

November 12, 2020

Matt Anderson
Assistant Commissioner and Medicaid Director
Health Care Administration
State of Minnesota, Department of Human Services
540 Cedar Street PO Box 64983
St. Paul, MN 55167-0983

Re: COVID-19 and Access to Hepatitis C Treatment

Dear Mr. Anderson:

This letter is submitted on behalf of the below signed clinicians to request your immediate attention to the barriers to care that COVID-19 poses to our patients living with hepatitis C virus (HCV) infection.

As we seek effective solutions to COVID-19, we must not disregard the pre-existing public health crisis of HCV infection. The response to COVID-19 and HCV share similar barriers, such as limited testing capacity and lack of support for preventive measures. However, one stark contrast between these public health crises is that HCV *can be cured* through a safe and effective 8-to-12-week course of direct acting antiviral (DAA) therapy. Unfortunately, access to curative therapy in Minnesota is restricted by prior authorization criteria. These criteria interfere with our ability to provide the medical standard of care to our patients, thereby increasing their risk of death from liver disease. We request that any prior authorization criteria that do not align with the standard of care established by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) guidelines be immediately removed.

Specifically, we request removal of the requirement that screening for substance or alcohol use be performed, as this requirement is not based on clinical evidence. According to IDSA/AASLD guidance, *“There are no data to support the utility of pretreatment screening for illicit drug or alcohol use in identifying a population more likely to successfully complete HCV therapy.”* Concerns that persons who use drugs or alcohol may be nonadherent to HCV DAA therapy or risk reinfection have been countered by several peer-reviewed studies, cited in the AASLD/IDSA guidance. By not allowing us to cure our patients with substance use disorders, we not only are forced to discriminate against patients due to comorbid medical diagnoses (a violation of disability rights), but we are forced to provide subpar care, a violation of the oath that we hold most sacred to *do no harm*.

We appreciate your consideration of our concerns, and kindly request a response in a timely manner.



Sincerely,

National Provider Advocates

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