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3 INTRODUCED BY: Metro Omaha Medical Society

4
5 SUBJECT: Revise Nebraska Medicaid Sobriety Clause to Include Coverage for Hepatitis C
6 Treatment for Patients with History of Cannabis Use

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8
9 WHEREAS, An estimated 7,900 people in Nebraska are infected with Hepatitis C virus
10 (HCV)⁶, and

11
12 WHEREAS, Untreated HCV can progress to detrimental diseases such as liver cirrhosis,
13 liver cancer, and liver failure, which come with a high economic burden³, and

14
15 WHEREAS, The annual per-person Medicaid healthcare costs attributed to HCV
16 infection were estimated to cost up to \$46,000 per case depending on the severity of liver
17 damage², and

18
19 WHEREAS, Treatments for HCV, one of them being Sofosbuvir, are available and have
20 cure rates of more than 90 percent⁹, and

21
22 WHEREAS, With HCV treatment, an estimated \$15,907 per year in healthcare costs
23 may be avoided per individual², and

24
25 WHEREAS, Certain Medicaid patients in the state of Nebraska have restricted access
26 to HCV treatment due to sobriety restrictions, *Cannabis* use being one of them^{7,13}, and

27
28 WHEREAS, Restrictions to treat patients with HCV cause life-threatening delays while
29 prompt treatment reduces mortality and complications of the disease⁸, and

30
31 WHEREAS, Multiple studies have shown, *Cannabis* use, or derivatives of Cannabidiol
32 (CBD), do not influence adherence to or efficacy of HCV treatment^{1,4,10}, and

33
34 WHEREAS, Kansas and Missouri eliminated their sobriety restrictions for Medicaid
35 patients seeking HCV treatment^{11,12}, and

36
37 WHEREAS, Due to Kansas eliminating their HCV sobriety restrictions in 2018, the state
38 went from spending \$14,581,264 in 2016 to spending \$7,993,885 in 2020 on HCV case
39 payments⁵, and

40
41 THEREFORE BE IT RESOLVED, That the Metro Omaha Medical Society and the
42 Nebraska Medical Association support improving access to HCV treatment by removing
43 *Cannabis* from the HCV treatment prior authorization criteria.

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45 References:

46 Christensen S, Buggisch P, Mauss S, et al. Alcohol and Cannabis Consumption Does Not
47 Diminish Cure Rates in a Real-World Cohort of Chronic Hepatitis C Virus Infected Patients on
48 Opioid Substitution Therapy—Data From the German Hepatitis C-Registry (DHC-R).
49 *Substance Abuse*. 2019;13:1178221819835847. doi:[10.1177/1178221819835847](https://doi.org/10.1177/1178221819835847)

50 M. Christopher Roebuck P, Joshua N. Liberman P. Assessing the Burden of Illness of Chronic
51 Hepatitis C and the Impact of Direct-Acting Antiviral Use on Healthcare Costs in Medicaid.
52 *Supplements and Featured Publications*. 2019;25(8). Accessed June 19, 2022.
53 [https://www.ajmc.com/view/assessing-burden-illness-chronic-hepatitis-impact-antiviral-](https://www.ajmc.com/view/assessing-burden-illness-chronic-hepatitis-impact-antiviral-healthcare-costs-medicaid)
54 [healthcare-costs-medicaid](https://www.ajmc.com/view/assessing-burden-illness-chronic-hepatitis-impact-antiviral-healthcare-costs-medicaid)
55 Hepatitis C - Symptoms and causes. Mayo Clinic. Accessed June 19, 2022.
56 <https://www.mayoclinic.org/diseases-conditions/hepatitis-c/symptoms-causes/syc-20354278>
57 Liu T, Howell GT, Turner L, Corace K, Garber G, Cooper C. Marijuana Use in Hepatitis C
58 Infection does not Affect Liver Biopsy Histology or Treatment Outcomes. *Canadian Journal of*
59 *Gastroenterology and Hepatology*. 2014;28(7):381-384. doi:[10.1155/2014/804969](https://doi.org/10.1155/2014/804969)
60 Medical Assistance Reports. Accessed June 19, 2022. [https://www.kancare.ks.gov/policies-](https://www.kancare.ks.gov/policies-and-reports/medical-assistance-report)
61 [and-reports/medical-assistance-report](https://www.kancare.ks.gov/policies-and-reports/medical-assistance-report)
62 Nebraska. HepVu. Accessed June 19, 2022. <https://hepvu.org/local-data/nebraska/>
63 Nebraska. Hepatitis C: State of Medicaid Access. Accessed June 19, 2022.
64 <https://stateofhepc.org/states/nebraska/>
65 Cipriano LE, Goldhaber-Fiebert JD. Population Health and Cost-Effectiveness Implications of
66 a “Treat All” Recommendation for HCV: A Review of the Model-Based Evidence. *MDM Policy*
67 *& Practice*. 2018;3(1):2381468318776634. doi:[10.1177/2381468318776634](https://doi.org/10.1177/2381468318776634)
68 Liao JM, Fischer MA. Restrictions of Hepatitis C Treatment for Substance-Using Medicaid
69 Patients: Cost Versus Ethics. *Am J Public Health*. 2017;107(6):893-899.
70 doi:[10.2105/AJPH.2017.303748](https://doi.org/10.2105/AJPH.2017.303748)
71 Russell M, Pauly MP, Moore CD, et al. The Impact of Lifetime Drug Use on Hepatitis C
72 Treatment Outcomes in Insured Members of an Integrated Health Care Plan. *Drug Alcohol*
73 *Depend*. 2014;134:222-227. doi:[10.1016/j.drugalcdep.2013.10.001](https://doi.org/10.1016/j.drugalcdep.2013.10.001)
74 Kansas. Hepatitis C: State of Medicaid Access. Accessed June 19, 2022.
75 <https://stateofhepc.org/states/kansas/>
76 Missouri*. Hepatitis C: State of Medicaid Access. Accessed June 19, 2022.
77 <https://stateofhepc.org/states/missouri/>
78 Prior Authorization Criteria For treatment of Chronic Hepatitis C (CHC). 2021. Accessed July
79 6, 2022. https://nebraska.fhsc.com/Downloads/NEcriteria_HepatitisC.pdf