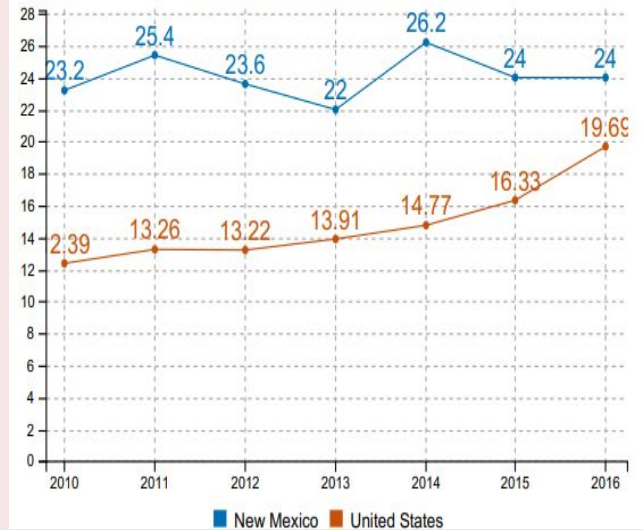


NEW MEXICO

CHRONIC HEPATITIS¹

Male Liver Cancer Incidence Rates per 100,000 : 15.3
Female Liver Cancer Incidence Rates per 100,000 : 5.5
State Population: 2,013,122
HCV in General Population: 32,210
HCV in Baby Boomer Population: 21,484
HCV in Caucasian: 21,508
HCV in African American: 1,197
HCV in API: 5,420
HCV in Latino: 11,881
HBV in General Population: 8,052
HBV in African American: 399
HBV in API: 21,677
HBV in Latino: 2,742
Adult Hepatitis Prevention Coordinator: Joshua Swatek
E-mail: Joshua.Swatek@state.nm.us

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	Required
Jurisdictions submitted request for CDC Consultation demonstrating high risk of HCV or HIV outbreak due to drug use	Not Completed

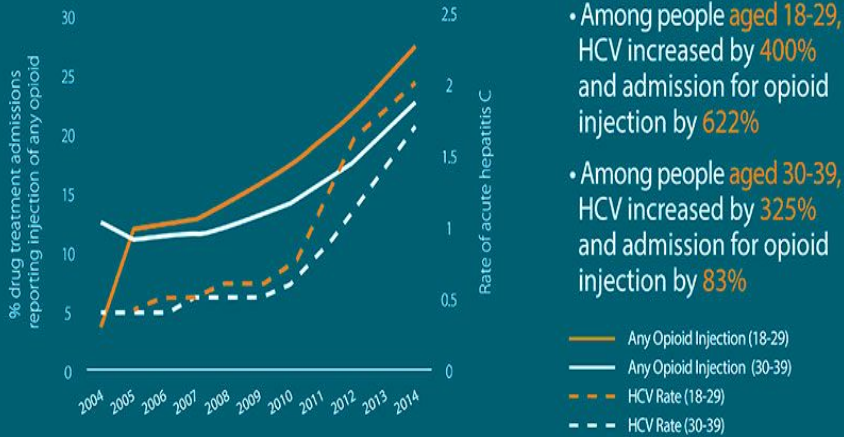
STATE HCV MEDICAID POLICIES²

HCV Medicaid Policy Provision	Status
Liver damage restrictions	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
 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	32
Facilities providing substance abuse services	117
Facilities providing some Medication Assisted Treatment (MAT)	41 ...of which 36 accept Medicaid

HEALTHCARE ACCESS²

Healthcare Access	NM	US
Percent of People without Health Insurance	14.4	11.7
Percent Needing but Not Receiving Addiction Treatment	85.43	88.89
Number of 30 Days Supply of Opioids per Part D Enrollee	1.88	2.08
Opioids prescribed per capita, in morphine mg equivalents (MME)	646.45	642.05