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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name David

Last Name Rubin

Affiliation NYHQ

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Q2: Title of your recommendation

Change the NYS Public Health Law on HIV testing

Q3: Please provide a description of your proposed recommendation

In order to find the maximal number of infected New Yorkers, adoption of the CDC's 2006 recommendation on "opt-out testing" should be substituted for the current iteration of the law which requires "Universal offering" of the test. In reality, this develops into a "dance" between provider and patient to avoid actually performing the test and still fulfilling the sense of the law. HIV testing should be "de-exceptionalized" and in doing so, some of the stigma of doing this test will, as well, be removed. Though the current iteration of the law is a big improvement on the onerous initial one passed at a time when AIDS was a death sentence; with all the protections and checks currently in place, there is no reason not to do what I am suggesting.

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

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.

Ending the Epidemic Task Force Recommendation Form

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?	Statutory change required
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?	
Implementation could be done quickly as long as the legislature agrees with doing so. The benefits are clear. I don't believe that high risk individuals will react any differently to testing than they do now.	
Q10: Are there any concerns with implementing this recommendation that should be considered?	
A re-emphasis on HIPAA protection of medical information would go nicely with implementing this change, which would benefit all New Yorkers.	
Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?	
Unknown	
Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?	
More infected people will be identified.	
Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?	
Patients	
Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?	<i>Respondent skipped this question</i>
Q15: This recommendation was submitted by one of the following	Ending the Epidemic Task Force member