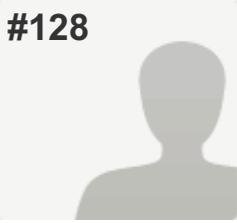


Ending the Epidemic Task Force Recommendation Form

#128



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	Liana
Last Name	Fixell
Affiliation	Open Door Family Medical Centers
Email Address	lfixell@odfmc.org

Q2: Title of your recommendation Reinstatement of CDC Expanded Testing Project funding to health centers

Q3: Please provide a description of your proposed recommendation

The AIDS Institute provided funding to community health centers (CHCs) through the CDC Expanded Testing Project, so that CHCs could provide free HIV testing to uninsured patients. With the implementation of the Affordable Care Act, this funding was stopped, with the justification that HIV testing would be covered by the new insurance coverage provided by the ACA. The ACA, however, leaves many people uninsured, including those who cannot afford the premiums and deductibles of private insurance plans, and undocumented immigrants who are ineligible for coverage. Free testing is still offered by the Westchester County DOH, but many low-income people cannot travel to their sites and instead utilize the CHCs in their neighborhoods for their care. Without funding to provide free HIV testing, CHCs miss countless opportunities to test their uninsured patients who cannot afford to pay for the test.

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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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?

New program

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?

Health centers are already equipped to provide HIV testing; there would be little legwork needed. It would just increase HIV testing by making it accessible to uninsured people.

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?

Respondent skipped this question

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

Respondent skipped this question

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