

June 26, 2024

The Honorable Tammy Baldwin  
Chairwoman  
United States Senate  
Washington, DC 20510

The Honorable Robert Aderholt  
Chairman  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Shelley Moore Capito  
Ranking Member  
United States Senate  
Washington, DC 20510

The Honorable Rosa DeLauro  
Ranking Member  
U.S. House of Representatives  
Washington, DC 20515

Dear Charwoman Baldwin, Ranking Member Moore Capito, Chairman Aderholt, and Ranking Member DeLauro,

On behalf of the undersigned 16 organizations dedicated to improving prevention, care, and treatment for the nearly 100 million Americans affected by liver disease, we extend our gratitude for your leadership and dedication to funding research aimed at enhancing healthcare safety, quality, accessibility, equity, and affordability at the Agency for Healthcare Research and Quality (AHRQ).

The detection, prevention, and research of liver disease demand immediate attention. Metabolic dysfunction-associated liver disease (MASLD), affects between 80 and 100 million Americans, with most remaining undiagnosed. MASLD is present in up to 75% of overweight people and in more than 90% of people with severe obesity. The more metabolic risk factors someone has, such as obesity, diabetes and hypertension, the more risk they also have for developing advanced liver disease. In fact, the top two risk factors for developing MASLD are obesity and type 2 diabetes, and the number one cause of death in those with MASLD, is cardiovascular disease.

MASLD has become the most common form of childhood liver disease in the U.S., more than doubling over the past 20 years, partly because of the increase in childhood obesity. Studies estimate that 5% to 10% of children in the U.S. have MASLD. MASLD also disproportionately affects Hispanic communities, with MASLD prevalence among Hispanic/Latino people reaching 58.3%, compared to 44.6% in White people and 35.1% in Black/African American people. Additionally, Asian American and Pacific Islander (AAPI) communities also face significant liver health disparities, with high prevalence rates of MASLD due to genetic predispositions and metabolic risk factors.

Left untreated, MASLD can progress to its more dangerous and life-threatening form, metabolic dysfunction-associated steatohepatitis (MASH), which includes fibrosis or scarring of the liver that can lead to liver cancer and liver failure. MASH is expected to become the leading cause of all liver transplantations by 2025.

Given these pressing challenges, liver disease warrants focused attention from both the U.S. Congress and Administration. The FY24 Labor-HHS bill included language urging AHRQ to conduct a study on MASLD, assessing its prevalence, diagnosis, and treatment options. These findings will be pivotal in comprehending the impact of liver disease, thereby guiding preventive measures against liver cancer, liver failure, and the need for transplantation.

To combat the escalating public health crisis posed by liver disease, we implore you to augment crucial funding for AHRQ in the Fiscal Year 2025 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bills, aligning with the President's proposed budget of \$387 million for AHRQ. The enacted appropriation for FY24 of \$369 million for AHRQ was a \$5 million decrease from FY23, which hinders AHRQ's ability to address critical healthcare challenges, including liver disease.

Acknowledging that liver disease ranks as the 12th leading cause of death in the United States, it is imperative that AHRQ receives adequate funding. A failure to sufficiently fund AHRQ risks hindering essential research endeavors and exacerbating the burden of liver disease on nearly 100 million Americans. Therefore, we strongly urge you to allocate \$387 million for the Agency for Healthcare Research and Quality in FY2025, representing an \$18 million increase over FY2024.

The signed organizations look forward to working with you and your colleagues this year as you maintain the federal government's commitment to improving and sustaining health and wellbeing in our country. Should you have any questions, please contact Valerie Rinck at American Liver Foundation, [vrinck@liverfoundation.org](mailto:vrinck@liverfoundation.org).

Thank you again for your leadership. We are enthusiastic about the positive changes we can achieve in the lives of those affected by liver disease.

Signed,

American Association for the Study of Liver Diseases (AASLD)  
American Diabetes Association  
American Liver Foundation  
American Society of Transplantation  
American Society of Transplant Surgeons  
BlackDoctor.org  
Hepatitis B Foundation  
Hepatology section of the University of Michigan

Migrant Clinicians Network, Inc.  
NASH kNOWLEDGE  
NASTAD  
National Association of Hispanic Nurses  
National Association of Nurse Practitioners in Women's Health (NPWH)  
Obesity Action Coalition  
Society of Interventional Radiology  
University of Pennsylvania