The Centers for Disease Control and Prevention/Health Resources and Services Administration (CDC/HRSA) Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) met on April 18-19, 2023. During this meeting, the CHAC voted in favor of recommendations after considering the comprehensive review from the Workforce Workgroup. On November 3, 2022, this workgroup was charged with discussing and researching mechanisms to align HIV workforce regulation and funding to promote a shift toward comprehensive, whole-person, interdisciplinary, and team-based HIV service delivery through investments in workforce infrastructure for decentralized, differentiated status-neutral HIV services and the incentivization of programs that create pathways for more diversity in professional careers for HIV treatment and prevention services.

The CHAC provides the following recommendations for PACHA consideration:

1. CHAC recommends that the HIV prevention and treatment infrastructure be broadened to ensure appropriate training and resources for HIV workforce development in a decentralized, differentiated HIV model of care (e.g., including telehealth, community-based delivery of services, etc.) and prepared to explore new practice innovations.

2. CHAC recommends that all HIV team members (e.g., CHWs, RNs, LPNs, Social Workers, Pharmacists, Behavioral/Mental Health Professionals) be integrated as part of the HIV workforce with appropriate training standards, compensation, and paths for promotion and be provided the infrastructure to optimize care.

3. CHAC recommends exploring ways to incentivize programs in creating demand and ensuring pathways for recruitment and retention of a diverse and inclusive HIV workforce, consistent with current and emerging needs and challenges of PLWHIV communities.

4. CHAC recommends that there be a review and synthesis of evidence of 1) effectiveness of practice of different health care providers and 2) current regulatory barriers that place restrictions on practice at the highest level of training and licensure for non-physician HIV providers (e.g., for nurse practitioners, PAs, medical technicians, pharmacists, etc.) and consideration of incentives to remove these barriers.