



December 16, 2020

Cynthia Bernstein, Team Lead, Biden Harris Transition
Executive Office of the President, Management and Administration Agency Review Team

Martha Coven, Team Lead, Biden Harris Transition
Office of Management and Budget

Dear Ms. Bernstein and Ms. Coven:

On behalf of the HIV Medicine Association, thank you for volunteering your expertise and time to lead the Biden-Harris Executive Office of the President, Management and Administration Agency Review Team. Our nation urgently needs strong leadership to respond to the COVID-19 pandemic and other pressing public health issues, and we are encouraged by the initial priorities and plans of the President-elect, Vice President-elect and transition team.

HIVMA is part of the Infectious Diseases Society of America (IDSA) and represents nearly 6,000 physicians and other health care professionals working on the front lines of the HIV epidemic in the United States and globally. Many of our members also are contributing to their local COVID-19 responses. We write to offer our assistance and our recommendations for the near term for programs under the Executive Office of the President. While our recommendations focus on HIV-related programs, we also strongly endorse the recommendations put forward by IDSA.

Office of National AIDS Policy

Important progress has been made in responding to the HIV epidemic in the U.S., as evidenced by recent [data published](#) by the Centers for Disease Control and Prevention showing improved viral suppression rates nationally among people with HIV coinciding with significant declines in HIV-related death rates. This promising data comes as work is underway to launch an initiative to end HIV as an epidemic (EHE) by leveraging the prevention and treatment advances contributing to this progress. With the EHE initiative directing critical resources to communities and populations disproportionately impacted by HIV, and the anticipation of a reinvigorated National HIV/AIDS Strategy (NHAS), we are optimistic that we can achieve the goal of ending HIV as an epidemic within the next decade. However, to do so will require a redoubling of our commitment and resources, as the disruptions in prevention, care, treatment and supportive services caused by the COVID-19 pandemic put these gains at risk. A key component of bolstering our response will be to ensure a robust and qualified HIV workforce through innovative strategies, such as [loan repayment for infectious diseases and HIV providers](#).¹ Strong leadership at the national level is critical to oversee the national HIV response and to mitigate the impact of the COVID-19 pandemic on efforts to end HIV as an epidemic in the U.S.

We recommend:

¹See [H.R.7543 - HELP Act of 2020](#).

- **Committing to leverage the EHE initiative and the NHAS to end the epidemic in the U.S. for all;**
- **Reinstating the Office of National AIDS Policy to oversee the national HIV response, including the National HIV/AIDS Strategy and the Ending the HIV Epidemic initiative;**
- **Maintaining the President’s Advisory Council on HIV/AIDS to provide oversight and guidance on the response to HIV domestically and globally.**

Office of Management and Budget

To inform the development of additional COVID-19 relief and budget proposals, we offer the following information and recommendations for HIV and related programs.

Ending the HIV Epidemic Initiative

We commend the incoming administration for indicating support for the goal of ending the HIV epidemic within the next decade. The investment of resources and the focus on engaging the local communities (both impacted and serving those impacted) in the 48 counties, San Juan and Washington, DC that represent more than 50% of new cases is critical to addressing the unique barriers to HIV screening, prevention care and treatment in each community. The EHE activities in these communities that have struggled to control their local epidemics are even more important now to prevent increases in cases and worsening health outcomes due to the pandemic.

We recommend:

- **A strong commitment to the Ending the HIV Epidemic initiative with support for fully funding programs at the Centers for Disease Control and Prevention, the Health Resources and Services Administration and the Indian Health Service at the levels necessary to keep the initiative on track to reduce new HIV infections in the U.S. by 90% within the next decade.**

Centers for Disease Control and Prevention - National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

The COVID-19 pandemic has painfully exposed the fragility of our public health infrastructure and workforce after years of chronic under-funding. Access to HIV, viral hepatitis, STI and TB screening and prevention services has been affected by the stress of the pandemic on public health programs and the public health workforce. Clinic closures, restricted hours and the deployment of health department staff to respond to the pandemic have resulted in disruptions to the prevention and treatment of communicable diseases. National surveillance data are needed to evaluate the scope of the impact and to direct resources to where they are most needed to mitigate disruptions in prevention and treatment services, including shortages of supplies for STI screening and for viral load monitoring.

We are also concerned about the pandemic’s impact on other serious infections linked to injection drug use due to restricted access to substance use treatment and harm reduction services, including syringe services programs (SSP). SSPs have been shown to limit HIV and hepatitis C infections and to increase the number of people who enter treatment for substance use disorder, while at the same time decreasing drug-related crime.

