As the spread of the novel coronavirus SARS-CoV-2, which causes the disease COVID-19, continues across the country and around the world, many people living with HIV are understandably concerned about how this virus may affect them and the communities they call home. The populations most at risk of serious complications from COVID-19 — including death — are older adults and individuals with chronic health conditions, including compromised immune systems.¹ The undersigned 90 organizations engaged in the local, state, and national response to HIV call on federal decisionmakers to acknowledge the increased risk of COVID-19 illness and death faced by many people living with HIV and to craft a relief package that takes the unique needs of this population into account.

During a presentation about COVID-19 at the 2020 Conference on Retroviruses and Opportunistic Infections, Dr. John Brooks, Senior Medical Advisor for the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention, said that people living with HIV who have a low CD4 count and/or a detectable viral load are at potential higher risk of developing more serious illness from COVID-19 as a result.²

Given that only 53% of people living with HIV in the United States have an undetectable viral load³ and that 60% of the people living with HIV in the United States are age 50 or older,⁴ a large swath of the U.S. population living with HIV is at great risk during the rapid spread of COVID-19. Ensuring the health and safety of people living with HIV in the United States goes beyond providing universal access to health care. Housing is one of the strongest predictors of their access to treatment, their health outcomes, and how long they will live.⁵ To obtain and benefit from life-saving HIV treatments, people living with HIV must have safe, stable housing. Food insecurity has been associated with increased HIV transmission risk, inability to maintain regular medical appointments, poor antiretroviral therapy (ART) uptake and adherence, poor immunological and virological responses, lower efficacy of ART, and high mortality.⁶

⁵ National AIDS Housing Coalition, Housing is Healthcare, http://nationalaidshousing.org/housing-and-health/.
When crafting a relief package in response to COVID-19, Congress must take into account the unique needs of people living with HIV to ensure their continued safety, health, and well-being.

We support the current relief package proposed in the U.S. House of Representatives, H.R. 6201, the Families First Coronavirus Response Act — free coronavirus testing for everyone who needs a test, including the uninsured; paid emergency leave with both 14 days of paid sick leave and up to three months of paid family and medical leave; enhanced Unemployment Insurance, a first step that will extend protections to furloughed workers; strengthened food security initiatives, including SNAP, student meals, seniors nutrition, and food banks; clear protections for frontline workers, including health care workers and other workers who are in contact with those who have been exposed or are responsible for cleaning at-risk places; and increased federal funds for Medicaid, as states face increased costs — but it doesn’t go far enough.

Missing from this package and what must be included in relief considerations going forward are:

- Mandated public, daily reporting on COVID-19 testing, incidence, prevalence, and related death;
- Accessible and scaled testing measures in order to provide sufficient surveillance; explicit, universal protocols for presumptive positives awaiting confirmatory tests; and reporting on the number of presumptive positives;
- Waivers of refill limits on maintenance drugs, inclusive of antiretrovirals, for people with chronic conditions like HIV and hepatitis;
- Explicit authorization for and coverage of telemedicine for COVID-19 care;
- Flexibility with funds and associated deliverables for recipient organizations of federal grants, cooperative agreements, and other awards;
- Rental and mortgage assistance for workers whose income streams are diminished or eliminated by mandatory closures;
- Suspensions on utility disconnections and eviction and foreclosure proceedings;
- Suspension of student loan debt payments;
- Prevention of overcrowding in public institutions, including the release of all individuals currently in jails, prisons, pretrial holding facilities, and immigration detention who have not been convicted of a crime involving physical or sexual violence;
- Moratorium on implementation of the public charge rule so immigrant communities aren’t discouraged from accessing COVID-19 testing and care;
- Incentives for banks, debt collectors, and other financial institutions to cease collections activity and interest accrual until epidemic control is achieved;
- Use of the National Disaster Medical System to cover uninsured people with Medicare for any recommended care;
- Temporary increase of the Federal Medicaid Assistance Percentage;
- Additional and accelerated funding for treatment and vaccine research; and
- Commitment to free access to treatment and vaccination, once identified.

A pandemic with the scope of COVID-19 requires a decisive, robust response, and the recommendations above will move the United States closer to epidemic control and containment at an accelerated pace, avoid potentially millions of cases of COVID-19, and
prevent hundreds of thousands of deaths. The continued safety, health, and well-being of everyone in the United States, especially those living with HIV, rests in the hands of a comprehensive response, and the time to act is now.

Please reach out to Alex Vance, Senior Policy Manager, at avance@aidsunited.org with any questions.

Signed,

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AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation of Chicago
AIDS Project Rhode Island
AIDS United
American Academy of HIV Medicine
APLA Health
Black AIDS Institute
Black Women’s Health Imperative
Callen-Lorde Community Health Center
CARES of Southwest Michigan
Cascade AIDS Project
Center for Health Law and Policy Innovation
Cero VIH Puerto Rico
Christie’s Place
Clare Housing
Collaborative Solutions
Community Access National Network (CANN)
Community Education Group
Counter Narrative Project
CrescentCare
Delaware HIV Consortium
Desert AIDS Project
END HIV Houston
Equality California
Equality Federation
Equality North Carolina
Equitas Health
Equity Forward
A Family Affair
GLAAD
GLMA: Health Professionals Advancing LGBTQ Equality
Global Justice Institute
GMHC
God's Love We Deliver, Inc.
Harm Reduction Coalition
Health Services Center, Inc.
HealthHIV
Hispanic Health Network
HIV + Aging Research Project–Palm Springs
HIV AIDS Alliance of Michigan
HIV Medicine Association
HIV Modernization Movement-Indiana
HIVenas Abiertas
Housing Works
Howard Brown Health
Human Rights Campaign
Hyacinth AIDS Foundation
iHealth
Latino Commission on AIDS
Legacy Community Health
Los Angeles LGBT Center
Movimiento en Respuesta al VIH
My Brother’s Keeper
NAHEWD
Nashville CARES
NASTAD
National Center for Transgender Equality
National Coalition for LGBT Health
National Coalition of STD Directors
National Working Positive Coalition
NMAC
North Carolina AIDS Action Network
Paciente de SIDA pro Politica Sana
PFLAG National
Positive Women’s Network-USA (National)
Positive Women’s Network-USA: Ohio Chapter
Prevention Access Campaign
Pride Media, publisher of Out, The Advocate, Plus, Pride, and OutTraveler
Puerto Rico CoNCRA
San Francisco AIDS Foundation
Silver State Equality-Nevada
SisterLove
Southern AIDS Coalition
Tennessee AIDS Advocacy Network
The AIDS Institute
The Professional Association of Social Workers in HIV/AIDS
The Well Project
TPAN, publisher of Positively Aware
TRANScending Barriers
Treatment Action Group
U.S. People Living with HIV Caucus
UNIFIED-HIV Health and Beyond
Vivent Health
Waves Ahead Corp
Whitman-Walker Health