The Ryan White Program is a highly functioning, comprehensive system of care for people living with HIV that provides a broad range of programming to ensure that all people living with HIV have access to quality HIV care. Within that program, Part F provides capacity building through training and technical assistance and service intervention research that both increase the quantity and quality of the services provided in the field to ensure treatment and prevention reach heavily impacted populations which are among the hardest-to-reach in our country. The President’s FY 2018 budget has called for the elimination of two Ryan White Part F Programs, the AIDS Education and Training Centers (AETCs) and the Special Projects of National Significance (SPNS). Since these cuts would reduce the effectiveness of the national response to the HIV epidemic, the 116 undersigned organizations strongly urge you to at least retain funding of the Ryan White Part F AETC Program at $33.6 million and the SPNS Program at $25 million in the Fiscal Year 2018 Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee bill (Labor-HHS).

Additionally, the undersigned also urge you to fully fund all Parts of the Ryan White Program and related activities, including:

- The Ryan White Part C program, which provides direct HIV medical care and treatment to over 300,000 individuals annually at 346 health centers and clinics nationwide, should at minimum be restored to the FY 2016 funding level of $205.1 million;
- The HHS Secretary Minority AIDS Initiative Fund which the President’s budget would defund, should at least be funded at the FY 2017 funding level of $53.9 million and the SAMHSA Minority AIDS Initiative Fund should at least be funded at the FY 2017 funding level of $116.2 million; and
- The HIV and Viral Hepatitis Prevention programs in the CDC Division of HIV, Hepatitis, STD and TB Prevention, should be funded at least at the FY 2017 funding levels of $788.7 million and $34 million respectively, while the STD Prevention Program should be at minimum restored to the FY 2016 funding level of $157.3 million.

The overall effectiveness of the Ryan White Program depends on full funding for the entire Program, as well as related, essential activities. Of note, in 2015, the capacity building, training, and service intervention research provided under Part F helped the Ryan White Program assist over 83% of their clients to achieve control of their HIV infection (viral suppression). This is quite important since viral suppression allows people living with HIV to live longer healthier and productive lives and greatly reduces the risk of transmitting HIV to their partners or from mother-to-child. In the absence of an effective vaccine or a cure, access to HIV treatment by skilled providers remains the best chance we have of eventually ending the HIV epidemic. Indeed, collaborative initiatives are under way in several parts of the U.S. including San Francisco (Getting to Zero San Francisco), Washington State (End AIDS
Washington), New York State (Ending the Epidemic), and Pittsburgh (AIDS Free Pittsburgh) whose aim is to accomplish this goal. Real progress is being made toward achieving an AIDS-free generation. The AETC and SPNS Programs help ensure the ability to maintain and increase the number of doctors, nurses, pharmacists and other care providers responding to the epidemic and they additionally provide the tools and research needed to improve the response of the Ryan White Program to the HIV epidemic.

**AIDS Education and Training Centers Provide Essential Knowledge and Training that Help Ryan White Program Providers Achieve Effective HIV Outcomes:**
The AIDS Education and Training Centers (AETCs) are a national network of HIV experts who educate and train health care providers on the latest HIV/AIDS prevention, treatment and care approaches, innovations and best practices. The AETC Program funds 3 national and 8 regional programs with 93 local partners throughout the U.S. to increase the number of healthcare teams educated and motivated to care for individuals with HIV, thereby increasing access to care and reducing HIV-related health disparities.

As noted in the Department of Health and Human Services Fiscal Year 2017 Health Resources and Services Administration Justification of Estimates for Appropriations Committees, “AETC-trained providers are more competent in regard to HIV clinical care and are more willing to treat people living with HIV than other primary care providers.” Having a well-informed and committed health care workforce is key to ending the epidemic. In addition, many of the U.S.’s original HIV treatment workforce are at retirement age and fewer clinical professionals are entering HIV care. The AETCs ensure the educational development of the health professional workforce.

The AIDS Education and Training Centers are key to creating first responders to the HIV epidemic in the US. For example, the AETCs directly responded to a devastating HIV outbreak in Scott County, Indiana. The AETCs quickly trained the only physician and his staff providing care to people with HIV in the county. Similarly, the AETCs have often trained new physicians, nurses and pharmacists in rural areas when seasoned HIV providers have retired and/or current or new providers are inexperienced.

