It’s Official: More Than Half of State Medicaid Programs No Longer Require Prior Authorization for First-Time Hepatitis C Treatment

Newly updated for 2024, state report cards herald the end of fibrosis restrictions while warning about needs for parity with managed care organizations and restrictive retreatment policies

February 29, 2024 By NVHR

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) today published their 2024 National Snapshot Report, along with new report cards for every jurisdiction covered by the Hepatitis C: State of Medicaid Access project.

These updates mark an inflection point in the decade-long push to broaden access to HCV cures: the Department of Justice (DOJ) recently affirmed the right of people who use drugs to access treatment for HCV under the Americans with Disabilities Act, while a White House proposal for a groundbreaking National HCV Elimination Initiative awaits Congressional action.

In the time since our August 2023 report card update:

- 3 states (CT, KS, NC) removed prior authorization (PA) requirements.
- 3 states (NE, ND, WY) removed substance use restrictions.
- 2 states (NY, OH) removed retreatment restrictions.
- Arkansas removed its fibrosis restriction, which means there are no longer any states imposing this extreme barrier to care.

Now, 28 jurisdictions have removed PA requirements for most patients. For the first time ever, there are more states that don't require prior authorization than ones that do.

"We're thrilled that the majority of state Medicaid programs now recognize that prior authorizations have led to missed opportunities to cure hepatitis C" said Adrienne Simmons, Director of Programs for NVHR. "We urge states to backtrack and reach out to residents who got lost in the prior authorization shuffle over the last decade and still need to get cured."

More than half of jurisdictions no longer requiring prior authorization is momentous, but in this window of great opportunity for federal action, significant hurdles remain on the pathway to nationwide elimination.

While many states have improved their treatment policies, implementation with contracted managed care organizations (MCOs) is inconsistent. In many states, the vast majority of Medicaid recipients receive their benefits through MCOs. As such, when states make positive policy changes, it is crucial for MCOs to implement those same changes in a timely manner.

And in some states, the removal of barriers to initial treatment has unfortunately been accompanied by the introduction of additional limitations on retreatment.

“This year’s report card launch comes on the heels of two victories: the DOJ’s recent reminder that people who use drugs have the right to access timely HCV treatment, and the total sunsetting of fibrosis restrictions across the U.S.,” said Suzanne Davies, Senior Clinical Fellow for CHLPI. “However, we must continue to push for nationwide elimination of prior authorization, as well as for transparency in MCOs. States must ensure that policy changes are enforced and additional limitations on retreatment are removed.”

Overall, the removal of restrictive, outdated policies has laid the groundwork for a coordinated national effort towards eliminating hepatitis C as a public health threat. CHLPI and NVHR urge Congress to seize upon this momentum and advance the White House proposal for a robust nationwide hepatitis C elimination program.

View the new Hepatitis C: State of Medicaid Access 2024 National Snapshot Report here. For more information about hepatitis C treatment access barriers, please visit www.stateofhepc.org.

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http://beta.docker.hepmag.com/blog/official-half-state-medicaid-programs-longer-require-prior-authorization-firsttime-hepatitis-c-treatment