

**Testimony Prepared by the American Association for the Study of Liver Diseases
Submitted for the record to the House Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
April 9, 2025**

The American Association for the Study of Liver Diseases (AASLD) appreciates the opportunity to provide outside witness testimony to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) on the organization's Fiscal Year (FY) 2026 priorities. Specifically, we appreciate your consideration of our requests:

- Support \$51.303 billion for the National Institutes of Health (NIH);
- Support \$150 million for the Centers for Disease Control and Prevention (CDC) Division of Viral Hepatitis (DVH); and
- Include AASLD's report language on "Chronic Liver Disease" in the report accompanying the FY 2026 Labor-HHS appropriations bill.

AASLD is the leading member organization of scientists, researchers and allied health care professionals committed to the prevention and cure of liver disease. Our members foster research and advance the science and practice of hepatology through educational conferences, training programs, professional publications, and partnerships with government agencies and sister societies. AASLD also actively promotes liver health and quality patient care.

The liver, the largest solid organ in the body, is a master regulator and driver of a diverse array of life-sustaining chemical processes. In liver disease, these essential functions are disrupted, often with devastating consequences. Chronic liver disease (CLD), which includes viral hepatitis, steatotic liver disease, including alcohol-associated liver disease (ALD) and metabolic dysfunction-associated steatotic liver disease (MASLD), cirrhosis, and liver cancer, is the tenth leading cause of death in the United States and its incidence is continuing to rise. Without greater understanding, screening, and effective interventions, this burden will only grow, as current estimates indicate with the combined contributions from obesity and alcohol use, upwards of 40% of Americans are at risk for life-altering consequences of CLD. Even more alarming is that the progression of CLD is generally silent and requires engagement of primary care providers and specialists to explore and perform appropriate screening tools. Given the liver's critical role in overall health and well-being, it is imperative to reverse these alarming trends. We urge this subcommittee to prioritize efforts to reduce the burden of CLD, a step that will meaningfully improve the lives of millions affected by these conditions.

Support Innovation in Liver Disease Research

NIH-funded research has been essential in advancing treatments and improving outcomes for those living with liver diseases. Increased investment is crucial to drive innovation, reduce healthcare costs, and address the growing burden of CLD. For example, innovative research is helping us understand why alcohol or MASLD damages some livers and not others, and how alcohol and MASLD promote worsening metabolic health (including diabetes and heart disease) and a variety of cancers. Studies sponsored by the NIH are crucial to finding improved treatments for harmful drinking and to find new treatments to prevent the progression of alcohol-associated liver disease and MASLD.

Liver cancer is one of the few cancers with a growing incidence rate and its mortality rate continues to be high. The NIH is supporting promising research to address this and advance our understanding of how to prevent, detect, and treat this deadly disease. Additionally, NIH-supported studies are enhancing liver transplantation by improving organ preservation and transplant outcomes. This is critical as liver transplantation is the only cure for some liver diseases. Furthermore, groundbreaking research at the NIH on hepatitis C led to a Nobel Prize-winning discovery of the virus and curative treatments. For these reasons, continued NIH investment is vital to furthering progress in liver disease prevention and treatment.

As Congress begins its work on funding for FY 2026, AASLD is requesting that Congress appropriate \$51.303 billion for NIH with proportional increases in funding for all NIH Institutes and Centers. This would build on Congress' previous investments in NIH that have allowed for advances in discoveries toward promising therapies and diagnostics, supported current and new scientists nationwide, and advanced the potential of medical research. Additionally, we urge Congress to include language in the Labor-HHS appropriations bill that would prevent the administration from cutting the facilities and administrative costs of NIH grants. The administration's current policy to cap these costs at 15% would undermine the biomedical research enterprise across the country, not only slowing the pace of discovery but also resulting in job losses in this sector.

