



Ryan White Medical Providers Coalition

September 15, 2021

Harold Phillips
Director, Office of National AIDS Policy
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. Phillips:

We are writing on behalf of the HIV Medicine Association (HIVMA) and its Ryan White Medical Providers Coalition (RWMPC) to [offer recommendations](#) from HIV clinicians and the researchers for consideration as you develop the 2022 National HIV/AIDS Strategy (NHAS) and its accompanying implementation plan. HIVMA represents more than nearly 5,000 physicians and other health care professionals providing HIV prevention and care and conducting research in communities across the country. The RWMPC is a national coalition of medical providers and administrators who work in healthcare clinics supported by the Ryan White HIV/AIDS Program.

The 2022 NHAS update is coming at a critical time as the nation continues to grapple with the COVID-19 pandemic and our concerns about its impact on people living with HIV and populations most vulnerable to HIV grows. We urgently need to double down on our commitment to ending the HIV epidemic in the United States and we need a comprehensive yet nimble roadmap to help us achieve this goal.

The attached recommendations for strengthening the next iteration of our nation's strategy for responding to the HIV epidemic were developed based on input from HIVMA's Board of Directors and its Ryan White Medical Providers Coalition, Ending the HIV Epidemic Working Group, and HIV Workforce Working Group. The recommendations were generated during two virtual forums held in late August to solicit HIVMA member input. Participation in the forums was high despite the competing demands on the time providers have as they lead the response to the fourth surge in COVID-19 cases occurring nationwide.

Please find below selected recommendations identified as high priorities by forum participants because they are foundational to strengthening efforts to end HIV as an epidemic across the country:

- 1 Address the root causes of health inequities and HIV-related disparities, including, structural and systemic racism, discrimination and poor access to education, housing and employment for Black, Indigenous and other People of Color (BIPOC), Latinx and LGBTQI populations in addition to the health and socio-economic disparities experienced by rural populations.
- 2 Reduce the "slippage" between policies and recommendations at the federal level and the state and local level. The federal government should set high minimum standards and ensure their implementation by incentivizing and holding states accountable for performance. However, implementation of these standards cannot put at risk the health of people living with HIV or

destabilize their engagement in HIV care and treatment by instituting of restrictive funding or program requirements.

- 3 Maintain the [policy innovations](#) brought about by the COVID-19 pandemic that have facilitated access to health care services and treatment, e.g., ensuring that telephonic visits remain reimbursable, requiring or incentivizing multi-month medication refills, and streamlining Ryan White AIDS Drug Assistance Program certification and recertification requirements to prevent treatment disruptions.
- 4 Add a fifth foundational, overarching goal to build a robust, diverse and culturally competent HIV workforce that includes increased and more equitable representation of the communities and populations disproportionately impacted by HIV. Achieving the four primary goals articulated in the HIV National Strategic Plan and the Ending the HIV Epidemic initiative will require a diverse and culturally competent HIV public health, clinical and social services workforce that reflects the populations disproportionately affected by HIV. The dramatic impact of the COVID-19 pandemic on the infectious diseases and HIV public and clinical workforce, including administrative staff, makes this even more imperative.
- 5 Develop mechanisms to track and release publicly real-time local surveillance (HIV, sexually transmitted infections and viral hepatitis) and demographic data to improve the ability of programs, providers and public health officials to develop and implement effective programming responsive to their current local epidemic rather than the epidemic of two to three years prior.

Our members are excited to support the development of the 2022 NHAS and its implementation at the state, local and community level. Please do not hesitate to contact the HIVMA Executive Director Andrea Weddle at aweddle@hivma.org or the RWMPC Convener Jenny Collier at jcollier@colliercollective.org with questions regarding our recommendations or if we can help in any way.

Sincerely,

Rajesh T. Gandhi, MD, FIDSA
Chair, HIVMA

Kathleen McManus, MD
Co-chair, RWMPC

Marwan Haddad, MD, MPH
Chair-Elect, HIVMA

Chris Bositis, MD
Co-chair, RWMPC