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hiv medicine association

Ryan White Medical Providers Coalition

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Admiral Brett P. Giroir, MD
Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 715-G
Washington, DC 20201

Tammy R. Beckham, DVM, PhD
Director, Office of HIV/AIDS & Infectious Disease Policy
U.S. Department of Health and Human Services
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Dear Adm. Giroir and Dr. Beckham,

On behalf of the HIV Medicine Association (HIVMA) and its Ryan White Medical Providers Coalition (RWMPC), thank you for the opportunity to provide input toward updating the National HIV/AIDS Strategy (NHAS). HIVMA and RWMPC represent nearly 6,000 healthcare providers and researchers who work to treat people living with HIV, prevent new infections, and ultimately end the HIV epidemic, many of whom have been leaders on the frontlines of this work for decades. Healthcare provider input is critical to developing a strategy that reflects the prevention, care, support services and research needs in different communities across the country and to ensuring the Strategy is a practical, but ambitious roadmap to ending the HIV epidemic.

The NHAS has served as a critical roadmap for strengthening our nation's response to the HIV epidemic, and a strong commitment to ensuring the NHAS' continued relevance as an evidence-based and outcomes-oriented guide is important to not lose ground and to achieve the administration's proposal to end the HIV epidemic. Over the last decade, by engaging all stakeholders in the HIV community, including people living with HIV, healthcare providers, health departments, community-based organizations, and researchers, the NHAS has shaped our nation's response in positive ways that have contributed to improving the efficiency and effectiveness of resource distribution and service delivery, but our progress has not been evenly distributed among populations or geographic areas. The HIV epidemic has evolved since the NHAS was last updated in 2015 and an ambitious and more granular discussion about the current and future needs is timely and warranted.

While we have no significant recommendations related to changing the structure of the NHAS, including the overall goals and indicators, we offer the following general recommendations for inclusion and integration throughout the NHAS. The goals and indicators should reflect these critical notes, which reflect the progress made since 2015 and the challenges that persist. The administration's newly announced "Ending the HIV Epidemic" ten-year plan aims to drastically reduce new infections by engaging and retaining many more people with HIV in care and by dramatically scaling up access to pre-exposure prophylaxis (PrEP). These vital efforts call for the goals, indicators, and actions outlined in the updated NHAS to reflect the disparities that must be overcome to achieve these new targets. HIVMA and RWMPC also endorse the recommendations in "Ending the HIV Epidemic in the United States: A Roadmap for Federal Action" published by the Act Now End AIDS coalition in December 2018.

Recommendation 1: Guarantee a robust and qualified HIV healthcare workforce.

The Centers for Disease Control and Prevention predicted a significant shortfall in HIV medical workforce capacity as early as this year. With the demand for quality HIV care increasing due to the welcomed fact that people with HIV are living longer, increases in the number people who are aware of their status and improved access to healthcare coverage particularly in Medicaid expansion states, targeted efforts as described below must be made to respond to clinical workforce shortages.

Work with the Centers and Medicare and Medicaid Services to ensure adequate reimbursement for HIV care and other cognitive specialties. Cognitive care specialities such as infectious diseases and HIV medicine, receive among the lowest reimbursements from third-party payers. Enhancing reimbursement through evaluation and management (E/M) codes determined by CMS is necessary to make ID and HIV care a viable option for more physicians and other healthcare providers. Our members report that many younger clinicians are drawn to the complexity of HIV care and the challenge to contribute to ending the HIV epidemic, but when faced with substantial medical education debt, a life-defining decision such as speciality selection and the reality of career-long compensation often unfortunately take precedence.

Designate Ryan White-funded Entities as Sites Eligible for Loan Forgiveness through the National Health Service Corps. Loan forgiveness programs are effective at targeting providers to areas of high unmet medical need. Recent efforts to expand loan forgiveness in mental health and substance use shortage areas to address the ongoing opioid crisis are prime examples, and similar expansions should be made specifically for HIV care providers. Given the effectiveness of Ryan White-funded clinics in providing comprehensive, patient-centered HIV care and achieving optimal health outcomes, they also provide a unique clinical training opportunity.

