



December 19, 2025

Division of Policy & Data
HIV/AIDS Bureau
Health Resources & Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: HRSA Ryan White HIV/AIDS Program HIV Quality Measures Module, OMB No. 0906-0022-Revision

Dear Ms. Miller:

We are writing on behalf of The AIDS Institute, a national non-profit organization dedicated to supporting and protecting health care access for people living with HIV/AIDS, viral hepatitis, and other chronic and serious health conditions. For many years, The AIDS Institute has served as a resource to the HIV/AIDS Bureau (HAB), the Health Resources & Services Administration (HRSA), and the Department of Health & Human Services (HHS). We appreciate the opportunity to engage with you again as we provide comments on the proposed change to the Ryan White HIV/AIDS Program (RWHAP) HIV quality Measures Module. We urge you to withdraw this proposed rule and maintain the current HIVQM Module which has been a successful tool for the RWHAP.

We are concerned about the proposal to modify demographic quality measures in the HIVQM module about client served by the RWHAP. While we wholeheartedly agree that identifying and implementing strategies that simultaneously streamline services and eliminate wasteful spending while enhancing program implementation is critical to Secretary Kennedy's mission to make America healthy again, the proposed change will not strengthen the HIVQM Module; instead, it will result in inaccurate data collection and misrepresentation of the broad client base. HHS's data strategy prioritizes using accurate and robust data to inform policies that will enhance the health and well-being of all Americans.¹ However, we believe restricting data collected through the HIVQM Module will diminish HHS' capacity to successfully administer the RWHAP and ability to assess program recipients' quality and performance achievements. Jurisdictions and planning bodies will be limited in their abilities to make fully informed decisions regarding budgeting and service provision. In a time where resources are scarce it is critical to have accurate data to ensure every Person with HIV (PWH) is able to secure timely and effective healthcare. Precise data on the people served facilitates the identification of cost-effective, timely, and efficacious services best designed to address ongoing and emerging healthcare needs while maintaining a close watch on every dollar spent. The proposed

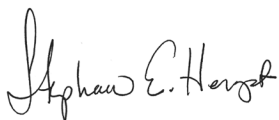
¹ <https://cdo.hhs.gov/s/hhs-data-strategy>

change has the potential to create inefficient use of American tax dollars, diminishing the life-saving impact the RWHAP has had since the creation and passage of the Ryan White Comprehensive AIDS Recourse Emergency (CARE) Act 35 years ago.

The RWHAP has been a model public health program; clients boast greater HIV viral suppression rates and better overall health outcomes than the general population. This has been accomplished by developing strategic policies and directing focused resources, driven by reliable data. To continue the success of the program and meet the needs of the community, HRSA must have access to comprehensive and accurate information. Clinical outcome data repeatedly demonstrates the impact RWHAP has had on individuals living with HIV. The most recent [RWHAP Annual Data Report](#) (released in December 2025) showed that 91.4% of people living with HIV who accessed their HIV care through RWHAP are considered virally suppressed, meaning that they cannot transmit HIV to others. That is due in great part to the data collection strategies currently being employed throughout the country.

In 2020, the Trump administration launched the Ending the HIV Epidemic (EHE) initiative. The EHE initiative and the Ryan White HIV/AIDS Program have helped to make eradicating HIV in the US an attainable goal. Disaggregated data has ensured the administration is successfully improving the health of vulnerable Americans. Jurisdictions hardest hit by the HIV epidemic have been able to utilize nuanced data to develop and implement novel and cost-effective activities that have resulted in more people learning their status, teaching them the value of treatment adherence, increasing health literacy, improving self-care strategies, increasing self-reliance regarding their care, as well as identifying and obtaining much needed support services when deemed appropriate. These activities have all been made possible through rigorous data-driven decision making that best represents and addresses the needs of those served.

We encourage HRSA to maintain the current HIVQM Module which has helped achieve great success for the Ryan White HIV/AIDS Program and the public health of the American people.



Stephanie Hengst
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The AIDS Institute