Message from the Executive Director

The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)

HIV and Aging in the Era of COVID-19

The AIDS Institute (TAI) appreciates the Gilead Sciences that they have provided TAI for our important work for The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA).

Background: In the early 2000's TAI launched the three pillars of HIV & Aging: 1.) People with HIV and aging due to advances in treatment which includes the complications of the normal aging process and people living with HIV; 2.) People over the age of 50 acquiring HIV because prevention messages have not traditionally been targeted to aging adults, and 3.) Aging adults caring for grandchildren or children living with HIV. To bring awareness to these issues, TAI launched an official federally recognized National HIV/AIDS and Aging Awareness Day (NHAAD) in 2008. In addition to the awareness day, the platform serves as a yearlong national campaign that highlights the complex issues related to HIV prevention, care, and treatment for aging adults in the United States.

Each year, our nation observes National HIV/AIDS and Aging Awareness Day on September 18th. To continually expand awareness about HIV/AIDS among the aging population, organizations, and community members across the country develop, implement, and participate in awareness activities. Events on or around NHAAD are recognized by the U.S. Department of Health and Human Services and HIV.gov. September 18th, 2020 marks the 12th anniversary of TAI's National HIV/AIDS and Aging Awareness Day. TAI produced a video to address HIV stigma among older women for National HIV/AIDS and Aging Awareness Day.

COVID-19: In 2020, without question, the COVID-19 pandemic has been the biggest threat to individuals' health, organizational sustainability, and focus. Therefore, our efforts will be through the lens of COVID-19, which has highlighted the vast health inequities and disparities among the most vulnerable populations. We recognize the numerous challenges that many are facing during this time. We will continue to address these rapidly evolving challenges while focusing our efforts and highlighting the importance of protecting those who are most vulnerable. Please refer to the attached report, which is designed to provide information and resources for aging adults around HIV, COVID-19, and general health issues.

Respectfully,
Michael Ruppal

Executive Director, The AIDS Institute
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WEBSITES OF THE MONTH

RESOURCES ABOUT OLDER ADULTS AND HIV/AIDS

AIDS Community Research Initiative of America (ACRIA)
www.acria.org Center for HIV and Aging

AIDS Education and Training Centers, National Resource Center
(AETC, HRSA) www.aidsetc.org

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/hiv/topics/over50/index.htm

HIV Wisdom for Older Women www.hivwisdom.org

National Association of HIV over 50 www.hivoverfifty.org

National Institute on Aging (NIH) www.nia.nih.gov (En español)

National Library of Medicine (NIH)

National Prevention Information Network (NPIN)
www.cdcnpin.org/scripts/population/elderly.asp

New York Association for on HIV over 50 www.nyahof.org

The Body www.thebody.com/index/whatis/older.html

The AIDS Institute www.theaidsinstitute.org Events Section / National Awareness Days

ABOUT AGING HEALTHY

The AIDS Institute appreciates the support that Gilead Sciences has provided TAI for our important work for The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)
Overview: In 2020, The AIDS Institute's (TAI's) efforts are taking place during the national fight against the novel coronavirus that causes COVID-19. While there is no denying that the advent of COVID-19 has changed the political landscape as federal and state policymakers struggle to execute a strategy to contain this new epidemic and deal with the economic disruption caused by the epidemic. We believe that TAI's work focusing on federal/state advocacy and effort is more important than ever.

During this time, it is crucial that advocates work diligently to help federal and state officials understand the impact of COVID-19 on people living with and at risk with both HIV and viral hepatitis, particularly older adults. It is important to minimize the disruption of existing efforts to identify and connect people with or at risk of acquiring HIV to testing and treatment. There has been a renewed focus on the value of public health programs and the workforce during COVID-19. TAI’s efforts focus on the need for additional federal funding to fight HIV, viral hepatitis, and reduced barriers to the testing and treatment necessary to address outbreaks and end the epidemic.

One of TAI's greatest strengths is our ability to adapt to change and address challenges quickly. We recognize the numerous challenges that many are facing during this time. We will continue to address these rapidly evolving challenges while focusing our efforts and highlighting the importance of protecting those who are most vulnerable.

According to the CDC, at present, "there is no specific information about the risk of COVID-19 in people with HIV. This report indicates that older adults and people of any age who have a serious underlying medical condition might be at higher risk of severe illness, including those who are immunocompromised. The risk for people with HIV getting very sick is greatest in:

- People with a low CD4 cell count, and
- People not on HIV treatment (antiretroviral therapy or ART).
- People with HIV can also be at increased risk of getting very sick with COVID-19 based on their age and other medical conditions".
During this time, it is important to address the general health, as well as HIV and Hepatitis-focused needs of the community and to highlight disparities as they relate to COVID-19. In particular, the CDC indicates that older adults and people of any age who have a serious underlying medical condition might be at higher risk of severe illness, including those who are immunocompromised.

Therefore, TAI's efforts in 2020 are through the COVID-19 lens, and it is through that lens that the unfair health inequities and disparities among the most vulnerable have become even more apparent. Particularly, older adults are most vulnerable. For example, we know that the pandemic has devastating respiratory threats and adversely impacts the older adult population at a greater rate than the general population. TAI is exquisitely positioned, with our recent focus in lung health and chronic disease in older adults, to help advance advocacy/policy initiatives that address timely and critical health issues now and for the foreseeable future. The Center has the capacity to activate our network to explore best practices for accurate information dissemination, to identify strategies and tactics for effective advocacy, to garner insights on addressing health disparities, and to focus the public’s attention on effective treatments and evidence-based programs.

TAI's efforts are taking place in the context of the national fight against the novel coronavirus that causes COVID-19. We are finding that federal and state policymakers struggle to execute a strategy to contain this new pandemic and deal with the economic disruption it has caused. We believe that our work focusing on HIV and viral hepatitis is more important than ever before.

The Administration's indecisive and changing policies around COVID-19 are causing confusion, skepticism, distrust, and political division that are not beneficial for anyone. The Administration's attempt to block billions of dollars for contact tracing, COVID-19 testing, and other mitigation efforts in Congress' next coronavirus relief package is indicative of current challenges. Most recently, hospitals were told by the Administration to bypass the Centers for Disease Control and Prevention (CDC) and report their data on COVID-19 patients directly to the Department of Health and Human Services (HHS).

