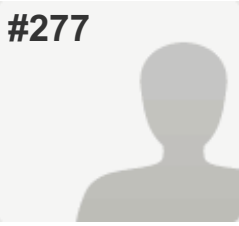


# Ending the Epidemic Task Force Recommendation Form

#277



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Wednesday, November 26, 2014 12:24:46 PM

**Last Modified:** Wednesday, November 26, 2014 12:46:39 PM

**Time Spent:** 00:21:52

**IP Address:** 38.105.203.132

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

First Name	Freddy
Last Name	Molano
Affiliation	Community Healthcare Network
Email Address	fmolano@chnnyc.org

**Q2: Title of your recommendation** Regulations could be Barriers to rutinize HIV Testihng

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

the regulatory nature of the guidance on testing for HIV do not contribute to either de-stigmatization of HIV or to make HIV testing more accessible to all who have not tested before. The fact that we still have the "informed consent" and its 7 points of information and that these points need to be communicated to the patient and being documented are indeed barriers to screening in high volume venues such as the FQHC's, Hospitals and other facilities where time is crucial to the delivery of health. The patient does not benefit at all from spending this time explaining the points and behavior is not going to change. If we want to have an effective HIV testing Integrated model, we need to get away from all types of "informed consent" that has been perpetuated for over 30 years. After providing testing for 25 years myself, I am strongly recommending that we revisit h9ow testing regs and current guidance are still a barrier and make sure that the law mandates that HIV test must be provided to all accessing health care

**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

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?**

Change to existing policy

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**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?**

more people will be aware of their status. more newly diagnosed will be linked to care and viral suppression will be addressed in earlier stages of the HIV Infection  
Medical community will be more likely to test patients if it is the law. Not having to provide the "counseling or explaining the points of info, will routinize testing. Do I get the point of info when I get tested for my PSA? my doctor just does it

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

I only see benefits of making sure that barriers to test are eliminated.

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

Discovery of status in the early stages will save money in complications and even more important, could be a wake up call for people testing negative to maintain their negative status.  
Treatment as prevention works  
Early treatment of HIV provides better quality of life

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

funds will be saved from spending more money in treatment strategies.  
when everyone is tested, everyone saves money

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

everyone:  
patients,  
medical community  
funding sources  
legislators  
regulators

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

just eliminate the cumbersome regs and guidances that add burden to the issue and ensure accountability from the medical community to be in compliance with the law mandates

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