

MASLD/MASH in the US: A liver disease country profile

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This profile offers an overview of the current US policy landscape for metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH). MASLD is a spectrum of chronic liver disease ranging from simple fat deposits to scarring of the liver (fibrosis), which can result in cirrhosis and liver cancer. The information in this profile was taken from secondary sources and Economist Impact bears sole responsibility for the content.



3 in 10 people (100m adults) in the US are projected to have MASLD by 2030¹

By 2030 an estimated 100m US adults will be living with MASLD, up from 85m in 2016.¹ MASH cases will also increase from 17m in 2016 to 27m in 2030.¹

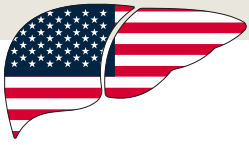
If MASLD prevalence continues to mirror the upward trend of obesity, the ten-year economic impact will be over US\$1 trn, not including treatment costs.² In 2021, the direct healthcare costs associated with MASH were US\$22.51bn.^{3,4} Productivity loss in 2021 was an estimated US\$106.32bn, predicted to rise to 163.12bn by 2030.^{3,4}



MASLD/MASH remains underdiagnosed and misunderstood, through joint efforts, policy makers can take steps to help prevent, diagnose and treat this condition, reducing the extensive health and economic impacts.

Areas of focus for policy makers in the US consist of:

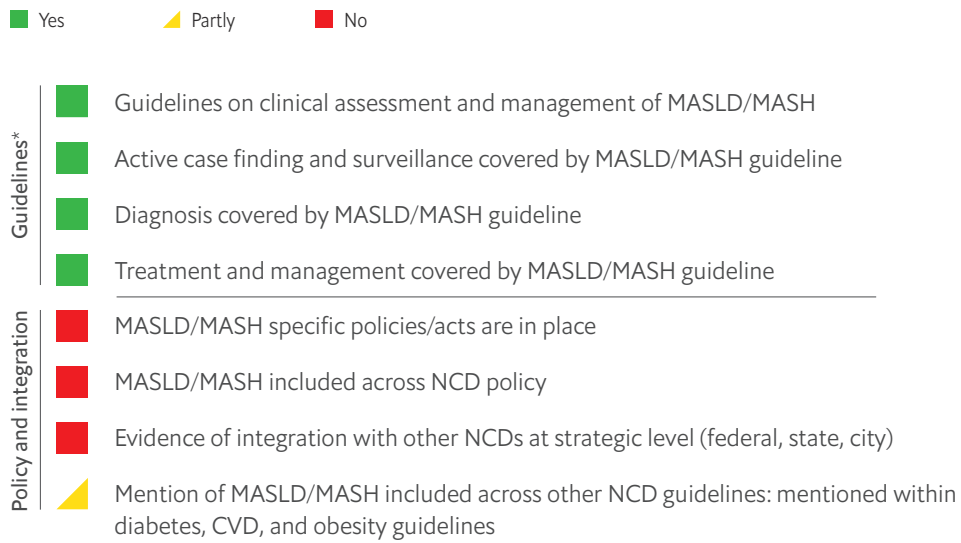
- Improving access to diagnostics;
- Introducing targeted screening for high-risk populations;
- Integrating MASLD/MASH into non-communicable disease (NCD) policy by leveraging common risk factors and raising awareness among the general population, high-risk individuals and health professionals.



Current snapshot

MASLD/MASH guidelines, policy and integration in the United States⁵⁻⁹

Our research across the points below looked at whether policies/guidelines are in place. It is important to note that having policies/guidelines in place does not necessarily lead to their implementation



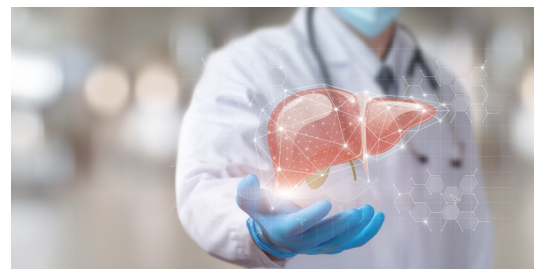
Source: Economist Impact

*Guideline implementation status is unknown

Key policy takeaways and opportunities for MASLD/MASH care and prevention

1. Address structural barriers to improve access to diagnostics. Clinical guidelines seek to optimise MASLD diagnosis and care, yet these are often not translated into practice.¹⁰ This can be due to structural barriers. For example, lack of reimbursement for recommended diagnostic tools limits their use, delays diagnosis and therefore treatment until the more advanced stages of the disease, when healthcare costs are higher and quality of life worsens.¹¹⁻¹³ The State of Illinois has addressed this by requiring Medicaid, private insurance plans and government employee insurance to cover preventive screening for liver disease for high-risk individuals aged 35-64.^{14,15} This provides a model for other states to follow. Patients and professional organisations can support policy change by lobbying state governments

