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**NASPGHAN Annual
Meeting November 5-8,
2025**

July 28, 2025

The Honorable Bill Cassidy, M.D.
U.S. Senate
455 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Chris Van Hollen
U.S. Senate
730 Hart Senate Office Building
Washington, D.C. 20510

Dear Senators Cassidy and Van Hollen,

On this World Hepatitis Day, the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is pleased to offer its endorsement of the *Cure Hepatitis C Act* (S. 1941).

NASPGHAN represents more than 3,000 pediatric gastroenterologists, pediatric gastroenterology nurses and advanced practice practitioners, and pediatric registered dietitian nutritionists in the United States, Canada, and Mexico and is the only organization singularly dedicated to advocating for children with gastrointestinal, liver and nutrition-related diseases and disorders.

NASPGHAN's members are grateful for including children enrolled in State Children's Health Insurance Programs (CHIP) among the covered populations under the proposed subscription program for the purchase of hepatitis C (HCV) treatments. Pediatric HCV is a significant public health concern. Although less common in children than in adults, pediatric HCV is a global disease burden, with most cases arising from mother-to-child transmission. Early access to care and effective treatments support broader HCV elimination goals.

Left untreated, pediatric infection can silently progress over decades to serious complications such as cirrhosis or hepatocellular carcinoma. Fortunately, direct-acting antivirals are safe and effective for all children three years of age and older. These treatments are effective against all genotypes of the virus, well-tolerated, and achieve cure rates near 100 percent, making early intervention both clinically and ethically imperative.

Early treatment for HCV in children is also more effective and cost-saving. Benefits include reduced progression to advanced liver disease, lower drug costs in younger children, and avoidance of additional health system burdens that arise from delayed care.

A subscription program for the purchase of HCV treatments would be especially valuable for pediatric patients with HCV because they are often reliant on public insurance programs. The program, as called for in your bill, ensures equitable and uninterrupted access to life-saving therapies during critical windows of early childhood.

We know, based on models employed by other countries, most notably Egypt, that HCV elimination is achievable through large-scale public health investment and a national commitment to screen and treat all affected individuals. We applaud you for recognizing the unique opportunity to address the enormous economic and non-economic toll that HCV has in the United States. Please consider NASPGHAN as a resource and a strong advocate for this legislation. Should you have questions please contact Camille Bonta, NASPGHAN policy advisor, at cbonta@summithealthconsulting.com or (202) 320-3658.

Sincerely,

A handwritten signature in dark ink, appearing to be 'V. Ng', written over a light blue rectangular background.

Vicky Ng, MD

President, North American Society for Pediatric Gastroenterology, Hepatology and Nutrition