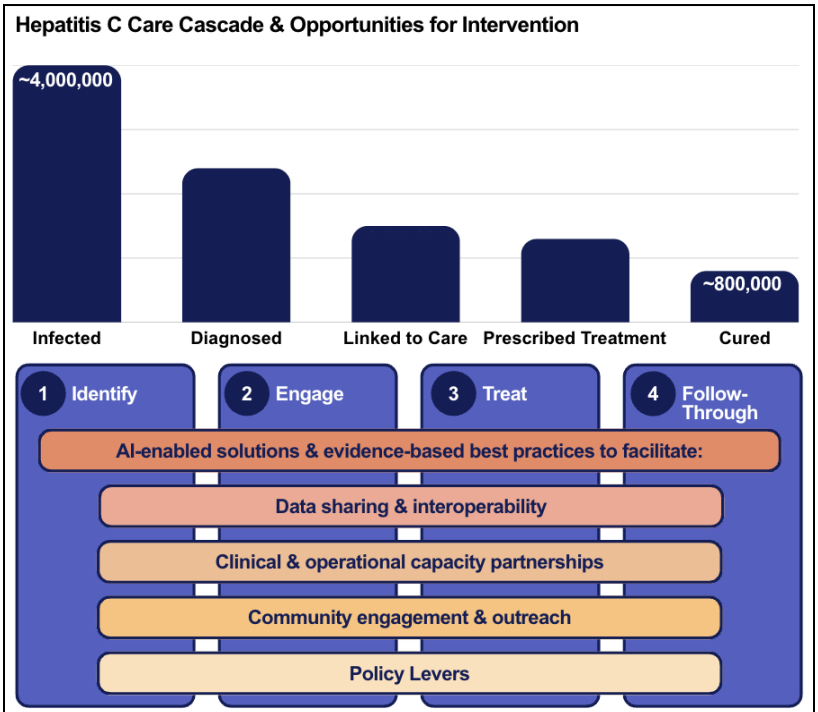
Breakthroughs to Follow-Through | Wave 2 Call for Proposals

About this opportunity

The Common Health Coalition's $100 million Breakthroughs to Follow-Through (B2F) initiative, supported by the OpenAI Foundation, helps states and local jurisdictions accelerate existing progress on closing the discovery-to-delivery gap, beginning with hepatitis C, and eventually expanding to tackle other illnesses, like HIV, cervical cancer, and other pressing health challenges.

B2F grants provide flexible funding to deploy cross-sector strategies to achieve the initiative's core deliverable: **at least doubling annual hepatitis C cure rates within 24 months**. Awards are expected to range between $5-10 million over the course of two years, taking into account the size of each jurisdiction's total population. We also provide support to grantees through a National Program Office, a Hepatitis C Center of Excellence led by EqualCure, and other technical assistance partners. Alabama, Illinois, Louisiana, and Massachusetts were selected as the initial B2F Wave 1 jurisdictions. Each has committed to a whole-of-state approach (including multi-sector state government entities, academic and non-governmental partners, clinical partners, county and city leadership, community-based organizations) to achieve this bold goal.

For Wave 2, at least 4 additional jurisdictions (states, counties, or large cities) will be selected, which we plan to announce this December. The performance period for the grant will span January 2027 – December 2028. The management of this grant is collaborative and hands-on, and reflects the Coalition's steadfast commitment to helping jurisdictions break down barriers standing in the way of people being cured of hepatitis C.



National HCV prevalence is based on an analysis by the Coalition for Applied Modeling for Prevention which estimated approximately 4 million people living with HCV in the United States using the latest data available (2017–2020 NHANES data). Estimates of the proportion diagnosed and subsequent stages of the HCV care cascade are informed by this prevalence estimate and additional published literature on the proportion of people with HCV who have documented proof of cure (MMWR 2023).

The Problem

Despite highly effective direct-acting antivirals (DAAs) that can cure over 95% of patients in 8 -12 weeks, millions of Americans living with hepatitis C remain untreated. The **Care Cascade** defines the key stages of the patient journey. Patients can fall through the cracks at every stage of this cascade and we aim to see proposed solutions that will support multiple stages of the cascade to double cure rates, including data sharing, increasing clinical capacity and community outreach, and deploying AI-enabled tools.

Application Process

Applications for Wave 2 follow a two-stage process:

1. **Stage 1 (Initial Proposal):** Submit a concise 3 page proposal outlining your proposed strategy, key cross-sector partners, and baseline data across the care cascade. This is due **October 22, 2026 at 11:59 PM Eastern Time.**

2. **Stage 2 (Detailed Implementation Plan & Budget):** Finalists will be invited by the end of October to submit a more detailed implementation plan and budget. This second submission is due **November 16, 2026 at 11:59 PM Eastern Time** and the cohort of awardees will be announced in December.

