

Board of Directors

Judith A. Aberg, MD, FIDSA

New York University School of Medicine Infectious Diseases

Chair-Elect

Michael Horberg, MD, MAS, FIDSA

Kaiser Permanente Internal Medicine

Vice Chair

Joel Gallant, MD, MPH, FIDSA

Johns Hopkins University School of Medicine Infectious Diseases

Immediate Past Chair

Kathleen Squires, MD

Jefferson Medical College Infectious Diseases

Wendy Armstrong, MD, FIDSA

Emory University Infectious Diseases

Tess Barton, MD

University of Texas Southwestern Pediatric Infectious Diseases

J. Kevin Carmichael, MD, FIDSA

El Rio Special Immunology Associates Family Medicine

Kathleen Clanon, MD

Alameda County Medical Center Internal Medicine

Judith Currier, MD, MSc, FIDSA

UCLA-CARE

Infectious Diseases

Edwin DeJesus, MD, FACP

Orlando Immunology Center Infectious Diseases

IDSA Board Representative

Carlos del Rio, MD, FIDSA

Emory University Infectious Diseases

W. David Hardy, MD

Cedars-Sinai Medical Center/UCLA Infectious Diseases

Lisa Hirschhorn, MD, MPH, FIDSA

Harvard Medical School Infectious Diseases

Theresa Mack, MD, MPH

St. Lukes Hospital Internal Medicine

Richard Moore, MD, MHS, FIDSA

Johns Hopkins University Internal Medicine

James Raper, DSN, CRNP, JD, FAANP, FAAN

University of Alabama at Birmingham Nurse Practitoner

Pediatric Infectious Diseases Society Liaison

Sharon Nachman, MD, FIDSA

Stony Brook University Medical Center Pediatric Infectious Diseases

Advisory Member

Alice Pau, PharmD, FIDSA

NIH/NIAID/OCR Open Seat

Executive Director Andrea Weddle, MSW May 29, 2012

Bob R. Jr. Mullins, M.D, MPH Commissioner Alabama Medicaid Agency

P.O. Box 5624

Montgomery, AL 36103-5624

Dear Commissioner Mullins:

Last year marked a groundbreaking year in the HIV field with a research studynamed the scientific breakthrough of the year by Science magazine – documenting that HIV treatment not only saves the lives of people with HIV infection, but dramatically reduces the risk of HIV transmission.

Despite the availability of effective HIV treatment and the benefits of treatment to public health-one in five people with HIV remain undiagnosed and fewer than 50 percent of people with HIV are in regular medical care. I am writing on behalf of the HIV Medicine Association (HIVMA) to share resources that you can use as a health policy leader to address these disparities, particularly as you implement health care reform.

HIVMA represents more than 4,800 medical providers and researchers working on the frontlines of the HIV epidemic in communities across the U.S. On behalf of our members and their patients, we urge you to consider the following recommendations to fully leverage the potential of health reform to address the HIV public health crisis and help to end AIDS in the U.S.

Support Chronic Disease Management/Medical Home Care for People with **HIV Infection:** The Ryan White Program has supported the development of a highly effective patient-centered medical home model for managing HIV infection. We strongly urge you to build on the success of the Ryan White Program by adopting the key components of the HIV care model as described in the attached paper, The Essential Components of Effective HIV Care.

Ensure Regular Access to HIV Medical Providers: HIV infection is a complex, chronic condition that requires unique medical expertise and experience. Experienced HIV medical providers deliver higher quality and more cost effective care. HIV medicine does not fall under the purview of any one medical specialty, and similar to other chronic conditions, HIV medical providers regardless of their specialty training often serve as their patients' primary care and HIV provider. Policies that ensure inclusion of qualified HIV medical providers in health plan provider networks and that support streamlined access to HIV medical providers are important to support successful management of HIV disease.

Examples of effective policies include standing referrals to HIV medical providers and the option of designating HIV medical providers, including infectious diseases specialists, as primary care providers. The attached policy statement, *Qualifications for Physicians Who Manage the Longitudinal HIV Treatment of Patients with HIV*, outlines HIVMA's recommendations for identifying qualified HIV providers.

Support HIV Care and Treatment Standards: The Department of Health and Human Services and national associations, such as HIVMA, maintain clinical guidelines and recommendations for HIV care and treatment, including quality measures to evaluate these standards. Benefit coverage design and reimbursement policies, including the development of the Essential Health Benefits standard, must be informed by these widely-recognized standards. Federal treatment guidelines are maintained at www.aidsinfo.gov and HIVMA guidelines are available at www.hivma.org.

Expand Access to HIV Care Now: The anticipated expansion of health coverage in 2014 will offer an unprecedented opportunity to improve access to HIV care and treatment, but we cannot afford two more years of the status quo. We urge states to take immediate steps to address disparities in HIV care, such as using the Section 1115 waiver process to expand access to Medicaid for people with HIV before they become disabled and adopting the new health home benefit for people with HIV infection. See the attached paper, Solutions Needed to Address the HIV Public Health Crisis in the United States: Addendum to Implications of the HIV Prevention Trial Network (HPTN) Study 052.

With recent scientific discoveries and the promise of meaningful health care reform — we are at a pivotal moment in the fight against HIV infection. Please consider HIVMA and its state-based members a resource as you make critical health policy decisions that will determine the fate of people living with and at risk for HIV infection in your state and across the country. Please contact the HIVMA executive director Andrea Weddle at aweddle@hivma.org or (703) 299-0915 to discuss these issues further or to connect with HIVMA members in your state.

Sincerely,

Judith A. Aberg, MD, FIDSA

Chair, HIV Medicine Association

John a ay

Attachments

- Essential Components of Effective HIV Care
- Solutions Needed to Address the HIV Public Health Crisis in the United States: Addendum to Implications of the HIV Prevention Trial Network (HPTN) Study 052
- Qualifications for Physicians Who Manage the Longitudinal HIV Treatment of Patients with HIV