

Overview of the Cure Hepatitis C Act of 2025

A Deep Dive into the Cure Hepatitis C Act of 2025: How Communities Can Secure a Win

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Overview of the Cure Hepatitis C Act of 2025

- **Legislation introduced by Senators Bill Cassidy (R-LA) and Chris Van Hollen (D-MD) on June 4**
- **CBO estimates the legislation saves over \$6 billion**
- **Closely follows the last administration's Hepatitis C elimination plan**
 - **Establishes a test-to-treat model for hepatitis C**
- **Major elements:**
 - **A subscription model for the DAAs**
 - **Support for the infrastructure to treat individuals in the settings where they access care**

Establishment of the Elimination Program

- **Within 180 days of enactment, Secretary to release a national strategy and implementation plan**
- **Establish an advisory committee with members representing wide range of stakeholders**
- **Public dashboard to monitor program's progress**
- **Requirement for public meetings, notices published in Federal Register, and other strategies**
- **Issue regular progress reports to Congress**

Individuals Who Will Be Treated

- **Enrolled in State Medicaid and CHIP programs***
- **Confined in state or local correctional facilities***
- **Confined in a federal prison**
- **The uninsured**
- **Receive treatment through the Indian health program**

***State programs will opt in to the program by submitting a letter of intent to participate for five years**

No prior authorization for those treated under the program.

Medicare Part D cost sharing eliminated for the duration of the program (2027-2031)

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Subscription Model

- **Agreement(s) with one or more manufacturers to provide as many units as required. Will be paid annually over the five-year term**
- **Either winner take all or 70/30 split between manufacturers.**
 - **Manufacturer with the “best bid” will provide 70% of the treatments**
- **\$5.5 million authorized and appropriated for the subscription model beginning in FY 2025 and will remain available through FY 2031**

Infrastructure Funding

- **\$4.283 billion is authorized and appropriated for FY 2025 and will remain available through FY 2031**
- **Funds will support the public health infrastructure, screening, and linkage to care**

Investing in Public Health Infrastructure

- **Improve outreach to covered individuals to increase awareness of risks of hepatitis C and availability of curative therapy**
- **Increase rates of screening for, diagnosis of, and treatment of hepatitis C**
- **Support the coordination and delivery of health care and social services**
- **Improve public health capacities and capabilities for hepatitis C prevention, detection, diagnosis, treatment and outbreak preparedness and response**

Who Can Receive These Awards?

- **States, political subdivisions of states, and other entities like public health departments, CBOs and health providers and facilities**
- **Opioid treatment programs**
- **Certified community behavioral health clinics**
- **Tribal clinics**
- **Community health centers**
- **Correctional facilities**



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Guidance to Ensure Coordination

- **Patients in need of the care of a specialist for hepatitis C management are appropriately referred for specialty services;**
- **Existing hepatitis B virus screening, vaccination services, programs, and activities are coordinated with activities in the Program to support linkage to care for patients with hepatitis B; and**
- **Activities are coordinated with other Federal efforts related to hepatitis C prevention.**

Point of Care Testing

- **Secretary may enter agreements to purchase and distribute POC tests**
- **No more than \$20 million can be used to support the development of a POC test for hepatitis B**

Other Provisions

- **Awards to establish a national network to provide training and technical assistance on implementing hepatitis C prevention, diagnostic testing, care, coordination, and treatment in support of the Program**
- **A national public awareness and education campaign related to hepatitis C treatment and related activities of the Program**

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www.treatmentactiongroup.org

WHAT HAPPENS NOW?

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National Viral Hepatitis Roundtable (NVHR)

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Building up co-sponsors

- **Senators can signal their support for a bill and desire to see it move forward through cosponsoring a bill**
- **While there is no magic number, a high number of cosponsors sends a strong message to leadership about legislative priorities. Cosponsorship generally indicates that a Senator would vote to pass a bill, should it come up for a vote.**
- **Cosponsors from the majority party, along with a balanced number of cosponsors from each side of the aisle, are also important**

Introducing a House companion bill

- **Generally a bill requires consideration in both the House and the Senate to pass**
- **Efforts are currently underway to identify and recruit bipartisan lead sponsors to introduce a companion version of S.1941 in the House of Representatives**
- **As with the Senate, once a companion bill is introduced in the House, building up bipartisan cosponsors will be important**
- **Particularly valuable as cosponsors are Members of Congress on key committees**

