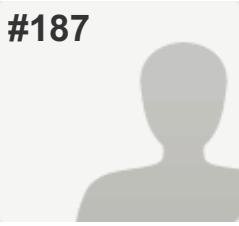


# Ending the Epidemic Task Force Recommendation Form

#187



**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	Donna
Last Name	Futterman, MD
Affiliation	Adolescent AIDS Program, Montefiore Medical Center
Email Address	dfutterman@adolescentaids.org

**Q2: Title of your recommendation** PREP for Minors- NY Must lead

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

As part of the Governors Task Force and Plan we need a VERY strong call for allowing minors to access PREP without parental permission/consent in the rare cases where the youth is unable to disclose to a parent. While the FDA license for PREP is older than 18, medications are frequently prescribed "off label" by physicians. NY needs to lead in calling for and recognizing that youth are the fastest growing segment of those newly infected with HIV. LGBT youth who are rejected by their families are MOST at risk for adverse health and mental health outcomes including depression, suicide and increased rates of STIs. If a youth is unable to disclose to their parent their sexual orientation and need for PREP, why should they have to risk their lives? We need an alternative path for consent or better yet place prep under the classification of confidential health issues that allow minors to give their own consent such as birth control, STI diagnosis and treatment and substance use and mental health treatment. What is the rationale for this exclusion? Is it better for the young person to get HIV? Given the prominence of PREP as one of the three pillars of the governors plan, we cannot allow our wariness of "stepping into issues of care for minors" to overcome the urgent need to lead and make life saving prevention available for those most at risk. I am happy to supply citations and expand on this.

**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

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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.

**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

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

Permitted under current law,  
Other (please specify)  
I am not sure but it is urgent

**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 most at-risk youth will have access to life-saving prevention. There is a small segment of young gay men and transgender women who are at exceedingly high risk for HIV yet so estranged from their families that parental permission for PREP is virtually impossible. While family engagement is a key component of work with youth, this can be either unfeasible or take extensive time for some. We will literally save lives by implementing this well-established principal of care for minors- there are some issues that need to remain confidential in order for youth to access care. We successfully changed the recommendations on OTC access to Plan B for minors, why is PREP different. Lets lead New York!!

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

1-Youth or providers might take an "easy way out" and not try to engage parents, but is this a major problem- I dont think so.  
2- NY will be ahead of the FDA on approving use of PREP under minor consent. Again-what is wrong with leadership if we are to END THIS EPIDEMIC.  
3- Payment plan will have to be worked out for youth on parental insurance to ensure that inadvertant disclosure does not occur due to Explanation of Benefits or other breaches of confidentiality.

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

Minimal. I dont know.

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

Help me hear. Every case of HIV prevented is a HUGE ROI.

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

YOUTH- especially LGBT youth of color.

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

Yes- reporting on how many minor youth need PREP without parental recommendation

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

Advocate,

Other (please specify) Provider of care to youth