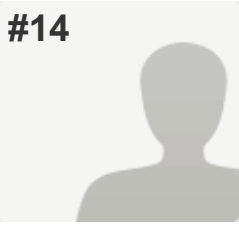


# Ending the Epidemic Task Force Recommendation Form

#14



**COMPLETE**

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**Q2: Title of your recommendation**

PrEP Infrastructure and Capacity Project

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

Funding to support the availability, access and uptake of PrEP in community-based organizations and clinics.

**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.

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.

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

New program

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

Permitted under current law

**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?**

Funding and infrastructure support for community-based organizations and clinics will minimize what has become a gap between the existence of NYS Guidance for PrEP and the ability to effectively implement it across the state. Community-based organizations and community-based health clinics - including Federally-Qualified Healthcare Centers (FQHCs), OB/GYNs, family planning organizations, etc. - are uniquely positioned to provide PrEP. While close clinical monitoring is required, PrEP offers an opportunity to reach patients with behavioral support and services. Organizations where primary and preventive services are co-located are ideal for PrEP delivery. In addition, collaborations can be developed between clinical and non-clinical providers to dispense PrEP. Funding and infrastructure support can help to ease the onerous and untenable burdens placed on cbos and clinics that reach (and can reach) high-risk communities. Funding could support also the cost of care for PrEP such as visits, lab tests, which can be cost prohibitive even with patient assistance programs that exist. Funding can help equalize access to PrEP, as there is current concern that the people and populations who may need PrEP the most do not have information and access to it.

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

Right now there is concern that only “squeaky wheels” are getting PrEP. Early adopters are asking for it, but many communities and individuals who might benefit from PrEP do not have the information.

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

More data required.

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

To be determined.

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

Potential PrEP users and CBOs and clinics.

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

Targeted PrEP education and awareness campaign and initiative

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

Advocate,

Other (please specify)

Harlem United; S. Golub, Hunter; PrEP for NYC Task Force and 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