Hearings and Markup

- **Under ‘regular order’, in both the House and Senate, one or more committees of jurisdiction would hold a hearing on the bill, should it have sufficient support and momentum to become a legislative priority**
- **Hearings provide an opportunity to voice support for the bill. In some cases, amendments may be proposed and voted on.**
- **Committees may subsequently vote on whether to report the bill favorably out of committee.**
- **For health-related bills, committees often consider several in a single hearing, and may ultimately package them together for a single floor vote.**

Key Takeaways

- **Bipartisan cosponsorship is crucial! The fate of most bills introduced in Congress is to expire without ever get a hearing or vote.**
- **Sustained outreach and advocacy will be necessary! We don't know whether we're in this for the short haul or the long haul, but ongoing engagement builds awareness and momentum.**
- **We have some big factors on our side! The initial bill was introduced by bipartisan leads, and the bill is projected to save both money and lives**

Parting Thoughts

- **We may have an opportunity to see S.1941 folded into a package of health bills before the end of 2025, perhaps as a “pay-for” – this is a more likely scenario than reaching the floor as a standalone bill. This scenario can only come to pass if we can mobilize and demonstrate enough support to make hepatitis C elimination a priority for Congress.**

The Power of the Viral Hepatitis Community!

Successes!

- **Recruited Congressional champions**
- **Introduced previous legislation**
- **National Viral Hepatitis Plan**
- **NASEM Viral Hepatitis Elimination Strategy**
- **New screening guidelines**
- **Increased federal funding**
- **Reducing HCV treatment access barriers**
- **Syringe access expansion**
- **State level victories**

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Laying the Groundwork for Action

- **Focus on securing Senate cosponsors**
 - www.senate.gov
- **Call the Washington, DC office:**
 - **“Hello, I live in (state). I would like to get the name and email address of the staff member who handles health care issues for the Senator.”**
- **Call the district office closest to you.**
 - **“Hello, I live in (state). I would like to get the name and email address of your district office director.”**
- **Now you can act!**

The Health Care Staff Member

- **They are the eyes and ears of the Senator.**
- **You can establish a partnership and serve as a resource.**
- **Email them this week.**
 - **“Dear (name), my name is (name) and I live in (city, state). I am writing as a constituent to urge Senator (name) to cosponsor S.1941, The Cure Hepatitis C Act of 2025. This lifesaving bill will help move the United States toward eliminating hepatitis C. This legislation is important to me because (tell them why).”**

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The August Recess: Focus on the District Office

- **August 4th-September 1st**
- **Senators are back in their states.**
- **Email the district office director with the same message.**
- **Call the district office. Introduce yourself as a constituent.**
- **Ask if the Senator is hosting any Town Hall meetings or other community events (check the website).**

At the Town Hall Meeting

- **Prepare your elevator speech (3-4 sentences):**
 - **You are a constituent. You want the Senator to cosponsor S.1941, The Cure Hepatitis C Act. This is important to you because....**
- **Let them know the bill is bipartisan and authored by Senators Cassidy and Van Hollen.**
- **Be firm but polite.**
- **Ask how you can follow up.**

Organize a District Visit

- **Call the district office. Identify as a constituent.**
- **Let them know you would like to schedule a district visit in August to talk about viral hepatitis legislation.**
- **If the meeting is scheduled:**
 - **Meeting with staff is great**
 - **Bring others**
 - **Prepare: who will say what?**
 - **Let us know. We can help with talking points, resources, etc.**

The District Visit

- **Arrive a little early.**
- **They might be a little late.**
- **Use the messaging provided by us.**
- **Tell your stories!** The most critical part of the visit.
- **It's okay to say “I don't know, but I will find out and get back to you.”**
- **Offer to serve as a resource.**
- **Ask how you can follow up.**
- **Don't make assumptions.**
- **Keep the meeting specific to the bill and to viral hepatitis.**
- **Follow up with a thank you.**

Next Steps

- **Take more action:**
<https://www.aasld.org/aasld-policy-action-center#/>
- **Follow up with staff - what other information do they need?**
- **Urge others to act.**
- **If they cosponsor: BIG THANK YOU**
- **If they don't: ask us for ideas .**
- **Don't give up - each communication makes a difference.**
- **Let us know that you've taken action and any responses.**

Stay in Touch

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