# NVHR Applauds Complaint Against Alabama Medicaid for Denial of HCV Treatment for People with Substance Use Disorder

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May 12, 2022 By NVHR

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The National Viral Hepatitis Roundtable (NVHR) today welcomed the filing of a complaint against Alabama's Medicaid program by AIDS Alabama and the Center for Health Law and Policy Innovation (CHLPI) at Harvard Law School for illegally denying lifesaving treatment for hepatitis C (HCV) to people with substance use disorder. The complaint, filed with the U.S. Department of Justice, argues that restricting access to HCV treatment to Medicaid recipients based on illicit drugs or alcohol use violates the Americans with Disabilities Act, which protects people who are disabled due to substance use disorder.

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. Despite the associated rise in HCV cases and the opioid use epidemic, some state Medicaid programs continue to restrict access to HCV treatment through barriers such as sobriety requirements.

"It is encouraging to see AIDS Alabama and CHLPI stand up for Alabamians living with substance use disorder and fight for the right to access necessary HCV treatment," said Adrienne Simmons, Director of Programs for NVHR. "Alabama is consistently scored as one of the worst states in terms of Medicaid access to HCV treatment by Hepatitis C: State of Medicaid Access, a joint project between CHLPI and NVHR. Alabama's poor record is due in large part to the sobriety restrictions currently in place, which require a person to be abstinent from drugs and alcohol for at least six months. It's critical that sobriety restrictions, which are primarily rooted in stigma, are lifted across the country to ensure that the most vulnerable populations can access life-saving treatment for hepatitis C. We implore all states who currently impose sobriety restrictions to reconsider their policies with haste."

“Sobriety restrictions on hepatitis C treatments hinder our ability to properly address the viral hepatitis and  overdose syndemic,” said Daniel Raymond, Director of Policy at NVHR. “Eliminating these restrictions for Medicaid recipients in Alabama and other states will allow greater access to treatment for people who need it the most, namely people with substance use disorder and people who use drugs. Providing this community with proven harm reduction programs, rather than implementing punitive conditions to treatment access, will ultimately help to stem the tide in both the overdose crisis and related infectious diseases, including hepatitis C.”

Several states including Alabama, Mississippi, Arkansas, South Carolina, and South Dakota still require Medicaid enrollees living with HCV to prove they have been abstinent from drugs or alcohol for six months before they can access lifesaving treatment, and Iowa, North Dakota, and West Virginia impose a similar three-month abstinence requirement. 30 states have no sobriety restrictions to HCV treatment for Medicaid recipients, 19 of which have reduced their restrictions since 2017. Nationally recognized guidance published by the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America recommends DAA treatment for all patients with chronic HCV infection, regardless of drug or alcohol use.

For more information about hepatitis C treatment access barriers, please visit www.stateofhepc.org.

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