NATIONAL HIV/AIDS STRATEGY IMPLEMENTATION RECOMMENDATIONS

Submitted to the Secretary of the U.S. Department of Health and Human Services
By the Presidential Advisory Council on HIV/AIDS
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Since the creation of the National HIV/AIDS Strategy (NHAS), progress has been made towards meeting the Strategy's access to care, health equity, and prevention goals and objectives. To make continued progress, and to ensure we reach the President's 2015 benchmarks, we respectfully offer the following 2012 priorities for review and adoption by the Secretary.

Fully Implement the Affordable Care Act (ACA)

The Administration must continue to work to fully implement the ACA. More specifically, we respectfully urge the Secretary to set policies that ensure uninterrupted and comprehensive care for people living with HIV. Implementation must include: incorporation of HIV primary care and specialty providers into Medicaid and Qualified Health Plan networks; identification of HIV service providers, including peers, as navigators for outreach, enrollment and retention efforts; and enhanced coordination between Medicaid and Exchanges that promote continuity of care. In addition, it is imperative that protections be included in regulations implementing the Essential Health Benefits (EHB) package to ensure that even within a benchmark approach there are adequate guarantees to access to comprehensive care for people living with HIV and other vulnerable populations. Finally, the ACA's investments in public health, prevention and wellness must include significant new investments in HIV prevention, the integration of sexual and reproductive health with HIV, as well as the training of new HIV primary care and specialty providers. To maximize the opportunities created by the ACA's investments in Federally Qualified Health Centers (FQHCs), the HRSA's Bureau of Primary Health Care must ensure that FQHCs are providing high quality and comprehensive care and treatment for people living with HIV. The PACHA requests the opportunity to discuss these policy recommendations with HHS leadership to further inform and explore ways in which ACA can be implemented to meet the health care needs of people living with HIV.

Provide Ongoing and Sufficient Funding of the Ryan White Program

The Administration must continue to work diligently to ensure sufficient levels of funding for the Ryan White Program. It is premature to discuss either health care reform-related cost-offsets or the destabilization of Ryan White Program-supported HIV care, treatment, and disease management services in the absence of demonstrated and successful integration of HIV care, treatment and service models into newly created health care delivery systems. In addition, even with the full implementation of the ACA, the Ryan White Program will clearly be needed to fill gaps in care, treatment and essential support services for people living with HIV, as well as to close gaps in affordability. The PACHA looks forward to working with HHS and HRSA to evaluate ongoing ACA integration of HIV care, treatment and service models and to assess the impact of this integration on the Ryan White Program.

Maximize Accountability and Effectiveness by Overhauling HIV-related Performance Metrics

HHS, ONAP, and other partners (in conjunction with PACHA) must work to finalize a streamlined, practical and prioritized set of HIV measures and reporting requirements. Identifying a smaller number of critical metrics to be collected across agencies will help the nation focus on central outcomes and impacts, set the stage for cross-agency and intra-agency reallocation of resources to achieve optimal HIV care and prevention impact, and allow for identification of specific ways in which HIV programs can be strategically coordinated with sexually transmitted infections services, hepatitis programs, and substance abuse treatment interventions.

Follow Through on PACHA Resolution on Young Black Men Who Have Sex with Men (MSM)

PACHA developed a resolution with a set of recommendations for addressing the significant health disparities that exist for men who have sex with men (MSM), particularly black MSM (BMSM) and even more specifically young black MSM (YBMSM). The PACHA reaffirms the set of recommendations outlined in the resolution and again requests that the Secretary of HHS convene a high-level summit (including government and non-government stakeholders) on the HIV epidemic and its impact on YBMSM and create a department-wide task force charged with developing a comprehensive plan to address all aspects of the epidemic among YBMSM.

Support Efforts to Address HIV among MSM and Other Critically Affected Populations Worldwide
To advance the AIDS response among gay men and other MSM worldwide, the Administration must continue in its commitment to support global health budgets, including, among other initiatives, a bold commitment to fund PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In addition, we urge HHS to work closely with the Office of the U.S. Global AIDS Coordinator in taking a leadership role in addressing the AIDS epidemic among MSM and other populations that are most critically affected throughout the world. While there have been recent signs of improvement, in many countries gay male sexual behavior continues to be illegal, inhibiting access to needed services. There is also increasing evidence that some governments place restrictions on the use of PEPFAR and other donor funds for MSM-related HIV services based solely on ideology, not on science. The vision of an AIDS-Free Generation demands that the Administration actively work to promote human rights for sexual minorities and appropriate health services for this population, including the effective delivery of combination prevention and treatment services to MSM, including biomedical, behavioral, and structural interventions.

Revise the Funding Methodology of the Housing Opportunities for Persons with AIDS Program
The current HOPWA program bases funding allocations on cumulative AIDS cases and sets aside 25% of its formula funding to provide "bonus" funds to 31 urban areas with higher AIDS incidence than the national average. The foundation for funding distribution must shift to an approach that is based on living HIV and AIDS cases and we must reevaluate the 25% set-aside to better target limited HOPWA formula funds.

Support the Development of Safe and Voluntary HIV Disclosure Recommendations and Denounce Stigma
A workgroup comprised of CHAC and PACHA members has been soliciting public input to inform the development of recommendations for normalizing and promoting safe, voluntary disclosure of HIV status. HHS must help to further this effort by convening a series of meetings with the workgroup, leading researchers and practitioners, and people living with HIV. In addition to these efforts, the Administration must strongly denounce all actions that contribute to the stigmatization of persons living with HIV, including HIV criminalization laws, and support the development and implementation of a sustained, national HIV anti-stigma campaign informed by people living with HIV.

Refine Evidence-Based Prevention Programs
Scientific findings released in 2011 have provided further evidence that HIV treatment not only plays a major role in improved health outcomes, but also is crucial in preventing the forward transmission of HIV. To maximize the full potential of these findings we urge HHS to immediately convene and sponsor a landmark "State of the Science" conference, including researchers, advocates and people living with HIV to examine and recommend interventions to facilitate the aggressive movement of persons living with HIV across the care continuum.

Invest in and Target Prevention as a Cost-Saving Public Health Strategy
To truly bend the HIV cost curve, we must dramatically bend the HIV incidence curve and this requires an increased investment in prevention funding, at least equal to the level of increases requested by President Bush in fiscal years 2007 and 2008. In addition, funding allocations must be aligned with both the current distribution of HIV as well as emerging HIV epicenters (such as the southeast United States). We must also address the infrastructure needs of communities most hard hit by the epidemic, especially, black gay men, the Southeast, women of color and transgender persons.

Avoid Backsliding on the Administration's Key HIV Prevention Policy Victories
As a signal to its commitment to science and to achieving the NHAS prevention goals, it is crucial that the Administration uphold all evidence-based policies, including full support of federal funding for syringe exchange, proper enforcement of the elimination of the entry ban, and investment in comprehensive sexual education (rather than abstinence-only education). In addition, the Administration must work to integrate care and prevention concerns related to sexual and reproductive health with violence against women services and HIV services.

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