May 26, 2015

Douglas M. Brooks
Director, Office of National AIDS Policy
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500


Dear Director Brooks:

The AIDS Institute appreciates the opportunity to provide comments to you and the Obama Administration as you update the National HIV/AIDS Strategy for 2016 through 2020. We congratulate you and the entire Administration for your continued leadership and focus on domestic HIV/AIDS and the progress achieved to date in all the many efforts made in meeting the goals of the current Strategy. As you craft an updated Strategy, we trust you will continue to focus on those areas that have been included in the current National Strategy. We believe that concentrating on 1) preventing new infections, 2) increasing access to care and treatment while improving health outcomes, 3) reducing disparities, and 4) increasing government coordination will continue to form the basis of a strategy to end AIDS in the United States.

To achieve the goals of the Strategy, it will continue to take concerted effort, leadership, and resources by all stakeholders, including the federal government. The Obama Administration is to be recognized for prioritizing funding for domestic HIV/AIDS programs as part of the President’s annual budgets at a time of difficult financial constraints. We urge the Administration to continue to prioritize domestic HIV/AIDS programs in future budgets and in discussions with the Congress as annual appropriation measures are considered.

The AIDS Institute has signed onto recommendations submitted to you by others, including the HIV Healthcare Access Working Group of the Federal AIDS Policy Partnership and the Southern AIDS Strategy Initiative. The comments below include some specific recommendations that we would like to highlight for inclusion in the updated Strategy:

1) Cure and Vaccine Research: The ultimate goal of the Strategy should be to end HIV/AIDS. This should entail finding a cure for people who are infected and developing a vaccine for people who are uninfected. Continued resources and leadership by the NIH and private partners should be directed to these two goals to make sure they are achieved.
2) Continuum of Care: Absent a cure and a vaccine, it is now feasible to slow the transmission of HIV and reduce the level of the virus by ensuring all people living with HIV are diagnosed and then connected to care and treatment. Since the CDC reports that only 30 percent of the people living with HIV are virally suppressed, we as a Nation have a long way to go to improve the continuum of care. The Administration should continue to focus on improving outcomes in each part of the continuum.

This will take a concerted effort by numerous federal, state and local governments together with the private and non-profit sectors. While there have been improvements in HIV testing rates, 14 percent of people living with HIV are undiagnosed, too many are diagnosed late in the disease progression, and the 50,000 newly infected annually that need to be diagnosed. CDC should continue to expand and implement routine testing programs.

With the passage, and now implementation, of the Affordable Care Act (ACA), there are more opportunities for people living with HIV/AIDS to access care and treatment through private insurance and expanded Medicaid. This is in addition to the existing traditional Medicaid, Medicare, and private insurance programs. On top of these payer sources, the Ryan White HIV/AIDS Program provides a system of care and treatment that acts as a payer of last resort and offers essential services that keep people with HIV in care and accessing treatment. It is through a combination of all these programs, and others such as SAMHSA and HOPWA, which continue to improve and enhance the continuum of care for people living with HIV. All of these programs must be maintained.

3) ACA Implementation: As noted above, the ACA presents an unprecedented opportunity to expand access to care and treatment for people living with HIV. In order for the ACA to work for people living with HIV, hepatitis, and other chronic conditions, The AIDS Institute urges the Obama Administration to continue to reduce the barriers to care and treatment under the ACA. This includes addressing limited drug formularies and provider networks, discriminatory plan design, high patient cost-sharing and plan deductibles.

In order to achieve the goals of the National HIV/AIDS Strategy The AIDS Institute urges those states that have not already expanded Medicaid to do so. If they do not, low-income people living with HIV will be greatly disadvantaged and will have to rely on other payers, such as the Ryan White Program, to provide basic care and treatment, if it is available in their state. This is in contrast to states that have expanded Medicaid and can utilize their Ryan White Program funding not only to offer basic care and treatment for the uninsured and underinsured, but also for other essential services that help improve the continuum of care.

