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ENDING THE EPIDEMIC

NEW YORK STATE BUDGET AND POLICY PRIORITIES

STATE FISCAL YEAR 2024

UPDATED FEBRUARY 3, 2023

Note: *FY23 bill numbers included here will be updated during the FY24 session*

ADDITIONAL ACTION IS REQUIRED TO END NEW YORK'S HIV/AIDS EPIDEMIC IN ALL COMMUNITIES

We have made significant progress implementing the 2015 *Ending the Epidemic (EtE) Blueprint* recommendations developed collaboratively by HIV community members, providers, advocates, and New York State and local public health authorities. Our EtE efforts enabled us to "bend the curve" of the epidemic by the end of 2019, decreasing HIV prevalence in NYS for the first time, and recently released 2021 surveillance data show this trend continues and that the number of persons newly diagnosed with HIV in NYS has decreased 46% from 2011 to 2021 (3,959 to 2,123). However, the 2021 data also show that stark and unacceptable disparities persist in HIV's impact on Black, Indigenous and people of color (BIPOC) communities, transgender New Yorkers, and young men who have sex with men, with the rates of new HIV diagnoses among non-Hispanic Black and Hispanic New Yorkers 7.4 and 4.1 times higher, respectively, than the rate for non-Hispanic Whites. The COVID-19 pandemic exacerbated barriers to HIV prevention and care, suppressing uptake of pre-exposure prophylaxis (PrEP), HIV testing, and connection to care,and New York State Department of Health (NYSDOH) analyses found that people with HIV (PWH) face heightened vulnerability to severe COVID-19 disease and mortality. The COVID crisis has also brought tragic increases in substance use disorder and opioid overdose, undermining EtE goals to improve drug user health and eliminate new HIV infections attributed to injection drug use. The emergence in 2022 of the MPOX epidemic poses yet another threat to people with HIV-related immune suppression, and although cases are declining overall, MPOX once again reveals the same shameful health inequities that continue to characterize the HIV and COVID epidemics. Meanwhile, thousands of New Yorkers living with and vulnerable to HIV infection continue to experience homelessness and housing instability that make it difficult or impossible for them to benefit from HIV prevention and treatment.

We are grateful for Governor Hochul's statement on World AIDS Day 2021, confirming her Administration's commitment to the ongoing work of Ending the New York AIDS Epidemic, and for continuation in last year's budget of $30 million in Medicaid funding for $15 million annually to support EtE strategies through fiscal year 2024. Maintaining this level of commitment and funding through at least FY 2025 is essential to regain momentum lost due to COVID and to continue the work necessary to end our HIV epidemic and move closer to HIV health equity.

Additional financial investments and policy changes are necessary, however, in order to fully implement EtE Blueprint recommendations to end AIDS as an epidemic in every region of New York State and for all New Yorkers. Additional action is urgently required, including continued improvements to our HIV service delivery systems to address racism and implicit bias, meaningful investments on the social and structural determinants that we know drive HIV health inequities, and concrete efforts to improve drug user health, support sexual health and wellbeing, and end the co-occurring hepatitis C epidemic.

Urgent Priorities

While each of the investments and policy changes set out in this document is necessary in order to fully implement EtE Blueprint recommendations to end the AIDS epidemic in NYS, the Community Coalition highlights the following critically important immediate priorities required to address the stark and persistent HIV health inequities that undermine our HIV response, leaving individuals and communities behind.

To address key social determinants of poor HIV health outcomes, the Community Coalition prioritizes and leads efforts that will:

- **Provide Equal Access to Meaningful HIV Housing Supports** for PWH experiencing homelessness or unstable housing in all parts of NYS. *(see page 5 below)*
- **Expand Peer and Other Employment Opportunities** for PWH by integrating and sustainably funding Certified Peer Workers/Community Health Workers as a core component of effective health and human services systems of care. *(see page 5 below)*
- **Require HIV testing on an Opt-Out Basis** to identify HIV infection and initiate treatment as early as possible for uninsured persons and others with limited access to regular primary care. *(see page 7 below)*
- **Identify and Meet the Complex Needs of Older People with HIV** who account for more than half of PWH living in NYS and will increase to 73% of all PWH in the state by 2030. *(see page 9 below)*

The Community Coalition also prioritizes two efforts led by allies that are essential in order to sustain EtE progress and improve HIV health equity, and will:

- Support the efforts of the Save NY's Safety Net (SNYSN) Coalition to **Protect the Healthcare Safety Net** through repeal of the planned Medicaid pharmacy benefit carve-out or an alternative in the FY 24 budget that will keep the pharmacy benefit in whole person managed care and preserve the 340B mechanism that enables safety-net providers to realize savings relied upon to support unfunded or underfunded services that are essential for effective health care for the most vulnerable low-income New Yorkers. *(see page 3 below)*
- Join other advocates for improved drug user health to call on NYS to **Approve and Fund Overdose Prevention Centers (OPCs)** to stem the tragic loss of life to preventable overdose deaths. *(see page 11 below)*

The End AIDS New York Community Coalition acknowledges and is deeply grateful for the sustained government and community commitment to our historic Plan for Ending the Epidemic, and the hard work of providers, advocates, and State and local public health authorities to realize its goals. To continue to advance health equity and end AIDS for all communities, the End AIDS New York Community Coalition outlines these and other necessary actions as a three-pronged policy agenda and related budgetary proposals.

