## Ending the Epidemic Task Force Recommendation Form



#### **COMPLETE**

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Q2: Title of your recommendation

PrEP Registry

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

Create a system for monitoring the adherence to and efficacy of nPEP and PrEP for all persons enrolled in New York State Medicaid. Explore the possibility of supplementing this registry with prescription information culled from other medical data systems.

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 grantfunded services that engage in both secondary and primary prevention.

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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 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)?

Within the next year

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

Provide some understanding of how many people are taking PrEP and nPEP, and of their distribution among the population.

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Q10: Are there any concerns with implementing this recommendation that should be considered?  Patient privacy must the preserved.	
Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?	Respondent skipped this question
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 we have York State in understanding how extensively and successful implemented.	
Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?	question
Q15: This recommendation was submitted by one of the following	Ending the Epidemic Task Force member,
	Other (please specify) Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York