POSITION STATEMENT

ANA
AMERICAN NURSES ASSOCIATION

Prevention and Care for HIV and Related Conditions

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Purpose

More than 1 million people in the U.S. are living with HIV.[1] The Centers for Disease Control and Prevention (CDC) estimates that around 15% of these individuals are not aware of their HIV status. Without diagnosis and treatment, people with HIV are at risk of developing serious health conditions and transmitting HIV. In 2016, nearly 16,000 people who had an HIV diagnosis died.[2] Though progress has been made in addressing the epidemic, there are persistently high rates of people who have not been diagnosed or who are not in care, presenting a significant challenge for public health and the health care system.

Nurses have been on the front lines since the early years of the HIV and AIDS epidemic, including times when treatment options were limited or nonexistent, patients and caregivers needed significant care and social supports, and the health care community was coming to terms with new challenges in infection control and precaution. In and around 1992, in response to the many facets of the crisis, ANA courageously adopted a series of policy positions and statements that addressed nurse health and safety while also insisting on justice in access to care for all people living with HIV or AIDS (PLWHA).[3]

Since the first AIDS cases were reported in the early 1980s, the U.S. has seen enormous changes in the epidemic, the national response, and the health care system. To name just two major developments especially relevant for policy in 2019 and beyond: Lifesaving antiretroviral treatments (ARTs) are now available, and more PLWHA have access to insurance coverage due to the Affordable Care Act (ACA). In addition, treatments have been approved and recommended to stop HIV transmission pre- and post-exposure (PrEP and PEP).

[1] Centers for Disease Control and Prevention (CDC). HIV Surveillance Supplemental Report. Vol. 24, No. 1. Estimated HIV Incidence and Prevalence in the United States 2010–2016. Accessible at https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-24-1.pdf
[2] CDC. HIV Surveillance Report. Vol. 29, Diagnoses of HIV Infection in the United States and Dependent Areas, 2017. Accessible at https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf
[3] The acronym PLWHA will be used consistently throughout this document to refer to patients living with HIV or AIDS, recognizing that not everyone living with HIV has AIDS.

As in the beginning, access to nursing care is still integral to HIV care and prevention, and to systemic approaches to ending the epidemic. Nurses have pivotal roles to play in preventing HIV, identifying and treating PLWHA, and coordinating care so that patients have the best prevention and treatment outcomes possible.

In 2019, federal officials signaled an interest in and potentially new commitments ending HIV by strategically directing resources to communities and geographic areas with the greatest need.[4] The availability of PrEP and PEP treatments and the potential for financing prevention through health care coverage are clear indications that game-changing opportunities do exist. At the same time, it must also be acknowledged that other federal policy initiatives present significant threats to pursuing exciting new prospects to address HIV. Specifically, efforts to cut back civil rights protections in health care threaten to undermine national strategies to prevent HIV transmission in key populations, namely transgender women and women accessing reproductive health care. ANA has addressed such initiatives in other public statements, emphasizing areas of policy that are at odds with nursing ethics and standards.[5]

ANA stands ready to support nurses engaged in emerging HIV and AIDS care and prevention strategies. The updated policy statements below express ANA's positions on key public policies and approaches to practice, borrowing heavily from the sustained and thoughtful policy leadership of our partner Association of Nurses in AIDS Care (ANAC).

ANA is publishing these updated policy statements in order to:

- Guide nurse engagement in HIV and AIDS advocacy;
- Educate nurses and the public about the role of nursing in HIV and AIDS care and prevention; and
- Join ANA's voice unequivocally with patients and partners across the country asserting the public health imperative to end HIV and AIDS, and related conditions such as viral hepatitis.

Statement of ANA Position

ANA supports efforts to end the HIV epidemic, recognizing that nursing care is central to achieving HIV treatment and prevention goals. ANA's updated policies recognize a treatment-as-prevention approach, and further support access to PEP and PrEP as a prevention strategy, as well as access to PEP when indicated for health care workers. ANA's updated policies support use of evidence-based approaches appropriate to key target populations, and encourage nursing practice and leadership that promotes culturally competent, non-stigmatizing care. ANA further recognizes a significant role for APRNs with prescriptive authority in HIV treatment and prevention, and calls for full practice authority at the federal and state levels.

