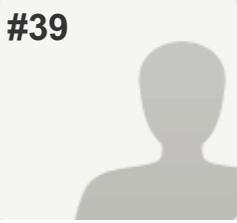


Ending the Epidemic Task Force Recommendation Form

#39



COMPLETE

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Q2: Title of your recommendation

Ensuring Confidential Health Care Services for Covered Dependents

Q3: Please provide a description of your proposed recommendation

A change in state Insurance regulation to ensure that individuals (most obviously young people, but potentially others, including survivors of intimate partner violence) who are dependents on another's insurance may receive sensitive medical services (including HIV testing, care, treatment, and prevention) confidentially.

Colorado's action in this area is a strong model. The Colorado Division of Insurance issued rules requiring health plans to protect health information for adults (whether children, spouses or domestic partners) who are covered as dependents. The rule requires plans to develop a way to communicate directly with the dependent so that information would not be sent to the policyholder without the dependent's consent. This approach, if extended to include minors, is a promising path.

NOTE: Staff at the NYS Dept. of Insurance have already begun reviewing this issue, and including stakeholders in a conversation about strategic approaches to address the problem.

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)

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?

New policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required

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)?

Other (please specify) Within the next 1-2 years

Q9: What are the perceived benefits of implementing this recommendation?

- Ensure confidentiality of HIV-related services for vulnerable populations (youth, individuals experiencing intimate partner violence)
- Link to and retain in care those who might otherwise choose to forego care for fear that a parent or spouse learn of their HIV status.
- Save public healthcare dollars by diverting from ADAP those who might use that system in lieu of receiving care on their parents' or spouse/partner's plan

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

- Insurers may not be on-board, especially as costs and technical challenges fall to them.
- Creating a fix premised on modifications to the insurers' complex software systems, or individualized inputs to electronic records will inevitably result in some inadvertent breaches of requested confidentiality.
- Consumers may not know, even if new systems are in place, that those systems exist to protect their confidentiality, and may still keep a wary distance from accessing healthcare through their insurance plan. Accordingly, an outreach campaign associated with the change in policy is essential to success.

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

- *Design and execution of required systems changes by insurers.
- *Education and awareness campaigns targeting consumers and providers.

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

*Savings associated with receipt of early treatment by those who might have delayed treatment until they are no longer covered as dependents.

*Savings will be associated with stemming the stream of dependents who opt out of their parent(s)' insurance and enroll in ADAP

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

- Insurers
- Youth
- Adolescent health care providers
- ADAP
- Insured dependents seeking other sensitive services (e.g. mental health services, reproductive health services, substance use services)

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)
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