
Presidential Advisory Council on **HIV/AIDS**



March 30, 2017

The Honorable Thomas Price, MD
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Price:

The Presidential Advisory Council on HIV/AIDS (PACHA) advises the President and Secretary of Health and Human Services regarding programs, policies, and research priorities to slow – and ultimately, *end* – the HIV/AIDS epidemic. PACHA is comprised of physicians, public health professionals, service providers, and advocates who volunteer their service. We, the members of PACHA, write now to update you on our activities and recommendations.

The new administration assumes the mantle of power at a critical time in the fight against HIV/AIDS. In the United States, approximately 1.1 million people are living with HIV.¹ A 2011 National Institutes of Health (NIH) funded study showed that providing treatment for people living with HIV reduced the risk of transmitting the virus to HIV-negative sexual partners by 96%.² Other government-supported research has shown that medications used to treat people living with HIV can prevent uninfected people from acquiring infection (pre-exposure prophylaxis).³ But despite dramatic research advances, 1 in 7 people living with HIV are unaware of their infection and just over half of those diagnosed with HIV are receiving regular treatment.⁴ Moreover, although new HIV infections decreased 18% overall from 2008 to 2014 and declined within most subgroups, they increased 35% percent among 25- to 34-year-old gay men, went up 20% among Latino gay and bisexual males, and stabilized at unacceptably high rates for Black gay and bisexual men. Furthermore, the opioid epidemic has led to increases in injection

¹ Centers for Disease Control and Prevention (CDC), “HIV Among Gay and Bisexual Men,” available at <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf> (last viewed Mar. 28, 2017).

² Cohen MS, Chen YQ, McCauley M, et al., “Antiretroviral Therapy for the Prevention of HIV-1 Transmission,” *N Engl J Med* 2016; 375:830-839, September 1, 2016, DOI: 10.1056/NEJMoa1600693, available at <http://www.nejm.org/doi/full/10.1056/NEJMoa1600693#t=article> (last viewed Mar. 28, 2017).

³ See, e.g., Grant RM, Lama JR, Anderson PL, et al; iPrEx Study Team. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *N Engl J Med* 2010;363(27):2587-99. For links to this and related studies, visit: <https://www.cdc.gov/hiv/research/biomedicalresearch/prep/> (last viewed Mar. 28, 2017).

⁴ CDC, HIV Surveillance Report, Supplemental Report (Vol. 21, No. 4), “Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data, U.S. and Six Dependent Areas, 2014,” available at <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-21-4.pdf> (last viewed Mar. 28, 2017).

drug use and viral hepatitis, raising concern that a new wave of HIV infections among people who inject drugs might not be far behind.⁵

HIV prevention and treatment not only saves lives and decreases transmission – but also saves money. Each new infection is associated with an estimated lifetime cost of \$449,000.⁶ The total cost of treating the 37,600 people who were newly infected with HIV in the United States in just one year (2014) is more than \$16.8 billion.

The United States will reap the benefits of its investments in research only if people living with HIV are diagnosed in a timely fashion, have access to medical care, and consistently receive HIV medications and the support necessary to remain adherent to their treatment plan – and people at high risk for HIV can receive prevention services, including pre-exposure prophylaxis.

In order to achieve these goals, PACHA recommends the following:

- Continue implementing the strategy we have developed, which includes roadmaps to: (a) reduce new infections; (b) increase access to care and improve health outcomes for people living with HIV; (c) reduce HIV-related health disparities and inequities; and (d) achieve a more coordinated national response to the HIV epidemic.
- Fully support and fund the highly successful Ryan White HIV/AIDS program, which provides funding and expertise to states, cities, clinics, and local community organizations and has helped ensure that many patients achieve viral suppression.
- Support the role of Medicaid as a source of health coverage for people with HIV, as well as other co-morbidities. Medicaid has played a key role in HIV care for many years. In States that chose to expand Medicaid, many people with HIV now have access to life-saving treatments, which, in turn, decreases the risk of new infections. Contractions in Medicaid may well have the opposite effect.
- Maintain and expand health insurance coverage and ensure that all people have access to affordable, meaningful, and uninterrupted coverage—with strong consumer protections—for inpatient and outpatient care, prescription drugs, preventive services, and other necessary medical care. Health insurance coverage is critical for both prevention and treatment of HIV and for achieving the goals of the National HIV/AIDS Strategy (NHAS).
- Embed quality metrics into HIV care management (<https://www.aids.gov/federal-resources/pacha/meetings/2015/dec-2015-letter-to-president-obama.pdf>).
- Support and improve patient protections for people living with HIV, to enhance access and treatment adherence. Examples of potential actions here include: (a) preventing insurers from denying coverage or charging higher premiums based on an HIV diagnosis or the existence of other health conditions; (b) ensuring that health plans provide access to needed services and treatments; (c) limiting the impact of extremely high co-pays and/or co-

⁵ CDC, “HIV Incidence: Estimated Annual Infections in the U.S., 2008-2014, Overall and by Transmission Route,” (hereinafter “HIV Incidence”), available at https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-incidence-fact-sheet_508.pdf (last viewed Mar. 28, 2017).

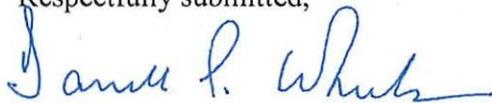
⁶ See Farnham PG et al. Updates of Lifetime Costs of Care and Quality of Life Estimates for HIV-Infected Persons in the United States: Late Versus Early Diagnosis and Entry Into Care. *J Acquir Immune Defic Syndr* 2013; 64: 183-189; CDC, “HIV Cost-Effectiveness,” available at <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html> (last viewed Mar. 28, 2017)

insurance costs; and (d) maintaining anti-discrimination provisions that prevent insurer discrimination based on race, color, national origin, sex, age, diagnosis, or disability.

- Support federal funding for initiatives that address HIV public health concerns. These include NIH research, Health Resources and Services Administration (HRSA) programs, CDC initiatives (especially HIV and STD prevention programs), HUD housing programs, and Substance Abuse and Mental Health Services Administration (SAMHSA) activities.
- Strengthen and ensure protection from discrimination for gay, lesbian, and transgender individuals.
- Support programs focused on the U.S. Territories and countries around the globe. We recommend implementing the nation's HIV strategy in all U.S. Territories, and we fully support the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) programs for less developed countries struggling with the impact of HIV epidemics.
- Support international efforts to reach clear targets to save lives and decrease new transmissions: 90% of the population diagnosed, 90% in treatment, and 90% virally suppressed, referred to as the "90-90-90" treatment targets.⁷

We look forward to working with you in your efforts to improve the health of Americans and make this country the best that it can be.

Respectfully submitted,



Darrell P. Wheeler, PhD, MPH, ACSW
Vice-Chair
Presidential Advisory Council on HIV/AIDS

cc: Don Wright, MD, MPH, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services

⁷ UNAIDS, "An Ambitious Treatment Target to Help End the AIDS Epidemic," available at <http://www.unaids.org/en/resources/documents/2014/90-90-90> (last viewed Mar. 28, 2017).