World Hepatitis Day Flash Mob

Flash mob: 101

- **Who?** HepCAP, Hep B United, Hep B Foundation
- **What?** a group of people who suddenly come together in a public place to perform or act for a moment in time
- **Where?** Love Park
- **When?** July 26\(^{th}\), 2013
- **Why?** Raise awareness for World Hepatitis Day (July 28\(^{th}\), 2013)
Tweets, tweets...

...and more tweets
Where have we been featured?

- HealthMap
- Hepatitis News
- philly.com
- WHY Y
- NATAP

Who has seen our video?

<table>
<thead>
<tr>
<th>Geography</th>
<th>Views</th>
<th>Estimated Min</th>
<th>Average View Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>600</td>
<td>1,637</td>
<td>2.23</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>19</td>
<td>56</td>
<td>2.49</td>
</tr>
<tr>
<td>Australia</td>
<td>9</td>
<td>38</td>
<td>1.58</td>
</tr>
<tr>
<td>Canada</td>
<td>9</td>
<td>23</td>
<td>2.30</td>
</tr>
<tr>
<td>Mexico</td>
<td>5</td>
<td>17</td>
<td>3.21</td>
</tr>
<tr>
<td>Israel</td>
<td>4</td>
<td>7</td>
<td>1.60</td>
</tr>
<tr>
<td>Brazil</td>
<td>3</td>
<td>9</td>
<td>1.99</td>
</tr>
<tr>
<td>Argentina</td>
<td>2</td>
<td>2</td>
<td>0.53</td>
</tr>
<tr>
<td>India</td>
<td>2</td>
<td>5</td>
<td>2.02</td>
</tr>
<tr>
<td>South Africa</td>
<td>2</td>
<td>1</td>
<td>0.41</td>
</tr>
<tr>
<td>Italy</td>
<td>2</td>
<td>3</td>
<td>1.16</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
<td>12</td>
<td>0.08</td>
</tr>
<tr>
<td>Belgium</td>
<td>1</td>
<td>3</td>
<td>0.04</td>
</tr>
<tr>
<td>Philippines</td>
<td>1</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Qatar</td>
<td>1</td>
<td>1</td>
<td>0.92</td>
</tr>
<tr>
<td>Nepal</td>
<td>1</td>
<td>5</td>
<td>4.44</td>
</tr>
<tr>
<td>Uruguay</td>
<td>1</td>
<td>1</td>
<td>0.06</td>
</tr>
<tr>
<td>Unknown region</td>
<td>1</td>
<td>4</td>
<td>3.07</td>
</tr>
<tr>
<td>Guam</td>
<td>1</td>
<td>0</td>
<td>0.18</td>
</tr>
<tr>
<td>Singapore</td>
<td>1</td>
<td>0</td>
<td>0.08</td>
</tr>
</tbody>
</table>

# of views on YouTube: 792
Conclusions

• What worked
  – Crowd
  – Energy
  – Pretzels

• Ways to Improve
  – Earlier social media buzz
  – Alert press sooner
  – Testing available on location
  – Dry run

What can YOU do?

• FOLLOW US: @phillyhepatitis
• Share the video with friends and family
• Encourage others to pass on the video
• And of course.. LOVE YOUR LIVER!
What next?

- Suggestions for next year’s event?
- Ideas on how to market the video/pictures?

Acknowledgments

- Dr. Stacey Trooskin and Alex Shirreffs, MPH
- Hepatitis B United
- Ivory Allison, American Liver Foundation
- Do 1 Thing
- Philadelphia Hepatitis Outreach Program (PHOP)
- Hepatitis B Foundation
- Hepatitis Australia
- EVERYONE WHO PARTICIPATED!
Integrating and Routinizing HCV Testing Within Syringe Access Services Programming

Prevention Point Philadelphia (PPP)

PPP MODEL & SERVICES

**Mission Statement:** PPP is a non-profit, public health organization committed to protecting the health and welfare of drug users and sex workers. PPP works to reduce the harm associated with substance use and sex industry work by offering a safe and humane alternative to the war on drugs.

**Key Principles of Harm Reduction:** Designs public health interventions that minimize the harmful affects of drug use & promotes safer use. Understands drug use as a complex, multi-faceted issue that encompasses behaviors from severe abuse to total abstinence. Meets people where they are in the course of their drug use. Ensures that people who use drugs have a real voice in the creation of programs. Affirms people who use drugs that they are the primary agents of change. Empowers communities to share information and support each other.