[4] Department of Health & Human Services, Office of the Assistant Secretary for Health. Ending the HIV Epidemic: A Plan for America. Fact Sheet. February 2019. Accessible at https://www.hhs.gov/sites/default/files/ending-the-hiv-epidemic-fact-sheet.pdf

[5] See Letter to Department of Health and Human Services, Secretary Alex Azar, Regarding Nondiscrimination in Health and Health Education Programs and Activities. August 2019. Accessible at https://www.nursingworld.org/~4a347e/globalassets/docs/ana/comment-letters/ana-comment-letter-to-hhs-on-1557-revisions-20190808---final.pdf; Letter to Department of Health and Human Services, Secretary Alex Azar, requesting reconsideration of Title X final gag rule. March 2019. Accessible at https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/Academy_ANA_Response_to_Title_X_Final_Rule.pdf; Letter to Department of Health and Human Services, Office for Civil Rights, Regarding Proposed Rule: Protecting Statutory Conscience Rights in Health Care. March 2018. Accessible at https://www.nursingworld.org/~4988e1/globalassets/docs/ana/anaaanletter-statutoryconsciencerights_final-03232018.pdf

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Individual position statements are set out below as Recommendations for Public Policy and Practice, along with brief statements of Rationale and key References.

1. Full Practice Authority for APRNs
2. Testing for HIV and Viral Hepatitis and Referral to Care, Including Access to Prevention
3. Access to Care
4. Care Coordination
5. Prevention, Care, and Treatment for Black/African-American and Latino/Hispanic MSMs
6. Prevention, Care, and Treatment for Transgender People
7. Prevention, Care, and Treatment for Women
8. Prevention, Care, and Treatment for Youth
9. Prevention, Care, and Treatment for People with SUDs, Including IV Drug Users
10. Prevention, Care, and Treatment for People Age 50+
11. Addressing Disparities
12. Palliative Care and Pain Management
13. Criminalization

Code of Ethics for Nurses with Interpretive Statements

ANA policies on HIV are aligned with ANA's values, as stated in the Nursing Scope and Standards of Practice and the Code of Ethics for Nursing. As examples, nursing standards call on nurses to:

- Assess care needs and coordinate care delivery;
- Promote health and a safe environment;
- Practice collaboratively and in congruence with principles of cultural diversity and inclusion; and
- Promote community health to maximize health outcomes and minimize health disparities.

Nurses are further bound by ethics to:

- Demonstrate compassion and respect for the inherent dignity of all patients;
- Promote the rights, health, and safety of the patient;
- Collaborate to protect human rights, promote health diplomacy, and reduce health disparities; and
- Integrate principles of social justice into nursing and health policy.

These nursing standards and ethics are not only deeply relevant to caring for each and every PLWHA but are also essential components of HIV and AIDS systems of care,[6] and they must shape public policies needed to end HIV and AIDS.

ANA recognizes the authority and expertise of ANAC in giving specific expression to nursing values in its Statements of Policy on a range of important HIV and AIDS issues.[7] We are indebted to ANAC's work in setting priorities and developing policy for nurses in HIV and AIDS care. Our updated policy statements are based on and intended to be wholly aligned with ANAC's policies.

Background

In addition to established nursing ethics and values, ANA's updated policies for HIV and AIDS are grounded in national policy goals and priorities. ANA is mindful of the careful work and consideration of multiple stakeholders and policy experts that are reflected in national policies and strategy. ANA has participated in

[6] The term systems of care, here and below, refers generally to system-level health care delivery and operations, particularly those that are publicly accountable or publicly financed. Examples include Medicare and Medicaid (fee-for-service and contracting organizations), health and hospital systems, accountable care organizations, and public health departments and partnerships.

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stakeholder opportunities and brings the voice of nursing to these forums. We believe that robust stakeholder participation is critical to developing and implementing HIV and AIDS strategy, and particularly recognize the need for strong patient voices from the communities most affected by HIV and AIDS, and related conditions.

ANA relies on the National HIV/AIDS Strategy (NHAS)[8] as a basic blueprint of policies and priorities that must be pursued to end HIV and AIDS, and care for PLWHA. The NHAS, a comprehensive approach to ending the HIV and AIDS epidemic, was initially released in 2010. In 2015, following a period of stakeholder participation and input, the strategy was revised as the NHAS Updated for 2020. Beginning in 2019, the Office of National AIDS Policy within the White House initiated a subsequent update, estimated to be released in 2020.

Consistent with the general framework of the NHAS Updated for 2020, ANA supports federal programs and dedication of sufficient resources to treat and support PLWHA and to prevent HIV and AIDS once and for all. Targeted federal responses include the Ryan White HIV/AIDS Program and HIV programs administered by CDC. Medicaid, programs of the Substance Abuse and Mental Health Services Administration, and Title X family planning grants also play significant parts in providing HIV and AIDS care and prevention.

