



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
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Commissioner

Testimony

of

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before the

New York City Council
Committee on Health, Committee on Aging, and Committee on Hospitals

on

Older Adults Living with HIV

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Good morning, Chairs Hudson, Schulman, and Narcisse, and all members of the Committees on Aging, Health, and Hospitals. I also want to thank Commissioner Vasan for speaking on HealthyNYC. My name is Dr. Celia Quinn and I am the Deputy Commissioner for Disease Control at the New York City Department of Health and Mental Hygiene. I am pleased to be here with my colleagues Dr. Emma Kaplan-Lewis from New York City Health + Hospitals and Jocelyn Groden and Anya Herasme from the New York City Department for the Aging, to discuss the important topic of older adults living with HIV and the legislation included on today's agenda.

Before I describe the Health Department's specific programming and services for older people with HIV, I want to mention the advances in HIV treatment that have allowed people with HIV to live longer. HIV antiretroviral medicines are safer and more effective than ever. When taken as prescribed, HIV treatment medicines can reduce the amount of virus in the body to levels so low that the virus is undetectable. People with undetectable HIV cannot pass HIV to others through sex. In New York State, HIV treatment is available to anyone who has HIV, regardless of immigration status. As more people with HIV are on treatment and have access to health insurance and patient assistance programs, they are living longer, healthier lives.

In 2021, there were approximately 49,400 people ages 50 years and older with diagnosed HIV in New York City, representing 56% of all people with diagnosed HIV in the city. Among people 50 years and older with HIV, 90% were receiving care, 86% were prescribed HIV treatment medicines, and 83% were virally suppressed, meaning that the amount of virus detectable in a person's blood is very low. The Health Department receives federal funding through the Ryan White HIV/AIDS Program to support the medical and nonmedical needs of income-eligible people with HIV in New York City. In 2021, approximately 48% of our Ryan White clients were ages 50 years and older, and 93% of those receiving Ryan White-funded HIV medical care were virally suppressed. This speaks to the Ryan White program's role as a critical safety net provider for people with HIV who are uninsured or underinsured. Clients benefit from client-centered care coordination and a range of supportive services, including food and nutrition services, mental health services, housing placement and short-term rental assistance, health education, and legal services, among others. The Health Department continues to work closely with our HIV Health and Human Services Planning Council of New York to set program priorities and allocate resources for Ryan White clients.

New York City is also seeing decreases in the number of older people newly diagnosed with HIV. In 2021, 273 people ages 50 years and older were newly diagnosed with HIV, down 21% since 2017 and 67% since 2001 when HIV reporting began in New York State. The sooner people with HIV are diagnosed, the sooner they can be connected to HIV care and treatment. We are encouraged that the federal government is moving towards requiring Medicare to fully cover HIV pre-exposure prophylaxis or PrEP, including long-acting injectable PrEP, and look forward to more information from them on this initiative. We also welcome the final rule issued by the federal government for Medicare to reimburse providers for Community Health Worker services, including Principal Illness Navigation services for those with HIV/AIDS, starting in January

2024. This rule will provide resources for care coordination, patient education, facilitation of social services and health system navigation for older adults with HIV.

In addition to our work to ensure more New Yorkers know their HIV status, the Health Department oversees an array of programming and services for older people with HIV. Our Building Equity: Intervening Together for Health – or BE InTo Health – initiative funds nine HIV clinics across the city to implement evidence-informed HIV care models that support communities most affected by HIV, including three clinics that specifically focus on serving Black and Latino people with HIV who are ages 50 years and older. BE InTo Health’s goals include increasing engagement and reengagement in HIV care and decreasing racial and ethnic inequities in HIV outcomes. Since BE InTo Health’s launch in 2021, funded clinics have served 267 Black and Latino people with HIV ages 50 years and older.

In April of this year, the Health Department launched a new Ryan White program for older people with HIV, which funds three New York City Health + Hospitals sites to deliver outpatient health services designed to treat the complex needs of older people with HIV. Services include medical history taking, physical examination, diagnostic testing, treatment and management of physical and behavioral health conditions, preventive care and screening, prescription management and treatment adherence, education and counseling on health and prevention issues, and referral to specialty care and other services. Providers also offer social and physical activities addressing isolation among older people with HIV. My colleague Dr. Kaplan can answer more questions about this program.

