



Ending the Epidemic and Fast Track Cities Initiatives

National and local policy leaders have taken bold steps to end the HIV epidemic by 2030. With your participation this goal can become a reality. The federal government is now implementing the Ending the Epidemic plan, which will send resources to targeted regions in the United States with the highest incidence of HIV infection; Maricopa County is among them. The City of Phoenix has joined a global initiative established by The Joint United Nations Programme on HIV/AIDS (UNAIDS) by becoming a Fast Track City in 2017. The City of Phoenix Fast Track Cities Initiative has been making steady progress toward three benchmark prevention and treatment goals referred to as 90-90-90.

The City of Phoenix Fast Track Cities Initiative is committed to ending HIV and playing their role in the Ending the Epidemic Initiative. The undersigned members call upon medical providers, emergency departments, medical systems, and private and government insurance programs to play their role in helping to establish the following three policies to join in our effort to end HIV!

Ninety Percent of All Persons Living with HIV Tested and Identified

It is estimated that 15% of all persons living with HIV in Arizona are undiagnosed. [It has also been shown that these undiagnosed persons account for 38% of all new transmissions in the United States.](#)

The Phoenix Fast Track Cities Initiative Ad Hoc Committee calls upon primary care physicians and emergency departments to implement opt-out HIV testing, where all adult patients are routinely screened for HIV unless they specifically opt-out of screening, in order to better identify HIV-positive individuals and link them to appropriate medical care.

Ninety Percent of All Persons Identified as HIV Positive in Medical Care and On Treatment

About 40% of all persons identified as living with HIV are not retained in consistent medical care. [These individuals account for 43% of new HIV infections.](#) Social determinants of health most commonly prevent consistent medical care, but HIV stigma plays a part as well. Phoenix-based HIV service organizations have robust programs to link patients to medical care and have implemented a rapid start protocol to connect patients to medical care within five days of diagnosis. This rapid start protocol has been shown to help patients become virally undetectable as quickly as possible, which in turn prevents them from transmitting HIV to others.

The Phoenix Fast Track Cities Initiative Ad Hoc Committee calls upon medical providers and systems (integrated delivery networks) to better educate its medical teams about Ryan White programs and implement Phoenix's rapid start protocol as part of their patient care systems. Ryan White programs ensure that any person who is living with HIV has access to medical, pharmaceutical, and support services. Phoenix's rapid start protocol calls for the implementation of immediate treatment for newly diagnosed patients, in accordance with [U.S. Department of Health and Human Services Guidelines](#). In addition, better education about HIV in medical settings can help to eliminate provider stigma about HIV risk, transmission, and treatment.

Ninety Percent of All Persons on Treatment With an Undetectable Viral Load

HIV treatment today is powerful, and treatment is prevention. The [CDC has acknowledged](#) that HIV-positive patients on treatment, and with an undetectable viral load, cannot transmit HIV to others. This medical science that is referred to as undetectable = untransmittable, or U=U, heralds a new day in HIV treatment and prevention, as it pertains to HIV and sexual transmission. If we can get every HIV-positive individual on treatment and virally undetectable, then we can stop new transmissions.

Single-tablet regimens are the most powerful tool available to achieve viral suppression in patients. [Research has proven](#) that patient adherence and time to viral suppression on a single-tablet regimen is significantly better with the use of single-tablet therapies. [U.S. Department of Health and Human Services guidelines](#) for treatment-naïve patients call for immediate prescription of a limited number of regimens, and medical providers need all available medications at their disposal to treat HIV. HIV is a unique condition where the virus often mutates and develops resistance to medications. In addition, many patients have co-morbidities that require specific treatment therapies. One size does not fit all with HIV treatment. All Federal Drug Administration (FDA)-approved therapies are included on the Medicare Part D formulary, and Ryan White programs similarly include all therapies on its formulary. It is critically important that private insurers and Arizona's Medicaid Program, AHCCCS, follow suit and include all HIV therapies on their formularies.

In addition to the current HIV therapies that need formulary approval, it is equally critical that private insurance and AHCCCS quickly approve new therapies on their formularies. Soon there will be a monthly injection that is FDA approved for treatment, and for many populations this will be a potent and effective treatment to help them achieve an undetectable viral load.

The Phoenix Fast Track Cities Initiative Ad Hoc Committee calls upon Private Insurers and Arizona's Medicaid Program, AHCCCS, to establish policies of open access to HIV therapies to give medical providers every tool at their disposal to treat HIV.

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SIGNATORIES



Mayor Kate Gallego



Councilwoman Laura Pastor



Councilwoman Debra Stark

*Co-Chairs, Fast-Track Cities Ad Hoc Committee,
On behalf of the Phoenix City Council*

Adopted unanimously on December 16, 2020.