For additional context, it is worth noting a few overarching health policy considerations that inform ANA's updated policy statements, as highlighted below.

Impact of Viral Hepatitis

Leading HIV and AIDS authorities and policymakers, as well as the NHAS, prioritize diagnosis and treatment of viral hepatitis in addressing the HIV and AIDS epidemic. According CDC, about one in four PLWHA in the U.S. also has the hepatitis C virus (HCV), and one in 10 has the hepatitis B virus (HBV). CDC points out that coinfection with viral hepatitis can be serious for PLWHA, and recommends steps to diagnose and treat coinfection. *Accordingly, ANA updated policy statements include language recognizing the importance of addressing viral hepatitis.*

Treatment and Treatment-as-Prevention

Access to long-term ART regimens and support for treatment adherence are paramount both to achieving optimal health outcomes for PLWHA and to preventing HIV transmission by PLWHA. ARTs reduce the levels of HIV present in the body (viral load), preventing development into other serious and life-threatening complications such as AIDS. Research further demonstrates that when a PLWHA has an undetectable viral load, supported by appropriate ART therapy, there is effectively no risk of transmitting HIV to another person.

The NHAS Updated for 2020 currently calls for access to ART and adherence supports as a prevention strategy as well as a treatment protocol. *ANA's updated policy recognizes this treatment-as-prevention approach, and further recognizes that nursing care is central to achieving HIV treatment and prevention goals.* Nurses play key roles in educating patients about HIV, providing support for treatment adherence, and assisting with navigation of care delivery. APRNs, further, are positioned to provide ART directly, consistent with their state practice authority. *ANA updated policy supports full practice authority for APRNs to more fully realize this potential.*

[8] Office of National AIDS Policy, National HIV/AIDS Strategy for the United States, July 2015. Accessible at https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update

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PEP and PrEP

ART regimens have been approved for prophylactic use by people who have been exposed to HIV or who are at risk of acquiring HIV. CDC advises that PEP with ARTs can stop HIV seroconversion if started within 72 hours of a single high-risk event. The U.S. Preventive Services Task Force recommends prescribing PrEP for people at high risk of HIV.

ANA's policy supports access to PEP and PrEP as a prevention strategy, as well as access to PEP when indicated for health care workers.[9] ANA further recognizes a significant role for APRNs with prescriptive authority in HIV treatment and prevention, and calls for full practice authority at the federal and state levels.

Focusing Resources and Interventions in Selected Patient Populations

Although progress has been made in reducing overall U.S. rates of HIV and AIDS incidence and mortality, disproportionate impacts continue in certain U.S. populations, typically groups that experience stigma or overall disparities and discrimination in health and access to care. For instance, in 2017, Black/African-American individuals and Hispanics/Latinos had the highest rates of HIV diagnoses, 41 per 100,000 and 16 per 100,000, respectively, compared with the overall rate of 11.8. Death rates in this group were similarly disproportionate. People in the 25-29 age band were also identified with disproportionate HIV diagnoses, while older groups had higher HIV- and AIDS-related deaths. Other groups with unique prevention and treatment needs include cis and transgender women, especially women of color, and people who use intravenous drugs.

HIV and AIDS disparities have led to calls for policy responses that allocate resources more directly to need and development of more targeted interventions and strategies to identify PLWHA and link them to appropriate care, including supports for treatment adherence. *Following ANAC's lead, ANA's updated policies accordingly advocate for evidence-based approaches appropriate to key target populations, and encourage nursing practice and leadership that promote culturally competent, non-stigmatizing care.*

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[9] See also ANA Policy Statements on Bloodborne and Airborne Diseases: HIV Infection and Nursing Students; Personnel Policies and HIV in the Workplace; Post-Exposure Programs in the Event of Occupational Exposure to HIV/HBC. Accessible at https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements

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History/Previous Position Statements

With the emergence of the HIV and AIDS epidemic in the 1980s, nurses and nursing organizations responded to provide and support evidence-informed approaches to combating the epidemic and opposing discrimination against people with HIV and AIDS. In 1991 and 1992, ANA created a series of position statements guiding ANA policy relevant at that time. Statements covered key topics of that era, including nursing practices and policies to prevent and treat HIV infection in health care settings, as well as nondiscrimination policies to protect populations uniquely affected by HIV and AIDS. This 2019 update for the most part retires older, out-of-date statements, while retaining those that remain relevant for policy purposes.

