vivent health

December 17, 2025

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

Delivered electronically

Re: Public Comments 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 Vivent Health, thank you for the opportunity to provide feedback on the proposed changes to demographic data collection as a part of the Ryan White HIV/AIDS Program HIV Quality Measures Module (HIVQM).

Vivent Health has significant concerns about this proposal. The timing of this proposal vis a vis significant reform and change to safety net and community HIV health care delivery and investment will inhibit the provision of primary care and detract from the success of public health efforts. Furthermore, the stated goal of these changes related to reducing administrative burden will likely be non-existent or negligible.

Given these concerns, Vivent Health encourages HRSA to not implement the stated change. In fact, the stated change will severely limit the ability of our nation's public health and primary care infrastructure to effectively reach individuals most vulnerable to HIV and living with HIV.

By way of background, Vivent Health is one of our nation's largest providers of HIV prevention, care and treatment services. Today, through the support of RWHAP funding, Vivent Health provides integrated, comprehensive and coordinated medical, dental, behavioral health, pharmacy, case management, housing, food and nutrition, and legal services to almost 20,000 people living with HIV in Austin, TX; Chicago, IL, Denver, CO; Detroit, MI; Kansas City, MO; St. Louis, MO; and Appleton, Beloit, Eau Claire, Green Bay, Kenosha, La Crosse, Madison, Milwaukee, and Superior Wisconsin. This includes many individuals from surrounding rural, suburban and exurban communities with fewer providers competent in HIV care.

COLORADO
Denver

ILLINOIS
Chicago

MICHIGAN
Metro Detroit
Ypsilanti

MISSOURI
Kansas City
St. Louis

TEXAS
Austin

WISCONSIN
Appleton
Beloit
Eau Claire
Green Bay
Kenosha
La Crosse
Madison
Milwaukee
Superior
Wausau

With the investment made in our organization by the RWHAP, we are helping to achieve our nation's shared goal of ending HIV as an epidemic by 2030, as set forth by President Trump in 2019. Across our health system, 93% of the people living with HIV who receive medical care from us are achieving viral suppression. Moreover, we have significantly reduced gaps in HIV treatment outcomes between our white patients and our patients of color; have enhanced our management of co-occurring chronic diseases leading to better overall health for the people we care for because we have extensive data allowing us to focus on health care disparities based on race, sexuality, gender identity or other socioeconomic characteristics; and we constantly deliver targeted interventions and programs to segments of our patient population based on their unique needs.

A key component in the ability of our organization to deliver these outcomes for our patients is a steadfast commitment to capturing, measuring and using data. In fact, the collection and use of precise, granular data are what drive our organization's approach to individualized, patient-centered care. Not only is robust data collection useful in the identification and treatment of conditions the people we serve are currently experiencing, but it is also critical in helping our care teams to identify potential health risks and prevent future incidence of chronic disease and other health challenges.

While HRSA states that the proposed changes are based in an effort to reduce administrative burden from a reporting perspective, it is critical that HRSA understand that robust data analytics are what supports Vivent Health in optimizing and using the investment we receive from HRSA to enhance operational efficiency, target interventions to patients most in need to achieve viral suppression for as many people as possible, as well as reduce costs for our organization as well as the larger health care system.

Through the synthesis of data collected from other HIV prevention, care and treatment providers across the United States, HRSA and public health partners across the country are able to better understand the contours of the HIV epidemic. Such understanding ensures investment in interventions are able to reach communities and populations that are not receiving the care they need to achieve the best possible treatment to reach their optimal health. Precise, robust data is integral to ensure primary care at the individual level is effective at supporting public health goals, such as ending HIV as an epidemic and the prevention and management of chronic disease.

In practice, the proposed changes will reduce the quality of the data HRSA receives by eliminating precise data and aggregating it into larger, less meaningful categories. Effectively, this means that smaller subpopulations in a larger group will often have their outcomes or disparities masked by a larger subset of the group that is experiencing their care and disease management in different ways. In other words, important signals will be lost in the noisier, less precise aggregated data. The erosion of quality HIV-related data at HRSA will impede efforts to link people to HIV care, support and prevention resulting in greater HIV transmission rates, worsening personal and community health outcomes, and increasing costs for health care systems.

Lastly, but certainly not least of all, the proposed change effectively erases the health care experiences and outcomes of transgender individuals who are receiving care through RWHAP funded providers. Such erasure ignores the reality that people of trans experience live, work, thrive, contribute and have health care needs in communities across the United States. Considering the removal of one data point in the HIVQM data set will have negligible impact on administrative burden – in fact the change will likely require more time and effort than would no change at all would – and given the selected data set change – swapping an inclusive gender identity data set for an archaic and less descriptive one – the value of such a change is at best specious, and at worst, damaging to not only care delivery, but to a vulnerable and often marginalized group, specifically transgender people.

Thank you again for the opportunity to provide feedback related to the proposed changes to the RWHAP HIVQM. On behalf of Vivent Health, the almost 20,000 people we serve and the numerous communities we reach, we respectfully request that HRSA not move forward with the proposed changes.

Sincerely,

Bill Keeton
Chief Advocacy Officer