**Services:** Syringe Exchange Program (SEP), Street-side Health Project FreeClinics (SHP), Drop in or Harm Reduction Services Center (HRSC), Individual and Group Level Harm Reduction Counseling, Case Management, Overdose Prevention Training, Testing and Counseling, Buprenorphine Clinic, Medical, Social Service, Legal Referrals
Harm Reduction

- HR is a participant-centered approach to health
  - A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities without necessarily reducing drug use
- Evidence based

ALIGNING ORGANIZATIONAL, TESTING, & LINKAGE OBJECTIVES

- Prioritize HCV testing and linkage in a public way that is difficult to do regarding HIV
- Reduce harm associated with IVDU
- Reduce high IVDU related HCV infection rate
- Long term, make HCV screening and linkage a routinized standard of care at PPP
- Reduce the number of undiagnosed and untreated HCV positive individuals PPP already helps
- Raise awareness regarding importance of routinizing HCV testing in less traditional medical and public health settings
- Reduce HCV related stigma at PPP and in community
PPP FY 2014 PROGRAM OBJECTIVES

- conduct an exchange or syringe access interaction with roughly 4,000 individuals
- register approximately 1,500 new IVDU
- distribute approximately 1,500,000 sterile syringes
- collect approximately 1,440,000 used syringes
- conduct 1,200 patient health consultations
- provide over 3,400 social service and medical referrals
- maintain an average census of 48 individuals in buprenorphine program
- conduct short term prevention case management and care coordination with up to 100 HIV positive individuals

FY 2014 ORGANIZATIONAL GOALS RELATED TO HCV

- Successfully pilot and develop model for addressing PCP selection issues for patients as they relate to linkage barriers
- Successfully replicate current primary care and hepatology linkage process used with case managed participants to all SHP clinics and patients
- Improve rate of confirmatory and linkage appointment uptake for HCV reactive individuals
- Help shape provider policy landscape in Philadelphia to move providers in direction of removing medication and substance use barriers for those with HCV and make regular visits, viral loads, etc a standard of care

LET'S SPREAD THE MESSAGE THAT YOU DON'T HAVE TO BE DRUG FREE OR AN IDEAL CANDIDATE FOR INTERFERON AND OTHER MEDS TO GET SEEN BY A DOCTOR!
### PPP FY 2013 SPECIFIC HCV EDUCATION, TESTING & LINKAGE OBJECTIVES

- Conduct 400 rapid HCV tests to identify potentially undiagnosed individuals with HCV
- Conduct up to 400 additional HCV in-depth screenings to identify untreated individuals with HCV
- Conduct group based weekly harm reduction education with special focus on HCV transmission as part of Safety Counts
- Conduct bi-monthly HCV related health education on treatment and management to improve linkage to HCV care
- Successfully link half of referrals

### HCV TESTING, HEALTH EDUCATION, & LINKAGE ACTIVITIES PRE AUGUST 2012

- Regular and successful group based harm reduction education on HIV and HCV transmission, testing, and treatment / management, with special focus on what is unique to HCV transmission and infection
- Walk-in HCV testing at Harm Reduction Services Center on Mondays through Fridays and provided upon request at 8 Syringe Exchange Program (SEP) sites on Tuesday through Saturday
- Distribution of clean cookers, sterile water, and sterile cotton
- At least two major needs assessments regarding HCV and harm reduction landscape for IVDU in last three years
- Testing done through non-rapid, up to two week turnaround on test results
- Low testing numbers and low return for results
- No organized linkage agreements with hepatology providers
- No routinized mechanism for making HCV linkage
- No routinized mechanism for conducting brief HCV related health education
- No testing in Street-side Health Project free clinics (SHP)
**CHANGES TO HIV AND HCV TESTING MODEL MADE SUMMER OF 2012**

- Limit advertising of HIV and HCV testing in HRSC
- Continue to conduct testing upon request
- Offer HIV and HCV tests through combined offer as though combined test
- Begin routinized offer of HIV testing within PPP’s Street-side Health Project (SHP) medical clinics
- Begin routinized offer for HIV testing within Syringe Exchange Program (SEP) at the point of registration at all mobile sites and during in-building emergency syringe distribution days

**RATIONALE FOR NEW MODEL IN SHP**

- By specifically routinizing outreach, testing, and linkage to care within the SHP clinics, PPP hoped to target high risk undiagnosed participants with HCV who will have a sustained interaction with PPP staff but who have avoided testing
- Clinics offer additional opportunity to routinize screening and linkage for individuals already aware of HCV
RATIONALE FOR NEW MODEL IN SEP

