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February 27, 2017

The Honorable Tom Price, MD

Secretary

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, DC 20201

Dear Secretary Price:

Congratulations on your confirmation to serve as the 23<sup>rd</sup> Secretary of the Department of Health and Human Services (DHHS). I write on behalf of the HIV Medicine Association (HIVMA), an organization of more than 5,000 medical care providers and researchers who have been on the front lines of the HIV epidemic since the early 1980s.

HIVMA's mission is to promote quality HIV prevention and patient care by advocating for health policies and supporting programs that ensure a science-based response with the goal of ending the HIV pandemic. We are part of the Infectious Diseases Society of America (IDSA), which represents more than 10,000 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education, and research in infectious diseases.

We are proud of what America has accomplished, in a bipartisan manner, to address the domestic and global HIV epidemic over the last 30 years. Irrespective of the party in power, progress has been made, including enacting the Ryan White Care Act in 1990 with four subsequent reauthorizations and launching PEPFAR in 2003 with renewals in 2008 and 2013. It is critical that we not abandon these highly effective efforts if we are to end AIDS as a global public health threat. As a physician who has worked in a safety-net hospital, we know that you have seen first hand how important the health care programs administered and supported by DHHS and its agencies are to people with HIV and many other low income and medically vulnerable patients. **HIVMA leaders would appreciate the opportunity to meet with you or your staff to discuss these issues and others important to HIV medical providers and their patients. If not sooner, we will be in Washington, DC on June 5<sup>th</sup> and 6<sup>th</sup> and could meet at your convenience.**

## **Implementation of the National HIV/AIDS Strategy**

The National HIV/AIDS Strategy (NHAS) has provided a roadmap to coordinate and target our response to the HIV epidemic in the US. We strongly encourage DHHS to continue to play a leadership role in implementing the NHAS to keep us on a track to end the HIV epidemic. These efforts include reducing new infections, increasing and maintaining access to care, improving health outcomes for people living with HIV, and addressing HIV-related disparities and health inequities. While people with HIV are now living longer due to improved access to care and antiretroviral therapy, nearly 40,000 persons are diagnosed with HIV annually in the US. Consequently, the number of people living with HIV and in need of HIV treatment grows every year. In particular, the South is now the epicenter of HIV in America and calls out for urgent, intensive attention in order to support and treat those living with HIV, to decrease new HIV infections, and to address health disparities.

## **Access to Medical Care and Providers**

We appreciated your commitment during the Health, Education, Labor and Pensions (HELP) Committee confirmation hearing to ensuring that individuals do not fall through the cracks as changes are considered to Medicaid and other programs. HIVMA strongly agrees that maintaining access to care for those who are uninsured is critically important from a public health perspective, especially as it relates to HIV. Research has unequivocally demonstrated that individuals infected with HIV who achieve viral suppression on antiretroviral therapy can stay healthy and reduce their risk of transmitting the virus to near zero. If we want to stop HIV transmission, we must ensure that those infected with HIV have uninterrupted access to care and treatment.

The Medicaid program has long been a critical source of healthcare coverage for patients with HIV and now provides coverage for more than 40% of people with HIV who are in care. We look forward to working with you and others in the Trump administration to appropriately maintain access to affordable health insurance, including Medicaid coverage, for people living with HIV and other low-income individuals with chronic medical conditions.

With uncertainty in the healthcare insurance market, the Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWP) will be more important than ever to sustain our progress in treating and preventing HIV in the US. The RWP has enjoyed overwhelming bipartisan support since August 1990 when Congress enacted it and President Reagan signed it into law.

As you know, this program has been critical for providing comprehensive care to patients with HIV and supporting the positive and stable medical provider-patient relationships essential to effective chronic disease management. Because of their expertise in clinical and chronic disease management, Ryan White-funded clinics serve as Centers of Excellence across the US for patients with HIV regardless of their health insurance status providing care and treatment services to more than 50% of individuals with HIV in care.

