

Policy Guidance for Viral Hepatitis Programs in Health Departments

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Disclaimer

The purpose of this document is to provide an overview of how viral hepatitis staff within health departments can serve as subject matter experts with key data and knowledge that can inform jurisdictional budget, legislative, and regulatory decisions. This resource is written based upon the best understanding of NASTAD and its contractors recognizing policy as a core function of public health. Jurisdictions should use their own judgement and legal counsel to assist in ensuring compliance with their local governance as it relates to providing education, information, and technical assistance to inform policy decisions within their jurisdiction. The materials herein do not constitute and should not be treated as professional legal advice.

Introduction

Viral hepatitis staff within health departments are often subject matter experts with key information that can inform jurisdictional budget, legislative, and regulatory decisions. How staff provide that information is critical, as governmental public health staff must work within the structure of the executive branch of tribal, state, territorial, or local government. To that end, understanding policy is a core function of public health.

Policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Policy decisions are frequently reflected in resource allocations. Health can be influenced by policies in many different sectors. ([CDC POLARIS](#))

[One of the ten essential public health services](#) is to “create, champion, and implement policies, plans, and laws”. Among other things, policy work:

- Helps to ensure sufficient and efficient infrastructure to mobilize resources and programs;
- Provides the legal underpinning of essential public health functions;
- Ensures governmental public health agencies meet reporting requirements and follow rules or guidelines set in policy; and
- Supports efforts to monitor the impacts of legal or regulatory change.

This toolkit provides general information and considerations for how viral hepatitis staff can provide education, information, and technical assistance to inform policy decisions within their jurisdictions.

Governmental public health's role in policy

Tribal, state, territorial, and local health departments are generally in the executive branch of government, meaning that the head of the health department reports to the head of the executive branch (e.g., the tribal chairperson/chief/governor, the state or territorial governor, or the city mayor or county administrator).

In most jurisdictions there are three coequal branches of government:

- **Legislative Branch:** This branch is responsible for making laws, appropriating funding, and establishing public policy. It's often composed of a tribal council, state legislature, or city or county council, depending on the level of government.
- **Executive Branch:** This branch is responsible for carrying out and administering laws passed by the legislative branch. At the state level, the governor and their appointed officials lead this branch. At the local level, a mayor or other elected official and their appointed staff are responsible for administering local laws and ordinances.
- **Judicial Branch:** This branch interprets laws and resolves legal disputes. It includes the courts at the tribal, state, and local level, often ranging from municipal courts to appellate courts. This toolkit will not address interaction between governmental public health and the judicial branch. For some resources on this topic, visit the [Network for Public Health Law](#) and the [Bloomberg School of Public Health's Judicial Health Notes](#).

Because of the structure of health departments within the government, in most cases, governmental public health staff members may not engage in direct lobbying or advocacy with legislative bodies promoting passage of a budget item or a piece of legislation (e.g., an ordinance or bill). However, the executive branch typically has a mechanism in place for proposing legislation to the legislative branch to pursue a particular budget item or piece of legislation through the regular process established between the executive and legislative branches. Health department staff may be able to bring such legislative or budget change proposals forward within existing executive branch processes while keeping such proposals confidential from external partners pending approval. Governmental public health staff should check what activities are allowable within federally funded programs, review terms and conditions within cooperative agreements and grants, and seek guidance from agency leadership.

WHAT IS ALLOWED

Governmental public health staff can educate and inform executive leaders and legislators about the impact of a budget or legislative proposal. It is critical to understand and follow the agency's procedures for providing that education and information, such as through a health department's office of legislative affairs. Many public health departments have a process for staff to review proposed legislation and offer insight into the potential effects of the bill (often called "bill analysis"). There may also be a process to offer potential amendments for consideration to existing bills. These analyses and positions are confidential and usually cannot be shared outside of the department except by the designated office or leader (e.g., the department's office of legislative affairs).

In 2013 in New York State, a member of the state legislature proposed a bill that would require primary care providers offer a one-time hepatitis C screening test to all Baby Boomers (those born between 1945 through 1965). The New York State Department of Health analyzed the bill and shared with the legislature the potential impacts of the bill if it passed. Once it passed, the Department was able to describe the bill and educate health care providers and the public.