ADDRESS RACISM AS A PUBLIC HEALTH CRISIS AND MAKE HEALTH SYSTEM INVESTMENTS TO PROMOTE EQUITY

TAKE ACTION ON UNMET HOUSING NEED AND OTHER KEY SOCIAL DETERMINANTS OF HIV HEALTH INEQUITIES

ARREST THE WORSENING INJECTION DRUG USE AND OPIOID OVERDOSE EPIDEMICS

Address Racism as a Public Health Crisis Through Health System Investments to Promote Equity

Invest in Structural Health Systems Changes and Concrete Actions to Address Racism as a Public Health Crisis

We are heartened by the NYS Department of Health's recent reorganization to focus on health equity through the creation of the new Office of Health Equity and Human Rights. Stark and persistent disparities in the impact of HIV on New York's BIPOC communities demonstrate that the public health emergency of racism continues to impede our Ending the Epidemic efforts. While public acknowledgment of racism as a public health crisis is a critical first step, effectively addressing the emergency will require a whole of government response that identifies the multi-sector policies and practices that drive health inequities and makes the necessary ongoing investments to advance racial equity as a core principle and priority. Further, we will need continued investment in HIV delivery systems that focus on structural competency and examine larger social conditions, public policies and elements of our service delivery systems that give rise to unequal access and health inequities. Finally, investments need to be sustained to enable NYSDOH and the AIDS Institute to identify health equity metrics, collect social determinants of health data, train clinicians, etc.

Protect the Healthcare Safety Net (High Priority)

Protecting New York's healthcare safety net is critical to advancing health equity and addressing racism as a public health crisis. Language in the FY 22 New York State budget (HMH Article VII) delayed a planned pharmacy benefit carve-out from Medicaid Managed Care to Fee-for-Service until April 1, 2023. We call on Governor Hochul and the Legislature to act this year to permanently repeal the Medicaid pharmacy benefit carve-out or include an alternative in the FY 24 Executive Budget that will keep the pharmacy benefit in whole person managed care and preserve the 340B mechanism.

Transitioning the pharmacy benefit to fee-for-service will eliminate the mechanism that enables safety net providers to access savings from the federal drug discount program known as 340B. HIV service providers and community health clinics rely on 340B savings to support otherwise unfunded or underfunded services that are essential for effective health care for the most vulnerable low-income New Yorkers, including wrap-around HIV treatment supports that are a core component of New York's HIVresponse. *(cont.)*

340B resources are critical to achieving Ending the Epidemic and other public health goals and are key to addressing health inequities based on race, poverty, and marginalization.

Adopt and Implement the New York State Hepatitis C Elimination Plan $10M in additional funds

While the EtE Community Coalition was extremely pleased by the November 2021 release of the *New York State Hepatitis C Elimination Plan*, a set of concrete recommendations developed with broad community and expert input under the direction of a *Statewide HCV Elimination Task Force* (HCV TF), we are deeply concerned that a full year has passed since the Plan's release without any action to implement the Plan's comprehensive set of draft recommendations, and that the FY 23 NYS Budget continued to flat fund HCV initiatives at only $5M per year and did not include any new funding to support HCV elimination. It is imperative to begin implementation of the HCV Elimination Plan, completed in 2019, without further delay. We call on Governor Hochul to formally adopt the NYS HCV Elimination Plan, and for the Governor and the Legislature to provide at least $10M in additional funding for HCV elimination in the FY 24 budget (bringing total HCV funding to at least $15M annually), in order to enable the NYSDOH to begin implementation of this lifesaving initiative. Given the continuous evolution of knowledge and expertise on HCV prevention and treatment, and the critical importance of community engagement to successful implementation of the Plan, we also call upon the NYSDOH to work with community members to develop a process and structure that will ensure continued community input on the development of any updates to HCV Elimination Plan recommendations, to engage community members in oversight and monitoring of Plan implementation, and to include community perspectives on key metrics for assessing progress, monitoring outcomes, and identifying areas for improvement.

