

A PATH TO HEPATITIS C ELIMINATION



FOR POLICYMAKERS

For more than half a century, hepatitis C has damaged peoples' livers and wreaked havoc on their health. Now curative treatments offer hope for eliminating this widespread infectious disease, which affects nearly 3 million Americans.



Hepatitis C could go the way of polio, measles, rubella and, most recently, diphtheria, offering a significant public health victory.

To lift the burden of hepatitis C for generations to come, policymakers must commit to aggressive testing and accessible treatment. This is especially true for highly impacted populations, including prisoners or previously incarcerated persons, those insured by Medicaid, and veterans.

Every state has the potential to increase treatment access and improve quality of life for people with hepatitis C, their families and their communities. This document serves as a roadmap for states committed to bold steps toward elimination.

ABOUT HEPATITIS C

Hepatitis C is an infectious disease that causes liver inflammation and can lead to cirrhosis, cancer and liver failure. **In more than 75% of people, the infection will advance to a chronic, lifelong condition.**¹ Nevertheless, a majority of people with hepatitis C are asymptomatic for months or years. This means that most people remain unaware that they are infected, potentially spreading the disease unknowingly and allowing time for more severe damage to occur.

Once considered a disease of the baby boomers, hepatitis C has surged in young adults. Among Americans 18 to 29, there was a 400% increase in hepatitis C between 2004 and 2014.² And in 2018, millennials, those born 1981-1996, had the highest

rate of newly reported chronic hepatitis C cases of any generation.³ Now, after years of sharp increases, the rates of newly reported infections are equal among millennials and baby boomers. The country's opioid abuse epidemic, including a marked increase in injection opioid use among young people, has in part driven infection rates to increase threefold between 2009 and 2018.³

Hepatitis C is both preventable and curable. Available cures work for more than 95% of people with hepatitis C through an eight-to-12-week course of treatment with minimal side effects. Though still high, the curative treatments' costs have dropped significantly in recent years.

ELEMENTS OF A COMPREHENSIVE ELIMINATION PLAN

State policymakers have the opportunity to eliminate hepatitis C by creating a comprehensive elimination plan. Such a plan should include strategies that address the most common—and onerous—restrictions that keep people from getting cured.





EXPAND TESTING FOR HEPATITIS C

Three in four people who have hepatitis C don't even know they have it. That's why encouraging testing and increasing its availability are necessary steps to eliminating the disease. The World Health Organization's hepatitis C elimination targets aim for aggressive diagnosis and treatment, which starts with testing.⁴

Testing strategies vary based on the target population. Approaches differ, for example, when aiming to reach those who inject drugs as opposed to baby boomers. Testing prisoners or previously incarcerated people requires yet another approach.

Whatever the method, testing allows people with hepatitis C to learn about their infection before symptoms appear. That knowledge, in turn, provides people with the opportunity to start treatment before they suffer irreversible harm. Testing also can provide an avenue to link people with other services, including drug and alcohol treatment.

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REMOVE TREATMENT ACCESS BARRIERS

While some state Medicaid programs have loosened or removed restrictive policies, many continue to limit patients' access to curative treatment. Common barriers include:

- **Prior authorization**, which requires health care providers to complete onerous forms proving the patient qualifies for treatment. Patients' fibrosis scores, which rank stage of liver damage, can determine eligibility. Advanced fibrosis—severe liver damage—is often required for treatment approval.
- **Sobriety requirements**, which demand that patients abstain from alcohol or other substances for a period before being eligible for treatment.

- **Prescriber restrictions**, which limit who can prescribe curative treatment. General practitioners are capable of diagnosing hepatitis C, yet many states allow only specialists to cure it. This barrier forces patients to locate a specialist, obtain a referral, and, in some cases, travel a great distance. Travel and co-pay costs may keep patients from seeing a specialist and being cured.

By reducing barriers to treatment, policymakers can help people with hepatitis C get the cure they need in a timely, more affordable fashion. Treatment is more likely to be successful if administered at an early stage, before cirrhosis of the liver occurs. Halting the disease's progress also will prevent advanced liver disease and other related issues that, collectively, are expensive to address.

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TAILOR STRATEGIES TO AT-RISK POPULATIONS

Many people with hepatitis C are in one of three at-risk populations. Tailoring a testing and treatment strategy for each group will help to eliminate the disease.

- **Prisoners** and previously incarcerated persons have higher rates of hepatitis C than people who have not been involved with the correctional system. Instead of ignoring the issue, states and municipalities have a unique opportunity to conduct widespread screening. People who test positive can begin treatment during their sentence while the facility can ensure medication compliance.
- **Veterans'** risk of having hepatitis C is three times more than that of non-veterans.⁵ The vast majority of veterans receive health care through the Veterans Health Administration, making VA facilities ideal locations for routine testing. For treatment to follow, however, VA coverage policies also must support access to treatment.
- **Recovering users of injection drugs** are another group of people who may not realize they have been exposed to or are living with hepatitis C. The same applies to those currently injecting drugs. Integrating screening protocols during health care visits and as part of needle exchange programs can be effective strategies for reaching this at-risk population. Studies have demonstrated a good treatment response and low reoccurrence rates among this subpopulation.⁶

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ADOPT AN INNOVATIVE APPROACH FOR PAYMENT AND OUTREACH

Tackling widespread public health challenges requires policymakers to consider innovative payment approaches. One example is value-based pricing, which links a medication's cost to that medication's success in treating a certain disease. It is not a new strategy in the provision of health care services. It is, however, being newly applied to hepatitis C treatment.

In addition, several states have begun implementing what is being referred to as "subscription pricing," where an unlimited supply of medication is provided at a set price.

Novel approaches are an important component of solution-based pricing models, which use innovative strategies to pursue hepatitis C elimination. However, simply pursuing different purchasing models without a comprehensive elimination approach does not advance public health and is unlikely to save money in the long term. **Only a comprehensive and integrated plan can benefit people living with hepatitis C.** Interweaving elimination strategies with innovative payment approaches can ensure broader access to hepatitis C cures and protects public health by putting a state on a path toward elimination.

The approach also benefits states by providing budget predictability and future cost savings. States could also consider:

- **Targeted outreach** to at-risk populations
- **Testing** and counseling centers
- **Resources** to support patients throughout their treatment
- **Engagement** and education with the community and other stakeholders
- **Support** in developing broad provider networks to ensure patients' access to a health care provider who can prescribe curative treatment.

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CONCLUSION

Access to curative hepatitis C treatment has improved for some populations in some states. **But all infected people, regardless of where they live, should have access to a cure. That requires states to develop a comprehensive hepatitis C elimination plan.**

Developing and enacting a comprehensive elimination plan signifies an investment in the public health that will pay dividends—in money and lives—into the future.



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The Hepatitis Therapy Access Physicians Working Group is a network of policy-minded health care providers dedicated to patient-centered care for people living with hepatitis.

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