



House Members Introduce Bipartisan Cure Hepatitis C Act

The legislation could save the federal government nearly \$7 billion over the next decade by reducing long-term health costs.

July 20, 2026 By [Liz Highleyman](#)

Democratic and Republican House members have joined their Senate counterparts in introducing a bipartisan Cure Hepatitis C Act, which aims to create a nationwide program to eliminate the deadly but curable liver disease.

Congressmembers Mariannette Miller-Meeks (R-Iowa), Diana DeGette (D-Colo.), Hank Johnson (D-Ga.) and Don Bacon (R-Neb.) introduced the House legislation (H.R. 9682) on July 15. Last year, Senators Bill Cassidy (R-La.) and Chris Van Hollen (D-Md.) [introduced a companion bill](#) in the Senate (S. 1941), but it has yet to receive a hearing.

“I am asking that we work together to raise awareness about hepatitis C—a silent killer—so that others at risk can get tested and treated,” said Johnson, who has been treated and cured himself and is cochair of the Congressional Hepatitis Caucus.

[Hepatitis C virus \(HCV\)](#) can be transmitted via shared needles for drug injection, through objects that come in contact with blood, through sex and from mother to child during pregnancy or delivery. Over time, chronic hepatitis C can lead to serious complications, including [cirrhosis](#), [liver cancer](#) and the need for a liver transplant. Antiviral medications cure more than 95% of people who complete treatment, but many people with hepatitis C are unaware of their status, and [only about a third](#) receive treatment.

The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America [recommend treatment](#) for most people with acute or chronic HCV infection. But due to the high cost of the medications, some jurisdictions have limited treatment to those with advanced liver fibrosis, those with a period of sobriety from drugs or alcohol or those who receive care from liver specialists.

The Cure Hepatitis C Act would establish a national test-and-treat program, including a subscription-based procurement model that allows access to an unlimited amount of antiviral medication for a fixed price. Such subscription models have proven successful in [Louisiana](#), Washington state and [Australia](#). People covered by Medicare or Medicaid, those who receive care

through the Indian Health Service, incarcerated people and certain other low-income or uninsured people would have their treatment provided at no cost.

The House and Senate versions of the legislation are similar, but the House bill leaves out a Senate provision that would make certain immigrants ineligible for expanded HCV testing and treatment under the program.

“Immigrants, like any other community, cannot simply be exempt from communicable disease transmission because a piece of legislation separates them from the rest of the population,” [the Treatment Action Group wrote](#) in a criticism of this provision last year. “This exclusion is not grounded in the reality of HCV epidemiology.”

The House bill would allocate \$5.5 billion in funding for the subscription purchase program as well as \$4.3 billion worth of grants to states, community health centers, tribal health programs, correctional facilities and other organizations, [Roll Call reported](#). The bill’s sponsors estimate that it could save the federal government \$6.6 billion over 10 years by reducing the cost of treating long-term hepatitis C complications.

“As a physician, I have seen what happens when a curable disease goes untreated simply because a patient couldn’t access care,” Miller-Meeks said. “Hepatitis C is beatable. We have the tools to eliminate it, and this bill puts them within reach of the Americans who need them most. This is a commonsense, fiscally responsible effort that will save lives and save taxpayer dollars.”

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