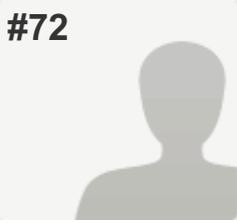


Ending the Epidemic Task Force Recommendation Form

#72



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Q2: Title of your recommendation

Establish a pilot to to allow for opt out HIV testing in select NYS correctional settings

Q3: Please provide a description of your proposed recommendation

Less than 40% of the HIV infected inmates incarcerated in NYS is currently known to prison medical staff. It is believed that most of the HIV infected inmates unknown to medical staff are personally aware of their HIV status but choose not to disclose due to the stigma associated with HIV in prison and due to concerns about the quality of Medicaid care in prison. While the opportunity for voluntary testing is widely available through the DOCCS system and there are a number of testing initiatives conducted by DOCCS and/or the NYS DOH AIDS Institute, it is not clear that they are proving to be effective in identifying any significant number of the estimated 1200 to 1500 HIV positive inmates who are released from NYS prisons. DOCCS and SDOH AIDS Institute should conduct a pilot of "opt out HIV testing" in a select number of prisons for a period of time to determine if there is an increase in the number of HIV positive inmates who are identified and linked to care. This pilot should also include protocols and confidentiality protections for inmate HIV testing and HIV status.

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

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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.

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?

New program

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

Other (please specify)
waiver or exemption to HIV testing 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?

Will address a previously neglected area of HIV testing and clinical care that potentially has significant impact on efforts to drive down individual and community HIV infection rates.

Will address stigma of HIV by associating self knowledge of HIV infection and proactive responses to health and beneficial to the individual and his sexual partners.

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

Stigma is especially powerful in prison and the ability to protect health confidentiality is extremely difficult. Lack of electronic health record capacity in correctional setting. Many other protections that are a given in health care outside of prison are almost non-existent inside of prison.

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

Unknown but less than the estimated \$1.5 million that it costs to implement the HIV-HCV Oversight law per year.

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

Enormous if even 100 people in DOCCS who don't know their HIV status or who are HIV positive but not on ARVs.

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

The DOCCS inmates, their families, the community to which they return, the health care providers in and outside of the DOCCS facility and all who want to reduce HIV infections to below epidemic levels.

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

Semi-annual public reports to the AIDS Advisory Council, via SDOH website, CDC and HRSA engagement.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member