



April 26, 2021

Rachel L. Levine, MD  
Assistant Secretary for Health  
Office of the Secretary  
U.S. Department of Health and Human Services (HHS)  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Assistant Secretary Levine:

On behalf of the Infectious Diseases Society of America (IDSA) and its affiliated HIV Medicine Association (HIVMA), congratulations on your confirmation as Assistant Secretary for Health. We write to offer our support as you undertake the important work of bringing the COVID-19 pandemic under control while also addressing other pressing public health issues. **We would appreciate the opportunity to meet with you to discuss how we can support HHS efforts to contain the COVID-19 pandemic in addition to advancing efforts to address the enormous public health problems posed by the HIV, sexually transmitted infections (STIs) and viral hepatitis syndemics and by antimicrobial resistance (AMR).**

IDSA is a community of over 12,000 physicians, scientists and other health care and public health professionals who specialize in infectious diseases. Within IDSA, HIVMA represents nearly 5,000 physicians, researchers and other health care professionals who work on the front lines of the HIV epidemic in communities across the country.

Our members have been leading the response to the COVID-19 pandemic within their institutions and in their communities. To support frontline clinicians, IDSA developed and continually updates COVID-19 guidelines and other resources to keep them informed of the latest approaches to infection prevention, diagnostic testing and clinical care while also maintaining a curated repository of the latest information through the [COVID-19 Real-Time Learning Network](#) in partnership with the Centers for Disease Control and Prevention.

In addition to their work responding to the COVID-19 pandemic, our members also continue to manage infection prevention and care of patients with HIV, STIs and viral hepatitis and to lead antimicrobial stewardship programs. We appreciate your leadership role in responding to the COVID-19 pandemic while also overseeing the HHS response to these ongoing public health threats and share topline recommendations for strengthening the response to each below.

### **HIV/STI/Viral Hepatitis Syndemics**

As a result of public health mitigation strategies critical to slow the spread of SARS-CoV-2 and the pandemic's economic impacts on people with and at risk for HIV, the recent gains made in reducing the impact of the HIV epidemic in the U.S. are at serious risk. Because the HIV, STI and viral hepatitis epidemics are intertwined, they cannot be addressed separately, and we appreciate that HHS

recognized this concern in the draft action plans developed for all three. Our recommendations that follow reflect feedback submitted regarding the draft plans released for public comment.

### **Ending HIV as an Epidemic in the U.S.**

The **HIV National Strategic Plan (HNSP)** outlines a critical and necessary roadmap for responding to the HIV epidemic throughout the country. The HNSP released for public comment was comprehensive in scope but lacked details for key components of an effective plan. Greater attention is needed to address HIV clinical workforce issues given the significant strain that the pandemic has placed on clinicians as they balance their role as HIV prevention and care providers with helping to lead their local COVID-19 responses. This additional stress is compounding the workforce shortage already acute in some areas, as evidenced by a study of 14 southern states [published last year](#) that found more than 80% of counties had no experienced HIV clinicians.

To address workforce shortages, we urge support for loan repayment for HIV clinicians such as would be available under the HIV Epidemic Loan-Repayment Program (HELP) Act (H.R. 2295), adequate reimbursement for cognitive services, support for a Health Resources and Services Administration-administered Residency Training in HIV Care Program and expanded outreach to advanced practice providers.

The **Ending the HIV Epidemic Initiative (EHE)** is of even greater importance now that HIV prevention and care services have experienced serious disruptions because of COVID-19. The impact of these disruptions is likely even greater in the communities that were already struggling to control their local epidemics, and it will be even more important now to commit the necessary resources to prevent increases in cases and worsening health outcomes in these jurisdictions due to the pandemic. Another significant threat to EHE are local policies that severely limit syringe services programs and are not evidence-based: 9% of new HIV cases occur among people who inject drugs, and HIV outbreaks have developed in both rural and urban areas across the U.S. in the last several years. We were pleased to see an increased commitment of resources for the EHE included in the President's Fiscal Year 2022 Discretionary Funding Request.

A number of **innovative policy, prevention and care delivery measures** implemented in response to the COVID-19 public health crisis have been critical to maintaining access to prevention and care services. These innovations in care delivery have benefitted patients and will be important to evaluate, carry forward and even expand as we identify new strategies to reduce health inequities and improve health outcomes. The IDSA and HIVMA policy paper "[Innovations in HIV Care Delivery During the COVID-19 Pandemic: Policies to Strengthen the Ending the Epidemic Initiative](#)" provides details on these policies, which also have been summarized in [this brief](#).

### **STI National Strategic Plan**

A strong, coordinated federal plan is urgently needed to reverse the six-year trend in skyrocketing STI rates, now at an all-time high. We commended the release of the inaugural STI plan but noted that the plan lacked important details on the financial and workforce resources necessary to meet the plan's goals.

We also urge that the STI implementation plan support more timely and enhanced surveillance, new and affordable STI treatment options and address shortages of tests and testing supplies, in addition to cost and regulatory barriers to home-based STI testing.

### **Viral Hepatitis Strategic Plan 2021-2025: A Roadmap to Elimination**

The update to the viral hepatitis strategic plan took an important step forward by setting a new goal of working toward elimination. We highlight the need for specific strategies for reducing barriers to viral hepatitis care and treatment and for a new federal discretionary program to support care and treatment for individuals with substance use disorders without other sources of care. In addition, incentives are needed for integrating viral hepatitis and substance use treatment programs and the “subscription” payment model should be evaluated to expand access to hepatitis C treatment within federal programs. In addition, greater attention should be given to hepatitis B.

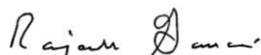
### **Antimicrobial Resistance**

#### **Presidential Advisory Council on Combating Antibiotic Resistant Bacteria (PACCARB)**

PACCARB provides important expertise to policymakers on areas including antimicrobial stewardship, antibiotic innovation, surveillance, prevention, research and related workforce needs. PACCARB has issued recommendations on issues including increased investments to support a coordinated federal response to AMR and incentives to spur novel antibiotic development. We greatly appreciate your leadership as Physician General in Pennsylvania in educating prescribers and the public about appropriate antibiotic use and promoting stewardship, surveillance and prevention. We are concerned that high levels of antibiotic use during the current pandemic, particularly in the early months, may have created new resistance threats that have not yet been detected. Additional resources and new policies are needed to support implementation of stewardship across the continuum of care, development of new antibiotics and expansion of the workforce necessary to care for patients with resistant infections, to lead stewardship programs and other public health interventions and to conduct research to improve our approaches and tools to combat AMR.

We look forward to working with you on these and other infectious diseases and HIV issues. We can be reached through HIVMA Executive Director Andrea Weddle at [aweddle@hivma.org](mailto:aweddle@hivma.org) or IDSA Senior Vice President for Public Policy and Government Relations Amanda Jezek at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) to schedule a meeting.

Sincerely,



Rajesh T. Gandhi, MD, FIDSA  
Chair, HIVMA



Barbara D. Alexander, MD, MHS, FIDSA  
President, IDSA