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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)	
First Name	Stephanie
Last Name	Friot
Affiliation	Diaspora Community Services
Email Address	sfriot@gmail.com
Q2: Title of your recommendation	Insurance Coverage for Undocumented HIV+ Individuals

Q3: Please provide a description of your proposed recommendation

Our agency has been providing a Medical Benefits Assistance program for HIV+ minority individuals since 2004. This program's goal is to connect HIV+ persons with medical benefits and ultimately transition them into comprehensive health insurance. Last year our program enrolled 266 HIV+ people into health insurance, however, this year we have been confronted with a large barrier following the implementation of the ACA.

The ADAP Plus Insurance Continuation (APIC) program through the NYS DOH HIV Uninsured Care program (informally known as ADAP) has been the primary mechanism for insuring low-income HIV positive individuals who otherwise do not qualify for other available health insurance – including undocumented immigrants.

Unfortunately, undocumented immigrants are barred from accessing the benefits of health care reform, including the ability to purchase insurance in the New York State of Health. Before the launch of the New York State of Health, members of the New York State Department of Health and New York State AIDS Institute assured advocates and providers that uninsured HIV positive individuals who do not have access to the benefits of the ACA could continue utilizing the APIC program to acquire health insurances off of the exchange.

However, since April 1st – the end of the open enrollment period for the New York State of Health - private insurance plans have not been accepting applications from uninsured HIV positive individuals and are informing them that they must wait until the next open enrollment period in the fall of this year. As a result, individuals who were told that they could still access the APIC program are being turned away from applying for health insurance. For undocumented immigrants, the APIC program is the only option to obtain coverage for HIV treatment which allows individuals to receive care and attain better health outcomes

Without access to health insurance, treatment for HIV/AIDS is unaffordable. The overall implications of this policy change is that a significant number of HIV-positive undocumented individuals do not have the opportunity to be linked to ongoing medical care, and they will not be able to access treatment until the annual open enrollment period, sometimes delaying entrance into care for months. Not only does this delay in linkage to care and treatment affect their individual health outcomes, but it also has implications for their partners, families and our communities as a whole.

It is an unnecessary and dangerous barrier to recommended HIV care and treatment for hundreds of individuals in New York State who do not have access year-round.

My proposed recommendation is that undocumented immigrants still be eligible to purchase private insurance coverage off of the Marketplace all-year long regardless of enrollment period or qualifying health event. This recommendation is permitted under current law and it is something that could feasibly be implemented in the short-term (within next year). The benefits would include connecting our undocumented HIV+ immigrants to treatment and care and not only improving their health outcomes but also reducing community viral load. This recommendation is in alignment with the Governor's three-point plan and would assist in Point #1 and Point #2

1. Identify persons with HIV who remain undiagnosed and link them to health care.

2. Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.

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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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

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. , Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.
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 program, Other (please specify) Better coordination between the NYSoH Marketplace, private insurance companies and the NYS HIV Uninsured Care Program (HUCP/ ADAP).
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?**

Increase in access to care and treatment for undocumented immigrants who are HIV+ all year round and not just during the three month open enrollment period

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

Absolutely not. Prior to the full implementation of the ACA this was a very easy process

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

It would actually save the city and state money in the long run by reducing emergency room visits, emergency medicaid usage and also reducing people's viral loads making them less likely to transmit the virus to others.

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

Respondent skipped this question

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

Everyone! In particular, service providers, medical providers and HIV+ immigrants

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

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Advocate