

119TH CONGRESS
2D SESSION

H. R. 9682

To require the Secretary of Health and Human Services to carry out activities to eliminate hepatitis C virus in the United States.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2026

Mrs. MILLER-MEEKS (for herself, Ms. DEGETTE, Mr. JOHNSON of Georgia, and Mr. BACON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require the Secretary of Health and Human Services to carry out activities to eliminate hepatitis C virus in the United States.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Cure Hepatitis C Act
5 of 2026”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) CORRECTIONAL FACILITY.—The term “cor-
2 rectional facility” has the meaning given that term
3 in section 901 of title I of the Omnibus Crime Con-
4 trol and Safe Streets Act of 1968 (34 U.S.C.
5 10251).

6 (2) HEPATITIS C TREATMENT.—The term
7 “hepatitis C treatment” means a direct acting
8 antiviral drug approved under section 505 of the
9 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
10 355) for the treatment of hepatitis C virus infection.

11 (3) INDIAN HEALTH PROGRAM.—The term “In-
12 dian health program” has the meaning given the
13 term in section 4 of the Indian Health Care Im-
14 provement Act (25 U.S.C. 1603).

15 (4) SECRETARY.—The term “Secretary” means
16 the Secretary of Health and Human Services.

17 (5) STATE.—The term “State” means—

18 (A) each of the several States of the
19 United States;

20 (B) the District of Columbia;

21 (C) the Commonwealth of Puerto Rico;

22 (D) Guam;

23 (E) American Samoa;

24 (F) the Commonwealth of the Northern
25 Mariana Islands;

- 1 (G) the Federated States of Micronesia;
- 2 (H) the Republic of the Marshall Islands;
- 3 (I) the Republic of Palau; and
- 4 (J) the United States Virgin Islands.

5 (6) STATE OR LOCAL CORRECTIONAL SYS-
6 TEM.—The term “State or local correctional sys-
7 tem” means a department, agency, or other instru-
8 mentality of a State or unit of local government (as
9 such term is defined in section 901 of title I of the
10 Omnibus Crime Control and Safe Streets Act of
11 1968 (34 U.S.C. 10251)) that operates or contracts
12 for the operation of 1 or more correctional facilities.

13 **SEC. 3. HEPATITIS C ELIMINATION PROGRAM.**

14 (a) ESTABLISHMENT.—Not later than 90 days after
15 the date of enactment of this Act, the Secretary shall es-
16 tablish a program, to be known as the “Hepatitis C Elim-
17 nation Program” (referred to in this section as the “Pro-
18 gram”), under which the Secretary shall coordinate activi-
19 ties under this Act for the purposes of eliminating hepa-
20 titis C virus.

21 (b) STRATEGY AND IMPLEMENTATION PLAN.—Not
22 later than 180 days after the date of enactment of this
23 Act, the Secretary shall issue a national strategy and im-
24 plementation plan to carry out activities under this Act,
25 including—

1 (1) a description of priority populations that ex-
2 perience higher rates of hepatitis C virus infection
3 and related adverse health outcomes;

4 (2) an inventory of all relevant Federal strate-
5 gies, plans, policies, and programs relating to hepa-
6 titis C virus, including an assessment of any gaps
7 within, or areas of duplication between, such strate-
8 gies, plans, policies, and programs;

9 (3) specific goals, objectives, and strategies to
10 improve the prevention, detection, and treatment of
11 hepatitis C virus in order to achieve the goals of the
12 Program; and

13 (4) performance metrics to assess progress to-
14 ward achieving each goal, strategy, and objective
15 identified under paragraph (3).

16 (c) ADVISORY COMMITTEE.—

17 (1) IN GENERAL.—The Secretary shall establish
18 an advisory committee to advise the Secretary with
19 respect to the Program.

20 (2) MEMBERSHIP.—The advisory committee es-
21 tablished under paragraph (1) shall be composed
22 of—

23 (A) individuals with lived experience with
24 hepatitis C virus;

25 (B) clinicians;

- 1 (C) State and local public health officials;
- 2 (D) pharmacists;
- 3 (E) representatives of drug and diagnostic
- 4 test manufacturers;
- 5 (F) representatives of health plans and
- 6 health insurance issuers; and
- 7 (G) others individuals engaged in the Pro-
- 8 gram.

9 (d) INTERAGENCY WORKING GROUP.—

10 (1) IN GENERAL.—The Secretary shall establish
11 an interagency working group to support the devel-
12 opment, implementation, evaluation, and improve-
13 ment of the Program.

14 (2) MEMBERSHIP.—The interagency working
15 group shall include the following individuals or their
16 designees:

17 (A) The Director of the Centers for Dis-
18 ease Control and Prevention.

19 (B) The Administrator of the Health Re-
20 sources and Services Administration.

21 (C) The Administrator of the Centers for
22 Medicare & Medicaid Services.

