



hiv medicine association

2018 Policy Agenda

Approved: March 6, 2018

Over the last three decades, advances in HIV research have transformed HIV treatment and prevention approaches and interventions. The science is clear that with early and continuous access to care and treatment individuals with HIV can achieve viral suppression, allowing them to live near normal life expectancies. When virally suppressed, an individual not only stays healthy but also his or her risk of transmitting the virus drops to virtually zero. While progress had been made in recent years in reducing new HIV infections, the gains are uneven and too many people with HIV are not benefiting from treatment in the U.S. and around the globe. We now potentially face a major backslide in our successes due to a range of policy actions that threaten access to healthcare coverage, particularly through the Medicaid program, and would weaken the fabric of programs that many people living with HIV count on to meet their basic living needs. Currently in the U.S., 85% of the 1.1 million people living with HIV are diagnosed; just over 60 percent of them are receiving care; 48 percent are retained in care and only 49% are virally suppressed.¹ We can and must do better to ensure that more people living with HIV benefit from HIV treatment to improve their health and quality of life and to control the epidemic.

Advancing the policy agenda summarized below is crucial in order to improve outcomes along the HIV care continuum and to regain momentum towards an AIDS free generation in the U.S. and around the globe. HIVMA's policy positions are available [online](#).

Improving access to HIV-related prevention, care and treatment by:

- Ensuring the availability of comprehensive, affordable, non-discriminatory healthcare coverage for individuals and families throughout the U.S.
- Sustaining the federal commitment and current financing structure for the Medicaid program, including the Medicaid expansion, and preventing the erosion of key Medicaid policies essential to the program's purpose of providing health care coverage to individuals and families, people with disabilities, and seniors who are low income.
- Supporting policies that promote a robust and well-qualified HIV medical workforce and the diversity of providers critical to delivering high quality care including advanced practice providers, including fair and adequate reimbursement for HIV care and allowing Ryan White-funded clinics to be eligible National Health Service Corps sites.
- Significantly increasing access to pre-exposure prophylaxis (PrEP) by addressing access barriers including health care coverage issues and availability for the uninsured; urging the development of a reliable national indicator for monitoring PrEP access; and engaging the public health, primary care and women's health provider communities in efforts to expand PrEP access.
- Urging robust federal funding for HIV care and treatment, research and prevention, including for global health programs with a focus on PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Continuing the Ryan White Program as a public health program essential to ending the HIV epidemic.

¹ Centers for Disease Control and Prevention. Understanding the HIV Care Continuum. July 2017. Online at: <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>.

- Expanding comprehensive prevention and treatment programs to address the opioid crisis by recognizing addiction as a medical condition and disease, reducing injection drug use-related infectious disease transmissions and improving outcomes for patients with HIV with co-occurring substance abuse issues.
- Enhancing the response to the rise in sexually transmitted infections as a public health emergency.
- Ensure robust federal funding for HIV/AIDS research through the National Institutes of Health and other agencies, advocate for sound research policies that are inclusive of key populations affected by HIV, and continue building researcher capacity particularly among minority populations.
- Advancing policy solutions that address access and drug pricing challenges for HIV medications and other communicable infections, other higher prescription drugs and medications with little or no competition.
- Sustaining the ability of eligible safety-net clinics and hospitals to use the 340B Program to provide comprehensive services, including prevention and treatment for HIV and other communicable diseases, to low-income, uninsured and underinsured patients in their communities.
- Opposing efforts to restrict federal funding for programs in the U.S. or abroad based on their delivery of women's health services, including abortion services.
- Advocating a balanced approach to federal deficit reduction that includes revenue and does not disproportionately harm non-defense discretionary programs, including HIV, health and public health programs research.

Improving the response to the HIV pandemic and reduce HIV-related disparities, stigma and discrimination by advancing evidence-based public health and prevention policies through:

- Supporting a comprehensive response to the opioid epidemic informed by harm reduction strategies that includes the use of federal and state funding to increase availability of syringe access programs and safe consumption sites as a gateway to substance use treatment and health care services.
- Ending discrimination in healthcare or other settings and persecution and criminalization related to HIV status, sexual orientation or gender identity in the U.S. and abroad.
- Supporting comprehensive, evidence-based sexual health education and access to women's preventive health care services, including pregnancy prevention.
- Ensuring affordable housing is available to low-income individuals as a public health intervention to prevent HIV and improve treatment outcomes for people with HIV and others at risk or living with chronic conditions.
- Advancing efforts to address the social determinants of health such as poverty, inadequate education and civil rights issues, which contribute to HIV-related health disparities.
- Supporting non-discriminatory immigration and travel laws and rules to enter and reside in the U.S.
- Advocating for updating the blood donor screening criteria to be based on behavioral risk factors for all donors rather than excluding donors based on sexual identify.