

Hepatitis C: State of Medicaid Access

May 11, 2022

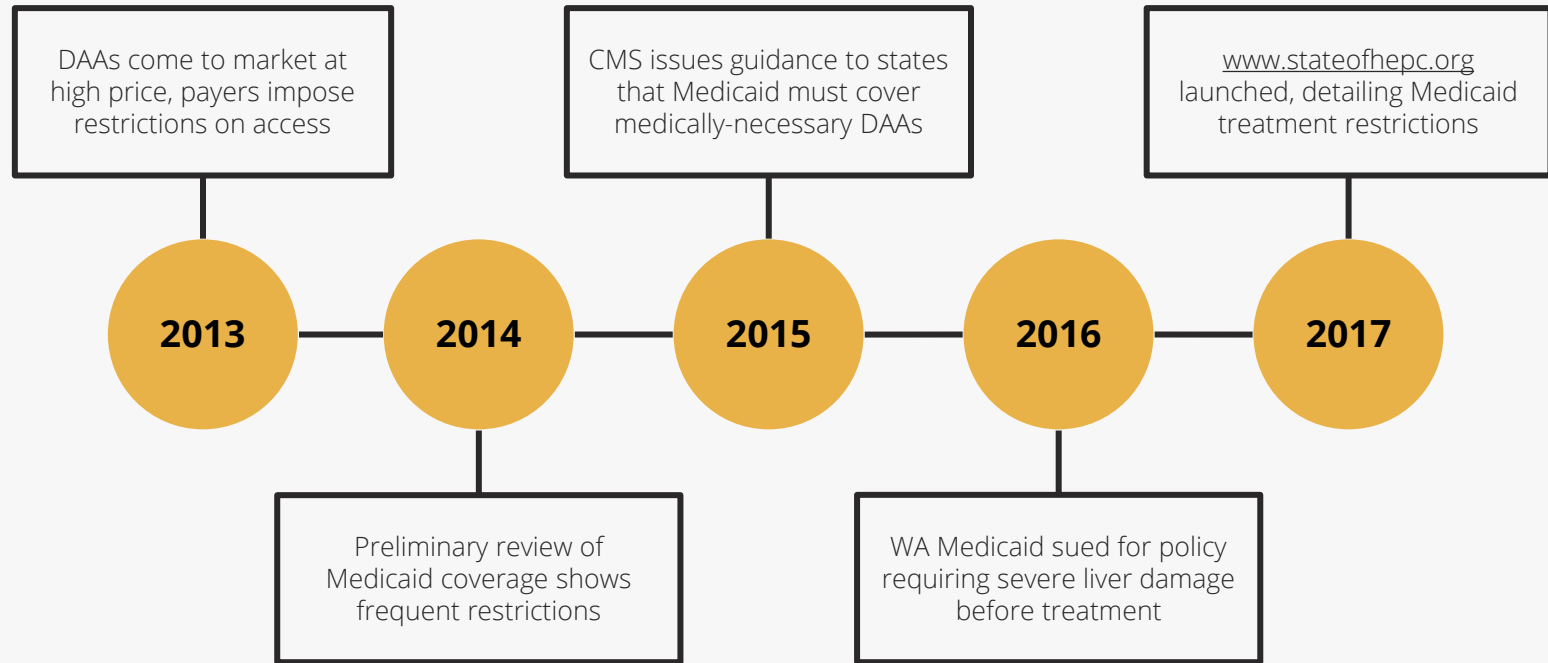
Adrienne Simmons, PharmD, MS
National Viral Hepatitis Roundtable

Suzanne Davies, JD
Center for Health Law and Policy Innovation

Agenda

- A. Overview of *Hepatitis C: State of Medicaid Access*
- B. Recent Progress and Current State of Hepatitis C Treatment Access in Medicaid
- C. Remaining Barriers to Care
- D. Next Steps for *Hepatitis C: State of Medicaid Access*

History of HCV Treatment Access in Medicaid



Overview of
*Hepatitis C: State of
Medicaid Access*



Hepatitis C: State of Medicaid Access

- Launched in 2017
- Documents the current state of Medicaid HCV treatment access across 52 jurisdictions, including state-by-state “report cards”
- Findings are based on surveys of Medicaid officials, publicly available documents, and official press or media releases.

HEPATITIS C: THE STATE OF MEDICAID ACCESS

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) share a commitment to ensuring that all individuals living with hepatitis C (HCV) are able to access the cure for HCV, the most common bloodborne infection in the United States.

