

HIVMA represents more than 5,000 clinicians, researchers and other health care professionals working on the frontlines of the HIV epidemic in communities across the country. For decades, federal investments in new treatments, prevention tools, and research have produced measurable results in HIV treatment, prevention and research, with HIV research also contributing to the rapid development of COVID-19 vaccines and treatments for hepatitis C and cancer. While progress has been made in reducing new HIV infections and improving health outcomes for people with HIV, an estimated 35% of people with HIV are still not benefiting from HIV treatment with [significant disparities persisting](#) among Black, Indigenous and other communities of color. Black individuals represent 13% of the United States population but 41% of new HIV infections and the Latinx community represents 18% of the U.S. population but 23% of new HIV infections. And while [deaths due to HIV among all populations have declined](#), HIV-related deaths continue to be highest among multi-racial and Black populations.

Addressing the root causes of health inequities, including systemic racism and disparities in access to care, is fundamental to ending HIV as an epidemic in the U.S. Achieving this ambitious goal also will require a sustained federal investment and comprehensive policy agenda driven by science with a commitment to ending all forms of stigma and discrimination.

Priority	Issue	Legislative Priorities
Advance the Ending the HIV Epidemic (EHE) Initiative	While we have the tools to end the HIV epidemic in the U.S., at least 35% of people with HIV are not benefiting from HIV treatment with significant disparities remaining for people of color and individuals in the Southern U.S. The EHE directs resources to the counties and cities where more than half of all newly infected people are found. Directing resources to these communities is of increased importance now to prevent rising rates of new infections and worsening health outcomes due to the disruptive effects of COVID-19.	Increase federal funding in FY 2022 for the EHE programs at Centers for Disease Control and Prevention, Health Resources and Services Administration and the Indian Health Services at the levels necessary to meet the goal of reducing new HIV infections in the U.S. by 90% within the next decade – the target for the EHE initiative.
Sustain and build a robust and diverse HIV/ID (Infectious Diseases) Workforce	<p>People with HIV managed by expert HIV clinicians have better outcomes and receive more cost-effective care. The number of HIV clinicians entering the field falls short of demand, with the Centers for Disease Control and Prevention predicting a shortage of qualified HIV clinicians and a study finding that 80% of counties in 14 southern states do not have an experienced HIV clinician, with the most significant shortfalls in rural areas.</p> <p>Infectious Diseases (ID) physicians are the largest specialty group represented among HIV care providers. The ID workforce faces a decline in physicians entering the field and a 2020 analysis found that nearly eight in 10 Americans live in a county without any ID expertise.</p> <p>Lower compensation for ID specialists relative to other specialties, coupled with high medical school debt contribute to the decline in the ID and HIV workforce.</p>	<p>Create a loan repayment program for HIV/ID clinicians, such as the HIV Epidemic Loan-Repayment Program (HELP) Act.</p> <p>Provide financial support for the specialties taking on significant uncompensated work to respond to the COVID-19 and HIV pandemics.</p> <p>Enhance payment for cognitive services.</p> <p>Permanently authorize continuation of the current telehealth waivers, including allowing reimbursement parity for telemedicine visits.</p> <p>Strengthen the J-1 Visa program, which is critical to the ID and HIV workforce.</p>
Increase Access to Affordable High-Quality Health Care	People with HIV need reliable access to affordable and comprehensive health care services to stay healthy. Prior to the Affordable Care Act, individuals with HIV were virtually shut out of the individual health insurance market leaving many uninsured. After ACA coverage became available in 2014, the uninsured rate among people with HIV dropped from nearly 20% to around 11% - which is close to the general population rate of 10%.	<p>Incentivize the 14 states that have not yet implemented the Medicaid expansion to do so by increasing the federal share of their Medicaid costs.</p> <p>Enhance the affordability of coverage and services by increasing the premium assistance available for Marketplace</p>

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	<p>The Medicaid program covers more than 40% of people with HIV in care. People with HIV are much more likely to be covered if they live in Medicaid expansion states vs non-Medicaid expansion states. People with HIV can experience higher rates of substance use disorders. Data also indicate that insurance rates are higher among people with substance use disorder in Medicaid expansion states and that that overdose deaths are lower.</p> <p>See IDSA/HIVMA/PIDS policy statement on Medicaid, public health, and access to HIV care.</p>	<p>coverage, including for people with incomes over 400% of the federal poverty level.</p> <p>Cap out of pocket costs for premiums for Marketplace plans.</p>
<p>Increase Funding for HIV, STI and Viral Hepatitis - Related Programs</p>	<p>Outside of funding for the EHE, federal funding for HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis has been largely flat for several years. STIs have climbed at an alarming rate with the CDC reporting that 1 in 5 people in the U.S. have an STI on any given day. The rate of new hepatitis C infections is four times as high now as it was in 2010. Disruptions in public health services due to the COVID-19 pandemic have increased the need for these vital public health resources and for safety-net programs that include the Ryan White HIV/AIDS programs, community health centers and the Substance Abuse and Mental Health Services Administration.</p>	<p>Increase funding for CDC, HRSA’s HIV/AIDS Bureau and Bureau of Primary Health Care, National Institutes of Health, Substance Abuse and Mental Health Services Administration, and the “Ending the HIV Epidemic initiative.”</p> <p>(see AIDS Budget and Appropriations Coalition funding chart)</p>
<p>Grow U.S. Leadership in Global Health</p>	<p>The COVID-19 pandemic has had a dramatic impact on access to HIV, TB and malaria services around the world. U.S. leadership is urgently needed to control the coronavirus pandemic and to prevent a serious erosion in the progress made and lives saved through the President’s Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, TB. Efforts to stop COVID-19 (particularly in light of the emergence of SARS-CoV-2 variants) and to end HIV as an epidemic cannot succeed by focusing only within the U.S. borders.</p>	<p>Increase funding for the President’s Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, TB and Malaria and global infectious disease programs at USAID.</p>
<p>Advance a comprehensive, evidenced-based response to the opioid epidemic to reduce illness and death to substance use and infections linked to substance use</p>	<p>Serious infections linked to substance use disorder, including HIV and hepatitis A, B and C, in addition to bacterial, fungal, and other infections, have risen dramatically as the opioid epidemic has worsened. The ID and HIV communities have called for a comprehensive response to the opioid crisis that is grounded in science, and that integrates harm reduction and substance use treatment services with other health care services. A key component of the comprehensive response urgently needed to reduce illnesses and deaths due to substance use disorders and associated infections is to significantly expand access to substance use prevention and treatment services.</p>	<p>Expand access to substance use treatment services, including medication assisted treatment by eliminating the X-waiver certifications requirements for prescribing buprenorphine for treating addiction.</p> <p>Expand the allowable use of federal funds to include the full continuum of syringe service programs, including access to and disposal of sterile syringes and injection equipment.</p> <p>See Federal and State Action Needed to End the Infectious Complications of Illicit Drug Use in the United States: IDSA and HIVMA’s Advocacy Agenda</p>

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