Learning Objectives

- Describe the steps New York State has taken to accomplish the end of AIDS epidemic in New York State.

- Discuss how recent changes to Public Health Law in 2014 and 2015 have moved New York State closer to achieving the goals set forth in the Governor’s plan to end the epidemic by the end of 2020.

- Describe how the New York State Department of Health’s AIDS Institute is working to increase access to Pre-exposure Prophylaxis (PrEP) for all persons who engage in high-risk behaviors.
Governor Andrew Cuomo announcing his new initiative to combat the AIDS epidemic before the 2014 NYC Gay Pride Parade.

Credit: Michael Appleton for The New York Times

Defining the End of AIDS

**Goal**
Reduce from 3,000 to 750 new HIV infections per year by the end of 2020.

**Three Point Plan**

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.
3. Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.
POZ Survey Says…

POZ magazine surveyed 148 individuals about their thoughts on current Ending the AIDS Epidemic initiatives happening in places like New York, Minnesota and Washington. Here are some of their responses.

49% of you were aware that New York, Minnesota and Washington had announced plans to end the AIDS epidemic in their states.

40% believe these initiatives to end the AIDS epidemic will be successful.

IF AN INITIATIVE TO END THE AIDS EPIDEMIC WERE ANNOUNCED IN YOUR STATE, HOW LIKELY WOULD YOU BE TO ADVOCATE ON IT’S BEHALF?

61% very likely

29% somewhat likely

10% not very likely

SOURCE: Poz.com December 2015
Governor Cuomo Accepting the Blueprint

New York State Cascade of HIV Care, 2013
Persons Residing in NYS† at End of 2013

- Estimated HIV Infected Persons: 129,000
- Persons Living w/ Diagnosed HIV Infection: 112,000 (87% of infected)
- Cases w/any HIV Care during the year*: 86,000 (67% of PLWDH)
- Cases w/continuous care during the year**: 74,000 (58% of PLWDH)
- Virally suppressed (n.d. or ≤200/ml) at test closest to end-of-year: 70,000 (55% of PLWDH)

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart
†Persons presumed to be residing in NYS based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.
Trends in HIV and AIDS Cases*
New York State, 1984 – 2013

Ending the Epidemic Incidence Goals

*Data as of April 2015
*HIV name reporting began in NYS in 2000

Calculated using CDC-developed Stratified Extrapolation Approach
Goals for reaching 750 estimated new infections by end of 2020
The Task Force ensured that prioritizing the needs of key populations significantly impacted by HIV and AIDS became a central component of the final ETE Blueprint document.
The Investment

**Article VII**

**2014 - 2015 Amendments**

- Elimination of written consent for HIV testing.
- Expand data sharing between state and local health departments and health care providers for linkage and retention efforts.
- Implementation of a “30% rent cap” affordable housing protection. This includes $27 million a year new money for State and City.

**Article VII**

**2015 - 2016 Amendments**

- Elimination of written consent for HIV testing in correctional facilities.
- Limiting the admission of condoms in criminal proceedings for misdemeanor prostitution offenses.
- Addressing the legality of syringes obtained through syringe exchange programs.

$10 Million towards Ending the Epidemic services and expenses in the 2015-2016 Budget

NYS continues its $3 billion a year investment in HIV care, support and prevention services

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Cuomo Announces Protections for Transgender New Yorkers

- On October 22, 2015 Governor Cuomo announced new regulations to protect all transgender New Yorkers from discrimination.

- The Governor will instruct state agencies and introduce regulations to prohibit harassment and discrimination on the basis of transgender identity, gender expression, and gender dysphoria in the areas of public and private housing, employment, credit, education and public accommodations.

**Empire State Pride Agenda**

*Igniting Equality. Advancing Justice.*
Background: New York State HIV Testing Law

- Since 2005, DOH has recommended HIV testing be a routine part of healthcare.
- In 2006, CDC recommended offering HIV testing for adults and adolescents in all health care settings.
- NYS 2010 amendments brought the state in line with recommendations for streamlined testing targeting 13-64 year olds receiving primary care.
- Prior to April 1, 2014 NYS was one of only two states in the nation to have laws inconsistent with the CDC’s federal guidance on written consent.

