients, particularly ADAP "wrap around" capabilities for insured clients
- ▶ Summarize the state of harm reduction services in HIV and primary care settings and their implications on ending the HIV and HCV epidemics
- ▶ Foster greater collaboration among public health professionals working to combat the dual epidemics of HIV and HCV

HIV/HCV Co-Infection Watch: 2023-2024 Update

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Disclosure of Conflict of Interest

No conflicts of interest to disclose.

AIDS Drug Assistance Programs (ADAPs) Coverage Trends, January 2015–April 2024



January 2015:

- States offering Expanded Coverage – 7 (CA, CO, HI, IA, MA, MN, NJ)
- States and Territories offering only Basic Coverage – 24 (Basic Only – AL, AK, AZ, CT, DE, IN, ME, MD, MI, MS, MO, NY, NC, OK, OR, PA, RI, SC, SD, WA, WV, WI, WY, D.C.; No Coverage [25] – AS, AR, FM, FL, GA, GU, ID, IL, KS, KY, LA, MT, NE, NV, NH, NM, ND, OH, PR, TN, TX, UT, VI, VT, VA)

April 2024:

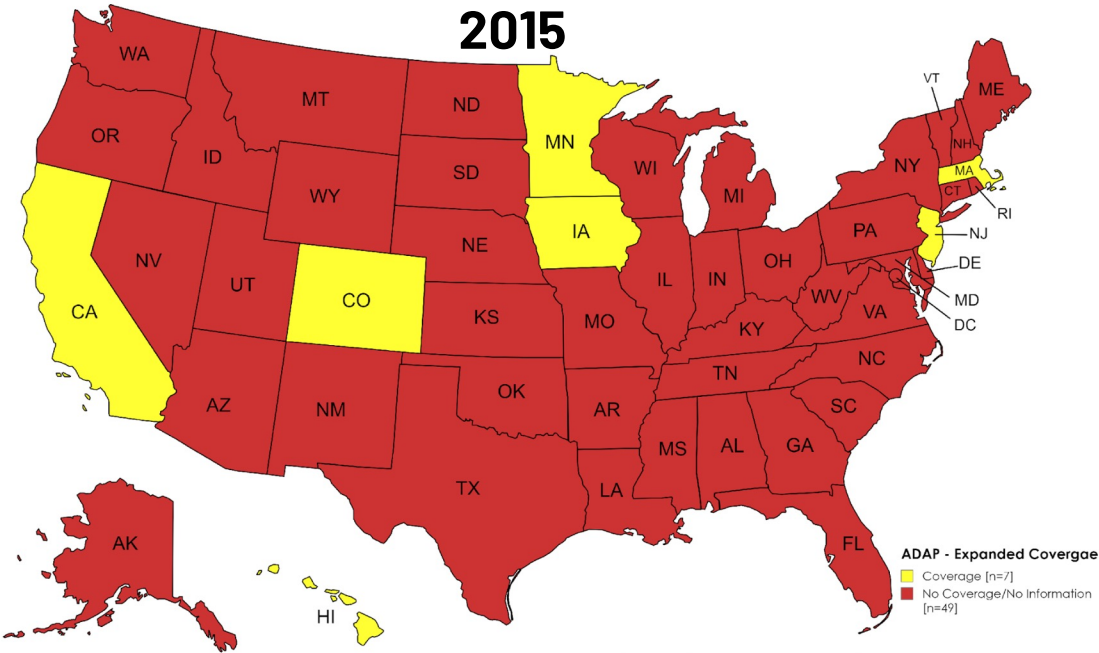
- States and Territories offering Expanded Coverage – 44 (AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, PR, SD, TN, TX, VA, WA, WV, WI, WY, D.C.)
- States and Territories offering only Basic Coverage – 2* (Basic only – AK, SC; No coverage [9] – AS, GU, KS, KY, OH, PW, UT, VI, VT)
- *RI does not offer DAA coverage. It does, however, offer coverage of Pegasys.

ADAPs Coverage Trends (cont.)

