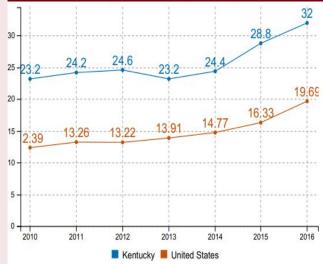
KENTUCKY

CHRONIC HEPATITIS¹

Male Liver Cancer Incidence Rates per 100,000 : 9.8 Female Liver Cancer Incidence Rates per 100,000 : 3.7 State Population: 4,285,828 HCV in General Population: 68,573 HCV in Baby Boomer Population: 45,738 HCV in Caucasian: 56,886 HCV in African American: 9,924 HCV in African American: 9,924 HCV in Latino: 1,524 HBV in General Population: 17,143 HBV in General Population: 17,143 HBV in African American: 3,309 HBV in API: 5,708 HBV in Latino: 352 Adult Hepatitis Prevention Coordinator: Kathy J. Sanders E-mail: kathyj.sanders@ky.gov

DRUG RELATED DEATHS²



STATE OPIOID POLICIES²

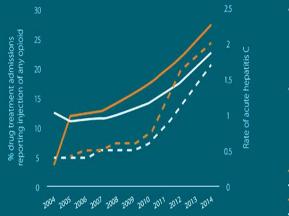
| Opioid Policy Provision | Status |
|---|-----------------|
| Syringe Exchange Program Legality | Legal |
| Prescribers required to check a prescription drug monitoring program before prescribing controlled substances | Required |
| Jurisdictions submitted request for CDC Consultation demonstrating 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) does not impose minimum liver damage restrictions. One Managed Care Organization (MCO), Anthem BlueCross BlueShield of Kentucky, requires severe liver damage (F3 or greater). |
| Sobriety restrictions | FFS inquires about patients' past history of substance use, but does not impose mandated periods of abstinence for individuals seeking first-time treatmentOne MCO, CareSource, requires that members are not currently participating in alcohol abuse or illicit substance abuse, evidenced by one confirmed negative urine drug and alcohol screen within the last 60 days; for previous abusers, it requires confirmation of current monthly negative urine drug and alcohol screen for 3 consecutive months. |

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



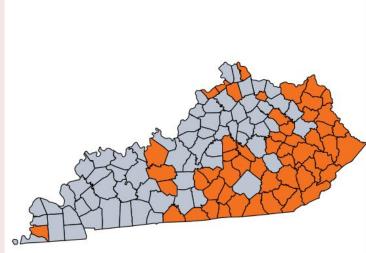
 Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%

 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) "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."

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

| Treatment and Prevention Services ² | # |
|---|--------------------------------------|
| Syringe Exchange Programs | 23 |
| Facilities providing substance abuse services | 326 |
| Facilities providing some Medication Assisted Treatment (MAT) | 83 of which 63 accept Medicaid |



CDC Vulnerable Counties

| HEALTHCARE ACCESS ² | | | | |
|---|--------|--------|--|--|
| Healthcare Access | КҮ | US | | |
| Percent of People without Health Insurance | 9.6 | 11.7 | | |
| Percent Needing but Not Receiving Addiction Treatment | 89.06 | 88.89 | | |
| Number of 30 Days Supply of Opioids per Part D Enrollee | 2.76 | 2.08 | | |
| Opioids prescribed per capita, in morphine mg equivalents (MME) | 860.43 | 642.05 | | |