

# Too Few People Treated for Hepatitis C

## Reducing Barriers Can Increase Treatment and Save Lives

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**1 in 3**

Only about 1 in 3 people with insurance get timely treatment.

**46%**

People with Medicaid were 46% less likely to receive treatment than those with private insurance.

**27%**

Medicaid recipients of other races were up to 27% less likely to get timely treatment than White Medicaid recipients.

## Overview

Over 2 million adults in the United States have hepatitis C virus (HCV) infection, and new infections have continued to rise. Hepatitis C is usually spread through blood, often from injection drug use. Left untreated, hepatitis C can cause advanced liver disease, liver cancer, and death. In 2019, hepatitis C contributed to the deaths of more than 14,200 people in the United States; deaths associated with hepatitis C were higher for Black people (5 per 100,000) and Hispanic people (4 per 100,000) than for White people (3 per 100,000).

Hepatitis C is curable in more than 95% of cases. People who test positive for hepatitis C should be treated with direct-acting antiviral (DAA) medication. Timely treatment is important to prevent liver damage and further spread. Treatment saves lives, prevents ongoing spread, and can save costs by stopping the disease from progressing.

Safe and effective medications (DAAs) for hepatitis C have been available since 2014, yet few people receive treatment within one year of diagnosis. Expanding treatment for all people with hepatitis C is essential to reducing viral hepatitis-related disparities and eliminating hepatitis C as a national public health threat. Too many barriers to treatment remain, including getting diagnosed, being linked to care, and accessing treatment. Even among insured people, only about 1 in 3 receive timely hepatitis C treatment, and this is even lower among people with Medicaid insurance.

[Read the full \*MMWR\*](#)

 [ASL video: English](#)

## Challenges

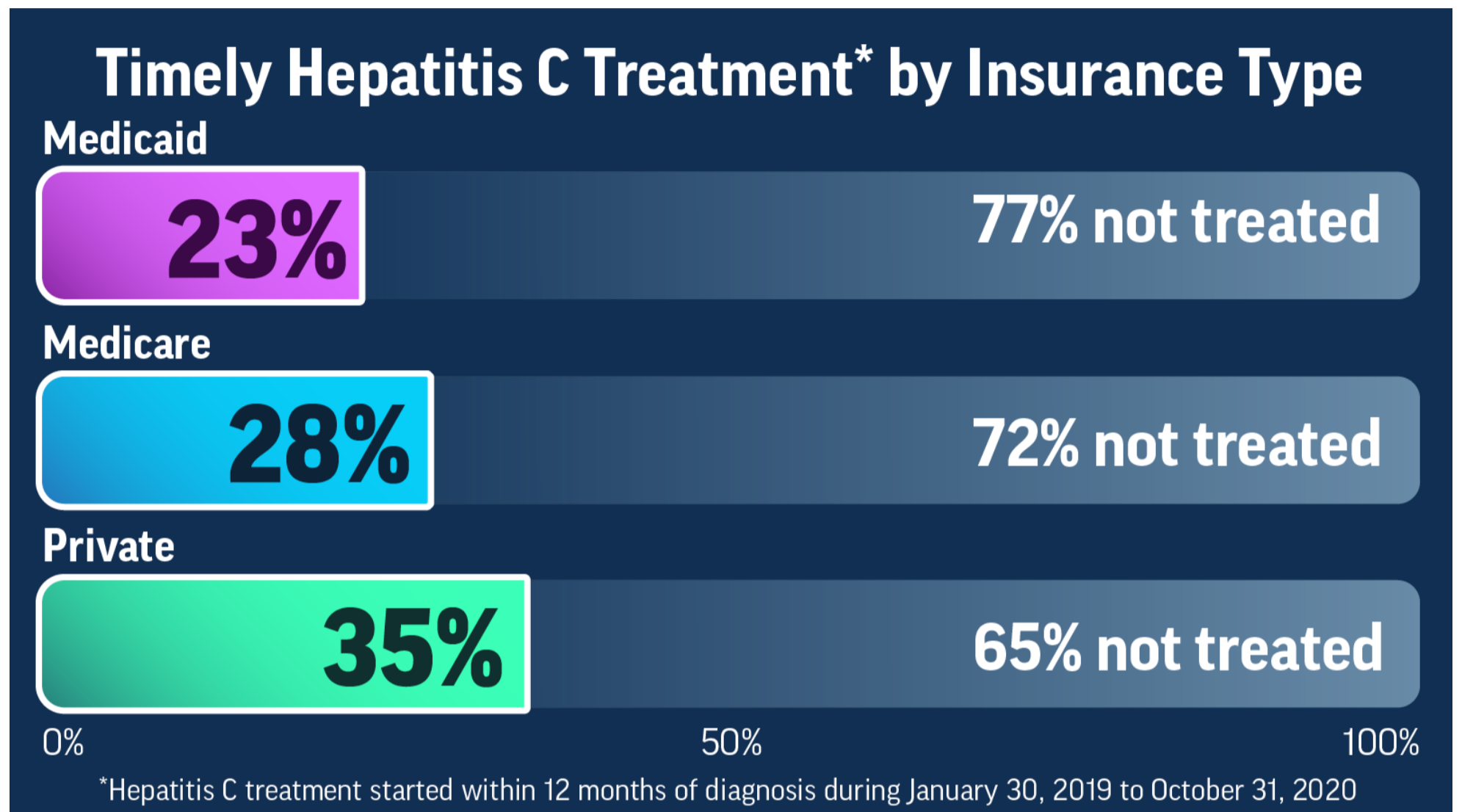
To eliminate hepatitis C, more than 260,000 people should be treated every year. Right now, not enough people with hepatitis C are being treated yearly to reach the nation's viral hepatitis elimination goals [↗](#). The number of people treated was highest in 2015 and declined to its lowest level in 2020.