with a clear investment case supported by the clinical and cost benefits of early diagnosis. Senator Bill Cassidy, a former liver doctor, has been a key advocate for liver health, helping to spur a federally funded study to assess the prevalence of MASLD and associated costs and barriers. Such high-level champions, political or otherwise, can support advocacy efforts by increasing visibility of the condition.





2. Introduce targeted screening for high-risk populations. Screening high-risk groups is key to addressing MASLD/MASH underdiagnosis.¹⁶ Early detection enables timely intervention, which improves outcomes and reduces healthcare costs associated with advanced disease.² The American Association for the Study of Liver Disease, the American Gastroenterology Association, and the American Association of Clinical Endocrinology all recommend screening for MASLD with advanced fibrosis.^{5,7,17} However, the US Preventive Services Task Force (USPSTF) has no screening recommendation in place.^{16,18} The USPSTF could consider introducing targeted MASLD screening guidelines for high-risk populations, given the strong evidence of its association with NCDs, such as diabetes, obesity and cardiovascular disease.¹⁸

There is also an opportunity for the Congressional Diabetes Caucus to include MASLD/MASH as a complication of diabetes. Currently, the only chronic conditions listed on the Caucus website are heart disease, stroke, high blood pressure, blindness, kidney disease and nervous system diseases, despite MASLD being known to accelerate the progression of diabetes.^{19,20,21} The Diabetes Caucus could consider incorporating MASLD/MASH into its policy discussions and aligning on policies to increase access to testing among people with diabetes. The American Liver Foundation is currently working to establish a similar caucus for liver disease, aiming to bring increased attention and awareness to research, prevention, diagnosis and treatment of liver diseases and conditions.²² If successful, this could increase the visibility of MASLD/MASH in legislation and help to attract high-level champions to advance legislation.

The New York State Department of Health recognises May as Hepatitis awareness month and has integrated new testing guidelines that correspond with Centers for Disease Control and Prevention (CDC) HCV screening recommendations.^{23,24} Currently, the focus is only viral hepatitis, but MASLD/MASH could be added to raise awareness about liver health more broadly and efforts could encourage screening among high-risk groups.

Early detection of MASLD enables timely intervention, which improves outcomes and reduces healthcare costs associated with advanced disease.²





3. Integrate MASLD/MASH into NCD policy by leveraging common risk factors. The close association between MASLD/MASH and NCDs such as type 2 diabetes, and obesity makes it ripe for integrated policymaking.^{25,26} A 2022 American Heart Association scientific statement recognised MASLD as a commonly overlooked independent risk factor for atherosclerotic cardiovascular disease (CVD) and stated that increased risk of CVD in people living with MASLD is sometimes the result of its association with type 2 diabetes and abdominal adiposity.²⁵ Yet health prevention and promotion interventions across the US fail to recognise MASLD/MASH. Recent examples of MASLD/MASH missing from otherwise broad public health strategies have arisen in New York City's HealthyNYC campaign and Boston's Live Long and Live Well Agenda.²⁷⁻³² Professional bodies and patient advocacy groups can plan advocacy activities to coincide with review and renewal of such city- and state-level strategies. Integrating MASLD/MASH into NCD policy promotes a comprehensive interconnected approach, increasing visibility in line with the field's action priorities to turn the tide on steatotic liver disease. This also creates efficiencies at a clinical and policy level.³³ Additionally, the World Health Organization (WHO) has introduced Best Buys, policy interventions which target the key risk factors for NCDs such as physical inactivity, unhealthy diet, alcohol and tobacco use. Addressing these risk factors early plays an important role in preventing NCDs, including MASLD/MASH.³⁴⁻³⁶

4. Build on momentum created by recent Federal Government recognition of MASLD/MASH as a significant public health issue.

