

The American Academy of HIV Medicine is the nation's leading independent organization of health care professionals dedicated to providing excellence in HIV care and prevention. Our membership of over 4,600 practitioners and credentialed providers manage the health of the majority of people with and at risk for HIV in the United States - practicing in all 50 states, Washington, DC, and Puerto Rico. We are the only network of frontline HIV care providers and other clinicians that is inclusive of physicians, physician assistants, nurses, nurse practitioners and pharmacists. Through educational and professional development programming, advocacy, mentoring and credentialing, we endeavor to achieve the Academy's mission of ensuring health care professionals have the resources needed to provide prevention, treatment, and care for those living with or at risk for HIV and related conditions to achieve optimal health.

The Academy's 2022 virtual fly-in event, the Day of Action, focuses on four legislative interventions necessary to end the HIV epidemic in the U.S. by 2030:

- 1. Greater access to HIV pre-exposure prophylaxis medication (PrEP)**
- 2. Expanded HIV health care workforce - scope and equity**
- 3. Adequate funding for ending the HIV epidemic: prevention, treatment, care, and research**
- 4. HIV decriminalization**

1. PrEP

PrEP or pre-exposure prophylaxis is medication that is highly effective in preventing HIV transmission. When taken as prescribed, PrEP reduces the risk of getting HIV through sex by about 99% and reduces the risk of getting HIV through injection drug use by 74%. This life-saving medication was approved for use in the U.S. nearly 10 years ago, but a robust uptake has not occurred beyond those with private insurance. The disparities in access, or the "PrEP access gap," are largely concentrated in communities of color where need is the greatest - particularly in the southern U.S. The Academy offers several [clinical resources on PrEP](#), and members of Congress can take critical legislative action:

- Co-sponsor The PrEP Assistance Program Act ([H.R. 5605](#))
- Co-sponsor The PrEP Access and Affordability Act ([H.R. 6117/S. 3295](#))
- Support funding for a [national PrEP program](#) as outlined in the [President's FY'23 Budget Proposal \(p.25\)](#)

2. HIV Health Care Workforce

Nationally, more than 36,000 people are newly diagnosed with HIV each year, and of the 1.2 million people living with HIV, only half are in regular care and benefiting from treatment. Treating people with HIV rapidly and effectively to reach sustained viral suppression is important for people with HIV to stay healthy and to prevent new HIV transmissions. But the U.S. faces severe [workforce capacity challenges](#) to effectively treat people living with or at risk for HIV - a reality compounded by the COVID-19 pandemic. There have been significant advances in HIV prevention and viral suppression, but as more people with HIV live longer, healthier lives, treating people with HIV becomes more complicated and the demand for HIV and primary health care services continue to increase.

People living with HIV cared for by [expert HIV clinicians](#) have better outcomes. But, the physician specialties providing HIV care are among the lowest paid at a time when medical students graduate with [an average of \\$250,000 in cumulative educational debt](#). Too many clinicians cannot afford to pursue careers in HIV. In August 2020, the Academy conducted a survey of our membership with nearly half of respondents reporting difficulties recruiting and hiring HIV clinical staff in the previous 12 months. Nearly 60 percent of respondents reported it was more difficult to hire clinical staff than it was five years ago. To reach an end to the HIV epidemic, it is imperative that the number of medical professionals specializing in HIV care keeps pace - and that those providers are in communities where they are most needed. Members of Congress can take action to ensure an increased and diversified HIV workforce:

- Support The PREVENT Pandemics Act ([S. 3799](#))
- Co-sponsor The BIO Preparedness Workforce Act ([H.R. 5602/S. 3244](#))
- Co-sponsor the HELP Act ([H.R. 2295](#))

3. Support Funding for HIV Prevention, Treatment, Care, and Research

Through the appropriations process, Congress establishes and supports national priorities. Among them, is the ambitious but achievable goal of ending the HIV epidemic in the U.S. by 2030, but it will require robust and sustained funding at each programmatic level. As a member of the AIDS Budget and Appropriations Coalition - a group of over 180 national and community-based HIV and public health organizations - the Academy calls on Congress to make the following HIV-specific investments for FY'23:

- The Ryan White HIV/AIDS Program - \$2.942 billion
- Housing Opportunities for People with AIDS (HOPWA) - \$600 million
- Minority AIDS Initiative - \$610 million
- Ending the HIV Epidemic supplemental funding across programs
- Opioid-Related Infectious Diseases program, CDC - \$150 million

4. HIV Decriminalization

Nearly three-quarters of all states in the U.S. have some type of [HIV criminalization law](#) on the books. Many of these laws are antiquated policies that go against scientific evidence about modes of HIV transmission and risk. Such policies discourage HIV testing and contribute to people living with HIV being targeted and punished well beyond simple criminal conviction. They create an environment that perpetuates stigma and misinformation, and the application of such laws are fraught with racial and gender bias. A person with HIV who takes medication can achieve viral suppression or become "[undetectable](#)." If the person's viral load remains undetectable, they have effectively no risk of sexually transmitting HIV to others. Many of these laws simply don't account for this concept of [undetectable = untransmittable](#) or U=U. While most of these laws are at the state level, members of Congress have a role to play:

- Co-sponsor The REPEAL HIV Discrimination Act ([H.R. 6111](#))
- Encourage your state to remove outdated HIV criminalization laws

If you have any questions or would like to discuss any of these issues further, please contact Leslie McGorman, Director of Public Policy at leslie@ahivm.org or 202.659.0699x18.