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

First Name	Donna
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Q2: Title of your recommendation

Facilitate and monitor progress of routine HIV test offer in medical facilities

Q3: Please provide a description of your proposed recommendation

Monitor and facilitate the routine offer of HIV testing in ALL medical facilities including OPD/CHCs, ED and hospitals. Provide a clear message that THE GOAL IS HIV TESTING FOR ALL not just offering. The mandate to offer is often interpreted by facilities as a time consuming and convoluted mandate to document offering as opposed to getting on with the business of testing most people. It is NOT the pateints who refuse a provider recommendation but rather multiple levels of provider and institutional inaction that have resulted in very few institutions in NYS truly implementing the 2010 mandate. While the 2014 revision of consent to allow for verbal consent and opt out should have been an impetus for change, it really wasnt. Providers and lawyers often take the most minimal response necessary. Please do a realistic QA to see how minimally this is implemented. Without any monitoring or clear expectations from the state, there is not really incentive for medical care systems to change their policy. They are often more afraid of someone reporting they werent given the opportunity to opt out than worried about the multitude of missed opportunities to diagnose and link to care those who may have HIV yet remain untested as they are provided other medical care. If HIV testing is to be routine, it needs to be treated like other routine tests and not have a list of information points to communicate or other ways in which it gets singled out. I have even heard that there is some pressure to backtrack on the testing recommendations when what we need are foreceful and clear guidelines about streamlining HIV testing and the expectation and monitoring plan to truly make it routine. As the first pillar of the Governors plan to END the epidemic, we WILL NOT succedd if we dont deliver a CLEAR, direct message and develop a monitoring and enforcement plan on routine testing. We know how to do this and it is within our capacity. Lets move forward and LEAD!!!

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

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. , Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available. , Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.
Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?	Other (please specify) Require forceful and clear guidance and monitoring and accountability plan.

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?

We could actually accomplish routine testing (Offer and testing). You need people from the non-HIV care system who run clinics and EDs to weigh in on how this can be streamlined and incorporated. While it is estimated that 15-20% of adults whoa re positive dont know, the most recent study of youth showed 60% of those who were positive did not know. This combined with lack of access to PREP for minors is so wrong at this stage of the epidemic.

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

How to get past the very conservative and historically incorrect ideas of so-called advocates who continue to place barriers in the way of routine diagnosis. If a person finds out they have HIV, their ability to make choices about their care and treatment is theirs. I really dont know anyone who would ultimately be offended by having that info especialy when compared to the risk of being seen by a doctor and NEVER being offered the test. That is just not the way we treat other diseases or public health problems.

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

Dont know

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

Dont know but it is already in the plan!

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

Patients and providers. New York State taxpayers.

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

Clear messaging and social marketing that it is the public health goal for every New Yorker to know their HIV status to be empowered to make prevention and care choices. HIV is not yet over but this plan can go along way in getting us there. Messages must be segmented to the various audiences (including youth and MSM and communities of color) and be in places where the most at risk will see them-
And the need to develop and M&E system and accountability for the providers and institutions. If one large system

Q15: This recommendation was submitted by one of the following	Other (please specify) Health Care Provider