MASLD/MASH was included in the 2024 Senate Appropriations Bill, which allocates federal funds to priority areas.³⁷ The bill seeks to enable funding of the first national study to evaluate the prevalence, diagnosis, treatment and complications of MASLD/MASH, providing an evidence base for policy and clinical practice.³⁸ The bill also highlights the need to assess disease cost holistically, including direct and indirect costs to patients, their families and government programmes, plus the cost of inaction if undiagnosed MASLD progresses to MASH.³⁹ The inclusion of MASLD/MASH in the bill signifies it as a federal priority, presenting an opportunity to further elevate its profile. Professional societies could use this prioritisation to advocate for other relevant legislative proposals—such as the Treat and Reduce Obesity Act of 2019, the MASH Care Act of 2020 and the Medical Nutrition Equity Act of 2021—to become law.^{6,40,41}

5. Increase awareness of MASLD/MASH among the general population and healthcare professionals

a. Among the general population and high-risk individuals: The impact of various awareness-raising activities (videos on YouTube, webinars, PDFs and brochures) and patient-friendly guidelines is unclear.⁴² Disease awareness remains persistently low, with less than 5% of people with MASLD aware of the condition prior to diagnosis.⁷ The MASH Cities initiative, hosted by the CUNY Graduate School of Public Health and Health Policy (which also supported this policy brief), assesses awareness among the general population and people living with diabetes in US cities.⁴³

MASLD/MASH groups could follow a similar approach to other NCDs by using social media or creating viral challenges to raise public awareness. The Ice Bucket Challenge in 2014 saw 17m individuals from all over the globe take part to raise awareness of amyotrophic lateral sclerosis (ALS).⁴⁴ The



US National Institutes of Health has since risen, from US\$49m a year in 2015 to a projected US\$220m in 2024.^{45,46} The initiative also raised US\$115m for ALS research and care.⁴⁴ Patient advocacy groups could devise similar viral challenges on social media to increase visibility.

The CDC could also play a leading role in raising awareness, as it has done for pre-diabetes and many other therapeutic areas.⁴⁷ A CDC campaign has helped drive an increase in the numbers of people recognising the term pre-diabetes from around 50% to 68% (and 80% among Spanish speakers) since its launch in 2016.⁴⁷ Over 7m people have visited the Do I Have Prediabetes? website and over 2m have completed an online risk test.⁴⁷ A similar campaign could educate people about how to prevent MASLD/MASH and inform them of available services. To add, World Liver Day, launched by the Healthy Livers, Healthy Lives coalition, is observed annually on April 19th and could be used by liver societies or broader public health organisations in the country to raise awareness about MASLD/MASH.^{33,48}



b. Among healthcare professionals outside of liver specialists: Primary care physicians are often the first point of contact for patients who are at risk of (or are undiagnosed with) MASLD/MASH, including people living with obesity, type 2 diabetes and metabolic syndrome. However, awareness remains low among healthcare providers, which can delay diagnosis, increasing health costs and worsening patient quality of life.^{11,12,49} The impact of MASLD on people with type 2 diabetes in the US could lead to an estimated cost of US\$55.8bn over 20 years, with 65,000 liver transplants, 1.4m cardiovascular-related deaths and 812,000 liver-related deaths.^{49,50} Partnering with groups working in NCDs/primary care would enable professional MASLD/MASH societies to raise awareness through continuing medical education, including workshops, training sessions, online forums and interactive platforms. An example of this is the World Obesity Federation's SCOPE module, which focuses on MASLD/MASH and its relationship with obesity.⁵¹ The course aims to improve healthcare professionals' understanding of MASLD/MASH epidemiology, diagnostic challenges, care pathways, and the relationship with other chronic conditions.^{51,52} Improving MASLD/MASH awareness among healthcare professionals should improve early detection and outcomes.⁴⁹

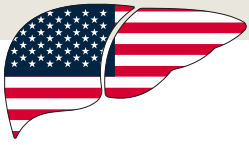
Summary of key policy takeaways and opportunities for MASLD/MASH care and prevention in the United States

1. Address structural barriers to improve access to diagnostics.
2. Introduce targeted screening for high-risk populations.
3. Integrate MASLD/MASH into NCD policy by leveraging common risk factors.
4. Build on momentum created by recent federal government recognition of MASLD/MASH as a significant public health issue.
5. Increase awareness of MASLD/MASH among the general population, people living with diabetes type 2 and healthcare professionals.



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