In some jurisdictions, governmental public health staff may also be able to gather feedback about proposed legislation from community planning groups or other bodies composed of people with lived and living experience without taking a public position on a proposed bill or policy and bring that feedback to executive branch leadership. This is not allowed in all jurisdictions, so it is advised to check with the department's office of legislative affairs or equivalent lead office or section.

Similarly, when considering existing or proposed federal policy changes, governmental public health staff can describe the impact of the proposal for their leadership and for their constituents, such as reviewing concordance and discordance between federal policy and state or local policy. Jurisdictions can identify their statutes, rules, and other policies that are tied to federal rules and regulations and assess the impact changes would have on current practices within their organizations.

Of note, these types of activities are commonly a normal function of the executive branch and can be explicitly allowed in CDC notices of award.

What is the difference between advocacy and education?

Advocacy and education, while related, have distinct purposes. Advocacy involves actively promoting a specific cause or position, often with the goal of influencing policy or behavior through a call to action. Education, on the other hand, focuses on providing information and fostering understanding about a particular topic or issue without taking a position for or against a proposed policy. While they can complement each other, their primary goals are different.

Working with community partners

Community partners may perceive that governmental public health staff have access to resources and the ability to change policies. In limited cases, governmental public health staff may be able to change policies, such as when staff have a specific budget for viral hepatitis work and flexibility through program planning to allocate resources from that budget; or staff may be able to modify internal agency policies in some instances, such as creating viral hepatitis testing recommendations or contract standards not enshrined in law or regulations.

In Washington State, the Department of Health developed a jurisdictional standard that all testing providers contracted with the Office of Infectious Disease offer integrated HIV, sexually transmitted infection, and viral hepatitis testing to clients. Prior to this, contracted testing providers offered standalone HIV testing. Governmental public health staff do not have authority to change laws, but can change program policies by changing contract requirements.

For example, some jurisdictions may have laws related to who can perform venipuncture and/or capillary puncture, procedures used for testing people for hepatitis B and C, as well as for other infectious diseases. Generally, these laws are created by state legislatures and cannot be modified by staff working in governmental public health except through the kinds of rare executive branch legislative proposals described earlier. Governmental public health staff in their professional roles cannot generally advocate to executive government leaders or their jurisdictional legislature for budget items or changes to laws. It is important to understand governmental processes to work effectively in governmental public health and to help educate community partners so they can navigate government and policy and learn what kinds of support to ask from governmental public health agencies, such as requesting a summary of viral hepatitis surveillance data or a summary of the published and empirical evidence for a given public health intervention.

Governmental public health staff can educate community partners about how government processes work. They can also provide epidemiologic data, programmatic information, and technical assistance to community partners who may want to advocate for or against a budget proposal, a piece of legislation, or a regulatory change.

In California, community members advocated with the legislature to invest funds for an hepatitis C testing and linkage to care demonstration project. The California Hepatitis Alliance, a community coalition, approached the California Department of Public Health seeking hepatitis C surveillance data to demonstrate the need for increased hepatitis C testing, linkages, and treatment. The Department provided surveillance data as it would in response to any request for technical information from community partners—without taking any positions on budgets or legislation. In turn, the Alliance used surveillance data and other technical information in its proposal materials and shared this information with state legislators when meeting with them to request a line item for hepatitis C testing and linkages to care demonstration projects in the state budget.

Generally, health department staff cannot encourage community partners to engage in advocacy, promote an opinion, or take a public position for or against a proposed budget item or piece of legislation, ballot measure (if your jurisdiction has these), or candidate running for office. For health department staff who previously worked for community-based organizations or community coalitions, the transition to government can sometimes be bumpy. Remember that when health department staff communicate, whether in writing or verbally, they speak on behalf of the health department, not as private citizens. Remember also that in some jurisdictions, all work-related written communications, even in a personal email or text message, are public record and subject to a public records request.

What can governmental public health staff do as private citizens?

Private citizens have the right to use their voice to influence decisions in their communities and to advocate for changes on issues they care about. It is important to keep private advocacy separate from governmental employment, especially when voicing opinions about proposed laws and regulations that relate to public health. For example, individuals can submit public comments on proposed public health regulations. This input can be vital to strengthening regulatory proposals, especially when coming from public health professionals. It is important to clarify that comments come from a private individual and are not made on behalf of the department for which they work. Democracy relies on civic participation, and it is important to engage using personal resources and personal time.