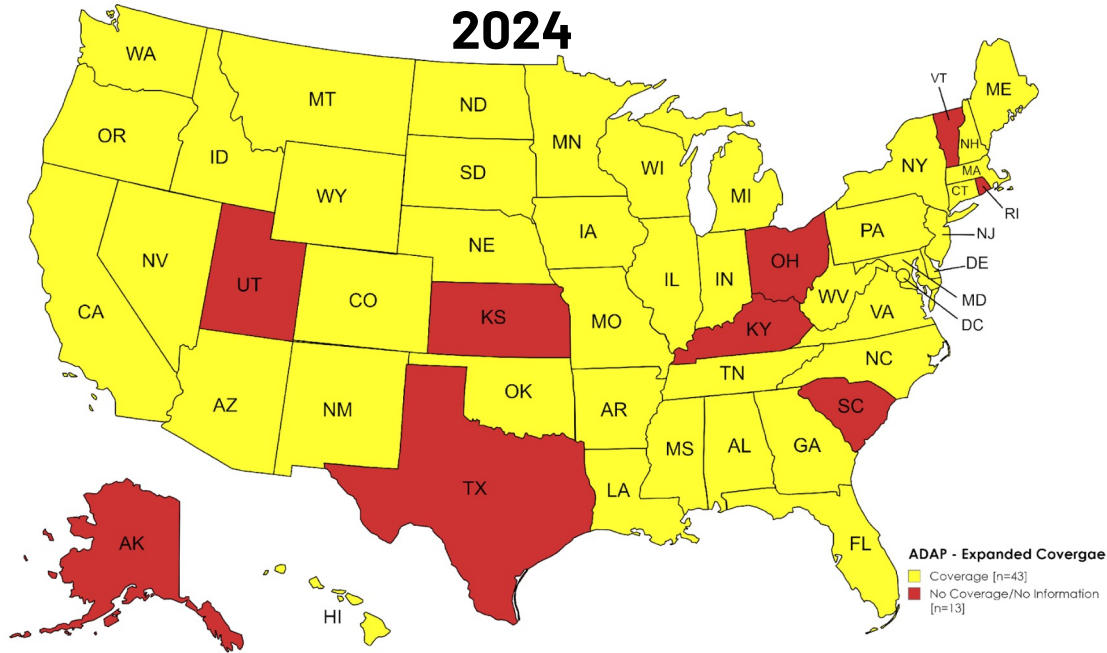


- Mavyret is still the most widely adopted drug.
- Eight state and territorial ADAPs do not offer any HCV drug therapies (GU, KS, KY, OH, TX, UT, VT, VI).
- Authorized versions of Harvoni and Epclusa entered the market in 2019 and remain widely adopted.
