



State of Vermont
Agency of Human Services
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Jenney Samuelson, Secretary
Todd Daloz, Deputy Secretary

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Date: January 30, 2024

Re: Response to Public Comment for Global Commitment Register notice [GCR 23-132 Community-Based Mobile Crisis Services](#)

A comment received from ViiV Healthcare Company is on the following page. A response from the Agency of Human Services (AHS) is below. No other comments were received.

State Response: Thank you for your comment. The Department of Mental Health intends to include information on accessing optional HIV testing and counseling on HIV and HIV pre-exposure prophylaxis (PrEP) in trainings that will be required for community-based mobile crisis providers.



January 17, 2024

Submitted via email: AHS.MedicaidPolicy@vermont.gov

Jenney Samuelson
Secretary
Agency of Human Services
Medicaid Policy Unit
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

Re: GCR 23-132: Community-Based Mobile Crisis Services

Dear Secretary Samuelson,

ViiV Healthcare Company (ViiV) appreciates the opportunity to submit comments to the Vermont Agency of Human Services (AHS) on its proposed Community-Based Mobile Crisis Services policy.¹

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people with HIV and those vulnerable to HIV. From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

ViiV is proud to be part of the nation's success in reducing the number of new HIV cases and increasing viral suppression rates.^{2,3} We recognize our important role as a research-based pharmaceutical company is limited without the ongoing collaboration among public health officials such as those in Vermont.

In the United States, an estimated 1.1 million people are living with HIV, at least 13 percent of whom are unaware that they have the virus.^{4,5} Despite groundbreaking treatments that have slowed the progression and burden of the disease, surveillance and retention remain a challenge. In 2020, at least one in five

¹ State of Vermont Agency of Human Services. Global Commitment Register – Community-Based Mobile Crisis Services. [23-132-P-GCR-Mobile-Crisis-Services.pdf \(vermont.gov\)](#). Accessed January 10, 2024.

² AIDS Vu: United States <https://aidsvu.org/local-data/united-states/>. Accessed October 11, 2023.

³ America's HIV Epidemic Analysis Dashboard. Ending the HIV Epidemic in the US. <https://ahead.hiv.gov/>. Accessed October 11, 2023.

⁴ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. HIV Surveillance Supplemental Report, 2023; 28 (No.3). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023. Accessed January 12, 2024.

⁵ AIDS Vu. Local Data: United States. <https://aidsvu.org/local-data/united-states/>. Accessed January 12, 2024.

new HIV cases in the United States were diagnosed in late stages of the disease.⁶ Only half of all people living with HIV are retained in treatment.⁷

In 2019, the U.S. Department of Health and Human Services launched *Ending the HIV Epidemic in the U.S.* (EHE).⁸ which has set a goal to reduce new cases of HIV by 90 percent by 2030.⁹ This plan proposes to use scientific advances in antiretroviral therapy to treat people with HIV and expand proven models of effective HIV care and prevention. The EHE Initiative is not only a landmark policy but is ¹⁰landmark. The plan coordinates efforts across government agencies to stop the HIV epidemic and focuses its efforts on local areas.

To help monitor progress towards EHE, the CDC uses six indicators.¹¹ Two of which—Knowledge of HIV Status and Pre-exposure Prophylaxis (PrEP) Coverage—should be incorporated into Vermont’s Community-Based Mobile Crisis Services project to help achieve the stated goals of both public health initiatives.

ViiV encourages the state to amend its proposed policy to require the community-based mobile crisis services to connect people who inject drugs to optional HIV testing and counseling on HIV and HIV pre-exposure prophylaxis (PrEP) or to offer those services in follow-up interventions.

