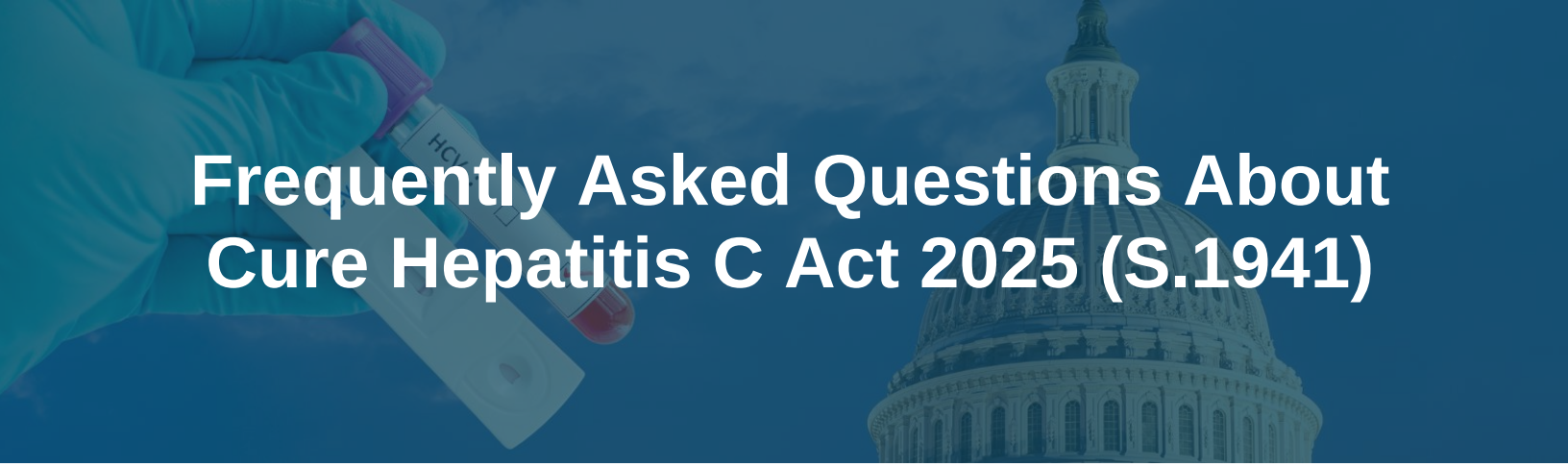

Frequently Asked Questions About Cure Hepatitis C Act 2025 (S.1941)

About Hepatitis C

1. What is hepatitis C?

Hepatitis C is a blood-borne viral infection that damages the liver. While some people clear the infection naturally, most develop a chronic infection. Often there are no symptoms for years, but left untreated can lead to serious complications, including cirrhosis, liver failure, liver cancer, and even death. The good news is that hepatitis C is now curable in over 95% of cases with short-course oral treatments.

2. How serious is the burden in the U.S.?

Hepatitis C is a major public health challenge. At least 2.4 million Americans are living with the virus, and some estimates suggest the number may be over 4 million. Many of these individuals are unaware of their status. Every year, approximately 15,000 people die from hepatitis C-related complications, making it the leading cause of liver cancer and liver transplants. The opioid crisis has also fueled new infections among younger adults, especially in rural areas.

3. How is hepatitis C spread, and can it be prevented?

Hepatitis C spreads through blood-to-blood contact, most often from sharing needles or other equipment for injecting drugs. Less common routes of transmission include unsafe medical practices, unsterile tattooing, and transmission from mother to child at birth. Unlike hepatitis A and B, sexual transmission is rare. Prevention depends on safe injection practices, infection control in medical settings, and identifying and curing people who carry the virus.

4. Is there a vaccine for hepatitis C?

No. Unlike hepatitis A and B, there is currently no vaccine for hepatitis C. Researchers have tried for decades, but the virus mutates rapidly and has many genetic variations, making vaccine development especially difficult. For now, the only way to eliminate hepatitis C is to diagnose and cure those who already have the virus.

5. How does treatment work, and how effective is it?

Direct-acting antivirals (DAAs) – oral medications taken once daily for 8-12 weeks—cure 95% of patients, usually with very mild or no side effects. Successful treatment not only clears the virus but also prevents serious complications such as cirrhosis, liver cancer, and the need for liver transplantation.