Recommendations

1. Full Practice Authority for APRNs

Policymakers, Payers, and Systems of Care

- In order to improve access to HIV treatment and prevention, state licensing authorities should permit advanced practice registered nurses (APRNs) to practice and prescribe to the full extent of their training and education.

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- Federal policymakers should take steps to expand APRN and RN practice in all federally funded health care programs that address HIV and viral hepatitis.
- Payers and systems of care should eliminate barriers to APRN practice, consistent with state licensing rules.

Practice

- APRNs are responsible for recognizing the limits of their experience and training and will identify when it is appropriate to refer patients or consult with a clinician with advanced or specialized training in HIV and related care.
- APRNs, using a collaborative practice model, can lead interprofessional teams of HIV care providers.

Rationale

The NHAS Updated for 2020 prioritizes efforts to reduce new HIV infections. Among its strategies to reach this goal, the NHAS Updated for 2020 calls for an increase in the number of available HIV providers, as well as increased access to prevention services. Supporting full practice authority for APRNs would be an effective step in the strategy, especially considering the paramount emphasis on access to medication for prevention. APRN prescriptive authority is a particularly important tool in targeted programs to address HIV in high-risk groups and high-prevalence geographic areas. In addition, APRNs are able to provide additional care and lead care teams to support HIV prevention care plans.

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2. Testing for HIV and Viral Hepatitis and Referral to Care, Including Access to Prevention

Policymakers, Payers, and Systems of Care

- Testing for HIV and testing for viral hepatitis, as recommended by the U.S. Preventive Services Task Force, should be fully covered benefits in order to ensure access.
- Policymakers should fund development and implementation of innovative testing methods and programs to increase HIV screening, with particular focus in communities and settings with elevated risks of HIV transmission.
- Voluntary HIV testing should be part of all routine health care, accompanied by referral for follow-up care and appropriate preventive services, including education and PrEP where indicated.
- Systems of care should ensure that voluntariness and informed consent for HIV testing are robust and patient-centered, for instance at a minimum requiring the person ordering the test to inquire openly about the patient's individual understanding of and misconceptions about an HIV test.
- Systems of care should ensure that results of an HIV test are delivered confidentially in person so that the patient understands the meaning of the test result, whether positive or negative.
- Policymakers and systems of care should ensure that all patients who receive HIV-positive test results are linked to timely follow-up care, and offered prevention care and information to avoid further transmission of the virus.

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- Systems of care should ensure that health care workers have adequate access to appropriate testing and prevention, including PEP when indicated.

Practice

- Patient-centered prevention counseling is an important part of the testing process, and should always be given in conjunction with HIV and viral hepatitis testing.
- Nurses should acquire updated training in evidence-based prevention strategies to best assist their patients in developing a tailored plan to reduce risk/harm of HIV and viral hepatitis.
- Nurses should routinely assess patients for HIV, viral hepatitis, and at-risk sexual behavior and needle use, regardless of whether the nurse perceives any risk.
- HIV and viral hepatitis must be tested for when patients engage in any form of high-risk behavior. Meeting an annual minimum benchmark is not adequate for all persons at high risk, as high-risk behavior can occur more than once a year.
- Plans of nursing care should include HIV and viral hepatitis prevention, including risk/harm reduction education and interventions as appropriate.
- Nursing plans of care for PLWHA should include ongoing provision of prevention messages, education regarding risk/harm reduction, and positive reinforcement of changes to safer behavior.
- Prior to testing, a patient must be specifically given information that an HIV test is being performed, what an HIV test is, why it is necessary, and what test results mean. The provider should offer the patient an information sheet that provides key information about an HIV test. The medical record should indicate that HIV testing has been offered and discussed, and that the patient has at least verbally consented to or declined testing.

Rationale

Voluntary counseling and testing, with referral, are appropriate mechanisms to screen for cases of HIV and viral hepatitis, with the objective of providing appropriate and early care for those with HIV or viral hepatitis, or at risk. Voluntary screening with informed consent enhances provider-patient communication and creates opportunities to provide meaningful counseling and prevention messages. Policies that do not support counseling and voluntariness can have an opposite effect at the expense of patient outcomes. Given the continued stigma and potential for adverse consequences associated with HIV and viral hepatitis diagnoses, patients' rights to informed consent and confidentiality must be rigorously upheld by providers, payers, systems of care, and policymakers. Referral to appropriate care and prevention is a necessary component of testing and counseling encounters, based on assessment of risk.

