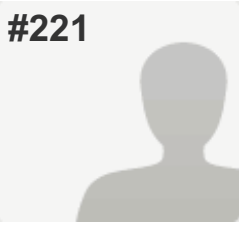


Ending the Epidemic Task Force Recommendation Form

#221



COMPLETE

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

First Name	Wil
Last Name	Murtaugh
Affiliation	ACR Health
Email Address	wmurtaugh@acrhealth.org

Q2: Title of your recommendation Ustate NY Transportation barriers

Q3: Please provide a description of your proposed recommendation

Expand current Medical transportation grant contracts to cover not only HIV + individuals, but also individuals at high risk for contracting HIV, especially those who would benefit from PrEP

Transportation barriers are greater for individuals in the Upstate regions, especially in rural areas

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.

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

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,

Other (please specify)
New Funding should be developed to provide transportation to individuals at High Risk for developing HIV and needing PrEP, especially in rural upstate NY where there is limited public transportation

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?

Greater access to PrEP care fro High Risk individuals in areas that are deficient in Medicaid and public transportation

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

No, they should model current HIV Medical Transportation contracts

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

&Unknown

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

Unknown

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

People at high risk for acquiring HIV / partners of HIV+ individuals

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

No, follow current Medical Transportation guidelines

Q15: This recommendation was submitted by one of the following

Other (please specify)
HIV/AIDS service organization