Submission Guidelines and Expectations

Please submit your Stage 1 proposal as a PDF document, keeping it brief – no more than 3 pages, typed. Most critically, we want to see a clear understanding of the existing challenges across the care cascade in your jurisdiction, and a concise focus on execution and your jurisdiction's theory of change, i.e. how your strategies will lead to a doubling in the annual cure rate.

Please apply as a *jurisdiction* – including core partners who will be involved in this work – versus as a public health department or health care system alone, as achieving this bold goal will depend on collaboration among health departments, Medicaid, corrections, clinical partners, and opioid treatment programs, among others.

One lead ("accountable") entity must apply on behalf of the core partners. In the proposal, please include evidence for robust partnerships spanning government agencies, clinical delivery partners, and community organizations. In addition to working across a range of critical partners, applicants must also commit to deploying at least one generative/frontier AI-enabled solution through a nonprofit implementation partner within the 24-month project timeline (January 2027 - December 2028).

Reviewers will weigh a number of factors when evaluating submissions, including a clear and detailed path to doubling hepatitis C cure rates within 24 months, cross-system leadership and commitment to participation, and data readiness across partners. Please specifically name identified gaps along the care cascade, opportunities to address them, and the technical assistance you anticipate needing from the B2F National Program Office.

Key Elements to Include:

- **Baseline Estimate & Methodology:** Use the care cascade worksheet below to estimate your baseline cure rate (i.e., 2025 baseline), explaining the methodology used to calculate it, the data sources relied upon, and any data gaps or areas where your jurisdiction would need technical assistance. Please also note whether negative HCV RNA results are reportable in your jurisdiction; if they are not, describe how you would confirm cures.
- **Acceleration of Existing Efforts:** Describe what work is already in progress in your jurisdiction and precisely how B2F funding will accelerate, scale, or unlock progress that would not happen otherwise.
- **Use of Funds:** What specific interventions will drive your additional cures? Examples can include connecting Medicaid claims data to public health registries, implementing electronic case and lab reporting, establishing screening and treatment workflows in correctional facilities and opioid treatment programs, deploying peer navigators, or others. Each proposed intervention must have a clear strategy for increasing cures - for example, surveillance or screening efforts must be linked with a plan for treatment and cure.
- **Leadership and Execution:** Which organization is the "accountable entity" for delivering on the bold goal of doubling cure rates, who will lead the day to day operations across partners, and do you have the most senior-level government official support for this project?
- **Other Funding and Sustainability:** What, if any, existing or incoming funding could B2F build on or catalyze to ensure success and sustainability (for example: Rural Health Transformation Program, Public Health Infrastructure Grants, data modernization funds, Substance Abuse and Mental Health Services Administration Hepatitis C Virus awards)? Matching or complementary funding is not required, but will be considered a strength, particularly where it extends the reach of proposed investments.

- **Partnerships:** Demonstrate robust cross-sector collaboration by completing the partner table below, ensuring engagement across government agencies, clinical partners, and community organizations. This table does not count toward your page limit.

Partner	Leader (name, title, organization)	Organization's Role in the proposal	Confirmed as committed? (Yes / In progress / No)
Governor's, mayor's or county executive's office			
Medicaid			
Corrections			
Public health			
Clinical partner(s)			
State or Local Behavioral Health / Mental Health Agency			
Healthcare association partners, including hospital associations, primary care associations, etc			
Opioid Treatment Programs/Substance Use Disorder programs			
Other community-based or nonprofit partners			

The Care Cascade: Setting Your Baseline and Doubling Target

Initiative Goal: The goal of B2F is to double your jurisdiction's annual hepatitis C cure rate relative to its 2025 baseline. Annual cure rate is defined as the number of people achieving a documented cure (SVR4) during a 12-month period, divided by the estimated number of people living with hepatitis C in the jurisdiction.

Using 2025 data, please provide the following in the blank spaces of the care cascade, as defined in the table on the next page. This table serves two purposes: (1) to help us understand the available data sources and where gaps remain, and (2) to establish your 2025 baseline across the HCV care cascade. Most importantly, please provide 2025 treatment and/or cure data if available. Gaps in the data are not disqualifying; however, where gaps exist, addressing them should be a focus of the jurisdiction's proposal. The table does not count toward your page limit. If you need help estimating your baseline, contact the B2F team at B2F@commonhealthcoalition.org and we can provide preliminary estimates and help identify proxy data sources.