HIV and the Substance Use Disorder Population

In Vermont, the average prevalence of opioid use disorder from 2017 to 2019 was 1.1 percent, higher than the national average of 0.7 percent.¹² While many individuals with opioid use disorder start with pills, an estimated 10-20 percent of people who abuse prescription opioids move on to inject opioids or heroin.^{13,14} Substance misuse can increase risky behaviors for disease transmission, and injection drug use in a population can fuel transmission of blood-borne infectious diseases such as HIV.¹⁵ People who

⁶ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020: National Profile. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-27-no-3/content/national-profile.html>. Accessed January 10, 2024.

⁷ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020: National Profile. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-27-no-3/content/national-profile.html>. Accessed January 10, 2024.

⁸ HIV.gov. Ending the HIV Epidemic webpage. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>. Accessed January 12, 2024.

⁹ Centers for Disease Control and Prevention. Ending the HIV Epidemic in the U.S. webpage. <https://www.cdc.gov/endhiv/index.html>. Accessed January 10, 2024.

¹⁰ Presidential Advisory Council on AIDS (PACHA) Resolution in Support of “Ending the HIV Epidemic: A Plan for America” <https://files.hiv.gov/s3fs-public/PACHA-End-HIV-Elimination-Resolution-passed.pdf>.

¹¹ Centers for Disease Control and Prevention. Ending the HIV Epidemic in the U.S. (EHE) webpage. June 16, 2022. <https://www.cdc.gov/endhiv/indicators/index.html>. Accessed January 12, 2024.

¹² Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Barometer: Vermont, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-VT. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020. Accessible at: https://www.samhsa.gov/data/sites/default/files/reports/rpt32862/Vermont-BH-Barometer_Volume6.pdf.

¹³ Peters, P., et al. HIV Infection linked to injection use of oxycodone in Indiana, 2014–2015. *N Engl J Med*. 2016 Jul 21;375(3):229-39. Accessible at: <https://pubmed.ncbi.nlm.nih.gov/27468059/>.

¹⁴ Van Handle, M., et al. County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. *J Acquir Immune Defic Syndr*. 2016 Nov 1;73(3):323-331. Accessible at: <https://pubmed.ncbi.nlm.nih.gov/27763996/>.

¹⁵ National Institute of Drug Abuse. HIV. December 2021. <https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis>.

inject drugs intravenously in their lifetime are over 30 times as likely to have HIV/AIDS,¹⁶ and in 2021, people who inject drugs accounted for 7 percent of new HIV infections.¹⁷

Despite the link between the HIV and opioid epidemics, HIV testing is an often-overlooked part of substance use disorder treatment efforts. It is possible that many new HIV infections are not being detected due to a lack of routine testing for those at risk due to the opioid epidemic. Some individuals may not be aware of the highly increased risk factor for HIV due to substance misuse.

The CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine healthcare and annually for people with certain risk factors.¹⁸ It should be noted, however, that in Vermont in 2021, the rate of late-HIV diagnosis, defined as being diagnosed with AIDS within three months of an initial HIV diagnosis, was 41.7 percent—nearly double the regional rate of 22.2 percent and the national rate of 21.1 percent.^{19,20} Injection drug use was a common route of HIV transmission for both men and women in Vermont.²¹

Therefore, better screening for HIV in substance use disorder programs is critical for identifying new cases and linking those cases to care—especially for an often-marginalized community. That is why, along with the CDC, the American Society of Addiction Medicine (ASAM) and the US Preventive Services Task Force all recommend routine HIV testing for people who inject drugs or are being assessed for opioid use disorder.^{22,23,24}

Early initiation of antiretroviral therapy significantly improves survival compared to deferred therapy.²⁵ Effective HIV treatment can help people with HIV to live longer, healthier lives.²⁶ When treated effectively, HIV can be managed like a chronic disease. In an analysis across six major American cities, targeted on-site HIV testing for patients receiving medication for opioid use disorder was projected to be cost saving or highly cost-effective.²⁷

HIV prevention and PrEP

Use of PrEP to prevent HIV transmission is a key part of the national EHE plan. When taken properly, PrEP can reduce the risk of acquiring HIV from sex by 99 percent and from injection drug use by 74

¹⁶ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The National Survey on Drug Use and Health (NSDUH) Report: HIV/AIDS and Substance Use. December 1, 2010. <https://www.samhsa.gov/sites/default/files/hiv-aids-and-substance-use.pdf>. Accessed January 12, 2024.

