



CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment HIV/AIDS Bureau (HAB) Updates

October 21, 2024

Laura Cheever, MD, ScM
Associate Administrator
HRSA HAB

Vision: Healthy Communities, Healthy People



HRSA HAB Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Meeting Agenda

HRSA HAB Updates

Ryan White HIV/AIDS Program (RWHAP) Updates

RWHAP Policy Updates

RWHAP Data Updates



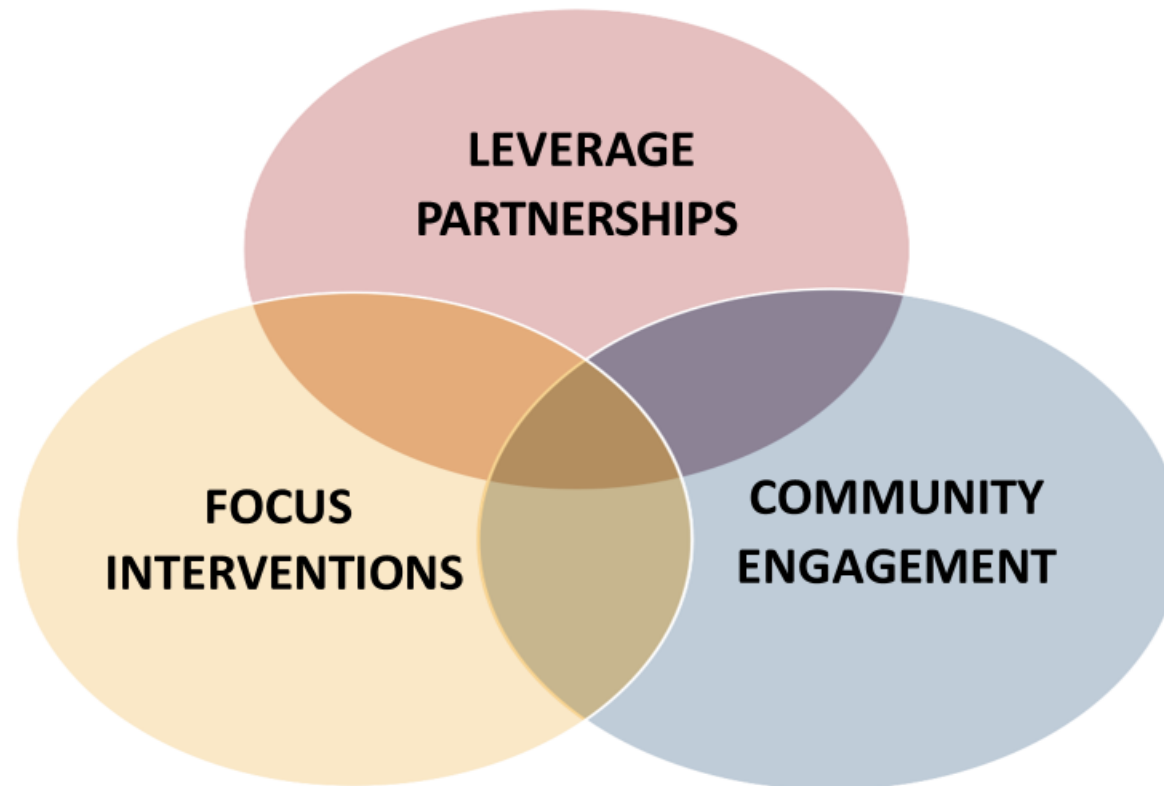
HRSA HAB Updates



Ryan White Program 2030: Vision

HRSA HAB's vision of optimal HIV care and treatment for all to end the HIV epidemic in the U.S. calls us to focus on:

REACHING PEOPLE WITH HIV WHO ARE OUT OF CARE



System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups– Demonstration Systems and ETAP

Goal:

To design, implement, and evaluate a syndemic approach to link and retain clients of racial and minority groups within their jurisdictions in comprehensive and integrated care.

