

December 9, 2025

Submitted via www.reginfo.gov

Samantha Miller
HRSA Information Collection Clearance Officer
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

**Re: Public Comment on Docket No. 2025-20302; OMB No. 0906-0022
(HRSA Ryan White HIV/AIDS Program HIV Quality Measures Module)**

Dear Ms. Miller:

On behalf of NASTAD, which represents the public health agencies responsible for administering Ryan White HIV/AIDS Program (RWHAP) Part B and AIDS Drug Assistance Programs (ADAPs), I am writing to provide comments regarding the proposed revision to the Ryan White HIV/AIDS Program (RWHAP) HIV Quality Measures (HIVQM) Module. Specifically, I am writing to express concern regarding the proposal to eliminate specific demographic data points in favor of broader, static biological categories.

While NASTAD appreciates the agency's effort to streamline reporting burdens, the elimination of established data elements presents a direct threat to the integrity of the RWHAP dataset. In the context of modern population health, precision is the prerequisite for effective management. Reducing the granularity of data collection hinders the agency's ability to detect health disparities and degrades the utility of the HIVQM Module as a tool for quality improvement. NASTAD encourages HRSA to reconsider the removal of these data points based on the following epidemiological and operational evidence.

The core principle of modern population health management is risk stratification—the ability to identify precisely which subgroups are failing to reach clinical benchmarks. By eliminating granular data points and rolling distinct subpopulations into broad biological categories, the proposed changes introduce aggregation bias. This statistical phenomenon occurs when high performance in a large, low-risk group statistically masks poor performance in a smaller, high-risk group. This error effectively blinds public health officials to emerging disparities; if a specific demographic subset experiences a drop in viral suppression or retention in care, the signal will be lost in the noise of the aggregate

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Stephen Lee (ex-officio)

data. Surveillance and quality measure systems designed to ignore distinct subpopulations makes it impossible to address the disparities that the RWHAP is statutorily mandated to resolve.

The value of the RWHAP dataset lies in its historical continuity, which allows HRSA and other stakeholders to track the trajectory of the HIV epidemic over decades. Altering the data schema to remove specific sociodemographic variables creates a significant break in the longitudinal record. This modification renders historical comparisons invalid, as interested parties will lose the ability to map current outcomes against past baselines for specific at-risk populations. In data science terms, this reduction in dimensionality prevents accurate trend analysis. By severing the link between past and present data definitions, HRSA hinders its own ability to measure the long-term success of its interventions and invalidates years of baseline data.

The RWHAP serves as a safety net designed to target resources to those most severely affected by the epidemic. Efficient and cost-effective resource allocation requires data that reflects the complexity of the patient population, rather than relying solely on blunt biological metrics. Social and behavioral determinants of health are often better predictors of viral suppression than biological factors alone. By removing the variables that help define these determinants, the agency forces a "one-size-fits-all" approach to data analysis. This creates a substantial risk that federal funds will be allocated based on imprecise metrics rather than demonstrated need, ultimately reducing the return on investment for the HIVQM program. In an era where health systems are moving toward precision public health, reducing data granularity is a regression in surveillance capability.

To maintain the scientific integrity of the RWHAP data and to ensure valid longitudinal tracking of the HIV epidemic and efforts to end HIV as an epidemic, the HIVQM Module should retain the ability to distinguish between distinct subpopulations. Collecting broad aggregate data is insufficient for the complex requirements of modern population health management. we respectfully request that HRSA retain the existing data elements to ensure the continued validity, reliability, and utility of the HIVQM Module.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Lee", with a stylized flourish at the end.

Stephen Lee, MD, MBA, DHSM
Executive Director