Expand Hepatitis C Testing and Curative Treatment

Expanded hepatitis C testing must be an essential element of any effective NYS hepatitis C elimination strategy. To improve identification and treatment of New Yorkers with hepatitis C, amend the NYS hepatitis C testing law to: i) require the provision of a one-time hepatitis C test for every individual age 18 and older, and for individuals younger than 18 if there is evidence or indication of risk activity; ii) require a hepatitis C screening test for all pregnant persons during each pregnancy; iii) require that if a hepatitis C screening test is reactive, a hepatitis C RNA (diagnostic) test be performed to confirm diagnosis of current infection; and iv) make the law permanent with no sunset date. Other key strategies for increasing HCV testing include ensuring sufficient reimbursement rates and streamlining testing procedures to remove clinical barriers to testing, especially in behavioral health settings. Finally, the EtE Community Coalition urges NYSDOH to eliminate all prior authorization requirements for HCV treatment, including treatment that commences within one year of a prior treatment for HCV infection.

Repeal the Medicaid Global Spending Cap

The Medicaid global cap was introduced in 2011 as a mechanism to limit growth in Medicaid spending and instill discipline in Medicaid budgeting. The cap was set at an arbitrary, fixed moment in time and not designed to keep pace with program growth. Medicaid is a critical safety net program and is a lifeline for PWH. It should be afforded the opportunity to grow in times of economic downturn or hardship, such as the COVID pandemic, to meet real need. Although last year's NYS Budget changed the Global Cap indexed growth metric in an effort to more accurately reflect changes in enrollment and utilization, any cap on the Medicaid program remains arbitrary as it does not reflect actual need or real growth. Continuing to place a cap on Medicaid spending disproportionately impacts people living with disabilities, under-resourced communities of color and safety net providers, like community health centers and HIV service programs that rely upon Medicaid as a significant coverage source for their patient base. It is time to repeal the Medicaid global cap.

Ensure Adequate and Timely Rates for HIV Special Needs Plans

New York's Medicaid Managed Care HIV Special Needs Plans (HIV SNPs) are highly effective in addressing the needs of PWH and those at heightened risk of HIV infection, achieving high rates of viral load suppression and dramatically lowered inpatient and acute care costs. However, rate setting delays and inadequate rates threaten to undermine their effectiveness. HIV SNPs have received rates as late as 21 months after their effective date, and limits imposed by the global cap have reduced SNP rates at a time when membership has expanded to include people of trans experience and other medically vulnerable groups. We welcomed provisions in the FY 23 Budget that resulted in some much-needed increases in SNP rates and that restored the 1.5% Medicaid across the board cuts to fee-for-service providers implemented in the FY 21 budget. Additionally, we understand that improved processes have resulted in timelier rate setting, although delays remain an issue and there is still work to be done to sustain and build on this progress. Rates that are late and inadequate negatively impact the SNPs, providers, and most importantly, SNP members, by limiting the available provider network which impedes access and quality of care. Timely and adequate HIV SNP rates are essential to EtE efforts and greater health equity.

Exempt Lifesaving HIV Antiretroviral Drugs from Prior Authorization and Other Restrictions

We oppose and remain deeply concerned by any proposal to discontinue Prescriber Prevails in Medicaid fee-for-service and managed care. Elimination of Prescriber Prevails and the imposition of utilization tools such as prior authorization and step therapy can restrict access to medically necessary drugs. These barriers are harmful to patient access and can prevent individuals from receiving the medication they need in a timely manner. Delaying access to these medications for individuals who currently have, or are seeking to avoid, HIV/AIDS can be life threatening and stall the State's EtE progress. We urge the Governor and Legislature to preserve Prescriber Prevails for all Medicaid enrollees. At a minimum, we call on them to amend insurance law and § 272 of the Pub. Health Law to add new language that provides: "Antiretroviral drugs prescribed to a person enrolled in a public or private health plan for the treatment or prevention of the human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) shall not be subject to a prior authorization requirement, step therapy, or any other protocol that could restrict or delay the dispensing of the drug."

Address Severe Under-Investment in the Workforce and Infrastructure of Nonprofit Organizations

Nonprofit service organizations that have been on the front lines of both the HIV and COVID responses face ongoing and new challenges as the result of years of severe under-investment in their workforce and essential infrastructure needs – leaving them struggling to attract and retain staff while also dealing with inadequate or outdated systems for information technology, electronic data, financial management, human resources, and other key functions. Inadequate State contract reimbursement rates have resulted in poverty-level wages for human services workers, who are predominantly women and people of color, and limit the ability to invest in critical systems. Essential human services workers are among the lowest paid employees in New York's economy, resulting in high turnover and serious disadvantage in an increasingly competitive labor market. Building infrastructure capacity is not only essential to effective and efficient service delivery but will be required to in order for community-based nonprofit providers to prepare for, negotiate, and participate in coming value-based payment arrangements for service delivery.

