CHLPI & NVHR Statement on New CDC Data Revealing Impact of Insurance Barriers on Hepatitis C Treatment Access

The new CDC Vital Signs report finds that too few people diagnosed with hepatitis C are being treated, despite availability of medications capable of curing this viral infection.

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The Center for Health Law & Policy Innovation (CHLPI) at Harvard Law School and the National Viral Hepatitis Roundtable (NVHR) today released the following joint statement from Robert Greenwald, Faculty Director at CHLPI, and Adrienne Simmons, Director of Programs at NVHR, on the release of a new CDC Vital Signs reportVital Signs report on hepatitis C treatment rates:

> “The latest CDC Vital Signs report, which finds that too few people diagnosed with hepatitis C are being treated despite the availability of medications capable of curing this viral infection, underscores the need to remove unnecessary barriers to HCV treatment in order to fully realize viral hepatitis elimination. It is critical that healthcare providers, insurers, policymakers, and public health professionals take action to ensure that all people living with hepatitis C have access to lifesaving,

cost-effective treatment.

“The report’s finding that fewer than 1 in 3 people with hepatitis C get treatment within a year of diagnosis raises the alarm that the United States is falling woefully short of the World Health Organization’s (WHO) goal of eliminating viral hepatitis by 2030. It is particularly concerning that recipients of Medicaid, which covers care for many groups with disproportionately higher rates of hepatitis C infection, have the lowest rate of treatment initiation. Medicaid beneficiaries often face systemic barriers to treatment access in the form of cumbersome insurance processes, including stigmatizing prior authorization restrictions that deny access to treatment based on substance use and liver damage, or requirements that patients submit unnecessary documentation of lab results before they can access life-saving treatment.

“This analysis also revealed alarming disparities in which certain race and age groups were less likely to receive timely treatment. For example, among Medicaid patients with a hepatitis C diagnosis, Black patients and other non-white patients were less likely to start treatment than white patients. Younger patients were also generally less likely to initiate treatment following diagnosis. This trend is particularly disturbing in light of data indicating a surge in new HCV infections among people under 40 years of age linked to the ongoing overdose crisis. Timely HCV diagnosis and initiation of HCV treatment for young people who use drugs must be integrated into broader overdose prevention strategies such as expanded access to medications for opioid use disorder along with scaling up harm reduction and recovery services.

“Increasing access to HCV treatment for all people living with hepatitis C – including people who are uninsured and people who are subjected to incarceration – is critical to eliminating the virus as a public health threat in the United States. The advocacy community has worked hand-in-hand with policymakers and health officials at the federal, state and local levels to make sure that people who are living with hepatitis C get the treatment they need, in order to stem the tide in hepatitis C-related deaths and infections. While important progress has been made, there remains much work to be done to realize viral hepatitis elimination. “Hepatitis C: State of Medicaid Access, a project that evaluates the state of access to direct-acting antiviral treatments in state Medicaid programs, recently implemented new evaluation criteria to reflect changes in the treatment access policy landscape over the past several years. The project now considers an expanded range of barriers to HCV treatment access for Medicaid beneficiaries and identifies key areas where state Medicaid programs could improve access. Policy changes, such as removing prior authorization requirements, can make a huge difference to people living with hepatitis C. We urge public health officials and policymakers to utilize Hepatitis C: State of Medicaid Access as a resource in their efforts to expand access to treatment for Medicaid recipients in their states.

“The CDC Vital Signs report validates what CHLPI and NVHR have heard from communities for many years –

that treatment access is insufficient, and people are dying preventable deaths. If we are to adequately address the large gaps in hepatitis C treatment that the CDC Vital Signs report brings to light, we must all do our part to ensure access to treatment for all people living with hepatitis C."

The new CDC Vital Signs report finds that too few people diagnosed with hepatitis C are being treated, despite availability of medications capable of curing this viral infection. According to CDC's estimates:

- Overall, fewer than 1 in 3 people with health insurance get direct-acting antiviral (DAA) treatment for hepatitis C within a year of diagnosis.
- Treatment is lowest among patients in state-administered Medicaid plans, with fewer than 1 in 4 Medicaid recipients (23%) being treated within a year of diagnosis.
- Additionally, Medicaid recipients in states that restrict access to hepatitis C treatment are 23% less likely to receive treatment than Medicaid recipients in states without restrictions.*

*The Medicaid restrictions analysis relied on Hepatitis C: State of Medicaid Access data provided to HepVu.

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http://beta.docker.hepmag.com/blog/chlpi-nvhr-statement-new-cdc-data-revealing-impact-insurance-barriers-hepatitis-c-treatment-access