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## OPINION

# It's criminal what Illinois is doing to Medicaid patients with hepatitis C

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Every day, Illinois Medicaid patients with hepatitis C are denied access to a simple cure to a disease that jeopardizes their life because of outdated and unconscionable restrictions on who can get this proven treatment.

Hepatitis C is a viral infection that causes inflammation and scarring of the liver. People who are infected with hepatitis C usually have no or few symptoms for decades until it reaches the end stages of disease, where patients are at risk of liver failure, liver cancer and death. Hepatitis C is a leading cause of liver-related death and need for liver transplantation in the United States. An estimated 150,000 people are affected by hepatitis C in this state alone, according to the Illinois Department of Public Health.

Fortunately, there is a cure for hepatitis C. Oral antiviral medications taken daily can cure over 90 percent of people with hepatitis C, usually within 12 weeks, with little if any side effects. The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America both recommend this treatment for all patients with hepatitis C, regardless of stage of disease, as a proven method to save lives.

Unfortunately, in Illinois, these highly effective and lifesaving drugs are not available to all patients with Medicaid. Only those with end-stage liver disease are eligible to receive treatment; the rest have to wait until their disease becomes more severe and nears end-stage disease. Not only is this a dangerous policy since most patients do not display symptoms of hepatitis C until it's too late; it is also unethical because there is a preventative treatment.

An often-made argument supporting the restrictions has been that these drugs are prohibitively expensive. Indeed, these antiviral medications used to cost \$1,000 per pill. That objection was eliminated last August, when a newer generation of antiviral medications began to come to market that offer the same safety and efficacy at significantly lower cost than their predecessors. Since then, the wholesale cost for a full course of therapy has fallen by more than two-thirds, to \$26,400 from \$92,000. This price is commonly further lowered through negotiation by state Medicaid agencies.

Through scientific innovation and free market competition, the single, fixed cost of a hepatitis C cure is on par or even lower than the cost of lifelong therapies that Medicaid already pays for other serious health conditions such as HIV, diabetes and hypertension.

The axiom "an ounce of prevention is worth a pound of cure" holds true for hepatitis C. When patients do not receive timely treatment for their infection, they run the risk of developing progressive liver damage with the attendant medical cost. The cost of care for liver failure in patients who have not been treated is [30 percent higher](#) than in those who have. The [cost of liver transplant](#), the last resort for saving those with end stage liver disease, is over \$800,000.

In addition, restriction of treatment to Medicaid patients based on cost is illegal. In November 2015, the Center for Medicare & Medicaid Services sent a letter to state Medicaid directors warning against use of such restrictive policies. A growing list of states have found a way to make these lifesaving treatments available to all. Illinois has chosen to not pursue such an option, claiming more data is needed before these drugs can be made available to those on Medicaid. This flies in the face of recommendations by the medical community and Medicare policy to treat all patients with hepatitis C, recommendations and policies that unfortunately do not carry the weight of law, but are based on sound data and thoughtful consideration.

## **THE PRICE OF DELAY**

Illinois, in fact, continues to have one of the most restrictive eligibility policies in the country—policies promulgated by the Illinois Department of Healthcare & Family Services and our governor, Bruce Rauner. In [a recent report](#) by the National Viral Hepatitis Roundtable and Harvard Law School's Center for Health Law & Policy Innovation, Illinois received a grade of "D-" for access to these medications based on its restrictive practices. Only four other states—Louisiana, Montana, Oregon and South Dakota—ranked lower.

By virtue of inaction and failure to remove treatment restrictions, Illinois Medicaid is effectively saying those who are poor do not deserve hepatitis C treatment until they have sustained severe liver damage.

In modern medicine, we do not wait until a patient's first heart attack to treat high cholesterol or their first stroke to treat high blood pressure. As patients and providers, we strive to identify and treat disease before it reaches the stage of causing irreversible harm or death. This is called preventative medicine and is a sound, logical and ethical approach to care.

Restricting hepatitis C treatment in Medicaid patients contradicts these principles. The current practice of restricting access to curative hepatitis C medications is not only a costlier approach, but an immoral and illegal policy that leads to unnecessary harm and preventable death among Medicaid enrollees. The time has come to remove the restrictive Illinois Medicaid policy to allow patients fair access to life-saving hepatitis C treatment.

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