

Fact Sheet

Cure Hepatitis C Act 2025 (S.1941)

A Once in a Generation Opportunity

Request: Cosponsor the *Cure Hepatitis C Act of 2025* (S. 1941) and request its inclusion in an end-of-year health care package. A national program to eliminate hepatitis C will save lives and reduce health care costs.

Background

At least 2.4 million Americans are living with hepatitis C, and some estimates suggest the number may be over 4 million. Chronically infected individuals may be asymptomatic for years while the virus damages their liver with approximately 40% of those infected unaware of their status. Left undetected and untreated, hepatitis C can progress to liver cirrhosis, liver failure, liver cancer, and even death. Liver transplantation is the only rescue therapy available to those who develop these complications but is an expensive and limited option. Approximately 15,000 people die each year from this disease.

Curative treatment is available that can move the United States towards elimination of hepatitis C. Previously, hepatitis C was difficult to treat. However, oral direct acting antivirals (DAAs), which are taken daily for 8–12 weeks, have a 95% success rate. This prevents transmission, stops liver cancer and liver failure, saves lives, and reduces downstream costs. However, data show that this cure is not reaching patients.

Hepatitis C disproportionately affects incarcerated individuals, the uninsured, American Indian & Alaska Native communities, non-Hispanic Black persons, those impacted by the opioid crisis, and baby boomers with pre-1993 blood transfusions.

The Cure Hepatitis C Act 2025 (S.1941) authorizes a five-year national initiative to eliminate hepatitis C by establishing a test-to-treat model in the settings where those who may be infected access care. Specifically, the legislation does the following:

According to a report from the Centers for Disease Control and Prevention (CDC)¹, only one in three adults diagnosed with hepatitis C were cured between 2013-2022. The statistics are staggering:

- One in four individuals without health insurance were cured;
- One in four individuals under the age of 40 were cured. This age group has the highest rates of new hepatitis C infections;
- Less than half of adults 60 years and older with private insurance or Medicare were cured.

1. Expands Testing with Point-of-Care Diagnostics

- The first rapid point-of-care test was approved by the Food and Drug Administration in 2024. By eliminating the two-step testing process, it enables a test-to-treat model for hepatitis C to be implemented nationwide. The legislation will allow more settings to adopt these point-of-care tests.

2. Guarantees Affordable Access to Curative Medications

- By authorizing a national subscription model with one or both drug manufacturers, the costs and barriers to access will be reduced.
- Federal programs – the Indian Health Service and federal correctional facilities – will receive the DAAs through the subscription model. State Medicaid programs and local correctional facilities will have the ability to opt in to receive the DAAs.
- Medicare beneficiaries will not be required to pay cost sharing.

3. Strengthens Public Health Infrastructure

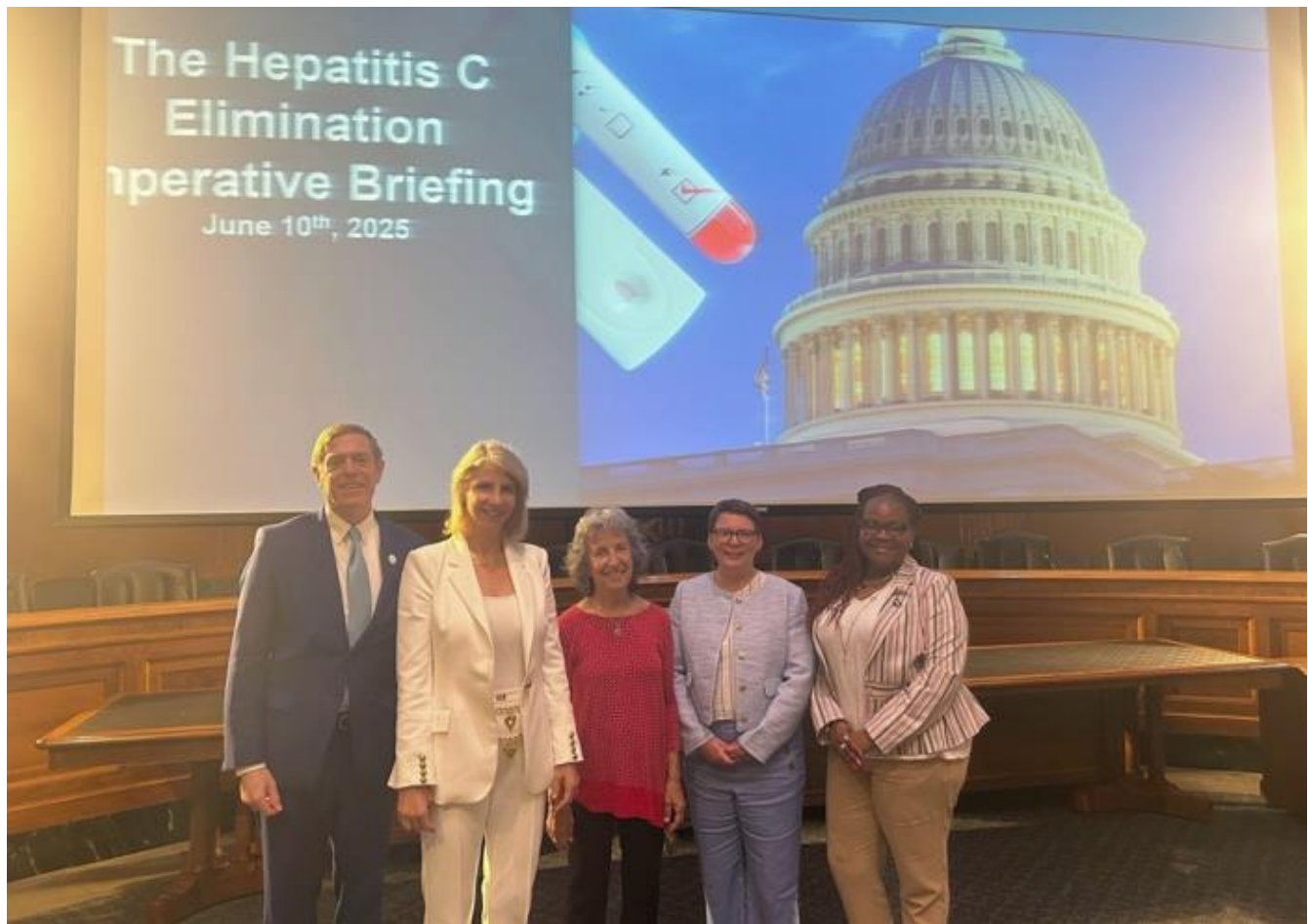
- Federal funds will be used to expand screening in high-risk settings and linkage to care; improve outreach to individuals to increase their awareness of the risks of hepatitis C and the availability of curative therapies; increase training for and telehealth access to providers; and grow community health worker and case manager networks.
- Entities eligible to receive funding for these activities include states, political subdivisions of states, and other entities like public health departments, community-based organizations, and health providers and facilities; opioid treatment programs; certified community behavioral health clinics; tribal clinics; community health centers; and correctional facilities.

Cost Savings

- Prevents costly progression to liver failure, transplantation, and liver cancer.
- In a November 2024 evaluation, the Congressional Budget Office projected \$6.6 billion in federal savings over 10 years.

Bipartisan Support

- Bipartisan leadership: Senators Cassidy and Van Hollen.
- Bipartisan support in both Senate and House
- Backed by 126 advocacy organizations.



Prepared by the **HCV Elimination Coalition**. Please contact Tim Leshan (tleshan@asp-ph.org or 202-296-0518) with any questions.