The AETC Program currently:

- Trains and mentors physicians, nurses, pharmacists and other health professionals to deliver high quality HIV care, an essential aspect in combating the epidemic.
- Protects the country’s investment in the HIV prevention and care infrastructure which is critically important as the epidemic changes, the workforce evolves, advances are made in prevention and treatment, and to ultimately reach the goal of zero new HIV infections in the US.
- Trains and mentors health professionals serving minority populations through outreach to agencies, programs, and individual clinicians providing services to communities of color, thereby reducing HIV-related health disparities.
- Educates health professionals on the importance of primary and secondary HIV prevention, including the use of pre-exposure prophylaxis (PrEP) and increased access to treatment for HIV positive people to improve longevity and quality of life and reduce transmission.
- Trains and mentors health professionals on the co-epidemics of opioid misuse, hepatitis C, and sexually transmitted infections.
- Builds capacity for HIV testing by improving the skills of the health care team to integrate HIV prevention and care into primary care.
Focuses educational interventions on urban, rural, and medically underserved areas in the U.S., hard hit by poverty, substance use, and mental illness in community clinics, federally qualified health centers, and non-traditional care settings.

Provides health professionals with evidenced-based training focused on topics ranging from early HIV intervention, treatment adherence, retaining patients in care, and treatment of psychosocial co-morbidities, such as substance use and mental illness leading to improvements of health outcomes across the HIV continuum of care.

Special Projects of National Significance Test and Develop Innovative and Replicable Models of Care:
The Special Projects of National Significance (SPNS) Program supports the development of innovative, effective, and replicable models of HIV care and treatment. These models of care respond to the emerging needs of Ryan White Program clients. The SPNS Program also supports health information technology (HIT) systems that allow providers to report client-level data and to track health outcomes. Currently, there are sixty-four ongoing SPNS projects through seven innovative model initiatives. As many as 8,700 HIV-positive clients currently being served by the SPNS program may lose services. The SPNS Program currently:

- Disseminates evidence-based interventions to improve the HIV care continuum outcomes of linkage to, engagement, and retention in care, leading to viral suppression.
- Evaluates models that use social media, internet, and mobile-based technologies to improve engagement and retention in care and viral suppression.
- Implements system-level changes to integrate HIV primary care in community health care settings through workforce capacity building.
- Enhances Health Information Technology (HIT) capacity building for monitoring and improving health outcomes along the HIV care continuum.
- Develops and evaluates culturally-specific service delivery models focused on improving health outcomes among Latinos/as living with HIV.
- Examines best practices in building a medical home for multiply diagnosed HIV-infected homeless people at a population level.
- Implements and evaluates the effectiveness of innovative interventions that seek to improve timely entry, access to, and retention into HIV primary care for transgender women of color.

The AETCs and SPNS programs have received strong bipartisan support. The President’s own budget justification highlights the success of the Programs despite defunding them. Ultimately, failure to fund the AETCs and SPNS programs will have devastating results downstream. Fewer providers will enter the HIV workforce creating both a loss in quantity and quality of HIV treatment and prevention services. It will also result in the loss of research into evidence-based initiatives that inform HIV treatment and care. Loss of such services will reverse progress in fighting the HIV epidemic and lead to an increase in new HIV infections, worse health outcomes and reduce access to HIV care. **We urge Congress to continue full funding for the AETC and SPNS programs, along with full funding for Ryan White Part C, the Minority AIDS Initiative, and HIV and STDs programs in the CDC Division of HIV Prevention.**