23 (D) The Assistant Secretary for Mental
24 Health and Substance Use.

1 (E) The Director of the Indian Health
2 Service.

3 (F) The Commissioner of Food and Drugs.

4 (G) The Assistant Secretary for Health.

5 (H) The Director of the Bureau of Pris-
6 ons.

7 (I) The heads of such other relevant Fed-
8 eral departments and agencies, as the Secretary
9 designates.

10 (e) HEPATITIS C DASHBOARD.—The Secretary shall
11 establish and maintain a publicly available dashboard for
12 purposes of monitoring progress toward achieving the
13 goals of the Program, including performance metrics es-
14 tablished pursuant to subsection (b)(4).

15 (f) STAKEHOLDER ENGAGEMENT.—In carrying out
16 this Act, the Secretary shall consult with all relevant
17 stakeholders, which may include through public meetings,
18 publication of notices in the Federal Register, and other
19 strategies.

20 (g) REPORTS.—Not later than 90 days after the date
21 of issuance of the strategy and implementation plan under
22 subsection (b), and annually thereafter until September
23 30, 2032, the Secretary shall submit to the Committees
24 on Finance, Health, Education, Labor, and Pensions, and
25 Appropriations of the Senate and the Committees on En-

1 ergy and Commerce, Ways and Means, and Appropria-
 2 tions of the House of Representatives a report that de-
 3 scribes the progress of activities carried out under this Act
 4 and the amendments made by this Act.

5 **SEC. 4. PROVISION OF HEPATITIS C TREATMENTS TO CER-**
 6 **TAIN POPULATIONS.**

7 (a) DEFINITIONS.—In this section:

8 (1) COVERED POPULATION.—The term “cov-
 9 ered population” means the population of individuals
 10 determined under subsection (b)(2).

11 (2) MINIMUM ESSENTIAL COVERAGE.—The
 12 term “minimum essential coverage” means health
 13 insurance coverage under a public or private plan
 14 that constitutes minimum essential coverage under
 15 section 5000A(f)(1) of the Internal Revenue Code of
 16 1986.

17 (3) PARTICIPATING STATE OR LOCAL CORREC-
 18 TIONAL SYSTEM.—The term “participating State or
 19 local correctional system” means a State or local
 20 correctional system that opts to participate in the
 21 program under subsection (b)(3)(A).

22 (4) PROGRAM.—The term “program” means
 23 the subscription program for hepatitis C treatments
 24 established under subsection (b)(1).

1 (5) REGISTERED PHARMACY; REGISTERED SITE
2 OF DISPENSING.—The terms “registered pharmacy”
3 and “registered site of dispensing” mean a phar-
4 macy or site of dispensing, respectively, that enters
5 into an agreement with the Secretary under sub-
6 section (b)(5)(B).

7 (b) SUBSCRIPTION PROGRAM FOR PURCHASE OF
8 HEPATITIS C TREATMENTS FOR COVERED POPU-
9 LATIONS.—

10 (1) ESTABLISHMENT.—

11 (A) IN GENERAL.—The Secretary shall es-
12 tablish a subscription program for hepatitis C
13 treatments under which—

14 (i) the Secretary—

15 (I) shall enter into agreements
16 with 1 or more drug manufacturers
17 for the purchase of hepatitis C treat-
18 ments under a subscription model de-
19 scribed in paragraph (4); and

20 (II) shall provide for the distribu-
21 tion of hepatitis C treatments pur-
22 chased under such agreements among
23 registered pharmacies and registered
24 sites of dispensing, participating State
25 and local correctional systems, the

1 Bureau of Prisons, and facilities of
2 the Indian Health Service, in accord-
3 ance with paragraph (5); and

4 (ii) each individual within the covered
5 population, in receiving hepatitis C treat-
6 ments that were purchased under such an
7 agreement, is entitled to receive the treat-
8 ments without cost-sharing.

9 (B) PROGRAM PROHIBITION.—

10 (i) IN GENERAL.—Health care pro-
11 viders, pharmacies, and sites of dispensing
12 shall not utilize any other Federal drug
13 discount program, including the drug dis-
14 count program under section 340B of the
15 Public Health Service Act (42 U.S.C.
16 256b), with respect to hepatitis C treat-
17 ments obtained through the program.

18 (ii) ENFORCEMENT.—To ensure com-
19 pliance with clause (i), the Secretary
20 shall—

21 (I) ensure that relevant data, in-
22 cluding data on health care providers,
23 pharmacies, manufacturers, and sites
24 of dispensing participating in the pro-
25 gram, is available for administration

1 of the drug discount program under
2 such section 340B;

3 (II) provide necessary resources,
4 from the amounts made available to
5 the Secretary under this section, to
6 carry out program audit, oversight,
7 and administrative activities;

8 (III) supplement existing audit
9 guidance issued pursuant to section
10 340B(a)(5)(C) of the Public Health
11 Service Act (42 U.S.C. 256b(a)(5)(C))
12 to give notice to relevant health care
13 providers, pharmacies, and sites of
14 dispensing related to the prohibition
15 and its enforcement; and

16 (IV) audit, at the Secretary's ex-
17 pense, the records of any participating
18 health care provider or registered
19 pharmacy or registered site of dis-
20 pensing to ensure compliance with the
21 requirements under this subsection.