Objectives:

- Improve access, engagement, and retention in care;
- Increase medication adherence;
- Reduce stigma;
- Increase health equity;
- Reach and maintain viral suppression

Important Notes

- **Award Type:** Six Cooperative Agreements
AIDS Care Group, PA; University of New Mexico, NM; MD DoH, MD; Montefiore Medical Center, NY; Positive Impact Health Center, GA; Dallas County Texas, TX
- **Amount:** up to \$500,00 per system in Year 1, and up to \$700,000 per system in Years 2-4.
- **Project Period:** Sept 30, 2024 – Sept 29, 2028
- **Award Type:** One Cooperative Agreement - **JSI**
- **Amount:** Up to \$1.75M per project year
- **Project Period:** Sept. 30, 2024 – Sept. 29, 2028



Supporting People with HIV as Leaders in HIV Systems of Care – CULTIVATE

CULTIVATE

Catalyzing Unity, Leadership, and Team-Building through Individualized, Validating Approaches to Transformational Empowerment for People with HIV

Recipient: AIDS United



Subrecipients: University of MA, Lowell; Impact Marketing + Communications; CAI; Valley AIDS Council

Program Goal: Support leadership development and enhance meaningful engagement for people with HIV in health care planning and programs.

Primary Program Activities

1. Conduct training of trainers (ToT) for people with HIV on leadership in Ryan White HIV/AIDS Program (RWHAP) activities.
2. Provide supports to ToT trainees to help them accomplish goals related to the ToT.
3. Develop and disseminate relevant tools and lessons learned from the project.

Period of Performance

4 years: Sept. 1, 2024 – Aug. 31, 2028

Website: TargetHIV.org/CULTIVATE



HIV Clinical Training Tracks for Primary Care Residents (HTR)

Newly launched in September 2024

Eligible Residency Programs:

- Internal and Family Medicine
- Nurse Practitioner and Physician Assistant

Emphasis placed on residency programs located in Ending the HIV Epidemic in the U.S. (EHE) jurisdictions

Program Goal: Develop and launch HIV clinical training tracks at existing primary care residency programs

Primary Program Activities

1. Train primary care providers that are likely to practice in communities most impacted and at-risk for HIV
2. Determine the feasibility and return on investment should the training of primary care residents in HIV be incorporated as a core component of the RWHAP Part F AIDS Education and Training Center Program.

Period of Performance

4 years: September 2024 – September 2028

Website: hrsa.gov/grants/find-funding/HRSA-24-109



2024 National Ryan White Conference Update

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT



2024 National Ryan White Conference Metrics

- 162 concurrent sessions
- 127 poster presentations
- 8,085 Registrants
- 2,700 in-person attendees
- 4,802 virtual attendees
- 1,088 community members
- 42 exhibitors





708,549

Taps, Views and Votes Cast in Chime Live Event App

KEY ENGAGEMENT METRICS



AUDIENCE INTERACTIONS



TOP CONTENT INTERACTIONS



AGENDA VIEWS

21,209	22004 - Plenary: Empowering Communities	4,581	21000 – EHE Program Business Day Meetings
10,707	22001 - Opening Plenary: Federal Response to Ending the HIV Epidemic	3,642	22006 – Closing Plenary: Implementing Interventions
6,254	22005 – Plenary: Expanding Partnerships	3,450	27078 - Aging and HIV Institute 101: Accessing Community Resources for People with HIV 50 Years and Older
4,872	22003 – Special Session: Ryan White's Story, as told by his mother, Jeanne White-Ginder		

BIOGRAPHY VIEWS

413	Jeanne White-Ginder
199	Andrea Palm
162	A. Toni Young
158	Laura Cheever, MD, ScM
149	Kahlib Barton
122	Rebecca Hutcheson, MSW
115	Yemisi Odusanya

LIVE STREAM UNIQUE VIEWS



Conference Participant Reactions

"I love that I will be able to take these trainings back to my community." – Sandra Rivas

"The energy during the conference is greatleaders, speakers, participants"
Rosa Bernier

"Gain new knowledge that will improve my work performance with Veterans. Outstanding conference. Your dedication and commitment to excellence are noteworthy and respected." -Kevin Stevenson

"I am grateful for the experience. It is my first time and I am also new as a program coordinator and it was a great learning experience in various areas and about the condition and needs of this population. I appreciate the time invested in each conference as it was enriching for me." - Lourdes Rivera

"I had the pleasure of listening to and briefly meeting Jeanne White-Ginder last year at a funder retreat and was so thrilled to hear her again at this conference. It reminds me how important and valuable my work is in this field and how it effects the people my program serves." - Michelle Wysong

RWHAP Policy Updates



HRSA HAB Expungements Program Letter

- On June 6, HRSA HAB released a program letter outlining how RWHAP funds can be used to pay for the expungement of criminal records and associated costs under the "Other Professional Services" category in [PCN 16-02](#).
- The expungement of criminal records helps to remove barriers to care and services, protect privacy, remove stigma, expand opportunities, and support successful reentry into society.
- Access the new program letter: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-expungement-program-letter.pdf>



June 6, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Experiences with the legal system can pose a significant barrier for people with HIV in many critical areas, including housing, employment, and access to public benefits. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to ensuring that people with HIV who have had legal system involvement (defined as any person who is engaged at any point along the continuum of the legal system as a defendant, including arrest, incarceration, and community supervision) have access to core medical and support services to improve their HIV-related health outcomes.

