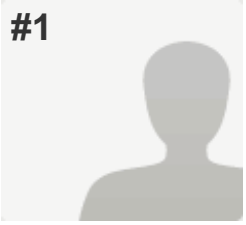


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**Started:** Sunday, October 26, 2014 8:28:50 AM
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| Q2: **Title of your recommendation** | HIV Oral Testing |

Q3: **Please provide a description of your proposed recommendation**

To ensure that those at high risk have easy access to HIV testing in a supportive environment, all OASAS licensed agencies should offer Oral HIV testing at agency sites at no cost to the consumer.

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| 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<br>,<br>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<br>,<br>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.<br>,<br><br>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?**

Early identification of HIV in substance users, increased linkage to care, early treatment .

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

None. HIV testing already offered in all license primary care facilities as a mandate. Seems like we have forgotten that substance abusers are more high risk for HIV then the general population?

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

If you estimate the cost of not testing and missing an HIV Positive individual who could have been treated the cost is minimal. The cost of the test kit.

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

I believe it is estimated that for every person who lives through the disease it cost close to 1 million dollars in medical costs until death. ROI would be ten times less if diagnosis of HIV is in early onset.

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

Substance abusers, persons with co-ocurring substance abuse and mental health, adolescents, those individuals who would not reach out for testing, because of fear, stigma and cost and taxpayers.

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

yes, requiring that all licensed agencies OASAS and OMH licensed have Oral HIV testing offered and available and that the availability and use of this service become part of the monitoring and oversight process for State Regional Offices.

**Q15: This recommendation was submitted by one of the following**

Advocate,

Other (please specify)
Member of the N/S Ryan White HIV Planning Council