Policy Recommendations for Ending HIV as an Epidemic in the U.S.

See: *Principles for Ending HIV as an Epidemic in the United States: A Policy Paper of IDSA and HIVMA*

1. Ensure access to affordable, comprehensive health care coverage and services, including the continuum of prevention, mental health and substance use disorder treatment services for everyone in the U.S.

We recommend:

- Congress, the Administration, health insurers, providers and consumer organizations work toward a seamless national strategy for providing universal access to comprehensive, affordable health care coverage for all, including full parity for mental health and substance use disorder services.
- Congress permanently close the Medicaid coverage gap through a federal public option or the availability of fully subsidized marketplace coverage nationally for individuals under 133% of the federal poverty level.
- Congress strengthen and maintain enhanced premium support for marketplace plans.
- Congress maintain and fully fund the Ryan White HIV/AIDS Program.

2. Address the social determinants of health (SDoH), including structural racial inequities, educational access, economic stability, immigration status, discrimination, stigma, housing, transportation, food security and safe communities as fundamental to ending HIV-related disparities.

We recommend:

- Providing funding to support standardized collection of SDoH data, including at any community health center receiving Health Resources and Services Administration funding. Data collection should be focused on well-validated indicators, including CDC's Social Vulnerability Index and the and include measures to monitor and evaluate quality of life.
- Financial support from third-party payers for basic living needs that are critical to improving quality of life and to supporting sustained viral suppression among people with HIV, such as adequate nutrition, stable housing, case management, transportation to health care services, social and legal services for immigrants and support for community health education.
- Enhancing and enforcing nondiscrimination protections including for people with HIV and LGBTQ populations across federal programs.
- Supporting universal access to telehealth through broadband internet service and phones or devices throughout the U.S.
- Improving support for peer navigators to help educate and support individuals in low-income, under-resourced settings and areas of greater HIV risk based on SDoH and epidemiologic criteria.

3. Organize health care delivery to meet people "where they are," incorporating harm reduction principles with minimum administrative and structural barriers to health care services.

We recommend:

- Centers for Medicare and Medicaid Services (CMS) and other federal programs support integrated health care delivery that is person-centered, multidisciplinary, team-based and tailored to meet individual needs without administrative barriers.

- Federal funding for syringe services programs (SSPs), including for sterile syringes, be made widely available throughout the U.S. for persons who inject drugs, and that SSPs be funded to expand their services to offer expanded HIV, HCV and substance use disorder treatment and prevention services.
- Removal of legal barriers to SSPs in the 20% of states where they exist to reduce transmission of HIV and other infections.
- CMS and states facilitate Medicaid access for people experiencing unstable housing and homelessness to improve their access to health care services, including community-based services and "street medicine."
- CMS and other federal programs fund and evaluate alternative care settings to improve access to health care services for people who inject drugs, individuals who are unstably housed and other vulnerable populations. This should include bridge programs in emergency departments to ensure that patients are discharged with a sufficient supply of medications and linkage to substance use disorder services and reimbursement for video and telephonic/audio-only telehealth care delivery.

4. Advance health care financing and payment models that incentivize and support innovative models of care that improve health outcomes and quality of life for people with HIV and at risk for HIV.

We recommend:

- CMS and other third-party payers sustainably finance services important to the integrated, effective delivery of HIV care, such as case management, outreach and care coordinators, peer support and community health workers.
- CMS and other third-party payers invest more in reimbursement for cognitive services by reforming and recalibrating current payment models that disproportionately reimburse procedure-based services.
- CMS and other third-party payers eliminate administrative requirements, including prior authorization and step therapy, that do not promote quality and/or safety and that discriminate against more costly evidence-based practices such as curative therapy for hepatitis C.
- CMS incentivize state Medicaid programs to collect viral suppression data for Medicaid beneficiaries with HIV.
- U.S. Department of Health and Human Services (DHHS) continue to support and evaluate policy changes, such as streamlined eligibility determinations for the Ryan White HIV/AIDS Program, medication refill flexibility and expanded flexibilities for telehealth reimbursement that were initiated under the COVID-19 public health emergency, to advance current policy goals.

5. Promote fair and reasonable prescription drug prices to reduce barriers to HIV prevention and treatment and to reduce health care costs while sustaining innovation.

We recommend:

- Generic antiretroviral drugs be used in line with the DHHS ART guidelines, taking into account that single-tablet regimens and long-acting injectables may be preferred for some patients.
- DHHS have the authority to negotiate prescription drug prices, including for antiretroviral therapies.
- Federal support and incentives be available for drug development in categories or classes that industry has largely abandoned, such as antibiotics for drug-resistant organisms, through

passage of the *Pioneering Antimicrobial Subscriptions to End Upsurging Resistance (PASTEUR) Act (S.2076/H.R.3929).*

- Maintaining the 340B program in its role to stretch federal resources that support programs serving as a safety net for underserved patient populations, including people with HIV and at risk for HIV.
- Savings from lower prescription drug prices be reinvested into HIV prevention and care to fund safety net programs and services.