- When safe and effective direct-acting antiviral treatment first became available in 2014, it cost about \$90,000 per patient; while cost has come down considerably, the high cost of treatment remains a barrier to treatment for many.
- Many insurance providers still have restrictions in place, preventing many people with hepatitis C from accessing lifesaving treatments. These include:
  - The patient must have liver damage (called "fibrosis").
  - The doctor who writes the prescription must be a liver disease or infectious disease specialist.

- The patient must be sober.
- The doctor must receive preauthorization approval from the insurance provider to start treatment.
- Treatment is not routinely integrated into primary health care.
- Not enough primary care providers are treating hepatitis C.

## Very Few People with Hepatitis C and Insurance Receive Treatment

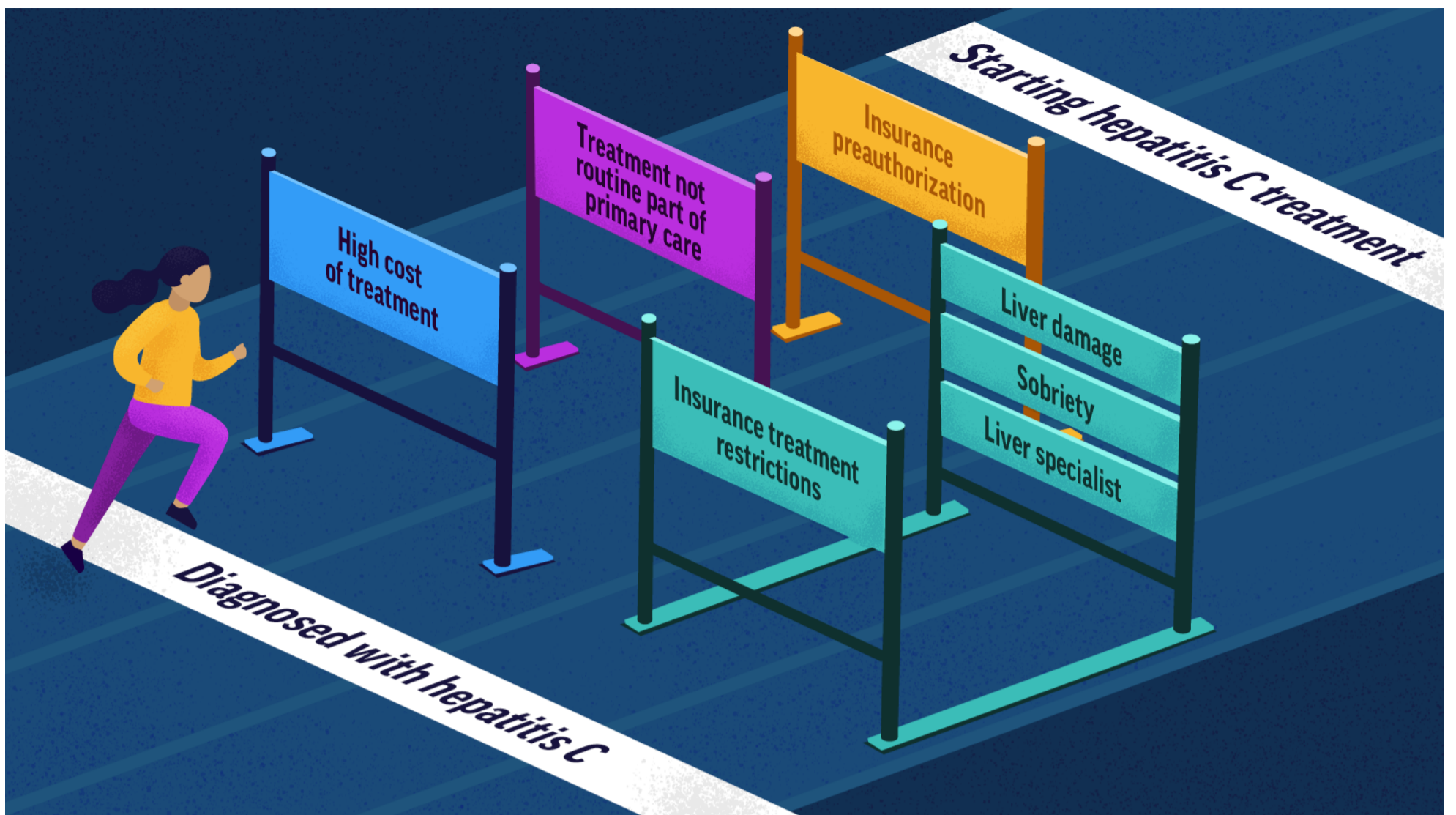
Even among insured people, only about 1 in 3 receive timely hepatitis C treatment, and this is even lower among people with Medicaid.



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## People with Hepatitis C Face Multiple Barriers to Receiving Treatment

Eliminating insurance restrictions and expanding the number of primary care doctors treating the infection can improve access to treatment.