22 (C) EFFECT.—Nothing in this paragraph
23 shall prohibit a covered entity (as defined in
24 section 340B(a)(4) of the Public Health Service
25 Act (42 U.S.C. 256b(a)(4))) that receives hepa-

1 titis C treatments under the program from pur-
2 chasing hepatitis C treatments pursuant to an
3 agreement under section 340B(a)(1) of such
4 Act (42 U.S.C. 256b(a)(1)), provided that such
5 covered entity complies with subparagraph
6 (B)(i).

7 (2) COVERED POPULATION.—

8 (A) IN GENERAL.—Subject to subpara-
9 graph (B), the covered population of individuals
10 entitled to receive hepatitis C treatment under
11 the program in accordance with paragraph
12 (1)(A)(ii) is composed of individuals who have
13 been diagnosed with hepatitis C infection and
14 who—

15 (i) subject to paragraph (3)(A)—

16 (I) are enrolled in medical assist-
17 ance under a State Medicaid program
18 that is participating in the program;

19 (II) are enrolled in child health
20 assistance or pregnancy-related assist-
21 ance under a State CHIP program
22 that is participating in the program;
23 or

24 (III)(aa) are confined in a correc-
25 tional facility operated by or on behalf

1 of a participating State or local cor-
2 rectional system; or

3 (bb) were confined in a correc-
4 tional facility operated by or on behalf
5 of a participating State or local cor-
6 rectional system, and who, at the time
7 of release from confinement, had
8 started but not completed a course of
9 hepatitis C treatment;

10 (ii)(I) are confined in a facility oper-
11 ated by or on behalf of the Bureau of Pris-
12 ons; or

13 (II) were confined in a facility oper-
14 ated by or on behalf of the Bureau of Pris-
15 ons, and who, at the time of release from
16 confinement, had started but not com-
17 pleted a course of hepatitis C treatment;

18 (iii) are without minimum essential
19 coverage; or

20 (iv) receive health care services
21 through an Indian health program.

22 (B) REQUIREMENTS.—

23 (i) MEDICAID AND CHIP.—In the case
24 of an individual described in subclause (I)
25 or (II) of subparagraph (A)(i), the State

1 Medicaid or CHIP program, as applicable,
2 shall coordinate with registered pharmacies
3 and registered sites of dispensing to verify
4 such individual's enrollment in the State
5 Medicaid program or State CHIP pro-
6 gram, as applicable, before the dispensing
7 of a hepatitis C treatment to the individual
8 in accordance with paragraph (1)(A)(ii).

9 (ii) BUREAU OF PRISONS.—The Di-
10 rector of the Bureau of Prisons shall issue
11 a policy regarding determining which indi-
12 viduals in the custody of the Bureau of
13 Prisons are eligible to receive hepatitis C
14 treatment in accordance with paragraph
15 (1)(A)(ii).

16 (iii) INDIVIDUALS WITHOUT MINIMUM
17 ESSENTIAL COVERAGE.—

18 (I) IN GENERAL.—In the case of
19 an individual described in subpara-
20 graph (A)(iii), a health care provider
21 designated under subclause (II)
22 shall—

23 (aa) assess whether such in-
24 dividual qualifies as an individual

1 without minimum essential cov-
2 erage; and

3 (bb) if such individual quali-
4 fies as an individual without min-
5 imum essential coverage, author-
6 ize such individual to receive hep-
7 atitis C treatment in accordance
8 with paragraph (1)(A)(ii).

9 (II) DESIGNATION OF HEALTH
10 CARE PROVIDERS.—The Secretary, in
11 consultation with State public health
12 departments, shall designate health
13 care providers for purposes of sub-
14 clause (I).

15 (III) LIST.—For purposes of
16 verifying whether an individual is au-
17 thorized under subclause (I)(bb), the
18 Secretary shall maintain, and make
19 available to registered pharmacies and
20 registered sites of dispensing that are
21 dispensing hepatitis C treatment
22 under the program, a list of health
23 care providers designated under sub-
24 clause (II).

1 (IV) GUIDANCE.—The Secretary
2 shall issue guidance for health care
3 providers designated under subclause
4 (II) to make determinations under
5 subclause (I)(aa) based on relevant
6 best practices from the program under
7 title XXVI of the Public Health Serv-
8 ice Act (42 U.S.C. 300ff–11 et seq.;
9 commonly referred to as the “Ryan
10 White HIV/AIDS Program”) and the
11 program under section 1928 of the
12 Social Security Act (42 U.S.C. 1396s;
13 commonly referred to as the “Vac-
14 cines for Children program”).

