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Montana Receives ‘F’ in New Harvard Law School & NVHR Report Card Project Grading Medicaid Programs for Discriminatory Hepatitis C Treatment Restrictions

MT is One of Just Five States to Receive an ‘F’ in ‘Hepatitis C: State of Medicaid Access,’ Which Grades 52 Medicaid Programs & Offers Recommendations to Improve

Jan. 25, 2018 – The [National Viral Hepatitis Roundtable](#) (NVHR) and the [Center for Health Law and Policy Innovation of Harvard Law School](#) (CHLPI) gave Montana an “F” in its new report and interactive project, [Hepatitis C: State of Medicaid Access](#), which grades 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.

Montana is one of five Medicaid programs that received an “F” for imposing discriminatory restrictions on hepatitis C cures. Specifically, Montana’s Medicaid Program, Passport to Health, requires hepatitis C patients to demonstrate severe liver damage (a fibrosis score of F3 or greater), six months of sobriety, and a prescription from a specialist – who can be costly and difficult to find – before receiving access to treatment.

“Close to 15,000 Montanans are infected with hepatitis C, which now kills more Americans than all other infectious diseases combined,” said Ryan Clary, executive director of NVHR. “Connecting Medicaid recipients with a cure is vital to stopping this life-threatening virus from wreaking havoc on Montanans and Americans writ large. Our hope with this project is for states with failing grades like Montana to see how they compare and to take steps to ensure all hepatitis C patients have access to effective treatment.”

“Montana’s ‘F’ grade comes as no surprise to those of us who’ve seen first-hand the hoops our state’s Medicaid patients must jump through to access a cure for hepatitis C,” said Ray Geyer, D.O., infectious disease specialist based in Great Falls, Montana. “I hope this report persuades Montana that it’s time to do what other states have done and lift Medicaid restrictions on life-saving hepatitis C care once and for all.”

Robert Greenwald, Clinical Professor of Law at Harvard Law School and the director of CHLPI, added, “Even though the opioid crisis is exacerbating the hepatitis C epidemic, Montana is preventing patients who have used drugs in the past six months, the population most likely to spread this highly communicable disease, from accessing a cure. Montana should join the many Medicaid programs across the country that have eliminated discriminatory and medically unfounded hepatitis C treatment restrictions on patients based on sobriety.”

Hepatitis C: State of Medicaid Access – which is available online in interactive form at <http://stateofhepc.org> – 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.

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.”

Read the full Montana report card [here](#).

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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