



2019-21 Biennium Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: 1D - Eliminate Hepatitis C
Budget Session: 2019-21 Regular
Budget Level: Policy Level
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Agency Recommendation Summary

Hepatitis C virus (HCV) can result in liver disease, morbidity, and mortality. Since 2000, over 100,000 chronic cases have been reported. Reports increased ~14% annually since 2012. Between 2012-2016, the HCV-related mortality rate was 8.7/100,000 people with 534 deaths were reported on 2016. New medications now exist that cure nearly 100% of patients with hepatitis C infection. The Department of Health requests funds to develop a comprehensive plan to eliminate the public health threat of Hepatitis C virus (HCV) in Washington State by the year 2030.

Fiscal Summary

Dollars in Thousands

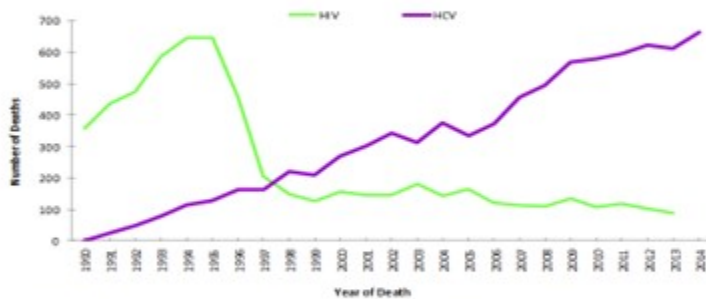
Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	\$12,204	\$17,587	\$17,587	\$0
Total Expenditures	\$12,204	\$17,587	\$17,587	\$0
Biennial Totals		\$29,791		\$17,587
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	8.3	9.2	9.2	0.0
Average Annual		8.8		4.6
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$474	\$516	\$516	\$0
Obj. B	\$166	\$181	\$181	\$0
Obj. C	\$10,635	\$15,953	\$15,953	\$0
Obj. E	\$904	\$912	\$912	\$0
Obj. T	\$25	\$25	\$25	\$0

Package Description

Background

Hepatitis C (HCV) is an infectious condition that is killing more people annually in Washington State than HIV did at its epidemic peak. A total of 83,912 chronic HCV cases have been diagnosed and reported to DOH through 2014, with an average of 5,115 cases per year diagnosed between 2010 and 2014. In 2014, there were 645 deaths attributed to Hep C. The rate of death from 2010 through 2014 was 7.2 deaths per 100,000 people.

Deaths Related to HIV and Hepatitis C Washington 1990-2014



***Note:** HIV/AIDS related death: limited to death for person living with HIV where death certificate indicates HIV or AIDS was a contributing factor; 2013 death data for HIV are still preliminary.

HCV related death: hepatitis C virus infection has been listed as the principle underlying or a contributing cause of death on a death certificate



HIV deaths have declined due to a strong coordinated response of public and private health. In contrast, Hep C deaths -- without a similar, strong public health response -- have continued to climb. Chronic infection with Hep C can result in cirrhosis, liver cancer, disability, reduced quality of life, and premature death.

Development of Statewide HCV Elimination Plan

The Governor’s office has asked the Department of Health (DOH), Department of Corrections, the Health Care Authority, Department of Social and Health Services, Department of Labor and Industries, and the Office of Financial Management to convene to identify how Washington might best develop and implement a multi-year strategy aimed at eliminating Hepatitis C virus (HCV) within our state.

The DOH requests general fund – State (GF-S) expenditure authority to develop a comprehensive plan to eliminate the public health threat of HCV in Washington State by the year 2030. This plan will be a coordinated effort between state and local health jurisdictions and other public and private partners to implement proven strategies to eliminate HCV.

HCV is curable. Highly effective medication treatments are now available and recent studies show cure rates between 90 and 100%. Since effective treatment is available, the death rate from HCV is a critical public health issue requiring an urgent response. Eliminating HCV means achieving a state where HCV is no longer a public health threat and where those few who become infected with HCV learn their status quickly and access curative treatment without delay, preventing the forward spread of the virus. The tools exist to eliminate the public health threat of HCV in Washington, but the department currently lack the necessary resources to deploy them at the level needed.

The proposed elimination initiative for WA State requires two distinct work stages and budgets; (1) the elimination planning process, which will be coordinated and convened by DOH to develop a statewide elimination plan; and, (2) the implementation of activities and strategies outlined within the statewide plan.

