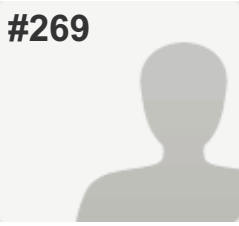


# Ending the Epidemic Task Force Recommendation Form

#269



**COMPLETE**

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**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

First Name	Jeanette
Last Name	O'Connor-Shanley
Affiliation	ACR Health
Email Address	joconnorshanley@acrhealth.org

**Q2: Title of your recommendation** HIV Testing, Partner Services and PrEP

**Q3: Please provide a description of your proposed recommendation**

During HIV testing, whether in a provider or community setting, the tester would discuss the benefits of PrEP. As part of the HIV testing procedures, one point required to be discussed is the opportunity for the individual to access PrEP.

NYSDOH has found offering testing during partner notification sessions extremely valuable. If the exposed partner is unwilling to be tested for HIV or is HIV-negative, the Partner Assistance Program can discuss the benefits of PrEP with the individual as part of the protocol during the session.

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Identifying persons with HIV who remain undiagnosed and linking them to health care

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

Change to existing policy

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Permitted under current law

**Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Individuals being contacted by Partner Services have been reported as being exposed to HIV, either through sex or needle sharing behaviors. This would not only identify individuals who's HIV status is unknown, but would also provide an opportunity to discuss PrEP with individuals who are potentially at risk for becoming infected with HIV.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

*Respondent skipped this question*

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

\$0

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

In my opinion, the return would be of great value. These systems are already in place.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Individuals who have possible exposure to HIV and those being tested for HIV in any setting.

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**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Referral follow up would assist with monitoring this impact.

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**Q15: This recommendation was submitted by one of the following** Advocate