As described in [HRSA HAB Policy Clarification Notice \(PCN\) #18-02 The Use of Ryan White HIV/AIDS Program \(RWHAP\) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#), RWHAP funds may be used to support people with HIV who are incarcerated and are expected to be eligible for HRSA RWHAP services upon their release.¹ HRSA HAB funded two specific RWHAP Part F Special Projects of National Significance (SPNS) Program initiatives which included a focus on people who have been involved with the legal system: [Supporting Replication of Housing Interventions in the RWHAP \(SURE\)](#) and [Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV \(2iS\)](#), and HRSA HAB continues to learn best practices for supporting people with legal system involvement.

The expungement² of criminal records is an effective way to remove barriers to care and services, protect privacy, mitigate stigma, and support successful reentry into community.³ RWHAP funds may be used to aid in the expungement of criminal records.

The scope of allowable legal services as outlined under the "Other Professional Services" service category in [HRSA HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) includes matters "related to or arising from [an individual's] HIV." To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, RWHAP funds can be used to pay for the expungement of criminal records and associated costs. As policy and legal landscapes vary by geographic area, it is advisable that RWHAP recipients and subrecipients partner with legal service professionals and consult their own state and local laws to determine eligibility for expungement assistance.

¹ A case study of RWHAP funds being used for expungement: <https://publications.parbadap-2019.nastad.org/>

² Expungement is the process by which a defendant's criminal record is destroyed or sealed and thus treated as if it had never occurred. See https://www.americanbar.org/groups/public_education/publications/teaching-legal-docs/what-is-expungement/

³ https://www.americanbar.org/groups/criminal_justice/publications/criminal-justice-magazine/2024/winter/evolving-landscape-sealing-expungement-statutes

Health Resources and Services Administration
www.hrsa.gov



RWHAP Housing Support Services & Statutory Prohibition on Providing Cash Payments to Clients

- As described in [HRSA HAB Policy Clarification Notice \(PCN\) #16-02 Ryan White HIV/AIDS Program \(RWHAP\) Services: Eligible Individual and Allowable Uses of Funds](#), HRSA RWHAP funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing. **A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.**
- RWHAP recipients and subrecipients reported that the prohibition on payment of housing security deposits continues to be a **barrier to getting clients into stable and permanent housing**. HRSA HAB **responded to community feedback** by developing an innovative policy method to address the barrier.



Housing Security Deposit Guidance Program Letter

- On June 26, HRSA HAB released a program letter outlining how RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.
- Guidance presented as an **optional opportunity** to offer housing security deposit support within allowable legislative and programmatic parameters.
- Access the program letter: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf>

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857



June 26, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to addressing barriers to housing instability that can help improve health outcomes for people with HIV.¹ The 2022-2025 National HIV/AIDS Strategy (NHAS)² identified social and structural determinants of health that impede access to HIV services and exacerbate HIV-related disparities, which included inadequate housing, housing instability and homelessness.

HRSA Ryan White HIV/AIDS Program (RWHAP) funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing, as described in [HRSA HAB Policy Clarification Notice #16-02 \(PCN 16-02\) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds](#).³ RWHAP recipients and subrecipients have reported that the prohibition on payment of housing security deposits continues to be a barrier to getting clients into stable and permanent housing. A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.⁴

To address this barrier, HRSA HAB is providing clarifying guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients. **RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**

HRSA HAB presents this guidance as an optional opportunity for recipients to offer this support within allowable legislative and programmatic parameters. It is not HRSA's intention to compel RWHAP recipients and subrecipients to provide this service. While HRSA HAB is providing guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients, please note that RWHAP recipients and subrecipients may use a variety of funding sources to pay for a RWHAP client's security deposits.⁵

¹ See Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services 2022 Technical Expert Panel Executive Summary at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-housing-ten-ecoc-summary.pdf>.

