

August 30, 2017

Dan Ruben, Executive Director  
Equal Justice America  
13540 East Boundary Road | Building II, Suite 204  
Midlothian, VA 23112

Dear Mr. Ruben,

I am writing you today to summarize my Equal Justice America summer fellowship experience. This past summer, I was a health intern with the Center for Health Law and Policy Innovation at Harvard Law School (CHLPI). As an intern with the Center, I contributed to the mission of improving the health of vulnerable populations—including low-income people living with HIV/AIDS and other chronic conditions—by expanding access to high-quality healthcare, reducing health disparities, supporting community education and advocacy capacity, and promoting legal, regulatory, and policy reforms that contribute to a more equitable individual and public health environment. More specifically, I worked on three separate projects: Policies Impacting Early Childhood Education, a State-Based Action Groundwork project focused specifically on Louisiana, and an impact litigation project on behalf of Hepatitis C Medicaid patients in Colorado. I also contributed to the Center's blog—Health Care In Motion, which provides timely and concise information on recent developments in healthcare, the potential impact of those developments on vulnerable populations, and guidance on next steps in advocacy to protect the needs of low-income individuals living with chronic health conditions.

For the Early Childhood Education Project, I explored the available scientific research on the association between early childhood education and care and positive outcomes for children and families, communities, and governments, distilling my findings in an internal memo and presenting my research to the team. This project was in support of low-income families in need of quality, comprehensive childhood education programs. It sought to articulate and craft policy responses to the early childhood education crisis in the United States (particularly, in Massachusetts). Presently, high-quality childcare and early childhood education are out of reach for low-income families with children ages 0-5 due to cost or long waiting lists for government-subsidized programs. In Massachusetts, the average cost of infant care is \$17,000 per year. As a result of these prohibitive costs, many children are not receiving the engaging, high-quality early childhood care that they need to reach their full potential. Working on this project was incredibly rewarding for me because it opened my eyes to the possibility of a more prosperous society with very specific interventions. For the State-based Action Groundwork Project, I conducted research and advocacy for the creation of a toolkit summarizing the types of state regulations that are necessary to protect health care access in a state regardless of federal health care policy.

For the Impact Litigation Project, I worked on a class action case on behalf of hepatitis C (HCV) patients as part of CHLPI's state-by-state campaign to fight restrictive HCV Medicaid policies. Hepatitis C is an infectious disease primarily affecting the liver. The level of the disease is based on how much damage is done to the liver, and is scored by a fibrosis (liver damage) score ranging from 0 (no liver damage) to 4 (cirrhosis, or chronic disease of the liver). It is spread primarily via blood-to-blood contact, and is oftentimes associated with intravenous drug use, poorly sterilized medical equipment, needle stick injuries in healthcare, and transfusions). 80 percent of infected persons end up with a chronic infection, and 95 percent of these infections clear with

treatment. While treatment options prior to 2011 had a cure rate of less than 50 percent and came with many painful side-effects, a new treatment with a cure rate of 90 percent without the side-effects was approved for medical use in the US in 2013. As of 2016, a 12-week course of treatment cost \$84,000. The high cost of the treatment has proven to be a challenge in ensuring coverage for all patients. Presently, for the 14,451 Colorado Medicaid members with a hepatitis C diagnosis, the Colorado Department of Health Care Policy and Financing criteria for coverage is for Medicaid members to have a fibrosis score of F2 or above. Our client has a score of F1, and was not receiving coverage for his treatment because he was not “sick enough.” Essentially, despite the fact that his physician recommended that he receive treatment for his hepatitis C, his treatment would not be covered unless he developed further liver damage to meet the criteria as outlined in the present policy. To me, this felt inhumane and unjust. The policies governing treatment coverage for HCV seemed arbitrary, and it meant a great deal to be able to fight for our client and others like him to ensure that Medicaid covers treatment for all HCV-infected individuals by getting rid of F-score criterion. My specific contributions for the case included conducting independent research in support of legal theory, and drafting memos in support of a motion for summary judgment. I was also involved with all aspects of litigation, which included strategy development with co-counsel, discovery, and exploring the concept of jurisprudence around Medicaid cases. My involvement with the case challenged me to think like a litigator/legal researcher, and helped me learn more about how courts reach their conclusions. It showed me how one can use law to effectively advocate for the rights of others.

My time with CHLPI this summer was invaluable. I was challenged to think about access to healthcare while working on projects that had a real impact. Working alongside experts in the field while exercising my passion for justice in healthcare was an incredible experience. Thank you for making this a possibility for me by funding my summer.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hanna T. Ali', with a stylized, cursive flourish at the end.

Hanna T. Ali

University of Michigan Law School, December 2018