Care Cascade Stage	B2F Definition	2025 Data Source(s)	2025 Baseline Data, if available	**If unavailable:** Share any available proxy data sources and actual or estimated 2025 figures, where possible.	Notes about priority settings e.g. corrections, FQHCs
Infected: People living with HCV	Estimated number of people living with HCV in the jurisdiction, including diagnosed and undiagnosed individuals				
Diagnosed: RNA-confirmed infections	Number of individuals with a positive HCV RNA test confirming current HCV infection				
Linked to HCV care	Number of individuals with current HCV infection who had an HCV-related outpatient or telehealth visit, or other documented connection to a provider able to evaluate and treat HCV				
Started treatment	Number of individuals who initiated direct-acting antiviral (DAA) treatment during 2025, based on a documented prescription fill/dispense or other reliable evidence of treatment initiation				
Confirmed cures: SVR4	Number of individuals with documented undetectable HCV RNA at least 4 weeks after completion of DAA treatment				
B2F annual cure target	If possible based on the information above, provide your target annual number of confirmed cures needed to achieve a doubling of your 2025 annual cure rate.				

How to Submit

Please submit your completed 3 page Stage 1 proposal via email to **B2F@commonhealthcoalition.org** by **11:59 PM Eastern Time** on **October 22, 2026**. For questions or technical assistance regarding the application process, please reach out to the National Program Office at the email address above.

Frequently Asked Questions

1. **What is the approximate amount of awards, and how many jurisdictions are estimated to be awarded?**
    - Awards are expected to range between $5-10 million total over two years, taking into account the size of each jurisdiction's total population.
    - At least 4 additional jurisdictions (states, counties, or large cities) will be selected.

2. **What is the role of the OpenAI Foundation and OpenAI the company?**
    - Breakthroughs to Follow-Through is funded by the OpenAI Foundation's AI for Civil Society and Philanthropy Division.
    - The Foundation is a separate nonprofit from OpenAI the company, and there's a clear line between them.
    - The Foundation's funds can't be used to sell or market OpenAI's products, and B2F grants are model- and tool-agnostic.

3. **How is "cure rate" defined, precisely?**
    - The goal of B2F is to double the annual hepatitis C cure rate relative to a jurisdiction's 2025 baseline. Annual cure rate is defined as the number of people achieving a documented cure (SVR4) during a 12-month period, divided by the estimated number of people living with hepatitis C in the jurisdiction.

4. **How will funding be disbursed (upfront, in tranches, tied to milestones)?**
    - 50% of the funding will be released when the implementation plan has been approved and the agreement executed.
    - 40% is released at the end of the first year when process milestones are met and the second year plan is re-approved.
    - The final 10% is released when the initiative's goal is achieved.

5. **Should the initial proposal include a budget?**
    - No, a budget is not needed at this time. A budget will be submitted as part of implementation materials should you be selected to advance in the application process.
    - Awards are expected to range from $5-10 million total over two years, taking into account the size of each jurisdiction's total population.

6. **What costs are allowable and unallowable?**
    - B2F funds are intended to support the costs of infrastructure that is needed to get people to cure, including workforce, care coordination, community-based engagement, data sharing, testing infrastructure, generative AI solutions, and other innovations. However, medication costs are unallowable. This includes direct-acting antiviral (DAA) medications. Applicants should rely on existing coverage, patient assistance programs, and other sources for these costs..

7. **What indirect costs are permitted?**
    - The Common Health Coalition requires all grantees and subgrantees receiving funding through the Breakthroughs to Follow-Through (B2F) initiative to apply an indirect cost rate of no more than 10% to B2F-funded activities.
    - This policy is intended to maximize the share of B2F funding directed toward program implementation and achievement of the initiative's goals. Organizations may apply their standard indirect cost rate if it is less than 10%; however, indirect costs charged to B2F funds may not exceed 10%.

8. **What counts as a generative AI solution?**
    - Generative AI refers to tools powered by large language models or other foundation models that can generate, synthesize, reason over, or interact with information, rather than traditional machine learning or predictive analytics alone. This could include tools that help identify and engage people who have fallen out of care, support patient navigation and scheduling, or assist care teams with tasks such as reviewing records or coordinating care. Registries and dashboard tools are valuable, but do not meet the AI requirement on their own.
    - You do not need to have a specific AI tool selected when you apply. In your application, tell us where you see an opportunity for AI to help address a challenge in your care cascade and, if applicable, any tools or partners you are already considering. The B2F team will work with selected states to identify and plan an appropriate solution in Q1, with deployment targeted to begin in Q2.
    - For more, please read the Coalition's Principles for Responsible AI Use.