In particular, the launch of our Hepatitis C: The State of Medicaid Access report in 2017 has successfully supported efforts to eliminate treatment access restrictions. Since 2017, 33 states have either eliminated or reduced their fibrosis restrictions, 29 have loosened their sobriety restrictions, and 28 have scaled back their prescriber restrictions. Additionally, there are now 11 states that have removed prior authorization for most patients entirely: Washington, Louisiana, New York, California, Indiana, Wisconsin, Michigan, Rhode Island, Missouri, Alaska, and Virginia.

However, our work is ongoing as states persist in imposing discriminatory treatment access restrictions. CHLPI and NVHR remain committed to capitalizing on the momentum we enjoy today to advocate for the removal of all states' HCV treatment access restrictions.

Eliminating treatment access restrictions is vital to eliminating HCV as a public health threat in the United States. Further progress requires both leadership and advocacy to turn the promise of the cure into a reality for all.

For more information about Hepatitis C: The State of Medicaid Access please go to www.stateofhepc.org.

Note: The hepatitis C Medicaid policies captured in this report reflect state Fee-For-Service policies only, and do not reflect any policies imposed by contracted managed care organizations.

Updated January 04, 2022



Medicaid Treatment Access Restrictions Tracked to Date



Liver Damage

Restrictions based
on fibrosis score



Sobriety

Required abstinence from
drug or alcohol use, or
requirements related to
substance use disorder
counseling or treatment



Prescriber

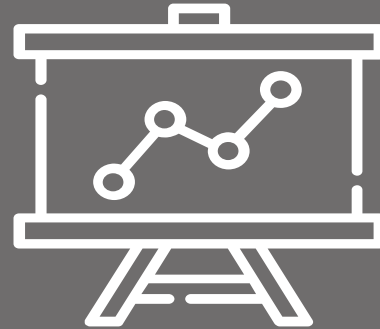
Restrictions on which
healthcare providers
can prescribe
treatment

Hepatitis C Treatment Access and Litigation

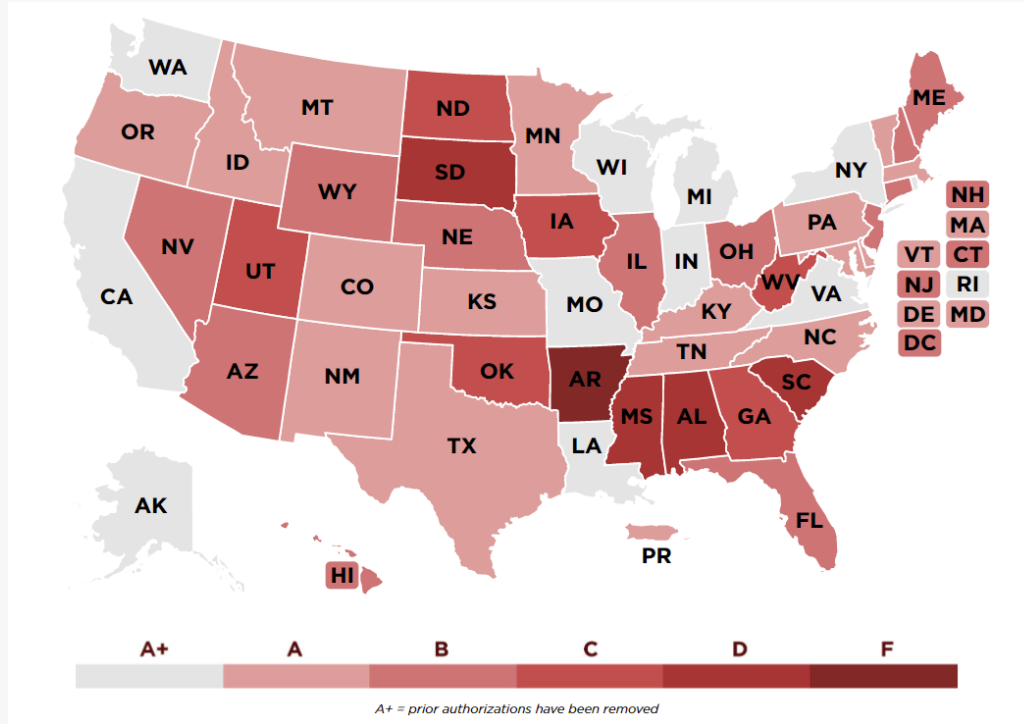
- In some states, access to HCV treatment has expanded due to litigation.
- 2016 - B.E. v. Teeter (Washington Medicaid)
- 2021 - Coleman v. Wilson (Texas Medicaid)
- 2022 - Administrative complaint with DOJ filed regarding Alabama Medicaid's sobriety restrictions