15 (iv) INDIAN HEALTH SERVICE.—The
16 Director of the Indian Health Service shall
17 issue a policy regarding determining which
18 individuals described in subparagraph
19 (A)(iv) are eligible to receive hepatitis C
20 treatment in accordance with paragraph
21 (1)(A)(ii).

22 (3) PROGRAM PARTICIPATION.—

23 (A) IN GENERAL.—Each State Medicaid or
24 CHIP agency or State or local correctional sys-

tem that seeks to participate in the program
shall—

(i) for the applicable covered population described in subclauses (I) through (III) of paragraph (2)(A)(i), opt into the program by notifying the Secretary by the end of such reasonable period as the Secretary may establish;

(ii) submit to the Secretary a letter of intent for participation for the 5-year term of the agreement entered into under paragraph (4);

(iii) agree to not impose prior authorization requirements for screening and treatment for hepatitis C virus with respect to hepatitis C treatments obtained pursuant to the program;

(iv) in the case of a State or local correctional system, agree to provide to individuals described in paragraph (2)(A)(i)(III), upon release from confinement—

(I) the remainder of the course of hepatitis C treatment; and

1 (II) a referral to ongoing care;

2 and

3 (v) agree to such other conditions re-
4 lating to participation in the program as
5 the Secretary may establish.

6 (B) REQUIRED PARTICIPATION.—The Bu-
7 reau of Prisons and the Indian Health Service
8 shall participate in the program.

9 (C) CORRECTIONAL FACILITIES OPERATED
10 ON BEHALF OF PARTICIPATING STATE OR
11 LOCAL CORRECTIONAL SYSTEMS.—A State or
12 local correctional system that seeks to partici-
13 pate in the program shall agree to provide hep-
14 atitis C treatment to an individual in the cov-
15 ered population who is or was confined in a cor-
16 rectional facility operated by or on behalf of the
17 State or local correctional system.

18 (4) PROCUREMENT OF HEPATITIS C DRUGS.—

19 (A) IN GENERAL.—The Secretary shall
20 enter into an agreement with 1 or more drug
21 manufacturers for the purchase of hepatitis C
22 treatments under a subscription model de-
23 scribed in subparagraph (B).

24 (B) SUBSCRIPTION MODEL DESCRIBED.—
25 Under a subscription model described in this

1 subparagraph, the Secretary shall enter into an
2 agreement under which 1 or more drug manu-
3 facturers agree to provide as many units of hep-
4 atitis C treatment as the Secretary requires for
5 the term of the agreement for an amount speci-
6 fied in the agreement, to be paid annually for
7 the term of the agreement.

8 (C) TERM.—The term of an agreement
9 under subparagraph (A) shall be 5 years.

10 (D) SOLICITATION OF BIDS.—

11 (i) IN GENERAL.—Subject to clause
12 (ii), in seeking to enter into an agreement
13 under subparagraph (A), the Secretary
14 shall—

15 (I) use competitive procedures to
16 solicit bids from drug manufacturers
17 to provide 100 percent of the hepatitis
18 C treatments for the covered popu-
19 lation, as specified by the Secretary
20 under clause (iii); and

21 (II) select 1 or more drug manu-
22 facturers whose bid or bids represent
23 the best value to the Federal Govern-
24 ment, as determined by the Secretary.

1 (ii) AWARDING MULTIPLE AGREE-
2 MENTS.—In selecting drug manufacturers
3 with which to enter into an agreement
4 under clause (i), the Secretary may enter
5 into an agreement with—

6 (I) a single drug manufacturer to
7 provide 100 percent of the hepatitis C
8 treatments for the covered population,
9 for the total amount specified in the
10 bid submitted by the drug manufac-
11 turer; or

12 (II)(aa) the drug manufacturer
13 with the best bid, as determined by
14 the Secretary, to provide 70 percent
15 of the hepatitis C treatments for the
16 covered population, for an amount
17 that is 70 percent of the total amount
18 specified in the bid submitted by the
19 drug manufacturer; and

20 (bb) the drug manufacturer with
21 the second-best bid, as determined by
22 the Secretary, to provide 30 percent
23 of the hepatitis C treatments for the
24 covered population, for an amount
25 that is 30 percent of the total amount

1 specified in the bid submitted by the
2 drug manufacturer described in item
3 (aa).

4 (iii) REQUIRED INFORMATION.—Prior
5 to beginning the contracting process under
6 this paragraph, and in any case not later
7 than 180 days after the date of enactment
8 of this Act, the Secretary shall specify the
9 covered population, and a reasonable esti-
10 mate of the size of that population, to sup-
11 port the development of bids by interested
12 drug manufacturers under this subpara-
13 graph.