The total amount proposed to carry out this this initiative:

1. Elimination Planning process (1 year)
2. Elimination Implementation request: \$18,140,000 (annual x3 years)
 - Elimination implementation requested DOH FTE: 2.0 (1.0 HCV Elimination Coordinator and 1.0 Drug User Health HCV Elimination Coordinator)

Total Amount Requested for both Elimination Planning and Implementation: \$18,140,000 (Year 1 – 3)

Note: The elimination plan will be designed to achieve intended outcomes by the year 2030. The elimination implementation phase is broken down into 3 distinct time periods: (1) ramp up period (annual x3 years); (2) elimination period (annual x7 years); and, maintenance (after elimination outcomes achieved). The above requested amount highlights phase 1 of elimination implementation.

Implement Efforts to Eliminate HCV by 2030

The DOH requests general fund – state (GF-S) expenditure authority resources to implement phase 1 (Year 1-3) the plan and scale up efforts to prevent new HCV infections; reduce deaths and improve the health of people living with HCV; reduce HCV health disparities; and, coordinate, monitor, assess and report on implementation of HCV activities. At the federal level, HCV response is inadequately funded. The Division of Viral Hepatitis at the Centers for Disease Control and Prevention only receives \$32 million for the entire country’s hepatitis B and HCV response. The department does receive a small percentage of this federal funding, as well as some state funds. To scale the state’s effort to a sufficient level to realistically reach the

elimination goal, DOH needs additional investments. Receiving GF-S funding is the only option. The funds would be used to expand DOH's current Adult Viral Hepatitis (AVH) program and develop new scopes of work to a sufficient level to achieve hepatitis C elimination by 2030.

Consequences of not taking action? There are medications that can cure almost everyone living with HCV. It is imperative to identify, link, and cure all Washingtonians living with HCV as quickly as possible. The peak of HCV complications (e.g., cirrhosis complications, liver cancer, liver transplants, and deaths) is impending, estimated to be around 2030. Acute HCV is increasing due to the opioid crisis and increased injection drug use among people 37 years of age and younger.

Why now? The recent approval of highly effective, all-oral therapies for HCV have the potential to cure nearly 100% of chronic HCV infections, but access to the new therapies remains a challenge and demands a commitment and prioritization among multiple sectors of government. Failure to scale efforts will mean the indefinite continuation of the HCV epidemic and an inability to intervene in the mortality trend. Several recent studies have demonstrated the economic value of HCV treatment and made it clear that HCV therapy is cost-effective (Chahal, 2016); (Chatwal, 2015); (Chidi, 2016); (Linas, 2015); (Martin, 2016a); (Najafzadeh, 2015); (Rein, 2015); (Tice, 2015); (Younossi, 2015a). Preventing new infections and linking people living with HCV to cost-effective treatment will reduce Washington State's expenditures in the long term by reducing health care costs, including hospitalizations and liver transplants (HCV is the leading indication for liver transplant in the United States) (<https://www.hcvguidelines.org/evaluate/cost>).

Other Supporting Materials

Internationally and nationally there are conversations and efforts occurring around HCV elimination. Within the United States, there are a number of HCV elimination efforts at local, tribal, and state levels (including San Francisco, CA, New Mexico, Massachusetts, New York State, Indiana, and Cherokee Nation). In 2017, the National Academies of Sciences, Engineering, and Medicine issued a national strategy for the elimination of hepatitis B and hepatitis C. Below are links to Washington State data and existing strategies, as well as the National Academies' report and a number of international, national, state, and local reports related to HCV elimination:

- Washington State Department of Health. 2014 Washington state hepatitis C strategic plan. 2014. Washington State Department of Health. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-063-HepatitisCStrategicPlan2014.pdf>
- National Academies of Sciences, Engineering, and Medicine. 2017. A national strategy for the elimination of hepatitis B and C. Washington, DC: The National Academies Press. <http://nationalacademies.org/hmd/Reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx>
- US Department of Health & Human Services. 2017. National viral hepatitis action plan. Washington,

DC: HHS. <https://www.hhs.gov/sites/default/files/National%20Viral%20Hepatitis%20Action%20Plan%202017-2020.pdf>

