



The Association of Nurses in AIDS Care (ANAC) was founded in 1987. The mission of ANAC is to promote the individual and collective professional development of nurses involved in the delivery of health care to persons infected or affected by HIV and to promote the health and welfare of infected persons. ANAC is the professional organization for HIV/AIDS nurses with over 2,000 members and 41 local chapters. ANAC members work in a variety of clinical, research and academic settings including hospitals, universities, Ryan White funded HIV clinics, STD clinics, NIH sponsored HIV/AIDS clinical trials units, prisons, pharmaceutical industry, state and local Health Departments, other government agencies and community based organizations. ANAC's public policy work is related to HIV/AIDS prevention and care and to HIV/AIDS nursing practice. Our approach is rooted in two fundamental values: Nurses can have an influential and powerful voice as public policy advocates and nurses have expertise related to health care and human rights.

ANAC POLICY PRIORITIES

1. **Access to care for all individuals living with HIV/AIDS.** Critical issues include:
 - a. Support and recognition of the on-going critical role of the Ryan White HIV/AIDS Program.
 - b. Support for the Patient Protection and Affordable Care Act as a means to expand access to insurance coverage that will in coordination with Ryan White programs, facilitate earlier access to care and treatment.
 - c. Equity in benefits across state based programs including Medicaid and ADAP, so all individuals have access to DHHS recommended regimens regardless of their state or residence.
 - d. Promotion of full and equitable civil rights for sexual minority individuals and the integration of sexual minority health content into all health care curricula.
2. **Decriminalization of HIV, HIV transmission and homosexuality in all jurisdictions locally and globally** by:
 - a. Advocating for changing laws and policies that criminalize HIV and homosexuality.
 - b. Educating nurses and policy makers about evidence that such laws are counterproductive to HIV and other disease prevention efforts.
 - c. Educating nurses, other health care providers, and policy makers of the importance of human rights-based approaches to HIV management and the delivery of socially just health care.
3. **Support for the dissemination and implementation of evidence based and scientifically driven HIV prevention programs**, including harm-reduction approaches such as:
 - a. Full implementation of routine HIV testing of adolescents, adults and pregnant women.
 - b. Support for age-appropriate, evidence based comprehensive sexual education in public schools
 - c. Elimination of the ban on funding for syringe exchange programs
 - d. Collaboration with communities to develop and implement a range of comprehensive HIV management strategies that promote prevention through care and treatment
4. **Support for HIV/AIDS Workforce Development** through mechanisms such as:
 - a. Provision of incentives for nurses to work in HIV care through student loan forgiveness programs.
 - b. Provision of incentives for nurses at all levels of experience through HIV clinical fellowships.
 - c. Appropriate reimbursement for nurses and others for the complex care provided to HIV patients.