The New York State FY 23 budget included an essential 5.4% cost-of-living adjustment for State contracted human services workers by funding the Cost-of-Living Adjustment (COLA) statute. This statute was first authorized in the FY 07 budget but was deferred for the last ten years before being funded by Governor Hochul in FY 23. However, programs created after the statute was enacted are not included in the FY 23 COLA budget language, and so many workers under contract with the State may be left out. For example, the Health Home Care Coordination program was flat funded in the FY 23 budget. It is vital to broaden the applicability of the COLA. No worker should be left out due to technicalities, and all human services workers deserve the most basic COLA to keep up with inflation.

Nor do COLA adjustments for human services providers, although critical, address the fundamental issue of inadequate compensation. We call for a $21/hour minimum wage for all New York State funded health and human service workers and a comprehensive wage and benefit schedule comparable to compensation for State employees in the same field. We also urge the Governor and Legislature to invest in the infrastructure needs of nonprofits providing critical services for the most vulnerable New Yorkers—at a minimum by taking action in this year's budget to increase the indirect rate on NYS contracts from the current 10% to a nonprofit's established federally-approved indirect rate.

Take Action on Unmet Housing Need and Other Key Social Determinants of HIV Health Inequities

It is well understood that the challenges posed by homelessness and housing instability, food insecurity, lack of employment, stigma, and other social and structural factors drive inequitable access to HIV testing, prevention, and care. Ample evidence also demonstrates that these factors are amenable to effective intervention that significantly improves HIV health outcomes. For that reason, the EtE Blueprint recommends concrete action to address social determinants of HIV health equity.

Provide Equal Access to Meaningful HIV Housing Supports Across NYS (High Priority) PA Expenditure

Over 2,500 households living with HIV outside NYC continue to experience homelessness or housing instability because EtE Blueprint recommendations to ensure access to safe housing as an evidence-based HIV health intervention have been fully implemented in NYC since 2016, but not in any Upstate or Long Island community. Every low-income New Yorker with HIV experiencing homelessness or housing instability should have equal access to critical NYS public assistance benefits that support housing access and stability repeatedly shown to be critical in order to benefit from HIV treatments, to reduce ongoing HIV transmissions, and to address the stark and persistent *(cont.)*

HIV health inequities that prevent us from ending our NYS HIV epidemic in every community and population. Language included in the last four enacted NYS budgets purported to extend access to the same meaningful HIV housing supports across the State, but as written has failed to assist even a single low-income household living with HIV outside NYC, despite evidence that the estimated costs to NYS of the additional PA benefit (less than $2.5M in FY24) will be more than offset by savings realized from reduced Medicaid spending on avoidable acute and emergency care and averted HIV infections. To finally provide equitable Statewide access to HIV housing supports, we urge Governor Hochul and the Legislature to correct the relevant Aid to Localities language on public assistance benefits and enact Article VII legislation necessary to: i) ensure that every local department of social services provides low-income PWH experiencing homelessness or housing instability access to the NYS HIV Emergency Shelter Allowance program to support rent reasonably approximate to up to 110% of HUD Fair Market Rates (FMR) for the locality and household size (the standard for Section 8 Housing Choice vouchers and other low-income rental assistance programs); ii) make the NYC-only HIV affordable housing protection available Statewide to cap the share of rent for extremely low-income PWH at 30% of disability or other income; and iii) notwithstanding other cost-sharing provisions, recognize the fiscal reality of communities outside NYC by providing NYS funding to support 100% of their costs for providing HIV Shelter Allowances in excess of those promulgated by OTDA, and of additional rental costs determined based on limiting rent contributions to 30% of income.

Expand Peer and Other Employment Opportunities (High Priority) $10M

Integrate and sustainably fund Certified Peer Workers/ Community Health Workers as a core component of health and human service delivery systems of care, in order to achieve community-level increases in access to and maintenance in medical care and housing for low-income New Yorkers, AND to provide opportunities for economic mobility for people living with HIV:

- Increase OTDA funding to expand career readiness and job search assistance services and benefits counseling to PWH across NYS;
- Underwrite the costs of paid Peer Worker placements in health and human services organizations, and establish a centralized Peer Worker Placement Pilot Initiative to facilitate the match between Peer/Community Health Worker skills and organizational priorities; and
- Create a Medicaid billing code for "navigation and linkage to care" that will provide a reimbursement mechanism to sustain the integration of Peers/Community Health Workers as members of care teams.

Peer workforce development investments address health disparities among people with HIV and advance EtE goals by dramatically reducing new infections, increasing viral load suppression, and improving access to HIV treatment and care.