Almost everyone with hepatitis C is eligible for treatment. DAAs are approved for adults and for children aged 3 and older. The main exceptions are children under age 3 (treatment is deferred until they are older) and pregnant women, since safety data in pregnancy remain limited. For nearly all other groups—including people with HIV, those with advanced liver disease, and older adults—DAAs are safe and effective.

6. How much does treatment cost without subsidies?

In the United States, hepatitis C treatment typically costs about $24,000 per patient. While this is far less than the nearly $80,000 price tag when the DAAs were first introduced, the cost remains high. As a result, many insurers and state Medicaid programs still restrict access. Many patients face hurdles like prior authorizations or sobriety requirements, which delay or deny treatment.

7. Have other countries been successful in eliminating hepatitis C?

Yes. Several countries have made major progress, demonstrating that elimination is achievable with political commitment, affordable drug access, and strong public health infrastructure.

- Egypt cured millions through a nationwide screening and treatment campaign.
- Australia and Georgia provide treatment free of charge with world-leading uptake rates.
- England cut prevalence by more than half since 2015 through a National Health Service program combining drug-access agreements, community outreach, and expanded testing.

These experiences show that with the right strategy, elimination is possible—something the U.S. can replicate at scale with this bill.

About the Cure Hepatitis C Act of 2025

8. Why is a national elimination plan necessary now?

Although we have a cure, far too few people can access it. Nearly 40% of with hepatitis C do not know they are infected, and among those diagnosed, only about one in three has received treatment. Barriers include high costs, limited provider availability, stigma, and restrictive insurance rules. Meanwhile, the opioid crisis is driving a surge in new infections. Without decisive national action, thousands more will die from a disease we can already cure.

9. What does the bill include?

The Cure Hepatitis C Act 2025 (S.1941) authorizes a five-year national elimination program built on three pillars:

- **Testing:** Expand access to rapid, point-of-care RNA tests for Hepatitis C that allow people to be tested and treated in a single visit. Prior to the approval of the point-of-care test, testing required two-steps to confirm an individual's status.
- **Affordable treatment:** Use of a national subscription model, like successful "Netflix-style" pilots in Louisiana and Washington State, to negotiate lower drug costs with manufacturers, ensuring unlimited treatment at a fixed price for federal programs and state programs that opt to participate.

- **Implementation support:** Provide resources for outreach, provider training, telehealth, and community-based programs to enable a test-to-treat model of care.

Together, these steps make it possible to diagnose and cure millions of Americans while preventing new infections.

10. Who will benefit if the bill is signed into law? Will treatment be free?

The bill focuses on groups most affected by hepatitis C and most often left behind in the current system. These include people on Medicaid, individuals who are incarcerated, American Indian and Alaska Native populations, and people without insurance. For these groups, treatment would be free at the point of care. Medicare beneficiaries would also see out-of-pocket costs eliminated. While the program targets the highest-burden groups, its benefits extend to the entire population by reducing transmission and future health care costs.

11. What will people get if the bill passes?

For patients, the biggest change will be easier access to testing and same-day treatment, without red tape or financial barriers. Communities will see fewer liver cancers, fewer transplants, and lower health care costs. On a national scale, the bill would put the United States on track to eliminate hepatitis C as a public health threat. The plan also builds on successful pilot programs in Louisiana, Washington State, the Cherokee Nation, the Veterans Health Administration, and the Federal Bureau of Prisons, showing that elimination is possible with the right approach.

12. Is the bill bipartisan, and who supports it?

Yes. The bill is led by Senator Bill Cassidy (R-LA) and Senator Chris Van Hollen (D-MD) and has attracted support from lawmakers in both parties. Federal health agencies back the approach, and over 100 advocacy and medical organizations have endorsed it. This broad coalition reflects recognition that curing hepatitis C is both a moral imperative and a smart investment.

13. What did the Congressional Budget Office (CBO) find out about the costs and savings?

The CBO analyzed scenarios where hepatitis C treatment rates are greatly expanded, especially among Medicaid enrollees. They found that while spending would rise in the short term due to the cost of medications, these upfront costs would be offset by long-term savings from preventing expensive complications like hospitalizations, liver cancer, and transplants. In its most ambitious scenario, the CBO projected that increased treatment could generate about $7 billion in net health care savings over 10 years. However, these savings depend on making real investments in outreach, screening, and linkage to care so that more people are diagnosed and treated. (**cbo.gov**)

Prepared by the **HCV Elimination Coalition**. For additional questions, please contact Tim Leshan at **tleshan@aspph.org** or 202-296-0518.