- End Hep C SF. End Hep C SF strategic plan 2017-2019. San Francisco, CA: End Hep C SF. http://www.endhepcsf.org/wp-content/uploads/2017/07/EndHepC_FINAL_for_e-distribution.pdf and www.endhepcsf.org for additional information on the End Hep C SF initiative.
- NYS Hepatitis C Elimination Campaign. <https://www.endhepcny.org/>
- NY Governor announces nation's first state-level hepatitis C elimination strategy. <https://hepfree.nyc.ny-governor-announces-nations-first-state-level-hep-c-elimination-strategy/>
- End Hep C MA Coalition. <https://www.vpi.org/mvhc/>
- New Mexico Hepatitis C Elimination Project. <https://som.unm.edu/education/cme/2017/files/miranda-sedillo.pdf>
- Hepatitis C Elimination Task Force. <https://www.aidschicago.org/page/our-work/prevention/hepatitis-c-elimination-task-force-1>
- Universal screening Cherokee Nation to eliminate hepatitis C. <https://www.healio.com/hepatology/hepatitis-c/news/online/%7Bb0771a05-bc35-46d1-8b18-a08a7ba6ff6f%7D/universal-screening-in-choerokee-nation-aims-to-eliminate-hepatitis-c>
- Australia's hepatitis C elimination effort. https://www.burnet.edu.au/centres/24_eliminate_hep_c
- Scottish Hepatitis C Action Plan, Version 4.0. http://regist2.virology-education.com/2015/1euhep/11_Dillon.pdf
- Countries on track to achieve elimination. <http://cdfaound.org/polaris/>
- World Health Organizations. Combating hepatitis B & C to reach elimination by 2030. http://apps.who.int/iris/bitstream/handle/10665/206453/WHO_HIV_2016.04_eng.pdf;jsessionid=57F5DA4E1B1735749D0238CB1257AD98?sequence=1

Assumptions and Calculations

Expansion or alteration of a current program or service:

During the 2015-17 biennium, the total expenses of the Office of Infectious Disease for HCV efforts was \$4,792,836. Total budget during this period was \$4,942,610.

Through FM 12 of the 2017-19 biennium, the total expenses the Office of Infectious Disease for HCV efforts is \$2,409,717. Total budget during this period is \$2,807,024.

Detailed assumptions and calculations:

Proposed Funding Amount to Implement Elimination Initiative: \$47,378,000

Proposed Office of Infectious Disease (OID), Adult Viral Hepatitis (AVH) activities to achieve hepatitis C elimination by 2030 include the following, but not limited to:

1:

Strategy: Build Health Care Workforce Capacity Develop capacity and support to develop a health care workforce prepared to diagnose, care for, treat and cure persons infected with hepatitis C.

Present Activities: In collaboration with the University of Washington and Harborview Medical Center, OID support a telehealth consultation model (Project ECHO) to develop provider proficiency and increase the number of treating providers within Washington State.

Proposed new activities: Double the capacity of Project ECHO to sufficiently respond to provider requests. In addition, develop an interactive mechanism to respond to provider questions concerning the treatment and management of persons impacted by HCV.

Rational for proposed new activities: Telehealth case consultation works towards building provider proficiency in diagnosing, caring for, treating and curing persons impacted with hepatitis C. Project ECHO is outlined within the Washington State Hepatitis C Strategic Plan as a recommended action step to build provider capacity^[1]. Proposed funding amount is based off doubling the current contracted funding amount of \$150,000 a year.

Proposed annual funding: Contract with UW Amount: Funding required for FY 20-21 is \$281,250 and FY 22 is \$168,750.

- Contracted amount with UW to expand services to meet and exceed current provider demand.

2:

Strategy: Increase Screening and Link those infected to Treatment (1) Identify persons infected with viral hepatitis early in the course of their disease; (2) improve access to and quality of care and treatment for persons infected with viral hepatitis and (3) ensure that people who inject drugs have access to harm reduction supplies, viral hepatitis screening and linkage to care and supportive services.

Present Activities: OID invests in the following activities to support the above strategies; (1) support directly and/or indirectly syringe service programs (SSPs) (e.g., exchange of harm reduction supplies, linkage to care and supportive services), (2) build screening services within public health supported settings (e.g., local health jurisdictions, SSPs and community health centers), and support efforts to educate provider systems to adopt practices that align with prevailing best practice and national recommendations.