² <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025>.

³ <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>.

⁴ Allowable uses of program funds are described in HRSA HAB PCN 16-02.

⁵ Examples include: Ending the HIV Epidemic (EHE) funds; program income generated through the 340B program; braided funding; and non-RWHAP grant awards.

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HRSA HAB Program Letter on Doxy PEP and STIs

- On July 31, HRSA's HIV/AIDS Bureau released a new program letter that provides information on the CDC's [clinical guidelines](#) on the use of doxycycline post-exposure prophylaxis (doxy PEP) for prevention of bacterial STIs.
- HAB recommends RWHAP recipients adopt CDC's doxy PEP guidelines to offer this prevention intervention for populations with risk behaviors. Specifically, HAB encourages RWHAP recipients to use RWHAP funds to purchase doxycycline for eligible RWHAP clients and for RWHAP Part B AIDS Drug Assistance Programs add doxycycline to their formularies to ensure access and coverage.
- Access the letter:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hab-doxy-pep-clinical-guideline-bacterial-sti-prevention.pdf>

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857



July 31, 2024

Dear Ryan White HIV/AIDS Program Colleagues:

Sexually transmitted infection (STI) rates continue to rise in the U.S. In 2022, more than 2.5 million cases of syphilis, gonorrhea, and chlamydia were reported nationally,¹ underscoring the need for increased public health efforts to reduce the incidence of STIs. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) would like to reiterate the Ryan White HIV/AIDS Program's (RWHAP) pivotal role in addressing and mitigating the risk of STIs for individuals with HIV.

In June 2024, the Centers for Disease Control and Prevention (CDC) released [clinical guidelines](#) on the use of doxycycline postexposure prophylaxis (doxy PEP) for prevention of bacterial STIs.² Doxy PEP is a novel STI prevention medication that has demonstrated benefit in reducing the incidence of bacterial STIs in certain populations. Specifically, CDC's guidelines recommend gay, bisexual, and other men who have sex with men and transgender women who were diagnosed with a bacterial STI (specifically syphilis, chlamydia, or gonorrhea) in the past 12 months to receive counseling on the use of doxy PEP as postexposure prophylaxis to prevent STIs. Providers may prescribe doxy PEP to these populations to be self-administered within 72 hours after having condomless oral, vaginal, or anal sex. Providers should refer to CDC's guidelines for more information on prescribing doxy PEP.

HRSA HAB recommends that RWHAP recipients and subrecipients adopt CDC's guidelines to establish doxy PEP practices in clinical settings for administration to at-risk populations. The RWHAP Part B AIDS Drug Assistance Program (ADAP) formularies provide coverage for a broad range of medications that treat STIs, enhancing individual health outcomes and reducing HIV transmission. As described in [Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#), RWHAP Parts A, C, and D recipients may contribute RWHAP funds to ADAPs to purchase medications and/or health care coverage and medication cost sharing for ADAP-eligible clients.³ Under the scope of allowable costs, RWHAP funds may be used to purchase doxy PEP for eligible RWHAP clients. [HRSA HAB encourages ADAPs to add doxy PEP to their formularies to ensure access and coverage for eligible RWHAP clients.](#) Additionally, RWHAP recipients and subrecipients should continue to follow federally approved HIV clinical practice guidelines for the screening and treatment of STIs.⁴

¹ See <https://www.cdc.gov/std/statistics/2022/default.htm>.

² See CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024, available at: <https://www.cdc.gov/mmwr/volumes/73/cdr/cdr7302a1.htm>.

³ See Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds, available at: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/services-clar-16-02-final.pdf>. The scope of allowable ADAPTreatments is included in the "Core Medical Services" section.