- States continue to fluctuate with their combined coverages of the brand and generic versions of Harvoni and Epclusa in regard to which they designate as 'preferred'.

ADAPs – Expanded Coverage (DAA)



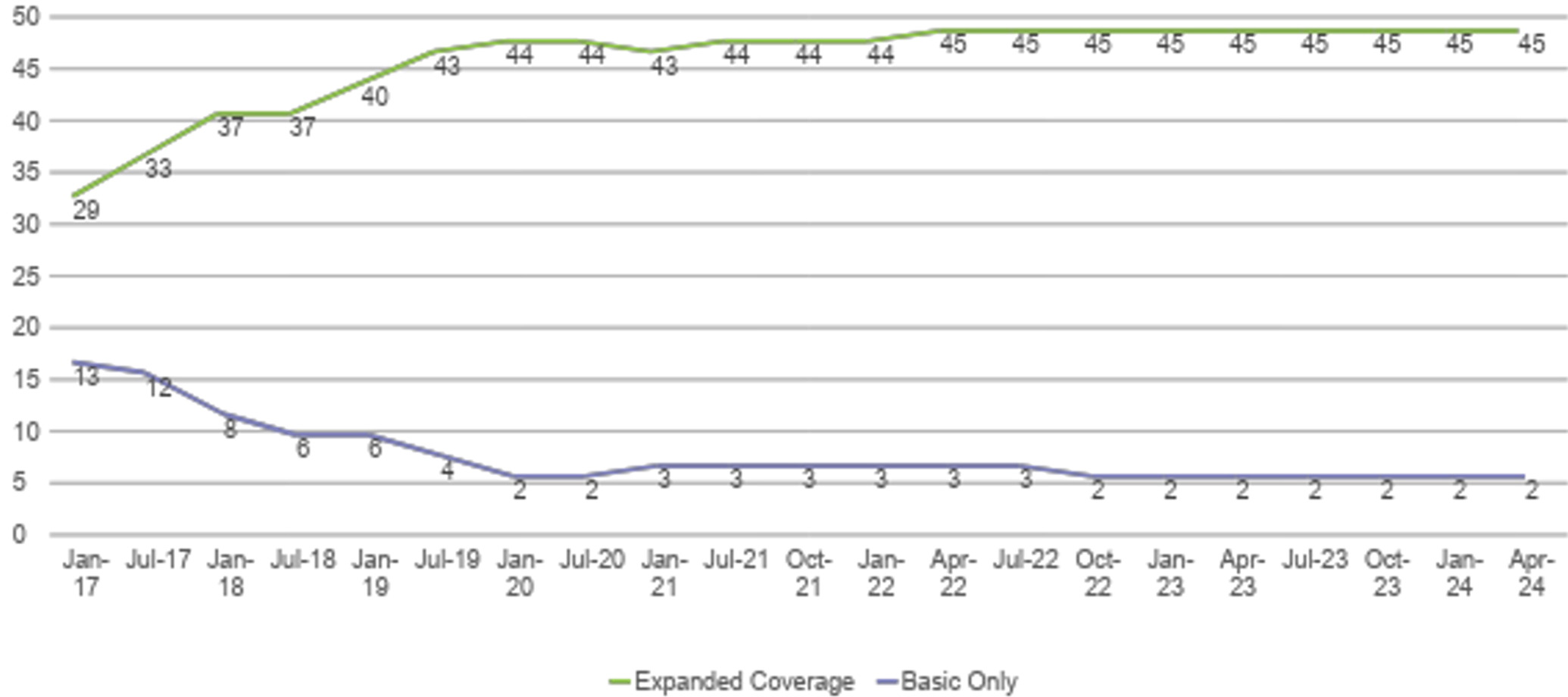
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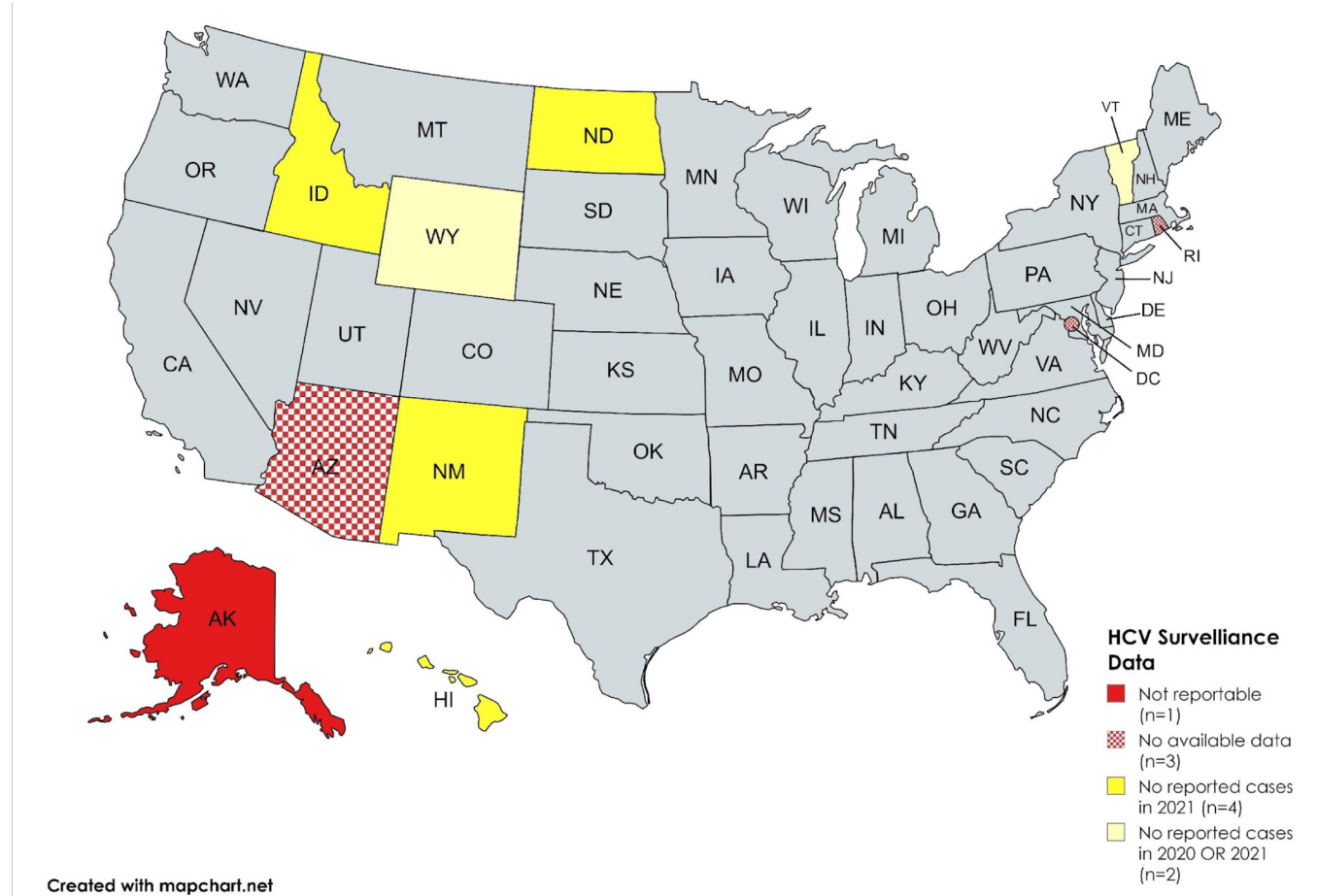
ADAP HCV Drug Utilization July 2015-April 2024



