



March 14, 2022

Co-Chairs and Members of the Presidential Advisory Council on HIV/AIDS (PACHA):

The HIV Medicine Association (HIVMA) is pleased to provide testimony regarding two main topics highlighted for discussion during the interactive community engagement session: HIV Prevention in the Context of Ending the HIV Epidemic (EHE) initiative, and the National HIV/AIDS Strategy (NHAS) for 2022-2025. HIVMA represents nearly 6,000 physicians, researchers and other health care professionals who provide HIV prevention, care and treatment and conduct research in communities across the U.S.

HIV Prevention in the Context of Ending the HIV Epidemic: PrEP Assistance Programs

The recently updated NHAS recognizes the need for greater utilization of PrEP. However, there have been significant challenges in PrEP uptake, particularly in communities most at risk of HIV, including Black, Latinx and transgender populations. Only 23 percent of the approximately 1.2 million people who would benefit from PrEP have been prescribed PrEP. Expanding PrEP access to historically marginalized communities and populations is critical to reducing HIV-related disparities and reducing new HIV infections. The Ryan White HIV/AIDS Program is a lifeline for HIV treatment, but there is not a comparable program to ensure access to PrEP regardless of insurance status or ability to pay.

We support the proposal by Amy Killelea and colleagues to establish a [National PrEP](#) program to increase access to PrEP, including lab testing and ancillary services. A national program should leverage public funding and the availability of effective generic PrEP options to dramatically expand PrEP access. The national program would also create a platform to rapidly expand access to novel PrEP options as they become available and extend PrEP access to individuals not connected to existing PrEP programs or health systems.

Congress has introduced two bills to increase and support PrEP access that would complement or could be the base for a national program. The PrEP Assistance Program Act ([H.R. 5605](#)) would provide grants to states, community-based organizations, community health centers and others to establish and support PrEP programs. These programs would provide PrEP and associated medical services as well as the community and provider outreach needed to carry out successful PrEP programs.

In addition, the PrEP Access and Coverage Act ([S. 3295/H.R. 6117](#)) will increase the utilization of HIV prevention drugs by ensuring these medications and any associated costs are covered by health insurance. The bill also will promote public health campaigns and expand access to HIV prevention drugs for uninsured individuals and underserved communities. Furthermore, the PrEP Access and Coverage Act prohibits discriminatory actions such as denying life insurance benefits, disability insurance and long-term care insurance for PrEP users.

Supporting the Workforce Necessary to End HIV as an Epidemic in the U.S.

Achieving the goals of NHAS and the EHE initiative will require a robust, diverse and culturally responsive HIV workforce that reflects the populations disproportionately impacted by HIV. This is particularly important given that nearly 80% of U.S. counties lack a single ID expert, and in 14 southern states, more than 80% of the counties have no experienced HIV clinicians, with the disparities greatest in rural areas.

The impact of the COVID-19 pandemic on the infectious diseases (ID) and HIV public health and clinical workforce, including administrative staff, has elevated the need for policy and programmatic interventions to reinforce, grow and diversify the HIV workforce to ensure access to quality HIV prevention and care services in communities across the country.

We urge PACHA to focus on HIV workforce challenges and opportunities across the prevention and care continuum during the next PACHA meeting to generate specific, bold and actionable recommendations for the White House, HHS and the private sector to advance the ambitious goal of ending HIV as an epidemic.

HIVMA and the Ryan White Medical Providers Coalition members developed [detailed recommendations](#) that focus on incentivizing new clinicians to enter ID and HIV care; addressing burnout; streamlining access to services and supporting innovative delivery models; enhancing HIV training pathways and opportunities; and increasing support for interdisciplinary and multidisciplinary prevention and care teams. We urge PACHA and the Administration to consider these recommendations as you engage in the development of the NHAS implementation plans.

As a top priority, to help address financial barriers to entering the field, we urge support for advancing loan repayment for ID and HIV physicians and health care professionals through the Bolstering Infectious Outbreaks (BIO) Preparedness Workforce Act ([S. 3244/H.R. 5602](#)). This legislation would establish a new loan repayment program for health care professionals who work in biopreparedness and response activities and/or provide ID and HIV care in medically underserved communities and with medically underserved populations. We urge support for the inclusion of the BIO Preparedness Workforce Act in the Senate's bipartisan PREVENT Pandemics Act legislation led by Sens. Patty Murray (D-WA) and Richard Burr (R-NC).

To make progress in improving health equity and addressing workforce challenges in the short term, we recommend HHS and other federal partners consider the following:

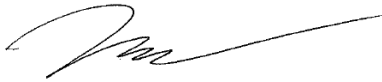
- Convening an HIV and ID workforce summit to bring together HHS, Health Resources and Services Administration (HRSA), CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH) and Centers for Medicare & Medicaid Services (CMS) to evaluate ID and HIV workforce needs and novel strategies and policies, including for financing health care, to address them.
- Releasing a Medicaid Bulletin that outlines and encourages states to take steps to support NHAS and EHE through their Medicaid programs by streamlining access to HIV drugs for treatment and prevention; supporting innovative service delivery, such as community health workers and street medicine; and reimbursing for telehealth and teleconsultation, including for audio-only

visits, among other policies.

- Engaging private health insurers and private practitioners through an Ending the HIV Epidemic campaign that they can commit to by:
 - Signing a public pledge to participate in the Ending the HIV Epidemic campaign;
 - Implementing core [HIV quality measures](#);
 - Disseminating the latest HIV guidelines to their provider networks;
 - Ensuring streamlined access to evidence-based HIV prevention and treatment drugs, e.g., approve coverage if recommended by the HIV clinician, 12-month authorizations for HIV drugs and automatically authorizing 90-day refills; and
 - Discontinuing co-pay accumulator programs.

Thank you for the opportunity to provide input on the topic of prevention, in particular, establishing a National PrEP program. This, along with the urgent need to support the HIV workforce, will help increase access to quality HIV care, address ongoing racial and ethnic disparities and decrease new HIV infections. Please contact HIVMA Senior Policy & Advocacy Manager Jose A. Rodriguez at JRodriguez@hivma.org to schedule a meeting to discuss our recommendations.

Sincerely,



Marwan Haddad, MD, MPH
Chair, HIVMA

Attachment: [Recommendations](#) for Strengthening & Diversifying the HIV Workforce