



Help End HIV as an Epidemic:

Support H.R. 5806, HIV Epidemic Loan-Repayment Program (HELP) Act

June 2020

At a time when there is the political will to end HIV as an epidemic in the U.S. and we have the tools to accomplish this goal, we face an HIV workforce shortage that has been compounded by the COVID-19 pandemic. [H.R. 5806, the HIV Epidemic Loan-Repayment Program \(HELP\) Act](#), introduced in February 2020 by Rep. John Lewis with Rep. Barbara Lee and Rep. Frederica Wilson as original co-sponsors, would address critical workforce shortage through loan repayment relief for HIV clinicians and dentists.

Remarkable advances in HIV treatment enable people with HIV to live long, healthy lives when diagnosed early and engaged in regular HIV care and treatment.ⁱ ⁱⁱ People living with HIV who have sustained access to care and treatment and maintain suppression of HIV to undetectable levels, stay healthy and do not transmit the virus to sexual partners.ⁱⁱⁱ

Despite these advances, more than 38,000 people are newly diagnosed with HIV each year, and of the 1.1 million people living with HIV in the U.S., [only half are in regular care and benefiting from treatment](#).^{iv} ^v As more people need lifelong HIV care, the number of HIV clinicians entering the field falls well short of demand creating a crisis in access to care. In 2019, the Trump Administration launched the [Ending the HIV Epidemic: A Plan for America initiative \(EHE\)](#) with the goal of reducing new HIV infections by 90% by 2030^{vi} – an ambitious but achievable goal that will not be reached without a robust expert HIV clinical and dental workforce.

Clinical HIV Workforce Shortages Are a Barrier to Ending HIV an Epidemic:

- A key strategy of the EHE is to connect more individuals with care but this is challenging due to a number of factors including a serious shortage of qualified HIV healthcare professionals, as well as dentists.^{vii} ^{viii}
- Nearly 50% of the 48 counties and two metropolitan areas targeted in the EHE and all but one of the seven target states are in the South, where clinical workforce shortages are most acute.^{ix}
- A recent study of the HIV workforce in 14 southern states found that more than 80% of the counties had no experienced HIV clinicians with the disparities being the greatest in rural areas.^x A [study of the infectious diseases workforce](#) found that 80% of counties in the U.S. did not have an infectious diseases specialist.^{xi}

The HELP Act Will Support the Next Generation:

- The HELP Act will support a robust HIV workforce by authorizing a new loan repayment program offering up to \$250,000 over five years in loan repayment to physicians, nurse practitioners, physician assistants and dentists who provide HIV treatment in health professional shortage areas or Ryan White-funded clinical sites.

Threats to the HIV Clinical and Dental Workforce and to Health Outcomes for People Living with HIV:

- People living with HIV cared for by expert HIV clinicians have better outcomes.^{xii} Dental care for people with HIV is a common unmet need, and poor oral health contributes to worse health outcomes.^{xiii}
- Infectious disease specialists represent 60% of the HIV physician workforce and with internists and family medicine physicians provide the bulk of HIV care, with nurse practitioners and physician assistants playing an important and growing role.^{xiv}
- The physician specialties providing HIV care are among the lowest paid at a time when medical students graduate with an average of \$250,000 in cumulative educational debt.^{xv} Too many clinicians cannot afford to pursue careers in infectious diseases/HIV.
- Infectious Diseases fellowship training programs, a critical pipeline for HIV physicians, are not filling their available training slots nationwide with 37% of training slots going unfilled in 2019.^{xvi} ^{xvii}

Contact the HIVMA executive director [Andrea Weddle](mailto:aweddle@hivma.org) at aweddle@hivma.org or senior policy & advocacy manager [José Rodriguez](mailto:jrodriguez@hivma.org) at jrodriguez@hivma.org with questions regarding the “HELP Act.”

-
- ⁱSamji H, Cescon A, Hogg RS, Modur SP, Althoff KN, et al. (2013) Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada. *PLoS ONE* 8(12): e81355.
- ⁱⁱ Marcus JL, Chao CR, Leyden WA, et al. Narrowing the Gap in Life Expectancy Between HIV-Infected and HIV-Uninfected Individuals with Access to Care. *J Acquir Immune Defic Syndr*. 2016 Sep 1;73(1):39-46.
- ⁱⁱⁱ RW Eisinger, CW Dieffenbach, AS Fauci. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *Journal of the American Medical Association* DOI: 10.1001/jama.2018.21167 (2019).
- ^{iv} Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019. Available at: <https://www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-preventionprogressreport.pdf>.
- ^v Centers for Disease Control and Prevention. Understanding the HIV Care Continuum. July 2019. Available at: <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>.
- ^{vi} Ending the HIV Epidemic: A Plan for America: <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>
- ^{vii} Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. Ending the HIV Epidemic: A Plan for the United States. *JAMA*. 2019;321(9):844–845. doi: <https://doi.org/10.1001/jama.2019.1343>.
- ^{viii} Weiser J, Beer I, West B, et al. Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013–2014. *Clin Infect Dis*. 2016 Oct 1; 63(7): 966–975. doi: 10.1093/cid/ciw442.
- ^{ix} U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland. Available at: <https://bhwh.hrsa.gov/sites/default/files/bhwh/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf>
- ^x Bono RS, et al. HIV-Experienced Clinician Workforce Capacity: Urban-Rural Disparities in the US South. *Clin Infect Dis*. Mar 25, 2020. doi: 10.1093/cid/ciaa300.
- ^{xi} Walensky RP, et al. Where Is the ID in COVID-19? *Annals of Internal Medicine*. Jun 3, 2020. <https://doi.org/10.7326/M20-2684>.
- ^{xii} Rackal, JM, et al. Provider training and experience for people living with HIV/AIDS. *Cochrane Database Syst Rev*. 2011;15(6):CD003938.
- ^{xiii} U.S. Department of Health and Human Services. Health Resources and Services Administration, HIV/AIDS Bureau. Ryan White HIV/AIDS Program. Oral Health and HIV. Available at: <https://www.hrsa.gov/sites/default/files/publichealth/clinical/oralhealth/hivfactsheet.pdf>.
- ^{xiv} IBID. Weiser, 2016.
- ^{xv} US Department of Education National Center for Education Statistics. Available at: https://nces.ed.gov/programs/digest/d18/tables/dt18_332.45.asp.
- ^{xvi} Bonura E, Lee ES Ramsey K, Armstrong W. Factors Influencing Internal Medicine Resident Choice of Infectious Diseases or Other Specialties: A National Cross-Sectional Study. *Clin Infect Dis*. 2016 Jul 15; 63(2): 155–163. Published online 2016 Apr 28. doi: 10.1093/cid/ciw263CID. 2016:63.
- ^{xvii} IDSA News. ID Fellowship Match Results: Slight Declines from Last Year. Dec. 23, 2019. Available at: <https://www.idsociety.org/idsa-newsletter/december-23-2019/ID-Fellowship-Match-Results-Slight-Declines-from-Last-Year/>.