Top 10 HCV Rates Compared to Expanded

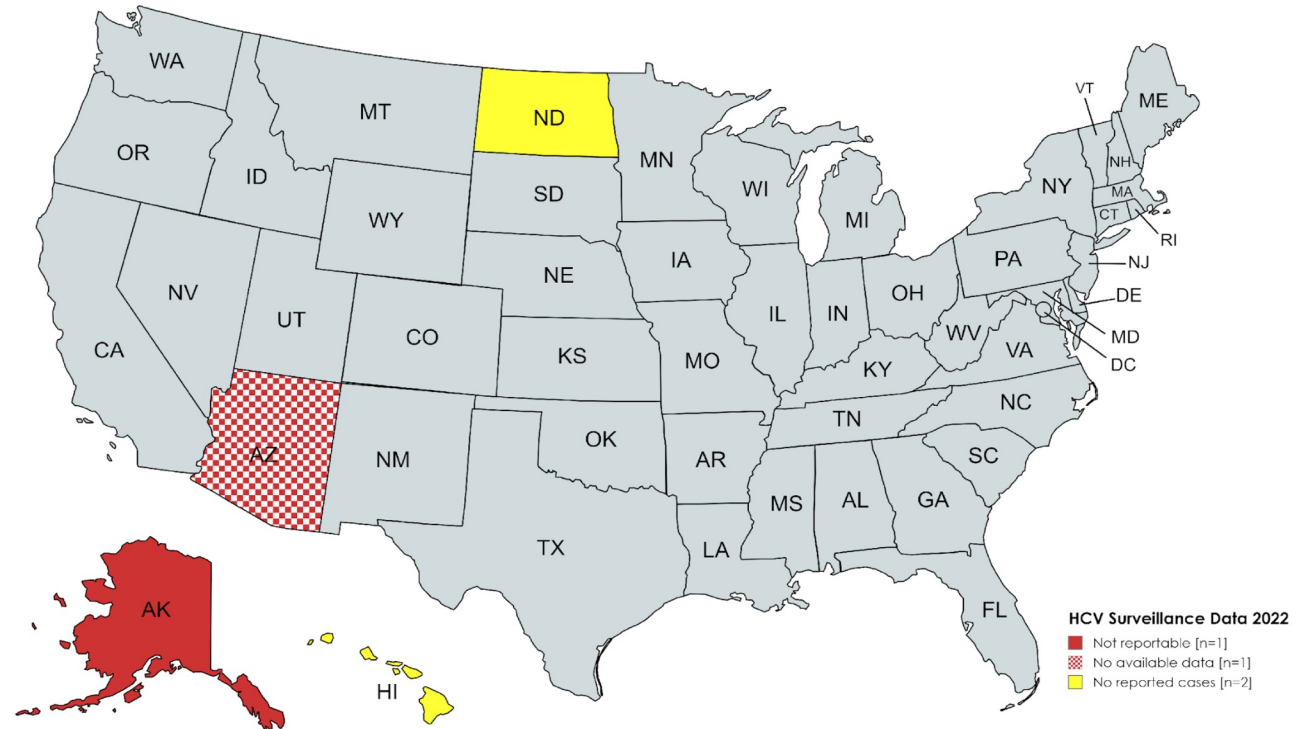
Ten Highest Rates of HCV Infection (2021)

1	Maine	9.8
2	Florida	7.1
3	Louisiana	6.7
4	Delaware	5.8
5	Utah	4.5
6	Kentucky	4.4
7	West Virginia	4.0
8	Tennessee	3.0
9	Indiana	2.6
10	Montana	2.4
National Rate		1.6 (per 100K)



Top 10 HCV Rates Compared to Expanded

Ten Highest Rates of HCV Infection (2022)			
1	Maine	6.8	
2	Florida	6.6	
3	Utah	5.5	
4	Kentucky	5.2	
5	West Virginia	4.8	
6	Louisiana	3.6	
7	District of Columbia	3.6	
8	Vermont	3.4	
9	Tennessee	2.9	
10	Montana	2.8	
	National Rate	1.5 (per 100,000)	



* 2022 HCV Surveillance Data by State - The Centers for Disease Control and Prevention has not yet published 2023 data

Medicaid Coverage Trends January 2015 – April 2024



January 2015:

- States offering Expanded Coverage – 38 (AL, AZ, CO, DE, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, OH, OK, OR, PA, SD, TN, UT, VT, VA, WA, WV, WI, WY, D.C.)
- States offering only Basic Coverage – 12 (AK, AR, CA, CT, FL, KS, MI, NM, ND, RI, SC, TX)

