

# New York's Plan to End AIDS

## Key Elements and Next Steps

### Background

Although there are more New Yorkers living with HIV than in any other state in the nation, it is within our reach to end the epidemic that has plagued us for more than 30 years. There is still no cure at hand, but **we now have the knowledge and means to dramatically reduce new HIV infections and promote optimal health for those with HIV** via concerted and coordinated efforts by and among the community, government, consumers, health care and service providers, and academia. Therefore, **we urge Governor Cuomo to create a Task Force to End AIDS in New York** charged with developing a strategic blueprint and plan in collaboration with the AIDS Institute. In so doing, **New York will serve as a national model for ending the epidemic.**

The momentum to bring the AIDS epidemic to a close in New York already exists. NYS has seen an almost 40% decrease in new HIV diagnoses in the last decade, with fewer new infections each year, while nationally there has been no decline in the number of new HIV infections diagnosed each year. Injection drug use had once been the cause of more than half of all NYS cases, but has been reduced by over 90%. Mother-to-child transmission is down 99%.

For these and other reasons, **now is the time to develop and implement an action plan to end AIDS in New York.** Beyond our significant successes to date, innovations in policy, program and science all point to the opportunity for major reductions in new infections. The medications that dramatically improve quality of life for persons with HIV both suppress viral load and prevent transmission to others. Whether taken as treatment by a person with diagnosed HIV, or as nPEP or PrEP by an uninfected individual, studies evaluating the prevention impact of antiretrovirals show clear benefits in stopping the spread of HIV. The NYS testing law mandates that all persons age 13-64 be routinely offered HIV testing in clinical settings, and new test technologies allow earlier detection of the virus, thereby permitting treatment to begin when persons are most infectious. The testing law also permits the use of surveillance data to find those with diagnosed HIV who are not in treatment in order to link them back to care.

### Executive and Legislative Next Steps

If we are to meet with success, and in addition to any detailed strategic plan to be developed by the task force appointed by the Governor, the following items must be included in either the 30-day amendments to the Executive Budget for FY14-15 or via legislative action:

- **\$10 million in new funding for the AIDS Institute** to implement any plan developed by the task force;
- An affordable housing protection to ensure that disabled people with HIV/AIDS who receive rental assistance **pay no more than 30 percent of their income towards their rent**, which would both prevent homelessness among at-risk people with HIV and enable others with HIV who are now in shelters and other emergency settings to move into much needed supportive housing;
- Article 7 language to **eliminate the use of condoms as evidence** of prostitution by law enforcement officials; and
- Article 7 language to **legalize the possession of syringes.**

## Key elements of a New York State Plan to End AIDS

This **summary** of recommendations was submitted by a coalition of activists and organizations to Courtney Burke, the Governor's Deputy Secretary for Health, to be considered by a task force appointed by Governor Cuomo to develop the plan.

New York State has borne the highest burden of HIV since the beginning of the AIDS pandemic in 1981. New York has the people, institutions, resources, and political will to end AIDS throughout the state, and to become a leader nationally and globally in showing how to end AIDS. Therefore, New York State should make a long-term commitment to, and a strategic priority of, ending AIDS for all New Yorkers: ending the illness and death associated with HIV infection and the progression to AIDS; as well as the related suffering, stigma, and devastation of our communities and our people.

