Updated HCV Treatment Access + Sign-On Letter Urging CMS to End to State Violations of Federal Medicaid Law

Since Launch of Groundbreaking 'Hepatitis C: State of Medicaid Access' in 2017, 33 States Have Removed or Lessened Access Restrictions for Life-Saving Treatments, but More Than Half Still Impose Some Form of Illegal Restriction; 8 States/Jurisdictions Receive 'D' or 'F' Grade

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The National Viral Hepatitis Roundtable (NVHR) and the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) today launched an update to "Hepatitis C: State of Medicaid Access," an interactive project grading all 50 state Medicaid programs, as well as the District of Columbia and Puerto Rico, according to access to curative treatments for hepatitis C, the nation's deadliest infectious disease. NVHR, CHLPI and other leading viral hepatitis advocates also drafted a sign-on letter to the U.S. Centers for Medicare and Medicaid Services (CMS) urging the agency to take action to end discriminatory state treatment restrictions, which, according to CMS guidance, violate federal Medicaid law. More than half of all state Medicaid programs still impose some form of illegal restriction.

"The hepatitis C virus is the deadliest infectious disease in the in the U.S., killing 20,000 Americans every year, and the opioid epidemic and an increase in unsafe injection drug use have caused acute cases of hepatitis C to more than triple since 2010. Eliminating treatment access restrictions is a necessary step toward ending HCV in the United States," said NVHR Director Lauren Canary. "The collaborative advocacy of NVHR, CHLPI, and the entire viral hepatitis community have created real momentum and led to a significant reduction in treatment restrictions; however, there is still more work to do, as some states persist in imposing these discriminatory restrictions."

Hepatitis C: State of Medicaid Access grades each Medicaid program according to its overall "state of access." Each grade is determined by curative treatment restrictions related to three areas: 1) liver disease progression (fibrosis) restrictions, 2) sobriety/substance use requirements, and 3) prescriber limitations – all of which contradict not only CMS guidance but also recommendations from the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA). The analysis provides suggestions for each state to reduce its treatment access requirements.

“At least 2.4 million Americans are currently infected with the hepatitis C virus and HCV is contributing to an increase in liver cancer, the fastest-growing cause of cancer mortality in the U.S. We have the tools to eliminate hepatitis C, but turning the promise of a cure into reality for all requires leadership, resources, and the removal of all discriminatory HCV treatment access restrictions,” said Robert Greenwald, Clinical Professor of Law at Harvard Law School and the director of CHLPI. “CHLPI and NVHR are dedicated to ensuring that all individuals living with HCV are able to access a cure for the disease, and we urge all states to stop illegally restricting access to treatment.”

Highlights of the Hepatitis C: State of Medicaid Access analysis, as well as notable advocacy successes since the 2017 launch of the report, include:

- When CHLPI and NVHR launched the report in 2017, more than half of Medicaid programs (52 percent) received a “D” or an “F” for imposing discriminatory restrictions on hepatitis C cures. Currently, only 15 percent of programs (8 jurisdictions) receive those grades;
- States that received a “D” or “F” grade due to access restrictions: Alabama, Arkansas, Minnesota, Mississippi, Montana, Puerto Rico, South Dakota, and Texas;
- States that received an “A” grade: Alaska, California, Colorado, Connecticut, Delaware, Idaho, Louisiana, Maine, Massachusetts, Missouri, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington;
- Washington (A) removed Medicaid restrictions after a federal court declared for the first time that widespread restrictions to hepatitis C treatments were illegal. The removal of restrictions paved the way for the state’s groundbreaking plan to eliminate the hepatitis C virus entirely;
- In Rhode Island (A-), strong local advocacy and the threat of litigation led the state to remove liver disease restrictions and cover treatment for all beneficiaries living with HCV;
- Illinois (B-), which once had the most severe liver disease restrictions, has since removed those restrictions. However, some managed care organizations in the state have not followed suit;

“Although the advent of highly effective curative therapies has helped avert thousands of premature deaths from hepatitis C, we are still seeing troubling trends related to the disease, including a three-fold spike in acute cases of hepatitis C since 2010; an increase in vertical transmissions of the disease from infected pregnant adults to infants – in 2017 alone, there were 18,927 newborns exposed to hepatitis C; and people from certain racial and ethnic minorities are dying at disproportionate and increased rates from hepatitis C infections,” added Canary. “The consequences of hepatitis C treatment restrictions are not academic for people living in places like

Texas (Grade: D+), which has the highest liver cancer mortality rate in the country; or Montana (Grade: F), which has one of the highest rates of perinatal HCV exposure; or West Virginia (Grade: C), which has the highest rate of new HCV infections."

Americans insured through Medicaid have a 3-fold higher prevalence of hepatitis C compared to their privately insured counterparts. In 2015, CMS issued guidance that prior authorization requirements should not result in the denial of access to treatment. NVHR, CHLPI and other leading hepatitis advocates today drafted a letter to CMS urging the agency to take action to end illegal access restrictions by states.

"Since the release of Hepatitis C: State of Medicaid Access and the increased transparency to egregious treatment restrictions in state Medicaid programs, many states have loosened or removed restrictions…Unfortunately, several state Medicaid programs are still standing in the way of the medical standard of care by imposing discriminatory prior authorization criteria to restrict access based on liver disease severity, provider specialty, and substance abuse," said the advocates in the letter. "Despite clear [CMS] guidance…state Medicare programs still deny coverage to Medicaid enrollees with hepatitis C infection…We call upon CMS to take seriously this continue state-sanctioned discrimination impacting persons living with hepatitis C throughout the United States. Please do your part to prioritize this issue and to call upon state Medicaid programs to open access to curative hepatitis C therapy."

To view the "Hepatitis C: State of Medicaid Access" updates, visit www.stateofhepc.org

Download the letter here.

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