• Redirecting HCV testing and linkage specialist staff to the SEP sites with the largest number of new SEP registrations would increase test offers
• Routinizing the HCV testing offer as opposed to simply informing new registrants of opportunity for test provides opportunity for deeper initial interactions with SEP naïve participants

RATIONALE FOR MARKETING TEST AS BUNDLED HIV/HCV TEST

• Recent literature suggests potential for increase in HIV test acceptance if test bundled with HCV due to greater interest in and motivation for knowing and/or addressing HCV status
• Literature reviewed mirrors feedback from participants at PPP’s SEP
• Big opportunity to conduct more intense harm reduction counseling due to lack of awareness of HCV transmission risks
NEXT STEPS AND MOST RECENT PROJECT INNOVATIONS

- Making routinizing co-located combined HIV and HCV screening a standard of care at all in-building or mobile clinics
- Having prevention staff perform additional health screenings right before HIV and HCV test administration
- More aggressively offer HIV and Hepatitis C screening with new SEP registrants and current participants who have avoided a test during the past 12 months
- Use Americorps member, Fellow, med students to expand most recent successful routinization of the offer, test, and health education at all sites to strengthen and expand linkage model to all volunteer medical staff

### Prevention Point HCV Rapid Testing

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Tests</th>
<th>Total HCV+</th>
<th>HCV+ Male</th>
<th>HCV+ Female</th>
<th>Total Tests &lt; 30</th>
<th>HCV+ &lt; 30</th>
<th>Referrals Male</th>
<th>Referrals Female</th>
<th>Referrals Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug-12</td>
<td>21</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Sep-12</td>
<td>90</td>
<td>12</td>
<td>8</td>
<td>16</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oct-12</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Nov-12</td>
<td>26</td>
<td>7</td>
<td>5</td>
<td>14</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Dec-12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jan-13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feb-13</td>
<td>44</td>
<td>30</td>
<td>20</td>
<td>14</td>
<td>1</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Mar-13</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Apr-13</td>
<td>25</td>
<td>4</td>
<td>3</td>
<td>16</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>May-13</td>
<td>51</td>
<td>16</td>
<td>8</td>
<td>24</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Jun-13</td>
<td>60</td>
<td>14</td>
<td>10</td>
<td>27</td>
<td>4</td>
<td>10</td>
<td>12</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>272</td>
<td>93</td>
<td>62</td>
<td>116</td>
<td>29</td>
<td>50</td>
<td>95</td>
<td>29</td>
<td>48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Positive</th>
<th>% Positive</th>
<th>% Positive</th>
<th>% Positive</th>
<th>% Positive</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>54%</td>
<td>35%</td>
<td>37%</td>
<td>51%</td>
<td>52%</td>
<td>34%</td>
</tr>
</tbody>
</table>

% Positive
PROGRAM BARRIERS IMPACTING REFERRAL AND LINKAGE

- tests and controls, no longer issue thanks to PDPH!
- Participants / patients have had negative interactions with providers in past, not only in regards to active drug use, but recovery time
- Misinformation on HCV treatment, management, and long term outcomes
- Insurance is major barrier, greatly affecting our half insured population, with no confirmatories or treatment until benefits on
- PCP selection and PCP referral requirement next biggest barrier, with most participants / patients having never met PCP they selected or not having seen PCP they selected recently

Harm Reduction Needs Assessment Survey
Prevention Point Philadelphia 2012

Goals

- Identification of gaps between the current and desired states of harm reduction focused health care delivered to Intravenous Drug Users (IDUs)
- Recommendations for education to help providers and IDUs address both their common and unique issues

Data Sources

- Client Survey (116)
- Client Focus Groups (21)
- PPP Interviews (3)
- Doctor Interviews (11)
Have you ever felt your drug/substance use was a barrier to getting good care/treatment from a doctor?

- **2%** No answer
- **39%** No
- **59%** Yes

**Descriptions**

- **Change in attitude of doctor (25/22%)**
  - “Some doctors judge you negatively and refuse to give proper treatment”
  - “Yes, because they (he) look down on us…”
  - “You get treated different”
- **Thought to be drug seeking (8/7%)**
  - “Because they think you’re drug shopping”
  - “Because they think when ever you come it’s for drugs”
- **Barriers due to client behavior (4/3.5%)**
  - “Yes because when we’re under the influence our minds change”
  - “I have no control over drugs”
- **Other (79)**
  - “People don't understand the situations one goes through”
  - No answer

Who should start a discussion around harm reduction topics?