We recommend:

- **Releasing data reports on the impact of the pandemic on HIV, viral hepatitis, STI, TB and infections linked to drug use cases and directing resources to CDC-funded programs in areas with increases in cases of communicable diseases;**

- **Requesting funding for CDC’s infectious diseases consequences of the opioid epidemic program to support monitoring of infections linked to drug use and harm reduction services in COVID-19 relief packages and in the president’s FY 2022 budget request;**
- **Including language in the FY 2022 president’s budget request to request a full lifting of the ban on the use of federal funds for syringe services programs, including for the purchase of sterile syringes;**
- **Committing to public health by calling for robust funding for the Centers for Disease Control and Prevention, including its HIV, STI, viral hepatitis, TB prevention and opioid-related infections programs.**

Health Resources and Services Administration - HIV/AIDS Bureau

The Ryan White HIV/AIDS Program (RWHAP) is a life-saving program that is a model for providing comprehensive patient care for a chronic condition. Individuals with HIV with access to Ryan White Program services have better outcomes regardless of their insurance status, as evidenced by the program’s [viral suppression rate of 87% in 2018](#) as compared to a 65% viral suppression rate nationally.

The program also is playing a critical role in helping people with HIV maintain access to care and treatment during the pandemic in addition to assisting people with HIV with protecting themselves from COVID-19. Ryan White providers have reported increases in patients seeking services at their clinics in addition to patients losing their jobs, health insurance and housing due to the pandemic. Providers also have seen increased demand for mental health and substance use treatment services. While the pandemic has stressed Ryan White Programs, it also has led to policy innovations highlighted in a [manuscript published](#) by IDSA and HIVMA that will be important to maintain and that are noted in the recommendations below.²

Finally, successful HIV prevention for individuals at risk for HIV is available now through education, routine HIV screening and ready access to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), harm reduction services and other prevention tools, both strategies known now and those yet to be discovered. HIVMA supports the HIV/AIDS Bureau in allowing Ryan White Program grantees to use their program income to prevent new HIV infections and provide services that improve care and treatment outcomes for people living with HIV, as long as the use of that program income does not reduce access to current or critical HIV care and treatment services provided by the grantee.

We recommend:

- **Supporting at least \$500 million in additional funding in COVID-19 relief packages for the Ryan White Program to meet the increased demand for services and to prevent disruptions in HIV care and treatment;**
- **Issuing strong national guidance setting expectations for states to reduce barriers to services by streamlining RWHAP AIDS Drug Assistance Program (ADAP) certification and recertification processes through electronic submissions and eliminating in-person attestation requirements;**

²Armstrong, WS, et al. Innovations in Human Immunodeficiency Virus (HIV) Care Delivery During the Coronavirus Disease 2019 (COVID-19) Pandemic: Policies to Strengthen the Ending the Epidemic Initiative—A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association. *Clinical Infectious Diseases*. Oct 9, 2020. <https://doi.org/10.1093/cid/ciaa1532>

- **Allowing flexibility in the timing of the RWHAP and ADAP annual certification and automatic extension of eligibility for a limited period to prevent care and treatment disruptions;**
- **Incentivizing states to authorize data-sharing agreements between agencies and permit case managers to work remotely and utilize telehealth communications;**
- **Supporting the use of RWHAP program income to prevent new HIV infections and for supportive services that improve care and treatment outcomes as long as the use of the funds does not reduce access to current or critical care and treatment services provide by the grantee.**

National Institutes of Health (NIH)

The pandemic has demonstrated the importance of sustaining NIH as a worldwide leader in biomedical research. The research and scientific workforce also has been stressed by the need to redirect resources, including research infrastructure, to respond to the coronavirus pandemic. A sustained commitment to NIH and to a robust and diverse research workforce will be critical to end the coronavirus pandemic and support the medical research necessary to improve health for all.

We recommend:

- **Supporting emergency supplemental funding to continue progress on discoveries to respond to the COVID-19 pandemic and to resume pre-pandemic research;**
- **Sustaining robust growth in NIH funding across disease states and disciplines, including infectious diseases and HIV;**
- **Supporting efforts to ensure a robust and diverse researcher and physician-scientist workforce to drive the discoveries that will be necessary to prevent and respond to future pandemics, address health inequities and end HIV as an epidemic.**

Department of Housing & Urban Development - Housing Opportunities for People with AIDS (HOPWA)

The HOPWA Program is the only federal program dedicated to addressing the housing needs of low-income persons living with HIV and their families. Stable housing plays a critical role in preventing costly new HIV infections, improving HIV-related health outcomes, reducing mortality and decreasing the use of expensive emergency care and other crisis services. Housing programs that provide safe, individual housing are critical during the COVID-19 pandemic for recipients who may be at risk of spreading COVID-19 to anyone in shared living spaces. Nearly two-thirds of individuals receiving Ryan White Program services live below the federal poverty level, and Ryan White Program clinical providers report an increased demand in housing assistance among their patients as a result of job and income loss. As the COVID-19 epidemic continues to take an economic toll, we expect the need for housing and rental assistance to increase. We call for a sustained commitment to increasing HOPWA funding given the pandemic's economic impacts on people living with HIV.