14 (5) DISTRIBUTION OF HEPATITIS C DRUGS TO
15 PROGRAM PARTICIPANTS.—

16 (A) IN GENERAL.—In providing for dis-
17 tribution of hepatitis C treatments procured
18 pursuant to 1 or more agreements under para-
19 graph (4), the Secretary may—

20 (i) provide in such an agreement that
21 the drug manufacturer shall—

22 (I) distribute, or provide for the
23 distribution of, such hepatitis C treat-
24 ments to registered pharmacies and
25 registered sites of dispensing, State

1 and local correctional systems, the In-
2 dian Health Service, and the Bureau
3 of Prisons;

4 (II) provide data about distribu-
5 tion in the form and manner pre-
6 scribed by the Secretary; and

7 (III) meet such other conditions
8 relating to such distribution as are
9 prescribed by the Secretary; or

10 (ii) enter into a separate agreement
11 for the distribution of such hepatitis C
12 treatments to registered pharmacies and
13 registered sites of dispensing, State and
14 local correctional systems, the Indian
15 Health Service, and the Bureau of Prisons.

16 (B) REGISTERED PHARMACIES AND REG-
17 ISTERED SITES OF DISPENSING.—A retail phar-
18 macy or site of dispensing that seeks to receive
19 hepatitis C treatments under subparagraph (A)
20 shall become a registered pharmacy or reg-
21 istered site of dispensing by entering into an
22 agreement with the Secretary under which such
23 retail pharmacy or site of dispensing shall
24 agree—

1 (i) to dispense hepatitis C treatments
2 to individuals described in clauses (i)(I),
3 (i)(II), and (iii) of paragraph (2)(A); and
4 (ii) to such conditions as the Sec-
5 retary may establish for the program.

6 (C) ADVANCE STOCK.—In providing for
7 the distribution of hepatitis C treatments under
8 an agreement entered into under paragraph (4),
9 the Secretary shall provide for the provision of
10 advance stock of such hepatitis C treatments to
11 registered pharmacies, registered sites of dis-
12 pensing, participating State and local correc-
13 tional systems, facilities of the Bureau of Pris-
14 ons, and facilities of the Indian Health Service
15 with high volumes of patients in need of hepa-
16 titis C treatments, as determined by the Sec-
17 retary.

18 (D) DISPENSING FEES.—The Secretary
19 shall pay, based on customary and usual fees
20 for the region, reasonable dispensing fees to
21 registered pharmacies that dispense hepatitis C
22 treatments to individuals within the covered
23 population.

24 (E) REQUIREMENT TO USE EXISTING IN-
25 VENTORY.—Registered sites of dispensing, par-

1 ticipating State and local correctional systems,
 2 facilities of the Bureau of Prisons, and facilities
 3 of the Indian Health Service shall use unex-
 4 pired, on-hand inventory of previously pur-
 5 chased hepatitis C treatments, if any, before
 6 dispensing hepatitis C treatments received
 7 under subparagraph (A) to individuals within
 8 the covered population.

9 (c) EXCLUSION FROM MEDICAID BEST PRICE AND
 10 AVERAGE MANUFACTURER PRICE CALCULATION.—Sec-
 11 tion 1927 of the Social Security Act (42 U.S.C. 1396r-
 12 8) is amended—

13 (1) in subsection (c)(1)(C)(i)—

14 (A) in subclause (V), by striking “; and”
 15 and inserting a semicolon;

16 (B) in subclause (VI), by striking the pe-
 17 riod at the end and inserting “; and”; and

18 (C) by adding at the end the following new
 19 subclause:

20 “(VII) any prices charged under
 21 the subscription program for hepatitis
 22 C treatments established under sec-
 23 tion 4(b) of the Cure Hepatitis C Act
 24 of 2026.”; and

25 (2) in subsection (k)(1)(B)(i)—

1 (A) in subclause (IV), by inserting a semi-
2 colon at the end;

3 (B) in subclause (VII), by striking “; and”
4 and inserting a semicolon;

5 (C) in subclause (VIII), by striking the pe-
6 riod at the end and inserting “; and”; and

7 (D) by adding at the end the following new
8 subclause:

9 “(IX) any prices charged under
10 the subscription program for hepatitis
11 C treatments established under sec-
12 tion 4(b) of the Cure Hepatitis C Act
13 of 2026.”.

14 (d) FUNDING.—To carry out this section, there is au-
15 thorized to be appropriated, and there is appropriated, to
16 the Secretary, out of any amounts in the Treasury not
17 otherwise appropriated, \$5,500,000,000 for fiscal year
18 2027, to remain available through fiscal year 2033.

19 **SEC. 5. PUBLIC HEALTH ACTIVITIES TO SUPPORT HEPA-**
20 **TITIS C ELIMINATION.**

21 (a) STATE AWARDS.—

22 (1) DEFINITION OF COVERED INDIVIDUAL.—In
23 this subsection, the term “covered individual” means
24 an individual within the covered population (as de-

1 fined in section 4(a)) who is at increased risk of
2 hepatitis C virus infection.