Recent Progress and Current State of Hepatitis C Treatment Access in Medicaid



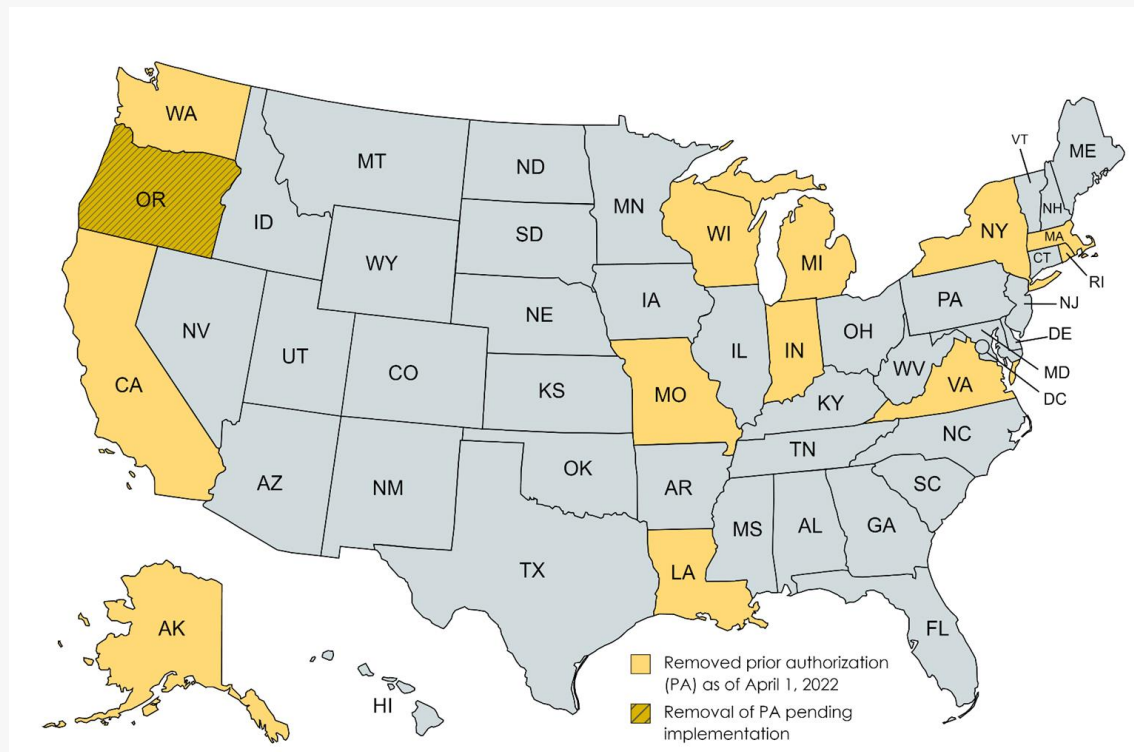
Hepatitis C: State of Medicaid Access



www.stateofhepc.org grades as of January 2022

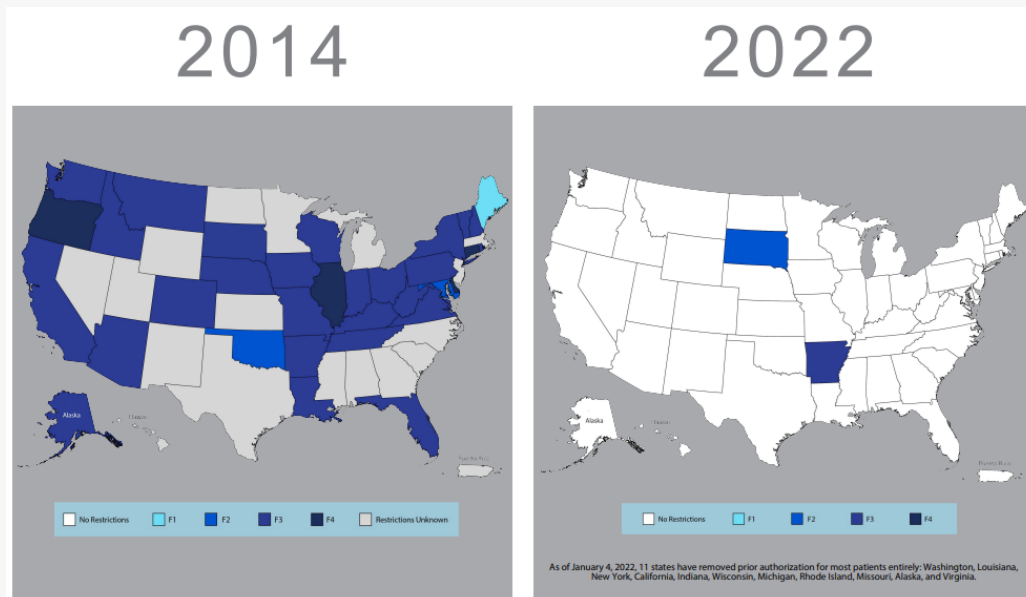
Prior Authorization

- 12 states now allow access to DAAs in their Medicaid programs without requiring prior authorization (PA) for most patients.
- The majority of states (67%) removed PA without a subscription “Netflix” model.