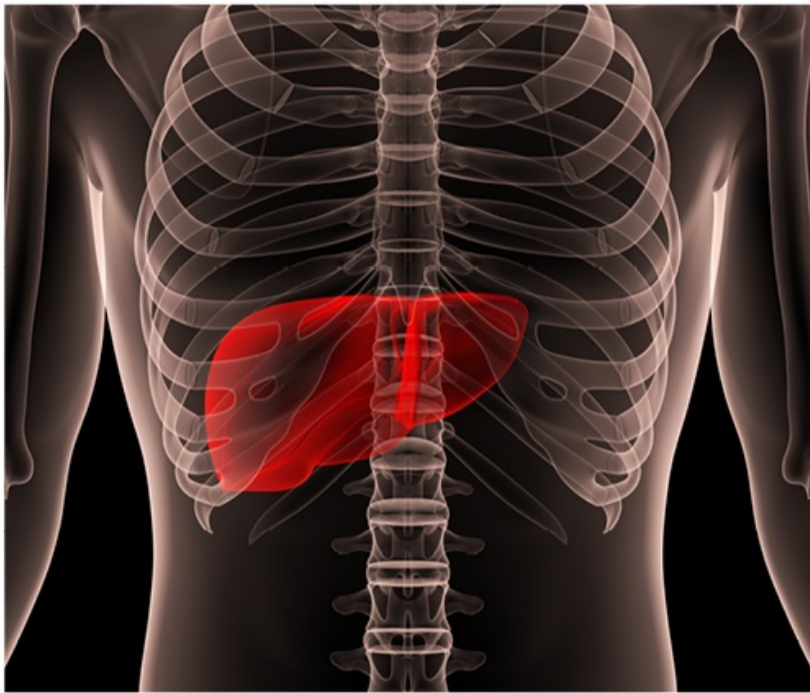
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## What Can Be Done

### To Advance Health Equity

Healthcare providers, insurers, policy makers, and public health professionals should work to improve access to treatment for all people with hepatitis C.

- Remove eligibility restrictions and preauthorization requirements that make it difficult for people with hepatitis C to be treated and cured.
- Provide treatment where people receive other services, such as primary care offices, community clinics, syringe services programs, substance use treatment centers, and correctional facilities.
- Provide safe and effective treatment in as few visits as possible.
- Expand the number of primary care providers treating hepatitis C.



**Vitalsigns™**

Source: August 2022 Vital Signs



## To Ensure All People with Hepatitis C Receive Treatment



### Reduce barriers

- Eliminate hepatitis C treatment eligibility restrictions.
- Expand the number of primary care providers treating hepatitis C.



### Link and treat

- Provide treatment in places where people with hepatitis C already receive care, such as primary care clinics, substance use treatment centers, and correctional facilities.
- Promote best practices for providers to offer simplified testing and treatment.

### Everyone can:

- [Get tested](#) for hepatitis C at least once in their lifetime.

- Talk to a provider to start [treatment](#) and get cured if you have hepatitis C.

## Footnotes and References



### Related Pages and Resources

- [Vital Signs: Media Statement – New CDC Data Reveal Less Than a Third of People Diagnosed with Hepatitis C Receive Timely Treatment for the Deadly, yet Curable, Infection \[English\]](#)
- [Vital Signs: Media Statement – Nuevos datos de los CDC revelan que menos de un tercio de las personas con un diagnóstico de hepatitis C reciben tratamiento oportuno para la mortal, aunque curable, infección \[Spanish\]](#)
- [Morbidity and Mortality Weekly Report \(MMWR\): Vital Signs: Hepatitis C Treatment Among Insured Adults—United States, 2019–2020](#)
- [CDC Science Clips Weekly Publications Digest](#)
- [2014-2020 Hepatitis C Treatment Estimates | Newsroom | NCHHSTP | CDC](#)
- [Hepatitis C resources for health care providers | CDC](#)
- [Statistics & Surveillance of Viral Hepatitis | CDC](#)
- [CDC: Hepatitis C: By the Numbers !\[\]\(ce77bba2916ff045bdb9f4584b191293\_img.jpg\) \[619 KB, 2 pages\]](#)
- [What is Hepatitis C – FAQ | CDC](#)
- [Learn more about hepatitis C and about getting tested | CDC](#)
- [Find Free Hepatitis C Testing: Get Tested | National HIV, STD, and Hepatitis Testing \(cdc.gov\)](#)
- [Pharmaceutical Company Patient Assistance and Cost-Sharing Assistance Programs: Hepatitis: NASTAD-Table-Based-Fact-Sheet-Template-032016 !\[\]\(b31d4eff00ee94d2cc889725763ab186\_img.jpg\) \[206 KB, 4 pages\] !\[\]\(7cca60917fc4166291d2b648cb6bea1b\_img.jpg\)](#)

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