- **14%** No answer
- **30%** My doctor
- **56%** Me
Overall feedback

- Breakdown in longitudinal care
  - Patients not go back
  - Patients wait to seek care

Awareness and Education

- IDUs feel dismissed/judged/blamed for what they have/their fault
- Lecturing vs. listening

- Doctors can get burn-out/patient not follow plan
- Doctor not aware of other priorities (where get food or shelter)

**WHY ELSE INCORPORATE A HARM REDUCTION APPROACH TO HEALTH CARE PROVISION?**

- Drug users have unique health care needs
- Drug users have reasons for self-medicating that health care interaction and provider can’t address
- Those with most health care needs most stigmatized and least likely to access health care
- Those most likely to impact health care system long term also least likely to access health care
- Each health care event may be last and needs to be as positive an interaction as possible
- To extent that interaction is interactive, non-judgmental, and positive, it may not be the last
Basic Harm Reduction Focused Health Care Strategies Providers Can Employ in Care

- Make it your business to learn about drugs your communities and patients use/have used
- Learn about injection, smoking, and snorting processes from start to finish
- Identify for yourselves where opportunities exist along processes for infection transmission
- Build empathy by understanding what patients have to go through, including what they have to do to get drugs, and what they have to do given their circumstances to prevent infection, and additional health concerns like endocarditis, overdose

Framing Drug Use Like Other Health and Social Behaviors, Using MI

- Acceptance and re-frame of patient’s drug use results in patient seeing provider as ally, returning for care, making informed choices about health care
- Provider can engage patient in other valuable health care services that may be considered pre-treatment (consider the model in HIV care where not all patients were considered ideal candidates for medication or refused ARVs but not care)
DISCUSSION/QUESTIONS AND ANSWERS

Jose Benitez
Executive Director
Prevention Point Philadelphia
215-634-5272 X 1104
Jose@preventionpointphilly.org

Silvana Mazzella
Director of Programs
Prevention Point Philadelphia
215-634-5272 X 1112, 267-975-5419
Silvana@preventionpointphilly.org

U.S. Preventive Services Task Force Recommendation Statement on HCV Screening:

HepCAP
HEPATITIS C ALLIES OF PHILADELPHIA
What is US Preventive Services Task Force

- Reviews scientific evidence for a variety of preventive services
- Independent group of 16 volunteer national experts in prevention & evidence-based medicine
- Authorized by Congress in 1984
- Publishes “Recommendation Statements” with grades A-D
- Recommendations guide decisions related clinical practice and reimbursement

USPSTF Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestion for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>There is high certainty that the net benefit is substantial</td>
<td>Offer or provide this service</td>
</tr>
<tr>
<td>B</td>
<td>There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial</td>
<td>Offer or provide this service</td>
</tr>
<tr>
<td>C</td>
<td>Is at least moderate certainty that the net benefit is small</td>
<td>Offer or provide this service for selected patients depending on individual circumstances</td>
</tr>
<tr>
<td>D</td>
<td>There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits</td>
<td>Discourage practice</td>
</tr>
<tr>
<td>I</td>
<td>Insufficient evidence</td>
<td></td>
</tr>
</tbody>
</table>
Former Hepatitis C Recs

The USPSTF recommends against routine screening for hepatitis C virus (HCV) infection in asymptomatic adults who are not at increased risk (general population) for infection. **Grade: D**

The USPSTF found insufficient evidence to recommend for or against routine screening for HCV infection in adults at high risk for infection. **Grade: I**

Baby Boomers: Persons born between 1945 and 1965

- More likely to be diagnosed with HCV infection, because they may have:
  - received a blood transfusion before the introduction of screening in 1992
  - a history of other risk factors for exposure decades earlier
Birth Cohort

• Many persons with chronic HCV infection are unaware of their condition
• A risk-based approach may miss detection of a substantial proportion of HCV-infected persons
• 1-time screening may identify infected patients at earlier stages of disease who could benefit from treatment before developing complications from liver damage

Draft Hepatitis C Recs

B Grade

C Grade
New Hep C Screening Recs

As of June, 2013 the US Preventive Services Task Force:

Recommends screening for hepatitis C virus infection in persons at high risk for infection, including:
- IDUs
- Persons who received a blood transfusion before 1992