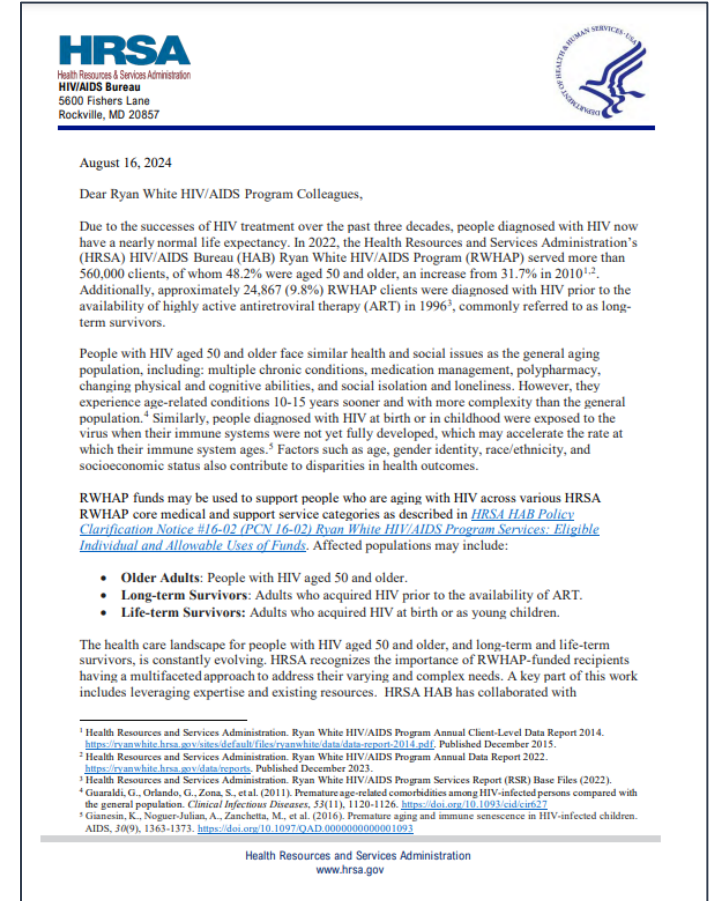
⁴ See Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV, available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic>.

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HRSA HAB Program Letter on Older Adults, Long-Term Survivors, and Life-Term Survivors and the RWHAP

- On August 16, HRSA HAB released a new program letter focusing on older adults, long-term survivors, and life-term survivors and the RWHAP.
- The letter outlines how RWHAP funds may be used to support people who are aging with HIV across various RWHAP core medical and support services categories described in HAB Policy Clarification Notice #16-02.
- Access the letter:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/oaltlt-program-letter.pdf>



RWHAP Data Updates



HRSA's 2022 RWHAP AIDS Education and Training Center (AETC) Annual Data Report Now Available

