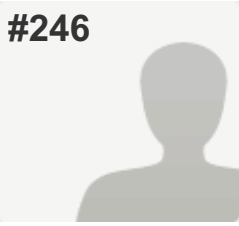


Ending the Epidemic Task Force Recommendation Form

#246



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 | Jim |
| Last Name | Eigo |
| Affiliation | ACT UP/NY |
| Email Address | jimeigo@aol.com |

Q2: Title of your recommendation Linkage to Care to Accompany an HIV Test Result

Q3: Please provide a description of your proposed recommendation

The Task Force that has been charged with drafting a plan for Ending the AIDS Epidemic in New York State by 2020 has been told that its top goal is linking people to ongoing, affordable healthcare, whether those people are living with HIV or HIV-negative members of target populations. To facilitate this goal, New York State should consider requiring that a referral to affordable healthcare accompany any HIV test result. In the age of the Affordable Care Act and Expanded Medicaid in New York State, a likely referral would be to a state In-Person Assistor/Navigator. Referral would at the minimum include a verbal recommendation for the next step that the patient must take in order to secure enrollment in ongoing, affordable healthcare.

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

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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.

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

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?

Enrolling into affordable healthcare anyone who gets an HIV test result and is not now currently enrolled in healthcare (the uninsured and the under-insured)

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

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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?

People who are uninsured or under-insured, whether they are living with HIV or HIV-negative members of target populations

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