Expand Women-Focused HIV Services $4M

Women, specifically women of color, are identified as a key population that requires specific interventions and implementation strategies if we are to change the trajectory of new HIV, HCV, and sexually transmitted infections (STIs) in NYS. Females overall lag somewhat behind males in rates of timely linkage to HIV care and of viral load suppression among people in HIV medical care. We must expand women-focused HIV testing, prevention, and early treatment access to reach women who test positive for STIs, survivors/victims of domestic violence, and women leaving correctional facilities, and establish a linkage and retention in care program for women living with HIV in communities outside of NYC. Priorities include:

- Women-focused HIV testing and early treatment programs;
- Women-focused PrEP and PEP uptake and adherence programs, including access to same-day PrEP and new long-term injectable PrEP;
- Culturally and linguistically responsive PrEP and PEP education campaigns throughout the State specifically centering diverse populations of Black and Latina, cis and transgender women;
- Upstate women's linkage and retention in care programs to identify women in upstate New York who are not engaged in care or have fallen out of care and provide supports for treatment engagement.

Advance Health Equity and Human Rights for TGNCNB People Across New York State $20M

Transgender, gender non-conforming, and non-binary persons (TGNCNB) are highly vulnerable to HIV infection, often driven by transphobia/homophobia, racism, sexism, as well as the compelling forces of economic, social, health, educational, and other forms of structural discrimination and injustice. To end the HIV epidemic for all New Yorkers and reach the goal of access to gender affirming care and services, we must address the powerful social determinants of health that drive reduced life expectancy, poor health outcomes and unequal access to competent and respectful health care, including these steps: *(cont.)*

- **Establish Respite Care facilities**, located proximate to hospitals that provide gender affirming procedures, in order to facilitate expanded equitable access to gender affirming surgery for TGNCNB persons experiencing homelessness.
- **Ensure access to rental assistance** at up to 110% of HUD FMR, with the tenant's contribution to rent capped at 30% of their non-public assistance income, for extremely low-income TGNCNB people applying for or receiving public assistance who are experiencing homelessness or housing instability.
- **Expand supportive housing opportunities** for TGNCNB people experiencing homelessness who are diagnosed with chronic medical and/or behavioral health conditions.
- **Ensure economic development opportunities** that include vocational training, other educational opportunities, and supplemented employment in the public and private sectors by incentivizing employers with a subsidy to employ TGNCNB people.

Require LGBTQ+ Cultural Competency Training for All Licensed Providers $1M

To advance health equity for LGBTO+ New Yorkers, we urge the Legislature and Governor to amend Education Law §6507(3)(a) to allow the commissioner to establish standards requiring that all persons applying on or after April 1, 2023, to obtain or renew a license, certification, or registration for a limited permit to complete significant additional coursework or training regarding LGBTQ+-related health care and overall LGBTQ+-related cultural competence. The following providers would be subject to these standards: physician, physician assistant, nurse practitioner, registered professional nurse, licensed practical nurse, chiropractor, dentist and dental hygienist, perfusionist, physical therapist and physical therapy assistant, professional midwife, podiatrist, optometrist, ophthalmic dispenser or optician, psychologist, social worker, massage therapist, occupational therapist, certified dietician, speech-language pathologist and audiologist, acupuncturist, athletic trainer, mental health practitioner, respiratory therapist and respiratory therapy technician or applied behavioral analyst.

Fully Fund the Lorena Borjas Transgender Wellness and Equity Fund $15M

The FY 23 enacted NYS budget included a $1 million dollar investment in non-profits across the State serving transgender, gender non-conforming, and non-binary New Yorkers, and on the day of the 2022 Pride March, Governor Hochul signed into law a program bill named in honor of Mexican-American transgender icon from Jackson Heights, Lorena Borjas, creating the historic Lorena Borjas Transgender Wellness and Equity Fund. This is the first time in New York State history that funding is carved out specifically for TGNCNB serving nonprofits. While we celebrate this historic victory, we know $1 million is not enough for one of the largest TGNCNB populations in the country. More must be done to create a robust stream of funding in order to provide capacity building grants to non-profits serving New York's TGNCNB community. Governor Hochul has announced her support to include an additional $2 million dollars in funding for the newly created Equity Fund. However, advocates are calling for the Transgender Wellness and Equity Fund to be fully funded at $15 million annually over a multi-year period.

Require HIV testing on an Opt-Out Basis in All Licensed Art. 28, 31, and 32 Facilities (High Priority) $1M

Rates of concurrent HIV and AIDS diagnoses remain unacceptably high (21% of all new diagnoses in 2021), especially among New Yorkers with limited access to primary care who may only interact with the health system in emergency departments or other institutional health settings, where HIV testing rates are extremely low despite existing requirements to offer testing. Amend the HIV testing law to facilitate true opt-out testing protocols with meaningful patient education and opportunity to decline testing, require that all licensed facilities employ opt-out HIV testing, and make technical assistance and/or consultation available from the AIDS Institute to assist with development of opt-out testing systems and protocols.

