

March 11, 2019

Ms. Tammy R. Beckham
Director, Office of HIV/AIDS and Infectious Disease Policy
U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 443-H
Washington, DC 20201

Submitted electronically to HepHIVStrategies@hhs.gov

Re: Request for Information (RFI): Improving Efficiency, Effectiveness, Coordination, and Accountability of HIV and Viral Hepatitis Prevention, Care, and Treatment Programs

Dear Ms. Baldwin,

The American Nurses Association (ANA) is pleased to comment on the U.S. Department of Health and Human Services (HHS)/Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) Request for Information on Improving Efficiency, Effectiveness, Coordination, and Accountability of HIV and Viral Hepatitis Prevention, Care, and Treatment Programs (the RFI). Registered Nurses (RNs) have historically been on the front lines of care for persons living with HIV/AIDS (PLWHA)¹ and continue to play a crucial role in both care and prevention. ANA specifically urges HHS to focus on utilizing the care coordination expertise of RNs to achieve the goals of the National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS).

ANA is the premier organization representing the interests of the nation's 4.0 million RNs, through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

¹ Austin, Diana. *The Unbroken Chain: Three Decades of HIV/AIDS Nursing*. Science of Caring, University of California San Francisco. November 2014. Web: <https://scienceofcaring.ucsf.edu/patient-care/unbroken-chain-three-decades-hiv-aids-nursing>.

Question 1a of the RFI asks, “What components of the NHAS do you think should be maintained? What changes should be made to the NHAS?” ANA believes that the NHAS is largely on target with respect to its goals, the steps to achieve those goals, and the indicators to gauge the progress toward those goals. We specifically urge HHS to focus resources on the NHAS steps to: expand the promotion and use of pre-exposure prophylaxis (PrEP) to prevent infections; improve efforts to decrease health disparities among demographic groups on whose shoulder the burden of the HIV/AIDS epidemic primarily lies – specifically the African-Americans and LGBTQ+ populations; and focus on geographic areas determined to have high prevalence of HIV/AIDS infection. ANA believes that these strategies will be successful in both preventing new infections and identifying and linking to care PLWHA who either do not know their HIV status or who have fallen out of care.

ANA especially urges HHS to increase its focus on reducing HIV-related disparities and health inequities. As mentioned above, the LGBTQ+ and African-American communities are most burdened by the HIV/AIDS epidemic. LGBTQ+ populations face significant obstacles accessing care such as stigma, discrimination, inequity in health insurance, and denial of care because of an individual’s sexual orientation or gender identity; African-Americans similarly face discrimination in health care settings and inequity in health insurance.

ANA encourages continued progress in national efforts to eliminate discrimination associated with race, gender, and socioeconomic status through improving access to and attainment of health care, and quality of health care. However, concerted efforts must continue for discrimination to be eliminated in all of its forms.² ANA is also committed to the elimination of health disparities and discrimination based on sexual orientation, gender identity, and/or expression within health care.³ The role of the RN in these efforts is especially critical with respect to the HIV/AIDS epidemic, and ANA looks forward to working with HHS in this regard.

Question 3a of the RFI asks, “What specific actions should the federal government and others take to improve the coordination of funding and delivery of HIV services?” ANA believes that the centrality of RNs in care coordination presents a golden opportunity to reduce transmission of HIV/AIDS and to ensure PLWHA are connected to care.

ANA recognizes and promotes the integral role of RNs in the care coordination process to improve health care consumers’ care quality and outcomes across patient populations and health care settings,

² American Nurses Association. *Official Position Statement: The Nurse’s Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy*. October 2018. Web: <https://www.nursingworld.org/~4ab207/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-in-addressing-discrimination.pdf>

³ American Nurses Association. *Official Position Statement: Nursing Advocacy for LGBTQ+ Populations*. April 2018. Web: <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/nursing-advocacy-for-lgbtq-populations/>

while stewarding the efficient and effective use of health care resources. Patient-centered care coordination is a core professional standard and competency for all RN practice. Based on a partnership guided by the health care consumer's and family's needs and preferences, the RN is integral to patient care quality, satisfaction, and the effective and efficient use of health care resources. RNs are qualified and educated for the role of care coordination, especially with high risk and vulnerable populations⁴, including those with a need for a large number of providers to treat complex chronic conditions – notably HIV/AIDS and the comorbidities associated with it.

RNs in care coordination roles for PLWHA ensure that these individuals remain in care, adhere to their medications, and ultimately maintain viral suppression. They also ensure coordination with other providers who treat HIV-related comorbidities and non-HIV related chronic and acute conditions. We strongly encourage HHS, OHAIDP, and other stakeholders to work with ANA to develop innovative demonstration models of care for PLWHA and prevention in individuals at high risk of HIV/AIDS infection.

We believe that there is a significant opportunity to develop a payment model that allows for the direct payment of RN care coordination activities for PLWHA and for those at high risk of HIV/AIDS infection. Such demonstration models would not be unprecedented. CMS created the Medicare Diabetes Prevention Program (MDPP) under the same authority; through this program, CMS pays CDC accredited diabetes prevention programs which train eligible patients in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle. Leveraging RN care coordination resources for these individuals, particularly between the Medicaid program and the Ryan White program, would move the needle significantly toward achieving the goals of the NHAS.

We look forward to the opportunity to further engage with HHS/OHAIDP regarding strategies to reduce transmission of HIV/AIDS and to improve prevention and care activities for PLWHA and individuals at high-risk HIV/AIDS. If you have questions, please contact Ingrida Lusic, Vice-President, Policy and Government Affairs (Ingrid.Lusic@ana.org or (301) 628-5081).

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer/EVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer

⁴ American Nurses Association. *ANA Official Position Statement: Care Coordination and Registered Nurses' Essential Role*. June 2012. Web: <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/care-coordination-and-registered-nurses-essential-role/>