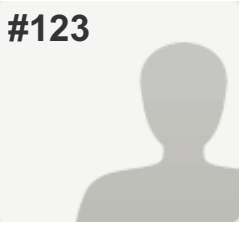


# Ending the Epidemic Task Force Recommendation Form

#123



**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	Chandak
Last Name	Ghosh
Affiliation	Senior Medical Advisor, US HHS/HRSA
Email Address	cghosh@hrsa.gov

**Q2: Title of your recommendation** Link patients to community health centers

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

The Health Resources and Services Administration (HRSA) funds over 9000 community health center sites around the country to provide complete primary care to everyone without regards to ability to pay, insurance status, or immigration status. Most are very involved with their surrounding communities so understand issues regarding cultural competence as well.

Your Blueprint should include connecting patients (both HIV positive and negative) to such community health centers. While many receive federal Ryan White funding to treat HIV patients, others also test and treat through other funding streams. For example. In September, 2014, HRSA-supported community health centers received \$9.9 million to enhance HIV services (See: <http://www.hrsa.gov/about/news/pressreleases/140918healthcentersshiv.html>)

The creators of ACA knew that millions would be left uninsured even after the law's enactment (particularly the undocumented). \$11 billion were targeted for community centers to increase capacity to treat these uninsured and vulnerable.

To find a community health center in New York near anyone, go to HRSA.gov and input a zip code under "Find a Health Center."

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**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

**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.

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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.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

Other (please specify)

No change to policy--just enhancing the connection between federal and state resources

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Permitted under current law

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**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?**

The central issue of the Governor's Plan to end the epidemic is finding both HIV positive and negative-at-risk individuals and linking them to care and counseling. Many are uninsured, particularly the undocumented. Since these community health centers already exist and do excellent work, once there is a linkage to these services, much of the obstacles of the central issue are resolved.

**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?**

None

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

Unlimited

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

HIV positive and negative New Yorkers

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

Number of HIV/AIDS patients seen at community health centers.  
Number of HIV tests performed by community health centers.

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

Member of the public