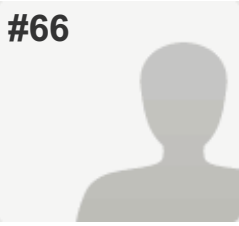


# Ending the Epidemic Task Force Recommendation Form

#66



**COMPLETE**

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**Q2: Title of your recommendation**

Add HIV Prevention Regimens to the NYS Family Planning Benefit Program

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

Include non-occupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP) as prescriptions covered by the New York State (NYS) Family Planning Benefit Program (FPBF).

The FPBF provides health coverage for New Yorkers of childbearing age who meet the programs income and other requirements. The program was created to expand access to confidential family planning services to teens, women and men of childbearing age to prevent and/or reduce the incidence of unintentional pregnancies. The program covers sexually transmitted infection (STI) screening and HIV counseling and testing when provided in the context of a family planning visit and when the service provided is related directly to family planning.

**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.

**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

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**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?**

This recommendation would facilitate payments for nPEP and PrEP for adolescents at high risk for HIV and others who qualify for the Family Planning Benefit Program.

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

It is unclear whether Federal regulations would allow coverage of nPEP and PrEP through the Family Planning Benefit Program.

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

Research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

Before a return on investment (ROI) can be calculated, research is required to identify the amount of enrolled persons and how many enrollees are appropriate for PrEP.

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

Office of Health Insurance Programs (OHIP), Family Planning Benefit Program service providers and consumers.

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

Number of nPEP or PrEP prescriptions paid for through FPBP.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member,

Other (please specify)  
Submitted on behalf of the 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