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3. Access to Care

Policymakers, Payers, and Systems of Care

- Federal and state policymakers should protect and expand access to integrated, comprehensive health care that meets the care and prevention needs of PLWHA and those at risk, especially people with low incomes and people currently facing barriers to care. Policies should safeguard funding for the Affordable Care Act, community health centers, public health departments, mental health care, treatment for substance use disorders, other behavioral health care, and Title X reproductive health providers.
- Implementation of policies to address mental health and substance use disorders should be fully aligned with HIV prevention and treatment strategies and promote access to integrated care.
- Federal and state policymakers should prioritize enforcement of laws that protect patients from discrimination in health care.
- Payers should be accountable for ensuring access to the full range of appropriate interventions to prevent and treat HIV and viral hepatitis.
- Systems of care should be accountable for providing high-quality, evidence-based, culturally appropriate HIV and HIV-related care, including linkages to mental health care, other behavioral health interventions, and services addressing social determinants of health.

Practice

- Nurses should be educated about barriers to HIV care and prevention, and assume leadership roles within systems of care to improve access, quality, and cultural competence.

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Rationale

Continuous access to fully integrated physical and behavioral health care, especially for people with low incomes, is essential to treat and prevent HIV and viral hepatitis. Notably, PLWHA are at high risk for mental health disorders such as depression and anxiety, which can negatively affect treatment outcomes. Coverage expansions in the ACA are recognized as a significant development in expanding and protecting access to HIV care, for example by eliminating coverage restrictions based on pre-existing conditions and by expanding state options to extend Medicaid eligibility to more low-income adults. Targeted federal programs such as the Ryan White HIV/AIDS Program (RWHAP) provide needed wraparound care to PLWHA. These coverage and access protections must be maintained. However, much more must be done to fill remaining gaps and barriers, including implementing programs to improve quality as well as access, and initiatives to integrate HIV care with mental health care and other behavioral health care. Further, access to HIV care is directly undermined by efforts to weaken provider anti-discrimination requirements and restrict funding to Title X family planning providers.

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4. Care Coordination

Policymakers, Payers, and Systems of Care

- Policymakers should develop, implement, and incentivize high-quality, high-value care coordination delivery models for PLWHA and those at risk for HIV. Models should support and encourage full practice authority for APRNs and recognize and reward the role of RNs and APRNs in delivering high-value HIV care.
- Payers and systems of care should be accountable for providing evidence-based, patient-centered care coordination and care management to optimize physical and behavioral outcomes for PLWHA.

Practice

- Nurses are integral to HIV care coordination, to optimize patient outcomes. Nurses should be prepared to lead interdisciplinary teams, supervising others involved in care coordination and stewarding the efficient and effective use of health care resources.
- Nurses should take a leadership role in the design, implementation, and evaluation of successful team-based care coordination processes and models for HIV care and prevention that integrate physical and behavioral health.

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Rationale

PLWHA often have co-occurring conditions and other circumstances requiring care coordination. Nurses play a key role in ensuring that these individuals remain in care, adhere to their medications, and ultimately maintain viral suppression. They also ensure coordination with other providers who treat HIV-related and non-HIV-related conditions, and connect patients to community supports needed to remain in care.

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5. Prevention, Care, and Treatment for Black/African-American and Hispanic/Latino MSMs

Policymakers, Payers, and Systems of Care

- Policymakers, payers, and systems of care must recognize that Black/African-American and Hispanic/Latino men who have sex with men (MSMs) have significant risks of HIV and AIDS, as a result of stigma, discrimination, and related barriers to accessing care. Their individual health care rights must be protected and supported by ensuring and enabling access to the full spectrum of culturally appropriate care and preventive services, including PrEP and PEP and related supports.
- Black/African-American and Hispanic/Latino MSM communities must be engaged in development of specific care and prevention interventions to ensure their effectiveness.
- Resources (financial and human) specifically targeting the Black/African-American and Hispanic/Latino MSM communities must be made available at the national, state, and local levels.
- Federal agencies including CDC, NIH, HRSA, and CMS should continue to consult with Black/African-American MSM communities for feedback and planning strategies related to HIV and AIDS.

Practice

- Nurses should acknowledge that racism, homophobia, stigma, and sexual objectification all impact the health care of Black/African-American and Hispanic/Latino MSMs, and nursing care of individuals belonging to these groups must address these issues.

Rationale

HIV and AIDS continue to have high impacts in Black/African-American and Hispanic/Latino communities and among gay and bisexual men and MSMs of all races and ethnicities. HIV policy experts and advocates further recognize the especially high burden of HIV and AIDS and risks of infection among Black/African-American and Hispanic/Latino MSMs in these groups. Multiple factors are at work. Particularly in the South, people in these higher risk groups have historically encountered disparate access and outcomes in health and health care delivery. It is incumbent on all health care stakeholders to address access barriers effectively, which includes building an evidence base of targeted interventions, and promoting innovative approaches that positively engage patients, partners, and communities.