HIV Test Policy and Hospital Review
Timeline of activities 11/1/14 – 6/30/15

DOH requested that all Article 28 healthcare settings in NYS, with an active medical Emergency Department (N=195) provide a copy of their HIV testing policy, promoting routine HIV testing in the hospital, including the Emergency Department and inpatient settings.

101 (53%) of hospitals had policies and procedures that were consistent with recently revised NYS Public Health Law (PHL) promoting routine HIV testing in healthcare settings.

- Review of Emergency Department medical records at a sample of 27 hospitals, across NYS
  - 200 cases at each site were sampled from SPARCS data provided by DOH, for record review
  - Onsite chart review using standard tool - completed in May 2015
- Comparative analysis of HIV testing policies and rates of HIV testing in Emergency Department's to assess successful strategies and areas for improvement
- Final reports received June 2015
HIV Testing Documentation Findings

- Hospitals are complying with the ‘spirit’ of the HIV testing law in terms of making the offer; low test yield may reflect offers.

- Expand review using 2015 Emergency Department visits to evaluate implementation of HIV testing policies and efforts to increase acceptance of HIV testing.
PHL 2135: Amended the NYS HIV testing law (in 2014) to expand authorization for data sharing

Surveillance data from 2012 shows that approximately 46,000 people, or 35% of the 132,000 persons living with diagnosed HIV infection, had no reported laboratory data documenting that they received HIV care.

The new law allows health departments to share HIV surveillance information with health care providers for purposes of patient linkage and retention in care.

Broader sharing of data will enable the state and health care providers to work together.

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DOCCS Match

- Match between surveillance and DOCCS census data
  - Confirmed 2.5% sero prevalence in NYS prisons.
  - Approximately 1,000 DOCCS inmates are linked to care.
  - Public health worker follow up with those individuals identified out of care.

Positive Pathways: New York State’s CDC Demonstration Project

New York State Department of Corrections and Community Supervision (DOCCS) and Department of Health AIDS Institute (AI)

- Approx. 53,000 individuals held at 54 state facilities
- NYS facilities have some of the highest estimated HIV seropositivity rates in the country, 2.4% - 3.7% (1,272 to 1,961)\(^1\)
- Approximately 25% of the HIV positive inmate population (200 to 250) is unknown to DOCCS Health Services (HS) due primarily to their unwillingness to disclose
- Majority of these inmates are personally aware of their HIV status, but since they have not disclosed, are not receiving medical care for HIV

\(^1\) BHAE 2012 Survey of Incoming Inmates in NYS DOCCS (the Prison Study); February 2015
Expanded Partner Services (ExPS)

- Using HIV/AIDS Surveillance Data to Advance HIV Prevention Programming in New York State
- Utilized HIV surveillance data to identify previously known positive individuals who appear to be out-of-care
- ExPS Pilot launched in September 2013
  - PS Staff in Erie, Monroe, Westchester, & Onondaga LHDs, with Coordination by AIDS Institute
  - One year Pilot Period (Sept 13 – Aug 14)
- Statewide expansion January 2015
New and Expanded Programs

- **NY Links**, improves systems for linking to and retention in care.
- **Expanded Partner Services Program (ExPS)** uses HIV surveillance data to identify and re-engage individuals in medical care.
- The **Linkage, Retention and Treatment Adherence Initiative** facilitates patient entry into treatment, promotes adherence to antiretroviral treatment (ART), and viral suppression.
- **Positive Pathways**, working with HIV-positive incarcerated persons to encourage the initiation of medical care.
- Development of a **Peer Certification** program for persons with HIV/AIDS.
- **Hospital reviews** for HIV testing conducted by IPRO.

- Utilize the **new HIV testing algorithm** to diagnose asymptomatic early HIV infections.
- Use of **surveillance data** for both Medicaid and DOCCS matches.
- **New syringe exchange program sites** and use of peers to work with young injectors.
- Expand **targeted health care services** to young MSM and transgender persons.
- **PrEP RFA** to fund the linkage of up to 1,000 people from the populations at greatest risk for HIV/AIDS to PrEP.
- January 1, 2015 start up of **PrEP – AP** to provide reimbursement for necessary primary care services for eligible individuals.
- Use of targeted **social marketing and messaging** efforts to identify persons with HIV.

