



**Testimony by  
Health Care for the Homeless**

Before the

**Maryland Senate: Finance Committee**

on

**SB 765: Maryland Medical Assistance Program – Clinical Services Provided by  
Certified Peer Recovery Specialists**

**SUPPORT**

March 7, 2018  
3 East Miller Senate Building  
Annapolis, Maryland

Dear Chairman Middleton,

**Health Care for the Homeless fully supports SB943** to eliminate the current fibrosis score requirements to access hepatitis C treatment through the Maryland Medicaid program. Maryland has one of the highest rates of reported cases of acute hepatitis C virus in the country.<sup>1</sup> Maryland has seen an upsurge in infections over the past decade, partially due to the country's opioid epidemic.<sup>2</sup> To prevent new infections and cure thousands of Marylanders living with Hepatitis C, we need to initiate therapy for all individuals with hepatitis C, regardless of fibrosis score. This is the nationally agreed upon best practice.<sup>3</sup>

Maryland has taken steps to decrease mortality rates by increasing access to treatment through allowing primary care providers to treat individuals diagnosed with hepatitis C. At Health Care for the Homeless, hundreds of patients each year—around 10% of our patient population—are diagnosed with hepatitis C. However, due to the current fibrosis score requirement, we are unable to treat more than half (56%) of these clients. Indeed, the fibrosis restriction is the number one reason we are unable to treat individuals who are experiencing homelessness and living with hepatitis C at our clinic sites.

The Medicaid clinical criteria for hepatitis C treatment harms a patient's sense of dignity and self-worth. Our medical providers must explain to their patients, "You have a very serious and potentially life-threatening infection and we have a simple cure. It is in your medical interest to be treated as soon as possible. Unfortunately, though, the medication is very expensive and your insurance company will not pay for the medication right now because your liver damage isn't advanced enough. We can repeat the tests in 6 months and if the damage gets worse, we should be able to get you treatment. In the meantime, please don't transmit the virus to anyone else." It is difficult to have these conversations with clients, who are left asking the question, "Do I have to get sicker or get cirrhosis before I can get treatment?" Because these fibrosis score barriers do not exist for private plans or Medicare Part D plans in Maryland, this creates health disparities and inequities for individuals who are low-income in Maryland.

There is a large cost to *not* treating hepatitis C, and significant benefits to earlier eradication. Long-term studies show that treating hepatitis C at earlier fibrosis stages (less than F2) significantly improves survival and decreases later costs associated with end-stage liver

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<sup>1</sup> CDC. Table 4.1 Reported Cases of Acute Hepatitis C, Nationally and by State—United States, 2009-2013: <https://www.cdc.gov/hepatitis/statistics/2013surveillance/index.htm#tabs-6-1>

<sup>2</sup> Zibbell, JE, et al. (2017). Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associate Injection Drug Use, United States, 2004 to 2014. *American Journal of Public Health*, 108(2), 175-181. <https://www.ncbi.nlm.nih.gov/pubmed/29267061>

<sup>3</sup> AASLD/IDSA. *HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C*. February 9, 2018, <https://www.hcvguidelines.org/evaluate/when-whom>.

disease.<sup>4</sup> Other state Medicaid plans including Massachusetts, New York, Colorado, North Carolina, Maine, Mississippi, Missouri and several others, do not have liver damage or fibrosis score requirements, avoiding future costs associated with hepatitis C.

Finally, many individuals living with hepatitis C are unaware of their infection, and those who are aware still face barriers to initiating treatment. Removing the fibrosis score requirement will allow us to eradicate the disease as soon as it is detected with as many Marylanders as possible to prevent the spread of hepatitis C.

**We urge the committee to support SB 943 to provide equal access to hepatitis C treatment across Maryland.**

Best Regards,

Health Care for the Homeless

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<sup>4</sup> Nuño Solinís, R., Arratibel Ugarte, P., Rojo, A., & Sanchez Gonzalez, Y. (2016). Value of Treating All Stages of Chronic Hepatitis C: A Comprehensive Review of Clinical and Economic Evidence. *Infectious Diseases and Therapy*, 5(4), 491–508. <http://doi.org/10.1007/s40121-016-0134-x>