4) Ryan White HIV/AIDS Program: In order to fulfill the goals of the Strategy and eventually end HIV/AIDS in the U.S. all parts of the Ryan White HIV/AIDS Program must continue and be adequately funded. Access to health care and treatment does not automatically translate into usage and positive health outcomes. The services funded by the Ryan White Program are what will help improve the continuum of care for people living with HIV. As the payer of last resort, the program supports the existing systems of care in each state. Unfortunately, that system differs from state to state and has been exacerbated by several states choosing not to expand Medicaid. Many of these states
are in the South, which already is disadvantaged by an insufficient health care system compounded by other serious issues such as poverty and racism. While the majority of Ryan White Program funding is distributed by HIV and AIDS case counts, some funding is distributed based on need. In an effort to meet the individual needs of people living with HIV and improve the continuum of care in those areas of the country to where the need is greatest, The AIDS Institute urges the Administration to distribute funding to where the needs are greatest to the extent that it can under current law. Additionally, we suggest that the Administration undertake a review of how Ryan White Program funding is currently distributed and suggest ways in which the current law should be changed to better meet the needs of people living with HIV throughout the country and improve the continuum of care. Such a review and recommendations should be conducted with community input and presented to the U.S. Congress.

5) Focus on Gay Men and MSM: The Strategy must include a focus on gay and other men who have sex with men (MSM) of all races and ethnicities, who account for approximately 66 percent of all HIV infections in the United States. The rates of infection are extremely high amongst black gay men, particularly young black gay men. The Strategy should call for federal programs and resources, including research programs, to be prioritized towards the largest community impacted by HIV/AIDS, Gay Men and MSM.

6) Focus on African Americans: With approximately 44 percent of all new HIV infections in the United States, the Strategy must include a focus on African Americans, particularly African American women, and as noted above, black gay men and other MSM. Federal resources, including research programs, should be prioritized towards the largest racial community impacted by HIV/AIDS.

7) Allocate Resources Where They are Needed: The AIDS Institute recognizes the efforts taken by the Obama Administration to better distribute federal funding that follows the epidemic, including CDC prevention funding to the states, in a more equitable fashion. The actions taken to date that correct some of the inequities of the past should lead to better prevention programs and outcomes in the future. In addition to distributing resources in an equitable fashion, The AIDS Institute believes other federal resources, including prevention and research programs, should focus on those communities, populations, and areas where they are most needed and where they can have the greatest impact. The current strategy supports this recommendation. However, since data has not been released, it is not known how much research funding at the NIH is allocated, for example, for gay men, transgender women, African Americans, or gay youth. The same can be asked for CDC prevention programs. While CDC has initiated High Impact Prevention, which calls for jurisdictions to focus on the programs and populations that will have the greatest impact, little state and local data have been released to demonstrate how the funding is being spent and its impact. Therefore, we recommend that there be not only more federal but greater state and local accountability in the updated National Strategy.

8) Better Utilize Data: In order to demonstrate progress and increase accountability, the collection and timely release of data are critical. The AIDS Institute recognizes the efforts to date to improve data collection and dissemination, particularly by the CDC and HRSA in the areas of surveillance and changes to viral load to support the continuum of care goals. The AIDS Institute urges a continued focus on data collection and transparency in all
HIV/AIDS programs in an effort to improve accountability. We also ask HRSA for improved usage of data and recommend that it publicly release such information as grant awards, case counts, carry-over funding, and unobligated balances on a timely basis. We ask that HRSA investigate a uniform data collection system for all grantees that ultimately eliminates the national patchwork of public, private, and custom built data collection systems currently being used by Ryan White Program grantees. Most of those systems do not communicate with other data tracking programs and ultimately slows the ability to collect and report timely, trusted data. CDC should also release its data in a timelier basis, including incidence numbers, which have not been released in several years.

9) **Comprehensive Sexuality Education:** Since HIV is predominantly transmitted sexually and is concentrated in the gay community, with new infections increasing among gay youth, it is important that adolescents receive age-appropriate comprehensive sexuality education that includes positive discussion of homosexuality and gender identity. The federal Department of Education should be included in the Strategy and issue federal directives relative to this. The federal government should not fund abstinence-only until marriage sexuality education programs that have been proven to be ineffective and discriminatory.