### **HIV/Infectious Diseases (ID) Workforce Issues**

Patients managed by experienced HIV medical providers are more likely to receive high quality, cost effective care. The number of patients in need of HIV care has increased, but the number of providers entering the field has not kept pace with the greater demand. High administrative burden, low compensation for cognitive services and significant medical school debt are contributing to fewer physicians specializing in ID/HIV medicine.<sup>i</sup> A study conducted by the Centers for Disease Control and Prevention (CDC) estimates that within the next five years the number of new HIV providers will fall short of the capacity needed for the additional 30,000 patients they estimate will be in need of treatment.<sup>ii</sup> Now is the time to act to avoid a serious setback in our ability to treat HIV by supporting programs and reimbursement strategies that incentivize medical providers to enter the HIV/ID field.

### **HIV Research**

The US has been a leader in HIV research for over three decades. Advances in HIV research have resulted in lifesaving advances in HIV prevention and treatment and have contributed to curative treatments for cancer, hepatitis C (HCV) as well as to the field of vaccine development. Sustained funding for HIV research is needed to continue to develop even more effective and less toxic treatments but also to develop an HIV vaccine and discover a cure. We urge support for increasing all NIH-related funding, including for HIV/AIDS research.

### **Infectious Disease Outbreaks and the Opioid Epidemic**

As HIV/ID physicians and clinicians, we too often witness the intersection of the opioid epidemic and infectious diseases when seeing patients in our HIV clinics and in our hospitals. We are deeply concerned by the CDC estimate that 220 counties in 26 states are vulnerable to HIV and hepatitis C outbreaks due to injection drug use<sup>iii</sup> like the one that occurred in Scott County, Indiana in 2015. In addition to contributing to HIV and HCV outbreaks, in many parts of the country, including Atlanta, we have seen significant increases in hospital admissions due to skin, soft tissue and bloodstream infections. As you know, these preventable infections can lead to life-threatening and treatment-intensive conditions, such as multi-drug resistant infections or endocarditis. As you noted during the HELP Committee hearing, it is vital that substance abuse is treated. We agree and strongly support increased access to substance use and mental health treatment as part of a comprehensive response that in addition to treating addiction employs tools and strategies effective at curbing the spread of infectious diseases.

### **DHHS leadership in Global Health Including the Global HIV Epidemic**

DHHS's Office of Global Affairs plays an important role in coordinating responses to global health threats among HHS agencies and with USAID and other areas within the Department of State including the Office of the Global AIDS Coordinator (OGAC) that should be maintained. Particularly important is the CDC, a major partner in the global HIV response through its leadership in PEPFAR-funded countries managing and delivering life-saving prevention, treatment and care services to millions of men, women and children. CDC's Division of Global HIV and Tuberculosis, CDC staff and partners work on the front lines in more than 50 countries to fight these diseases and ultimately to bring an end to the dual epidemics of HIV and TB worldwide. CDC's Center for Global Health works to help detect outbreaks at their source and helps other countries build capacity to prevent, detect, and respond to their health threats.

We hope to have the opportunity to meet with you to discuss these issues, and we will follow up with your staff regarding your availability. We can be reached through the HIVMA executive director Andrea Weddle at [aweddle@hivma.org](mailto:aweddle@hivma.org) or (703) 299-0915.

Sincerely,



Wendy Armstrong, MD, FIDSA  
Chair, HIVMA Board of Directors

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<sup>i</sup> Bonura, EM, et al. Factors influencing Internal Medicine resident choice of Infectious Disease or other specialties: A national cross-sectional study. *Clin Infect Dis*. 2016 Apr 28.

<sup>ii</sup> Weiser, J. et al. *Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013-2014*. *Clin Infect Dis*. 2016 June 29.

<sup>iii</sup> Van Handel, MM, et al. *County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States*. *J Acquir Immune Defic Syndr*. 2016 Nov 1;73(3):323-331.