

July 28, 2023

**Re: Hepatitis C Treatment Access**

Dear State Medicaid Director:

July 28<sup>th</sup> marks World Hepatitis Day. On this World Hepatitis Day, the Center for Health Law and Policy Innovation at Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) seek your commitment to ensuring timely and equitable access to hepatitis C treatment for Medicaid beneficiaries in your state. CHLPI advocates for legal, regulatory, and policy reforms to improve the health of marginalized populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. NVHR is a national coalition of patients, health care providers, community-based organizations, and public health partners fighting for an equitable world free of viral hepatitis. CHLPI and NVHR collaboratively support the [Hepatitis C: State of Medicaid Access](#) project which tracks and documents HCV treatment access across the country. Our [national snapshot report](#) highlights state-level trends in aligning treatment access through state Medicaid programs with evidence-based treatment guidelines, while our [individual state report cards](#) detail hepatitis C treatment policies and prior authorization requirements in each state.

CHLPI and NVHR are concerned that limited access to hepatitis C treatment in state Medicaid programs has driven costly illness and preventable deaths and impeded the ability to meet the [Department of Health & Human Services' goal](#) to eliminate hepatitis C by 2030. [A new CDC analysis](#) examining laboratory data from 2013 through 2022 revealed that only a third of people with a documented hepatitis C diagnosis were cured over the past decade. For Medicaid beneficiaries, fewer than one in three (30.9%) overall have been cured, including fewer than one in four (23%) of those ages 20-39 years. These findings echo the realities we've documented through the [Hepatitis C: State of Medicaid Access](#) project, which shows that burdensome prior authorization requirements continue to stifle treatment initiation by creating clinically unnecessary barriers to patient eligibility and limiting providers' ability to prescribe treatment.

While [nearly half of all state Medicaid programs](#) have removed prior authorization for most patients entirely, access to treatment for people living with hepatitis C continues to be variable, delayed, and insufficient in many parts of the country. As of February 2023, more than ten state Medicaid programs continued to restrict access to hepatitis C treatment based on fibrosis, prescriber, and/or substance use restrictions. And of the states who contract with managed care organizations (MCOs), more than one third have MCOs that are imposing more stringent prior authorization requirements than their state's Fee-for-Service (FFS) program imposes. When MCOs fail to implement FFS policy, this doesn't just create a practical barrier to care. It also violates federal law, which requires MCOs to provide services "in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under FFS Medicaid." 42 CFR § 438.210(a). **We urge state Medicaid Directors to act now by (1) removing all prior authorization requirements for direct-acting antivirals, (2) ensuring alignment of FFS and MCO policies to comply with federal law, and (3) participating and engaging in current and future elimination planning efforts in collaboration with the Department of Health.**

We will continue to monitor hepatitis C treatment access issues with great interest and welcome the opportunity to discuss opportunities to improve access in your state.

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