

July 22, 2022

Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108

Re: Comments on Draft HCV Elimination Plan Presentation

Dear Assistant Commissioner Cranston,

Thank you for the invitation to participate in the hepatitis C virus (HCV) elimination planning meeting on June 28, 2022, as well as for the opportunity to submit comments on the development of Massachusetts’s HCV Elimination Plan (the “Elimination Plan” or “Plan”).

We are glad that the Massachusetts Department of Public Health (MDPH) is taking the important step of developing an Elimination Plan to address the ongoing HCV epidemic in Massachusetts. Indeed, coordinated state-level action is necessary to ensure that the needs of people living with HCV are fully met and that testing, treatment, and prevention efforts are supported and scaled in proportion to the need. Such efforts are in line with calls by the U.S. Department of Health and Human Services¹ and the World Health Organization² for robust government action to stem the continued rise in HCV cases.

As we reviewed the recent presentation of the Elimination Plan outline, it raised a number of questions, including about process. As an initial step, we ask that MDPH publish information about the Elimination Plan planning process as a whole, including complete timelines and a full proposal for community engagement. Understanding the full development process, including how and when community feedback will be collected, timelines, and key milestones, will allow us to be better partners in this process.³

While we do not have enough information to provide productive, detailed comments on individual goals as laid out in the presentation of the draft Elimination Plan at this time, we do want to highlight three guiding principles that we see as necessary pillars to the development and implementation of an effective Elimination Plan. An HCV Elimination Plan should:

1. Facilitate **robust community engagement** throughout the development and implementation process, incorporating the perspectives of individuals with lived experience, providers, community service organizations, and others who support the care and treatment of people living with HCV;

¹ Viral Hepatitis National Strategic Plan, U.S. Department of Health and Human Services, <https://www.hhs.gov/hepatitis/viral-hepatitis-national-strategic-plan/index.html>.

² Global Health Sector Strategies on HIV, Hepatitis and STIs 2022-2030, World Health Organization, <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies>.

³ While we appreciate this first opportunity to provide comments, we want to confirm that this is not the only opportunity to do. A two-week written comment period on an outline of the Plan does not offer sufficient opportunity for meaningful feedback on this kind of initiative.

2. Articulate a process for **regular evaluation of any stated goals**, including clear and measureable metrics to assess progress, annual public reports, and opportunities for community feedback on such reports; and
3. Address **coordination with other state agencies** that are involved in promoting HCV testing, treatment, and prevention, including MassHealth.

The Elimination Plan outline, as it has been presented to us thus far, does not embody these principles—at least not explicitly and with transparency. The signatories to this letter hope to partner closely with MDPH to further develop this process, and we are committed to supporting and assisting in these efforts.

I. Creating a process for meaningful community input

Robust and transparent community engagement must be a central component of Massachusetts's elimination efforts, both in the initial formulation of an Elimination Plan and throughout implementation. Although we generally support many of the principles raised in the presentation, it is not clear that the stated goals were developed in direct response to community input. MDPH needs to engage further with the community to expand and refine these goals.

We appreciate MDPH's recent convening to present the Plan outline, as well as preparatory conversations that took place prior to the pandemic. To ensure that the Plan is as actionable and responsive as it can be, we encourage MDPH to implement a series of community meetings and other opportunities for community input prior to presenting the next iteration of an Elimination Plan. As one example of how Massachusetts might develop a community engagement strategy, we encourage MDPH to look to New York's approach as an example.⁴ New York convened a community-led Steering Committee at the outset of their elimination planning process, which in turn established five focused workgroups. These community-led groups developed recommendations for HCV elimination that formed the basis of New York's Plan were codified in a Community Consensus Statement on Hepatitis C Elimination. We encourage Massachusetts to consider incorporating elements of this approach, by bringing in community partners at the beginning and engaging them at every stage of the process.