We recommend:

- **Supporting an emergency supplemental funding package that includes HOPWA program funding to prevent and mitigate the spread of COVID-19 among those who do not have secure housing and who are potentially severely immunocompromised from HIV; expands short-term rent, mortgage and utility assistance; and allows for flexible HOPWA funds to be used for quarantine and other infection control services for all household members;**

- **Providing funding at the maximum level for HOPWA in fiscal year 2021. Investment in HOPWA and housing programs are essential to ending HIV as an epidemic.**

Recission of Regulations, Executive Orders and Guidance

We outline below regulations, executive orders and other guidance to prioritize for recission or withdrawal because of their impact on people with HIV or at risk for HIV.

Regulations

DHHS Rule Finalizing Changes to ACA Section 1557

We urge for this rule to be rescinded and re-establishing broad protections including for gender identity. Regulations released by the Trump administration reinterpreting Section 1557 of the Affordable Care Act removed essential protections based on gender identity, including protections for transgender individuals — a population that faces significant barriers to health care. The rule disregards medical standards and reinforces the health inequities exposed by COVID-19.

DHHS 42 CFR Part 59 [HHS–OS–2018–0008] RIN 0937–ZA00 Compliance with Statutory Program Integrity Requirements (Domestic Gag Rule)

We urge issuing an executive order directing HHS to cease applying this rule and undertaking emergency rulemaking to rescind the rule. The rule bars clinics that offer the full continuum of women’s reproductive health services from receiving Title X funding and by doing so limits access to prenatal care and screening for HIV and other sexually transmitted diseases. According to the Kaiser Family Foundation, [more than 1,000 clinics](#) (25% of the clinics receiving funding before the rule) dropped out of the program due the restrictions by the end of 2019.

FAR Case 2018-002, Federal Acquisition Regulation: Protecting Life in Global Health Assistance

We urge for this rule to be rescinded if it is finalized before Jan. 20, 2021, or withdrawn if it is not finalized. The expansion of the global gag rule to global health contracts as proposed in the rule would have a detrimental effect on access to HIV prevention services for women and other vulnerable populations.

DHS Docket No. ICEB-2019-0006, Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors and Representatives of Foreign Information Media

Over the past decade, nearly one-third of physicians entering infectious diseases (ID) fellowship programs have come from countries other than the U.S. This proposed policy change would severely affect the dwindling number of J-1 physicians available to deliver infectious diseases care for patients and further jeopardize the nation’s ability to effectively respond the COVID-19 Public Health Emergency. Nearly two-thirds of Americans live in areas with little or no access to an infectious diseases physician, according to a June 2020 [study published in the *Annals of Internal Medicine*](#). **If this rule is finalized, then we urge that J-1 physicians be excluded from the final rule.**

HUD Docket No. FR-6152-P-01, RIN 2506-AC53 Comments in Response to Proposed Rulemaking: Making Admission or Placement Determinations Based on Sex in Facilities Under Community Planning and Development Housing Programs

We urge that this proposed rule change is withdrawn in its entirety as it negatively impacts individuals who are transgender who are seeking stable housing, a critical need made more urgent by the COVID-19

pandemic in the United States. If the rule is finalized before Jan. 20, 2021, then we urge for this rule to be rescinded.

RIN: 1615-AA22 Inadmissibility on Public Charge Grounds Final Rule

We urge for this rule be rescinded. The new restrictions in this rule, which impede immigrants' eligibility to live and work legally in the United States based on their use of essential services, threaten individual and public health.

Executive Orders

Executive Order on Creating Schedule F in the Excepted Service

We urge a withdrawal of this Executive Order due to concerns that the ability to replace scientists and public health experts with politically motivated staff impinges on the ability to respond to the coronavirus pandemic and other public health crises and reduces public confidence in such responses.

Executive Order on Combating Race and Sex Stereotyping

We urge a withdrawal of this order, which allows federal agencies to terminate contracts intended to help promote study and understanding of diversity, equity and inclusion across government institutions, is censoring research and silencing discussion on the impacts of racism, sexism and stigma on safety, health and well-being. This EO had a swift and chilling effect, with some institutions canceling medical and scientific talks intended to inform an equitable response to the coronavirus being cancelled.

Medicaid Guidance

[January 2018 letter](#) on "Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries" to state Medicaid directors and [January 2020 letter](#) on "Healthy Adult Opportunity"

We urge an immediate rescission of these guidance documents, which run counter to the program's intent and threaten access to health care coverage and care for people with HIV and millions of other low-income Americans. Given the magnitude of job and health insurance losses since March 2020, these policies have become even more harmful to our nation's public health.

Thank you again for your leadership and service. If you have any questions or if there is anything we can do to support your work, please feel free to contact us through Andrea Weddle, HIVMA Executive Director, at aweddle@hivma.org.

Sincerely,



Rajesh T. Gandhi, MD, FIDSA
Chair, HIVMA