Expand NYS Sexual Health Clinics and Capacity to Provide PEP and PrEP $10M

Sexually transmitted infections (STIs) continue to rise in NYS and nationwide, are too often undetected and untreated, and are linked to increased vulnerability to HIV. Expand STI, hepatitis C, and HIV testing and treatment and access to PrEP and PEP by increasing the number of Sexual Health Clinics in New York State and funding PEP and PrEP navigation at health care centers and community-based organizations, with a focus on increasing access to PEP and PrEP for African-American and Latina women, Asian and Pacific Islanders, and young adults, and through telehealth services to reach rural communities.

Prohibit Prior Authorization Requirements for PrEP

To remove additional barriers to PrEP uptake, the EtE Community Coalition supports legislation (S3227/Hoylman) that would prohibit health insurers, health care plans and HMOs from requiring prior authorization for pre-exposure prophylaxis used to prevent HIV infection.

Broaden At-Home STI Testing $1M

STI rates have increased over the last several years and are projected to continue to rise. During the COVID-19 outbreaks of Spring 2020 in NYS, sexual health clinics across the state temporarily closed and significantly reduced hours which reduced access to STI testing. Since most STIs have no or minimal symptoms, effective diagnosis and treatment requires access to STI testing. Lack of access to sexual health services and the stigma associated with STIs are two barriers to effective STI control that could be mitigated by the use of home-based testing. Although self-testing technology has advanced considerably there are barriers to its effective use. Direct NYSDOH to work with experts to identify current laws and regulations that pose barriers to home-based testing services (such as physical examination requirements), seek revisions to such laws and regulations to facilitate home testing, and establish and evaluate a pilot project of at-home STI screening.

Eliminate Congenital Syphilis in New York State by the End of 2030 $1M

We support the Administration's proposal as well as legislation passed by the Assembly last session (A.9606/ Tapia) to require syphilis testing of all pregnant patients in their third trimester, in addition to the existing requirement to test at the initial visit. While this would be an important immediate step, there is still a need to establish and implement a comprehensive plan to eliminate congenital syphilis in NYS by the year 2030. Rates of syphilis in NYS continue to exceed the national average, ranking 11th in the nation in 2020. Left untreated syphilis can cause serious health problems such as tumors, blindness, nerve damage, and even death. Importantly, without treatment, syphilis remains potentially contagious for at least a year between sex partners. Transmission to a fetus or newborn can occur anytime a pregnant patient with syphilis is untreated (even years after initial infection). However, if syphilis is identified, it is curable with common antibiotics and transmission is eliminated. We urge the Governor to authorize NYSDOH to convene a statewide taskforce to develop comprehensive recommendations to improve syphilis screening, public and provider education, prevention, and care.

Address HIV Health Disparities Experienced by Youth

Young New Yorkers, especially LGBTQ+ youth and BIPOC young adults, continue to be disproportionately affected by HIV. Specific actions necessary to promote HIV health equity for youth and young adults include:

- **Pass the Youth Access to Health Care Act**
  New York recognizes the necessity of timely access to healthcare and permits all young people to consent to certain types of confidential health care and permits certain categories of young people to consent to all types of health care. However, this patchwork of laws leaves many youths out, putting them in often impossible positions and unable to obtain the care they need. Because of the barriers and the risks this patchwork of laws poses to young people's health and well-being, the EtE Coalition supports the Youth Access to Health Care Act (A.9963 Gottfried). This legislation would permit young people under the age of 18 who are capable of making decisions about their care to consent to their own health care. New York would join many other states nationally that are protecting young people's access to health care. Nationwide, more than 20 states, either through statute or judicial decision, allow mature young people to consent to their own health care.

- **Require Comprehensive Sexual Health Education $22M**
  Require all NYS public and charter schools to provide students in grades K-12 with integrated, comprehensive, developmentally appropriate, medically accurate and unbiased sexual health and HIV prevention education using a youth development approach, building on the strengths and capacities of young people.
- **Implement a Condom Media Campaign $2M**
  Condoms are the only available primary prevention method against STIs for sexually active people. Condom usage in NYS declines every year, while STI rates increase.
- **Increase Funding for LGBTQ+ Youth Services $3M**
  Increase grant funding available to providers serving LGBTQ+ youth.
- **Develop and Deploy Novel Programs $2M**
  Novel strategies are needed to reach and engage young people in sexual health services. Youth rely on technology to meet their needs related to socialization, information, and even healthcare. Promising preliminary results from home HIV testing programs suggest that offering testing through mobile means is effective at reaching persons who otherwise cannot access testing through traditional channels. Telemedicine has the potential to make healthcare visits related to HIV and STI screening, as well as accessing PrEP/PEP, more convenient for persons who are unable to access these services because of transportation, stigma, fear, or other barriers.