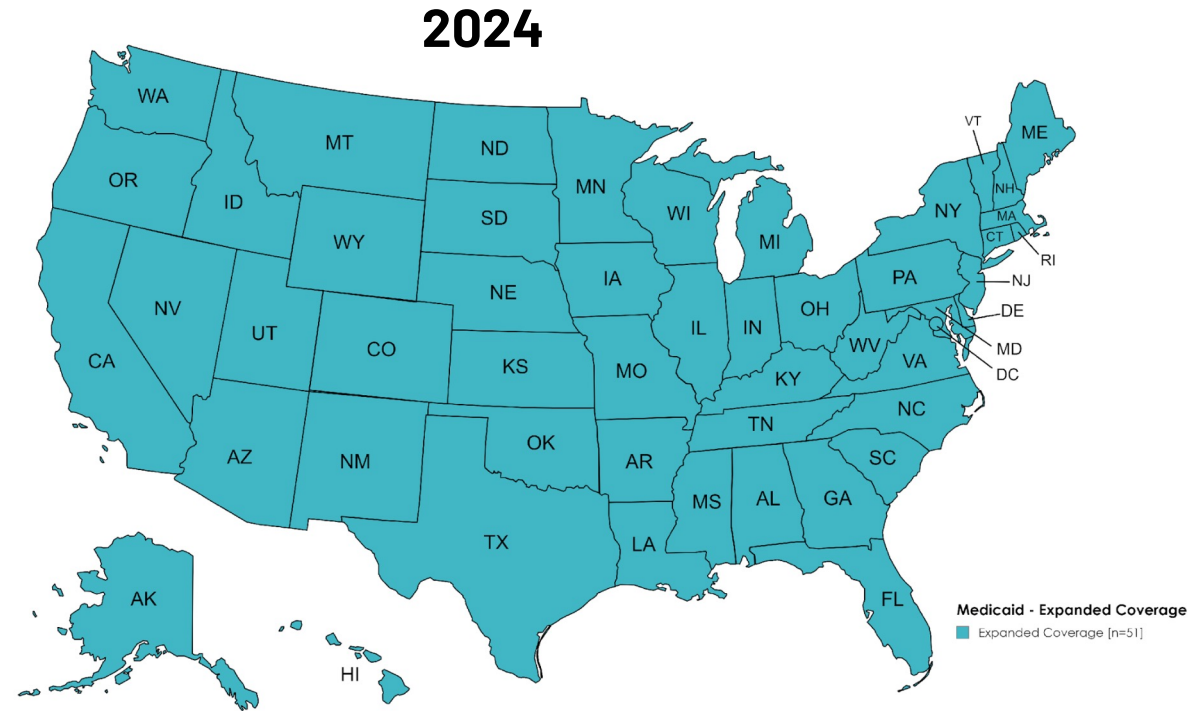
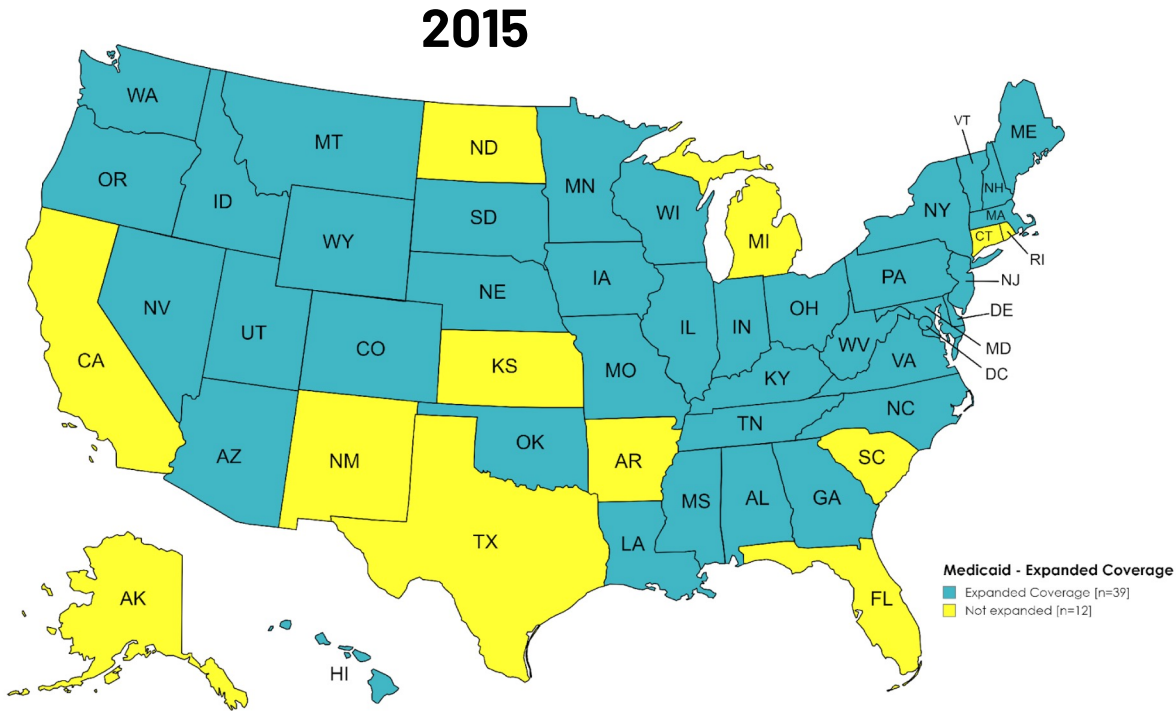
April 2024:

- States offering Expanded Coverage – 50 (and the District of Columbia)

Medicaid Coverage Trends (cont.)

- All states currently offer Expanded Coverage for HCV drugs
 - – Medicaid programs quicker to adopt HCV drugs than ADAPs
 - VT ADAP not expanded because of Medicaid expanded coverage
 - Could become a trend in future years
- – States with multiple Managed Care Organization plans are likelier to have plans offering only one or two HCV DAAs
- – Prior authorization, sobriety, and other program requirements continue to serve as a barrier to treatment in many states.
- – New, creative restrictions are developing (past adherence to other prescriptions, prohibition on replacing lost or stolen medication, etc)

Medicaid - Expanded Coverage



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Veterans Affairs Coverage Trends



- The Watch began covering VA HCV coverage in March 2016
 - – Coincided with VA announcement of universal coverage for all eligible VA members
 - – Since 2016, the VA has cured 100,000 Veterans of HCV (U.S. Department of Veterans Affairs, 2019). Estimated fewer than 25K in VA care left to be tested for HCV.
 - – Most-used drugs: Zepatier, Mavyret, Harvoni, Epclusa, Vosevi (in treatment experienced)
 - – March 2021 VA updated treatment guidelines to include more specific therapies per genotype, treatment initiation guidelines, and emphasis on treatment even if re-infected.
 - – VA continues to provide most effective treatment program in government-funded healthcare

Harm Reduction Trends (2024)



Syringe Services Programs (SSPs) continue to be met with community/official backlash

- Despite longer-running and recent legalization of SSPs in many states and CDC “best practices”, local communities continue to voice opposition against SSPs – notably in Idaho, West Virginia, Colorado, Pennsylvania, and even California
- Despite increased support from law enforcement, local counties and municipalities continue to shut down existing SSPs citing dubious reports of increased needle waste, failures to keep adequate exchange records, enabling/“attracting the wrong crowd”, and lack of oversight.
- Where banning SSPs has failed, states and localities are introducing new barriers to establishing or maintaining SSPs (i.e. funding, zoning ordinances, licensing requirements)

Biden Administration continues to actively support harm reduction

- The CDC-SAMHSA Harm Reduction Technical Assistance Program aims to strengthen the capacity and improve the performance of SSPs by implementing a national SSP monitoring and evaluation program

Harm Reduction Trends (cont.)

