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July 3, 2025

The Honorable Bill Cassidy, MD
US Senate
455 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Chris Van Hollen
US Senate
730 Hart Senate Office Building
Washington, DC 20510

Re: Cure Hepatitis C Act of 2025

Dear Senators Cassidy and Van Hollen:

On behalf of the American Society of Addiction Medicine (ASAM), a national specialty society representing more than 8,000 physicians and other clinicians who specialize in the prevention and treatment of addiction and co-occurring conditions, thank you for introducing **S. 1941- the Cure Hepatitis C Act of 2025**. If enacted, this legislation would establish an innovative purchasing model and support a public health infrastructure for a test-to-treat hepatitis C virus (HCV) program. These actions would lead to more Americans with HCV accessing the comprehensive treatment they need. ASAM enthusiastically supports this groundbreaking legislation.

Opioid use disorder (OUD) and infectious diseases are interconnected public health crises,^{1,2} with HCV being the most common bloodborne infection associated with drug use.³ Increased injection drug use can drive significant increases in the incidence and prevalence of HCV. Fortunately, curative direct-acting antiviral (DAA) therapies offer promise for reducing disease burden and transmission.⁴

While HCV infection is a leading cause of liver-related morbidity, DAA therapies achieve cure rates of over 90%.⁵ Though costly, DAAs usually require only 8-12 weeks of treatment. They can help reduce both medical and liver disease-related costs within 30

months after treatment completion.⁶

Unfortunately, more than half of persons living with HCV do not know that they have it.^{7,8} Screening for and diagnosis of HCV infection is low for patients with OUD, even in opioid treatment programs.¹ Screening rates are particularly low in jails and prisons.⁹ Yet, there are a variety of settings in which HCV treatment can be safely delivered, including specialty addiction treatment settings, certified community behavioral health clinics, federally qualified health clinics, and carceral settings.

The direct economic burden of HCV-related liver disease in the US was an estimated \$6.5 billion in 2011,¹⁰ and the current economic burden of HCV might exceed \$10 billion.¹¹ However, today's structure of healthcare financing systems makes it difficult for many institutions to afford DAA medications.¹² By allowing states to commit to a "subscription fee" to access an unlimited supply for a period of time rather than pay a fixed price per dose or course of treatment, your legislation can lower the cost of DAA for those states. In ASAM's Public Policy Statement on Hepatitis C Virus, Substance Use, and Addiction,¹³ the society specifically recommends the consideration of innovative state-based strategies for expanding access to evidence-based pharmaceutical treatments for HCV infection, such as subscription models.

We thank you, again, for introducing this critically important legislation. We look forward to its passage. Please do not hesitate to contact Kelly Corredor, ASAM's Chief Advocacy Officer, at kcorredor@asam.org, if ASAM can be of further assistance.

Sincerely,



Stephen M. Taylor, MD, MPH, DFAPA, DFASAM
President, American Society of Addiction Medicine

¹ Schwetz TA, Calder T, Rosenthal E, Kattakuzhy S, Fauci AS. Opioids and Infectious Diseases: A Converging Public Health Crisis. *J Infect Dis*. 2019;220(3):346-349. doi:10.1093/infdis/jiz133

² HHS. Renewal of Determination That A Public Health Emergency Exists. Published January 3, 2022. Accessed June 16, 2025. <https://aspr.hhs.gov/443/legal/PHE/Pages/Opioid-3Jan22.aspx>

³ World Health Organization. Hepatitis C. Published June 24, 2022. Accessed June 16, 2025. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>

⁴ Holtzman D, Asher AK, Schillie S. The Changing Epidemiology of Hepatitis C Virus Infection in the United States During the Years 2010 to 2018. *Am J Public Health*. 2021;111(5):949-955. doi:10.2105/AJPH.2020.306149

⁵ Manns MP, Buti M, Gane E, et al. Hepatitis C virus infection. *Nat Rev Dis Primer*. 2017;3:17006. doi:10.1038/nrdp.2017.6

⁶ Jung J, Feldman R, Kalidindi Y, Riley T III. Association of Direct-Acting Antiviral Therapy for Hepatitis C With After-Treatment Costs Among Medicare Beneficiaries. *JAMA Netw Open*. 2020;3(6):e208081. doi:10.1001/jamanetworkopen.2020.8081

⁷ Hepatitis C | NIDDK. National Institute of Diabetes and Digestive and Kidney Diseases. Accessed June 16, 2025. <https://www.niddk.nih.gov/health-information/liver-disease/viral-hepatitis/hepatitis-c>

⁸ Policy (OIDP) O of ID and H. Viral Hepatitis in the United States: Data and Trends. HHS.gov. Published April 20, 2016. Accessed June 16, 2025. <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>

⁹ Beckwith CG, Kurth AE, Bazerman L, et al. Survey of US Correctional Institutions for Routine HCV Testing. *Am J Public Health*. 2015;105(1):68-71. doi:10.2105/AJPH.2014.302071

¹⁰ Razavi H, ElKhoury AC, Elbasha E, et al. Chronic Hepatitis C Virus (HCV) Disease Burden and Cost in the United States. *Hepatology*. 2013;57(6):2164-2170. doi:10.1002/hep.26218

¹¹ Stepanova M, Younossi ZM. Economic Burden of Hepatitis C Infection. *Clin Liver Dis*. 2017;21(3):579-594. doi:10.1016/j.cld.2017.03.012

¹² Krsak M, Montague BT, Trowbridge P, Johnson SC, Binswanger IA. Opioid Use and Chronic Infections: The Value of Addressing the Syndemic in Correctional Settings Via Telemedicine Guidance and Broader Use of Long-Acting Medications. *J Infect Dis*. 2020;222(Suppl 5):S486-S493. doi:10.1093/infdis/jiaa001

¹³ ASAM. Hepatitis C Virus, Substance Use, and Addiction. <https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2022/07/29/policy-statement-on-the-hepatitis-c-virus-substance-use-and-addiction>