Hepatitis C Summer Reading

June 5, 2017 By Lucinda K. Porter RN

I still get a minor thrill when I open up my mailbox and find the latest issue of Hepatology. Weighing between one and two pounds, I trade my environmental concerns for the satisfaction of gleaning information from glossy pages. However, to be honest, I skip many of the articles before recycling it. I'm just not into finding out about why hypoxia mediates mitochondrial biogenesis in hepatocellular carcinoma to promote tumor growth through HMGB1 and TLR9 interaction.

However, a recent article caught my attention and I wish everyone would read it. Leah D.B. Carter and Andrew Aronsohn of the University of Chicago's Department of Medicine wrote a special piece entitled, "Overcoming Injustice: A Roadmap to Improve Access to Hepatitis C Virus Therapy for Our Medicaid Patients." (May 2017 Hepatology). It is stunning.

Road map is a good description for this article. Carter and Arohnson deliver an easy-to-read description of where we are now, and point the way to someplace better. Here are some choice quotes:

"A recent survey of state Medicaid programs by the Senate Finance Committee revealed that of 68 million Medicaid enrollees in 44 states, nearly 700,000 are positive for the hepatitis C virus (HCV). The advent of new direct-acting antivirals (DAAs) has not just given these patients treatment without the devastating side effects of interferon; it has given them the promise of a cure. However, as 88% of states have established and now implemented restrictive prior authorization policies regarding new DAAs in clear violation of federal mandate, the promise of a cure is one that the Medicaid system is not fulfilling." (emphasis mine)

"…it has been left to doctors and advocates to stand up for the rights of these individuals in a fight not unlike that faced in the early years of the human immunodeficiency virus crisis. We have seen that change is possible. What we are urging is that greater change will come from providers' willingness to serve as advocates."

The article points out that "50 percent of states with known prior authorization criteria still require a fibrosis score of F3 before treatment will be approved." This is barbaric. What if diabetes treatment was denied to patients who hadn't lost a toe or their eyesight?

Carter and Aronsohn ask health care providers and advocates, "What can I do right now to make a change?" The authors argue that there are answers to these questions, and they provide evidence showing how ten states have achieved greater access to treatment. Here are their suggestions:

- “Write a letter to your state’s Medicaid program using the examples of others as a guide. Local legal aid and advocacy groups may be able to help.
- Seek out and assist patients who are interested in filing claims with the state if they are denied.
- Apply for medications even when you know they will be denied. This is important in identifying patients who may want to file suit, and it helps compile accurate data regarding the number of applicants and denials.
- Include advocacy organizations in your practice either by direct participation or by linking your patients to these organizations.”

I assume you have to be a subscriber in order to read the full article, but perhaps Hepatology will grant access to everyone. If so, here’s the link. Patients, advocates and providers, let’s continue to fight this until we all have access to care.

© 2026 Smart + Strong All Rights Reserved.