- **Restore Runaway and Homeless Youth Funding to the Office of Children & Family Services $15.5M**
  Lack of stable housing dramatically increases HIV vulnerability among LGBTQ+, BIPOC and other youth and young adults. This increase will finally restore funding for critical runaway and homeless youth (RHY) services to 2007 levels, will allow for programs to remain stable, and will support: *(cont.)*

- **Expanding residential capacity across New York State.** The 37 counties that lack services are among the most rural in the state. Approximately one in ten youth aged 18-25 endures some form of homelessness each year. These rates are similar in rural and non-rural areas.

- **Increasing access to educational and employment opportunities for homeless youth.** A recent study showed that youth with less than a high school diploma or GED had a 346% higher risk of being homeless than those youths who have a high school diploma or GED. This funding would allow providers to offer onsite GED programming, job readiness training, and the capacity to build relationships with private sector employment partners.

- **Increasing access to stable housing.** A recent study by the New York City Center for Innovation through Data Intelligence showed that access to stable, long-term housing significantly reduced the likelihood of both future systems use and being a high service user. By more adequately funding RHY programs, we can save future costs associated with incarceration, hospitalization, and chronic adult homelessness.

- **Fund a Statewide Study of LGBTQ+ Identity and HIV Vulnerability in the Foster Care System $500K**

A survey published by Columbia University in 2019 found that 34.1% of youth, ages 13-20, in the NYC foster care system identify as LGBTQ+, a substantially higher proportion than in the general population. The majority are BIPOC youth who are more likely to move through multiple foster homes, age out of the system without being adopted, experience physical, mental, and sexual abuse, and experience homelessness or unstable housing. According to the *NYS Office of Children and Family Services* (OCFS), as of as of June 2021 there were 14,749 youth in foster care in NYS, but there has been no statewide research examining LGBTQ+ identity or HIV infection among youth in foster care. Better understanding of the incidence and prevalence of HIV among youth in foster care can help to identify new opportunities to prevent infections and ensure those living with HIV receive the treatment needed to keep them healthy and to help end the epidemic.

Identify and Meet the Complex Needs of Older People with HIV $4M

People aged 50 and older account for more than half of people with HIV living in NYS and by 2030 over 73% of New Yorkers living with HIV will be over 50. The importance of identifying and addressing the more complex medical and social service needs of long- term survivors and older people with HIV is needed more now than ever. Targeted strategies are required to provide access to comprehensive and integrated health care that is responsive to often complex medical comorbidities. Increasing engagement of older people with HIV with behavioral screenings and healthcare, providing screens for HIV-associated neurocognitive disorders (HAND), physical screenings (i.e., frailty, DEXA scans), and developing programming to address nutrition, exercise, mobility limitations, and other health maintenance needs is essential to meeting the needs of this population. Social services that include case management, outreach, psychosocial support/peer support (individual, group), mental health referral, insurance navigation, financial and long-term care planning, and health education are also required to improve quality of life. Programs to reduce social isolation are also critical. Meeting the growing clinical and social service needs of this aging population requires establishment of clinical centers of excellence on HIV and aging in the rest of the State similar to those in NYC, as well as creation of a Statewide training center of excellence for health care and social service providers. Free medical and social service education with continuing education credits must be provided to disciplines across the state of New York to enhance the capacity to deliver high quality health and social services and to improve health and quality of life outcomes for this population.

Enact a LGBTQ+/HIV Long-Term Care Bill of Rights (A7807/S85)

Older people (age 50+) living with HIV are a growing population with pronounced needs. Unfortunately, many still confront stigma and fear discrimination – especially in long-term care settings. The New York LGBTQ+/HIV Long-Term Care Bill of Rights would protect New Yorkers living with HIV and LGBTQ+ people from discrimination on the basis of sexual orientation, gender identity, and HIV status in long-term care settings by requiring training for staff who interact with residents on the best practices for caring for LGBTQ+ and HIV positive residents and protecting residents from discrimination. This bill builds upon the existing protections against discrimination found in New York's Human Rights Law to prohibit specific actions and inaction in long-term care facilities and their staff including denying admission, transferring or denying a transfer, or evicting a resident based on actual or perceived sexual orientation, gender identity or expression, or HIV status. The implementation of this legislation would also help to educate and empower LGBTQ+ older people and older people living with HIV within long-term care facilities by arming them with a powerful tool for self-advocacy in cases where they are not getting the treatment they need and deserve.

Prohibit Discrimination Based on HIV Status in Life Insurance and Long-Term Disability Insurance

Amend the insurance law to prohibit discrimination in life and disability insurance based on HIV status (currently legal in NYS). California recently enacted a "Equal Insurance HIV Act" prohibiting denial of life or disability insurance based solely on HIV infection.

