Washington, DC, Medicaid Removes Restrictions to Hepatitis C Treatment

The District of Columbia recently lifted several cumbersome barriers to hepatitis C treatment, including prior authorization requirements for prescribing medications to Medicaid beneficiaries

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The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) today recognize Washington, D.C. Medicaid for lifting prior authorization requirements to prescribe hepatitis C treatment to Medicaid beneficiaries, effective September 1st. The District of Columbia becomes the 15th jurisdiction in the country to lift prior authorization requirements for hepatitis C treatment, which will help decrease the number of residents dying from a deadly infectious disease and address inequities in treatment access across racial lines, particularly for the Black community.

The Washington, D.C. Department of Health Care Finance (DHCF) lifted all prior authorization requirements for direct-acting antiviral (DAA) treatments designated as "preferred" by Fee-for-Service (FFS) Medicaid. In doing so, DHCF removed antiquated barriers to treatment access, including removing substance use, prescriber, and retreatment requirements. As a result of these policy changes, Washington, D.C.'s Hepatitis C: State of Medicaid Access grade improved from "F" to "A".

"As a D.C. resident, I am thrilled to see DHCF remove these unjust barriers to care, which will undoubtedly lead to more people being treated and cured of hepatitis C, especially those who are most marginalized," said Adrienne Simmons, Director of Programs at NVHR. "This decision is especially significant for Black residents living with hepatitis C, a community who has long borne the burden of discriminatory policies that restrict access to lifesaving treatment."

Upwards of approximately 12,700 people in Washington, D.C. are living with hepatitis C. The District of Columbia has the highest estimated prevalence of hepatitis C infections, including among Black Americans, and has the second highest rate of hepatitis C-related mortality in the country.

"DHCF's decision to lift prior authorization and other barriers to care is a welcome change that will help ensure equitable access to curative treatments for D.C. residents," said Dawn Fishbein, Scientific Director of Viral Hepatitis Research at MedStar Health and infectious disease physician. "This decision is a great example of policy catching up with science and patient needs. Allowing

more providers to easily prescribe treatment will help us in reaching the World Health Organization's goal to eliminate viral hepatitis by 2030."

Hepatitis C is the deadliest bloodborne infectious disease in the U.S., affecting approximately 2.4 million Americans, according to CDC. Cases of hepatitis C have been increasing since 2010 due to the ongoing opioid crisis. National trends indicate a rise in hepatitis C case incidence, while treatment rates for hepatitis C disturbingly declined between 2014 and 2020. Hepatitis C disproportionately impacts communities of color, people who use drugs, rural communities, people who are incarcerated, and others who have historically faced inequities in access to healthcare. Complications from hepatitis C can be fatal if left untreated, however direct acting antivirals (DAA) offer a near-100 percent cure rate within 8 to 12 weeks of taking treatment. Yet barriers to this treatment persist across the country.

Washington, D.C. joins a growing number of states in removing prior authorizations for most patients, including Alaska, California, Idaho, Indiana, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, New York, Rhode Island, Virginia, Washington, and Wisconsin.

"Washington D.C.'s discriminatory policies severely limited equitable access to treatment for residents and created ongoing health consequences despite the availability of a curative treatment," said Robert Greenwald, Clinical Professor of Law at Harvard Law School and the Faculty Director of CHLPI. "We commend Washington, D.C. Medicaid for increasing access to hepatitis C treatment for Medicaid recipients, which will help save lives and stem the tide in hepatitis C."

For more information about hepatitis C treatment access barriers, please visit www.stateofhepc.org. View the Hepatitis C: State of Medicaid Access 2022 national summary report here.

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