Ryan White HIV/AIDS Program AIDS Education and Training Center (AETC) Program

Annual Data Report
2022

Reporting Periods: July 2017–June 2022



From July 2021
through June 2022,
regional AETCs
trained

56,383 HIV clinical and nonclinical
health professionals

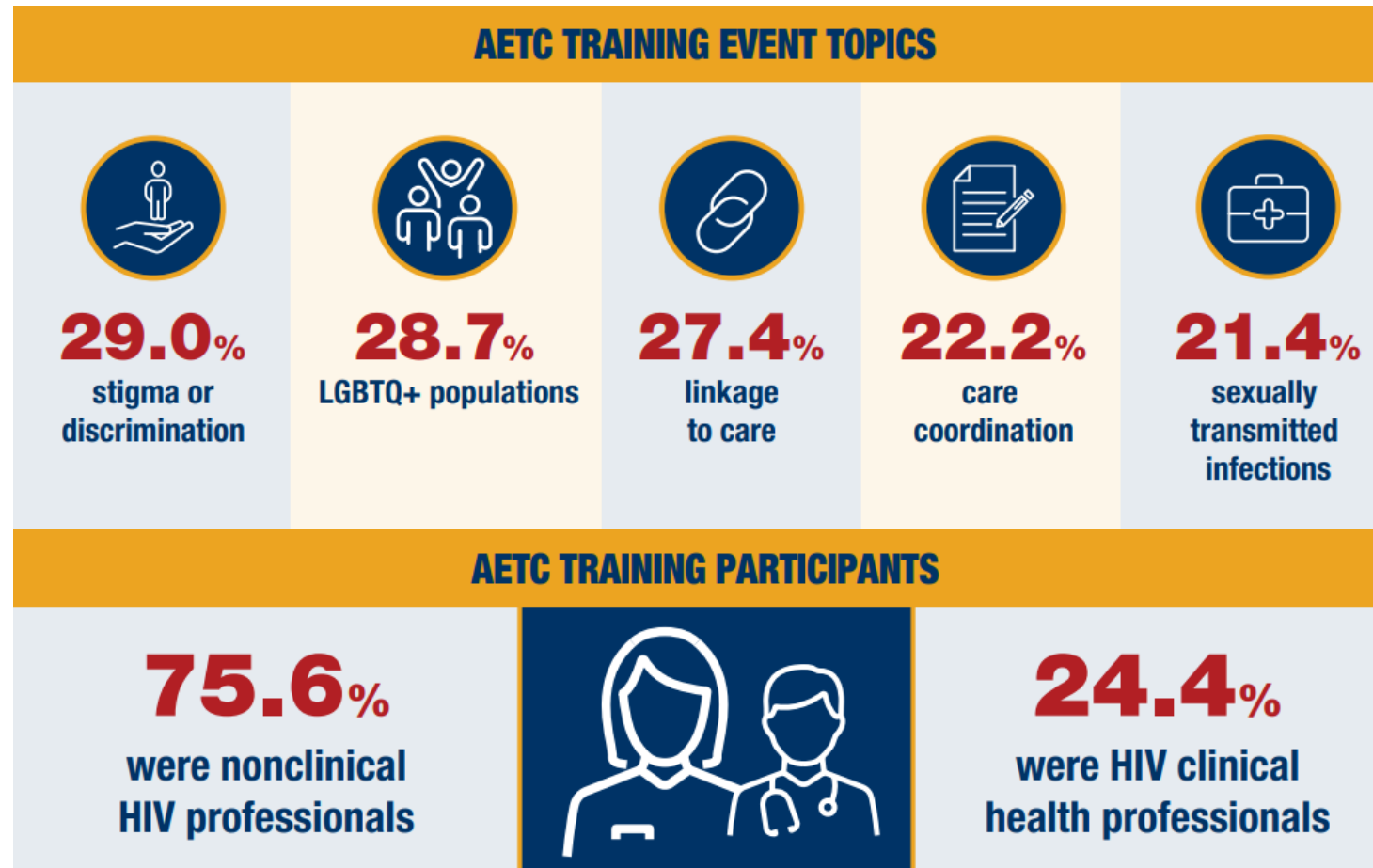
ACROSS

12,226 training events

- Access the new report:
<https://ryanwhite.hrsa.gov/data/reports>
- Access the new infographic:
<https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics>



HRSA's 2022 RWHAP AETC Annual Data Report Now Available (cont.)



HRSA's 2022 EHE Data Report Now Available

HRSA HIV/AIDS Bureau
Ryan White HIV/AIDS Program
Ending the HIV Epidemic in the
U.S. Initiative

Data Report

2022



- HRSA HAB's publication of three years of quantitative and qualitative data regarding the EHE initiative
- Access the new report:
<https://ryanwhite.hrsa.gov/data/reports>
- Access the new infographic:
<https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics>

HRSA HAB EHE Initiative Data: 2022



CLIENTS SERVED IN EHE JURISDICTIONS

The majority of new HIV transmissions come from people who are not aware they have HIV or are not receiving any HIV care.¹ In 2022, HAB EHE-funded providers served

22,001

clients **new to care**

19,204

clients estimated to be **re-engaged in care²**

This is nearly double the number of new and re-engaged clients served in 2020.

In Year 3 of the EHE initiative **alone**, approximately 15% of people in EHE jurisdictions who were undiagnosed or not in care were brought into care and served by HAB EHE-funded providers,³ compared with approximately 20% in the first two years **combined** of the EHE initiative.

EHE funding reached people with HIV who were new to care or not engaged in care by



Delivering rapid antiretroviral therapy services



Supporting client navigation through community health workers and peer support



Addressing social determinants of health, including housing, mental health, and substance use



Developing the HIV workforce, including people with lived experience

¹ Centers for Disease Control and Prevention. Vital Signs: Ending the HIV Epidemic—HIV Treatment Is Prevention. <https://www.cdc.gov/vitalsigns/end-hiv>.

² Estimated based on numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

³ Individuals may be counted in multiple years and percentages are not intended to be summed across years. Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/about/atlasplus.html>. Accessed June 6, 2024.

