

# Hepatitis B & C Advocacy in California: A Case Study



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## DESCRIPTION

California, the most populous state in the United States of America (US) with over 39.5 million residents, has the sixth largest economy in the world.<sup>1</sup> Preliminary estimates from the California Department of Public Health indicate that 445,277 and 400,737 Californians are living with the hepatitis B (HBV) and hepatitis C viruses (HCV), respectively<sup>2</sup>.

The California Hepatitis Alliance (CalHEP) was founded in 2006 in response to the great impact HBV and HCV were having on the state. CalHEP, an alliance of more than 100 organizations managed by Project Inform, is dedicated to reducing the scope and consequences of the HBV and HCV epidemics in California. CalHEP members include public health organizations, community-based organizations, clinics, health care agencies, county hepatitis task forces, and others committed to viral hepatitis prevention, care, advocacy, and education. CalHEP focuses on advocating for sound policies, promoting evidence-based education, and broadening access to services.

Over the last three years, CalHEP has focused its advocacy on addressing HBV and HCV among people who use drugs (PWUD), mainly employing two strategies: 1) Ensuring California's low-income health coverage (Medicaid) program provides unrestricted access to HCV direct-acting antivirals (DAAs); and 2) Securing funds to support HBV and HCV services.



Advocates near the State Capitol, after testifying at a state legislative budget hearing (2015).



CalHEP's Chair at Face 2 Face, a SEP in Santa Rosa, California, with supplies received from the SEP clearinghouse (2016).

## REFERENCES

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## PUBLIC HEALTH IMPACT

Eliminating HBV and HCV is possible through the provision of preventive services, large-scale testing efforts, and the availability of new medications that can cure over 90% of people living with HCV. Because 30% of new HBV infections and 64% of new HCV infections reported in the US in 2015 were associated with injection drug use<sup>3</sup>, HBV and HCV elimination require both a "treatment as prevention," as well as a "prevention as prevention" paradigm – primary prevention services, such as syringe access and evidence-based drug treatment services (e.g., medication-assisted treatment for opioid use disorders), must be provided along with HBV treatment and HCV cures to curb ongoing transmission.

CalHEP has engaged in advocacy (e.g., phone and in-person meetings, sign-on letter campaigns) to ensure that everyone living with HCV enrolled in Medi-Cal, the state Medicaid program, has access to DAAs. The state has made significant changes to its DAA treatment policy, reducing liver damage restrictions and using co-occurring conditions and risk of transmission as additional qualifiers regardless of fibrosis scoring. Medi-Cal also removed sobriety restrictions that were included in its initial DAA policy<sup>4</sup>.

Over the last three years, CalHEP has met with legislative staff and testified at budget hearings to advocate for the allocation of state general fund monies to the California Department of Public Health (CDPH) to support HBV and HCV services (see table below).

Advocacy Success	Impact (preliminary data from CDPH)
\$3 million (annual) to create and maintain a syringe exchange program (SEP) supply clearinghouse to provide authorized SEPs with free syringes and other injection equipment, as well as disposal containers, for distribution to PWUD. 39 out of the 42 authorized SEPs in California participate in the clearinghouse.	From July 2015-August 2017: -13 SEPs lifted syringe quantity restrictions/rationing; -5 SEPs reported that the material support prevented their programs from closing; -60% (n=38) increased services (e.g., expanded hours, added new locations, and/or expanded outreach); -82% offered HIV & HCV testing; -79% distributed naloxone (for reversal of opioid overdose); -Over 10 groups interested in starting SEPs contacted CDPH (prior to clearinghouse, CDPH received ≤1 request/year). <sup>5</sup>
\$200,000 (one time) for capacity building support for SEPs.	To be determined - the harm reduction specialist CDPH hired for this role started in May 2017.
\$100,000 (one time) to purchase HBV vaccine.	To date, 3940 doses sent to 9 organizations. <sup>6</sup>
\$600,000 (one time) to purchase rapid HCV antibody test kits and testing supplies.	Funds will support purchase of ~30,000 test kits and testing supplies (to date, 950 kits distributed to 12 groups). <sup>2, 6</sup>
\$500,000 (one time) to increase availability of HIV/HCV counseling & testing training, a state requirement for non-medical personnel.	From July 1, 2016-March 1, 2017, 144 new test providers certified. Funding will provide ~20 trainings for ~370 additional HCV test providers deployed in underserved areas. <sup>7</sup>

\$6.6 million (one time) to administer three-year HCV testing and linkage to care demonstration projects. Five projects were funded.

-As of Jan. 2017, Butte County implemented HCV reflex testing (reactive antibody test automatically followed by nucleic acid testing or NAT) at 3 large hospitals, resulting in patients now receiving appropriate diagnosis/linkage. -From March 2016-May 2017, other projects screened >24,000:  
•1697 (6.9%) antibody reactive;  
•Among those, 1317 (77.6%) received NAT, of whom 869 (66.0%) had chronic HCV;  
•Among 478 known to access care, 342 started treatment, 275 completed it, 156 cured.<sup>2</sup>

## WHY IS THIS INNOVATIVE?

Throughout much of the US, Medicaid programs restrict access to DAAs as a cost-containment strategy, limiting access to people with advanced fibrosis or cirrhosis and preventing PWUD from being cured. California now has one of the most inclusive Medicaid policies for treating HCV in the US, and is the only state that specifically includes people who inject drugs as a group to be treated regardless of liver damage.

Most states in the US do not invest any state general funds into HBV and HCV services. California's investments in HBV and HCV services, as a result of CalHEP's advocacy, has meant that for the first time California has made funding available to all authorized SEPs (through the Clearinghouse) and has funded HCV testing and linkage to care projects.

CalHEP's successful administrative advocacy and budget advocacy efforts in California provide an example of how coalition work can help us move toward the goal of state, national, and global HBV and HCV elimination.



Advocates in the State Capitol, after testifying at a state legislative budget hearing (2017).

## CONCLUSIONS

While CalHEP's advocacy in California has yielded impressive results, more is needed to ensure all Californians at risk for and living with HBV and HCV have access to preventive, screening, care, and treatment services and to establish the infrastructure that would allow the state to develop a roadmap for HBV and HCV elimination. California is a wealthy state that can support such efforts, and CalHEP must work to build the political will to make HBV and HCV elimination a priority.

CalHEP's future work includes continued advocacy to ensure all people living with HCV can access curative treatment, and advocacy for additional resources, particularly to reach PWUD with testing and linkage to care services, and funding for SEPs to hire staff (69% of SEPs report staff shortages as a major operational concern, and 54% note lack of funding as a major challenge).<sup>5</sup>

The promise of eliminating HBV and HCV cannot be realized unless PWUD have access to HBV and HCV prevention, testing, and treatment services. Advocacy from people affected by HBV and HCV, as well as the organizations that serve them, is necessary to ensure governments provide adequate resources and policies to respond comprehensively to these epidemics.

## CONFLICTS OF INTEREST

No conflicts of interest to declare.

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