Current PrEP Initiatives

- **PrEP Education Campaign**: “**HIV Prevention Just Got Easier**”
- Implementation of a **PrEP pilot** in six sites
- Enhancements to 23 provider contracts to include on-site **PrEP Specialists**
- $1 Million to fund **“One Stop STD Clinics” in NYC**
- $3 million directed toward **linking up to 1,000 people** from the populations at greatest risk for HIV/AIDS to PrEP
- A Community Health Center **survey on PrEP** is underway

[www.prepforse.org](http://www.prepforse.org)
What is PEP?

PEP (post-exposure prophylaxis) is medicine that you can take if you are HIV-negative and you believe you have just been exposed to HIV. If you take PEP as directed, it can stop the HIV virus from infecting your body.

Individuals assessed for nPEP should also be assessed for PrEP.

Gilead PrEP Medication Assistance Program

The Truvada® for PrEP Medication Assistance Program assists eligible HIV-negative adults in the United States who do not have insurance obtain access to Truvada for PrEP (pre-exposure prophylaxis).

'Significant victory' as Gilead expands co-pay assistance for Truvada as PrEP

November 5, 2015

“Gilead Sciences announced its Truvada as PrEP co-pay assistance program will cover a total annual benefit of $3,600 with no monthly limit, according to Gilead spokesperson Ryan McKeel. The new program is effective November 6.”
PrEP Utilization

PrEP Medicaid analysis shows a **significant increase** in PrEP utilization since the Governor’s announcement in June 2014.

Successes will be featured in MMWR report end of November 2015.

Steady growth continues but disparities remain, including utilization amongst African Americans.

New Research on PrEP and PEP in New York City

Population-based data on PrEP usage and availability does not exist for New York State yet.

NYC DOHMH used data from the **Primary Care Information Project’s** Hub Population Health System (‘Hub’) to examine PrEP prescriptions among NYC ambulatory care practices 2012-2014. The ‘Hub’ connects to over 700 medical practices and includes data from approximately 17% of NYC adults with primary care visits.

Study findings showed:

- **Substantial increase** in PrEP prescription rates from 2012 to 2014 among 542 NYC ambulatory care practices.
- PrEP prescription rates were **highest in hospital outpatient settings** but also occurred in community health centers and independent practices.
- Largest increase in PrEP prescription rates over time was found among practices located in the Chelsea-Village neighborhood.
Overview: Targeted PrEP Implementation Program (TPIP)

- **Purpose:** Evaluate PrEP implementation in “real world” settings
- **Target Populations:** Gay men, MSM, and transgender women
- **Program:** February 1, 2014 – July 31, 2015
- **5 agencies participated in TPIP’s data collection (3 in NYC and 2 in Rest of State)
- **171 clients** enrolled in TPIP

Findings Reported from TPIP

- 82% of these clients stated they worried less about becoming HIV-positive since being on PrEP
- 94% of the clients said they would recommend PrEP to their friends
- 92% reported minimal to no side effects; those who had side effects said side effects diminished in the first few weeks of taking Truvada
- Most clients were adherent to PrEP
- STI lab data indicated there were few new positives
- 170 participants remained HIV-negative at the end of the program

*One individual was in the window period at initial testing and seroconverted during the first*
Since January the program has received 249 applications for coverage.
Uptake on enrollment has steadily increased and as word of mouth spreads, requests from providers for in-service training are increasing.
52 providers with 107 sites are enrolled, 57 labs are enrolled.
PrEP-AP participant demographics indicate that 81% of enrollees are uninsured, 96% are male, 67% are 35 years of age or younger with 15% younger than 25.
81% of enrollees are from New York City, 34% are white, 41% Latino, 7% African American and 9% Asian.
Most, 92%, are single and most, 74%, have incomes above 100% of the federal poverty level.

PrEP-AP is serving a younger, slightly higher income and predominantly uninsured group of people.