10) **Addressing the Needs of those Co-infected with Hepatitis:** Due to the high number of people living with HIV who are also co-infected with hepatitis B and/or C, The AIDS Institute urges the updated Strategy to place an emphasis on addressing the needs of those who are co-infected. This is particularly warranted now since there are new treatments for hepatitis C that lead to a cure. CDC HIV testing programs have already incorporated hepatitis B and C testing into their activities and this should be encouraged and expanded in the future. Ryan White HIV/AIDS Program grantees should follow federal guidelines (USPSTF and HHS HIV Treatment Guidelines) and test all clients for hepatitis B and C, provide hepatitis A and B vaccines, and provide those HIV clients who have hepatitis B or C with or link them to appropriate hepatitis care and treatment in an effort to improve health outcomes. The AIDS Drug Assistance Program should be encouraged to offer hepatitis B and C treatments for HIV clients.

11) **Enhanced Federal Interagency Cooperation:** The Federal response to HIV/AIDS prevention and care/treatment rests with numerous federal agencies, each acting within their respective independent authorities. We are pleased that the current Strategy focuses on breaking down these silos and there have been great examples of cooperation over the past couple of years through interagency working groups and joint funding announcements and programs. We would particularly recognize the increased cooperation between the CDC and HRSA and trust it will continue in the future. However, one area in which we would like to recommend greater cooperation is between the NIH and the CDC. The CDC has very limited funding for prevention research and is primarily an implementer of prevention programs. The NIH with its expertise in research should work closer and more efficiently with the CDC in determining research priorities and implementing successful prevention research.

Since state and local governments receive the majority of federal HIV/AIDS dedicated funding, coordination between the federal government and state/local governments should be increased.
12) **PrEP Research and Implementation:** New prevention interventions, such as pre-exposure prophylaxis (PrEP), offer another valuable tool to prevent the transmission of HIV. The AIDS Institute suggests that the updated Strategy include continued research on existing and future PrEP treatments and invest in implementation research so that more people who are at risk for HIV can utilize PrEP. Barriers to access, including payers, should also be examined and addressed.

13) **Reimbursement for HIV Testing and Other Preventive Services:** Thanks to the ACA, many clinical preventive services, including routine HIV testing, are covered or incentivized by various payers. The AIDS Institute urges the CDC, along with its grantees, to take advantage of these opportunities and develop billing systems for preventive services. In addition to HIV testing, other preventive services such as STD and hepatitis testing, STD behavioral counseling, and alcohol reduction counseling are all covered services. In a time of limited discretionary federal funds along with a changing health care landscape, if there is a payer source for a service, and the client is insured or qualifies in some fashion, reimbursement for that service should occur.

14) **Federal Funding for Syringe Exchange Programs:** HIV/AIDS among injection drug users has been reduced in recent years in part to syringe exchange programs (SEPs). The federal government is currently prohibited from spending federal funds on SEPs. The AIDS Institute urges the Administration to continue to support lifting this ban. Additionally we recommend funded SEP research programs that provide data needed to remove restrictions.

15) **Address Social Determinants:** In order to fully address HIV/AIDS, the social determinants of health must also be recognized and addressed. As part of the updated National HIV/AIDS Strategy, issues such as homelessness, housing instability, poverty, racism, homophobia, mental illness, hunger, and disparities in education must be addressed. These issues go beyond HIV/AIDS, and we ask that you continue to address them as part of the ongoing work of the Administration.

The AIDS Institute thanks you for your continued leadership. We look forward to working with you and the entire Obama Administration and future Administrations in helping in the updated Strategy’s implementation so that the goals you have outlined will be achieved in a timely and successful manner. Should you have any questions or comments, please feel free to contact me at (813) 258-5929 or Carl Schmid at (202) 462-3042.

Thank you very much.

Michael Ruppal  
Executive Director  
MRuppal@theaidsinstitute.org

Carl E. Schmid II  
Deputy Executive Director  
cschmid@theaidsinstitute.org