



hiv medicine association

Help End HIV as an Epidemic:

Support H.R. 2295, the HIV Epidemic Loan-Repayment Program (HELP) Act of 2021

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At a time when there is the political will to end HIV as an epidemic in the U.S. and the tools to accomplish this goal, our nation faces a shortage of qualified HIV clinicians and dentists that has been compounded by the COVID-19 pandemic. H.R. 2295, the HIV Epidemic Loan-Repayment Program (HELP) Act of 2021, introduced by Rep. Lisa Blunt Rochester (D-Del.), would address critical workforce shortages through loan repayment for HIV clinicians, clinical pharmacists and dentists. HIVMA applauds the introduction of the HELP Act in the House and seeks to have a companion bill introduced in the Senate during the 117th Congress.

Remarkable advances in HIV treatment [enable people with HIV to live long](#), healthy lives when [diagnosed early](#) and engaged in regular HIV care and treatment. People living with HIV who have sustained access to care and treatment and maintain suppression of HIV to undetectable levels stay healthy and [do not transmit the virus to sexual partners](#).

Despite these advances, more than [38,000 people are newly diagnosed with HIV each year](#), and of the [1.1 million people living with HIV in the U.S.](#), only 62% of adults with HIV had [sustained viral suppression](#). As more people need lifelong HIV care, the number of HIV clinicians entering the field falls short of demand. Infectious diseases specialists, including HIV specialists, play a central role in the coronavirus pandemic response, further straining the workforce. The [Ending the HIV Epidemic: A Plan for America initiative \(EHE\)](#) aims to reduce new HIV infections by 90% by 2030 — an ambitious but achievable goal that will not be reached without an expert HIV clinical and dental workforce.

The HELP Act Will Support the Next Generation of the HIV Workforce:

- The HELP Act would authorize a new loan repayment program offering up to \$250,000 in loan repayment to physicians, nurse practitioners, physician assistants, clinical pharmacists and dentists for up to five years of service providing HIV-related treatment in health professional shortage areas, Ryan White-funded clinical sites or a service area that meet criteria to be defined by the Health Resources and Services Administration's HIV/AIDS Bureau.
- Part-time service opportunities would be available through a waiver.
- **Contact Kia Henry at Kia.Henry@mail.house.gov in the office of Rep. Lisa Blunt Rochester to cosponsor the HELP Act.**

Clinical HIV Workforce Shortages Are a Barrier to Ending HIV as an Epidemic and Contribute to HIV Disparities:

- An EHE strategy is to connect more people with HIV to care, but this is challenging due to a number of factors, including a [shortage of qualified HIV health care professionals](#), as well as [dentists](#).
- Nearly 50% of the 48 counties and two metropolitan areas targeted in the EHE and all but one of the seven target states are in the South, where clinical workforce [shortages are most acute](#).
- A [study of the HIV workforce](#) in 14 southern states found that more than 80% of those states' counties had no experienced HIV clinicians, with the disparities being the greatest in rural areas. A [study of the infectious diseases workforce](#) found that 80% of counties in the U.S. did not have an infectious diseases specialist.
- Black and Latinx Americans [represent 69% of new HIV diagnoses](#), and the Southern U.S. accounts for [51% of new HIV diagnoses](#).

The HELP Act Addresses Threats to the HIV Clinical and Dental Workforce and to Health Outcomes for People Living with HIV:

- People living with HIV cared for by [expert HIV clinicians](#) have better outcomes. Dental care for people with HIV is a [common unmet need](#), and poor oral health contributes to worse health outcomes.
- Infectious diseases specialists represent 60% of the HIV physician workforce. With [internists and family medicine physicians, these infectious diseases specialists provide the bulk of HIV care, with nurse practitioners and physician assistants playing an important and growing role.](#)
- 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 infectious diseases/HIV.
- Infectious diseases fellowship training programs, a critical pipeline for HIV physicians, have had [recruitment challenges in recent years](#) relative to other specialties.

Contact the HIVMA senior policy & advocacy manager José Rodriguez at jrodriguez@hivma.org or executive director Andrea Weddle at aweddle@hivma.org with questions regarding the “HELP Act.”