It is crucial that advocates work diligently to help federal and state officials understand the impact of COVID-19 on people with and at risk of HIV or viral hepatitis. It is essential to minimize the disruption to existing efforts to identify and connect people with or at risk of acquiring viral hepatitis to testing and treatment. We recognize the numerous challenges that many are facing during this time. We will continue to address these rapidly evolving challenges while focusing our efforts and highlighting the importance of protecting those who are most vulnerable. TAI will continue community monitoring and community feedback mechanisms on the impact of COVID-19 on PWH and HIV services and support. Again, particularly as it relates to older adults as clearly they are most impacted.
Important COVID-19 Links

The following is the information from the Special Edition - Aging Healthy Newsletter distributed by TAI in April 2020:

Primary Portal for Information on COVID-19

Guidelines for COVID-19 and Older Adults

Coronavirus (COVID-19) and People with HIV
Health Disparities in the COVID-19 Era

As more is learned of the coronavirus in the U.S., it clearly shows disparities by race, ethnicity, geography, age, sex, and other factors, but one stands out above all: that as African Americans that become infected with the virus, die from it at disproportionately higher rates than any other group in the country.

Per the CDC website, “Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die”.

Risk for Severe Illness Increases with Age

“As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older”.

There are also other factors that can increase your risk for severe illness, such as having underlying medical conditions. By understanding the factors that put you at an increased risk, you can make decisions about what kind of precautions to take in your daily life.

The following charts are from the CDC website:
Per the CDC chart below, as you get older, your risk of being hospitalized for COVID-19 increases.


Everyone, especially older adults and others at increased risk of severe illness, should take steps to protect themselves from getting COVID-19.

Here is a Link to the above video from The CDC
What You Can Do If You Are at Increased Risk for Severe Illness from COVID-19

Are You at Increased Risk for Severe Illness?

Based on what we know now, those at increased risk for severe illness from COVID-19 are:
- Older adults
- People of any age with the following:
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Immunocompromised state (weakened immune system) from solid organ transplant
  - Obesity (body mass index (BMI) of 30 or higher)
  - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus

Here Is What You Can Do to Help Protect Yourself

- Limit contact with other people as much as possible.
- Wash your hands often.
- Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.
- Clean and disinfect frequently touched surfaces.
- Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.
For more information on steps you can take to protect yourself, see CDC’s How to Protect Yourself.

National coronavirus data based on race has been sparse, but information released by states and local municipalities has shown how drastic the disparity is in particular regions of the country. As more is known, emerging data indicate that Black and Latinx people are disproportionately impacted. Sadly, these are the same populations most affected by HIV.

Per a [CDC report](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html), "The effects of COVID-19 on the health of racial and ethnic minority groups are still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups. Also, existing health disparities, such as poorer underlying health and barriers to getting health care, might make members of many racial and ethnic minority groups especially vulnerable in public health emergencies like outbreaks of COVID-19".

Per an updated June 12th, 2020 [CDC report](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html), "Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. Among some racial and ethnic minority groups, including non-Hispanic black persons, Hispanics and Latinos, and American Indians/Alaska Natives, evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons. As of June 12th, 2020, age-adjusted hospitalization rates are highest among non-Hispanic American Indian or Alaska Native and non-Hispanic black persons, followed by Hispanic or Latino persons.

- non-Hispanic American Indian or Alaska Native persons have a rate approximately five times that of non-Hispanic white persons,
- non-Hispanic black persons have a rate approximately five times that of non-Hispanic white persons,
- Hispanic or Latino persons have a rate approximately four times that of non-Hispanic white persons."


On April 7th, 2020 a Kaiser Family Foundation report, analyzed data on underlying health conditions, health coverage and health care access, and social and economic factors by race and ethnicity to provide insight into how the health and financial impacts of COVID-19 may vary across racial/ethnic groups. According to the report, the findings were that:

- Communities of color are at increased risk of experiencing serious illness if they become infected with coronavirus due to higher rates of certain underlying health conditions compared to Whites;
- Communities of color will likely face increased challenges accessing COVID-19-related testing and treatment since they are more likely to be uninsured and to face barriers to accessing care than Whites; and
- Communities of color face increased financial and health risks associated with COVID-19 due to economic and social circumstances.

According to the Kaiser Family Foundation report, COVID-19 is disproportionately affecting groups of color (the following is from kff.org report as of April 6th, 2020). For example, in the District of Columbia, Blacks make up 45% of the total population but accounted for 29% of confirmed coronavirus cases and 59% of deaths. In Louisiana, Blacks make up 32% of the total state population but accounted for over 70% of COVID-19 deaths. Data from Illinois show that groups of color accounted for 48% of confirmed cases and 56% of deaths, while only making up 39% of the total state population. In North Carolina, Blacks make up 21% total state population, but accounted for 37% confirmed cases. In Michigan, where Blacks make up 14% of the total state population, they accounted for 33% of confirmed cases and 41% of deaths. Moreover, survey data find that Latinos are more likely than other racial/ethnic groups to see COVID-19 as a major threat to health and finances.

In April, TAI signed a letter, along with other organizations, committed to achieving health equity, asking to join Congressman Jesús "Chuy" García and sign on as an original co-sponsor of the Health Equity and Accountability Act (HEAA) of 2020. The letter states that "As the nation continues to grapple with the coronavirus disease 2019 (COVID-19), reports show that low-income communities of color are disproportionately impacted. The pandemic has exposed long-standing racial and ethnic health disparities that we have sought to eliminate for decades…".

In April 2020, TAI posted on the "I am essential" website, a request for people to share their knowledge of patient challenges evolving during COVID-19. As we continue to navigate our new circumstances, this survey was designed to identify any persistent and evolving needs patient communities were experiencing. The challenges are ever evolving. In response to this questionnaire and previous queries about patient concerns and experiences in accessing care and treatment, people provided valuable, concrete feedback that helped us push the Centers for Medicare and Medicaid Services (CMS) to release guidance on telehealth and prescription drug refills.
TAI drafted and signed a letter to Health and Human Services (HHS) Secretary Alex Azar in a coalition of over 100 national and community-based HIV service organizations representing HIV medical providers, public health professionals, advocates, and people living with HIV who are all committed to ensuring access to critical HIV and HCV-related health care and support services. HIV Health Care Access Working Group (HHCAWG) and Ryan White Working Group (RWWG) urgently requested that adequate steps be taken to ensure that people with HIV do not experience healthcare or treatment disruptions due to significant public health strategies that are being applied across the United States to mitigate further spread of COVID-19. This letter pointed out the importance of uninterrupted prescription drug access for people with and at risk for acquiring HIV; we urged HHS to ensure federally supported programs are taking steps to prevent disruptions in drug access.