Proposed new activities: increase resources to increase the number of screening programs for

marginalized, high burdened, populations (e.g., active injection drug users, American Indian (AI) population, etc.), increase the number of access points (e.g., SSP sites, mobile harm reduction vans, ER settings, jail and corrections settings, testing and treating in methadone clinics, and Local Public Health settings).

Proposed Funding:

A. Syringe Service Expansion through contractual partnerships: Funding required for FY 20-21 is \$2,114,800 and FY 22 is \$1,057,400

Funds will be used to expand the total amount of SSPs through direct contracting to double SSP coverage for every jurisdiction in order to prevent syringe sharing, the main risk factor for newly acquired hepatitis C infections

Rational for proposed new activities: Supporting SSPs is highlighted as an effective strategy to ensure that people who inject drugs have access to viral hepatitis prevention services in the US Department of Health & Human Services National Viral Hepatitis Action Plan[2] and the World Health Organization's hepatitis C Elimination Plan[3]. Proposed funding amount is based on current resource allocation to support SSPs in 22 counties and projected costs to support an SSP in every county in WA State.

B. Local Health Jurisdiction Screening Expansion through contractual partnerships: Funding required for FY 20-21 is \$187,500 and FY 22 is \$112,500

Funds will be used to scale screening capacity and confirmatory testing for local health jurisdictions within high and medium prevalence jurisdictions.

C. Jail and Prison Screening Expansion and Linkage to Care and Treatment through contractual partnerships: Funding required for FY 20-21 is \$5,437,500 and FY 22 is \$3,262,500

Funds will be used to support efforts to expand screening and linkage to care activities in up to 30 county jails and provide linkage to care for individuals in prison for short-term sentences or parole violators passing through prison or jail. Efforts would include community resource information, hepatitis C screening as needed, linkage to community HCV care and treatment, and linkage to medication-assisted treatment for opioid use disorders. In addition, efforts would support reflexive HCV RNA testing at entry into DOC facilities, as well as two nurse practitioners and a Management Analyst 3 to support care and treatment of those in DOC facilities who test positive and to analyze the success of the testing, care, and treatment effort in DOC facilities.

Rational for proposed new activities: Research shows that testing and treating HCV in prisons is an essential element to HCV elimination efforts. Incarcerated individuals are disproportionately impacted by HCV. Both the Washington State Hepatitis C Strategic Plan and the US Department of Health & Human Services National Viral Hepatitis Action Plan recommend expanding access to, and delivery of, hepatitis prevention, care, and treatment services in correctional settings.

D. Mobile Screening Expansion through contractual partnerships: Funding required for FY 20-21 is

\$4,443,750 and FY 22 is \$2,666,250

Funds will be used to expand mobile screening programs in up to 9 rural high burden counties.

Rational for proposed new activities: Supporting SSPs is highlighted as an effective strategy to ensure that people who inject drugs have access to viral hepatitis prevention services in the US Department of Health & Human Services National Viral Hepatitis Action Plan[4] and the World Health Organization's hepatitis C Elimination Plan[5]. Mobile screening units increase access and screening programs for the most marginalized, hard to reach populations (e.g., active injection drug users, American Indian (AI) population, etc..). Proposed funding amount is based on current resource allocation to fund 1 mobile screening program in a high burden rural county. Proposed amount would increase the number of supported mobile screening programs in 9 rural high burden counties.

E. Education and Community Testing (high burden counties) through contractual partnerships:
Funding required for FY 20-21 is \$937,500 and FY 22 is \$562,500

Funds will be used to support the expansion through contractual agreements to deliver highly targeted screening services and linkage to care in up to 11 high burden jurisdictions and to expand an existing program to train incarcerated persons as peer health/HCV educators in all state prison facilities.

Rational for proposed new activities: Increase resources to increase the number of screening and education programs for marginalized, hard to reach populations (e.g., active injection drug users, American Indian population, etc.) in high burden counties. Proposed funding amount is based on current resource allocation to fund 1 community testing and education program in a high burden county. Proposal would increase the number of supported programs to 11 high burden jurisdictions.

