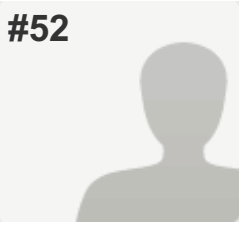


Ending the Epidemic Task Force Recommendation Form

#52



COMPLETE

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PAGE 1

Q2: Title of your recommendation

Medicaid Coverage for Transgender Care

Q3: Please provide a description of your proposed recommendation

As Medicare has done nationwide NYS Medicaid should lift the ban on covering medically necessary transgender care services. Low income transgendered persons put themselves at great risk to receive gender confirming care. Many times engaging in sex work to obtain the funds for hormones and surgical procedures. By providing this care these patients will be engaged in the health system allowing for more opportunities to test for HIV, stay engaged in care if positive or offer PrEP for high risk patients.

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

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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

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

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.

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

Ending the Epidemic Task Force Recommendation Form

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

Other (please specify)
I believe this would require a change to regulation not statute

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?

It is estimated that people of transgender experience are at the highest risk for HIV infection. This policy change would have a huge impact on engaging these patients in care and thereby reduce the rate of infection.

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

None

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

It is not known how many transgender patients are on Medicaid or the rate at which Medicaid would pay for medications or procedures and so it is not possible to estimate the cost of this care.

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

For the above reasons it is not possible to estimate the ROI for this proposal.

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

People of transgender experience.

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

By covering this care Medicaid will be able to track patients rate of acquisition of HIV and longevity in care thereby measuring its impact.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member