2023 Hep C Medicaid Access Report Cards Are In

Barriers to hepatitis C treatment are washing away, but states have to improve health care infrastructure to ride this wave all the way.

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Newly updated for 2023, state report cards show decrease in substance use restrictions and prior authorization requirements, need for parity with managed care organizations.

When the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) began publishing Hepatitis C: State of Medicaid Access reports in 2017, barriers to hepatitis C (HCV) treatment still loomed large in every jurisdiction evaluated. Since then, NVHR and CHLPI have documented how 33 states either eliminated or reduced fibrosis restrictions, 37 loosened sobriety restrictions, and 34 scaled back prescriber restrictions. Since our last update in June 2022, 7 state Medicaid programs (Arizona, Colorado, District of Columbia, Hawaii, Oklahoma, Oregon, Texas) joined the growing tide of prior authorization removals for a total of 21 jurisdictions nationwide that have removed prior authorization entirely for most patients.

While the U.S. as a whole is still far from having received straight A’s on our latest round of report cards, CHLPI and NVHR applaud the significant progress state Medicaid programs have made toward ensuring all people living with HCV are able to access treatment.

“It’s encouraging to see states take long-awaited steps to increase access to hepatitis C treatment, steps that are increasingly important in the context of declining HCV treatment rates and rising HCV infections,” said Adrienne Simmons, Director of Programs for NVHR. “It’s important to recognize that the aftershock of nearly a decade of restricting access to hepatitis C treatment has consequences that outlast the removal of prior authorizations. We look forward to continuing to work with states to make a cure a reality for everyone living with HCV.”

Over the past year in particular, the tally of states that have done away with prior authorization requirements has more than doubled. Other states stopped short of removing prior authorization, but made significant strides nonetheless, finally lifting once-harsh substance use restrictions. There could be no road to viral hepatitis elimination without the widespread dismantling of barriers like these.

But as the White House maps out a federal HCV elimination initiative, it’s clear that the road ahead is unpaved. For example, even in states that have improved their treatment policies,

implementation with contracted managed care organizations (MCOs) is lagging. On average in states that contract with them, MCOs are responsible for administering benefits to 72% of all Medicaid recipients. In other words, if a state improves its official policy but doesn't effectively communicate that change to its MCOs, many of that state's Medicaid recipients are less likely to see actual improvements in their coverage.

"We are thrilled with the progress that so many states have made in expanding access to HCV treatment for people enrolled in Medicaid – these changes are absolutely critical to eliminating viral hepatitis in the U.S," said Suzanne Davies, Clinical Fellow for CHLPI. "However, as we continue to see in state after state, policy change alone is not enough. Federal regulations require MCOs to deliver care in the same amount, duration, and scope as a state's fee-for-service program, but too often, states fail to enforce this requirement. Implementation and enforcement of policy changes must occur, including with contracted managed care organizations."

The current momentum around getting rid of treatment restrictions is crucial and invigorating, but the success of any nationwide elimination initiative will rest on going beyond removing obstacles and toward retrofitting our systems to facilitate low-barrier, comprehensive care for all.

View the new Hepatitis C: State of Medicaid Access 2023 national snapshot reporthere. For more information about hepatitis C treatment access barriers, please visit www.stateofhepc.org.

About the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI)

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of marginalized populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works to expand access to high-quality health care; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health and public health law and policy. For more information, visit www.chlpi.org.

About the National Viral Hepatitis Roundtable (NVHR)

The National Viral Hepatitis Roundtable (NVHR), an initiative of HEP, is a national coalition fighting for an equitable world free of viral hepatitis. NVHR seeks to eliminate viral hepatitis in the United States and improve the lives of those affected through advocacy, education, and support to national, state and local partners. For more information, visit www.nvhr.org.
