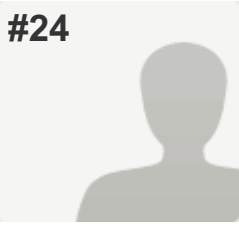


Ending the Epidemic Task Force Recommendation Form

#24



COMPLETE

Collector: Web Link (Web Link)

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Q2: Title of your recommendation

Healthcare as Prevention

Q3: Please provide a description of your proposed recommendation

In New York State, the initiation of the Affordable Care Act along with Expanded Medicaid gives us for the first time the opportunity to connect almost every at-risk HIV-negative New Yorker into ongoing care, including frequent testing for HIV and STIs and access to biomedical prevention and the kind of support services that we know improve people's health outcomes. It has long been our goal to connect every HIV-positive New Yorker to treatment and care; HIV prevention today demands that we try to do the same for HIV-negative New Yorkers at risk. New York State should require that HIV testing sites connect HIV-negative people to ongoing healthcare and insurance just as they now connect people who are HIV-positive.

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)

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

,
Other (please specify)

General Prevention beyond PrEP

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?

Unknown

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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?

Improved health outcomes for all who are linked to ongoing healthcare.

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?

Respondent skipped this question

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?

All who are linked to ongoing healthcare and, in the long run, all New Yorkers.

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

Ending the Epidemic Task Force member,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York