

OREGON

CHRONIC HEPATITIS¹

Male Liver Cancer Incidence Rates per 100,000 : 11
Female Liver Cancer Incidence Rates per 100,000 : 3.9
State Population: 3,761,925
HCV in General Population: 60,190
HCV in Baby Boomer Population: 40,147
HCV in Caucasian: 48,304
HCV in African American: 1,993
HCV in API: 5,205
HCV in Latino: 5,462
HBV in General Population: 15,049
HBV in African American: 664
HBV in API: 20,823
HBV in Latino: 1,261
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DRUG RELATED DEATHS²



STATE OPIOID POLICIES²

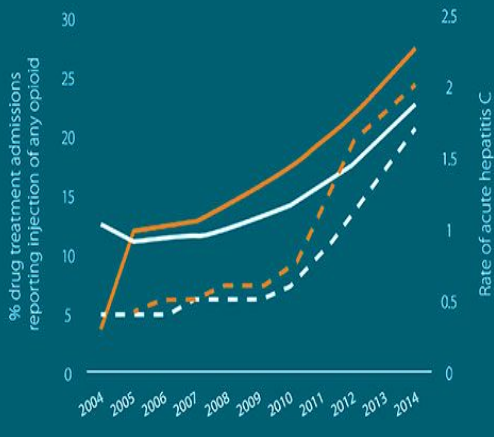
Opioid Policy Provision	Status
Syringe Exchange Program Legality	Locally Permitted
Prescribers required to check a prescription drug monitoring program before prescribing controlled substances	Not Required
Jurisdictions submitted request for CDC Consultation demonstrating high risk of HCV or HIV outbreak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

STATE HCV MEDICAID POLICIES²

HCV Medicaid Policy Provision	Status
Liver damage restrictions	Fee-For-Service (FFS) requires most beneficiaries to have moderate liver damage (F2 or greater). Patients co-infected with HIV can qualify without any minimum liver damage requirement. Nine Managed Care Organizations (MCOs) impose the same liver damage requirements as FFS. Six MCOs, AllCare CCO, Cascade Health Alliance, Eastern Oregon CCO, InterCommunity Health Network CCO, PrimaryHealth and Umpqua Health Alliance, do not provide hepatitis C coverage requirements publicly.
Sobriety restrictions	FFS inquires about the beneficiary's alcohol abuse and substance abuse status in the previous six months and the enrollment in substance treatment program if applicable. Nine MCOs impose the same sobriety criteria as FFS. Six MCOs, AllCare CCO, Cascade Health Alliance, Eastern Oregon CCO, InterCommunity Health Network CCO, PrimaryHealth and Umpqua Health Alliance, do not provide hepatitis C coverage requirements publicly.

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	9
Facilities providing substance abuse services	200
Facilities providing some Medication Assisted Treatment (MAT)	57 ...of which 42 accept Medicaid

HEALTHCARE ACCESS²

Healthcare Access	OR	US
Percent of People without Health Insurance	10.4	11.7
Percent Needing but Not Receiving Addiction Treatment	91.61	88.89
Number of 30 Days Supply of Opioids per Part D Enrollee	2.32	2.08
Opioids prescribed per capita, in morphine mg equivalents (MME)	778.45	642.05