3 (2) AWARDS.—

4 (A) IN GENERAL.—The Secretary shall
5 make grants to, or enter into contracts or coop-
6 erative agreements with, States and, as appro-
7 priate, political subdivisions of States, for pur-
8 poses of facilitating access to hepatitis C virus
9 screening, diagnosis, treatment, and related
10 wraparound services for covered individuals.

11 (B) DESIGNATED LEAD ENTITIES.—A
12 State or political subdivision of a State receiv-
13 ing an award under subparagraph (A) may des-
14 ignate a lead entity, such as an institution of
15 higher education, that demonstrates the capac-
16 ity to fulfill the requirements of the award, to
17 manage the award.

18 (3) USE OF FUNDS.—A State or political sub-
19 division of a State that receives an award under
20 paragraph (2)(A) shall use funds received pursuant
21 to such award—

22 (A) to improve outreach to covered individ-
23 uals, which may include activities to increase
24 awareness of the risks of hepatitis C virus and
25 the availability of curative treatments;

1 (B) to increase rates of screening for, diag-
2 nosis of, and treatment of hepatitis C virus
3 among covered individuals;

4 (C) to support the coordination and provi-
5 sion of appropriate health care and social serv-
6 ices to covered individuals to improve health
7 outcomes relating to hepatitis C virus infection;
8 and

9 (D) improve, as appropriate, other public
10 health capacities and capabilities relating to
11 hepatitis C virus prevention, detection, diag-
12 nosis, treatment, and outbreak preparedness
13 and response.

14 (4) APPLICATIONS.—

15 (A) IN GENERAL.—A State or political
16 subdivision of a State seeking to receive an
17 award under paragraph (2)(A) shall submit to
18 the Secretary an application at such time, in
19 such manner, and containing such information
20 as the Secretary may require.

21 (B) AWARDS TO OTHER ENTITIES.—In the
22 case of a State that does not submit an applica-
23 tion for an award under subparagraph (A), the
24 Secretary may make an award to an entity
25 within such State, such as an institution of

1 higher education, that demonstrates the capac-
2 ity to fulfill the requirements of the award.

3 (5) PARTNERSHIPS.—A State or political sub-
4 division of a State or an entity described in para-
5 graph (4)(B) that receives an award under this sub-
6 section shall carry out the activities described in
7 paragraph (3) through partnerships with entities lo-
8 cated in such State or political subdivision of a
9 State, including through subawards to public and
10 private entities such as—

11 (A) local public health departments;
12 (B) community-based organizations; and
13 (C) health care providers and health care
14 facilities.

15 (6) ALLOCATION FORMULA.—

16 (A) IN GENERAL.—The Secretary shall es-
17 tablish a formula to allocate funds under this
18 subsection among States and political subdivi-
19 sions of States.

20 (B) CONSIDERATIONS.—In establishing the
21 formula under subparagraph (A), the Secretary
22 shall consider—

23 (i) the relative incidence of hepatitis C
24 virus, and morbidity and mortality associ-

1 ated with hepatitis C virus within each
2 State; and

3 (ii) the anticipated covered population
4 (as defined in section 4(a)), within each
5 State.

6 (b) OTHER AWARDS.—

7 (1) IN GENERAL.—The Secretary shall make
8 grants, or enter into contracts or cooperative agree-
9 ments, in accordance with paragraphs (4) through
10 (8).

11 (2) USE OF FUNDS.—Funds received pursuant
12 to an award under paragraph (1) may be used by
13 the recipient to carry out the activities described in
14 subparagraphs (A) through (D) of subsection (a)(3),
15 as applicable, in addition to applicable activities de-
16 scribed in paragraphs (4) through (8).

17 (3) COORDINATION.—The Secretary shall en-
18 sure that awards made under paragraph (1) are co-
19 ordinated with the activities of the Hepatitis C
20 Elimination Program established under section 3(a).

21 (4) OPIOID TREATMENT PROGRAMS AND CER-
22 TIFIED COMMUNITY BEHAVIORAL HEALTH CLIN-
23 ICS.—The Secretary shall make awards described in
24 paragraph (1) to opioid treatment programs and cer-
25 tified community behavioral health clinics, as deter-

1 mined eligible by the Secretary, to support hepatitis
2 C virus testing and treatment at such programs and
3 clinics.

4 (5) TRIBAL AREAS.—The Secretary shall make
5 awards described in paragraph (1) to Indian health
6 programs and health facilities located in Tribal
7 areas for hepatitis C virus testing, linkage to care,
8 and treatment.

