



# Recommendation to Reinstate Funding for the AIDS Education Training Center Program

The National Alliance for HIV Education and Workforce Development (NAHEWD) is a membership organization of 8 regional and 2 national AIDS Education and Training Centers (AETCs). Established in 2010, NAHEWD supports the AETCs' mission to build the capacity of healthcare providers and teams to prevent and treat HIV, which contributes to eradicating HIV.

HIV continues to infect thousands of Americans, while effective treatments can sustain lives and prevent future transmissions. Addressing this requires a capacitated workforce, with ongoing updates as the science of HIV changes. The principal mechanism to ensure a viable workforce is the AIDS Education and Training Center Program. **Knowing the critical role AETCs play, NAHEWD requests that the Senate LHHS Appropriations Committee reinstate the full funding for Part F of the Ryan White HIV/AIDS Program (RWHAP), which includes the AETC Program.**

## *What is the AETC Program?*

AETCs, funded through the RWHAP Part F, are the training and workforce capacity building arm of the RWHAP. AETCs, specifically:

- Conduct targeted, interdisciplinary education and training programs, and clinical consultation, for health care providers treating people with and at increased risk for HIV;
- Build the capacity of clinics and care teams to provide biomedical prevention, testing, and treatment for HIV and its comorbidities; and,
- Develop the future workforce by working with health profession schools to integrate HIV and interprofessional education into their curricula.

## *The Value of the AETC Program*

The AETC Program pays for itself by making all HIV prevention and care better. The AETC Program is the only U.S. network of HIV clinical experts and educators providing tailored education programs, consultation, and technical assistance (TA) to all healthcare teams and systems. With their combination of national reach and local presence, the AETCs are agile and uniquely positioned to address the needs of providers rapidly and efficiently to provide optimal care for the community. The AETC response to COVID-19 and other emerging infectious diseases demonstrates their crucial effectiveness during crises. AETCs:

- Train and sustain HIV provider teams. The HIV field is dynamic and training needs are ongoing. AETCs provide training and capacity building assistance to all healthcare providers.
- Close education gaps. Pre-professional training comprises on average only 1-2 hours of HIV training. Our continuously updated National HIV Curriculum provides the didactic component of filling this gap, and our clinically focused trainings and consultations bring this curriculum alive.
- Address the healthcare workforce shortage. AETCs educate new and novice providers as they enter the field. They retain current providers through clinical consultation and educational support that builds the competence that providers need to remain in active practice.
- Provide other HIV-related trainings. AETCs collaborate with other federally funded training centers to equip providers to address related comorbidities, i.e., substance use and mental health.
- Save lives and save money. A well-trained workforce offers optimal, timely and ongoing treatment to prevent HIV progression and early death. This reduces the number of sicker patients who enter treatment late and require more costly care, such as emergency room visits and hospitalizations.



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## *How Does the AETC Program Build and Maintain an HIV Clinical Workforce?*

Given current healthcare staffing shortages, exacerbated by retiring HIV clinicians, the AETC Program:

- Promotes early diagnosis, rapid and effective treatments, prevention of new transmissions, and rapid response to potential HIV outbreaks.
- Equips the healthcare system to adequately address the needs of people aging with HIV.
- Trains novice and low-volume providers in HIV to replace and increase the healthcare workforce.
- Increases capacity to address the complex circumstances in which people at risk for and with HIV grow, live, work, and age that drive health inequities.
- Provides timely clinician-to-clinician consultation on HIV-related care.

As the training arm of the RWHAP, our accomplishments include:

- Increasing the ability of primary care providers in medically underserved urban and rural areas to provide HIV prevention, testing, and care.
- Supporting clinics in beginning HIV treatment for people newly diagnosed with HIV within 7 days, leading to rapid viral suppression and reducing HIV transmission risk.
- Responding to rural and urban HIV outbreaks, including among people who inject drugs, by immediately reaching out to educate providers about effective next steps.
- Training clinicians on recent biomedical prevention and treatment advances, including long-acting injectables, to support patient retention in care and viral load suppression.
- Increasing the capacity of providers to manage co-morbidities, such as hepatitis B and C, sexually transmitted infections, and substance use and mental health disorders.

For healthcare systems to effectively meet HIV prevention and care needs across the nation, AETC Program is essential. The harms of defunding the AETC Program include:

- A projected HIV workforce shortfall of 10%, while forecasted demand for care will increase by 14%. No other resource exists to meet this gap, exacerbating the HIV provider shortfall.
- Gaps in HIV services in jurisdictions without trained clinicians, especially in rural communities, and inability to rapidly respond to potential HIV outbreaks.
- Missed or late HIV diagnosis. With approximately 13% of people with HIV in the U.S. not knowing they have HIV, an estimated 156,000 additional people with HIV will not achieve suppressed or undetectable viral loads leading to disease progression and transmission to others. This amounts to nearly \$51 billion in lifetime costs for HIV care.
- More patients lost to care because providers haven't received needed training in stigma reduction, trauma-informed care approaches, and engaging marginalized populations.
- More costly health care and a reduced quality of life for people with HIV.

AETCs are crucial first responders supporting those on the front lines providing care and are vital to an effective response to HIV, hepatitis, substance use, and emerging epidemics.

Saving money and lives, the AETC Program has had longstanding and consistent bipartisan political support for 36 years. NAHEWD calls on Congressional appropriators to reinstate the current level of funding for Part F of the RWHAP in the Fiscal Year 2024 spending bill.