¹⁷ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. HIV Surveillance Supplemental Report, 2023; 28 (No.3). May 2023. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Accessed January 10, 2024.

¹⁸ Centers for Disease Control and Prevention. HIV Testing webpage. June 9, 2022. <https://www.cdc.gov/hiv/testing/index.html>. Accessed January 12, 2024.

¹⁹ AIDSVu. Local Data: Vermont. <https://aidsvu.org/local-data/united-states/northeast/vermont/>. Accessed January 12, 2024.

²⁰ AIDSVu. Local Data: Vermont. <https://aidsvu.org/local-data/united-states/northeast/vermont/>. Accessed January 12, 2024.

²¹ AIDSVu. Local Data: Vermont. <https://aidsvu.org/local-data/united-states/northeast/vermont/>. Accessed January 12, 2024.

²² US Centers for Disease Control and Prevention. HIV Basics: Getting Tested webpage. June 22, 2022.

<https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html>. Accessed January 10, 2024.

²³ American Society of Addiction Medicine. National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. December 18, 2019. <https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline>.

²⁴ US Preventive Services Task Force. Screening for HIV Infection. *JAMA*. June 11, 2019. <https://jamanetwork.com/journals/jama/fullarticle/2735345>.

²⁵ Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. 2009 Apr 30;360(18):1815-26. Accessible at: <https://www.ncbi.nlm.nih.gov/pubmed/19339714>.

²⁶ Severe P, Juste MA, Ambroise A, et al. Early versus standard antiretroviral therapy for HIV-infected adults in Haiti. *N Engl J Med*. Jul 15 2010;363(3):257-265. Accessible at: <https://pubmed.ncbi.nlm.nih.gov/20647201/>.

²⁷ Krebs E, Zang X, Enns B, et al. The impact of localized implementation: determining the cost-effectiveness of HIV prevention and care interventions across six United States Cities. *AIDS* 2020, 34:447-458. Accessible: <https://pubmed.ncbi.nlm.nih.gov/31794521/>.

percent.²⁸ Unfortunately, PrEP is underutilized, including in Vermont, where in 2021, only 45 percent of people who could benefit from PrEP were prescribed the medication.²⁹ There are also significant disparities in rates of PrEP use in Vermont. In Vermont, in 2021, Black individuals represented 25% of new HIV diagnoses but less than 1% of individuals using PrEP in the state.³⁰

Linking people with substance use disorders to PrEP counseling through the proposed community-based mobile crisis services program could increase utilization of PrEP and prevention of new HIV cases in Vermont.

Conclusion

As policymakers and public health officials work toward the goal of Ending the HIV Epidemic, they must consider the impact of the opioid epidemic and complementary opportunities for addressing these joint epidemics. ViiV encourages the state of Vermont to consider how EHE goals can be implemented through this proposed policy.

Thank you for considering ViiV's recommendations. Please feel free to contact me directly if you have any questions about our submission. I look forward to continuing this conversation with AHS at your convenience to discuss other policy issues that can improve the lives and health of people with HIV and those who could benefit from PrEP.

Sincerely,



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²⁸ Centers for Disease Control and Prevention (CDC). July 5, 2022. HIV Risk and Prevention: PrEP (Pre-Exposure Prophylaxis). <https://www.cdc.gov/hiv/risk/prep/index.html>. Accessed January 16, 2024.

²⁹ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. HIV Surveillance Supplemental Report, 2023; 28(No. 4). May 2023. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Accessed January 10, 2024.

³⁰ AIDSvu. Local Data: Vermont. <https://aidsvu.org/local-data/united-states/northeast/vermont/>. Accessed January 12, 2024.