9 (6) COMMUNITY HEALTH CENTERS.—The Sec-
10 retary shall make awards described in paragraph (1)
11 to health centers eligible for awards under section
12 330 of the Public Health Service Act (42 U.S.C.
13 254b)—

14 (A) to expand access to hepatitis C virus
15 testing, case management, and treatment; and

16 (B) to build capacity—

17 (i) to track anticipated referrals for
18 hepatitis C treatment for patients within
19 the target population of the health center;
20 and

21 (ii) to provide hepatitis C treatment
22 to individuals within the covered popu-
23 lation (as defined in section 4(a)).

24 (7) CORRECTIONAL FACILITIES.—

1 (A) IN GENERAL.—The Secretary shall
2 make awards described in paragraph (1) to en-
3 tities described in subparagraph (B) to provide
4 diagnostic testing and treatment to individuals
5 in State and local correctional systems and to
6 facilitate continued care for individuals who
7 began receiving hepatitis C treatment while in
8 custody and who require continued hepatitis C
9 treatment after being released from custody.

10 (B) RECIPIENTS.—The Secretary may
11 make awards under this paragraph to State,
12 local, or territorial health departments, State or
13 local correctional systems, and community-
14 based organizations.

15 (8) RYAN WHITE CLINICS.—

16 (A) IN GENERAL.—The Secretary shall es-
17 tablish a pilot program under which the Sec-
18 retary shall make awards described in para-
19 graph (1) to not more than 25 eligible entities
20 for the purposes of providing care at facilities
21 that receive funding under title XXVI of the
22 Public Health Service Act (42 U.S.C. 300ff–11
23 et seq.) to individuals infected with hepatitis C
24 virus, without regard to whether such infection

1 is a co-occurring condition (as defined in sec-
2 tion 2689 of such Act (42 U.S.C. 300ff–88)).

3 (B) ELIGIBLE ENTITIES.—To be eligible to
4 receive an award under the pilot program estab-
5 lished under subparagraph (A), an entity shall
6 be a recipient of an award under part A, B, or
7 C of title XXVI of the Public Health Service
8 Act (42 U.S.C. 300ff–11 et seq.).

9 (C) REQUIREMENTS.—An eligible entity
10 that receives an award under this paragraph
11 shall use the award funds to provide core med-
12 ical services and support services relevant to in-
13 dividuals with hepatitis C virus.

14 (c) TECHNICAL ASSISTANCE.—The Secretary, in con-
15 sultation with the heads of other relevant Federal agen-
16 cies, shall provide technical assistance to States and other
17 eligible entities seeking awards under this section.

18 (d) COORDINATION.—The Secretary shall issue guid-
19 ance to States regarding ensuring that—

20 (1) patients in need of the care of a specialist
21 for hepatitis C management are appropriately re-
22 ferred for specialty services;

23 (2) existing hepatitis B virus screening, vac-
24 cination services, programs, and activities are coordi-
25 nated with activities carried out under this section

1 to support linkage to care for patients with hepatitis
2 B virus; and

3 (3) activities carried out under this section are
4 coordinated with other existing Federal efforts relat-
5 ing to hepatitis C prevention, such as treatment for
6 opioid use disorder, carried out by the Department
7 of Health and Human Services, the Department of
8 Veterans Affairs, and the Department of Defense.

9 (e) HEPATITIS C POINT-OF-CARE TESTING.—

10 (1) POINT-OF-CARE TESTING.—The Secretary
11 may—

12 (A) enter into agreements with vendors for
13 the purpose of purchasing and distributing in
14 vitro diagnostic point-of-care tests to facilitate
15 hepatitis C virus diagnosis and treatment;

16 (B) provide for the distribution of hepatitis
17 C in vitro diagnostic point-of-care tests to enti-
18 ties receiving an award under subsections (a)
19 and (b); and

20 (C) set conditions, including reporting and
21 effective use requirements, for entities receiving
22 hepatitis C in vitro diagnostic point-of-care
23 tests under this subsection.

24 (2) DIAGNOSTIC TEST DEVELOPMENT.—Of the
25 amounts made available to carry out this section, the

1 Secretary may use not more than \$20,000,000 to
2 support development of diagnostic point-of-care tests
3 to facilitate hepatitis C diagnosis and treatment, in-
4 cluding point-of-care hepatitis B tests to facilitate
5 timely hepatitis C treatment.

6 (f) PROVIDER TRAINING NETWORK.—The Secretary,
7 in consultation with the interagency working group estab-
8 lished under section 3(d), shall award 1 or more contracts
9 to eligible public or private entities to establish a national
10 network to provide training and technical assistance on
11 implementing hepatitis C prevention, diagnostic testing,
12 care, coordination, and treatment in support of the Hepa-
13 titis C Elimination Program established under section
14 3(a).

15 (g) PUBLIC AWARENESS AND EDUCATION.—

16 (1) IN GENERAL.—The Secretary shall carry
17 out a national public awareness and education cam-
18 paign relating to hepatitis C virus treatment and the
19 activities carried out under this Act.

