

2023 Policy Priorities

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The <u>HIV Medicine Association</u> of the Infectious Diseases Society of America and the <u>Ryan White Medical Providers Coalition</u> seek to promote quality in HIV care and advocate for policies that ensure a comprehensive and humane response to the AIDS pandemic informed by science and social justice. Increasing the HIV clinical workforce, supporting federal funding for HIV-related programs, investing in the Ending the HIV Epidemic Initiative and establishing a national PrEP initiative remain top policy priorities in 2023. Please find below a detailed summary of these priorities and the requests for Congress related to each issue.

| Priority | Issue | Priorities |
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| Sustain and Build a Robust and Diverse HIV/Infectious Diseases Workforce | A 2020 analysis found that nearly 8 in 10 Americans live in a county without any ID expertise. Another study found that 80% of counties in 14 Southern states do not have an experienced HIV clinician, with the most significant disparities occurring in rural areas. Lower compensation for ID specialists relative to other specialties and high medical school debt contribute to ID and HIV workforce shortages. The Bio-Preparedness Workforce Pilot Program, which was part of the PREVENT Pandemics Act, was signed into law in December 2022 as part of the final FY2023 Consolidated Appropriations Act. Once funded, this program will provide critical loan repayment resources to ID and HIV health care professionals working in health professional shortage areas and other sites, including clinics funded by the Ryan White HIV/AIDS Program, helping to close gaps in HIV care nationwide. It also is important to fully leverage telehealth and other technologies to extend access to ID and HIV experts. | Fund the Bio-Preparedness Workforce Pilot Program. Permanently authorize the continuation of telehealth waivers, including allowing parity in reimbursement for telemedicine visits. |
| Support Federal HIV, Viral Hepatitis, STI and TB Programs | The Ryan White HIV/AIDS Program of the Health Resources and Services Administration (HRSA) is critical to ensuring that individuals with HIV have access to the care and treatment needed to stay healthy and stop HIV transmissions. The program serves more than 575,000 clients in communities across the country, with the demand for services rising. CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention is critical to keeping communities healthy. With sufficient resources, the center can dramatically reduce the impact of these communicable diseases on communities and individuals in the U.S. Limited funding and the opioid epidemic have contributed to rates of new hepatitis C infections quadrupling and STIs now affecting 1 in 5 people in the U.S. on any given day. Concerning outbreaks of HIV | Increase FY24 funding for federal HIV-related programs, including: - HRSA's Ryan White HIV/AIDS Program; - CDC's HIV, hepatitis and STI prevention programs; - HIV research supported by NIH. See the AIDS Budget and Appropriations Coalition funding chart for each program's current and historical funding levels and FY24 funding requests. |

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| | cases also occur in rural areas impacted by the opioid and other drug epidemics. | |
| | Investments in HIV/AIDS research at the National Institutes of Health are essential to end HIV as an epidemic, improve HIV prevention modalities and treatment options and ultimately develop a cure and a vaccine. The return on investment in HIV research extends beyond HIV and contributes to improvements in hepatitis C and cancer therapies, among others. | |
| Invest in the Ending the HIV Epidemic (EHE) Initiative | In 2019, the Department of Health and Human Services (HHS) launched the federal EHE Initiative, which aims to reduce new HIV infections by 90% by 2030. Achieving this goal will require sustained federal investment. | Increase FY24 funding for the EHE Initiative to support critical programs across HHS and the Indian Health Service to expand HIV prevention, treatment and care. |
| Fund a National PrEP Initiative | While 1.2 million individuals could benefit from this highly effective form of HIV prevention available as a pill or a long-acting injection, only 25% have been prescribed PrEP. The numbers drop even further for Black and Hispanic individuals, to 9% and 16%, respectively. | Provide FY24 discretionary funding for a national PrEP initiative at CDC to increase equitable access to this effective HIV prevention tool. |
| | A national PrEP initiative is needed to reduce new HIV infections and address significant disparities in PrEP access. Congress included support for a national PrEP initiative in its final FY2023 Consolidated Appropriations Act. | |
| | See AIDSVu State-Level Data on PrEP Use by Race/Ethnicity. | |

If you have questions or want to contact an ID or HIV provider in your state, please contact José A. Rodriguez, HIVMA's associate director of public policy & advocacy, at jrodriguez@hivma.org, or Jenny Collier, convener of the Ryan White Medical Providers Coalition, at jcollier@colliercollective.org.