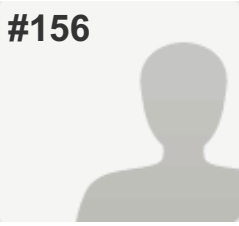


Ending the Epidemic Task Force Recommendation Form

#156



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	Glenda
Last Name	Testone
Affiliation	Executive Director
Email Address	glenda@gaycenter.org

Q2: Title of your recommendation End the NYS Medicaid ban on trans-health care coverage to facilitate access to health care and associated HIV testing

Q3: Please provide a description of your proposed recommendation

Collectively engage in advocacy that results in NYS ending the trans-health care discrimination by Medicaid. Transgender and gender non-conforming people face many barriers to health care. Studies indicate that transgender individuals in New York face unemployment, poverty, homelessness at alarming rates. Barriers also include not always being able to access trans affirmative care. This put the community at great risk for things like using illegal hormones, sharing syringes, working "off the books" to get extra money to pay for care, and more. For many years the silent message has been once you seroconvert you have access to things like health insurance, housing, hormones, SRSS, and more, but before that you're on your own. Doing prevention work, which is large part has moved to a model of treatment as prevention is possible for HIV+ people, but not always for HIV- or HIV-unknown. This would allow all transgender people to have access to PEP and PrEP, and allow them to be able to establish care with a primary care provider then can trust. Being connected to a trusting Primary Care Provider who sees you for regular follow up, in many systems has resulted in patients being better informed about health risks, providers being able to more effectively address health disparities, and patients being empowered to become agents of change in their own lives. This would also ensure that if someone tested positive they would engage in care quicker, because they would already have an established relationship.

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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

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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.

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.

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

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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)?

Other (please specify)
once the law is changed this could easily be implemented

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

This would ensure that all medical interventions designed for prevention are reaching all members of high risk populations, which is not possible with the current system.

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

No concerns

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

This would need to be calculated by CMS (The Centers for Medicaid and Medicare), and costs, if any for lobbying political officials.

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

The estimated ROI is undetermined but should be calculated by the money that would be saved by preventing new infections, getting people into treatment sooner, having transgender people who seroconvert already be healthier because their already linked to healthcare, and reducing costs of fewer emergency room visits.

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

Transgender individuals, their families, children, and partners.

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

Tracking unique #'s of transgender individuals in the healthcare system following this reform would be able to reflect its effectiveness.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member