- This obviates the need for burdensome paperwork and streamlines treatment.



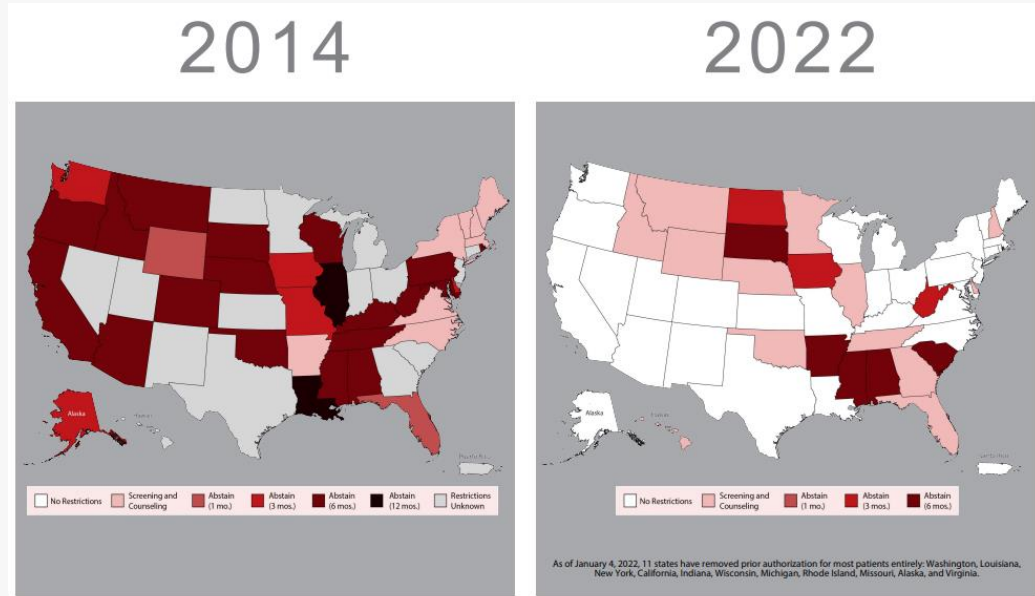
Liver Damage

- The most progress made to date has been in removing this barrier.
- 33 states have either eliminated or reduced their fibrosis restrictions.
- Only two states have restrictions remaining.



Sobriety

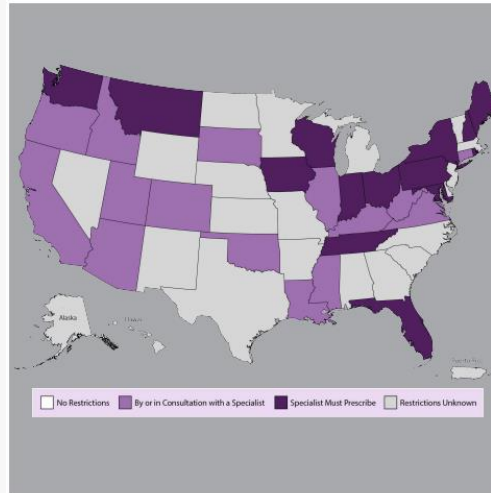
- 29 states have loosened their sobriety restrictions.
- 44 states impose no minimum period of abstinence.
- Period of abstinence required has shortened overall.



