TuSalud

How Expanding Hepatitis C Treatment Could Save Billions of Dollars

Increasing hepatitis C treatment would lead to better health outcomes and savings in health care costs.

July 15, 2024 By Laura Schmidt

Increasing the number of Medicaid enrollees receiving hepatitis C (HCV) treatment could save billions of dollars in health care costs over the next 10 years, according to a new Congressional Budget Office (CBO) report.

The report focused on the burden of HCV on medical care and safety net programs, according to Axios.

An estimated 2.4 million Americans (bout 1% of the American population) are living with chronic hepatitis C virus (HCV), according to the Centers for Disease Control and Prevention. What's more, nearly 15,000 people died of HCV in 2020, and acute HCV cases quadrupled from 2009 to 2019.

HCV treatment is easier and shorter than ever before, and most people can be cured with a brief course of combination antiviral therapy.

Indeed, modern direct-acting antiviral therapy is highly effective, and starting treatment promptly can prevent progression to advanced liver disease, including cirrhosis and liver cancer. However, only a third of people living with HCV have been successfully treated, the CDC recently reported.

The CBO report looked at two scenarios: increasing the HCV treatment rate of Medicaid enrollees from 5% to about 5.5% over the next five years and doubling it from 5% to 10%.

The first option would save about $700 million over the next decade, according to Axios. This would require increase spending on testing and treatment by $500 million.

The second scenario would save about $7 billion over that period and would require spending about $4 billion on testing and treatment.

Savings from averted health care costs would more than offset direct spending on. This would also have a positive effect on Medicaid, Medicare, Social Security Disability Insurance and Supplemental Security Insurance programs.

To read more, click #Hepatitis C Treatment or read Hep's Health Basics on Hepatitis C Treatment, which reads in part:

> In the past, hepatitis C treatment using pegylated interferon and ribavirin required weekly injections for six months to a year, caused difficult side effects including flu-like symptoms, depression and anemia, and cured only about half of treated patients.
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> Today, modern direct-acting antiviral (DAA) therapy usually involves one pill once daily, usually for two or three months. The medications are generally well tolerated, and more than 90% of treated people achieve a sustained virological response (SVR), meaning continued undetectable virus 12 or 24 months after completing therapy.
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> Given the difficulties of interferon-based therapy and the high cost of DAA therapy when it was first introduced, treatment has too often been limited to people with advanced liver disease, administered only by liver specialists and withheld from people who continued to use drugs or alcohol. What's more, many experts favored delaying treatment of acute HCV infection for six months to see whether patients would spontaneously clear the virus.
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> But now, the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America recommend DAA treatment for almost everyone with active acute or chronic HCV infection, meaning they have a positive HCV RNA test after an antibody test. The exception is people with a short life expectancy that would not be extended by treating hepatitis C. Studies have shown that people who use drugs, people experiencing homelessness and others who were once considered too difficult to treat can respond well to antiviral therapy.