Increase Grant Opportunities through HRSA, SAMHSA, and other Federal Programs that Support Rural Communities to Support the Expansion of Telehealth Infrastructure to Increase Access to Expert ID, HIV in Rural and Underserved Areas. Telemedicine programs provide important opportunities to leverage existing providers and deploy expertise in areas without experienced HIV providers. Once telehealth programs are established, innovative reimbursement mechanisms including for time devoted to consultation and training are needed to ensure the programs are sustainable.

Expand Support for the Spectrum of Providers Qualified to Provide HIV Care. Advanced practice providers, including physician assistants (PAs) and nurse practitioners (NPs) play an increasingly central role in caring for people living with HIV, especially in Ryan White-funded facilities, and are well-qualified with the appropriate clinical experience to practice to the full extent of their training. We recommend expanding outreach, education and training of PAs and NPs to grow and support this critical segment of the HIV medical workforce. Primary care providers must also be trained to effectively assess sexual risk, engage patients in sexual health conversations, and be comfortable providing PrEP. Patients with HIV and patients accessing prevention services deserve multidisciplinary care teams that meet the full spectrum of their needs.

Recommendation 2: Ensure access to high quality care for both people living with and without HIV.

Stop the Approval of Waivers that Impose Harmful Barriers to Accessing and Keeping Medicaid Coverage. With implementation of the Affordable Care Act, access to health care for people living with HIV and those at higher risk for HIV has been expanded, but too many marginalized populations still lack healthcare coverage and access. Only 37 states and the District of Columbia have expanded Medicaid, and ten of the remaining states without expansion are in the U.S. South, which accounts for more than half of new HIV diagnoses each year. Ending the HIV epidemic, or dramatically reducing infections by 75% in the next five years will not be possible without expanding access to reliable, affordable comprehensive healthcare coverage in these states.

Access to Medicaid must not be contingent on work requirements or other policies counter to the intent of the program.

Do Not Impose Restrictions on Antiretroviral Medications. Policies that restrict immediate access to treatment or impose unnecessary burdens on providers and patients are also limiting our ability to successfully retain people in care and on treatment. Utilization management practices such as burdensome prior authorizations and step therapy hinder those efforts. Insurers must be at the table as the updated NHAS is implemented, and while these restrictions continue, HHS should require unfettered access to the most effective treatments as a necessary step toward ending the HIV epidemic. Efforts to impose utilization management on Medicare Part D's protected classes must be halted and reversed -- prior authorizations must be clinically justified, and not simply a means to control costs.

Evaluate Novel Approaches for Lowering Drug Prices without Compromising Access to HIV Treatment. The costs of prescription drugs for HIV treatment, as well as curative therapies for hepatitis C and sexually transmitted infections especially syphilis remain significant barriers to treatment expansion and contribute to an increasing number of third-party payers applying utilization management to the antiretroviral drug class. Similarly, the cost of most effective third-party laboratory testing technology can also be a barrier to care. In order to keep people living with HIV and people taking PrEP engaged in medical care to stay undetectable or stay HIV-free, innovative approaches to lowering drug costs are needed in addition to a greater commitment to ending the HIV epidemic by manufacturers through lower drug prices.

Recommendation 3: Fully integrate the message of "Undetectable Equals Untransmittable" or U=U.

Since the last update of the NHAS, the science and evidence base supporting HIV treatment as prevention has led to the global support of a message for both people living with HIV and the general public that a person with durably undetectable viral load will not transmit HIV to sexual partners. HIVMA and RWMPC are actively working to increase awareness among providers about the importance of discussing U=U with their patients. With the embrace of this new paradigm, prevention and treatment/care messaging no longer belong separated or siloed.

From a broader public health perspective, the U=U message should be promoted nationwide, and in particular, efforts should be made to increase knowledge of U=U among providers as well as marginalized and stigmatized communities. Federal agencies should undertake additional efforts to better educate and train providers who care for people living with HIV, including HIV specialists, primary care clinicians, women's health providers, physician assistants and nurse practitioners, pharmacists to more effectively engage patients in the necessary conversations about the need to stay engaged in treatment and care, and work toward eliminating stigma about providing this information to patients which anecdotally remains an issue around the country.

Because most new HIV infections are transmitted by people who have been diagnosed but have fallen out of care, efforts to bring them back to medical care must be prioritized, and this should include outreach with U=U messaging. The U=U message can have a transformational effect both on the engagement of persons with HIV in medical care and the quality of their lives. By expanding this message nationwide, stigma and discrimination will be reduced, bringing more people into care, achieving and maintaining viral suppression and halting new HIV infections.