F. Health Care Workforce Preparation through contractual partnerships:
Funding required for FY 20-21 is \$468,750 and FY 22 is \$281,250

Funds will be used to support academic detailing to educate and build provider capacity to deliver HCV screening, linkage to care activities within health care settings.

Rational for proposed new activities: Academic detailing is a structured visit by trained personnel to health care practices for the purpose of delivering tailored training and technical assistance to health care providers to help them incorporate best practice into clinical care. Academic detailing is outlined as an effective intervention by the Center for Disease Control and Prevention and a recommended strategy the End Hep C San Francisco Elimination Plan[6]. Proposed funding amount is based off of 1 RN FTE, travel, and materials development estimates.

G. Screening and Treatment in Medication Assisted Treatment (MAT) settings through contractual partnerships:
Funding required for FY 20-21 is \$7,500,500 and FY 22 is \$4,500,500

Funds will be used to support activities to develop capacity to screen and treat clients within a methadone setting. Amount is to support up to 25 treatment centers.

Rational for proposed new activities: HCV screening and providing treatment within MAT venues provides an opportunity to deliver services to this key population.[7] Proposed funding amount is

based off of estimated costs to support 25 methadone clinics in high burden jurisdictions.

H. Health Promotion and Education through contractual partnerships: Funding required for FY 20-21 is \$2,812,500 and FY 22 is \$1,687,500

Funds will support a contract with a social marketing firm to promote a comprehensive plan aimed at priority populations to deliver education through various media formats with a focus on educating those at risk about the importance of screening to identify infection; and, educating those with infection about the importance of obtaining treatment.

Rational for proposed new activities: Proposed funding amount is based off of similar health promotion and education efforts from the WA State End AIDS initiative and End HEP C initiative.

I. Screening in Emergency Room Settings through contractual partnerships: Funding required for FY 20-21 is \$1,800,000 and FY 22 is \$1,080,000

Funds will support ER screening and linkage to care in up to 6 emergency room settings in high-density areas.

Rational for proposed new activities: The Center for Disease Control and Prevention recognize screening through ER settings as an effective strategy for disease detection[8]. Proposed funding amount is based off of estimates for 1 case manager and 1 part time (0.5) clinician for 6 ERs in high-density areas. Funding would work towards increasing the number of access points to target populations (e.g., baby boomer age cohort, active and former injection drug population, etc..) to deliver HCV screening services through ER venues.

J. Tribal Screening and Linkage to Care Initiate through contractual partnerships: Funding required for FY 20-21 is \$2,718,750 and FY 22 is \$1,631,250

Funds will support the development of building screening and linkage to care activities in up to 5 tribal health clinics.

Rational for proposed new activities: Funding would work towards developing a comprehensive screening and linkage to care program in 5 tribal health clinics in high burdened counties. Proposed funding amount is based off of estimates to support drug user health programs, case managers and clinician FTE.

K. DOH 8.80 FTE: Funding required for FY 20-21 is \$1,088,200 and FY 22 is \$576,600

Funds will support 2.0 FTE HSC3 HCV Elimination Coordinators to provide administration and oversight to the new and expanded prevention activities outlined above; 1.0 FTE HSC3 Drug User Health HCV Elimination Coordinator to provide administration and oversight to the new and expanded drug user health activities outlined above. Supports 5.3 FTE for agency administrative functions.

Total funding required for FY 20-21 is \$29,791,000 and 8.80 FTE and for FY 22 is \$17,587,000 and 9.20 FTE.

Total contractual amount is \$26,588,000 for FY 20-21 and \$15,953,000 in FY 22.

[1] Washington State Department of Health. 2014 Washington state hepatitis C strategic plan. 2014. Washington State Department of Health. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-063-HepatitisCStrategicPlan2014.pdf>

[2] US Department of Health & Human Services. 2017. National viral hepatitis action plan. <https://www.hhs.gov/sites/default/files/National%20Viral%20Hepatitis%20Action%20Plan%202017-2020.pdf>

[3] World Health Organizations. Combating hepatitis B & C to reach elimination by 2030. http://apps.who.int/iris/bitstream/handle/10665/206453/WHO_HIV_2016.04_eng.pdf;jsessionid=57F5DA4E1B1735749D0238CB1257AD98?sequence=1

[4] US Department of Health & Human Services. 2017. National viral hepatitis action plan. <https://www.hhs.gov/sites/default/files/National%20Viral%20Hepatitis%20Action%20Plan%202017-2020.pdf>

