



Illinois State Medical Society

November 6, 2014

Teresa Homan, M.D.
United Healthcare of Illinois
200 E. Randolph Street, Suite 5300
Chicago, IL 60601-6602

RE: Hepatitis C Virus Screening and Treatment Legislation

Dear Dr. Homan:

On behalf of the physician members of the Illinois State Medical Society (ISMS), I am writing to you regarding a matter of concern to Illinois physicians that involves the screening and treatment of high-risk patients for the Hepatitis C virus (HCV), in light of pending legislation in the Illinois General Assembly: Senate Bill 2670. The ISMS is committed to educating Illinois physicians on the importance of HCV screening, detection, and treatment of high-risk patients, and we strongly advocate that all insurance carriers covering lives in Illinois, including Blue Cross and Blue Shield of Illinois (BCBSIL), provide coverage for all relevant HCV screening and treatments; this would include the newer, advanced medications which have shown very high rates of efficacy.

According to the Centers for Disease Control and Prevention (CDC), there are an estimated 3.2 million people living with chronic HCV in the United States. While HCV can manifest as an acute ailment and resolve without treatment, most acute infection leads to chronic infection. Approximately 75-85% of individuals who become infected with HCV develop chronic infection and if left untreated, HCV causes liver damage, cirrhosis, liver failure, and liver cancer.

As you know, the United States Preventive Services Task Force recently updated its HCV screening guidelines to include the following individuals:

- All individuals born between 1945 and 1965
- Current or former injection drug users
- Recipients of clotting factor concentrates made prior to 1987
- Recipients of blood transfusions or solid organ transplants prior to July 1992
- Chronic hemodialysis patients
- Persons with known exposures to HCV
- Persons with Human Immunodeficiency Virus
- Children born to HCV-positive mothers

There are several reasons why an individual should be tested for HCV, including preventing the transmission of the virus to others. Early clinical evaluation and ongoing disease monitoring can also improve health outcomes. The earlier in the disease process an individual receives treatment, the greater chance they have to be cured.

The initial HCV screening test detects the presence of Hepatitis C antibodies in the blood, and a reactive result on a Hepatitis C screening test is interpreted as a presumptive positive for Hepatitis C antibodies in the blood. This means an individual may have been infected with HCV at some point in time. It does not mean they are currently infected however, and additional diagnostic testing is recommended. The HCV diagnostic test (also known as an HCV RNA test) is a laboratory test that detects the presence of HCV in the blood. The presence of HCV in the blood indicates current infection. The treatment of HCV can be done with a combination of drugs, several of which are newly available to patients, are highly tolerable, and have shown extremely high rates of efficacy in eliminating the virus from the carrier's system, effectively curing them of the disease.

This is an important public health issue, and the existence of newer, highly effective medications can, over time, lead to a significant reduction in the number of individuals who are infected with HCV and who will likely suffer from its symptoms. We strongly urge BCBSIL to include Hepatitis C screening, diagnostic testing, and appropriate treatments as a component of all coverage plans offered here in Illinois. Appropriate coverage by all carriers will play an essential role in reducing the prevalence of Hepatitis C here in Illinois.

The Illinois State Medical Society has and will continue to educate physicians about the importance of appropriately screening for HCV, and we want to insure that both public and commercial insurers cover not only the screening of all patients consistent with the USPSTF guidelines, but the newer, more effective treatments as well. We hope that your coverage policies are consistent with our efforts to address this important public health issue.

Sincerely,



Paul H. DeHaan, M.D.
Chair, Board of Trustees

cc: William A. McDade, M.D., Ph. D.
Scott A. Cooper, M.D.
Alexander R. Lerner