February 27, 2024

Re: AST Support for Adoption of FY 2024 Appropriations Report Language Addressing Nonalcoholic Fatty Liver Disease

Dear Chair Murray, Ranking Member Collins, Chair Granger, Ranking Member DeLauro, Chair Baldwin, Ranking Member Capito, and Chair Aderholt:

The American Society of Transplantation, which represents more than 5,000 transplant professionals dedicated to advancing the field of transplantation and improving patient care, applauds and is writing in support of language in the FY24 Labor-HHS appropriations bill that directs the Agency for Healthcare Research and Quality to conduct a study to evaluate the prevalence, diagnoses, treatments, and complications associated with nonalcoholic fatty liver disease (NAFLD). AST is pleased by the inclusion of this language in the Senate bill and encourages its eventual adoption in any final package. Findings from the proposed study would lead to recommendations for the Federal government and the liver community to advance the shared goal of improving health outcomes and eliminating inequities for the millions of people affected by this serious condition.
More than 100 million people in the United States are affected by NAFLD and research estimates that NAFLD is present in up to 75 percent of overweight people and more than 90 percent of people with severe obesity. NAFLD has become the most common form of childhood liver disease in the United States, more than doubling over the past 20 years. Each year, thousands of liver patients die waiting for a liver transplant, and as the NAFLD rate continues to grow, we may risk more Americans suffering from liver cancer or liver failure. NAFLD is expected to become the leading cause of liver transplantation in the United States by 2025.

The U.S. does not have a plan to screen, prevent, or treat this disease. With no treatment options currently available for NAFLD, now is a critical time for experts to study this disease, which can produce results that better guide lawmakers with the appropriate policy actions. In the absence of an approved treatment, liver transplant is still the only option for those with severe liver disease. With a shortage of livers available for transplant, we must better understand the scope of the problem so that forward-thinking strategies can be developed to halt NAFLD before it progresses to liver failure.

The AST thanks you for your leadership and would be pleased to offer personal testimonials and additional letters of support from constituents in the liver transplant community. Their voices will amplify the timeliness of this study and the urgency for a nationally coordinated response to NAFLD.

Sincerely,

Josh Levitsky, MD
President
American Society of Transplantation