Disruptions to access is particularly important as HIV clinics are temporarily adjusting their clinic protocols to limit in-person medical visits for people with HIV to reduce the spread of COVID-19 and to leverage severely strained clinical and public health workforce capacity fully. In addition to the specific concerns outlined below, we urge all federal agencies who provide oversight to health plans, including Consumer Information and Insurance Oversight (CCIIO), Department of Labor, and Department of Treasury, to issue guidance to state regulators and issuers, emphasizing flexibility to quantity limits and refill limits in particular.

On April 3rd, The AIDS Institute (TAI) was one of more than 200 organizations representing patients, healthcare providers, and public health professionals who wrote a letter to the Administration. The letter requested that immediate action be taken to alleviate the critical shortage of ventilators and personal protective equipment (PPE) across the nation, such as masks, face shields, and gowns, resulting from the COVID-19 pandemic.

On April 9th, TAI drafted and signed a letter to President Trump, along with over 100 organizations committed to ensuring and expanding healthcare access. The letter urged the Administration to continue to invoke the authority provided by the Defense Production Act (DPA) and to engage in a more comprehensive, system-wide application of the statute. This application is essential to create the centralized federal response necessary to respond effectively to this pandemic. A broader application of the DPA would allow the federal government to coordinate the national response, provide the industry with sufficient guidance and expectations, and enable states to serve their residents more swiftly in this ever-evolving public health landscape. There must be an increase in the domestic production of critical medical supplies and equipment, assurances that distribution is made to locations most in need, and that price spikes are eliminated.

Similarly, on April 9th, TAI signed a hepatitis community letter to Congress on COVID-19 response. TAI was one of 76 organizations acknowledging the work that Congress has done to respond to the COVID-19 pandemic. The letter stated, "However, we remain concerned that health inequities will be exacerbated. We will lose precious ground in the work to combat viral hepatitis and overdose..."
epidemics as a result of COVID-19. The letter was to urge Congress to include funding and policy changes in the next legislative package to support continued progress, provide humanizing health care, and to protect the vulnerable populations affected by those epidemics from acquiring COVID-19”. The letter also urged "Congress to take a stand against the increasing xenophobia, discrimination and hate speech being directed at Asian American and immigrant communities."

According to the Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Health, Admiral Brett Giroir, individuals with chronic liver diseases are at higher risk for a severe negative outcome if they acquire COVID-19. This is because individuals with weakened immune systems and people experiencing homelessness are more common among people who use drugs. Also, the increased risk of overdose is alarming as programs providing harm reduction services and medication for substance use treatment have shut down or are stretched beyond capacity. Millions of people are at significant risk if steps are not taken to protect them from COVID-19.

Important COVID-19 Links
From Florida Department of Health

TAI has a long history working with the Florida Department of Health (FDOH) and works closely with them as part of our state advocacy efforts. A link to HHS Interim Guidance for COVID-19 and Persons with HIV was posted to the Department’s HIV/AIDS Section website.

The Florida Department of Health (DOH) and the Agency for Health Care Administration (AHCA) are highlighting current guidance related to COVID-19 testing for the elderly or individuals with a serious underlying medical condition. Information can be found here.

The Florida DOH has developed the Florida Department of Health's COVID-19 dashboard, which shows the number of confirmed cases and testing numbers. Figures are updated twice a day at 11AM and 6PM (ET). County-level data can also be found in the dashboard.

Leading health specialists have issued specific advice for people living with HIV about the risks posed by the coronavirus and some are urging extra precaution for patients who are not virally suppressed. This accounts for almost half of all HIV patients in the US. In particular, given that a disproportionate number of older people who have died from coronavirus, “age is a very important factor” and anyone with HIV who is not virally suppressed is at risk. This is particularly important due to Pinellas County’s demographics. According to Pinellas demographics, the population over 50 years of age represents 43.87% of the total population in Pinellas County. Similarly, Pinellas County is in a high impact geographic location as identified by the Administration’s Ending the HIV Epidemic (EHE) Plan. Both Pinellas and neighboring
Hillsborough counties have large African American and/or Latinx, and LGBTQ populations with high prevalence of HIV. These factors make Pinellas County population vulnerable to the COVID-19 threat.

From the Pinellas County of Department of Health website, it’s reported that “The Florida Department of Health (DOH) is working closely with the Centers for Disease Control and Prevention (CDC) to closely monitor the current outbreak of novel coronavirus and is actively working to ensure that the most up-to-date CDC guidance is quickly and accurately disseminated to local partners. DOH is coordinating closely with our local partners to investigate, confirm, contain and report any suspected cases”. This is the link to the Hillsborough County Health Department: [http://hillsborough.floridahealth.gov/](http://hillsborough.floridahealth.gov/)

TAI recognizes the numerous challenges that many are facing during this time and we will continue to address these rapidly evolving challenges while we focus our efforts and continue to highlight the importance of protecting those individuals that are most vulnerable. During this time, it is important to address the health and HIV-focused needs of the community as it relates to COVID-19.

On March 13, 2020, President Trump declared the rapidly evolving COVID-19 situation a national emergency. This bold action enables the Centers for Medicare and Medicaid Services (CMS) to waive certain requirements in Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) under Section 1135 authority. This includes the ability to grant state and territorial Medicaid agencies a wider range of flexibilities, and states may now submit Section 1135 waiver requests for CMS approval that will remove administrative burdens and expand access to needed services.

On March 17th, CMS, approved the first state request for 1135 Medicaid Waiver in Florida, this action gives state greater flexibility for its COVID-19 response efforts.

Shortly after the President’s declaration, Florida became the first state to submit a Section 1135 waiver request in response to the COVID-19 national emergency. In keeping with CMS’s commitment to ensure our state partners have the tools they need to combat COVID-19, the agency acted within days to approve a wide variety of appropriate Medicaid flexibilities.

The state’s approval letter can be found [here](http://hillsborough.floridahealth.gov/), and includes flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests. These flexibilities will enable the state to
focus its resources on combatting this outbreak and provide the best possible care to Medicaid beneficiaries in their state.

CMS provided guidance to states on how to apply for Section 1135 waivers through the Medicaid Disaster Response Tool Kit, which can be found here. CMS will continue to expeditiously review and approve as appropriate all Section 1135 waivers and other requests that the agency receives to ensure that we are providing our state partners with the maximum flexibility they need to care for their Medicaid beneficiaries during the public health emergency. To support these efforts, CMS is developing checklists and tools to expedite requests and approvals for waivers and other commonly requested flexibilities.

While Florida is the first state to apply for this waiver authority, CMS expects more states will also submit similar requests. Additional Section 1135 approval letters will be posted here as they are issued. This action, and earlier CMS actions in response to the COVID-19 virus, is part of the ongoing White House Task Force efforts.

To keep up with the important work the Task Force is doing in response to COVID-19 click here www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.

Here is a summary of CMS Public Health Action on COVID-19:


**March 4, 2020:** CMS issued a call to action to healthcare providers nationwide and offered important guidance to help State Survey Agencies and Accrediting Organizations prioritize their...


March 9, 2020: CMS issued a fact sheet with additional guidance for healthcare providers and patients about the telehealth benefits in the agency’s Medicare program. Expanded use of virtual care, such as virtual check-ins, are important tools for keeping beneficiaries healthy, while helping to contain the community spread of the COVID-19 virus.  https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak


March 13, 2020: CMS issued Frequently Asked Questions (FAQs) on Essential Health Benefits (EHB) Coverage in response to the 2019 Novel Coronavirus (COVID-19) outbreak. The FAQs detail existing federal rules governing health coverage provided through the individual and small
March 2020: CMS issued a press release that announced the Trump Administration expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. Beginning on March 6, 2020, Medicare—administered by the Centers for Medicare & Medicaid Services (CMS)—will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.

Fact Sheet on the announcement on telehealth coverage: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet


Admiral Brett Giroir & Surgeon General Jerome Adams Release Letter on Optimizing Ventilator Use: On March 31st, 2020, the Assistant Secretary of Health and U.S. Surgeon General issued an open letter regarding strategies for optimizing the use of ventilators, including use of guidance on co-venting. In the letter, they note that ventilation of two patients with one ventilator should only be considered as an absolute last resort, but for those clinicians in crisis situations, the letter outlines how ventilator splitting can be performed strictly for two patients who are both either infected or free of the virus. We know that practices like this are currently being used in some hospitals. In that vein, we strive to provide additional information to support patient-provider decision making during times of crisis standards of care. We recognize that these decisions must be made on an individual institution, care-provider, and patient level. This is a reflection of how HHS and Federal Emergency Management Agency (FEMA) are working with multiple partners: healthcare systems, academic institutions, professional medical societies, and the National Academies of Science, Engineering and Medicine to develop crisis standards of care strategies for ventilator support when resources are limited.

Expanding Availability of PPE and Sterilizers and Disinfectant Devices: The FDA issued guidance to help expand the availability of surgical apparel for health care professionals, including gowns, hoods, and surgical and patient examination gloves during the pandemic. They also released guidance on the expansion of the availability and capability of sterilizers, disinfectant devices, and air purifiers during the pandemic. The devices include those intended to make devices sterile, kill pathogens or other microorganisms and kill pathogens or microorganisms in the air. This policy reflects FDA’s commitment to ease burdens on healthcare providers and facilities as
they face COVID-19.

**CMS Granting Key Flexibilities - Worth Including Twice:** CMS released an array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the COVID-19 pandemic. These temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. New rules allow hospitals and health systems to deliver services at other locations to make room for COVID-19 patients needing acute care in their main facility. CMS also posted a complete summary of the provided flexibilities to all physicians and clinicians to help clarify current allowable and billable practices. CMS also approved two additional Section 1135 waivers, bringing the total of approved waivers to 40 states.

**Granting Financial Relief for Medicare Providers – Worth Repeating:** CMS provided financial relief to Medicare providers by expanding their accelerated and advance payment program aimed to help ensure that they have resources needed to combat COVID-19. Accelerated and advance Medicare payments provide emergency funding and address cash flow issues based on historical payments when there is disruption in claims submission and/or claims processing. CMS is expanding the program for all Medicare providers throughout the country during the public health emergency related to COVID-19. The payments can be requested by hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers.

**Updating Guidance for Labs:** CDC updated their laboratory guidance for handling and processing specimens associated with COVID-19 to include environmental specimen testing guidance related to procedures that concentrate viruses.

**Determining if You Are at Higher Risk for Severe Illness:** The CDC updated their webpage to include information for individuals who are at higher risk for suffering from severe COVID-19 illness.

**Providing Guidance for Healthcare Professionals:** CDC added information on drugs and investigational therapies to address common questions and misperceptions on available and approved drugs to treat COVID-19 to their FAQ document for healthcare professionals. CDC also released guidelines and a decision algorithm for how to guide care advice and messages with evaluating and triaging potential patients.

**Obtaining Funding from FEMA for Emergency Medical Care Activities:** The FEMA COVID-19 Emergency Protective Measures Fact Sheet included a list of eligible emergency medical care activities. This fact sheet provides additional guidance related to the eligibility of emergency medical care activities as an emergency protective measure under the Emergency Declaration and any Major Disaster Declaration authorizing Public Assistance (PA) for COVID-19.
**Addressing Questions on Non-Congregate Sheltering:** Non-congregate sheltering may be necessary for health and medical-related needs, such as isolation and quarantine of certain populations resulting from the public health emergency. FEMA released an FAQ document on non-congregant sheltering and how states can apply to receive approval for them.

**Preparing Outpatient Hemodialysis Facilities for COVID-19 Patients:** CDC released updated guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities. This information is provided to clarify COVID-19 infection prevention and control (IPC) recommendations that are specific to outpatient hemodialysis facilities. Recommendations are listed for screening and triage of patients.

**Addressing Considerations for Clinical Trials:** The FDA issued an updated guidance, Conduct of Clinical Trials of Medical Products during the COVID-19 Pandemic, with an appendix adding questions and answers on this subject. This guidance is intended for industry, investigators and institutional review boards and was issued because we recognize that the COVID-19 pandemic may impact the conduct of clinical trials of medical products, including drugs, devices and biological products.

**Granting Flexibilities to The Administration for Children and Families (ACF) Recipients:** In a memo to all of their grantees, ACF shared information to assure their grantee and recipient communities that to the extent possible they will provide short-term relief for administrative, financial management, and audit requirements in their human services programs.

**Ensuring Providers Can Practice at Health Centers and Free Clinics:** HRSA has released information on updated Federal Tort Claims Act policies for providers in health centers and free clinics to enable them to treat patients in these settings in an effort to prevent, prepare or respond to COVID-19.

**Supporting Governors in Crisis States:** The President released a memo that provides additional support to Governors in Connecticut, Illinois, Massachusetts and Michigan, allowing them to use the National Guard with 100% federal support.

**AGENCY FOR HEALTH CARE ADMINISTRATION/ MEDICAID**
AHCA has set up a link to all Medicaid Provider and managed care organization guidance letters. This site is updated as new alerts are posted here.

Prior authorizations and maintenance prescriptions: In order to reduce administrative burdens on key providers, Florida Medicaid is waiving prior authorization requirements for medically
necessary hospital services, physician services; advanced practice registered nursing services, physician assistant services, home health services, and durable medical equipment and supplies. In addition to the services listed above, Florida Medicaid is waiving prior authorization requirements for all services (except pharmacy services) necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19. Florida Medicaid will reimburse for a 90-day supply of maintenance prescriptions when available at the pharmacy. The recipient must request that the pharmacy dispense a 90-day supply. In addition, Florida Medicaid is waiving any limits on mail order delivery of maintenance prescriptions. Florida Medicaid and managed care plans will pay for a 90-day supply of maintenance prescriptions through mail order delivery. To view the Florida Medicaid Health Care Alert click [here](#). To view the Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-15 click [here](#).

**Telemedicine Guidance:** Florida Medicaid has expanded telemedicine/telehealth services in the fee-for-service delivery system for physicians, APRNs, physician assistants, as well as for physical therapy, occupational therapy and speech therapy. This includes evaluation, diagnostic, and treatment services as long as the services can be delivered in a manner that is consistent with the standard of care. In addition, Florida Medicaid has expanded telemedicine coverage to:

- Behavior analysis services
- Specified behavioral health services
- Early intervention services

On March 16, 2020, Florida was the first state to be granted a waiver under Section 1135. We expect that Florida Medicaid will provide further guidance on implementation of the waivers in the next few days. The waivers and modifications take effect on March 15, with a retroactive effective date of March 1, 2020. The waiver deals with certain key areas:

- Provider participation
- Waiver of Service Prior Authorization (PA) Requirements.
- Waiver for Pre-Admission Screening and Annual Resident Review (PASRR) Level I Level II Assessments for 30 Days.
- Waiver to allow evacuating facilities to provide services in alternative settings, such as a temporary shelter when a provider’s facility is inaccessible.
- State fair hearing requests and appeal deadlines.

For more information on the waiver click [here](#).

On March 30, 2020, AHCA and the Florida Department of Children and Families announced that they will maintain Medicaid eligibility for current recipients through the last day of the month of the state of emergency. The intent is that no Medicaid recipient will lose Medicaid eligibility during the state of emergency. AHCA is working on notifying recipients who may have received a
termination notice in the month of March that their benefits will continue. For more information click here.

AHCA is providing a daily report on statewide hospital bed capacity. The report provides a breakdown on beds by county as well as ICU bed capacity. Please visit the Agency’s Hospital Bed Capacity Dashboard for more information.

PHARMACY
Emergency Refills: The Governor signed Executive Order 20-52 that allows pharmacists/pharmacies to refill prescriptions early.

LEGISLATIVE
President Galvano’s Memo which gives a fiscal update to the Florida Senate.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DBPR has updated the dedicated webpage for filing complaints related to compliance with executive orders related to department stakeholders. DBPR – Frequently Asked Questions re: EO 20-71 Related to Restaurants and Alcoholic Beverage Vendors (posted 03.26.2020)

DBPR Emergency Order 2020-01 – Issued March 16, 2020 suspends the license renewal deadline for a period of 30 days following the existing renewal deadline for any license, permit, registration, or certificate with an expiration occurring in March or April. The order also provides that license renewal requirements for completion of continuing education, if applicable, are also suspended for the same time period.

Find more information on DBPR’s response to COVID-19 here.

DIVISION OF EMERGENCY MANAGEMENT
The Florida Division of Emergency Management releases a COVID-19 daily report containing information about:
- Persons being monitored, persons under investigation, and COVID-19 cases.
- Cases and laboratory testing over time.
- Characteristics of Florida resident cases including age, hospitalizations and death.
- Characteristics of Florida cases.
- Surveillance information.
- Testing reports by county.
- Testing reports by laboratory.
- Amount of medical equipment gathered
More info from Emergency Management and other agencies here: www.floridadisaster.org/covid19

VOLUNTEER FLORIDA
- As the lead agency for volunteerism and service, Volunteer Florida is working to support voluntary organizations across the state and nation by sharing resources, surveying needs and requesting that continuity of operations plans be created to avoid any service delivery disruption.
- This week, Volunteer Florida is hosting a series of webinars to discuss the functionalities of Volunteer Connect, Florida’s official volunteer opportunities platform, and to explore different volunteer opportunities such as virtual volunteering.
- Find more information on Volunteer Florida’s response to COVID-19 here.

FLORIDA OFFICE OF INSURANCE REGULATION
Florida’s Office of Insurance Regulation has issued four information memoranda. Informational Memorandum OIR-20-03M directs all insurers and other entities regulated by OIR to review and update their business continuity and/or continuity of operations plans. Informational Memorandum OIR-20-01M directs health insurers to: use every channel available to communicate with their policyholders and share official CDC and DOH information; devote resources to inform consumers of available benefits, quickly respond to inquiries, and avoid and dispel misinformation; work with public health officials to do everything possible to prepare and respond; and consider all practicable options to reduce the barriers of cost-sharing for testing and treatment of COVID-19. Informational Memorandum OIR-20-02M reminds to all health insurers to allow for early prescription refills following the Governor’s Executive Order 20-52 declaring a state of emergency in Florida.

On March 25, 2020, OIR issued continued guidance in Informational Memorandum OIR-20-04M on the treatment of policyholders relating to response to COVID-19. Guidance within the memorandum includes:
- Encouraging regulated entities to be flexible with premium payments in order to avoid a lapse in coverage and only consider cancellation of policies if all possible efforts to work with consumers to continue coverage have been exhausted;
- Removing exclusions on certain personal auto exclusions;
- Exploring virtual options for underwriting and adjusting claims and for premium audits of employers’ records; and
- Other general considerations, including a 30-day extension for the filing of annual statements for certain regulated entities.
DEPARTMENT OF CHILDREN & FAMILIES
DCF has submitted a federal waiver to temporarily increase all Supplemental Nutritional Assistance Program (SNAP) recipients’ benefit amounts to the maximum monthly allotment based on household size.

To ensure Floridians can safely access SNAP, TANF, and Medicaid benefits, DCF has implemented a six-month recertification extension for individuals and families scheduled to recertify in April or May.

DCF will waive work requirements for individuals participating in the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) program.

DCF will maintain Medicaid eligibility for current recipients through the last day of the month of the state of emergency. This means no Medicaid recipient will lose Medicaid eligibility during the state of emergency.

Beginning with applications received in February 2020, DCF is extending the timeframe for individuals to submit any necessary paperwork to 120 days from the date the application was received. If the Medicaid application is approved, the individual’s Medicaid eligibility effective date will still be the first day of the month that the initial application was received.

For more information, go to: DCF

VISIT FLORIDA
To better understand and measure the impact of COVID-19 on Florida’s tourism industry, Visit Florida launched a new data dashboard to track key economic indicators and trends, including hotel demand, vacation rental bookings, airline capacity, and web traffic relating to vacation planning. For more information and to view the data dashboard, click here. Visit Florida is also encouraging tourism-related businesses who have been impacted by COVID-19 to participate in the Department of Economic Opportunity’s business damage assessment survey.

Florida Department of Corrections
The Florida Department of Corrections (FDC) has put precautions in place at facilities to protect inmates and staff from COVID-19 based on CDC recommendations. For example, new inmate commitments from county jails have been temporarily restricted. Anyone entering a correctional institution will be screened in accordance with CDC and Department guidelines. FDC has suspended visitation and volunteer programs at all correctional institutions statewide through April 5, 2020. For more information on FDC’s COVID-19 response click here.
Local Governments:
- This link takes you to a website which has all local government orders: Find local orders here

ATTORNEY GENERAL ACTIONS
Florida Attorney General Ashley Moody activated Florida’s Price Gouging hotline for all consumers in the state. Violators of the price gouging statute are subject to civil penalties of $1,000 per violation and up to a total of $25,000 for multiple violations committed in a single 24-hour period. Click here for a list of commodities covered under the state’s price gouging laws. Consumers may call the hotline at (866) 9NO-SCAM if they suspect prices on goods have been artificially escalated to exploit the scare. Scams can also be reported at www.MyFloridaLegal.com. For more information on price gouging, please click here.
Other Important COVID-19 Links

The President’s Coronavirus Guidelines for America

For background and the most up-to-date information, please visit the Centers for Disease Control and Prevention Coronavirus Disease 2019 website: HERE

U.S. Department of Health and Human Services:
- Twitter (here)
- Facebook (here)

Centers for Disease Control and Prevention:
- Twitter (here)
- Facebook (here)

What you should know:
- Workplace, School, and Home Guidance
- People at Risk for Serious Illness from COVID-19
- How COVID-19 Spreads
- Symptoms
- Steps to Prevent Illness
- Frequently Asked Questions
- What to Do If You Are Sick with COVID-19
- Stigma Related to COVID-19
- Facts about COVID-19
- Information for People at Higher Risk and Special Populations
- Communication Resources

Situation Updates:
- Situation Summary
- Cases in the U.S.
- Global Locations with COVID-19
- Risk Assessment
- CDC in Action: Preparing Communities

Information for Businesses:
- Interim Guidance for Businesses and Employers
- Information for Communities, Schools, and Businesses
- Environmental Cleaning and Disinfection Recommendations – Community Facilities
- SBA: COVID-19 Resources
- DOL: Guidance for Preparing Workplaces for Coronavirus
- DOL: OHSA Resources for Workers and Employers on COVID-19
- WHO: Get Your Workplace Ready for COVID-19
- CISA: Risk Management for COVID-19
- EPA: Disinfectants for Use Against COVID-19

Information for Travel and Transportation:
Information for Healthcare Providers, First Responders, and Research Facilities:

- Information for Healthcare Professionals
- Resources for State, Local, Territorial and Tribal Health Departments
- Resources for Healthcare Facilities
- Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation in Healthcare Settings
- Information for Laboratories
- Resources for First Responders
- Guidance for Public Health Professionals Managing People with COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
- FAQs and Considerations for Patient Triage, Placement and Hospital Discharge
- Guidance for Homeless Shelters
- Guidance for Hemodialysis Facilities
- CMS: Information on COVID-19 and Current Emergencies
- CMS: Guidance for Hospice Agencies
- CMS: Emergency Medical Treatment and Labor Act Requirements and Implications Related to COVID-19
- CMS: FAQs for State Survey Agency and Accrediting Organizations
- EPA: Disinfectants for Use Against COVID-19

Information for Law Enforcement:

- What Law Enforcement Personnel Need to Know
- Bureau of Prisons COVID-19 Resources

Information for Families and Households:

- Information on COVID-19 for Pregnant Women and Children
- Interim Guidance for Household Readiness
- Environmental Cleaning and Disinfection Recommendations for U.S. Households
- Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities
- FAQ: COVID-19 and Children
- EPA: Disinfectants for Use Against COVID-19

Information for Schools and Childcare Providers:

- Interim Guidance for Administrators of U.S. Childcare Programs and K-12 Schools
- Resources for Institutes of Higher Education
- Environmental Cleaning and Disinfection Recommendations – Community Facilities
- USDA: USDA Makes It Easier, Safer to Feed Children in California Amid Coronavirus Outbreak
• DOEd: Resources for Schools and School Personnel
• EPA: Disinfectants for Use Against COVID-19

Information for Community Events and Gatherings:
• Interim Guidance for Mass Gatherings and Large Community Events
• Interim Guidance for Community- and Faith-Based Organizations
• EPA: Disinfectants for Use Against COVID-19

Agency Resources and Information:
• U.S. Department of Health and Human Services
• Centers for Medicare and Medicaid
• U.S. Food & Drug Administration
• U.S. Department of Agriculture
• U.S. Department of Defense
• U.S. Department of Education
• U.S. Department of Energy
• U.S. Department of Homeland Security
• U.S. Department of Labor
• U.S. Department of State
• U.S. Department of Veterans Affairs
• U.S. Environmental Protection Agency
• U.S. Small Business Administration
For HIV and Older Americans and per the CDC website: In 2016, nearly half of people in the United States (US) and dependent areas living with diagnosed HIV were aged 50 and older. Though new HIV diagnoses are declining among people aged 50 and older, around 1 in 6 HIV diagnoses in 2017 were in this group.

The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)

The AIDS Institute Page 29
From 2012 to 2016, HIV diagnoses remained stable among people aged 50 and older in the US and dependent areas. But trends varied for different groups of older Americans.

### HIV Diagnoses Among People Aged 50 and Older in the US and Dependent Areas by Age, 2012-2016

#### All people aged 50 and older: stable

<table>
<thead>
<tr>
<th>Category</th>
<th>Men by transmission category</th>
<th>Women by transmission category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male-to-male sexual contact</td>
<td>stable</td>
<td>Heterosexual contact: down 8%</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>down 17%</td>
<td>Injection drug use: down 18%</td>
</tr>
<tr>
<td>Male-to-male sexual contact and</td>
<td></td>
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<tr>
<td>Injection drug use</td>
<td>down 12%</td>
<td></td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>down 9%</td>
<td></td>
</tr>
</tbody>
</table>


### Living With HIV

People Aged 55 and Older With HIV in the 50 States and District of Columbia

- **At the end of 2016,** an estimated **327,000** people aged 55 and older had HIV. **9 in 10 knew they had the virus.**

  - **For every 100 people aged 55 and older with HIV in 2016:**
    - **69** received some HIV care
    - **56** were retained in care
    - **60** were virally suppressed

  A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of sexually transmitting HIV to HIV-negative partners.


CDC. *Selected national HIV prevention and care outcomes* (slides).
People With Diagnosed HIV in the US and Dependent Areas by Age, 2016

Deaths
In 2016, there were 10,944 deaths among people aged 50 and older with diagnosed HIV in the US and dependent areas. These deaths may be due to any cause.

Prevention Challenges
There are some behaviors that put everyone at risk for HIV. These behaviors include having anal or vaginal sex without protection (like using a condom or taking medicine to prevent or treat HIV), or sharing injection drug equipment with someone who has HIV. Factors that particularly affect older people include the following:

Older people in the United States are more likely than younger people to have late-stage HIV infection at the time of diagnosis, which means they start treatment late and possibly suffer more immune-system damage. Late diagnoses can occur because health care providers may not always test older people for HIV infection. Also, older people may not consider themselves to be at risk of HIV infection or may mistake HIV symptoms for those of normal aging and not consider HIV as a cause. Among people aged 55 and older who received an HIV diagnosis in 2015, 50% had been living with HIV for 4.5 years before they were diagnosed—the longest diagnosis delay for any age group.

Older people may have many of the same HIV risk factors as younger people, including a lack of knowledge about HIV prevention and sexual risk, such as having multiple sex partners. Older people also face some unique issues:

- Women who no longer worry about becoming pregnant may be less likely to use a condom and to practice safer sex. Age-related thinning and dryness of vaginal tissue may raise older women’s risk for HIV infection.
- Although they visit their doctors more frequently, older people are less likely than younger people to discuss their sexual or drug use behaviors with their doctors. And doctors are less likely to ask their older patients about these issues.

Stigma is a particular concern among older people because they may already face isolation due to illness or loss of family and friends. Stigma negatively affects people’s quality of life, self-image, and behaviors, and may prevent them from seeking HIV care and disclosing their HIV status.

Aging with HIV infection also presents special challenges for preventing other diseases because both age and HIV increase the risk for cardiovascular disease, lung disease (specifically chronic obstructive pulmonary disease), bone loss, and certain cancers. Older patients with HIV and their care providers need to maximize prevention efforts against these conditions and remain vigilant for early signs of illness. They also need to be careful about interactions between the medications used to treat HIV and those used to treat common age-related conditions such as hypertension, diabetes, elevated cholesterol, and obesity.

Source for the above information: https://www.cdc.gov/hiv/group/age/olderamericans/index.html
Upcoming Awareness Day:
National Women and Girls HIV/AIDS Awareness Day
March 10, 2020

Every year on March 10 — and throughout the month of March — local, state, federal, and national organizations come together to shed light on the impact of HIV and AIDS on women and girls and show support for those at risk of and living with HIV. This year marks the 14th annual observance of National Women and Girls HIV/AIDS Awareness Day (NWGHAAD).

We've made tremendous progress against HIV and AIDS in the U.S., but women remain vulnerable to infection — especially black or African-American and Hispanic women. Any woman who has sex can get HIV, regardless of race, ethnicity, age, or sexual orientation. Today, nearly 1 million people in the U.S. are diagnosed with HIV, and nearly 1 in 4 of them are women.

The 2019 NWGHAAD theme, “HIV Prevention Starts With Me,” emphasizes the role everyone plays in HIV prevention — community organizations, health care professionals, and women and men, including those living with HIV. There are steps you can take to protect yourself, your partner, your family, and your neighbors.
Older American’s Act (OAA) Title III-D List Feedback The 2020 theme is “We’re in This, Together.”

This observance is an opportunity to increase HIV education, testing, community involvement, and treatment among black communities.

The first National Black HIV/AIDS Awareness Day (NBHAAD) was marked in 1999 as a grassroots education effort to raise awareness about HIV and AIDS prevention, care, and treatment in communities of color.

In collaboration with Administration for Community Living (ACL), the Evidence-Based Program Review Council is surveying organizations that have implemented approved evidence-based health promotion and disease prevention programs that meet.

As part of a re-review of all programs on the current Title III-D approved list, this survey aims to gauge satisfaction with these evidence-based programs:

- Active Choices
- Active Living Every Day (ALED)
- AEA Arthritis Foundation Aquatic Program (AFAP)
- AEA Arthritis Foundation Exercise Program (AFEP)
- Better Choices, Better Health (online Chronic Disease Self-Management Program)
- Care Transitions Intervention (CTI)
- EnhanceWellness
- FallsTalk/FallScape
- Geri-Fit® Strength Training Workout
- Healthy IDEAS
- Healthy Moves for Aging Well
- Otago Exercise Program
- Stay Active and Independent for Life (SAIL)
- Stress-Busting Program for Family Caregivers

Individual responses will not be shared with program administrators/coordinators. For quality improvement, the Council will compile responses to help identify where programs could enhance implementation.

Surveys are due by Friday, February 14, 2020.

Take Survey
By 2020, more than one in five people living with HIV around the world is expected to be over the age of 50. In 2016, eight of ten older people living with HIV globally were in low- and middle-income countries. In the US, almost half of those living with HIV who know their diagnosis were at least 50 years old in 2015.

In the US, HIV began mostly as a disease of young men. Today, however, the epidemic affects both women and men of all ages, including older women. While 50 may not seem 'old,' it is often the age used by organizations that keep track of health-related statistics. As a result, issues related to getting and being older with HIV are receiving more and more attention.

The number of older people living with HIV is growing for two main reasons: 1) powerful HIV drugs are allowing many people to lead longer, healthier lives with HIV; and 2) while most new HIV cases occur in younger people, people over 50 are acquiring HIV at increasing rates.

Many of the medical problems now faced by people living with HIV have more to do with aging than with HIV-related illnesses. While many concerns faced by long-term survivors of HIV (those who have been living with the virus for more than ten years) relate to common effects of aging, others have to do with the unique realities of living with HIV for many years, often during the most devastating years of the epidemic. For more information on the experiences of those who have been living with HIV for a decade or more, please see the fact sheet on Long-Term Survivors of HIV.

For more information on Aging and HIV, click here.
May is Older American’s Month. This year’s theme, “Make Your Mark”, was selected to encourage and celebrate countless contributions that older adults make to our communities. Their time, experience, and talents benefit family, peers, and neighbors every day. Communities, organizations, and individuals of all ages are also making their marks. This year’s theme highlights the difference everyone can make – in the lives of older adults, in support of caregivers, and to strengthen communities.

Submit Abstract

Resources

Opioids and Older Adults
The opioid public health emergency is affecting Americans of all ages; racial, ethnic, sexual, and gender minorities; income classes; and geographic areas. However, older adults and persons with disabilities are among the groups most impacted by the opioid crisis because they often use prescription opioids to cope with acute pain, such as after a surgery, or ongoing pain from chronic conditions.

Through the aging and disability networks, ACL is helping address the opioid crisis by:

• Reaching people impacted by this crisis in the community (i.e., older adults, people with disabilities, caregivers, grandparents raising grandchildren), and connecting them with resources
• Offering resources to professionals and volunteers touching the lives of older people, people with disabilities, and caregivers
• Generating new knowledge on the impact of the opioid crisis on people with disabilities and older adults, as well as their families
• Aligning partnerships within the U.S. Department of Health and Human Services and with other federal agencies to increase access to effective prevention and treatment.

Visit Website

Visit Website

View Fact Sheet

Submit Abstract

Visit Website
Check out a special edition of NIH News in Health on seniors. The newsletter highlights practical health news and tips based on the latest NIH research.

View Newsletter

According to data from the Centers for Disease Control and Prevention's Preliminary 2018 HIV Surveillance Report, persons aged 50 and older accounted for approximately:

- 17% of new HIV diagnoses
- 47% of persons living with HIV
- 71% of all deaths of persons with diagnosed HIV infection

Click here to view the full report.

Archived Webinars

Research on Aging with HIV

Learn about a newly NIH-funded research project involving the aging community living with HIV.

This webinar focuses on Miami's innovative project of tracking noninfectious health conditions that patients living with HIV experience as they age such as cardiovascular and pulmonary diseases, metabolic and degenerative diseases, such as diabetes and osteoporosis, and mental health issues.

Presented by:
- Dr. Maria Luisa Alcaide
- Dr. Margaret A. Fischl
- Dr. Deborah Jones Weiss

View Webinar Here

Women with HIV and Aging-Related Challenges

Presented by Dawn Averitt

Founder, The Well Project/Women's Research Initiative on HIV/AIDS (WRI)
OTHER AGING RESOURCES

- **Association for Nurses in AIDS Care (ANAC) Aging Toolkit**
- **Centers for Disease Control and Prevention (CDC) Surveillance Report on HIV and Older Americans**
- **National Institutes of Health's AIDSOURCE**
- **National Resource Center for HIV and Aging**
- **The Body's Resource Center of HIV and Aging**
Older adults are at increased risk for adverse health

COVID-19
outcomes related to COVID-19. Below you will find a list of resources that will help keep you informed and helpful tips to guide you through this global pandemic.

**Primary Portal for Information on COVID-19**

**Guidelines for COVID-19 and Older Adults**

**Coronavirus (COVID-19) and People with HIV**
Staying Healthy: HIV and Coronavirus

English or en español

COVID-19 Resource and Information Guide

How to Fight the Social Isolation of Coronavirus

Efforts Needed to Ensure Protecting Older Adults from COVID-19
Don’t Create Other Problems
OTHER NEWS

Older Americans Act Reauthorized for 5 Years

Funding for meals, caregiving helps about 11 million older adults annually

by Dena Bunis, AARP, March 26, 2020

President Trump on Wednesday signed a bipartisan reauthorization of a landmark law that provides more money for programs that help millions of older Americans age in their homes and communities through services including Meals on Wheels, family caregiver support and transportation.

The Supporting Older Americans Act of 2020 extends the Older Americans Act (OAA) for five years and increases funding levels for its programs by 7 percent in federal fiscal year 2020 and by 6 percent each year from 2021 to 2024. Read more...
Other Important Resource Links

Optimizing HIV Treatment to Improve Outcomes for Aging Adults with Comorbidities

By 2030, approximately 75% of people living with HIV will be aged 50 or older. These shifting demographics coincide with the development of simplified HIV treatment options, including 2-drug regimens (2-DRs) and novel long-acting formulations that hold potential for reducing antiretroviral therapy (ART)-related toxicities, avoiding drug-drug interactions (DDIs), and overcoming adherence challenges.
Other Important Resource Links

- acria
- Florida Health
- NYAHOF
- ACL
- GMHC
- wel
- ASA
- GIA
- AETC Midsouth
- Area Agency on Aging
- HIV Wisdom for Older Women
- HHS.gov
- SAGE
- U.S. Department of Veterans Affairs
- CDC
- HRSA
- USF Health
- Well Beyond HIV
- JSI

The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)
The AIDS Institute