Recommends offering 1-time screening for HCV infection to adults born between 1945 and 1965 (baby boomers)

Overall Grade of B

Comparison of USPSTF and CDC HCV Screening Recommendations

<table>
<thead>
<tr>
<th>USPSTF</th>
<th>Recommendation</th>
<th>CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Recommends against routine screening for the general asymptomatic population</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Recommends screening for HCV in adults at high risk for infection</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Recommends offering 1-time screening for all adults born between 1945 - 1965</td>
<td>✓</td>
</tr>
<tr>
<td>No</td>
<td>Living with HIV</td>
<td>✓</td>
</tr>
<tr>
<td>No</td>
<td>Abnormal liver function</td>
<td>✓</td>
</tr>
</tbody>
</table>
## What Does a Grade B Mean?

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestion for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>There is high certainty that the net benefit is substantial</td>
<td>Offer or provide this service</td>
</tr>
<tr>
<td>B</td>
<td>There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial</td>
<td>Offer or provide this service</td>
</tr>
<tr>
<td>C</td>
<td>Is at least moderate certainty that the net benefit is small</td>
<td>Offer or provide this service for selected patients depending on individual circumstances</td>
</tr>
<tr>
<td>D</td>
<td>There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits</td>
<td>Discourage practice</td>
</tr>
</tbody>
</table>

## Implications of a B Grade

The Affordable Care Act (ACA) requires that private insurance plans cover USPSTF A or B recommended services without cost sharing.

This means that:
- HCV screening for these populations will be covered by most public and private insurance
- Medicaid expansion benefits must also cover these services
- States have the option of covering these services under their traditional Medicaid program with increased federal funding
- The Secretary of Health and Human Services has the discretion to include USPSTF A or B recommended services as a required Medicare preventive service for baby boomers who receive Medicare
USPSTF Found Significant Benefits of Early Identification

- Adequate evidence for accurate detection of HCV infection
  - Anti–HCV antibody screening followed by confirmatory polymerase chain reaction
- Adequate evidence for effective treatment
  - Current antiviral regimens result in sustained virologic response (SVR) and improved clinical outcomes

Not Everyone Needs Treatment: Finding the Balance

Under-diagnosis

- Likelihood of missing people who would benefit from treatment

Overtreatment

- Likelihood of treating people who would not have had significant disease progression

Given that persons in the birth cohort have been living with HCV infection for 20 or more years, the potential benefit of screening and early treatment will probably be at its highest now and in the near future before becoming smaller. It is hoped that future research will reduce overtreatment.
Screening Should Be Voluntary

- **Opt-Out Screening**: Patients should be informed orally or in writing that HCV testing will be performed unless they decline.
- Before HCV screening, patients should receive an explanation of HCV infection:
  - how it can (and cannot) be acquired
  - the meaning of positive and negative test results
  - benefits and harms of treatment
- Patients should also be offered the opportunity to ask questions and to decline testing.

Frequency of Screening

- Persons with continued risk for HCV infection (injection drug users) should be screened periodically.
  - USPSTF found no evidence about how often screening should occur in persons who continue to be at risk for new HCV infection.
For More Information

- USPSTF Website: http://www.uspreventiveservicestaskforce.org/

- For the full HCV recommendation, go to: http://www.uspreventiveservicestaskforce.org/uspstf12/hepc/hepcfinalrs.htm

It’s Coming… Affordable Care Act!

OCTOBER 1
Health Insurance Marketplace Opens

Resources for Individuals: healthcare.gov
Resources for Clients: marketplace.cms.gov
Other ACA Resources

• Kaiser Family Foundation
  – Videos, fact sheets, maps, FAQs...
  – http://kff.org/health-reform/

• NASTAD
  – The Affordable Care Act and the Silent Epidemic: Increasing the Viral Hepatitis Response through Health Reform

ACA in PA

• PA Insurance Department

• PA Health Access Network:
  – http://pahealthaccess.org/

• PA Health Law Project
ACA in PA

• Reports:
  – Economic & Fiscal Impact of Medicaid Expansion in PA (Economy League of Greater Phila)
    • http://economyleague.org/node/1703
  – Help Is at Hand: New Health Insurance Tax Credits in PA (Families USA)
    • http://familiesusa.org/help-is-at-hand/pennsylvania/
  – Analysis of Medicaid Expansion in PA (IFO)
    • http://www.ifo.state.pa.us/resources/PDF/Medicaid_Expansion_Report_%20May_13.pdf