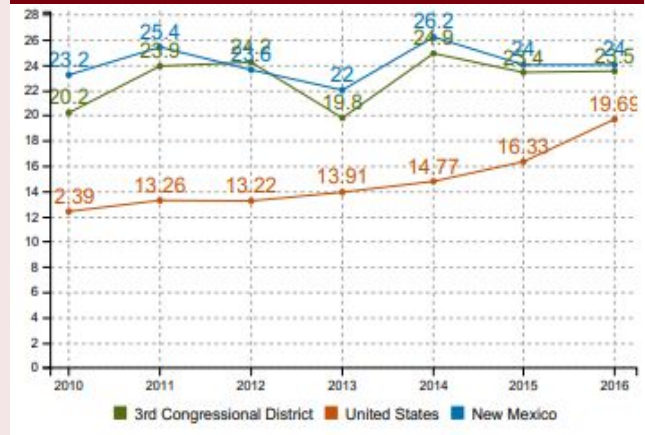


# NEW MEXICO – District 3

## CHRONIC HEPATITIS<sup>1</sup>

District Population: 673,419  
 HCV Infection in Constituents: 10,775  
 HCV Infection in Baby Boomers 7,187  
 HCV Infection in Caucasians: 6,582  
 HCV Infection in African Americans: 309  
 HCV Infection in API: 3,219  
 HCV Infection in Latinos: 3,373  
 HBV Infection in Constituents: 2,694  
 HBV Infection in African Americans: 103  
 HBV Infection in API: 12,875  
 HBV Infection in Latinos: 778  
 Adult Viral Hepatitis Coordinator: Joshua Swatek  
 Contact: [Joshua.Swatek@state.nm.us](mailto:Joshua.Swatek@state.nm.us)

## DRUG RELATED DEATHS<sup>2</sup>



## STATE OPIOID POLICIES<sup>2</sup>

Opioid Policy Provision	Status
Syringe Exchange Program Legality	Legal
Prescribers required to check a prescription drug monitoring program before prescribing controlled substances	Required
Jurisdictions submitted request for CDC Consultation demonstrating high risk of HCV or HIV outbreak due to drug use	Not Completed

## STATE HCV MEDICAID POLICIES<sup>2</sup>

HCV Medicaid Policy Provision	Status
Liver damage restrictions	Fee-For-Service (FFS) does not impose any liver damage restrictions. New Mexico's Medical Assistance Division (MAD) requires all Managed Care Organizations (MCOs) to follow FFS criteria. Two MCOs (Molina Healthcare and UnitedHealthcare (UHC)) are complying. One MCO (Presbyterian) is not complying and requires at least minimal liver damage (F1 or greater). Coverage requirements for one MCO (BlueCrossBlueShield (BCBS)) are not publicly available.
Sobriety restrictions	FFS requires patients with a history of alcohol or substance use to be referred for counseling and substance use treatment, but does not deny coverage based on such history. New Mexico also prohibited MCOs from issuing approvals or denials based on active alcohol or substance use screening. Three MCOs (Molina, Presbyterian and UHC) are complying and do not impose sobriety requirements. Coverage requirements for one MCO (BCBS) are not publicly available.

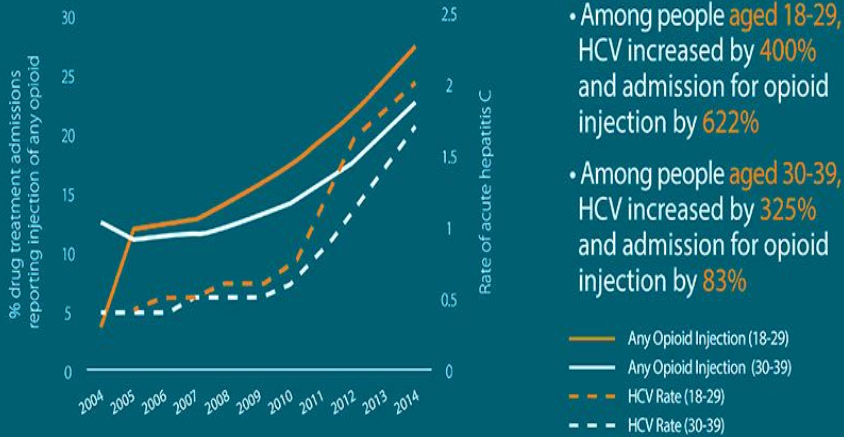
Source:

1. Caring Ambassadors Program, [www.hepcchallenge.org](http://www.hepcchallenge.org)

2. amfAR, 2018;

Hepatitis C: State of Medicaid Access, 2017

## HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

*“Hepatitis C is a deadly, common, and often invisible result of America’s opioid crisis,” said Jonathan Mermin, M.D., M.P.H., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation’s devastating opioid crisis and save lives.”*

## TREATMENT AND PREVENTION SERVICES<sup>2</sup>

Treatment and Prevention Services <sup>2</sup>	District	State
Syringe Exchange Programs	22	32
Facilities providing substance abuse services	88	117

## HEALTHCARE ACCESS<sup>2</sup>

Healthcare Access	District	State
Percent of People without Health Insurance	14.4	14.4
Percent Needing but Not Receiving Addiction Treatment	84.8	85.4
Number of 30 Days Supply of Opioids per Part D Enrollee	1.7	1.9
Opioids prescribed per capita, in morphine mg equivalents (MME)	644.9	646.5