

May 3, 2018

Alex Azar, Secretary  
The U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Azar:

We, the undersigned health care providers, write to alert your attention to a new report, Hepatitis C: The State of Medicaid Access, jointly published by the National Viral Hepatitis Roundtable (NVHR) and Harvard Law School's Center for Health Law Policy and Innovation (CHLPI). This report reveals that many Medicaid programs across the country impose discriminatory, unlawful restrictions that prevent Americans from being cured of the hepatitis C virus (HCV).

As you likely know, HCV kills about 20,000 Americans per year – more people than all 60 nationally notifiable infectious diseases combined. At least 3.5 million Americans are living with HCV, according to the most conservative estimates. The opioid crisis has rapidly fueled the spread of the virus; injection drug use is the cause of most new infections. From 2010 to 2015, the number of new HCV infections jumped nearly 300 percent. HCV is also the leading cause of liver cancer – the fastest-growing cause of cancer mortality in the U.S., killing twice as many Americans now than it did in the 1980s.

The good news is that a cure exists for HCV, making elimination of the virus as a public health threat possible. But contrary to clear guidance from the Centers for Medicare and Medicaid Services (CMS) cautioning states not to impose restrictions that were not medically necessary, most states limit access to the cure by imposing restrictions based on disease severity, sobriety, and/or prescriber type. Many programs even require patients to wait to be treated until they have advanced liver disease – which can cause liver cancer even after the patient is cured. Most jurisdictions mandate sobriety periods, despite unequivocal scientific evidence that the HCV cure is equally effective in people who use drugs and/or alcohol. These restrictions directly contradict the standard of care outlined in the treatment guidelines established by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA).

As providers, we are particularly troubled by these restrictions. If HCV is diagnosed and treated early, the progression to advanced liver disease as well as transmission to others can be prevented. Limiting treatment to those individuals with the most advanced disease not only puts individuals at risk for the development of advanced liver disease and higher risk of liver cancer, but also compromises public health. Furthermore, the sobriety requirement perpetuates the discrimination felt by people living with HCV as well as people who use drugs. The stigma surrounding alcohol and drug use often discourages people who use drugs or alcohol from seeking HCV testing and treatment. When states impose sobriety-based barriers to treatment, they not only miss an opportunity to curb the spread of HCV, they also make it more difficult for providers to engage with a population especially at risk for HCV.

We urge HHS to do everything within its power to enforce the CMS guidance and ensure that that all jurisdictions open access to HCV treatment for Medicaid beneficiaries without delay. If you have questions or concerns, please feel to contact Elizabeth Paukstis at [epaukstis@nvhr.org](mailto:epaukstis@nvhr.org). Thank you for your consideration.

Sincerely,

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