In addition to soliciting input from providers, community-based organizations, and other professional and institutional actors, MDPH must center the voices of individuals with lived experience as part of any elimination planning efforts. This includes people currently living with HCV, people who have previously lived with HCV, caretakers and family members, and others directly impacted by the HCV epidemic. Further, MDPH should solicit a range of perspectives, including from people who use or have used injection drugs, people who are or have been involved in the criminal justice system, and people who are experiencing or have previously experienced homelessness. The purpose of the HCV Elimination Plan is to meaningfully impact the lives of people living with, at risk for, or otherwise affected by HCV. Involving people with lived experience at every stage of the process helps ensure that any goals and strategies are

⁴ NY Cures Hep: New York State Hepatitis C Elimination Plan, New York State Department of Health, https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/docs/hepatitis_c_elimination_plan.pdf, see pages 3-6.

responsive to their lived realities, and, importantly, acknowledges their right to participate in decisions that affect their lives.

II. Defining metrics and assessing progress

We hope that Massachusetts's HCV Elimination Plan will serve as an important driving force to address HCV in the state. To ensure it is successful in that mission, MDPH must develop clear and measurable metrics to assess all defined goals. This must include a commitment to evaluate and report on those metrics at least annually, and to offer opportunities for community feedback and comment.

We are excited about MDPH's commitment to developing an HCV care cascade. Those efforts will go a long way in providing insight into progress and challenges related to certain access and clinical outcomes. We encourage MDPH to incorporate into the Plan a methodology for identifying additional successes and challenges, such as by tracking disparities in health care access and health outcomes. For example, we encourage MDPH to assess key metrics related to transmission, testing, linkage, retention, and cure among certain subpopulations, including people who use drugs and people involved with the criminal justice system. Further, we encourage MDPH to develop process measures and timelines for discrete goals in the Plan to support implementation accountability.

Defining measurable metrics is important both to assess progress and to support community dialogue, identify gaps, and enable necessary evolutions of the Plan. We believe the Plan must commit to public releases on implementation progress and key metrics at least annually, with opportunity for comment.⁵ We encourage MDPH to make reporting public and easily accessible, such as through an online dashboard. If reporting identifies areas where progress has slowed or stalled, community partners can work with MDPH to understand what barriers exist and identify opportunities to shift strategy or implement new initiatives to address those challenges. Our sincere hope is that Massachusetts's HCV Elimination Plan will be a living document that can adapt and expand to real world conditions and the needs of the community.

III. Coordinating with MassHealth

Any effort to address HCV in Massachusetts must involve coordination across state and local agencies that serve people living with or at risk for HCV. Importantly, this must include coordination with MassHealth. Access to curative treatment is one of the most important tools available to address the HCV epidemic, and individuals living with or at risk for HCV in Massachusetts are disproportionately likely to be MassHealth beneficiaries. It is important that actions from MDPH, MassHealth, DOC, and others are not conducted in isolation and that all entities are working together.

⁵ The Hep ElimiNATION project studies and evaluates each state's capacity to eliminate viral hepatitis. As part of the grading rubric, states can only receive full credit for their elimination plan if it commits to annual reporting and involving individuals with lived experience in the development process. Capacity Building Rubric, Hep ElimiNATION, <https://eliminatehep.org/wp-content/uploads/2022/01/Hep-ElimiNATION-Rubric.pdf>.

We strongly encourage MDPH to involve MassHealth in the HCV Elimination Plan and planning process, and for the agencies to jointly develop goals and metrics that address opportunities to improve access to HCV treatment. For example, we are heartened by the recent implementation of Smart PA for MassHealth beneficiaries seeking HCV treatment, which removes certain prior authorization barriers for most beneficiaries. However, we also know that not all Accountable Care Organizations and Managed Care Organizations have implemented these processes, leading to unequal access to care depending on where beneficiaries are enrolled. Addressing these kinds of issues and others must be a component of the HCV Elimination Plan moving forward.

Thank you again for the opportunity to provide comments. We hope that these comments advance an Elimination Plan that is bolder and more effective because it includes meaningful community engagement, measurable progress metrics, and statewide coordination. We look forward to partnering with MDPH in these efforts.

If you have questions about anything in this letter, please do not hesitate to reach out to Rachel Landauer at rlandauer@law.harvard.edu.

Respectfully submitted,

Boston Health Care for the Homeless Program
Center for Health Law and Policy Innovation
EndHepCMA
New England AIDS Education and Training Center/MA Regional Partner (NEAETC/MA RP)
Program RISE @ JRI Health
Thomas J. Stopka, PhD, MHS

CC:
Anthony Osinski, Bureau of Infectious Disease and Laboratory Sciences