

FEBRUARY 2024 SNAPSHOT UPDATE

HEPATITIS C: STATE OF MEDICAID ACCESS

In the last six months:

- 3 more states (CT, KS, NC) removed prior authorization requirements.
- 3 states (NE, ND, WY) removed substance use restrictions.
- 2 states (NY, OH) removed retreatment restrictions.
- Arkansas removed its fibrosis restriction, which means there are no longer any states imposing this extreme barrier to care.

Now, 28 jurisdictions have removed PA requirements for most patients. For the first time ever, there are more states that don't require prior authorization than ones that do.

These updates mark an inflection point in the decade-long push to broaden access to HCV cures: the Department of Justice (DOJ) recently affirmed the right of people who use drugs to access treatment for HCV under the Americans with Disabilities Act, while a White House proposal for a groundbreaking National HCV Elimination Initiative awaits Congressional action.

"We're thrilled that the majority of state Medicaid programs now recognize that prior authorizations have led to missed opportunities to cure hepatitis C" said Adrienne Simmons, Director of Programs for NVHR. "We urge states to backtrack and reach out to residents who got lost in the prior authorization shuffle over the last decade and still need to get cured."

Overall, the removal of restrictive, outdated policies has laid the groundwork for a coordinated national effort towards eliminating hepatitis C as a public health threat. CHLPI and NVHR urge Congress to seize upon this momentum and advance the White House proposal for a robust nationwide hepatitis C elimination program.

Citation: Center for Health Law and Policy Innovation & National Viral Hepatitis Roundtable, Hepatitis C: State of Medicaid Access (2024), 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: An initiative of the HEP, NVHR is the largest network of patients, providers, public health leaders, and community partners breaking down barriers to care across the United States. For over 20 years, we have driven progress toward viral hepatitis elimination through knowledge sharing, advocacy, and policy change. For more information, visit www.nvhr.org.

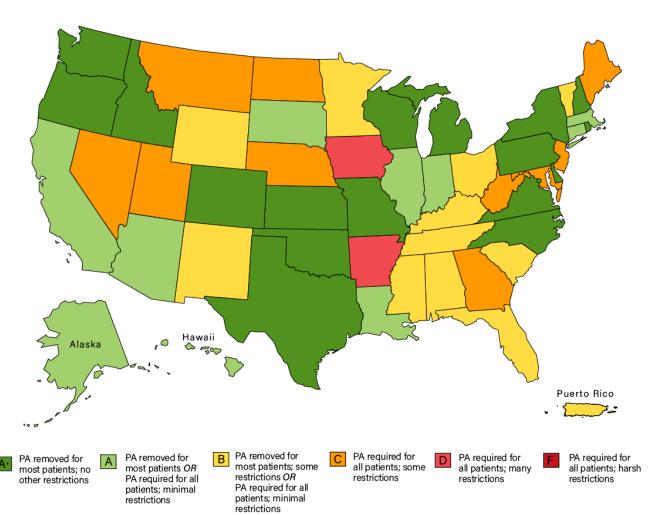
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OVERALL STATE GRADES

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A+ (18): Colorado, Delaware, District of Columbia, Idaho, Kansas, Michigan, Missouri, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Virginia, Washington, Wisconsin

A (10): Alaska, Arizona, California, Connecticut, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, South Dakota

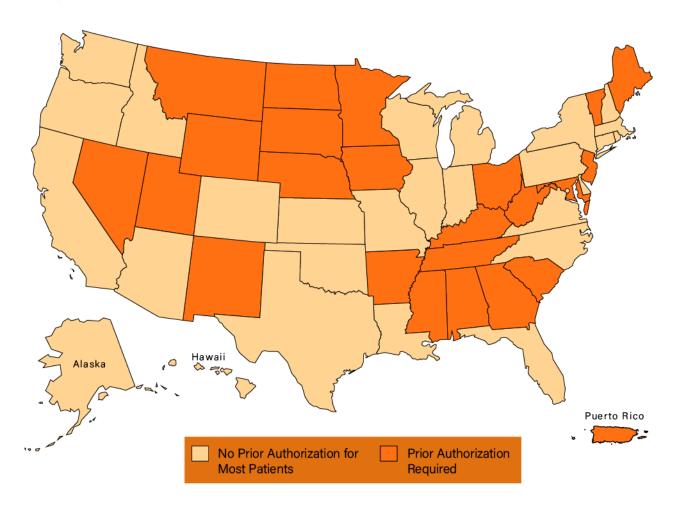
B (12): Alabama, Florida, Kentucky, Minnesota, Mississippi, New Mexico, Ohio, Puerto Rico, South Carolina, Tennessee, Vermont, Wyoming C (10): Georgia, Maine, Maryland, Montana, Nebraska, Nevada, New Jersey, North Dakota, Utah, West Virginia

