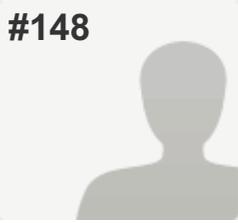


Ending the Epidemic Task Force Recommendation Form

#148



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

First Name	Eòghann
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Affiliation	Empire State Pride Agenda
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Q2: Title of your recommendation

Banning of exclusions for transition-related healthcare for transgender New Yorkers from all health insurance plans offered in New York State, including, and most importantly, from Medicaid

Q3: Please provide a description of your proposed recommendation

The Empire State Pride Agenda recommends the banning of exclusions for transition-related healthcare for transgender New Yorkers from all health insurance plans offered in New York State, including, most importantly, from Medicaid.

The exclusion of coverage for medically necessary transition-related care by Medicaid and many private insurers in New York is not only discriminatory, it results in significantly lower healthcare outcomes for transgender New Yorkers overall, and especially affects access to and compliance with HIV treatment and preventative care, leading to higher rates of infection and poorly managed care for infected individuals.

Healthcare outcomes for transgender people improve in a myriad of ways when they are able to receive medically necessary transition-related care:

- Most importantly for this Taskforce: Access to transition-related health care not only improves general health, but also specifically improves compliance with HIV care. According to a report from the State of California's Department of Insurance entitled, "Economic Impact Assessment: Gender Nondiscrimination In Health Insurance" [<http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf>] it is "significant that studies show 'high rates of adherence to HIV care for trans people when combined with hormonal treatment.' This is particularly relevant to insurers because it provides evidence that offering treatment may reduce the long-term costs of treatment for HIV/AIDS. It is particularly relevant for the welfare of all Californians because, '[w]hen compliant with care, HIV-positive people stay healthier longer and are far less likely to transmit the virus to others.'" As the rate of HIV infection amongst the transgender population is 50 times that of the general population, this is not a statistic or a trend that can be ignored if New York is serious about eliminating AIDS as an epidemic.
- Mental health improves significantly in transgender people who are able to access competent transition-related medical care. The rate of attempted suicide in the transgender population of NYS is 36%, which is 22 times that of the general population. Access to transition-related healthcare dramatically improves the mental health of transgender people, with a meta-analysis of 28 different studies showing that 78% of transgender people had improved psychological functioning after treatment [IBID]. Improved mental health promotes greater self-care as well as compliance with preventative strategies and treatment for HIV infection.
- Substance abuse, smoking, and drinking are common coping mechanisms among transgender people who are unable to access transition-related healthcare, and illness and ill health associated with these practices, including liver disease, heart disease, stroke, lung cancer, and more, all interfere with the proper treatment and prevention of HIV.
- Many transgender people without access to competent transition-related healthcare will still attempt to self-medicate with black market hormones, silicone injections, and other practices which may have long-lasting negative effects on health. Transgender people who self-administer hormones have no way to monitor their hormones levels and ensure they are optimal levels, which may lead to a variety of health problems including high blood pressure, stroke, and more – these easily preventable health problems can negatively impact HIV prevention and care. Sharing of needles for the purposes of injecting hormones can also be common in this circumstances, leading to a high risk of infection not only of HIV, but myriad other diseases, which can also negatively impact healthcare outcomes around HIV prevention and care. Silicone injections, used by some transgender women who are unable to access appropriate hormone replacement therapy, have the same risks around needle sharing, and can also lead to many complications from the silicone itself, including death.
- Inability to access transition-related healthcare care leads many transgender people to eschew regular medical care in general; this leads to generally poorer health and a lack of education on how to prevent HIV infection, how to manage HIV infection, and even a lack of knowledge as to one's own status as HIV positive or negative.

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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

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.

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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.

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Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care

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and enhance access to care and treatment leaving no subpopulation behind.

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

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?

Banning exclusions for transition-related care will result in better health outcomes for transgender New Yorkers, and will specifically improve rates of HIV infection as well as compliance with HIV treatment among already infected individuals, leading to lower rates of HIV transmission overall.

Because of a lack of access to transition-related care, many transgender people avoid all medical care, which leads to many HIV positive individuals being ignorant of their status. These individuals may engage in risky behavior that can spread infection because of their ignorance of their status, and of ways to control it. This also often results in greater complexity and strength of infection and illness once it is discovered, which makes control of the infection much more difficult to achieve.

The exclusion of transition-related healthcare also requires physicians and other medical personnel only treat some of the healthcare needs of their transgender patients, and not all, which leads to gaps in treatment and care overall.

Access to transition-related care greatly improves the quality of primary care, and compliance with care. Better primary care means greater access to and use of PrEP.

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

This recommendation could be easily effected by an Insurance Bulletin issued by the New York State Department of Financial Services.

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

Cost for the recommendation is estimated to be negligible.

Six states have already banned transition-related healthcare exclusions. One of those states, California, stated in its own "Economic Impact Assessment: Gender Nondiscrimination In Health" from the Department of Insurance [<http://transgenderlawcenter.org/wp-content/uploads/2013/04/Economic-Impact-Assessment-Gender-Nondiscrimination-In-Health-Insurance.pdf>] that costs to the state were determined to be low based on the costs from areas of the state that had already put such bans into place, including San Francisco (city and county): "For San Francisco, the initial cost per employee was \$1.70 per member per month (PMPM) in 2001. Due to low utilization, San Francisco reduced the PMPM to \$1.16 in 2004-2005 and the city's self-insured plan reduced its charge to \$0.50 PMPM. As of July 1, 2006, the cost data demonstrated that no separate rate was required, so the charge was removed entirely."

The assessment ended with the expectation that banning exclusions in California would "cost little or nothing in the short run and may produce longer-term cost savings and improved health benefits for transgender people."

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

This recommendation is expected to lower healthcare costs in the long term, by lowering costs associated with suicide and attempted suicide, overall costs of mental illness, costs associated with substance abuse and illnesses associated with substance abuse, and costs associated with the spread of HIV infection and HIV related illnesses.

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

Transgender New Yorkers, who are uniquely at risk to HIV infection and its attendant health problems; their partners; and their families.

All service providers who attempt to serve populations at risk of infection for HIV.

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

Data collection of transgender individuals is necessary at every level of state government and healthcare provision; not only in order to monitor its impact, but also to more effectively target the population in question, which suffers from a historical lack of data collection by state and federal agencies.

Q15: This recommendation was submitted by one of the following Advocate