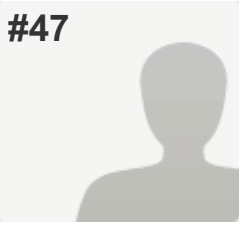


Ending the Epidemic Task Force Recommendation Form

#47



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Q2: Title of your recommendation

Medicaid coverage for transgender transition related healthcare

Q3: Please provide a description of your proposed recommendation

Medicaid coverage needs to be expanded to include all medically necessary transition related healthcare services. When transgender individuals receive medically necessary care to address their transition related health needs, their health improves along several fronts: mental health improves, suicide rates drop, substance use is decreased and HIV positive people demonstrate better compliance with care. For transgender people who are denied hormone therapy many go on to seek ways of self-administering hormones obtained illegally on the street or internet; without medical monitoring this places transgender individuals at high risk of such events as stroke, blood clots, diabetes, mental health issues due to taking too high a dose of hormones in addition to HIV, hepatitis and other diseases transmitted through needle-sharing. It may also force transwomen to seek illegal silicone injections which can lead to many complications including death. People unable to obtain hormone therapy experience increased rates of depression, suicide attempts, cutting, substance abuse and high risk sexual behavior.

Transgender individuals are 50 times more likely to contract HIV and are a highly targeted population for HIV prevention programming.

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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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)

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

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,

Other (please specify)

This is a simple regulatory change that then must be follow up with a set of coverage guidelines and it would be recommended that DOH reach out to transgender health care experts to develop those coverage guidelines.

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

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Q9: What are the perceived benefits of implementing this recommendation?

Expanding Medicaid to include all medically necessary transgender health care will lead to better health outcomes. Transgender people typically do not seek primary care until very ill, this would help people seek care earlier reducing the complexity of their illness and having a better health outcome. Expanding Medicaid will also reduce long term costs related to illegal medical procedures for transition related care. Overall mental health improves greatly, suicide rates drop, substance use decreases, HIV positive people have better compliance with care. Expanded use of PrEP for transgender people increase as they have increased access to address their primary healthcare concerns.

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

Yes, it would require NYS to repeal NY Comp Code R & Regs tit. 18 & 505.2(l).

Updated education required to healthcare providers and impacted communities.

Creation of new regulations for providing care which can be adopted from jurisdictions/insurance companies that already provide this coverage; and can utilize the WPATH SOC for guidance here.

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

There would be negligible costs involved. Prior to the current Medicaid exclusion services were provided in NYS without any noticeable financial impact on the system. Everywhere these services have been implemented that has been negligible impact on the system, San Francisco, CA is the premier example here. The costs of providing services to when there is not transgender related health coverage can be significant as transgender people have a higher need of services for new HIV infection, poor mental health, homelessness, unemployment, etc.

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

Any costs would be off set by savings in mental health and substance abuse services as well as avoidable Hepatitis and HIV infections. Transgender people would also be more able to be fully participating citizens--working, paying taxes, contributing to the community and the state as a whole.

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

Transgender individuals living in New York state currently suffering from both discrimination in the areas of civil and human rights and in access to proper medically necessary healthcare.

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

Providing this coverage and changing data collection (critically important) through healthcare providers will allow for more accurate data and tracking on the number of transgender individuals living in NYS and will allow for data collection in the amount of expended per person per month for costs associated with care and will be helpful in both tracking and avoiding infections in the future.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member