[5] World Health Organizations. Combating hepatitis B & C to reach elimination by 2030. http://apps.who.int/iris/bitstream/handle/10665/206453/WHO_HIV_2016.04_eng.pdf;jsessionid=57F5DA4E1B1735749D0238CB1257AD98?sequence=1

[6] End Hep C SF. End Hep C SF strategic plan 2017-2019. San Francisco, CA: End Hep C SF. http://www.endhepcsf.org/wp-content/uploads/2017/07/EndHepC_FINAL_for_e-distribution.pdf and www.endhepcsf.org for additional information on the End Hep C SF initiative.

[7] Key populations: Identification and Management of HCV in People Who Inject Drugs. American Association for the Study of Liver Disease. <https://www.hcvguidelines.org/unique-populations/pwid>

[8] Screening in Hospital Emergency Room Finds Baby Boomers with Hepatitis C. <https://www.cdc.gov/nchhstp/docs/successstories/hcv-in-er-al.pdf>

Workforce Assumptions:

See attached FNCal

Strategic and Performance Outcomes

Strategic framework:

The Governor's office has asked the Department of Health, Department of Corrections, the Health Care Authority, Department of Social and Health Services, Department of Labor and Industries, and the Office of Financial Management to convene in order to identify how Washington might best develop and implement a multi-year strategy aimed at eliminating HCV within our state.

Performance outcomes:

Strategies and activities proposed within this decision package work towards the World Health Organization's (WHO) goals of eliminating HCV as a public health threat. Elimination performance indicators described by the WHO include a target timeline of 2030. Service coverage *targets* that would eliminate HCV by 2030 include:

- Harm reduction (sterile syringe/needle set distributed per person per year for people who inject drugs (PWID): 300 sets.
- Diagnosis of HCV (coverage %): 90%
- Treatment of HCV (coverage %): 80% eligible treated
- Incidence of chronic HCV infections: reduce by 90%
- Mortality from chronic HCV infections: reduce by 65%

Service coverage *benchmarks* that would work towards eliminate HCV by 2030 adjusted for 2-year proposed biennium (2020):

- Harm reduction (sterile syringe/needle set distributed per person per year for people who inject drugs (PWID): 200 sets.
- Diagnosis of HCV (coverage %): 30%
- Treatment of HCV (coverage %): n/a
- Incidence of chronic HCV infections: reduced by 30%
- Mortality from chronic HCV infections: reduce by 10%

Other Collateral Connections

Intergovernmental:

Health Care Authority (HCA): HCA is concurrently examining strategies for HCV medication procurement models across all state payers in the hopes of reducing long-term state investment in treating HCV. The DOH proposal complements this effort by addressing workforce readiness, prevention, diagnosis, and access to care and treatment and ultimately to reduce the number of people HCA and other state payers need to treat. The DOH proposal will have a positive fiscal impact on other state agencies by decreasing the number of Washingtonians who need access to high-cost medications.

Tribal Nations: DOH intends to fund specific projects for Tribal Nations given the disproportionate impact of HCV and the opioid crisis in these communities. The department also intends to include representatives from Tribal Nations in our HCV elimination planning process. DOH anticipates support from the Tribal Nations and will work with the DOH Tribal Liaison to ensure meaningful engagement from Tribal Nations in the HCV elimination planning effort.

Local Health (LHJs): DOH intends to fund disease intervention and surveillance efforts within local health jurisdictions to support local efforts.

Stakeholder response:

Community Based, non-governmental Organizations that provide Syringe Service Programs. Community Organizations that provide HCV education, case management and linkage to care (especially Hepatitis Education Project). Organizations that provide treatment and care.

Anticipated support.

DOH is developing a stakeholder process that will engage governmental and non-governmental stakeholders to develop the HCV Elimination Strategy together (similar to End AIDS WA). DOH anticipates support.

Legal or administrative mandates:

N/A

Changes from current law:

N/A

State workforce impacts:

N/A

State facilities impacts:

N/A

Puget Sound recovery:

N/A

Agency Questions

Did you include cost models and backup assumptions?

See attached Financial Calculator (FNCal) template.

Reference Documents

- Eliminate Hepatitis C-FNCal.xlsm

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No