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**Andrea L. Weddle**

June 9, 2010

Health Resources and Services Administration  
Department of Health and Human Services  
Attention: HRSA Regulations Officer  
Parklawn Building Rm. 14A-11  
5600 Fishers Lane, Rockville, MD 20857

Subject: HRSA Notice of Intent to Form a Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professions Shortage Areas (File Code: HRSA-1)

Dear Administrator Wakefield:

The HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA) appreciates the opportunity to comment on HRSA's Notice of Intent to Form a Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professions Shortage Areas. I am offering these comments on behalf of our more than 3,800 clinician and scientist members that are devoted to the field of HIV medicine and that provide HIV care and treatment across the U.S.

HRSA has invited comments on a number of specific issues that it anticipates will require resolution through the negotiated rulemaking (NR) process. HIVMA's comments will respond in particular to the following questions:

Provider availability measures

**We strongly urge that the NR process include an assessment of the availability of experienced HIV medical providers.** HRSA has recognized that HIV/AIDS programs face a serious shortage of qualified medical providers at a time when demand for expert HIV care is growing.<sup>i</sup> In a survey conducted by HIVMA and the Forum for Collaborative HIV Research, a majority of Ryan White Part C-funded programs reported increasing caseloads and serious challenges recruiting and retaining HIV clinicians. Reimbursement and a lack of qualified providers were the top two barriers cited.<sup>ii</sup>

Research has shown that patients managed by experienced HIV physicians have significantly better treatment outcomes and receive more cost effective care.<sup>iii iv</sup> Similar findings have been reported for physician assistants and nurse practitioners, who also play a vital role in the delivery of HIV care.<sup>v</sup>

As part of an agency-wide HRSA effort, the HIV/AIDS Bureau (HAB) is undertaking efforts to better assess the HIV clinical workforce, and address the declining supply of qualified HIV physicians. We urge the NR Committee to draw on this work in developing provider availability measures.

Types of population groups to be considered for designation

**We recommend designating people with HIV as a medically underserved population group and suggest considering HIV prevalence rates in determining medically underserved areas.** The populations that are disproportionately affected by HIV

continue to be marginalized within their communities in some regions of the country and frequently have complex medical, psychosocial and basic living needs. The Ryan White program was created to reduce the medical vulnerability of many people with HIV/AIDS, which is exacerbated by the high rates of individuals that are uninsured or underinsured among this population. While the Ryan White program provides vital resources to support HIV care and treatment, there is a growing gap in the capacity of the care system and the demand for **HIV care**.

#### Facility designation

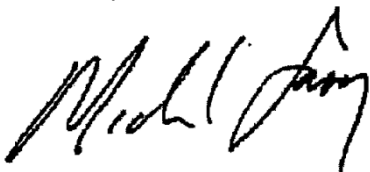
We support facility designation as means for targeting provider service where the need is greatest. Part C of the Ryan White Program is the primary means for targeting HIV medical services to underserved and uninsured people living with HIV/AIDS who would otherwise go without life-saving medical care. **We recommend granting Ryan White Part C clinics a HPSA (Health Professional Shortage Area) designation** which would also help address HIV medical workforce shortages by making these sites eligible for placement of National Health Service Corps personnel. Service at the clinic sites also would provide an excellent pathway for training primary care providers in HIV medicine.

#### Negotiation participants

In identifying individuals with relevant technical expertise to serve on the NR panel, **we strongly urge inclusion of at least one participant with a depth of knowledge and experience with the HIV system of care**. One source of such expertise may include relevant members of the HRSA HIV/AIDS Bureau working group that was formed to develop a "Severity of Need" index to inform allocation of funding for Ryan White programs and services according to quantifiable measures.

Thank you for your consideration of our views, and please consider us a resource in developing the revised methodology and criteria for designation of medically underserved populations and health professions shortage areas. We can be reached through our Executive Director, Andrea Weddle (aweddle@hivma.org or 703.299.0915) should you require additional information or if we can assist you in any way.

Sincerely,



Michael S. Saag, MD, FIDSA  
Chair, HIV Medicine Association

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<sup>i</sup> HRSA CareAction newsletter, (April, 2010)

<sup>ii</sup> A Weddle. HIV Clinic Capacity and Workforce Challenges: Results of a Survey of Ryan White Part C Programs. 2008 National Summit on HIV Diagnosis, Prevention and Access to Care. Nov. 20, 2008. Available online: [www.hivforum.org](http://www.hivforum.org).

<sup>iii</sup> Bozzette SA, Joyce G, McCaffrey DF, et al. Expenditures for the care of HIV-infected patients in the era of highly active antiretroviral therapy. N Engl J Med. 2001;344(1):817-823.

<sup>iv</sup> Landon BE, Wilson IB,, Wenger NS, et al. Specialty training and specialization among physicians who treat HIV/AIDS in the United States. J Gen Intern Med. 2002;17(1):12-22.

<sup>v</sup> Wilson, et al. Quality of HIV Care Provided by Nurse Practitioners, Physician Assistants, and Physicians. Ann of Inter Med 2005;143:729-736.