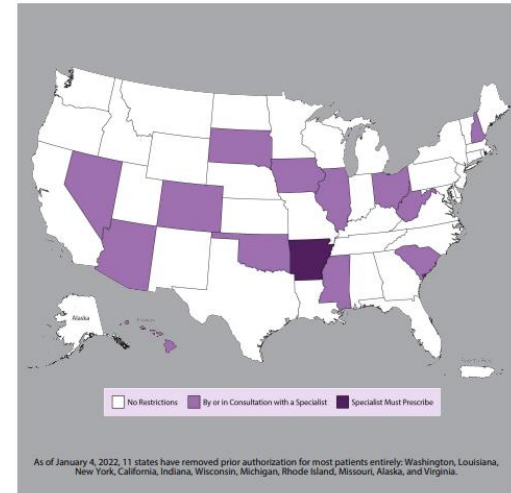
Prescriber

- 28 states have scaled back prescriber restrictions.
- 18 states require specialist involvement, only one state requires prescription written by specialist

2014



2022



Remaining Barriers to Care



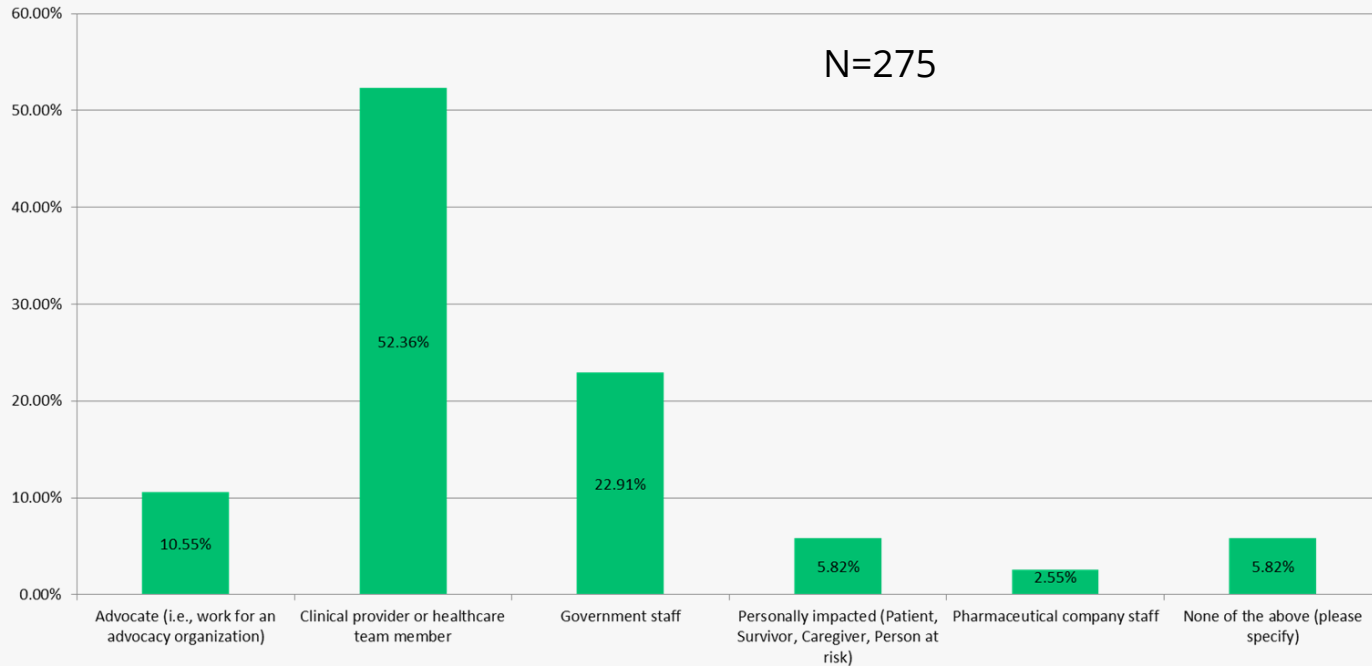
Remaining Barriers to Care

- In addition to those barriers that we already track, additional barriers to care exist, including both substantive and process barriers.
- In Spring 2022, the project team solicited input from stakeholders on ways to improve how we track and report out on state Medicaid programs through a **public listening session**, a **provider steering committee**, and a **public survey**.



Stakeholder Feedback: Public Survey

Which of the below categories best describes your role in relation to viral hepatitis?
(Please select the option that most closely describes your role)



Additional Barriers Identified*

Prior
authorization
as a process
barrier

Chronic
infection
diagnosis

Time-based
laboratory
values

Genotype

Adherence
assessments

Retreatment
restrictions

Specialty
pharmacy &
mail-order

Different
criteria
preferred vs.
non-preferred

*Currently tracking fibrosis, sobriety, prescriber, and managed care parity barriers

Impact of Barriers



Delays

Denials

Interruptions

**Impede our
ability to
eliminate
hepatitis C by
2030***

*Particularly among communities
disproportionately impacted by
hepatitis C

“

In my state, there is actually investigation into adherence for other medications for the patient.

For instance, if a person has picked up their diabetes meds late before, [Medicaid] will deny [hepatitis C] treatment.

“

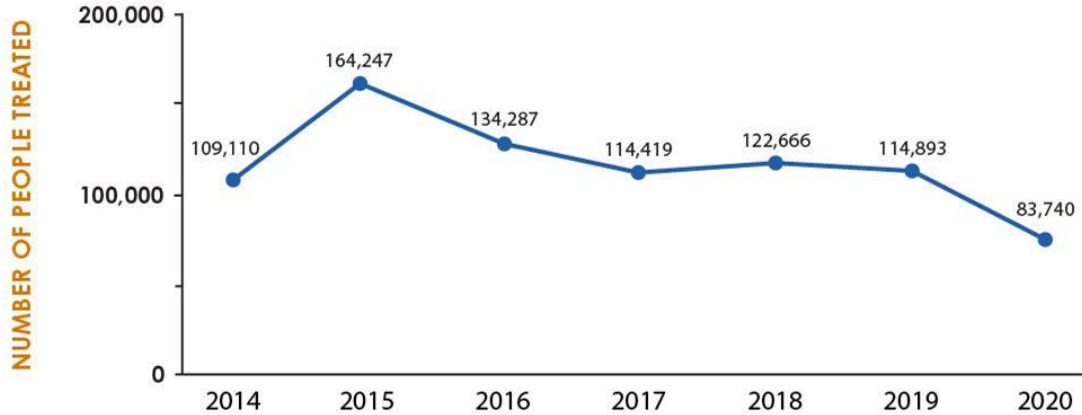
The burdens include the wasteful cost of repeat labs and negative impact on patients regarding cost and access to transportation. Genotype results have a long turnaround time, sometimes creating delays.

“

Some of the specialty pharmacies have requirements to speak with the patient before mailing the medication. It becomes a barrier, and possibly even a delay in treatment.

THE NUMBER OF PEOPLE WHO INITIATED* HEPATITIS C TREATMENT IN THE U.S. DECLINED FROM 2015 TO 2020

COVID-19-related disruptions to hepatitis C testing and treatment likely contributed to the decline in 2020



*Based on national prescription claims data

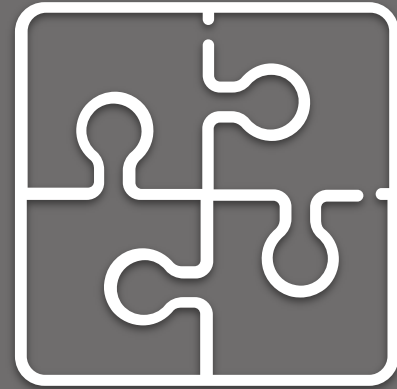
For more information, visit
cdc.gov/nchhstp/newsroom



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

From 2014-2020, an average of **approximately 120,000 people were treated each year**, falling short of the *National Academies of Sciences, Engineering, and Medicine* estimate that **at least 260,000 people must be treated annually to eliminate hepatitis C by 2030**

Next Steps for
*Hepatitis C: State of
Medicaid Access*



Next Steps for *Hepatitis C: State of Medicaid Access*



www.stateofhepc.org

Hepatitis C: State of Medicaid Access

Project Team

Adrienne Simmons, PharmD, MS, BCPS, AAHIVP
National Viral Hepatitis Roundtable
adrienne@nvhr.org

Suzanne Davies, JD
Center for Health Law and Policy Innovation
sudavies@law.harvard.edu

Julia Harvey | Daniel Raymond | Robert Greenwald