ELIMINATING HEPATITIS C IN AMERICA

Hepatitis C is a paradox of American health care. The medical community has never been better equipped to diagnose, cure and prevent this potentially fatal liver disease. Yet infections have surged in recent years, and today this disease affects millions of Americans.¹

The nation must now turn its attention toward the elimination of hepatitis C as a serious health threat. Reaching that ambitious but achievable goal requires expanding patient access to testing and treatment as part of comprehensive, coordinated elimination plans at the national and state levels.
**Q: What is hepatitis C?**

Hepatitis C is a liver disease caused by the hepatitis C virus. It is the most widespread of the common hepatitis viruses—A, B and C—and the most harmful of the three. More than half the people infected with hepatitis C develop chronic infections. Left untreated, chronic hepatitis C can cause dangerous health problems, including liver cancer or cirrhosis of the liver.

The most common means of spreading the infection is through the sharing of unsterilized needles by intravenous drug users. The disease can also be transmitted sexually or through blood transfusions.

**Q: How prevalent is hepatitis C in the United States?**

Hepatitis C qualifies as a serious and growing national health threat. New infections are almost four times higher today than nearly a decade ago. The Department of Health and Human Services estimates that 2.4 million Americans have hepatitis C, though the actual number could be as high as 4.7 million. Hepatitis C kills more Americans than HIV and all other infectious diseases except COVID-19. The danger is compounded by the fact that hepatitis C infections often present no symptoms for months or even years. The U.S. Department of Health and Human Services estimates that 40% of people currently infected with the hepatitis C virus don’t know they have it. Delayed diagnosis not only endangers patients’ lives but also increases the danger that they will unknowingly infect other people.
**Q: Is eliminating hepatitis C possible?**

Though no vaccine exists, the health care community has the tools and knowledge to eliminate hepatitis C as a serious health threat. The most powerful curative tool is the breakthrough family of medications called direct-acting anti-virals. Introduced in 2013, direct-acting antivirals can cure 90-99% of patients with the most common hepatitis C sub-type. As of 2015, direct-acting antivirals had replaced interferons as the standard of care for nearly all hepatitis C patients.

These breakthrough drugs were originally criticized for their high price tags. Competition, rebates and innovative payment approaches have brought down their cost over time.

**Q: How do elimination plans work?**

The federal government has set a goal to eliminate hepatitis C by 2030. A growing number of states are forming or implementing their own elimination plans. These efforts are guided and coordinated by the Department of Health and Human Services’ Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination, which covers hepatitis A, B and C.

Each state tailors its own plan to reflect statewide priorities. But every comprehensive plan needs to include four basic elements:

1. Expanded testing for hepatitis C.
3. Innovative approaches to payment and outreach.
4. Strategies to reach at-risk populations.

**Q: How would elimination benefit public health?**

Eliminating hepatitis C would free up funds to be used in other areas of health care and the economy. The annual medical costs associated with hepatitis C are expected to peak at $9.1 billion in 2024. When indirect costs such as premature death and disability are included, the cost rises to more than $100 billion annually. That financial burden is shouldered by governments, communities, and health care providers, as well as patients and their families.

Additional benefits to eliminating hepatitis C could include:

- **Reducing inequity in American health care** since hepatitis C disproportionately affects under-served populations.
- **Lowering the rates of cirrhosis and liver cancer**, which kill 20% of the people who develop chronic hepatitis C infections.
- **Eliminating uncertainty** associated with delayed diagnosis.
Q: What barriers stand in the way of eliminating hepatitis C?

The upsurge in opioid-related infections and the strain on health care resources caused by the Covid-19 pandemic make the 2030 elimination target a challenge. Several longstanding structural barriers also stand in the way.

These barriers include:

**Inadequate testing**—The millions of Americans who are unaware of their hepatitis C status are silent testimony to the need for more and better testing. The CDC recommends that all adults be screened at least once, with more frequent, periodic testing for high-risk people.

**Stigma**—Prisoners and previously incarcerated people, along with intravenous drug users, are the most at-risk populations. This contributes to a lingering stigma about the disease. More educational outreach is needed to ensure this stigma does not blunt policymakers’ determination to eliminate hepatitis C.

**Treatment access challenges**—Although costs of direct-acting antiviral medications have declined since 2013, they can still be expensive. Both public and private health plans have tried to deny or delay paying for these treatments. They may use bureaucratic prior authorization processes, which can require patients to demonstrate advanced liver damage before they can access a direct-acting antiviral. Other health plans impose patient sobriety requirements or limit which health care providers can prescribe direct-acting antivirals.

**Q: How can policymakers move the United States closer to eliminating hepatitis C?**

Public policy is now the key to eliminating hepatitis C in America. Policymakers at the federal, state and local levels can prioritize policies that sweep away the barriers separating too many Americans from curative hepatitis C treatment.

Public policy should aim to make curative hepatitis C treatments more affordable for patients, protecting them from excessive co-pays and high out-of-pocket costs. Perhaps most importantly, policymakers need to support the ongoing work of individual states to develop comprehensive elimination plans and assist states in learning from each other’s accomplishments.
“The United States will be a place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination,” says the nation’s Viral Hepatitis National Strategic Plan.14

Though hepatitis C is currently resurging, the nation is still in reach of that vision. With the right combination of resources and resolve, America has the potential to eliminate hepatitis C as a serious public health threat.
REFERENCES


The Alliance for Patient Access is a national network of policy-minded health care providers advocating for patient-centered care.

To learn more visit AllianceforPatientAccess.org