

June 27, 2018

**SUBJECT: Administrative Streamlining and Burden Reduction RFI; RFI Section C.
HRSA's HIV/AIDS Bureau (HAB)**

Submitted electronically to hrsacomments@hrsa.gov on Wednesday, June 27, 2018.

To Whom It May Concern:

As the director of Adolescent HIV Services (Dr. Dowshen) and an attending physician (Dr. Wood) for the Craig Dalsimer Division of Adolescent Medicine at Children's Hospital of Philadelphia (CHOP), we appreciate the opportunity to provide comments on the proposed Request for Information: Administrative Streamlining and Burden Reduction published by the Health Resources and Services Administration, in regards to Executive Orders 13771 and 13777. CHOP is the nation's largest pediatric health care network with over 50 locations for primary and subspecialty care throughout Pennsylvania and New Jersey.

Our comments specifically address the question raised in Section C. HRSA's HIV/AIDS Bureau (HAB) of this RFI regarding the burdens associated with the biannual recertification for Ryan White service eligibility. A solid body of evidence shows that requiring too frequent administrative processes to renew eligibility for health care services is detrimental to continuity of care and leads to poorer health outcomes. Our own recent research conducted at CHOP demonstrates that youth living with HIV have high rates of gaps in care. During these commonly occurring periods out of care, patients do not have access to case management services for Ryan White re-application, often further delaying care. This loss can result in poor medication adherence, jeopardize individual health, increase the risk of HIV transmission, and ultimately increase health care costs. Additionally, the agencies that must process the Ryan White recertification applications experience a greater administrative burden due the volume and frequency of applications and the regular gaps in coverage that often occur.

Moving to a 12 month eligibility model, as could be done for the Ryan White program, has already been shown to be successful in studies regarding Medicaid coverage. A study of selected states moving from a 6-month to a 12-month eligibility enrollment showed a decrease in administrative costs and the disenrollments and reenrollments processed by the states' Medicaid programs.ⁱ A study done in 2014 used Wisconsin Medicaid enrollments from 1999 to 2012 to show that extending redetermination from 6 to 12 months reduced compliance costs.ⁱⁱ Similarly, a 2015 simulation study of Medicaid enrollments showed that increasing the continuous eligibility to 12 months decreases Medicaid exit and re-entry of beneficiaries, referred to as "churning", and increases the amount of people covered over that year period.ⁱⁱⁱ Strengthening continuity of coverage in the same way for Ryan White services will likely yield similar positive health and administrative outcomes.

The Ryan White HIV/AIDS program has an extensive reach servicing vulnerable populations in need of HIV-related care. According the 2016 Ryan White program highlights, 65.4% of those served live at or below 100% of the federal poverty line, and many are adolescents and young

adults.^{iv} More than 25,000 individuals between the ages of 13 – 24 are able to obtain services nationwide by Ryan White clinics,^v with about 25% of those young people getting their care in Pennsylvania.^{vi} Here at CHOP, alone, there are currently over 100 adolescents and young adults served by our Ryan White-funded clinic, with more than 300 young patients receiving care through our programs over the past 10 years.

Vulnerable populations, such as adolescents and young adults who have difficulty accessing and adhering to their medications, are in need of continuous access to Ryan White coverage which provides intensive psychosocial support, such as counseling and referrals for housing and nutrition, as well as free or reduced cost antiretroviral therapy – which is critical to both maintaining individuals' health and preventing HIV transmission. According to a 2016 study in *Clinical Infectious Diseases*^{vii}, Ryan White access was necessary to fill gaps in coverage that remained despite expansion of Medicaid in many states and increasing private insurance coverage rates. This finding emphasizes the need for continuous coverage, especially in this population.

A separate 2016 study showed that individuals receiving their antiretroviral coverage through the Ryan White AIDS Drug Assistance Program (ADAP) are more likely to achieve viral suppression, the gold standard outcome of HIV treatment, compared to individuals with Medicaid or private insurance coverage.^{viii} Viral suppression improves health and life expectancy, and halts disease progression for people living with HIV. Importantly, it also eliminates the possibility of transmission of HIV. Centers for Disease Control and Prevention (CDC) data demonstrate that only 48-57% of adults over the age of 35 living with HIV have achieved viral suppression. For adolescents and young adults, this number is only 28%.^{ix}

Our research at CHOP further supports the need to reduce barriers for individuals seeking Ryan White services. Last year, we conducted a study of youth who had received HIV care at our clinical site to determine the role of insurance on reducing HIV transmission risk, which we defined as lack of viral suppression with a co-occurring sexually transmitted infection. This study, published in the journal *AIDS* this year,^x identified that youth with insurance coverage, *when defined including Ryan White ADAP coverage*, had a more than 50% reduction in the odds of being at high risk of transmitting HIV over a 13 year period. When we repeated our analysis taking Ryan White ADAP coverage out of our definition of insurance, this protective effect was diminished. This finding demonstrates that it is the treatment safety net provided by Ryan White that may reduce HIV transmission risk. These data demonstrate that Ryan White services are critical in reducing in controlling the HIV epidemic.^{xi}

The requirement to reapply for Ryan White eligibility every 6 months creates an increased burden that is felt by the individual accessing care and across the entire health care system. Youth living with HIV often experience many competing needs, including high rates of housing and food insecurity, and these needs will often take priority over renewal of health care benefits. A 2015 study of individuals living with HIV in a county with extensive Ryan White funding showed that the loss of insurance coverage was the most common barrier to care and treatment. Our recently published 2018 study also showed that there is an association between insurance coverage gaps and being at risk for transmitting HIV.

Furthermore, the reapplication process puts a burden on the administrative system. Ryan White medical case managers and health care organization administrative staff spend significant time assisting with renewal and confirmation of benefits. This time could be better spent working with youth to improve adherence and engagement in their medical care and well-being.

Ryan White services are an essential tool in improving health outcomes and preventing the spread of HIV. We should work to minimize potential barriers to accessing these services whenever possible. The current six month re-application requirement is a challenge for many individuals as issues with work, housing, transportation, or finances, among other factors, may make it difficult or impossible to complete the process so frequently. Preventing interruptions in access to Ryan White care is essential in curtailing the HIV epidemic in the United States, especially among adolescents and young adults. Additionally, a reduced administrative and time burden to health care systems and staff has the potential to lower healthcare costs, and shift focus to providing the highest value care and improving outcomes for people living with HIV. We applaud HRSA for considering elimination of this six-month reapplication requirement, and urge that it be replaced with a policy of at most a yearly reapplication process that will promote administrative efficiency, continuity of care, and greater health outcomes for the most vulnerable populations. We are available for follow up questions if needed via our contact information below.

Sincerely,



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