

June 7, 2021

Rep. Lisa Blunt Rochester (DE-AL)
1724 Longworth House Office Building
Washington, DC 20515

Re: Support for H.R. 2295, the HIV Epidemic Loan-Repayment Program (HELP) Act of 2021

Dear Congresswoman Blunt Rochester:

We, the undersigned organizations, write to express our strong appreciation for your leadership in addressing HIV workforce shortages by introducing H.R. 2295, the HIV Epidemic Loan-Repayment Program (HELP) Act. Our organizations represent HIV clinicians, dentists, clinical pharmacists, social service providers, public health professionals, advocates and people with HIV.

Remarkable advances in HIV treatment enable people to live near-normal lifespans when diagnosed early and provided with regular HIV care and treatment.^{i,ii} With access to HIV treatment and other services, people with HIV can maintain suppression of HIV to undetectable levels, keeping them healthy and stopping transmission 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.,^{iv,v} only 62% of adults with HIV had sustained viral suppression.^{vi} Disparities in HIV care and treatment are greatest among Black and Latinx Americans, who together represent 69% of new HIV diagnoses,^{vii} and in the Southern U.S., which accounts for 51% of new HIV diagnoses.^{viii}

People living with HIV managed by expert HIV clinicians have better outcomes, and yet, as more people need lifelong HIV care, the number of HIV clinicians entering the field falls well short of demand.^{ix,x} The HELP Act would incentivize and support qualified clinicians, clinical pharmacists and dentists to enter the HIV clinical and dental workforce by authorizing a new program that would offer up to \$250,000 in educational loan repayment to physicians, nurse practitioners, physician assistants, clinical pharmacists and dentists in exchange for up to five years of service at Ryan White-funded clinical sites and in health profession shortage areas. At this pivotal time, we have the tools to end HIV as an epidemic in the U.S. and a federal initiative and a plan to do so. The HELP Act is critical to reverse workforce shortages that are particularly acute in the Southern U.S and further exacerbated as a result of the COVID-19 pandemic.^{xi,xii}

Thank you for your steadfast commitment to improving the lives of people with HIV. We offer our strong support for the HELP Act to help ensure the availability of the HIV workforce necessary to eliminate barriers to HIV treatment and oral health care and to end HIV as an epidemic in the U.S.

Respectfully submitted on behalf of the undersigned organizations,¹

Advocates for Youth
African American Health Alliance
AIDS Action Baltimore

AIDS Alliance for Women, Infants, Children,
Youth & Families
AIDS Foundation Chicago
AIDS United

¹ Contact HIVMA Senior Policy & Advocacy Manager José Rodriguez at JRodriguez@hivma.org with questions regarding this organizational endorsement letter.

Alliance for Positive Change
American Academy of HIV Medicine
American Association of Public Health Dentistry
American College of Clinical Pharmacy
American Dental Association
American Institute of Dental Public Health
American Pharmacists Association
American Public Health Association
Aniz, Inc.
APLA Health
Association of Nurses in AIDS Care
AVAC
Bay Area Lawyers for Individual Freedom (BALIF)
Bayard Rustin Liberation Initiative
Bell Primary Care, LLC
Beth Israel Deaconess Medical Center
BiNet USA
Black AIDS Institute
Brigham and Women's Hospital
CAEAR Coalition
CARES of Southwest Michigan
Cascade AIDS Project
Catholics for Choice
Center for Disability Rights
Center for LGBTQ Economic Advancement & Research (CLEAR)
CenterLink: The Community of LGBT Centers
Collaboratory of AIDS Researchers for Eradication (CARE)
CrescentCare
Delaware HIV Consortium
Elizabeth Glaser Pediatric AIDS Foundation
Equality California
Fast-Track Cities Institute
Food & Friends
Georgia AIDS Coalition
Georgia Equality
Georgians for a Healthy Future
GLMA: Health Professionals Advancing LGBTQ Equality
Grady Health System
HealthHIV
Hispanic Dental Association
Hispanic Health Network

HIV Dental Alliance
HIV Medicine Association
HIV+Hepatitis Policy Institute
Hope House of St. Croix Valley
Howard Brown Health
Human Rights Campaign
Infectious Diseases Society of America
International Association of Providers of AIDS Care
Johns Hopkins AIDS Service
John Snow, Inc. (JSI)
Latino Commission on AIDS
Los Angeles LGBT Center
Mazzoni Center
MPact: Global Action for Gay Health & Rights
Music City PrEP Clinic
NASTAD
National Black Gay Men's Advocacy Coalition
National Center for Transgender Equality
National Coalition of STD Directors
National Dental Association
National Equality Action Team (NEAT)
National Working Positive Coalition
NMAC
North Carolina AIDS Action Network
PFLAG National
Physician Assistant Education Association
Positive Impact Health Centers
Positive Iowans Taking Charge
Positive Women's Network-USA
Rural AIDS Action Network
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Sero Project
SisterLove, Inc.
Society of Infectious Diseases Pharmacists
The AIDS Institute
The Well Project
Treatment Action Group
United States People Living with HIV Caucus
UW Medicine
Valley AIDS Council/Westbrook Clinic
Vivent Health
Whitman-Walker Institute

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- ^{vi} Dawson L, Kates J. Insurance Coverage and Viral Suppression Among People with HIV, 2018. Sep. 24, 2020. Available at: <https://www.kff.org/hiv/aids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/>.
- ^{vii} Kaiser Family Foundation. Black Americans and HIV. Feb. 7, 2020. Available at: <https://www.kff.org/hiv/aids/fact-sheet/black-americans-and-hiv-aids-the-basics/>.
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- ^{ix} Rackal, JM, et al. Provider training and experience for people living with HIV/AIDS. Cochrane Database Syst Rev. 2011;15(6):CD003938.
- ^x 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.
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- ^{xii} 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/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf>