

Legislative Recommendations

Need for Continued Funding for the AETCs

There is a demonstrated continuous need to ensure timely, high-quality HIV health care provider education, technical assistance and clinical consultation by the AIDS Education and Training Centers (AETCs) Part F of the Ryan White Care Act, through sustained or expanded funding levels. The 2018-19 budget recently passed by Congress appropriates \$33.6 million for the AETCs. The AETCs include 8 regional centers (with over 90 local performance sites) and 2 national centers (National Clinician Consultation Center; National Coordinating Resource Center).

- AETCs have been educating and building the capacity of health professionals, clinics, hospitals, emergency departments and other programs since 1987 through HRSA federal funding.
- AETCs play an important role in ending the HIV epidemic.
- AETCs fill the gap of developing a well-trained HIV health workforce.
- AETC facilitate the integration of HIV into primary care.
- AETCs comprise the only national network of HIV clinical experts and educators.
- AETCs provide locally-based, tailored education programs, consultation and technical assistance to healthcare teams and systems.
- AETCs are agile and able to respond to the changing scope of HIV as well as epidemics of Hepatitis C and substance use within rural as well as urban areas.

Rapid and effective translation of scientific evidence and clinical research into practice is essential for quality HIV care delivery because prevention and treatment are continuously and rapidly evolving. The AETCs ensure that busy health care providers and the teams they work with remain current with the newest and the most effective treatment interventions, best practices and recommended medication regimens based on HRSA, NIH, CDC and other guidelines. Through these efforts the AETCs improve the HIV continuum of care for persons at risk for or living with HIV, achieving HIV viral suppression to improve the longevity and quality of life of persons living with HIV, and reducing HIV acquisition and transmission. The AETCs are building workforce capacity to respond to the increased demand for HIV prevention and care services.

AETCs Make a Difference

The mission of the AETCs is to build and maintain a well-educated, skilled and culturally sensitive health professions workforce utilizing on-site and distance-based educational methods. The AETC Program *transforms* HIV care by building the capacity for accessible, high-quality treatment and services throughout the United States and its territories. The work of the AETCs places priority on medically underserved communities and individuals with unmet HIV-related needs.

Results of AETC work include:

- Improved uptake of routine HIV testing within various health and human service systems;
- Improved patient clinical outcomes along the HIV care continuum;
- Disseminated prevention technology and strategies for persons living with and at risk for HIV;
- Increased access to care by expanding the number of health professionals willing and skilled to treat persons living with HIV;
- Coordinated rapid response and needed interventions to emerging HIV-related needs;
- Increased integration of psychiatric and substance use treatment within HIV care;
- Reduced stigma associated with HIV, thus reducing barriers in access to prevention and treatment;
- Improved treatment of co-morbid disorders, such as mental illness, opioid and substance misuse disorders, hepatitis, and sexually transmitted diseases;
- Improved care continuity for patients by providing new approaches and strategies for providers to improve linkage to care and referral systems to ensure continuous engagement in care.
- Increased the use of interprofessional collaborative teams to improve clinical outcomes;
- Reduced HIV care costs by training providers in early diagnosis, linkage and retention in care, and achievement of viral suppression to prevent costly hospital admissions and emergency room visits.

AETCs are needed to achieve major public health benefits:

- To close provider knowledge and patient access gaps
- To increase HIV viral suppression
- To reduce new HIV infections.
- To improve care along the HIV care continuum.
- To respond to the US syndemics and comorbidities of HIV, hepatitis B (HBV) and C (HCV), sexually transmitted diseases, substance use disorders, including drug injection with opiates and methamphetamine, and psychiatric illness.
- To train the next generation of HIV providers and reduce health care shortages.
- To meet the clinical and psychosocial needs of those aging with HIV infection.
- To disseminate the latest evidenced-based recommendation to increase prevention efforts, such as pre-exposure prophylaxis (PrEP).

Summary

AETC-trained health professionals are more likely to provide the most up-to-date treatment and have improved clinical patient outcomes. The rapidly changing nature of HIV prevention, care and treatment calls for continuing this ongoing targeted training, technical assistance and clinical consultation to build capacity for HIV and primary care providers in all health care settings. Across all disciplines, the AETCs support the supply of health care providers who are willing and able to provide HIV care; this must be sustained through continued intervention by the AETC Program. Fiscal resources are critical to continue and expand the effort needed to keep pace with growing needs and to reduce new HIV infections.