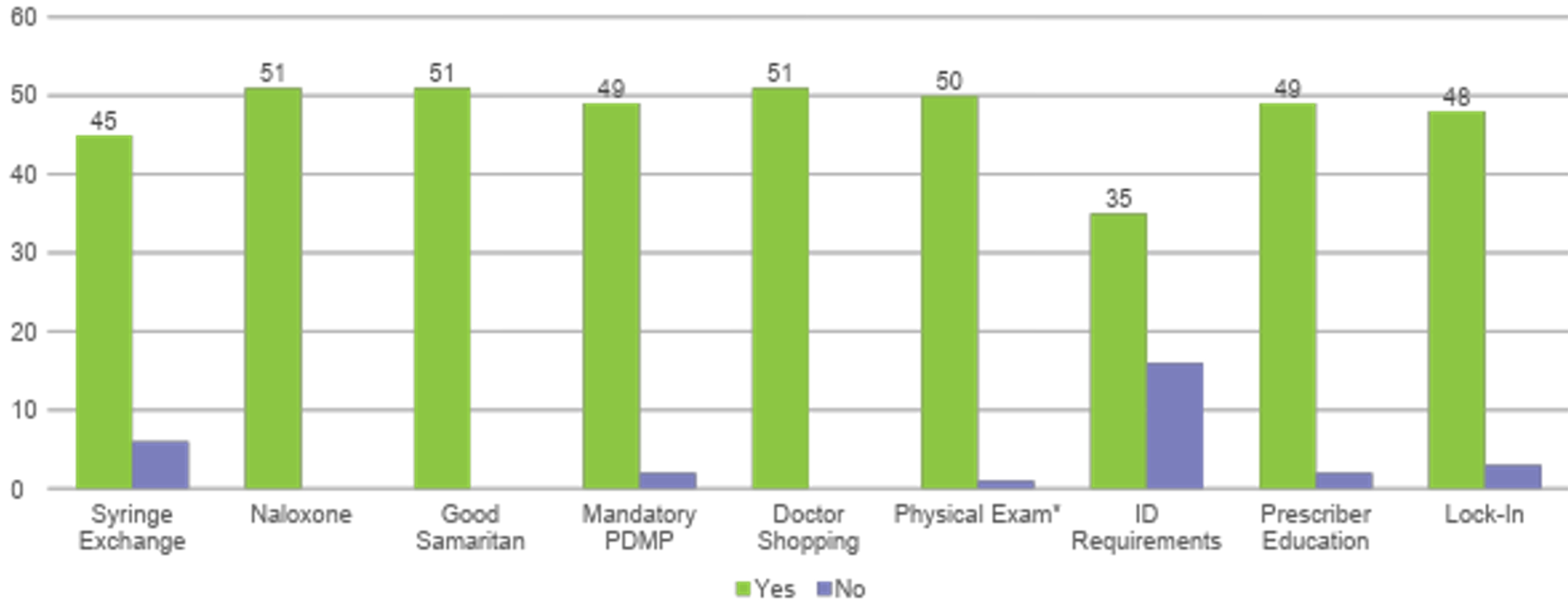


Primary Barriers to Harm Reduction Measures:

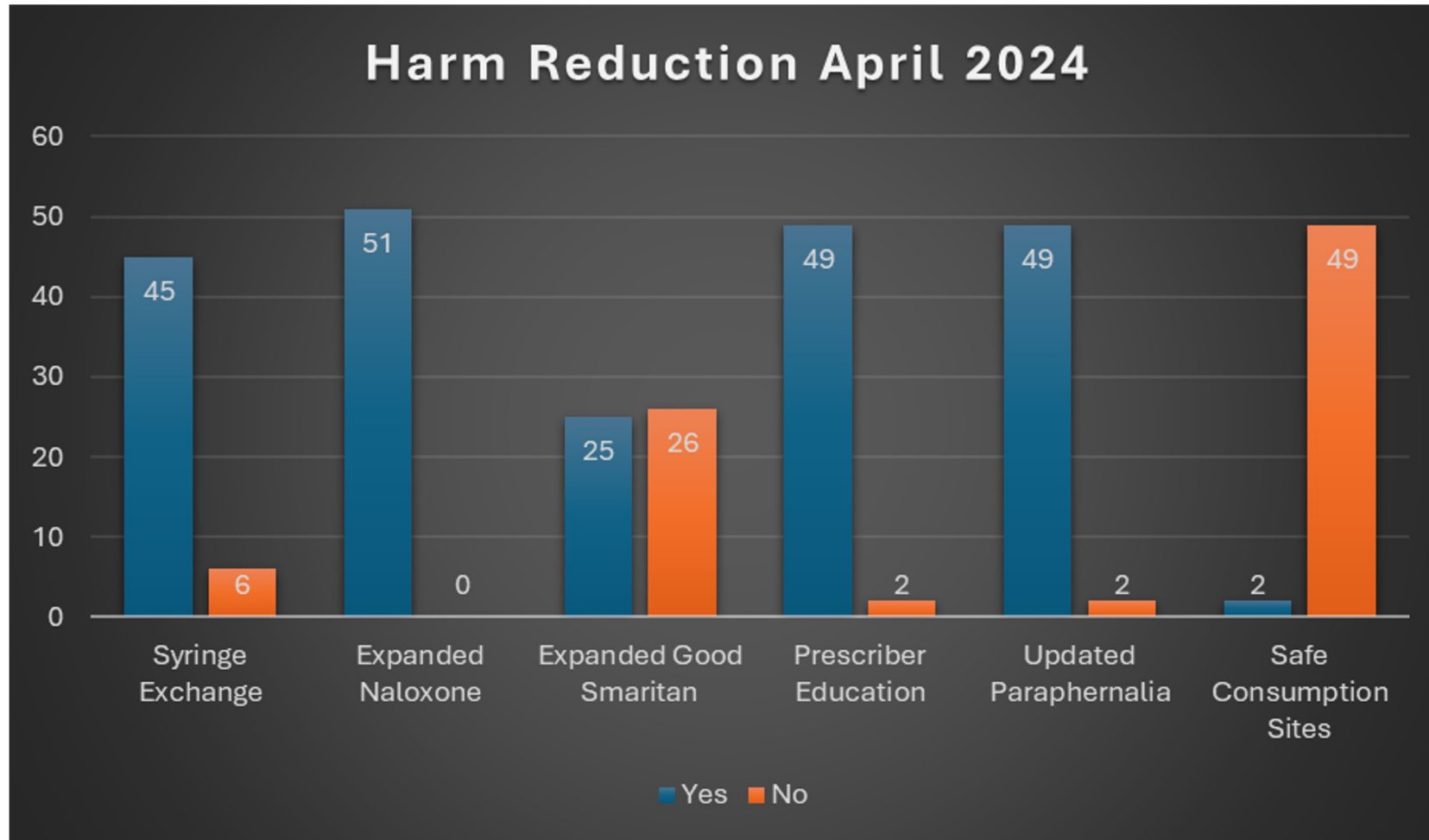
- Stigma: Social stigma, particularly among legislators and providers. Especially true in more rural areas. May constitute illegal discrimination, pending the specific issue.
- Criminal Justice: Drug paraphernalia laws
 - * prohibit what can be included in kits
- Funding mechanisms
 - * robust and sustainable funding is needed
- ID Requirement for Purchase of Prescription Opioid Drugs:
 - * Pain Advocate opposition
 - * "Burden on poor/minority patients"
 - * Hardware update costs for scanning
 - * "Government tracking"
- Physical Exam Requirement**:
 - * Physician/Pain Advocate opposition
 - * Patient mobility/barriers to accessing care/treatment
 - ** *Temporarily "on hold" at federal level due to COVID-19 public health emergency since March 2020, telehealth as a pathway to accessing care. Department of Health and Human Services (HHS), has extended the full set of telemedicine flexibilities regarding the prescribing of controlled medications through December 31, 2024.*
- Barriers to accessing care and treatment

Harm Reduction Measures Changes

Harm reduction – July 2023



Harm Reduction Measures 2024



2024 News



- [Over half of state Medicaid programs have ended prior authorization requirement for first-time hepatitis C treatment](#) - The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) reported good news in their 2024 National Snapshot report. Twenty-eight jurisdictions now no longer require prior authorization for first-time treatment. States are being encouraged to look into their records and reach out to Medicaid patients over the past ten years who missed out on treatment due to prior authorization hurdles and are in need of antiviral medications to be cured. Along with the victory, work still needs to be done to ensure that the managed care organizations that run some states' Medicaid programs properly implement the changes.
- [Global increase in deaths from viral hepatitis](#) - The World Health Organization (WHO) recently released a report at the World Hepatitis Summit in Lisbon, Portugal. The data from 187 countries show that deaths due to viral hepatitis are increasing. The data compares numbers from 2022 as compared to 2019. Approximately 17% of the deaths were caused by hepatitis C and 83% by hepatitis B. People 30-54 years old represent half the burden of chronic hepatitis B and C infections. Although there has been a slight decrease in the incidence of new infections, incidence levels are still high. In 2022, there were 2.2 million new infections, including 1 million new Hepatitis C infections and 1.2 million new hepatitis B infections.
- [Departments of Justice and Health and Human Services Issue Letter to State Medicaid Administrators Urging Coverage for Life-Saving Hepatitis C Medications](#) - The U.S. Department of Justice and the U.S. Department of Health and Human Services are stepping up to push for care for Hepatitis C patients that also have substance use disorder (SUD). There are some Medicaid programs that will deny Direct-Acting Agents (DAA) coverage to Medicaid patients who have evidence of consuming alcohol or drugs within 6 months before starting DAA treatment. This means that people with HCV and SUD will have poorer health outcomes due to lack of care. Both agencies are using the Americans with Disabilities Act (ADA) to inform Medicaid programs of their obligation since they consider SUD a disability.

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HealthHIV STATE OF Harm Reduction Inaugural National Survey

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Disclosure of Conflict of Interest

No conflicts of interest to disclose.

Overview



HealthHIV administered the Inaugural State of Harm Reduction Survey to understand the current landscape of drug user health and harm reduction policies and practices in healthcare settings.