Decriminalize Adult Sex Work

The criminalization of sex work does not protect sex workers or advance public health goals, but rather perpetuates the social stigma that treats sex work as an inherently harmful activity and keeps sex workers from seeking health care and other supportive services, including HIV prevention and care. Data show that sex workers are highly vulnerable to HIV acquisition, report low rates of awareness and uptake of PrEP, and face an increased risk of exposure to violence, due in large part to stigma and discrimination in health care settings, socioeconomic disadvantage, and the inability or reluctance to seek protection from law enforcement. We call on Governor Hochul and the Legislature to support the Stop Violence in the Sex Trades Act (A.8230/S.6419), introduced last session to amend statutes so that consenting adults who trade sex, collaborate with or support sex working peers, or patronize adult sex workers will not be criminalized. The bill would also amend the law so that people can trade no-longer-criminalized sex in spaces where legal businesses are permitted, while upholding current law that maintaining exploitative workplaces where coercion and trafficking take place is a felony. This bill aims to decriminalize the industry—including sex workers, clients, and managers—while carefully continuing to protect minors and trafficked people.

Arrest the Worsening Injection Drug Use and Opioid Overdose Epidemics

Scale-Up Harm Reduction Funding and Programming

The EtE Community Coalition welcomed the substantial commitment of funding in the FY 23 NYS Budget to address substance use disorder and the opioid crisis by increasing access to services, removing barriers to care, and embracing best practices including harm reduction approaches. We applaud the Administration for appropriating over $200million in Opioid Stewardship Tax proceeds last year for investments in new initiatives to combat the opioid crisis, as well as appointment of an Opioid Settlement Fund (OSF) Advisory Board to help guide and oversee the use of monies realized through settlement of NYS litigation against opioid manufacturers and distributors.

The EtE Community Coalition are encouraged by the Opioid Settlement Fund (OSF) Advisory Board Annual Report recommendations that all opioid settlement funds be issued through a Request for Applications (RFA) process that fairly evaluates each program. In our view, this would ensure the equitable distribution of funding to support programs and evidence-based practices with demonstrated effectiveness. We hope and expect that all OSF funds will be distributed in a manner that promotes equity and evidence-based practice.

While the Community Coalition has been pleased by this Administration's commitment to a public health approach that recognizes the importance of harm reduction strategies, we call upon OASAS to fully recognize harm reduction as a drug treatment modality and to encourage licensed providers to adopt this modality for treatment of substance use disorder. Important steps have been taken to enhance harm reduction services, health monitoring, and evidence-based community interventions by means of collaboration between the NYSDOH and OASAS, including the creation of a Division of Harm Reduction within OASAS. Harm Reduction programs provide essential, evidence-based services for people who use drugs including medical care, education, counseling, referrals, medication for opioid use disorder, and syringe services. Harm reduction approaches to improve drug user health are in urgent need of reinvestment, and it is time to acknowledge and promote harm reduction as an evidence-based model of treatment for substance use disorder.

We continue to urge DOHMH and OASAS to establish and fund additional Drug User Health Hubs across the State, which offer a unique opportunity to provide on-demand care to people who use drugs, as well as Second-Tier Syringe Service Programs to serve hard to reach areas and individuals. Funding point of-care testing for HIV, STIs and HCV in Syringe Service Programs and Drug User Health Hubs would substantially increase the capacity of the health system to screen for these infections in order to more rapidly engage people who use drugs in treatment and prevention. Finally, we believe it is essential to address disparities more directly in behavioral health treatment access and outcomes. As a first step, we strongly encourage OASAS to collect and report disaggregated data on treatment outcomes by race and ethnicity, and to explore collection of data by gender identity, sexual orientation, and other marginalized identities that may present barriers to seeking or receiving effective care. We look forward to continuing to work with OASAS and the DOHMH on scale up of the proven harm reduction strategies.

Approve and Fund Overdose Prevention Centers (OPCs) (High Priority) $10M (Opioid Settlement Fund)

The EtE Community Coalition supports the Safer Consumption Services Act (S399/A338) and strongly urge the Hochul Administration to approve and the Governor and Legislature to enact legislation to allow and fund Overdose Prevention Centers (OPCs) co-located with Syringe Service Programs across NYS. OPCs provide sterile supplies and controlled settings for people to use pre-obtained drugs under the supervision of trained professionals who can intervene in case of an overdose or other medical event. OPCs are an evidence-based intervention proven to reduce overdose deaths while increasing access to health care and substance use treatment. Two OPCs that opened with NYC approval in November 2021 have intervened to prevent over 600 overdoses in one year of operation. New York should follow the lead of Rhode Island and pass legislation permitting the operation of OPCs and the use of State and local public funding to support their operation, including Opioid Settlement Fund resources. Supporting these efforts with OSF funding will save countless lives and continue NYS's longstanding leadership in the opioid response.

The End AIDS NY Community Coalition:

A group of over 90 health care centers, hospitals, and community-based organizations across the State that are fully committed to realizing the goals of our historic State Blueprint for Ending the Epidemic (EtE) for all New Yorkers

If you have questions, or to get involved with the Community Coalition's work, please contact:

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