20 (2) MATERIALS.—In carrying out paragraph
21 (1), the Secretary shall—

22 (A) tailor information to priority popu-
23 lations for hepatitis C virus; and

24 (B) consult with the advisory committee
25 established under section 3(c).

1 **SEC. 6. FUNDING.**

2 (a) IN GENERAL.—To carry out sections 3 and 5,
3 there is authorized to be appropriated, and there is appro-
4 priated, to the Secretary, out of any amounts in the Treas-
5 ury not otherwise appropriated, \$4,283,000,000 for fiscal
6 year 2027, to remain available through fiscal year 2033.

7 (b) ADMINISTRATIVE EXPENSES.—Of the amount
8 made available under paragraph (1), the Secretary may
9 not use more than 5 percent for administrative expenses
10 of the Hepatitis C Elimination Program established under
11 section 3(a).

12 (c) BUREAU OF PRISONS.—Of the amount appro-
13 priated under subsection (a), the Secretary shall transfer
14 \$25,000,000 to the Director of the Federal Bureau of
15 Prisons for purposes of expenses of the Bureau of Prisons
16 to carry out sections 3 and 5.

17 **SEC. 7. INCREASING ACCESS TO TREATMENTS FOR HEPATITIS C IN THE MEDICARE PROGRAM.**

18
19 (a) IN GENERAL.—Section 1860D–2 of the Social
20 Security Act (42 U.S.C. 1395w–102(b)) is amended—

21 (1) in subsection (b)—

22 (A) in paragraph (1)(A), by striking “and
23 (9)” and inserting “, (9), and (10)”;

24 (B) in paragraph (2)(A), by striking “and
25 (9)” and inserting “, (9), and (10)”; and

1 (C) by adding at the end the following new
2 paragraph:

3 “(10) ELIMINATION OF COST-SHARING FOR DI-
4 RECT ACTING ANTIVIRALS FOR THE TREATMENT OF
5 HEPATITIS C.—

6 “(A) IN GENERAL.—For plan years 2028
7 through 2032, subject to subparagraph (B),
8 with respect to a covered part D drug that is
9 a direct acting antiviral for the treatment of
10 hepatitis C—

11 “(i) the deductible under paragraph
12 (1) shall not apply; and

13 “(ii) there shall be no coinsurance or
14 other cost-sharing under this part with re-
15 spect to such drug.

16 “(B) AUTHORITY TO DELAY IMPLEMENTA-
17 TION.—If the Secretary determines that it is
18 not feasible to implement subparagraph (A) for
19 plan year 2028, subparagraph (A) shall be ap-
20 plied by substituting ‘2029’ for ‘2028.’; and

21 (2) in subsection (c), by adding at the end the
22 following new paragraph:

23 “(7) TREATMENT OF COST-SHARING FOR DI-
24 RECT ACTING ANTIVIRALS FOR THE TREATMENT OF

1 HEPATITIS C.—The coverage is provided in accord-
2 ance with subsection (b)(10).”.

3 (b) CONFORMING AMENDMENTS TO COST-SHARING
4 FOR LOW-INCOME INDIVIDUALS.—Section 1860D–14(a)
5 of the Social Security Act (42 U.S.C. 1395w–114(a)) is
6 amended—

7 (1) in paragraph (1)(D), in each of clauses (ii)
8 and (iii), by striking “paragraph (6)” and inserting
9 “paragraphs (6) and (7)”; and

10 (2) by adding at the end the following new
11 paragraph:

12 “(7) NO APPLICATION OF COST-SHARING OR
13 DEDUCTIBLE FOR DIRECT ACTING ANTIVIRALS FOR
14 THE TREATMENT OF HEPATITIS C.—

15 “(A) IN GENERAL.—For plan years 2028
16 through 2032, subject to subparagraph (B),
17 with respect to a covered part D drug that is
18 a direct acting antiviral for the treatment of
19 hepatitis C—

20 “(i) the deductible under section
21 1860D–2(b)(1) shall not apply; and

22 “(ii) there shall be no cost-sharing
23 under this section with respect to such
24 drug.

1 “(B) AUTHORITY TO DELAY IMPLEMENTA-
2 TION.—If the Secretary determines that it is
3 not feasible to implement subparagraph (A) for
4 plan year 2028, subparagraph (A) shall be ap-
5 plied by substituting ‘2029’ for ‘2028’.”.

6 **SEC. 8. OTHER MATTERS.**

7 (a) APPLICATION OF PROVISIONS.—Amounts appro-
8 priated pursuant to this Act and the amendments made
9 by this Act shall be subject to the requirements contained
10 in Public Law 118–47 for funds provided under division
11 D of such Public Law.

12 (b) RULE OF CONSTRUCTION.—Nothing in this Act
13 shall supersede section 416 of the Controlled Substances
14 Act (21 U.S.C. 856).

15 **SEC. 9. RULEMAKING AUTHORITY.**

16 The Secretary may issue regulations to carry out this
17 Act.

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