D (2): Arkansas, Iowa



PRIOR AUTHORIZATION

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No Prior Authorization for Most Patients (28): Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Virginia, Washington, Wisconsin

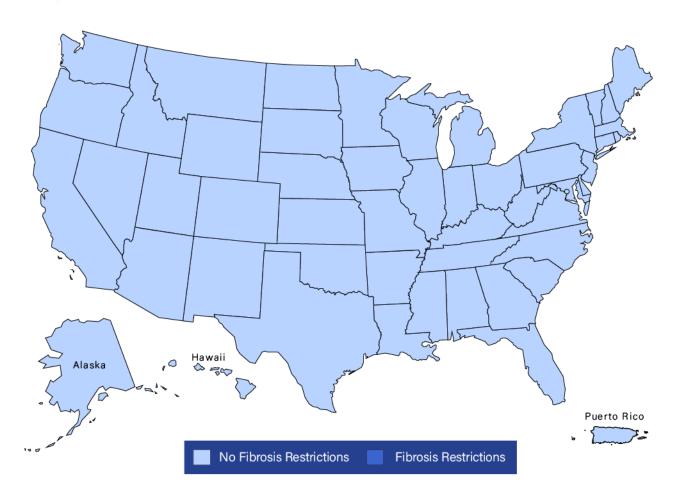
Prior Authorization Required (24): Alabama, Arkansas, Georgia, Iowa, Kentucky, Maine, Maryland, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Puerto Rico, South Carolina, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wyoming



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STATE OF MEDICAID ACCESS FOR INITIAL TREATMENT . FEBRUARY 2024

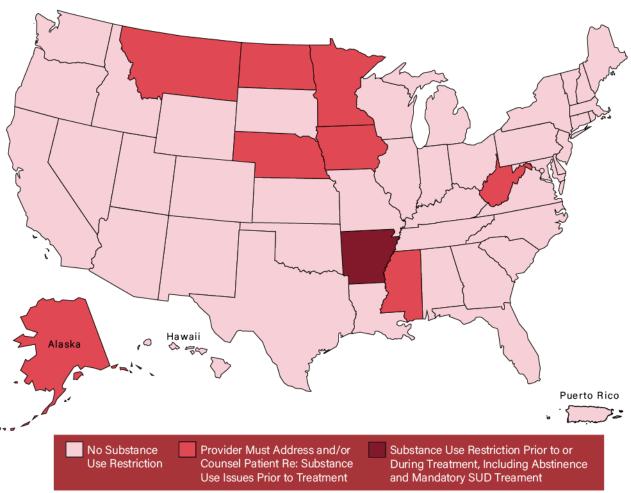


No Fibrosis Restrictions (50): No Fibrosis Restrictions (52): Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, DC, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

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SUBSTANCE USE

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No Substance Use Restriction (43): Alabama, Arizona, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, Wyoming

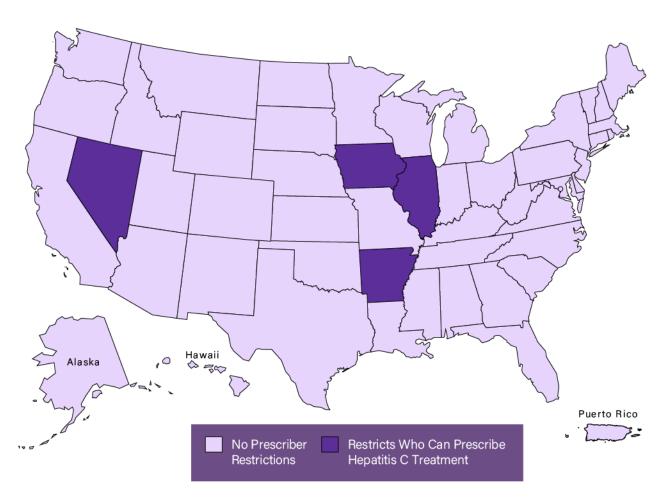
Provider Must Address and/or Counsel Patient About Substance Use Issues Prior to Treatment (8): Alaska, Iowa, Minnesota, Mississippi, Montana, Nebraska, North Dakota, West Virginia

