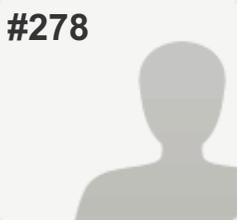


Ending the Epidemic Task Force Recommendation Form

#278



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	Lyndel
Last Name	Urbano
Affiliation	Gay Men's Health Crisis
Email Address	lyndelu@gmhc.org

Q2: Title of your recommendation Prohibiting "ex-gay Therapy for Minors"

Q3: Please provide a description of your proposed recommendation

So-called "conversion" or "ex-gay therapy" is a threat to public health, as it targets vulnerable lesbian, gay, bisexual and transgender (LGBT) youth who are already among the highest risk for HIV infection in New York State. LGB participants were sent by their family to a therapist to change their sexual orientation when they were youth. Recent studies have shown that LGBT youth who were sent to therapist to change their sexual orientation experienced significant family rejection and were 3.4 times more likely to report unprotected sex with a casual partner at the time of last intercourse and 1.5 times more likely to report having had an STD than youth who came from more accepting families. This research helps shed light on the stigma, family rejection and homophobia that drives the HIV epidemic among LGBT youth, as well as other harmful physical and mental health outcomes. In fact, among gay and bisexual men in New York, youth ages 13 to 29 are the only demographic that experienced an increase in HIV incidence in the past decade.

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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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

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Unknown

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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.

Unknown

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?

"Ex-gay therapy" is harmful to LGBT youth by reinforcing stigma, discrimination and self-hate. These social drivers put LGBT youth at increased risk to negative mental health, physical harm, drug abuse and HIV. Recent studies have shown that LGBT youth who were sent to therapist to change their sexual orientation experienced significant family rejection and were 3.4 times more likely to report unprotected sex with a casual partner at the time of last intercourse and 1.5 times more likely to report having had an STD than youth who came from more accepting families. This research helps shed light on the stigma, family rejection and homophobia that drives the HIV epidemic among LGBT youth, as well as other harmful physical and mental health outcomes. In fact, among gay and bisexual men in New York, youth ages 13 to 29 are the only demographic that experienced an increase in HIV incidence in the past decade.

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

No

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

Respondent skipped this question

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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?

LGBT youth living in New York

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

No

Q15: This recommendation was submitted by one of the following

Other (please specify) HIV/AIDS Service Provider