

DISTRICT OF COLUMBIA

CHRONIC HEPATITIS¹

STATE: DC
DISTRICT: 1
 Representative Norton, Eleanor Holmes
 URL: <http://www.norton.house.gov/>
 District Population: 584,400
 HCV Infection in Constituents: 9,350
 HCV Infection in Baby Boomers: 6,237
 HCV Infection in Caucasians: 3,336
 HCV Infection in African Americans: 9,271
 HCV Infection in API: 558
 HCV Infection in Latinos: 667
 HBV Infection in Constituents: 2,338
 HBV Infection in African Americans: 3,090
 HBV Infection in API: 2,231
 HBV Infection in Latinos: 154
 Adult Viral Hepatitis Coordinator: Gerald Thompson
 Contact: Gerald.thompson@dc.gov

DRUG RELATED DEATHS²



STATE OPIOID POLICIES²

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

STATE HCV MEDICAID POLICIES²

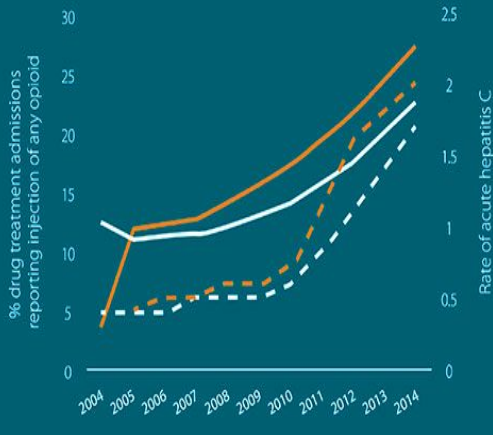
HCV Medicaid Policy Provision	Status
Liver damage restrictions	The Fee-For-Service (FFS) program does not impose liver damage restrictions. One Managed Care Organization (MCO), AmeriHealth Caritas, requires at least moderate liver damage (F2 or greater) or a beneficiary to meet other clinical requirements. One MCO, Trusted Health Plan requires a diagnosis of chronic hepatitis C as well as letter of medical necessity. The hepatitis C requirements of one MCO, Amerigroup, are unclear.
Sobriety restrictions	FFS requires a beneficiary to be screened and counseled for alcohol and substance use. One MCO, AmeriHealth Caritas, also requires screening and counseling for alcohol and substance use. One MCO, Trusted Health Plan, requires a beneficiary to agree to abstain from illicit drug or alcohol use for at least six months and, if not, to give the reason. The hepatitis C requirements of one MCO, Amerigroup, hepatitis C requirements are unclear.

1. Caring Ambassadors Program, 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



- Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%
- Among people aged 30-39, HCV increased by 325% and admission for opioid injection by 83%

— Any Opioid Injection (18-29)
 — Any Opioid Injection (30-39)
 - - - HCV Rate (18-29)
 - - - HCV Rate (30-39)

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 ²	#
Syringe Exchange Programs	4
Facilities providing substance abuse services	24
Facilities providing some Medication Assisted Treatment (MAT)	12 ...of which 11 accept Medicaid

HEALTHCARE ACCESS²

Healthcare Access	DC	US
Percent of People without Health Insurance	5.2	11.7
Percent Needing but Not Receiving Addiction Treatment	94.35	88.89
Number of 30 Days Supply of Opioids per Part D Enrollee	1.86	2.08
Opioids prescribed per capita, in morphine mg equivalents (MME)	205.9	642.05