

**Presidential Advisory Council on HIV/AIDS (PACHA)**  
**Resolution in Support of Innovation to End the HIV/AIDS Epidemic**

**Whereas**, the national *Ending the HIV Epidemic: A Plan for America* calls for reducing new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030;

**Whereas**, we now have the right data, the right tools, and the right leadership to end the HIV epidemic;

**Whereas** we know that for persons living with HIV/AIDS providing treatment that achieves long-term viral suppression allows for a normal, healthy lifespan and makes HIV untransmittable;

**Whereas** we know that we have a spectrum of effective HIV prevention tools including Pre-Exposure Prophylaxis (PrEP), HIV treatment as prevention (TasP), consistent and correct condom use, negotiated sexual safety (testing twice, having a sexually exclusive and trusted relationship), non-occupational post exposure prophylaxis (nPEP), and syringe service programs;

**Whereas**, PACHA is taking its meetings into communities, listening to those on the front lines of ending this epidemic, and gathering information on barriers to success;

**Therefore, be it resolved** that PACHA urges the Secretary of Health and Human Services (Secretary) in a whole-of-government approach to ending this epidemic to work with all engaged federal agencies to address any financing, legal, policy, system, grant making, contracting, workforce or other barriers that stand in the way of communities implementing their innovation plans to end the HIV epidemic, including efforts to address stigma, discrimination, lack of trust, and social determinants of health (e.g., housing, food, transportation, employment, social support networks);

**Be it further resolved** that the federal government support and remove financing, eligibility, clinical practice, workforce and other barriers that:

- do not allow someone who is diagnosed with HIV from receiving HIV treatment medication at the same clinical encounter,
- do not allow someone who is HIV negative and screened at risk for HIV from receiving PrEP medication at the same outreach or clinical encounter, and
- do not allow for evidence-based syringe service programs;

**Be it further resolved** that the federal government support and remove financing, policy, system, grant making, contracting, workforce or other barriers for innovative differentiated models of HIV prevention and treatment, including but not limited to overcoming barriers for:

- service delivery models that make use of telemedicine or telehealth or other technology to reach community,

*Approved by unanimous vote of PACHA members on October 22, 2019*

- service delivery models that incorporate peer delivered, culturally appropriate service models that include community support activities from trusted community-based providers,
- outreach, testing, and care models that make use of mobile vans,
- outreach, testing, and care models that make use of persons providing services in the field including on the street, homeless camps/shelters, social service offices, cultural events, community events, and the like,
- clinical models that make use of extended hours on evenings and weekends,
- service delivery models that use of self-testing kits for HIV infection,
- service delivery models that make use of pharmacists,
- education being delivered with cultural competency and humility,
- promotion of TasP,
- directly funding community entities to implement powerful, population-specific prevention and care services, and media/marketing initiatives,
- programs that support the health of people who use drugs, are living with mental health disorders, are 50 years of age and older, are trans persons, and/or are living with other disabilities;
- simultaneously addressing the syndemics of hepatitis C, sexually transmitted infections, substance use disorder, and
- service delivery to those who are living in incarceration;

**Be it further resolved** that the federal government work with all HIV/AIDS related service delivery programs to collect data that is all-gender inclusive to help ensure the best prevention and care programs are reaching transgender persons, and that it ensure this data collection is legally protected from individual disclosure;

**Be it further resolved** that the federal government work with states, territories, tribes, and local governments to remove barriers that:

- do not allow for the establishment of evidence-based syringe service programs,
- criminalize HIV status,
- do not allow access to PrEP or timely access to nPEP as prevention, including for minors at increased risk for HIV to access to PrEP or nPEP without parental consent, and
- do not allow access to antiretroviral medications for treatment;

**Be it further resolved** that the Secretary work with federal agencies and the medical community to evaluate the frequency of medically necessary tests to monitor for side effects of PrEP treatments, and that for such medically necessary tests that the federal government identify mechanisms and means to reduce the costs of those tests and to fund the costs of those tests in ways that either eliminate or reduce the cost to the individual;

**Be if further resolved** that the federal government call upon those states, territories, and tribes that have not mandated the laboratory reporting of HIV viral load testing (detectable and

undetectable) to do so in support of monitoring and evaluating the effectiveness of HIV treatment programs; and

**Be it further resolved** that the federal government call upon and work with states, territories, tribes, and local governments to remove policy, procedure, and other system barriers that would prevent the quick receipt and use of federal funds to help end the HIV epidemic.