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

First Name	Maria
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Q2: Title of your recommendation

Covering PrEp Through The Family Planning Benefits Program (Insurance)

Q3: Please provide a description of your proposed recommendation

While I realize that The Family Planning Benefits Program (FPBP) covers Birth Control, it also covers STI education, testing and medication. While the FPBP does not cover HIV medication because it must be monitored carefully, and has many side effects, it might not be as economically or medically challenging to cover PrEP in the services offered. PrEP does not have to be monitored as much, nor does a client need to remain on it forever--only while they are presumed to be high risk. Education and evaluation to all those who receive Family Planning Benefits would discover who is at risk for HIV infection. Clients could be immediately linked to doctors/clinics that prescribe PrEP and provide follow-up care. Thereby, reducing the chance that they will become another HIV statistic.

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)

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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?	Change to existing program
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Unknown
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)?	Unknown

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

1. Educating those that are at-risk of becoming infected with HIV before that happens.
2. Providing medication that will further decrease the chance that high-risk clients will become infected with HIV.
3. Enlightening those who belong to the program so that they may recognize the need to help others and therefore either reduce HIV infection or be able to recognize more people with it that need to be in care.

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

1. Confidentiality is always a concern.
2. While young people should be able to get this medication if they are high-risk without needing parental consent, educators should present a way to talk to parents/caregivers if that is possible.
3. Transportation for young people to medical care is difficult in our area. So, for follow-ups, it may be difficult.

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

I have no idea.

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

I have no idea.

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

Adolescents between the ages of 13 and 24

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

All those that enroll youth into family planning could check off whether they have educated youth on PRep on the forms that are already in place. I would imagine that if, and when, a client on the FPBP receives care, and a medical provider feels they are at risk and prescribes PrEP, that the state is alerted, but that no contact information is given out. Follow up appointments would also need to be reported. Perhaps when the client is no longer on the medication, they can fill out a another form. (Geez, no wonder there is so much paperwork!)

Q15: This recommendation was submitted by one of the following	Other (please specify) I am a Health Educator who works with youth between the ages of 10 through 21