### Ending AIDS in New York will rely on five related activities:

- 1. Twenty-first-century surveillance: Know your epidemic.** Know who is living with HIV and make sure they're getting needed services. Know where HIV is being transmitted and intervene there quickly to stop chains of uncontrolled transmission. Use twenty-first-century surveillance tools, such as fourth-generation simultaneous detection of HIV p24 antigen and antibodies, to diagnose HIV infection and distinguish between acute and chronic infection. Everyone should know his or her HIV status. People at highest risk for HIV should be testing more frequently (e.g., 2–4 times per year).
- 2. Evidence-based combination HIV prevention for both HIV-negative and HIV-positive persons.** Routine and voluntary universal HIV testing is a gateway to HIV prevention for those who test negative. Prevention services should be comprehensive and should include high-quality HIV-, reproductive health- and sexual health education at all levels; nonoccupational and occupational post-exposure prophylaxis (PEP) available on-site (for occupational) and in pharmacies and community health clinics (for non-occupational) within two hours of exposure. Pre-exposure prophylaxis (PrEP) should be available for those who need it. Both PEP and PrEP candidates should be eligible for comprehensive prevention services, including drug treatment and harm reduction; depression; mental health; trauma and violence screening; treatment; housing; and other supportive services. Combination HIV prevention care and services should be required from all New York State providers—public and private—as essential services under the ACA prevention mandate. Embedding specific HIV quality and care management requirements in *all* MRT care management initiatives, with a primary goal of rapid and sustained viral suppression for all, will improve and maintain the health of persons with HIV and prevent new cases.
- 3. Focus on filling the gaps in the HIV continuum of care to maximize the speed, proportion, and number of people able to successfully suppress their HIV as soon as possible once they are diagnosed.** New York State should implement a continuum of HIV care initiative in line with the initiative President Obama promulgated nationally on July 15, 2013: ***Federal guidelines now recommend antiretroviral treatment for all adults and adolescents with HIV in the United States.*** Instead of waiting for the immune system to show signs of decline, experts now recommend starting treatment right away. Evidence indicates that treating HIV as soon as possible reduces HIV-related complications. ***Treatment reduces the risk of HIV transmission.*** Along with other proven prevention methods, such as condom use, abstinence, and comprehensive drug treatment, effective treatment reduces the risk of HIV transmission. An NIH-sponsored study showed that among heterosexual couples, starting treatment early reduced transmission risk by 96%. ***Screening for HIV is now recommended for all persons 15–65 in the United States.*** About half of Americans have never been tested for HIV, and nearly 200,000 people living with HIV in this country are unaware that they are infected. Screening all persons between 15 and 65 years of age is now a grade "A" recommendation of the independent U.S. Preventive Services Task Force.[1] In New York State, 156,287 people were estimated to be living with HIV; 18% of HIV-positive New Yorkers do not know their status; 46% are not receiving regular HIV care; 53% are not receiving continuous care; and 63% are not successfully controlling their viral load. New York's ongoing Medicaid reform and

expansion, plus the advent of the Affordable Care Act (ACA) offer the opportunity to fill the gaps in the HIV treatment cascade.

4. **Ensure the availability of housing and essential supportive services for all New Yorkers, whether HIV-negative or HIV-positive, so that they remain healthy and aviremic, and do not contract or transmit HIV; and support research needed to improve service delivery and optimize outcomes.** Continued reliance on Ryan White CARE Act and HOPWA-funded services, as well as comprehensive prevention, care, and treatment for important comorbidities, such as depression, diabetes, drug use, mental health, trauma, viral hepatitis (hepatitis A and B vaccination; hepatitis B and C treatment; hepatitis C cure), will be required to eliminate the risk of new HIV infections and to ensure that those receiving HIV care are retained and successfully treated. Effectively addressing homelessness and hunger and meeting other subsistence needs will be crucial to engaging and keeping the most vulnerable persons in care. Clean needles, harm reduction, and opiate substitution therapy are essential as well. Decriminalization of condom possession, nonviolent drug violations, and adult consensual sex work; reducing the burden of incarceration and entanglement with the correctional system for young men; and addressing other structural contributors to the HIV pandemic should also play a role.
5. **Commit political leaders and all New York communities to leadership and ownership of the New York Plan to End AIDS.** Akin to the leadership required to drive wholesale Medicaid redesign and the successful expansion of insurance coverage under the ACA, improving HIV prevention and care for all New Yorkers will require leadership and commitment from Governor Cuomo, legislative leaders and local officials, particularly New York City Mayor de Blasio.

### Summary

In short, the additional actions and investments required to drive HIV below epidemic levels in NYS is very modest. Much of what needs to be done can be accomplished at the policy level, and the few programmatic enhancements envisioned will pay for themselves as **each infection averted saves the system \$379,668 in lifetime medical costs**. Current NYS efforts are already saving \$1 billion/year. **The further reduction in new infections brought about by New York's "Plan to End AIDS" could *more than double* the savings.**

Access to more convenient and less costly antiretroviral drugs and greatly diminished need for HIV-related emergency room visits and inpatient stays will also yield large returns that, if invested strategically, will more than cover what the task force might propose. Importantly, legislative support for the **NYS Medicaid Director's efforts to negotiate a win-win deal with pharmaceutical companies**, would lower the cost of life-saving treatment and bring a quicker end to the epidemic.

Lastly, **Governor Cuomo's leadership in establishing this process and very publicly committing to its goals, together with vocal expressions of support from key Senate and Assembly leaders, will be vital to our success.** With this support, the task force will devise an interagency plan in its first three months to ensure the availability of essential services that support health, prevention, and retention in care for all New Yorkers, whether infected or not, and guide the necessary investments. By applying the latest scientific evidence in the context of universal health coverage New York State will show the way for all to end AIDS.

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1. White House. Accelerating improvements in HIV prevention and care in the United States through the HIV Care Continuum Initiative. 2013 July 15. Available from: <http://www.aids.gov/federal-resources/national-hiv-aids-strategy/hiv-care-continuum-initiative-fact-sheet.pdf>.

2. O'Connell D. HIV/AIDS in New York State. Revitalizing the New York State HIV/AIDS response: ending the AIDS epidemic in New York State. Presentation at consultation meeting at Columbia University; 2013 May 6; New York, NY.