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6. Prevention, Care, and Treatment for Transgender People

Policymakers, Payers, and Systems of Care

- Policymakers should identify and remove barriers to care that are specific to diverse transgender communities, and prioritize development and implementation of evidence-based interventions to effectively address HIV prevention, care, and treatment in those communities.
- Federal policymakers, including the Health and Human Services, Office for Civil Rights, should recognize and vigorously enforce civil rights protections for transgender people in health care and supportive services.
- Policymakers, payers, and systems of care must ensure that transgender people have access to culturally appropriate, non-stigmatizing HIV care and prevention, including trans-sensitive HIV and viral hepatitis screening, PrEP, sexual and reproductive health care, and behavioral health services.

Practice

- Nurses, including APRNs, should be educated in specific HIV risks and prevention approaches for transgender patients, and should acknowledge the roles of stigma, interpersonal violence, racism, and transphobia in elevating transgender persons' HIV risks.
- Nurses should be educated in and equipped to meet the unique care needs of transgender patients living with HIV.

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Rationale

Due to a number of possible factors, transgender people have been identified as having high risk for HIV. Transgender women of color are at especially high risk. For instance, prevalence of HIV in Black/African-American transgender women in the U.S. is more than three times higher than in white or Latinx transgender women. Many transgender women face multiple barriers to accessing health care, burdened by racism, transphobia, discrimination, and stigma. Following enactment of the ACA, the Department of Health and Human Services issued a number of regulations to protect transgender patients from discrimination in health care. In 2019, the administration moved to eliminate these protections, including key provisions of regulations implementing Section 1557 of the ACA, which broadly recognizes civil rights in health care. Policies allowing discrimination against transgender patients in the health care system are clearly out of alignment and inconsistent with goals to address HIV in communities most affected. While it is imperative to maintain and enforce civil rights protections, it is equally important to identify and expand access to interventions that can make significant progress in addressing HIV in transgender communities, given the nature and uniqueness of the barriers.

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7. Prevention, Care, and Treatment for Women

Policymakers, Payers, and Systems of Care

- Policymakers, payers, and systems of care should ensure that women have access to the full spectrum of HIV care and prevention, including HIV and viral hepatitis screening, screening for interpersonal violence, and comprehensive reproductive health care. Access to safety net programs, including Title X, should be safeguarded.
- Policymakers should prioritize women's health equity, including culturally appropriate, evidence-based HIV care and prevention in family planning and maternal/infant health programs.
- Policymakers should identify and remove specific barriers to HIV testing, prevention, and counseling, and care for Black/African-American and Latina/Hispanic women, including transgender women.

Practice

- Nurses, including APRNs, should be educated in specific HIV risks and prevention approaches for cis and transgender women, and should acknowledge the roles of sexism, interpersonal violence, racism, and transphobia in elevating women's HIV risks.

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- Nurses in women's health care, including APRNs, should be educated in and equipped to meet the unique care needs of pregnant and post-partum women living with HIV.

Rationale

Women have unique HIV care and prevention needs, for instance in reproductive health care. Researchers are continuing to investigate associations between HIV risk and contraceptive method to answer key questions about preventing HIV in women. Decisions related to treatment and use of PrEP, however, must also consider reproductive health implications. For instance, not all ARTs are appropriate for pregnant women or for women using certain contraceptives. HIV in women may also be associated with higher risk of interpersonal violence. New HIV diagnoses have decreased among women, including Black/African-American women. However, Black/African-American women are still a disproportionately large group affected by HIV. Further, transgender women who are Black/African-American have particularly elevated risk for HIV. Black/African-American women experience historic racism as well as sexism in the health care system. Transgender women experience additional burdens of stigma and discrimination, which reduce their access to care. For these and other reasons, strategies to end HIV emphasize interventions that focus on the unique needs of women with HIV risk, including strategies to address disparities based on race, sex, and gender identity.

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8. Prevention, Care, and Treatment for Youth

Policymakers, Payers, and Systems of Care

- Policymakers, payers, and systems of care should ensure that adolescents and youth have access to the full spectrum of HIV care, including comprehensive sex education, prevention and harm reduction services, comprehensive sexual and reproductive health services, treatment of HIV, and adherence support.
- Policymakers and systems of care should provide seamless transitioning into the adult health care system.
- Policymakers should identify specific barriers to HIV care and prevention for adolescents and youth, and implement strategies to remove these barriers.
- Systems of care should develop and offer services that are adolescent- and youth-centered and culturally competent.

