



Virginia and Alaska Improve Access to Hepatitis C Treatment for Medicaid Patients

They join a growing number of states to eliminate prior authorization requirements.

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The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) today recognize the Virginia and Alaska state Medicaid programs for removing prior authorization requirements for hepatitis C treatment, effective in each state as of January 2022. Virginia and Alaska become the tenth and eleventh states in the country to remove prior authorizations for hepatitis C treatment for most patients, joining a growing number of states to increase access for Medicaid recipients.

Prior to the policy change, prescribing hepatitis C treatment in Virginia and Alaska involved a cumbersome process. Providers were required to submit pages of paperwork to justify the medical necessity for treatment, including information on the individual's substance use history, laboratory results, and other information. Though many states still require prior authorization for hepatitis C treatment, more states are eliminating barriers to treatment access for Medicaid recipients, who are disproportionately impacted by hepatitis C.

In [Virginia](#), the number of acute, perinatal and chronic cases of hepatitis C significantly increased between 2018-2019; and Alaska had a 20% increase in hepatitis C cases between 2012-2018, based on [publicly available data](#). In 2019, [the rate of newly reported chronic hepatitis C cases](#) was highest among American Indian/Alaska Native persons (86.7 cases per 100,000 population), compared with other racial/ethnicity categories. National trends indicate a rise in [hepatitis C case incidence](#), caused in large part by the opioid crisis, as well as a [decrease in hepatitis C treatment levels](#) over the past several years.

"We are thrilled to see Virginia and Alaska follow the lead of other states across the country to remove burdensome prior authorization requirements on hepatitis C treatments for Medicaid recipients. Increasing access to curative treatments for historically marginalized populations is imperative to adequately addressing the hepatitis C epidemic," said Robert Greenwald, CHLPI faculty director.

Cases of hepatitis C, a viral infection that causes liver inflammation and is one of the leading

causes of liver disease, have been increasing since 2010 due to the ongoing opioid crisis. Complications from hepatitis C can be fatal if left untreated, however innovative direct-acting antiviral drugs can cure most people in 8 to 12 weeks. Yet barriers to this treatment persist across the country.

“As a native Virginian, I’m proud to see the steps that the Commonwealth has taken to eliminate prior authorizations for hepatitis C treatment,” said Adrienne Simmons, NVHR director of programs. “Communities of color in both Virginia and Alaska continue to be disproportionately impacted by the opioid crisis and the hepatitis C epidemic. In addition to increasing access to treatment for hepatitis C, states must use effective and equitable harm reduction, screening, and linkage to care strategies that prioritize the people who need care most.”

For more information about hepatitis C treatment access barriers, please visit www.stateofhepc.org. View the State of Hep C’s January 2022 project update [here](#).

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