



State Medicaid Programs Still Restrict Access to Hepatitis C Treatment

November 29, 2016

The National Viral Hepatitis Roundtable (NVHR) and the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) have released a preliminary analysis on how state health insurance programs are addressing hepatitis C virus (HCV) treatment across the United States. The report notes that while major improvements have been made in expanding access to next-generation cures over the last year, many states still impose limitations on who gets treatment, [Stat News reports](#).

The analysis notes that over the past two years, 16 state Medicaid programs have cut or dropped restrictions around access to hepatitis C treatment based on a patient's stage of liver disease. This year, only seven states did not make public their criteria for hepatitis C treatment, down from 17 states in 2014, a sign that HCV treatment access is better than ever in the United States.

The improvements can be attributed to [a recent push](#) by the U.S. Center for Medicare and Medicaid Services (CMS) to open up access to hepatitis C treatment and halt restrictions that the center warned may be in violation of the federal law requiring Medicaid programs to pay for all medically necessary treatments. The drive to expand HCV treatment access has been backed by both the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA), which have issued [official guidelines](#) telling physicians to "treat all patients as promptly as feasible," without restrictions.

However, the joint analysis also notes that many rules that continue to impede peoples' access to hepatitis C treatment remain in place in states across the country. For example, the report found that eight states still have liver disease stage requirements for accessing HCV treatment. The analysis also noted that only seven states so far have peeled back restrictions that require patients to be sober before accessing a cure, and just seven states have eased limitations on physician prescribing for hepatitis C medications.

The reason for these limitations? The report notes the high cost of hepatitis C medications and states' concerns that paying between \$54,600 and \$94,500 per patient for HCV treatment could bankrupt their health care programs over time. In response, HCV drugmakers, public health officials and health advocates have long argued that the cures will help patients avoid costly liver disease complications and thus save state Medicaid programs money over time.

CHLPI and NVHR advocates say a full analysis on these findings will be published early next year. In the meantime, health advocates have filed [several lawsuits](#) to push more states to open up hepatitis C treatment access, which are currently underway.

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