Ending the Epidemic Task Force
Committee Recommendation
CR2

Recommendation Title: Targeted HIV Testing: A New Model

1. **For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply?** *1, 2 and 3*

2. **Proposed Recommendation:** In an era of the Affordable Care Act and expanded Medicaid, New York State has the means to link almost every HIV-positive New Yorker and almost every HIV-negative New Yorker at risk for HIV infection to adequate, affordable healthcare. Linking all people who test HIV-positive to care and support services at the point of testing will let them make treatment decisions at the earliest possible point in their infection. Introducing HIV-negative New Yorkers at risk for HIV infection to ongoing care and support services at the point of testing will help them remain HIV-negative. HIV-negative New Yorkers at risk who choose PrEP will require a matrix of ongoing care including repeat testing for HIV and STIs and support services that improve people's adherence to medications and improve their health outcomes. New York City is currently introducing the testing campaign "New York Knows" and the idea of "HIV One Stop" into its STD clinics, linking anyone who does not have insurance to adequate, affordable care through referral to a New York State IPA/Navigator. New York State should consider adopting an "HIV One Stop" model in state facilities and consider how to adapt it to all HIV testing situations.

   The Delivery System Reform Incentive Payment (DSRIP) Program is the main mechanism by which New York State will implement Medicaid redesign. New York State should encourage and support Performing Provider Systems (PPS) in the design of projects that will utilize DSRIP Project 2.d.i (Project 11) funding. The specific aim of these projects will be to identify and engage uninsured (UI), non-utilizing (NU) and low-utilizing (LU) New Yorkers who are at risk for HIV in ongoing healthcare including repeat testing for HIV and STIs and access to preventive HIV services including biomedical prevention (PrEP and PEP).

   To facilitate the linkage of all HIV-negative New Yorkers at risk to care, New York State should consider expanding support of patient navigators and care coordinators at all testing sites. Expanded testing and linkage of all to care will be most effective if New York State can make its testing sites welcoming, convenient, culturally competent places for all the communities of high HIV incidence. All negative results, whether in a provider or community setting, should be accompanied by information about PrEP.

New York State should help make all HIV testing sites hubs of care:

1) In the awarding of HIV testing contracts New York State should require that HIV testing sites, beyond STI clinics, connect HIV-negative people without adequate insurance to ongoing affordable healthcare just as they now connect people who are HIV-positive. That might be most efficiently done through referral to a state IPA/Navigator.

2) New York State should consider re-funding the CDC Expanded Testing Project at designated community health centers (CHCs).

3) To facilitate expanded testing and linkage, New York State should consider funding for community-based agencies to train more peer providers equipped to engage with all the target populations.

4) Mobile Health Units bring HIV testing and other services to many New Yorkers in target populations. The New York State Department of Health (NYSDOH) could improve the reach of mobile medical units that HRSA currently funds by approving their operation beyond HRSA catchment areas. NYSDOH should fund current efforts to expand primary care (for example, CHCANYS Primary Care Emergency Preparedness Network) and facilitate Medicaid reimbursement for these expanded services out of predetermined catchment areas.

   New York State should target testing resources—and consequent linkage to adequate, affordable care, prevention and support services—to communities in proportion to risk. New York State should consider how to incentivize HIV testing and repeat testing among target populations (see HIV Prevention Trials Network (HPTN) study 065). New York State should consider expanding testing from medical settings to places where target populations live their lives, where they find their food, their fashion, their music. Expanded testing will require educating testers about what a positive or negative test result means, how to deliver HIV test results in a humane way that protects confidentiality and how to link people to adequate, affordable healthcare.

This recommendation makes specific suggestions for programs to serve populations of high HIV incidence or suspected high incidence:

1) Men Who Have Sex with Men (MSM): New York State must target testing with linkage to care, prevention and support services to men who have sex with men, a population where most new HIV infection occurs.

2) Black and Latino Men Who Have Sex with Men: New York must target testing with linkage to care, prevention and support services to populations where most new infection occurs, concentrated among men of color who have sex with men, especially black men. The state should consider scaling up HIV testing and outreach programs in the black lesbian, gay,

bisexual, transgender (LGBT) community, and expanding the resources and capacity of community organizations serving this disproportionately impacted population. The state must create a culturally competent framework for expanded access to medical, social and structural supports for every person tested through these programs.