Recommendation 4: Expand access to all evidence-based prevention methods.

Support Full-scale Implementation of Routine HIV Screening. The expansion of all evidence-based prevention services is critical to giving people an awareness as well as the tools to protect themselves as well as to identify new persons with HIV so that they can be linked to care and treatment. While the percentage of people living with HIV who are unaware of their status has dropped to 14 percent since 2006, improvements in routine HIV screening continue to be needed, including in federally supported public health settings, such as community health centers.

Ensure Title X Funded Clinics Can Continue to Offer HIV STI Screening and Other Prevention Services, Including PrEP. Family Planning clinics are an important access point for HIV and STI prevention and screening, including PrEP. Recent regulations placing harmful and unduly burdensome restrictions on the sites eligible for Title X funding will threaten access to HIV prevention for low-income women, women of color and transgender individuals, all of whom remain at high risk for HIV.

Expand Access to PrEP. Until an effective preventive vaccine is developed, PrEP remains our most effective HIV prevention tool. The recent draft A recommendation from the U.S. Preventive Services Task Force is an important step to bringing PrEP to many more people who need it, but attention must be paid when the final recommendation is released and during its implementation to ensure that future effective formulations of PrEP are covered as well as the essential accompanying clinical services such as HIV, STI, and renal function screenings. Until all people have adequate health coverage, whether through private insurance or Medicaid and Medicare, PrEP must also be expanded through targeted public health efforts by scaling up outreach and distribution of PrEP to people at high risk of acquiring HIV. Many cities including New York and Washington DC have begun efforts to effectively bring people at high HIV risk quickly into PrEP care, and their examples should be followed.

Dedicate Increased Resources to Syringe Services Programs. Given the increased proportion of new HIV infections and other infections among people with opioid use disorder, expanded access to syringe services programs is needed to prevent the spread of infectious diseases such as HIV and hepatitis C. In addition, expanding resources to support HIV and HCV screening at syringe service programs is important to promote early detection of HIV and hepatitis C to improve individual health outcomes and public health by preventing transmission within networks of individuals with opioid use disorder.

Do Not Block Jurisdictions from Implementing Safe Consumption Sites. With significant evidence demonstrating the effectiveness of supervised consumption facilities in reducing overdose deaths and improving health outcomes for persons who inject drugs, several jurisdictions have approved safe consumption sites in response to the magnitude of the harmful impacts of the opioid epidemic in their communities. We urge for the administration to allow implementation of these programs to proceed in jurisdictions that have approved then.

Expand Access to Medication Assisted Treatment at Ryan White Clinics and other HIV Care Sites. Many Ryan White-funded clinics continue to report significant challenges providing substance use and other behavioral health treatment to their patients with substance use disorders. We strongly urge increased provider training and enhanced supports to offer MAT in Ryan White-clinics in addition to stronger linkages and partnerships between community health centers, substance use treatment centers and other behavioral health programs, and syringe services programs

Recommendation 5: Systematically and concurrently address other sexually transmitted infections (STIs), viral hepatitis, substance use and the opioid epidemic to improve HIV prevention and care.

Efforts at the federal, state, and local levels to respond to the STI, viral hepatitis, opioid and HIV epidemics cannot remain siloed. At the clinic and patient level, providers are treating and caring for patients, not diseases. Patients, especially those most affected by these conditions, have complex lives and healthcare needs. Their care is often complicated and requires comprehensive approaches that could be better served by integrated and streamlined approaches to funding and service delivery. Just as the HIV prevention and care paradigms have shifted and come together through the biomedical interventions such as U=U and PrEP, the HIV-STI-HCV-substance use paradigms have shifted and come together because of the growing synergies between these intersecting public health epidemics. Jurisdictions such as New York City have been incredibly successful in implementing a status-neutral approach that cares for the person, not viruses or conditions, walking through the door.

Thank you for considering our recommendations, and as this update process continues, we would be pleased to provide more specific recommendations and action items to achieve the ambitious goals necessary to end the HIV epidemic. To discuss any of these recommendations further, or to directly engage with our expert leaders, please contact the HIVMA executive director Andrea Weddle at aweddle@idsociety.org or RWMPC convener Jenny Collier at jcollier@colliercollective.org.

Sincerely,

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