Since 2017, The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the National Viral Hepatitis Roundtable (NVHR) have fought to ensure that all people living with hepatitis C (HCV) are able to access treatment through our joint work on the Hepatitis C: State of Medicaid Access project.

We’re pleased to report our collective advocacy over the last decade has been working. In particular, the ongoing publication of our State of Medicaid Access reports has successfully supported efforts to eliminate treatment restrictions across the nation. Since we began publishing annual reports, 21 states have removed prior authorization requirement for most patients, 33 have either eliminated or reduced their fibrosis restrictions, 36 have loosened their sobriety restrictions, and 35 have scaled back their prescriber restrictions.

We celebrate this significant wave of progress, but our work will not be done until the promise of an HCV cure is an accessible reality for all. It is in that spirit that we bring you our 2023 snapshot of Medicaid access.

Citation: Center for Health Law and Policy Innovation & National Viral Hepatitis Roundtable, Hepatitis C: State of Medicaid Access (2023), www.stateofhepc.org

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About CHLPI: The Center for Health Law and Policy Innovation of Harvard Law School 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. CHLPI works to expand access to high-quality health care; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care 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 www.chlpi.org.

About NVHR: The National Viral Hepatitis Roundtable, an initiative of HEP, is a national coalition fighting for an equitable world free of viral hepatitis. NVHR seeks to eliminate viral hepatitis in the United States and improve the lives of those affected through advocacy, education, and support to national, state and local partners. For more information, visit www.nvhr.org.
**OVERALL STATE GRADES**

**A+ (9):** Colorado, Idaho, Michigan, Missouri, Oklahoma, Rhode Island, Virginia, Washington, Wisconsin

**A (12):** Alaska, California, DC, Hawaii, Indiana, Louisiana, Massachusetts, New Hampshire, New York, Oregon, Pennsylvania, Texas,

**B (11):** Alabama, Arizona, Connecticut, Kansas, Kentucky, Minnesota, Mississippi, North Carolina, Tennessee, Utah, Vermont

**C (12):** Florida, Georgia, Maine, Maryland, Montana, Nevada, New Jersey, New Mexico, Ohio, Puerto Rico, West Virginia, Wyoming

**D (6):** Delaware, Iowa, Nebraska, North Dakota, South Carolina, South Dakota

**F (2):** Arkansas, Illinois

Prior Authorization Required (31): Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Puerto Rico, South Carolina, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wyoming

Fibrosis Restrictions (2): Arkansas, South Dakota

Provider Must Address and/or Counsel Patient About Substance Use Issues Prior to Treatment (8): Alaska, Illinois, Iowa, Minnesota, Mississippi, Montana, West Virginia, Wisconsin

Substance Use Restriction Prior to or During Treatment, Including Abstinence and Mandatory SUD Treatment (6): Arkansas, Delaware, Nebraska, North Dakota, South Carolina, South Dakota

Prescription by or in Consultation with a Specialist (6): Arkansas, Illinois, Iowa, Nevada, Puerto Rico, South Carolina

Retreatment Restrictions based on adherence, substance use, or SVR12 documentation (20): Alabama, Arizona, Arkansas, California, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Maine, Montana, Nebraska, New York, North Dakota, Ohio, West Virginia, Wyoming

Additional Restrictions and/or Lack of Transparency in Managed Care (16): Arizona, DC, Delaware, Georgia, Hawaii, Illinois, Maryland, Massachusetts, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Texas, Utah