3) Young Men Who Have Sex with Men: New York State must target testing with linkage to care, prevention and support services to young MSM. NYSDOH should consider developing smart-phone aps for healthcare outreach to young people in communities at risk, especially young men of color who have sex with men, inviting them in to participating clinics and healthcare settings to begin engagement in their ongoing care. The state should tailor testing and linkage programs to runaway and homeless youth, especially lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth.

4) Transgender populations, especially transgender women: New York State must target testing (with linkage to care), prevention and support services to transgender people, especially transgender women. To better target services, the State will have to gather reliable prevalence and incidence data for transgender populations or disaggregate these data from current data sources.

5) People with a history of injection drug use: New York State must target testing with linkage to care, prevention and support services for people with a history of injection drug use. All out-patient and inpatient programs licensed by the New York State Office of Alcohol and Substance Abuse Services (OASAS) should offer free oral HIV testing and linkage to care in the supportive environment of the agency site. New York State Medicaid regulations must change to allow OASAS-licensed programs to bill for HIV testing and require managed care programs to reimburse for this service.

6) Women at risk: New York State must target testing with linkage to care, prevention and support services to women at high risk. These include black and Latina women and women in relationships associated with risk (partner abuse).

7) Older adults in communities of high HIV prevalence: New York State must target testing with linkage to care, prevention and support services to older adults in communities of high HIV prevalence. People over the age of 40 account for more than a third new HIV diagnoses and half of new AIDS diagnoses—each one a missed chance of early HIV diagnosis. New York State should consider extending the upper age of the current HIV testing guidelines beyond 65. All information and programs for older adults must be age-sensitive and prevention efforts need to explicitly target older adults. Providers need to be trained to have discussions about sexual health with older adults and to learn to look for certain symptoms associated with aging that might in fact be HIV-related.

8) People who are incarcerated: While the opportunity for voluntary testing is widely available through the system of the New York State Department of Corrections and Community Supervision (DOCCS), it is not clear that testing initiatives identify any significant number of the estimated 1,200 to 1,500 HIV-positive inmates who are released yearly from New York State prisons. DOCCS and the AIDS Institute should conduct a pilot of "opt-out HIV testing" in a select number of prisons for a period of time to determine if there is an increase in the number of HIV- positive inmates who are identified. All testing must come with linkage to care, prevention and support services. This pilot project should include confidentiality protections for inmates. New York State should support the inclusion of HIV and STI screening, and linkage to adequate, affordable healthcare, prevention and support services as necessary, as part of New York City's Public Health Diversion Center—the goal of which is redirecting low-level offenders to community-based services in lieu of arrest. The state should consider supporting a similar process in metropolitan areas outside New York City.

9) New immigrants and migrant and seasonal farm workers: New York State must target testing with linkage to care, prevention and support services to new immigrants and migrant and seasonal farm workers. These programs should include sex workers that serve new immigrant communities.

10) Sex workers: New York State should consider collecting prevalence and incidence data specific to sex workers so we know where to target testing with linkage to care, prevention and support services.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- All New Yorkers would benefit. New Yorkers linked to care would benefit in particular.

List of measures that would assist in monitoring impact

- Review of reimbursement data from Medicaid and other third party payers might give us an idea of the scope of testing, whether it is expanding over time. Data on repeat testing might give us an idea on whether people who are HIV-negative and at risk are retained in care

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** N/A

4. **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/ Unknown.

5. **Please list the TF numbers of the original recommendations that contributed to this current version**: TF1, TF7, TF16, TF24, TF25, TF29, TF31, TF37, TF41, TF43, TF62, TF67, TF72, TF85, TF94, TF102, TF123, TF128, TF140, TF154, TF171, TF205, TF242, TF243, TF245, TF246, TF250, TF251, TF259, TF260, TF265, TF267, TF269, TF274, TF289. The rest was generated by discussion in the Testing Lab, the full Prevention Committee, the full Task Force at the NYC Listening Session 11/10.