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Contact Beth Dozier: 202.429.1833 | bethdozier@rational360.com

**Harvard Law School & NVHR Launch Interactive Report Card Project Grading 52
Medicaid Programs for Discriminatory Hepatitis C Treatment Restrictions**

*'Hepatitis C: State of Medicaid Access' Grades Programs & Offers Recommendations to
Improve; More than Half of States/Jurisdictions Receive 'D' or 'F'*

SAN FRANCISCO, CA & BOSTON, MA (Oct. 23, 2017) – The [National Viral Hepatitis Roundtable \(NVHR\)](#) and the [Center for Health Law and Policy Innovation of Harvard Law School \(CHLPI\)](#) today released [“Hepatitis C: State of Medicaid Access”](#) – a report and 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. More than half of Medicaid programs (52 percent) received a “D” or an “F” for imposing discriminatory restrictions on hepatitis C cures.

Hepatitis C: State of Medicaid Access – which is available online in interactive form at <http://stateofhepc.org> and being unveiled today at the American Association for the Study of Liver Diseases (AASLD) Liver Meeting in Washington, D.C. – grades each state, as well as the District of Columbia and Puerto Rico, 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 [guidance](#) from the Centers for Medicare & Medicaid Services (CMS), as well as [recommendations](#) from AASLD and the Infectious Disease Society of America. The report also offers suggestions for each state to reduce its treatment access requirements.

“At least 3.5 million Americans are infected with hepatitis C in an epidemic that has eclipsed all other infectious diseases in the U.S. and has been exacerbated by the opioid crisis,” said Ryan Clary, executive director of NVHR. “Giving Medicaid recipients broad access to curative treatments is critical if we are really serious about ending this country’s deadliest infectious disease. Our hope with this project is to provide a roadmap for states – and the Centers for Medicare and Medicaid Services – in order to get more people treated, cured and ultimately protected from hepatitis C.”

“While more than half of states still received a D or an F in the report for discriminatory restrictions on hepatitis C treatment, we have seen some progress since 2014, when our [analysis](#) indicated that 42 state Medicaid programs could be violating federal Medicaid

law,” said Robert Greenwald, Clinical Professor of Law at Harvard Law School and the director of CHLPI. “States with the best grades have taken steps to ensure widespread access to hepatitis C treatments. These states should serve as a model for those still rationing access to a hepatitis C cure based on outdated cost concerns, rules that stigmatize those living with hepatitis C, and non-medically indicated treatment criteria.”

States that received an “A” are: Alaska, Connecticut, Massachusetts, Nevada, and Washington. States that received an “F” are: Arkansas, Louisiana, Montana, Oregon, and South Dakota. Most states – 21 and Puerto Rico – received a “D.”

On its interactive site, Hepatitis C: State of Medicaid Access also includes ways to get involved. Users are invited to share their stories, sign a petition calling for better treatment access, and advocate for the issue on social media using the hashtag #stateofhepc.

About the National Viral Hepatitis Roundtable (NVHR)

The National Viral Hepatitis Roundtable is a broad coalition working to fight, and ultimately end, the hepatitis B and hepatitis C epidemics. We seek an aggressive response from policymakers, public health officials, medical and health care providers, the media, and the general public through our advocacy, education, and technical assistance. NVHR believes an end to the hepatitis B and C epidemics is within our reach and can be achieved through addressing stigma and health disparities, removing barriers to prevention, care and treatment, and ensuring respect and compassion for all affected communities. For more information, visit www.nvhr.org.

About the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI)

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, government officials, and others to expand access to high-quality healthcare; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective healthcare systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health and public health law and policy. For more information, visit <http://www.chlpi.org>.

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