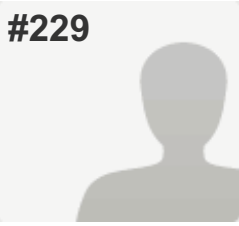


# Ending the Epidemic Task Force Recommendation Form

#229



**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	Nuala
Last Name	Wheat
Affiliation	SUNY Upstate Medical University
Email Address	wheatn@upstate.edu

**Q2: Title of your recommendation** Access to prevention services for adolescents and young adults

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

Because of expansion of health care insurance coverage to dependents up to age 26, more adolescents and young adults have access to insurance benefits to help pay for healthcare costs. However, because EOBs primarily go to the policy holder and/or home address of the patient and policy holder, young adults patients are reluctant to receive services (such as PrEP, PeP, HIV and STD testing and treatment) that will be billed to insurance. These services are critical to ending the epidemic. My recommendation is to redirect EOBs for these services for young adults to go only to the patient and not to the policy holder.

**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

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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.

**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?**

Unknown

**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?**

Increased number of young adults who receive PrEP therapy and PeP following potential HIV exposure.  
Decreased new HIV infections due to increased prevention.  
Improved adherence to medications.  
Improved retention in care for HIV positive individuals.

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

*Respondent skipped this question*

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

This recommendation would not incur specific programming cost.

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

*Respondent skipped this question*

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

adolescents and young adults up to age 26.

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

Surveillance data looking at # of individuals 26 and under receiving PrEP.

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

Advocate