Practice

Adolescents and youth should be screened for HIV as a part of routine health care, and referred to appropriate, adolescent-centered follow-up care.

Rationale

Among all people with HIV, young people are least likely to be linked to care and virally suppressed. According to CDC, HIV diagnoses decreased between 2010 and 2016 in youth (persons age 13-24) overall, but variations exist across subgroups. For instance, diagnoses in young men remained stable, while decreasing among young women. Significantly, diagnoses in young Hispanic/Latino MSMs rose by 17%, and NHAS notes the high burden of HIV among young Black/African-American gay and bisexual men. Experts point to the need for more culturally and age-appropriate prevention and care interventions to end HIV in younger population groups.

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9. Prevention, Care, and Treatment for People with SUDs, Including IV Drug Users

Policymakers, Payers, and Systems of Care

- Access to comprehensive, affordable treatment for substance use disorders (SUDs) should be a national health care priority, to address behavioral health conditions and to prevent transmission of HIV, viral hepatitis, and other bloodborne pathogens among IV drug users.
- SUD treatment should encompass a full spectrum of physical, social, emotional, and vocational services that are individualized to the care needs of each client.
- Federal funds should support sustainable syringe access programs, including purchase of syringes and other equipment, technical assistance to states and communities, and research and dissemination of best practices to engage at-risk people and retain them in care.
- To expand access to treatment, federal policymakers should remove federal restrictions on advanced practice registered nurses (APRNs) prescribing treatment medications such as buprenorphine.
- Systems of care should promote full privileges for APRNs to provide medication-assisted treatment.

Practice

- Nurses should educate themselves about the impact of substance use on HIV and hepatitis risks, and recognize that stigma and fear of criminalization can have a negative effect on care seeking.
- Syringe access sites and programs should be designed and equipped as viable settings for nursing practice.
- Nursing and other medical education programs should teach their students about the health needs of injection drug users, including the need for access to sterile syringes and the impact of stigma on accessing care.

Rationale

SUDs can be associated with increased risk for HIV and viral hepatitis. Intravenous injection can directly cause infections through shared needles and other equipment. Misuse of drugs and other substances such as alcohol can lead to behaviors that increase risk of HIV and other sexually transmitted infections. CDC reports that one in 10 HIV diagnoses are among people who inject drugs. Progress has been made in reducing HIV and hepatitis transmission through unsafe use of IV supplies, attributed to increased availability of syringe access programs. Prescribing syringes to injection drug users can prevent bloodborne diseases. More comprehensive syringe access programs offer not only supplies for safe IV use, but also HIV and hepatitis testing and education as well as SUD recovery supports. State and federal policies are needed to support wider acceptance of safe syringe access. Policy options include reducing legal/administrative barriers to safe syringe programs, increasing funding for supplies and evidence-based programming, and piloting innovations such as safe injection facilities in the U.S., perhaps modeled on programs in other countries.

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10. Prevention, Care, and Treatment for People Age 50+

Policymakers, Payers, and Systems of Care

- Policymakers should recognize the specific HIV prevention and treatment needs of aging populations, and ensure that Medicare, Medicaid, and programs for the aging are able to meet the unique needs of PLWHA as they age. Federal program administrators should issue and regularly update guidance for plans and providers that specifically addresses coverage and benefits that support HIV care.
- Payers and systems of care should develop and be encouraged to implement delivery models that support effective and culturally competent HIV care coordination across the life span.

Practice

- Nurses, including APRNs, should be educated about the HIV care needs of older patient populations, and provide appropriate care coordination to PLWHA to maximize their health and functioning as they age.

Rationale

Aging and HIV are linked in significant ways. Half of PLWHA are over age 50, and this proportion is expected to grow. Access to ARTs has extended the lives and life expectancy of many PLWHA, contributing to this growing age cohort. However, new HIV cases are also occurring among people over 50. In 2017, people over 50 made up 17% of new HIV diagnoses.

Compared with other older patients, older PLWHA may have more complex care needs, due to age-related or treatment-related co-morbidities, and drug interactions. At the same time, older PLWHA may be more likely to experience social isolation, and therefore need more support to remain in care and have optimal health outcomes. Public policies are needed to close gaps in evidence-based care and interventions.

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11. Addressing Disparities

Policymakers, Payers, and Systems of Care

- Policymakers should prioritize elimination of disparate health outcomes based on race, ethnicity, LGBTQ status, gender, income, and geographical location.