AcadianaCares, Lafayette, LA
ADAP Advocacy Association (aaa+), Washington, DC
Advance CLASS/Allies for Independence, Washington, DC
African American Health Alliance, Dunkirk, MD
AIDS Action Baltimore, Baltimore, MD
AIDS Action Committee of Massachusetts, Boston, MA
AIDS Alabama, Birmingham, AL
AIDS Alabama South, LLC, Mobile, AL
AIDS Alliance for Women, Infants, Children, Youth & Families, Washington, DC
AIDS Foundation of Chicago, Chicago, IL
AIDS Research Consortium of Atlanta, Atlanta, GA
AIDS Resource Center of Wisconsin, Milwaukee, WI
American Academy of HIV Medicine, Washington, DC
American Public Health Association, Washington, DC
Amida Care, New York, NY
APLA Health, Los Angeles, CA
Asian & Pacific Islander American Health Forum, Oakland, CA and Washington, DC
Association of Minority Health Professions Schools (AMHPS), Washington, DC
Association of Nurses in AIDS Care, Akron, OH
BOOM!Health, Bronx, NY
Boston University School of Public Health, Center for Advancing Health Policy and Practice, Boston, MA
CAEAR Coalition, Washington, DC
Callen-Lorde Community Health Center, New York, NY
CARES of Southwest Michigan, Kalamazoo and Benton Harbor, MI
Cascade AIDS Project, Portland, OR
Center for Pan Asian Community Services, Inc., Atlanta, GA
CenterLink: The Community of LGBT Centers, Fort Lauderdale, FL
Clare Housing, Minneapolis, MN
Community Access National Network (CANN), Washington, DC
Counter Narrative Project, Atlanta, GA
CrescentCare, New Orleans, LA
DC Fights Back!!, Washington, DC
Delaware HIV Consortium, Wilmington, DE
Desiree Alliance, National, US
EAC Inc Nutrition Education & Food Services, Hempstead, NY
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<td>Latino Commission on AIDS, New York, NY</td>
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<td>NASTAD, Washington, DC</td>
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<td>National Asian Pacific American Women's Forum (NAPAWF), Washington, DC</td>
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National Black Gay Men's Advocacy Coalition (NBGMAC), Washington, DC
National Black Justice Coalition, Washington, DC
National Center for Transgender Equality, Washington, DC
National Coalition of Anti-Violence Programs, New York, NY
National Family Planning & Reproductive Health Association, Washington, DC
National Latino AIDS Action Network (NLAAN), Washington, DC
National Working Positive Coalition, New York, NY
Nevada Public Health Association, Reno, NV
Northern Nevada HOPES, Reno, NV
Ohio Asian American Health Coalition, Columbus, OH
Okaloosa AIDS Support & Informational Services, Inc. (OASIS), Ft. Walton Beach, FL
Open Hand Atlanta, Atlanta, GA
Positive Connections Plus, LLC, Twin Falls, ID
Positive Women's Network-USA, Oakland, CA
Presbyterian AIDS Network, PHEWA, Presbyterian Church USA, Washington, DC
Prevention Access Campaign, New York, NY
Pride at Work, Washington, DC
Prism Health, Portland, OR
Project Inform, San Francisco, CA
Puerto Rico Community Network for Clinical Research on AIDS, San Juan, PR
Racial and Ethnic Health Disparities Coalition, Dunkirk, MD
Rural AIDS Action Network, Saint Cloud, MN
Ryan White Medical Providers Coalition, Arlington, VA
San Francisco AIDS Foundation, San Francisco, CA
San Francisco Community Clinic Consortium, San Francisco, CA
San Ysidro Health Center, San Ysidro, CA
Sierra Foothills AIDS Foundation, Auburn, CA
Southern AIDS Coalition, Birmingham, AL
Southern HIV/AIDS Strategy Initiative (SASI), Durham, NC
The 6:52 Project Foundation, Inc., Gadsden, AL
The AIDS Institute, Washington, DC
The Alliance for Positive Change, New York, NY
the CHANGE Coalition, New Orleans, LA
The Fenway Institute, Boston, MA
The Global Network of People Living with HIV (GNP+), Amsterdam, The Netherlands
The Hepatitis C Mentor and Support Group, Inc- HCMSG, New York, NY
Thrive Alabama, Huntsville, AL
THRIVE SS Inc., Atlanta, GA
THRIVE: The Persons Living With HIV/AIDS Initiative of Colorado, CO
Transgender Law Center, Oakland, CA
Treatment Action Group, New York, NY
Tuskegee University College of Veterinary Medicine, Tuskegee, AL
UCHAPS: Urban Coalition for HIV/ AIDS Prevention Services, Washington, DC
University of Maryland Institute of Human Virology, Baltimore, MD
University of Massachusetts Medical School/New England AIDS Education and Training Center, Worcester, MA
VNACJ Community Health Center, Inc., Asbury Park, NJ
Volunteer of America Greater Baton Rouge, Baton Rouge, LA
Whitman-Walker Health, Washington, DC
Women's HIV Program at the University of California, San Francisco, CA