Government staff should:

- *Never use health department resources such as phone, email, or letterhead to advocate for a law or a candidate running for office.*
- *Not wear clothing or accessories that promote a piece of legislation or a political candidate during work hours or while performing work duties.*
- *Not sign on to advocacy letters or petitions or make phone calls to legislative representatives while on work time.*
- *Review the jurisdiction's and health department's ethics rules, which may provide additional guidance about how to avoid conflicts of interest and keep personal advocacy appropriately separated from the professional role.*

Questions to ask about budget, legislative, and regulatory processes in your jurisdiction

It is important to know the answers to the following questions both to help you navigate work within your health department, and to provide technical assistance to community members so they understand how the government works and how to direct their budget and policy requests to the right parts of government. Below are questions to consider. Some of this information may be written down or may be passed down through on-the-job training from people with extensive experience conducting policy work in your health department. A good starting point may be reviewing publicly available information and then scheduling informational interviews with policy staff, including those in other areas (e.g., environmental health) about what kinds of norms guide policy-related work in your health department.

- How does the government work in your jurisdiction? For example, what is the structure of the government you work within? If you work in a state government, is public health decentralized with local control and partnerships, or centrally controlled?
 - The Public Health Law Center has a useful resource, [State & Local Public Health: An Overview of Regulatory Authority](#).

In addition, information about the structure of public health in each jurisdiction can often be found online on health departments' websites and/or the websites of public health associations. Some examples:

- [Iowa Public Health Association](#)
- [Massachusetts Department of Public Health](#)
- [Washington State Department of Health](#)

- Who heads the executive branch (e.g., governor, mayor)? What departments or agencies do they oversee?
 - How does your agency communicate with the executive branch leader? Who in your agency is authorized to speak with the executive branch leader (e.g., Secretary of Health, head of policy office, someone else)? What is the process for getting information to that leader? When and how are health department staff permitted to talk directly with an executive leader?
- How is the legislative branch structured? How is legislation passed in your jurisdiction?
 - How does your agency communicate with the legislative branch? Who in your agency is authorized to speak with legislative members and their staff? What is the process for getting information to the legislative branch? When and how are health department staff permitted to speak directly with legislators and their staff?
- Does your agency have regulatory authority? If so, in what domains? And how are regulations set?
 - If you wish to comment on proposed changes to a regulation in a different part of your agency or an external agency within your jurisdiction that impacts your work, what is the process for getting approval to do that within your agency?
 - In some jurisdictions a local or state board of health has the authority to change regulations, such as regulations to viral hepatitis reporting.
- What is your agency's policy on participation in legislation and policy making?
 - Does the policy include information on the process for recommending policy change to executive branch leadership?
- What is your jurisdiction's budget cycle? Do you have the budget calendar for your jurisdiction?

Learn about federal budget, legislative, and regulatory processes

Why is it important to learn about the federal budget, legislative, and regulatory processes?

The federal government sets influential health policies, provides funding for programs, and regulates many aspects of public health and health care delivery. Federal laws and funding are often necessary for establishing the framework for state and local public health initiatives, setting national standards, and addressing large-scale health issues. Understanding the political landscape and federal institutions allows governmental public health staff working in tribes, states, territories, and local jurisdictions to secure resources, analyze the impact of proposed and passed federal laws, and implement sustainable public health interventions.

Governmental public health staff should:

- Review resources for understanding the federal budget, for example the Center on Budget and Policy Priorities has an [introduction to the federal budget process](#) and usa.gov has this [overview of the federal budget process](#).

Review resources for understanding the federal legislative process, for example usa.gov has this [overview of how federal laws are made](#).

