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

The HIV Medicine Association (HIVMA) is pleased to provide testimony specific to implementing the National HIV Strategic Plan (NHSP) and the Ending the HIV Epidemic (EHE) initiative. 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.

### **National HIV Strategic Plan**

The NHSP is comprehensive in scope but will require a significant investment of resources to support implementation. HIVMA offers the following recommendations to address HIV workforce shortages, update the Ryan White HIV/AIDS program and enforce the U.S. Preventive Services Task Force's (USPSTF) Grade A recommendation for PrEP to improve the implementation of the plan.

#### Strengthen the HIV Workforce

While the NHSP acknowledges HIV workforce shortages as a significant challenge to meeting the goals of the plan, the suggested actions for addressing shortages are insufficient and fail to address the root causes of these workforce shortages. We strongly recommend strengthening the proposed strategies to bolster the HIV workforce by leveraging the development of a more robust public health workforce for HIV and other urgent public health needs, including viral hepatitis, sexually transmitted infections, substance use disorders, and chronic disease screening.

HIVMA encourages collaboration with the Centers for Medicare and Medicaid Services to ensure adequate reimbursement for ID/HIV care and other cognitive specialties so that there is a robust pipeline of physicians caring for people with HIV. In addition, we urge increased attention to expanding the role of physician assistants and nurse practitioners in HIV care, to support and grow this critical segment of the HIV medical workforce. The steady increase in HIV infections associated with injection drug use since 2014, especially in rural communities, needs urgent attention, including specific training for the primary care workforce in these areas.

An essential step to implementing the plan will be to integrate training centered on culturally competent HIV treatment and prevention for primary care trainees and providers. Moreover, a well-financed public health workforce to provide community-based comprehensive outreach prevention and health care services would mitigate the effects of structural racism and the social determinants of health that drive healthcare disparities.

Lastly, engaging the academic, public health and private workforce intentionally and collaboratively is needed to raise awareness of the NHSP and to elicit feedback on ways to implement the plan in health care education and practice across the U.S.

### Innovate the Ryan White HIV/AIDS Program (RWHAP)

Stronger national guidance is needed to set expectations for states to reduce barriers to services by streamlining RWHAP AIDS Drug Assistance Program (ADAP) certification and recertification processes through electronic submissions, eliminating in-person attestation requirements and not requiring the submission of CD4 counts and HIV RNA levels every six months. These policies result in countless avoidable treatment disruptions and are barriers to achieving the goals of the NHSP and the EHE.

### Enforce New Pre-exposure Prophylaxis (PrEP) Coverage Requirements

The U.S. Preventive Services Task Force's (USPSTF) Grade A recommendation for PrEP released in June 2019 was a game-changer in establishing PrEP as a highly effective prevention tool. Full implementation of the USPSTF recommendation is critical to meet the ambitious plan to scale up PrEP access. HIVMA urges federal and state regulators to ensure that coverage of PrEP and associated recommended screenings and laboratory monitoring recommended by the Centers for Disease Control and Prevention are available without cost-sharing.

### **Ending the HIV Epidemic Initiative**

The success of the EHE Initiative will require fundamentally changing HIV prevention and care delivery to engage more persons with HIV and at risk of HIV in treatment. Many Ryan White programs have developed innovative solutions, including the use of telemedicine, to provide prevention and care services during the COVID-19 pandemic. It is critical to address the digital divide so that people in greatest need can benefit from telehealth services, focusing on digital equity. Offering these services to people with HIV and at risk for HIV has the potential to transform HIV prevention and care to be more patient-centered, accessible, collaborative and less bureaucratic.

The ability to fully leverage telemedicine to reach patients where they are, to provide PrEP and care and treatment services could play a critical role in meeting the goal set forth by the Ending the HIV Epidemic Initiative to reduce new infections in the U.S. by 90% in 2030. HIVMA recommends reducing physical barriers to PrEP access by ensuring reimbursement for telemedicine visits by both telephone and video (the former because not all patients have video access); incentivizing states to authorize data-sharing agreements between agencies; and incentivizing reciprocity across state lines for telemedicine visits, including for advanced practice providers and supervised trainees. Clinical research also is needed to identify patients for whom telehealth works well, assess if it reduces barriers to care such as transportation and stigma and determine the right balance between in-person and telehealth visits.

Other forms of prevention, such as syringe services programs, must receive more federal support as well as state-level strategies to combat the spread of HIV through injection drug use.

By integrating principles of equity in every step of this process, this would help meet the goals of the President's Executive Order Advancing Racial Equity. Thank you for the opportunity to provide input on meaningful actions that can be taken to improve the implementation of the National HIV Strategic Plan and meet the goal of the Ending the HIV Epidemic initiative of ending HIV. Please contact HIVMA senior policy & advocacy manager Jose A. Rodriguez at [JRodriguez@hivma.org](mailto:JRodriguez@hivma.org) to schedule a meeting to discuss our recommendations.