Substance Use Restriction Prior to or During Treatment, Including Abstinence and Mandatory SUD Treatment (1): Arkansas



PRESCRIBER

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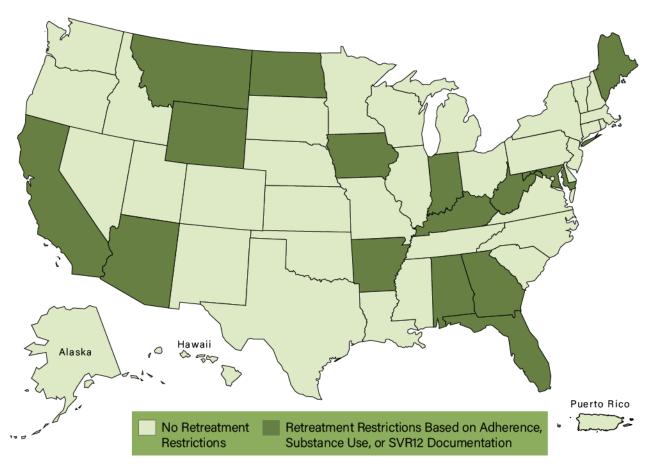
No Prescriber Restrictions (48): Alabama, Alaska, Arizona, California, Colorado, Connecticut, DC, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Louisiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Prescription by or in Consultation with a Specialist (4): Arkansas, Illinois, Iowa, Nevada



RETREATMENT

FEBRUARY 2024



Note: states are not penalized for requiring prior authorization for retreatment.

No Retreatment Restrictions (37): Alaska, Colorado, Connecticut, District of Columbia, Delaware, Hawaii, Idaho, Illinois, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin

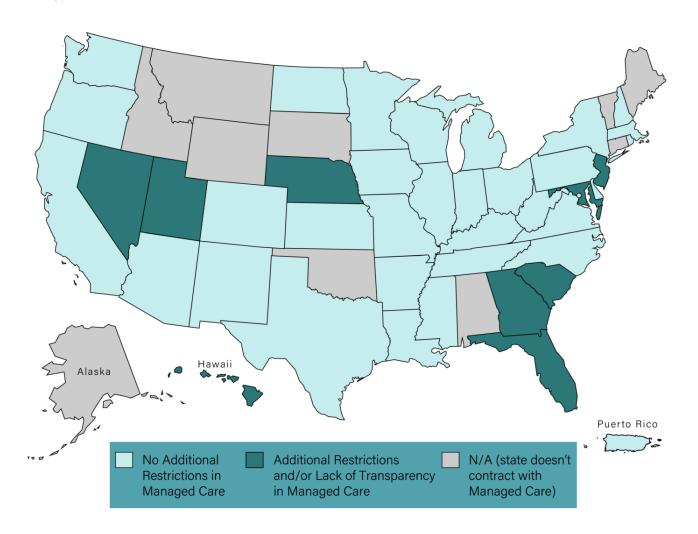
Retreatment Restrictions based on adherence, substance use, or SVR12 documentation (15): Alabama, Arizona, Arkansas, California, Florida, Georgia, Indiana, Iowa, Kentucky, Maine, Maryland, Montana, North Dakota, West Virginia, Wyoming

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MANAGED CARE

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No Additional Restrictions in Managed Care (33): Arkansas, Arizona, California, Colorado, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin

Additional Restrictions and/or Lack of Transparency in Managed Care (9): Florida, Georgia, Hawaii, Maryland, Nebraska, Nevada, New Jersey, South Carolina, Utah

N/A, State Doesn't Contract With Managed Care (10): Alabama, Alaska, Connecticut, Idaho, Maine, Montana, Oklahoma, South Dakota, Vermont, Wyoming