- Familiarize yourself with federal agencies that may have a regulatory role in viral hepatitis and public health (e.g., [the US Department of Health & Human Services](#) and its agencies, such as the CDC, the Substance Abuse & Mental Health Services Administration, the Centers for Medicare & Medicaid Services, the Health Resources & Services Administration, the Food & Drug Administration).
- Does your agency have a federal liaison? Who in your agency is authorized to speak with federal leaders (e.g., offices of the President, Senate and House members and their staff)?
- If you wish to submit comments about a proposed federal regulatory change, a federal draft document, etc., what is the process for getting approval to do this in your agency? Of note, these comments can often make a significant difference. Organizations like NASTAD may share template comments for jurisdictions to use when developing their own comments. Two notable examples:
 - When the United States Preventive Services Task Force (USPSTF) initially reviewed [hepatitis C screening](#) the Task Force gave it a “[grade C](#).” It was upgraded to a grade B after the public comment process. Although technically the Task Force is not a government agency, it was historically convened by a federal agency, the Agency for Healthcare Research and Quality, and its recommendations impact health coverage for preventive services. As of 2025, the United States Secretary of Health & Human Services has authority to appoint members of the USPSTF.
 - The Drug Enforcement Agency changed course on the draft rule restricting prescription of buprenorphine via telehealth when it received nearly 40,000 public comments. In the final rule, the Agency allows for prescriptions without an in-person visit.

- National organizations, such as NASTAD, the National Coalition of STD Directors, and the Council of State and Territorial Epidemiologists, commonly collect feedback from member jurisdictions and submit them on behalf of their Board.
- Stay up to date on federal policy activities. NASTAD's Policy and Legislative Affairs Team circulates a monthly newsletter. Click [here](#) to subscribe and learn more about fiscal year appropriations, Administration activities, and receive political news bulletins.

Best Practices

Some best practices to consider:

- Have this document and the talking points handy if your leadership expresses concern about engaging in policy work.
- Frame policy work around the core functions of public health and clarify that staff can provide education and information that informs policy decisions.
- If submitting an abstract for a conference or a presentation on a topic that might get into the realm of policy, include a statement that clarifies that “presenters will not take positions on budgets or legislation.” A statement like this may be needed for agency approval. Your agency may also want to know whether media outlets will be present at the presentation.

Conclusion

In their *Public Health Reports* commentary “The Importance of Policy Change for Addressing Public Health Problems,” Pollack, Rutkow, and McGinty outline four principles they believe bolster effective public health policy change.¹ These four principles provide an outline for how governmental public health staff can appropriately engage in health policy work.

- 1. Use evidence to inform policy.** Health department staff can provide epidemiologic data, such as acute and chronic hepatitis B and C surveillance information, and program evaluation, such as viral hepatitis testing and linkage to care program data, to educate policy makers about the burden of infections in a particular region or community.
- 2. Consider health equity.** Data can highlight health disparities. Health department staff can cite data in a bill analysis while reviewing how a proposed policy might increase or decrease access to vaccination or testing services for a particular community or how a policy might lead to unintended consequences.
- 3. Design policy with implementation in mind.** As the authors note, the policy is only the beginning – how it is implemented determines its success or failure. For example, if a bill proposes mandating the offer of hepatitis B and C testing in primary care settings, will it come with resources for the health department to educate health care providers about the law and about screening recommendations and best practices? Will there be monitoring or enforcement of implementation? In a bill analysis, health department staff can outline implementation considerations that may result in bill amendments.

4. Use proactive research-policy translation strategies. Health department staff often interact with peer-reviewed public health research and health researchers and with policymakers and can help bridge the worlds of academia and policy. For example, health department staff can review peer-reviewed literature and summarize findings in comments about proposed regulations and can connect a professor at a local university school of public health or medicine with community partners.

Governmental public health staff may be concerned to do anything in the realm of public health policy because advocacy in the strictest sense of the word is not allowed. If staff understand the rules of what is and is not allowed within their agencies, they can get a lot done within those parameters.

Resources to learn more about public health policy

(Note that this is not an exhaustive list)

