

The Food is Medicine Coalition

Comments to the Centers for Disease Control and Prevention (CDC) / Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) and Presidential Advisory Council on HIV/AIDS (PACHA)

Good afternoon. My name is Matt Pieper, Executive Director of Open Hand Atlanta, and I thank you for the opportunity to offer this testimony on behalf of the national *Food is Medicine Coalition*. As this joint body considers recommendations on the National HIV/AIDS Strategy for 2015-2020, we urge the inclusion of two key elements to improve access to care and health outcomes for people living with HIV/AIDS:

- 1) Increased funding for food and nutrition services provided through the Ryan White HIV/AIDS Program
- 2) The incorporation of food and nutrition services through the Affordable Care Act.

For PLWHA, proper nutrition is required to increase absorption of medications, reduce side effects, maintain a healthy body weight, and ultimately achieve viral suppression. PLWHA who are food insecure routinely forego critical medical care – including making and keeping appointments for primary care, filling medication prescriptions, and adhering to treatment.ⁱ

Since 2006, HRSA has allowed the Food and Nutrition Services category within Ryan White as a clinically effective core medical service in the Ryan White HIV/AIDS Program.ⁱⁱ HRSA states that “the management of HIV disease necessitates substantial expertise in nutrition” and that it is “an integral part of ongoing health care from diagnosis throughout the disease process”.ⁱⁱⁱ

In brief, access to food and nutrition services meets the goals of NHAS as follows:

- **NHAS Goal: Increasing access to care and improving health outcomes for people living with HIV:** PLWHA who receive effective FNS are more likely to keep scheduled primary care visits, score higher on health functioning, are at lower risk for inpatient hospital stays and are more likely to take their medicines.^{iv}
- **NHAS Goal: Reducing new HIV infections:** PLWHA who are food insecure are less likely to have undetectable viral loads in a statistically significant way. Undetectable viral loads can prevent transmission 96% of the time,^v thus, FNS are a key component to prevention.
- **NHAS Goal: Reducing HIV-related disparities and health inequities:** By providing FNS to PLWHA who are in poverty, we improve health outcomes, thereby reducing health disparities.^{vi}

Given the strong research and practice evidence in support of the need and benefits of medically informed food and nutrition services for PLWHA, it is surprising that when the ACA was passed, it contained no comprehensive coverage of medically-tailored food for *any* severe disease population. From a policy perspective, the specific combination of a prescribed diet and the food that fulfills it is integral only to the Ryan White HIV/AIDS Program. However, these low-cost and clinically effective interventions are grossly underutilized in current care for PLWHA.

To achieve a more coordinated national response to the HIV epidemic, while driving down healthcare costs and improving health outcomes for PLWHA, medically appropriate food and

nutrition services must be integrated into all healthcare reform efforts, including the Ryan White HIV/AIDS Program and the Affordable Care Act.

Thank you for your time and consideration, and I look forward to answering any questions that you may have throughout this process.

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The Food Is Medicine Coalition (FIMC) is a national group of food and nutrition services providers that have been managing chronic illnesses, like HIV/AIDS, cancer, cardiovascular disease, renal failure, muscular sclerosis, Alzheimer's disease and over 200 others, through nutrition for over 30 years.

ⁱ Aidala A, Yomogida M, Vardy Y & the Food & Nutrition Study Team. Food and Nutrition Services, HIV Medical Care, and Health Outcomes. New York State Department of Health: Resources for Ending the Epidemic, 2014. Available at https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/chain_factsheet3.pdf

ⁱⁱ Hopson, Deborah Farnum, PhD, RN, FAAN (14 Aug 2009). *Revised list of definitions for eligible services for the Ryan White Treatment and Modernization Act of 2006*. Rockville, MD: Department of Health and Human Services/Human Resources Services Administration: HIV/AIDS Bureau, p. 3-4

ⁱⁱⁱ HIV/AIDS Bureau (March 2006). *HRSA CAREAction*. Self-Management and the Chronic Care Model. Rockville, MD: U.S. Department of Health and Human Services Health Resources and Services Administration.

HIV/AIDS Bureau (August 2004). *HRSA CAREAction*. Nutrition and HIV/AIDS. Rockville, MD: U.S. Department of Health and Human Services Health Resources and Services Administration.

HIV/AIDS Bureau, Division of Community Programs (June 2002). *Healthcare and HIV: A Nutritional Guide for Clients and Providers*. Rockville, MD: U.S. Department of Health and Human Services Health Resources and Services Administration: Section 9

HIV/AIDS Bureau (August 2004). *HRSA CAREAction*. Nutrition and HIV/AIDS. Rockville, MD: U.S. Department of Health and Human Services Health Resources and Services Administration.

^{iv} Aidala A, Yomogida M, Vardy Y & the Food & Nutrition Study Team. Food and Nutrition Services, HIV Medical Care, and Health Outcomes. New York State Department of Health: Resources for Ending the Epidemic, 2014. Available at

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/chain_factsheet3.pdf

^v M. S. Cohen *et al.*, "Prevention of HIV-1 Infection with Early Antiretroviral Therapy," *N. Engl. J. Med.* **365**, 493-505 (2011). HPTN 052

^{vi} Weiser SD, Frongillo EA, Ragland K, Hogg RS, Riley ED, Bangsberg DR. Food insecurity is associated with incomplete HIV RNA suppression among homeless and marginally housed HIV-infected individuals in San Francisco. *J Gen Intern Med.* 2009 Jan;24(1):14-20. doi: 10.1007/s11606-008-0824-5. Epub 2008 Oct 25.