Scope of Survey:

- ▶ Identification and engagement of clients
- ▶ Drug user health services and supplies
- ▶ Substance use/addiction treatment
- ▶ Retention in care and recovery support
- ▶ Incorporating harm reduction principles
- ▶ Navigating funding sources
- ▶ Responses to infectious disease outbreaks
- ▶ Satisfaction with continuing education and current training opportunities

Participants:

- ▶ 795 healthcare workers spanning the national public health workforce

Topic Areas



- ▶ Optimizing the education and training of the healthcare and substance use workforce
- ▶ Informing health advocacy outreach
- ▶ Developing drug user health educational resources
- ▶ Expanding research in harm reduction practices
- ▶ Advancing training activities for impacted populations

Harm reductionists support policy-makers expanding access to supervised consumption assistance.



- ▶ Very few respondents operate in regions where safe consumption spaces are legal, primarily in New York
 - ▷ Among DC respondents less than half said safe consumption spaces were not legal in their region and just over half said they were unsure
- ▶ Many of the organizations are involved in efforts to establish these spaces
 - ▷ Challenges faced by all organizations are reported as a strained relationship with law enforcement and policy makers

Organizations must prioritize the equitable expansion of drug user health services.

- ▶ Organizations face an ongoing challenge reaching out to marginalized communities
- ▶ These communities are disproportionately impacted by HIV and HCV, highlighting the potential utility of harm reduction practices in HIV, STI, and infectious disease care settings

WHICH POPULATION(S) DO YOU THINK YOU/YOUR ORGANIZATION COULD BE BETTER AT REACHING?	
People who participate in sex work	56.1%
People who are incarcerated or formerly incarcerated	52.8%
Non-English-speaking individuals	52.5%
Youth (18-24)	46.2%
Undocumented persons	45.9%
People who are experiencing homelessness/are unhoused	43.9%
Transgender people	40.3%
BIPOC communities	39.3%
People who inject drugs	36.1%
Older adults (50+)	28.9%
Same gender loving/gay men	28.2%
Women	25.2%
Other	4.6%
None of the above	2.6%

Slow progress towards widespread acceptance of harm reduction.

WHAT ARE YOUR ORGANIZATION'S TOP THREE BARRIERS TO FUNDING?



51.6% Stigma associated with harm reduction approaches

41.9% Limited availability of funding specifically dedicated to harm reduction initiatives

36.7% Limited availability of funding for the services your organization wants to offer (e.g. sterile syringes)

Social assistance remains integral to harm reduction.



- ▶ Structural barriers like housing instability and transportation issues, coupled with stigma around substance use, are seen as major hurdles for individuals seeking drug user services
- ▶ Social assistance can facilitate access to care and harm reduction practices

Structural barriers shown as the greatest barrier to harm reduction services.



	All Survey Respondents	DC Respondents
Structural barriers - housing insecurity, lack of transportation, etc.	67.2%	33.3%
Stigma/shame surround substance use	58.8%	66.7%
Limited availability of services in the area/region	33.4%	22.2%
Unwillingness or lack of readiness to engage due to ongoing drug use	28.2%	55.6%

Over-policing and criminalization top primary concerns for drug user health services.

WHICH OF THE FOLLOWING ARE THE GREATEST CONCERNS REGARDING RACIAL INEQUITIES IN DRUG USER HEALTH SERVICES?



66.2% Over-policing and criminalization in communities of color

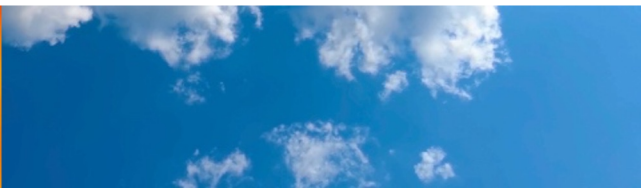
64.3% Lack of representation of diverse voices in decision making processes related to services

51.3% Disproportionate impact of drug-related deaths

Stigma and community resistance pose the greatest threat to harm reduction practices.



	All Survey Respondents	DC Respondents
Greatest barriers to reaching new clients with drug user services:		
Community resistance to drug user services	66.0%	77.8%
Lack of funding for outreach	64.3%	44.4%
Staff shortages	59.1%	66.7%
Greatest barriers to obtaining and distributing supplies:		
Financial barriers/cost	59.3%	50.0%
Community resistance	50.4%	66.7%
Local drug paraphernalia legislation/policy	43.9%	14.3%
Difficulty reaching priority communities	35.6%	33.3%



Community resistance and integration of practices are top training topics.



	All Survey Respondents	DC Respondents
Top harm reduction topics for future training:		
Navigating community resistance to harm reduction programs	28.8%	9.5%
Integration of harm reduction practices into healthcare services	26%	4.7%
Mobile outreach	25.7%	26.7%
Treating opioid use disorder (OUD)	4%	40%
Harm reduction philosophy and principles	5%	33.3%



Summary of Key Findings

- ▶ Harm reductionists support policy-makers expanding access to supervised consumption assistance.
- ▶ Organizations must prioritize the equitable expansion of drug user health services.
- ▶ Slow progress towards widespread acceptance of harm reduction.
- ▶ Social assistance remains integral to harm reduction.
- ▶ Over-policing and criminalization top primary concerns for drug user health services.
- ▶ Stigma and community resistance pose the greatest threat to harm reduction practices.

Q&A