

Ending the Epidemic Task Force Recommendation Form

#254



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

First Name	Jim
Last Name	Eigo
Affiliation	ACT UP/NY
Email Address	jimeigo@aol.com

Q2: Title of your recommendation Allow Higher Reimbursement for the Most Sensitive HIV Testing Available

Q3: Please provide a description of your proposed recommendation

People living with HIV are most infectious during the period of acute HIV infection, the initial 180 days of HIV infection, when people are often unaware of their infection. It is estimated more than half of forward HIV transmission occurs during acute infection. HIV tests do not detect the virus immediately, but the most sensitive—currently the 4th generation tests—detect it several days earlier than do previous generations of testing. The fastest possible uptake of the most sensitive HIV testing available will result in the detection of more infections earlier and likely reduce the number of new infections. To facilitate the quick spread of the best available HIV testing, New York State should consider allowing third-party payors a slightly higher reimbursement—perhaps 50 cents per test—for using the most sensitive HIV testing available.

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

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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?

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?

Everyone who tests for HIV at sites that offer the most sensitive testing will have earlier, more certain test results

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

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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?

Everyone who tests at a site that uses the most sensitive testing available

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

Ending the Epidemic Task Force member