Increase Number of Clinicians Prescribing PrEP

Voluntary PrEP/ PEP Provider Directory

- Lists providers that prescribe PrEP and PEP
- Includes both primary care providers and HIV specialists
- Lists 175 clinical providers and/or agencies
- Continue to collect names and update directory on a regular basis
- AIDS Hotline staff refer callers to a site/provider

To Sign Up
https://www.surveymonkey.com/s/S329ZK5

To Access Directory
Syringe Access in New York State

- Syringe Exchange Programs (SEPs) first authorized in 1992
- 24 Authorized Syringe Exchange Programs in NYS (14 in NYC and 10 elsewhere)
- Various models are used: Storefront, Mobile Van, Peer Delivered Syringe Exchange, Special Arrangement
- Expanded Syringe Access Program (ESAP) began January 2001
- Over 3,000 pharmacies are participating in the Expanded Syringe Access Program
- Approximately 8 million syringes furnished annually through the SEPs and ESAP.
HCV and HIV

- Approximately 15% to 30% of people in the U.S. with HIV are estimated to be co-infected with HCV
- HIV/HCV co-infected patients visit the emergency department more frequently, are hospitalized more often, and have longer hospital stays than HIV mono-infected patients
- Reduction and treatment of HCV transmission is a key priority for ensuring one devastating epidemic is not ended while another, which impacts many of the same populations, continues

Expanded CDC Recommendations for HCV Testing

- August 2012
- Adults born from 1945 through 1965 should receive one-time testing for HCV without prior ascertainment of HCV risk factor status
- All persons with identified HCV infection should receive a brief alcohol screening and intervention as appropriate, followed by referral to appropriate care and treatment service for HCV infection and related conditions.
NYS Hepatitis C Testing Law

- Signed by Governor Cuomo on October 23, 2013
- First in the Nation
- Effective January 1, 2014
- A hepatitis C screening test be offered to every individual born between 1945 and 1965
  - If an individual accepts the offer and the screening test is reactive, the health care provider must offer the individual follow-up health care or refer the individual to a health care provider who can provide follow-up health care.
- Impact of Law is Currently Being Evaluated

ETE Dashboard – Now Live!

- Key metrics will be systematically tracked at the state and local levels, with publicly available results.
- HIV prevention, HIV incidence, testing, new diagnoses and linkage, prevalence and care, AIDS diagnoses, and deaths compiled from various data sources and presented in one place.
- ETEDASHBOARDNY.ORG
Implementation: AAC ETE Subcommittee

AIDS Advisory Council (AAC) Ending the Epidemic (ETE) Subcommittee:
The Subcommittee will ensure on-going formal involvement of the AAC in follow-up and recommendations on the implementation of the Ending the Epidemic Task Force (ETE TF) recommendations.

- 16 Members: The selection of members to the Subcommittee was conducted as part of the completion of the work of the ETE TF and is representative of each ETE TF Committee
- Bi-Monthly meetings
- Co-Chairs: Charles King, President and CEO, Housing Works, Inc.
  Marjorie Hill, PhD, CEO, Joseph Addabbo Family Health Center
- Ending the Epidemic Website:
  https://health.ny.gov/EndingtheEpidemic

NYS Regional Discussions

- Receive updated information about HIV/AIDS in your region/borough.
- Provide input on identified service gaps in your region/borough.
- Participate in regional/borough discussions about ending the epidemic.

NYS Regional Discussion Dates

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Council Details $6.6 Million in Funding for Plan to End AIDS

November 23, 2015

“Moving on the Plan to End AIDS, the City Council will spend $6.6 million to fund pre-exposure and post-exposure prophylaxis programs and efforts to aid people with HIV in staying on anti-HIV drugs so they remain non-infectious.”

http://gaycitynews.nyc/council-details-6-6-million-plan-end-aids/

Blueprint Alignment with NHAS 2020

“Several jurisdictions have, through focused efforts, seen decreasing trends in HIV, including the States of New York and Massachusetts and the cities of San Francisco and Los Angeles. In addition, some States and local areas have put forth their own plans to “end AIDS,” such as New York State, Washington State, and San Francisco.” – NHAS 2020 Pg. 17
December 3, 2015

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