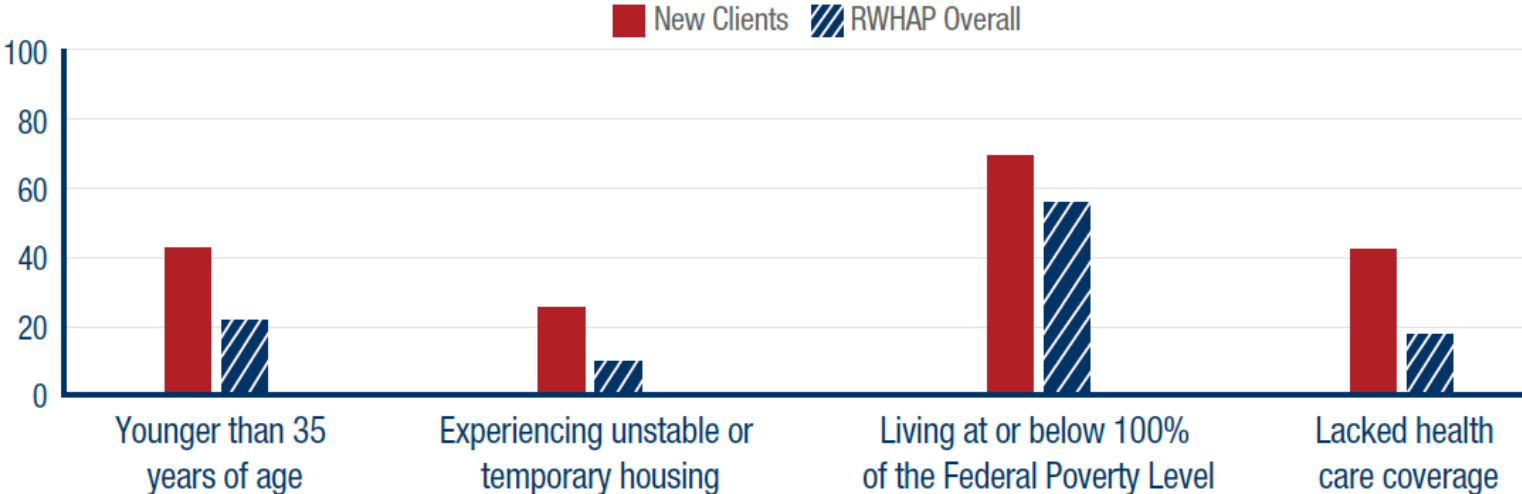


HRSA HAB EHE Initiative Data: 2022 (cont.)

Among Clients New to Care in 2022

By the end of 2022, **79.2%** of clients who were new to care and were receiving HIV treatment **reached viral suppression**, which means they cannot sexually transmit HIV to their partner and can live longer and healthier lives.

Compared with the overall RWHAP population,⁴ more clients new to care were:



⁴ Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Data Report, 2022*. <https://ryanwhite.hrsa.gov/data/reports>. Published December 2023.

HRSA HAB EHE Initiative Data: 2022 (cont.)



HIV WORKFORCE TRAININGS

Ryan White HIV/AIDS Program (RWHAP) Part F **AIDS Education and Training Centers (AETCs)** **expand** the capacity of the HIV health care workforce by **training** and **supporting** health care team members and students in EHE jurisdictions.

From **July 2021** through **June 2022**, RWHAP Part F **AETC Program Recipients**



conducted **483** EHE-funded trainings, a sevenfold increase from July 2019 through June 2020



reached **4,646** HIV care professionals

HRSA's 2022 RWHAP ADAP Annual Data Report Now Available

Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP)

Annual Data Report
2022



ADAP CLIENTS SERVED AND DEMOGRAPHICS

ADAPs
served

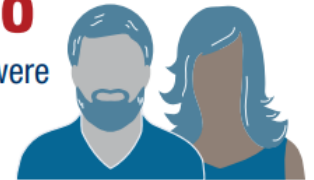
291,170
people with HIV

70.8%
of ADAP clients were
from **racial and ethnic**
minority groups



46.8%

of ADAP clients were
aged 50 years
and older



78.0%

of ADAP clients
lived at or below **250%** of
the **Federal Poverty Level**



- Access the new report:
<https://ryanwhite.hrsa.gov/data/reports>
- Access the new infographic:
<https://ryanwhite.hrsa.gov/resources/hivaids-bureau-infographics>

HRSA's 2022 RWHAP ADAP Annual Data Report Now Available (cont.)

Every state¹ has an ADAP, which makes medications available to low-income people with HIV at little or no cost.



ADAP SERVICES INCLUDE



**Paying for
HIV-related
medications**



**Assisting with
the costs of
medication
co-pays and
deductibles**



**Purchasing health
care coverage,
including help
with insurance
premiums**

**On August 20, HRSA
announced more than
\$1.4 billion to provide
lifesaving HIV medications
and health care services
to individuals with HIV
and low incomes**

Contact Information

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