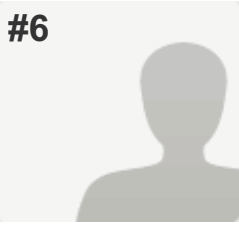


# Ending the Epidemic Task Force Recommendation Form

#6



**COMPLETE**

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PAGE 1

**Q2: Title of your recommendation**

keeping those consumers with ADAP coverage in care by loosening recertification limits

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

Working plwhiv's need to recertify every 5 years to maintain their ADAP coverage. if your income as an individual or married couple is \$1.00 more than the established state limit you lose your ADAP benefits. Prescription drug co-pays/co insurance out of pocket costs for consumers without ADAP benefits would create a financial burden for consumers on fixed incomes. i'm proposing the state allow for a graduating scale that would allow consumers to maintain their ADAP benefits if over the income limit, but would have to pay a % of their co pay based upon amount of income over the limit.

**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)**

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

**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

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?**

Change to existing program

**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?**

it would allow more consumers access to ADAP & therefore access to high cost prescription drugs, which they might not be able to afford. the more consumers you have in and adhering to treatment the less chance the virus can be spread.

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

if more people qualify for ADAP will the formulary of approved meds have to be reduced to accomodate the increase in those being served?

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

i don't know.

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

i don't know.

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

working plwhiv's, both single and married couples.

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

yes, currently physicians through blood tests can determine when a consumer is being adherent and when they aren't.

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

Consumer