- **[CDC POLARIS](#):** POLARIS is the CDC's portal for navigating policy-relevant tools, training, and resources. POLARIS also provides CDC policy data and research on specific health topics.
- **[ASTHO Policy Academy on Demand](#):** An online course for state and territorial health officials, department leadership, and programmatic staff. It is designed to provide in-depth information that will help build capacity for, advance, and support the development of health policy-bolstering programmatic work for state and territorial health department employees at all levels. After completing this course, participants will understand how to strengthen their relationships and increase their skills to identify, assess, design, enact, implement, and evaluate policies related to key public health priorities.
- **[Change Lab's Public Health Law Academy](#):** A partnership between the CDC and ChangeLab Solutions that provides free resources and training to build the capacity of aspiring and practicing public health professionals at all levels of government. The Law Academy has a series of online training courses. A certificate is provided upon completion of the full series: Public Health Law: Past and Present; Structure of Government; Public Health Threats and the US Constitution; and Legal Epidemiology.
- **[Network for Public Health Law](#):** The Network helps public health professionals and community groups identify legal and policy solutions that will advance their objectives as well as those that could impede their efforts. The Network helps them understand regulations, access laws, develop policy and make sound, evidence-based decisions to significantly and positively impact the health of their communities.
- **[Law Atlas](#):** LawAtlas.org is home to legal data that describe the global landscape of laws and policies that shape health, well-being, and equity. LawAtlas.org is maintained by the Center for Public Health Law Research at Temple University's Beasley School of Law.
- **[NACCHO Advocacy Toolkit](#):** The National Association of County & City Health Officials has a great resource about engaging with members of Congress. The toolkit provides examples of education and non-lobbying advocacy versus lobbying and best practices for engagement. It also goes over the federal calendar and budget process.
- **[Hepatitis Policy Project](#):** Working at the intersection of law and policy to set a course towards elimination of viral hepatitis in the United States. Priority issues: Data and Surveillance, Access to Treatment and Care, Hepatitis C and Injection Drug Use, Elimination of Hepatitis C.

- **[National Viral Hepatitis Roundtable \(NVHR\)](#)**: NVHR is the largest network of patients, providers, public health leaders, and community partners breaking down barriers to care across the United States. For over 20 years, NVHR drives progress toward viral hepatitis elimination through knowledge sharing, advocacy, and policy change.
- **[National Harm Reduction Coalition](#)**: National resources on harm reduction, overdose prevention, syringe access implementation, training and capacity building, policy and advocacy, conference and events, speaking engagements, work in action. Resource center with materials on syringe access, safer drug use, hepatitis C and other topics.
- **[Drug Policy Alliance](#)**: National resources on drug policy and drug policy research.

Did you know? Viral Hepatitis Coordinators can be NASTAD Board Members

In May 2022, NASTAD's Membership Bylaws were updated, allowing NASTAD jurisdictions the opportunity to include an additional voting member and implementing a new set of Board term limits.

- Read more: NASTAD's [Updated Bylaws Expand and Diversify Membership](#)
- Members can be found in [NASTAD's Membership Directory](#)

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ⁱ Pollack Porter KM, Rutkow L, McGinty EE. The Importance of Policy Change for Addressing Public Health Problems. Public Health Rep. 2018 Nov/Dec;133(1_suppl):9S-14S. doi: 10.1177/0033354918788880. PMID: 30426876; PMCID: PMC6243447.

Appendix

FILLABLE WORKSHEET

How does the government work in your jurisdiction? For example, what is the structure of the government you work within? If you work in a state government, is public health decentralized with local control and partnerships, or centrally controlled?

Who heads the executive branch? What departments or agencies do they oversee?

How does your agency communicate with the executive branch leader? Who in your agency is authorized to speak with the executive branch leader? What is the process for getting information to that leader? When and how are health department staff permitted to talk directly with an executive leader?

How is the legislative branch structured? How is legislation passed in your jurisdiction?

How does your agency communicate with the legislative branch? Who in your agency is authorized to speak with legislative members and their staff? What is the process for getting information to the legislative branch? When and how are health department staff permitted to speak directly with legislators and their staff?

Does your agency have regulatory authority? If so, in what domains? And how are regulations set?

If you wish to comment on proposed changes to a regulation in a different part of your agency or an external agency within your jurisdiction that impacts your work, what is the process for getting approval to do that within your agency?

What is your agency's policy on participation in legislation and policy making?

Does the policy include information on the process for recommending policy change to executive branch leadership?

What is your jurisdiction's budget cycle? Do you have a budget calendar for your jurisdiction?

Does your agency have a federal liaison? Who in your agency is authorized to speak with federal leaders?

If you wish to submit comments about a proposed federal regulatory change, a federal draft document, etc., what is the process for getting approval to do this in your agency?

If you are invited to attend a legislative visit, who needs to approve your attendance? Do they need to see talking points or any handouts in advance? If so, how much notice do they need?