Last year, the Health Department launched our PlaySure Network 2.0, a network of 18 organizations funded to provide a comprehensive health package of HIV-related services in health care and non-health care settings using an equity-focused, one-stop shop and holistic client-centered model. PlaySure Network 2.0 providers offer universal HIV testing; PrEP and emergency post-exposure prophylaxis or PEP; immediate initiation of HIV antiretroviral treatment; sexually transmitted infection – or, STI – testing and treatment; outreach and navigation services; and mental health, substance use, and other supportive services. Several funded organizations offer programming and services designed for older people with HIV. For example, Exponents offers ARRIVE, an eight-week education and counseling program for older people with HIV who are struggling with addiction; GMHC’s Healthy Aging Project and its hub for long-term survivors offer workshops, resources, and referrals to supportive services, and GMHC’s Thriving @ 50 group for older Black and Latino people with HIV focuses on reducing social isolation, depression and stigma; and New York-Presbyterian’s Comprehensive Health Program offers a wellness program for people with HIV who are 50 years and older.

Last year, the Health Department’s Training and Technical Assistance Program launched a training for clinical, non-clinical, and social service providers on enhancing health outcomes for older people with HIV. Participants learn how these clients' unique mental and physical health needs may impact their care, treatment, and health outcomes. Participants learn about the importance of using a strengths-based, health equity approach, and how to transform HIV care

settings to better serve older clients with HIV. Since the training launched last February, we have held seven trainings attended by a total of 112 participants. The Health Department's NYC Condom Availability Program delivers condom education trainings at senior centers across the city. Since last April, we have conducted over 17 trainings at senior centers attended by a total of 544 participants.

I am happy to be here with the Department for the Aging which has a broad range of programs serving older adults with HIV. For a quick description, NYC Aging serves older New Yorkers, 60 and over, through a range of programs and services including older adult centers, case management, home-delivered meals, mental health programs, workforce development and supports, and a host of other aging services. All older adults who are physically able are welcome to attend any of the more than 300 older adult centers across the City to participate in programs and activities or receive services, including a daily congregate meal, referrals, and case assistance. Additionally, homebound older adults may be eligible to receive homebased services such as case management, home-delivered meals, homecare, friendly visiting, etc.

Before we answer your questions, I'd like to briefly discuss the legislation being heard today.

Regarding introduction 825, which relates to reporting on PrEP outreach and distribution, New York State Department of Health regularly reports on the outreach and distribution of PrEP. They purchase statewide PrEP prescription data and other HIV-related data that are uploaded to the Ending the Epidemic – or ETE – Dashboard annually. The ETE dashboard can be filtered by region and by sex, age, and race/ethnicity. Data on the number of people with PrEP prescriptions in New York City are already publicly available on the ETE Dashboard. The Health Department uses these data to inform our efforts to expand access to PrEP and increase PrEP uptake among specific groups and communities. Requiring the Health Department to report on this data would duplicate the state's efforts.

Regarding introduction 895, which relates to providing rapid testing for STIs in all boroughs, the Health Department has concerns related to the logistics and feasibility of the proposed legislation as written. The Health Department operates Sexual Health Clinics across the city, all of which offer rapid HIV testing. Two clinics, Chelsea and Fort Greene, offer Quickie Express visits for rapid STI testing for people without symptoms, with most HIV, chlamydia, and gonorrhea test results within hours. We are able to process the chlamydia and gonorrhea tests through the use of a special specimen testing machine located on site; these machines are large, stationary, and require specific infrastructure to operate. Other clinics also offer rapid HIV testing and screening and testing for STIs, with immediate treatment initiation if indicated. In addition, we partner with approximately 70 organizations located in all five boroughs to deliver free HIV self-tests directly to New Yorkers at home. And, as I mentioned earlier, the Health Department funds numerous organizations across the City to offer routine STI and HIV testing, including rapid HIV testing, in clinical and nonclinical settings. The Department distributes resources and supports services based on need, taking into account a variety of factors including surveillance data, care access, and equity concerns. Neighborhoods and communities with the highest burden of STIs can

change quickly. Additionally, burden of different STIs can vary by population within neighborhoods, at times requiring targeted approaches by gender, race and ethnicity, age group, and geography. Given the constraints around the method of testing, and the infrastructure needed to perform these tests, we do not support this legislation.

Introduction 620 relates to mpox education and prevention efforts and an infectious disease vaccine scheduling portal. The Health Department has incorporated mpox prevention activities into our routine sexual health programming. This includes provider education, assisting providers with mpox vaccination, and partner and community outreach, including during Pride events. The Health Department provides a list of mpox vaccination sites on the City's vaccinefinder.nyc.gov website, which includes links to the various sites for scheduling and other information. The infectious disease vaccine scheduling portal described in the legislation would take a substantial amount of time and resources considering the lack of standardization across healthcare provider platforms. We are pleased to report that the number of mpox cases in New York City has remained low in 2023 with just 22 cases from October 8 through November 4, 2023, and a total of 133 cases since January 1, 2023. In our view, existing vaccine information and resources are effective and meet the current level of need.

The Health Department remains committed to providing comprehensive services and support to older adults living with HIV, and we are happy to discuss with the Council how we can best support the intention of the proposed legislation. Thank you for the opportunity to be here today to address this important topic. We look forward to answering your questions.