Moreover, AASLD urges the Labor-HHS subcommittee to ensure congressionally appropriated funds for biomedical research are spent as intended. Recent changes at the Department of Health and Human Services (HHS) have resulted in the loss of 1,200 NIH staff and revocation of grant awards that will affect the development and accessibility of future cures for the full range of liver diseases as well as the other chronic conditions. Rescinding appropriated funds would severely disrupt the biomedical research enterprise, burdening Americans' health and discouraging young investigators from pursuing careers in biomedical research.

Support Viral Hepatitis Elimination

Viral hepatitis is a preventable public health crisis that puts people, particularly those who are disconnected from the health system, at increased risk for liver disease, cancer, and death. Besides the virus' mortality, treating these complications of hepatitis A, B, and C is extremely costly to the healthcare system. Funding for the CDC DVH has remained flat during the last decade leaving it unable to support the policies and programs necessary to bolster efforts towards the elimination of viral hepatitis. Small increases in DVH's budget, which has grown from \$31.4 million in 2014 to \$43 million in 2023, have helped offset inflation, but have not allowed for meaningful expansion of existing programs.

The Secretary of HHS recently eliminated staff and programs in the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, including the viral hepatitis laboratory, the most specialized viral hepatitis laboratory in the world. Given the limited appropriation for DVH, the infrastructure implemented through this center expands the reach of the division. It is critical that Congress exercise its oversight authority to ensure that appropriated funding continues to support all the programs in this center to ensure that state and local public health departments can continue to prevent and respond to outbreaks of viral hepatitis. Specifically, the

viral hepatitis laboratory played a central role in the core programmatic work of CDC's DVH. There is no other public health laboratory in the world with the degree of viral hepatitis subject matter expertise as that which existed at the CDC in the United States. AASLD urges Congress to ensure that this laboratory is restored immediately.

For these reasons, we urge this subcommittee to allocate \$150 million for DVH in FY 2026. We recognize that this request represents a \$107 million increase in the Division's funding, yet it does not come close to providing the funding required to put the United States on the path to eliminating viral hepatitis. Prioritizing funding for the DVH will help build the infrastructure and programs necessary to ensure viral hepatitis surveillance, prevention, testing, and treatment services are widely available for all populations. Recently, in 2021-2023, the DVH was central to the country's efforts to understand and explore an apparent outbreak of severe acute hepatitis in children, leading to a spike in hospitalizations, transplants and death. This expertise is crucial to keep Americans informed and healthy for the next outbreak. Additionally, this investment aligns with the administration's stated goal of returning the agency to its "core mission of preparing for and responding to epidemics and outbreaks" and making America truly healthy.

Combat Chronic Liver Disease

As the tenth leading cause of death in the United States, CLD demands greater attention. More than 4.5 million adults aged 18 and older have been diagnosed with a CLD¹, but this figure underestimates the true burden as many individuals with abnormal liver function are asymptomatic and remain undiagnosed. Left untreated, CLDs can silently progress to cirrhosis, liver cancer, and death, placing strain on individuals, families, and the healthcare system.

Viral hepatitis puts people at increased risk for chronic liver disease, cancer, and death. Beyond the virus' mortality, treating complications of hepatitis A, B, and C is extremely costly to the healthcare system. More than 2.4 million people in the United States are chronically infected with hepatitis C, for example, and the economic burden of this disease is estimated to exceed \$10 billion annually in the United States alone.² Those with untreated viral hepatitis may also develop other chronic conditions like diabetes and kidney disease. Although there is a cure available for hepatitis C, far too few individuals receive it. While there is no cure for hepatitis B, it is vaccine preventable. Left undetected and untreated, viral hepatitis, like other CLDs, may progress to liver cirrhosis, liver cancer, and potentially even death.

Steatotic liver disease associated with either ALD or MASLD will continue to drive the increasing incidence of liver cancer without meaningful change. ALD is the cause of 45% of deaths due to liver disease among Americans. It is the most common indication for liver transplantation in the United States, accounting for approximately 40% of all liver transplants.³ ALD disproportionately affects younger people, with the greatest increases in incidence occurring among 35–44-year-olds. The future years of life that are lost when a young person dies from ALD adds to its profound toll.

