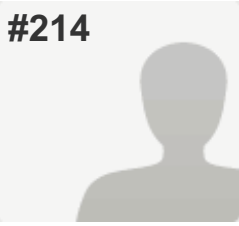


# Ending the Epidemic Task Force Recommendation Form

#214



**COMPLETE**

**Collector:** Web Link (Web Link)

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

First Name	Rich
Last Name	Fowler
Affiliation	Trillium Health
Email Address	rfowler@trilliumhealth.org

**Q2: Title of your recommendation** PrEP Assistance Funding

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

PrEP is a promising tool in the eradication of HIV/AIDS but the most at risk individuals often face a financial barrier. This barrier has been seen both when initiating PrEP and later continuing use if they have a change in insurance coverage. Funding must be identified to assist candidates with co-pays, deductibles or those who are uninsured or underinsured.

Positive, main-stream promotion of PrEP is another area for consideration. Education is key in making behavioral changes. I would encourage reaching out to Gilead to embark on a media campaign to promote PrEP for routine care and prevention.

**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?**

New program

**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?**

*Respondent skipped this question*

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

*Respondent skipped this question*

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

*Respondent skipped this question*

**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?**

*Respondent skipped this question*

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

*Respondent skipped this question*

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