

UNITED STATES OF AMERICA
BEFORE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCSE AND SERVICES ADMINISTRATION

Information Collection Request: Ending:) OMB No. 0906 –xxxx—New
the HIV Epidemic Triannual Module)

COMMENTS OF WHITMAN-WALKER HEALTH

Pursuant to the Department of Health and Human Services' (HHS) October 15, 2019 Notice, 84 Fed. Reg. 55163, Whitman-Walker Health (WWH or Whitman-Walker) submits these comments on the agency's information collection, *Ending the HIV Epidemic (EHE) Triannual Module*. Whitman-Walker supports the collection of information regarding the EHE plan, but finds this information collection notice to underestimate the burden on potential respondents.

Interest and Expertise of Whitman-Walker Health

Whitman-Walker is a Federally Qualified Health Center serving greater Washington, DC's diverse urban community, including individuals who face barriers to accessing care, and with a special expertise in HIV care and serving lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) populations. We empower all persons to live healthy, love openly, and achieve equality and inclusion. Our health center provides high quality, affirming health care to more than 20,700 individuals annually and is the medical home to more than 10,000 patients. The center has five sites and a team of more than 280 highly educated and experienced staff.

WWH services include primary medical care, HIV and LGBTQ specialty care, oral health, mental health care, addictions treatment services, psychosocial support, medical nutrition therapy, early intervention services, public benefits and insurance navigation, nurse-focused case management, HIV and STI screening, legal services, youth programs, and two onsite

pharmacies. The health center has achieved Level 3 Patient Centered Medical Home accreditation with the National Committee for Quality Assurance.

. In calendar year 2018, we provided health care to 3,505 people living with HIV. We serve more than 25% of the District of Columbia's reported HIV-positive population, many of them low-income or members of otherwise underserved communities. Eighty-three percent of our patients living with HIV are virally suppressed – a success rate much higher than the national and DC averages for people living with HIV, and comparable to the success rate for Ryan White-funded programs.

Whitman-Walker's Medical, Behavioral Health and Community Health Departments have been at the forefront of HIV education and prevention since the earliest days of the epidemic. In 2018, we provided rapid HIV tests to 8,849 individuals, and our walk-in Sexual Health and Wellness clinics, which offer STI and HIV testing, served 1,719 individuals. In 2018, our STI testing program diagnosed approximately 9% of the new HCV cases, 27% of the new cases of primary and secondary syphilis; more than 18% of the new cases of gonorrhea; and more than 9% of the new cases of chlamydia in the District of Columbia. Whitman-Walker also has more than 1,000 patients on Pre-Exposure Prophylaxis for HIV (PrEP), and has instituted a low-barrier "PrEP clinic" to make it easier for individuals who would benefit to start and remain adherent to the therapy.

WWH has been conducting clinical research since 1987, when the first HIV treatments were being tested. Our studies investigate new ways to prevent or treat diseases in our community, particularly infectious diseases. Our research priorities also include new treatments for opioid addiction, the health and wellness priorities of LGBTQ youth, and improving HIV prevention and treatment for sex workers. WWH's current research studies include the search

for a cure for HIV, clinical trials that test the long term effects of HIV treatments on cardiac health and cognitive impairment, and the safety and efficacy of treatments for people living with HIV who use opioids; as well as behavioral studies that look at such topics as disease prevention and medical adherence for special populations at elevated risk of HIV acquisition, such as transgender women and young men of color who have sex with men.

Comments on the Proposed Information Collection Project

The information collection underestimates the burden on completing the questionnaire.

The Information Collection Request (ICR) estimates that respondents will require one (1) hour

to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information.

84 Fed. Reg. at 55163.

However, our estimate is that it would take us six (6) hours to comply with the ICR. We recommend that the ICR be amended to more accurately reflect the time burden of identifying, collecting, and recording the information requested.

The Notice also underestimates the number of respondents. The ICR identifies likely respondents as “RWHAP Part A and Part B Recipients and Subrecipients funded by the EHE Initiative.” (84 Fed. Reg. at 55163). The Notice, however, estimates only 47 respondents, which appears much too small. Based on information provided by HRSA in a December 4, 2019 phone call, the 47 respondents represent the number of primary recipients of EHE funds. We note that 47 respondents is fewer jurisdictions than the 57 jurisdictions included in the EHE plan (the 48 counties, Washington, DC, San Juan, Puerto Rico and seven states). Also, while HRSA will

receive the information from primary recipients, the ICR acknowledges that it will require secondary recipients and subrecipients to also fulfill the requirements of the ICR. During the December 4 phone call between WWH and HRSA, the agency's representative acknowledged that subrecipients of EHE funds will be required to report the information in the questionnaire to their primary recipient partners. We ask that HRSA's ICR be updated to clarify a more accurate estimate of the number of responses.

Conclusion

Thank you for this opportunity to submit comments. We would be happy to provide any additional information that might be helpful.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C Brooks', written in a cursive style.

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