¹ <https://www.cdc.gov/nchs/fastats/liver-disease.htm>

² Majethia, S., Lee, I.-H., Chastek, B., Bunner, S., Wolf, J., Hsiao, A., & Mozaffari, E. (2022). Economic impact of applying the AASLD-IDSA simplified treatment algorithm on the real-world management of hepatitis C. *Journal of Managed Care & Specialty Pharmacy*, 28(1), 48–57. <https://doi.org/10.18553/jmcp.2021.21246>

³ [https://pmc.ncbi.nlm.nih.gov/articles/PMC10524758/#:~:text=Alcohol%2Dassociated%20liver%20disease%20\(ALD,steatohepatitis%20and%20hepatitis%20C%20combined.](https://pmc.ncbi.nlm.nih.gov/articles/PMC10524758/#:~:text=Alcohol%2Dassociated%20liver%20disease%20(ALD,steatohepatitis%20and%20hepatitis%20C%20combined.)

Linked to obesity, MASLD is one of the most common causes of liver diseases affecting an estimated 47.8 percent of Americans. Its economic burden is estimated to reach \$1.005 trillion. This figure includes not only the liver-specific complications of the condition but also liver disease-related complications.⁴ Recognizing MASLD as a critical health concern is essential, as its impact extends far beyond the liver, significantly increasing the risk of life-threatening diseases. There is a strong association between MASLD and an increased risk of heart disease, diabetes, and cancer. Research has demonstrated that MASLD is not just a consequence of obesity, but an independent risk factor for these top causes of mortality and morbidity in the US, which means that its presence drives these complications. Given its role as an independent driver of heart disease, diabetes, and cancer, early detection and proactive management of MASLD are crucial to reducing its devastating consequences and improving long-term health outcomes.

Liver transplantation is the only rescue therapy available to those who develop complications related to cirrhosis but is an expensive and limited option. Every year, one of every five persons on the waiting list for liver transplantation die or become too sick to undergo the transplant. Liver cancer, recognized as a recalcitrant cancer due to its poor outcomes, is particularly devastating. Its incidence has tripled since 1980, and its five-year survival rate is 22 percent – one of the lowest for any cancer.^{5, 6} While transplantation is the most effective treatment, significant barriers exist.

To reverse these alarming trends and reduce the burden of CLD, prevention and early detection are critical, yet we do not have the tools necessary to do this. A coordinated strategy will be essential. Accordingly, we encourage you to include the following language in the report accompanying the FY 2026 Labor-HHS appropriations bill with regard to the Department of HHS Office of the Secretary:

Chronic Liver Disease – Chronic liver disease (CLD), which includes viral hepatitis, alcohol-associated liver disease (ALD), metabolic dysfunction-associated steatotic liver disease (MASLD), cirrhosis, and liver cancer, is the tenth leading cause of death in the United States and its incidence is continuing to rise. The economic burden of CLD is significant with out-of-pocket costs for individuals with CLD estimated to be three and a half times higher than for those without it. Most individuals with CLD do not display signs and symptoms until the disease has progressed and has caused irreversible damage to the liver. This highlights the importance of prevention and early detection. To begin to combat CLD, the Committee requests a report and briefing on existing programs and investments in prevention, screening, and research on CLD across the Department of Health and Human Services within 120 days of enactment.

Thank you again for the opportunity to submit testimony to the subcommittee as you begin your work on the FY 2026 Labor-HHS appropriations bill. We look forward to working with you to improve the health and well-being of all Americans living with liver disease.

⁴<https://www.sciencedirect.com/science/article/pii/S1043276024000365#:~:text=MASLD%20has%20effects%20beyond%20adv%20er%20se%20significant%20contributor%20to%20healthcare%20costs>

⁵ <https://www.cancer.org/cancer/types/liver-cancer/about/what-is-key-statistics.html#:~:text=Liver%20cancer%20incidence%20rates%20have,than%20doubled%20during%20this%20time.>

⁶ <https://www.cancer.org/cancer/types/liver-cancer/detection-diagnosis-staging/survival-rates.html>