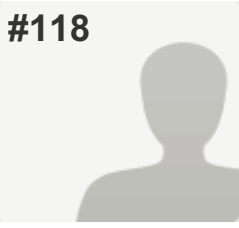


Ending the Epidemic Task Force Recommendation Form

#118



COMPLETE

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PAGE 1

Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Barbara
Last Name	Warren
Affiliation	Mount Sinai Health System
Email Address	Bwarren@chpnet.org

Q2: Title of your recommendation Increasing Transgender Access to Care

Q3: Please provide a description of your proposed recommendation

Currently transgender individuals still are unable to use Medicaid dollars to access transition related or other Trans specific health care. For most, this is a disincentive to being engaged in regular primary care which increases risk associated with STIs, HIV and other health and mental health issues. Lifting the ban on transgender related care under Medicaid is imperative to engaging Trans people at risk in the continuum of care and would align with the objectives of this plan. It needs to happen now

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)

Identifying persons with HIV who remain undiagnosed and linking them to health care

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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

Ending the Epidemic Task Force Recommendation Form

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?

Other (please specify)
administrative regulatory change

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?

Incentive to engage and be retained in care which would allow for all of the other related health prevention and treatment services to be offered, delivered and monitored;
address minority stress and anxiety related to actual and perceived healthcare discrimination and minority stress related to lack of critically needed transition related care in order to live fully in one's gender identity;
potentially decrease risky sex and sex work some trans women and men engage in in order to pay for transition related treatments.

Ending the Epidemic Task Force Recommendation Form

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

None

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

There are studies, recently conducted in reference to changing the policy in California, which show the cost of this as negligible.

<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Cost-Benefit-of-Trans-Health-Benefits-Sept-2013.pdf>

<http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf>

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?

taxpayers, transgender individuals, their partners,

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

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Other (please specify)
Director for LGBT Programs and Policies, Office of Diversity and Inclusion, Mount Sinai Health System