



## Health Resources and Services Administration

### **Bureau of Health Workforce**

The coronavirus pandemic has demonstrated the importance of having a robust infectious diseases workforce on the front lines across the country to lead during public health crises and respond to persistent epidemics such as HIV, hepatitis C and drug resistant bacterial infections. A [study published](#) in the *Annals of Internal Medicine* found that nearly 80% of counties in the U.S. did not have a single infectious disease physician. This is particularly concerning given that studies have shown that infectious diseases (ID) physician care is associated with improved patient outcomes, shorter lengths of hospital stay and reduced costs.

We strongly support the creation of a U.S. Public Health Jobs Corps to respond to the coronavirus pandemic and future pandemics and urge that infectious diseases clinicians, HIV specialists and public health practitioners be eligible to join the newly created Public Health Job Corps. It will be important to have targeted interventions to support the development and maintenance of a robust infectious diseases workforce, including as part of the Public Health Service Corps, and to ensure that ID and HIV specialists are available in communities across the country.

There was already a pressing need for a more robust infectious diseases and HIV workforce prior to the pandemic to respond to the HIV epidemic, the opioid crisis and its syndemics of infective endocarditis, hepatitis A, B and C, multi-drug resistant organisms and emerging infections such as Zika — yet fewer physicians are pursuing this career path in part due to financial barriers. A [recent study of the HIV workforce in 14 southern states](#) found that more than 80% of the counties had no experienced HIV clinicians, with the greatest disparities in rural areas. There is no doubt that COVID-19 has stretched the current clinical workforce, making it even more urgent to address this gap. We urge that ID and HIV clinicians be considered eligible for HRSA loan repayment programs and for the National Health Service Corps, given the severe impact of the coronavirus pandemic in rural and medically underserved populations and areas. In addition, given the rise in infections linked to drug use and the role of ID and HIV clinicians, we urge that ID and HIV clinicians also be eligible for loan repayment programs available to substance use providers.

### **We recommend:**

- **Designating infectious diseases clinicians and HIV specialists as eligible for the U.S. Public Health Jobs Corps to be created to respond to the coronavirus pandemic;**

- **Exploring flexibilities within the National Health Service Corps and the substance use provider loan repayment programs to include infectious diseases and HIV specialists to work in rural and other underserved areas lacking ID and HIV expertise.**

### **HIV/AIDS Bureau**

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

The program also is playing a critical role in helping to ensure that people with HIV maintain access to care and treatment during the COVID-19 pandemic, in addition to assisting people with HIV with protecting themselves from COVID-19. Since the pandemic, Ryan White providers have reported increased numbers of patients seeking services at their clinics as patients lose 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 that will be important to maintain. These innovations are highlighted in a [manuscript published](#) by IDSA and HIVMA and are summarized in the recommendations below.

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 reduce new HIV infections and on 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 funding in COVID-19 relief packages for the Ryan White Program to meet the increased demand for services and prevent disruptions in HIV care and treatment;**
- **Continuing to support the use of RWHAP funding for telemedicine and telehealth services, including the purchase of mobile technology for patients to enable accessing services remotely;**
- **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;**
- **Encouraging jurisdictions to introduce innovative programs to support rapid-start antiretroviral treatment by allowing a margin of error for a small percentage of patients to receive services who it may be determined have other coverage sources or whose HIV test is negative;**

- **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 reduce new HIV infections and 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 provided by the grantee.**

*For questions regarding our recommendations, please contact Amanda Jezek, IDSA Senior Vice President for Public Policy and Government Relations at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) or Andrea Weddle, HIVMA Executive Director at [aweddle@hivma.org](mailto:aweddle@hivma.org).*