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- Policymakers, payers, and systems of care should ensure affordable access for all to diagnosis and treatment of HIV and co-occurring conditions as well as general health care and preventive services.
- Payers and systems of care should be accountable for delivering culturally and linguistically appropriate services integrated across delivery systems and in collaboration with communities served.

Practice

Nursing care should acknowledge the relationship between culture and health. Nurses should:

- Recognize that a one-size-fits-all approach may not be adequate and provide care that is individualized to meet each patient's needs.
- Strive to create an environment based on trust and honesty to dialogue about differences and share similarities.
- Assist in the mobilization of community resources, including promotion of local leaders to advisory committees and boards where they can act as cultural brokers.
- Facilitate the design of programs that emphasize risk-reduction strategies that are culturally sensitive and appropriate.
- Design and participate in comprehensive health screening for racial/ethnic minorities.
- Act as patient navigators, by assisting patients, families, and communities to access appropriate services.

Rationale

The burden of HIV and related conditions in the U.S. both reflects and perpetuates disparities in access to care and health outcomes. HIV and AIDS continue to have a disproportionate impact on certain populations. Addressing these disparities is a goal of the NHAS Updated for 2020. ANA supports this goal and further recognizes that addressing HIV disparities requires commitment across the health care system to address all disparities in health status and access to care. Nurses can play a critical role in efforts to expand access and improve equity. However, policy changes are needed to drive systemic changes necessary to achieve health equity goals.

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12. Palliative Care and Pain Management

Policymakers, Payers, and Systems of Care

- Policymakers, payers, and systems of care should cover evidence-based palliative care and pain management as part of routine care for all PLWHA and their families.
- Policymakers should support research examining the impact of palliative care on PLWHA, including PLWHA who have co-occurring conditions such as substance use disorders and viral hepatitis.

- Federal funding is required to determine the safety and efficacy of marijuana as a therapeutic intervention for a variety of symptoms in HIV and AIDS and other diseases.
- Health care personnel should not be subject to threats, penalties, or intimidation for discussing and/or recommending the medicinal use of marijuana in accordance with state laws.
- Health care personnel should not be asked to report patients/clients using marijuana for medical purposes to any law enforcement agency.
- Individuals should not be prosecuted for medicinal use of marijuana.

Practice

- Palliative care is part of the comprehensive care of all PLWHA and their loved ones. Consequently, palliative care should be considered the standard of care for PLWHA and their families from the initial diagnosis of HIV until death, including the provision of bereavement care for families and friends. HIV clinicians should be able to provide primary palliative care while simultaneously providing antiretroviral treatment or refer patients for specialty palliative care.
- Palliative care should be integrated into education about HIV and AIDS for all clinicians.
- Nurses must advocate for pain management for HIV-infected persons and should serve as integral members of multidisciplinary pain management teams.

Rationale

Despite the availability of life-extending and lifesaving therapies for HIV, there is still a need for palliative care, meaning patient-and-family-centered care focused on quality of life along the continuum of illness. PLWHA, even those in successful ART treatment, encounter co-morbidities and conditions related to aging with HIV. Nurses play an important role in team-based palliative care that includes addressing patients' psychosocial concerns and helps manage symptoms.

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13. Criminalization

Policymakers

- State and federal policies, laws, regulations, and statutes should be updated to ensure that they are based in scientifically accurate information regarding HIV transmission routes and risks.
- Punitive laws and legal consequences that single out HIV infection or any other communicable disease and that include inappropriate or enhanced penalties for alleged nondisclosure, exposure, and transmission should be repealed.

Practice

- Nurses should practice with an awareness and understanding of the negative clinical and public health consequences of HIV criminalization, including perpetuation of HIV-related stigma and discrimination.

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Rationale

In many jurisdictions, criminal statutes allow prosecution or specific penalties against PLWHA based on their HIV status. Critics of HIV criminalization laws have pointed out that prosecutions under these provisions may be based on erroneous understandings of how HIV is transmitted. Proof of transmission might not even be an element of the offense.

Criminalization laws perpetuate HIV stigma and discrimination, and may inhibit people from learning their HIV status, seeking HIV-related care and prevention, or disclosing their HIV status. Enforcement of these laws may also come between nurses and their patients, interfering with appropriate care delivery. In 2013 the President's Advisory Council on HIV/AIDS called for comprehensive review of current laws and amending them for consistency with science and legal principles supporting people with disabilities. ANA believes a review of criminalization laws for fairness and scientific foundation would promote appropriate health-seeking and support nurses in providing patient-centered HIV care and prevention.

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