6. Repeal or reform laws and regulations that criminalize people with HIV and policies that discriminate against them by barring service in the military or the Peace Corps.

We recommend:

- Congress pass the REPEAL HIV Discrimination Act of 2021 to support a review of federal and state laws, policies and regulations of criminal and civil cases involving people with HIV.
- Department of Justice, Department of Defense and DHHS develop guidance and best practices for states around criminalization of people with HIV for their behaviors.
- States repeal HIV criminalization laws and policies.
- The Administration revise all policies barring or restricting the service of people with HIV based on their HIV status.

7. Treat substance use disorder as the chronic, relapsing brain disease it is, and not as a crime, to improve health outcomes, reduce the risk for HIV and other infectious diseases and help eliminate the stigma associated with substance use disorders.

We recommend:

- Focusing on and funding enhanced and integrative treatment of substance use disorder and associated health issues, including mental and physical health conditions, instead of incarceration.
- Removing barriers to prescribing medications for substance use disorders (formerly known as Medication Assisted Treatment), including the X-waiver requirement and limits on the number patients that can be treated by a prescriber.
- Providing access to health care, including medications for substance use disorders during incarceration for justice-involved individuals.
- Allowing Medicaid programs flexibility to cover health care services for justice-involved populations during critical transition periods. This includes initiation or continuation of community-initiated treatment prior to a conviction and services to support a successful transition to the community upon release.

8. Expand access to comprehensive, high-quality mental health services to improve health outcomes for people with HIV and at risk for HIV.

We recommend:

- Strengthening and enforcing the Mental Health Parity and Addiction Equity Act of 2008.
- Advancing incentives to support and increase the mental health workforce, through both expanded loan repayment options and improved health care coverage for mental health services.
- Providing additional funding to Substance Abuse and Mental Health Services Administration and Agency for Health Care Research and Quality to advance models of integrated behavioral health for people with HIV.
- Increasing funding from CMS to evaluate collaborative care models, such as those developed by the Advancing Integrated Mental Health Solutions Center.

9. Promote evidence-based interventions, such as comprehensive, medically accurate, culturally and age-appropriate sex and sexual health education, to reduce transmission of HIV and other sexually transmitted infections.

We recommend:

- Congress pass the Real Education and Access to Health Youth Act of 2021 to expand access to sexual health education services to youth.
- States advance laws and policies that normalize and support comprehensive sexual health education and services for all youth, including LGBTQ youth.
- Federal and state policymakers invest in and incentivize comprehensive sexual health education services and in training the clinical workforce to obtain appropriate, patient-centered sexual risk assessments that are inclusive of populations most vulnerable to STIs and HIV-related disparities, including sexual and gender minorities, youth and communities of color.
- Federal and state public health and health care systems promote and integrate HIV and STI prevention, screening and treatment services into both primary and specialty care, including implementation of new models of care such as task-shifting, leveraging peer specialists, telehealth, home-based screening and mobile care.
- Federal and state administrative and regulatory barriers be modified or eliminated to expand and promote the ease of providing HIV and STI prevention, screening and treatment services in both traditional and nontraditional settings, such as community health centers, Title X family clinics, substance use treatment and other community-based services.

10. Ensure a strong and culturally responsive ID and HIV clinical and research workforce that better reflects the populations heavily impacted by HIV.

We recommend:

- States and institutions allow health care providers, including physicians, advanced practice providers and pharmacists to work at the fullest extent of their training and expertise with the appropriate clinical guidance and consultation.
- Congress provide incentives, such as loan repayment, for providing care and treatment to people with HIV in underserved communities through passage of the Bolstering Infectious Outbreaks (BIO) Preparedness Workforce Act (S. 3244/H.R. 5602), the BIO Preparedness Workforce Pilot Program included in the PREVENT Pandemics Act, or similar legislation.
- CMS revalue the initial inpatient E/M codes (hospital visit and observation codes) to reflect the complexity of care provided and the historic relativity between these codes and the office and outpatient visit codes, which were revalued in 2021.
- Enhanced support for teaching and training the clinical workforce to deliver culturally competent care to diverse populations throughout the duration of their education and training, e.g., requiring completion of courses such as the Accreditation Council for Graduate Medical Education's Equity Matters CME Learning Path.
- Improving grant pay lines for those involved in HIV-related research to promote and sustain their commitment to this field.
- Supporting more diverse areas of research that are critical to ending the HIV epidemic, such as implementation science and health disparities related to HIV.
- Expanding the number of J1 visas available and allowing physicians on H1B and J1 visas to be eligible for T32 training grants and NIH career development awards.

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