

SUMMARY OF RECOMMENDATIONS

White Paper: Policies for Expanding Hepatitis C Testing and Treatment in United States Prisons and Jails

Learning from Civil Rights Lawsuits: A White Paper Series from the Civil Rights Litigation Clearinghouse

By: Tessa Bialek, Managing Attorney, Civil Rights Litigation Clearinghouse & Dr. Matthew J. Akiyama, M.D.,
Associate Professor Department of Medicine, Divisions of General Internal Medicine and Infectious Disease,
Montefiore Medical Center and Albert Einstein College of Medicine

White Paper and Project Materials Available Here: <https://clearinghouse.net/policy/1/22>.

Hepatitis C virus (HCV) is highly prevalent in United States prisons and jails, where rates of infection are 10 to 20 times greater than national levels and where more than 30% of all people living with HCV in the United States will spend time in any given year. Rates are especially high among people who inject drugs (PWID), a population whose members are also likely to move between correctional settings and the community. Addressing HCV among incarcerated populations could therefore have a significant effect on transmission of the virus both inside and outside of confinement. Safe and effective HCV treatment is now possible with direct acting antivirals (DAAs), but access in confinement remains limited. Widespread HCV testing and DAA treatment in prisons, and widespread testing and treatment or linkage to community care in jails, would align with existing medical guidance and ensure compliance with federal law, and is an essential public health approach. But testing and treatment in confinement lags behind medical guidance and public health recommendations.

People incarcerated in prisons and detained in jails are entitled to adequate health care, and the U.S. Constitution prohibits deliberate indifference to their serious medical needs. In recent years, lawsuits filed by incarcerated people with HCV have alleged violations of federal law for failure to provide DAA treatment. Although litigation results have been mixed, settlement agreements in states across the country have expanded HCV testing and broadened access to DAA treatment. These settlement agreements reflect a growing understanding that widespread testing and treatment is cost effective, avoids the harmful health consequences of disease progression, and meaningfully reduces community transmission.

This white paper first describes the HCV epidemic in United States prisons and jails, the recent sea change in treatment protocols, and relevant clinical guidance and public health recommendations. Next, it summarizes the legal landscape and describes judicial decisions and settlement agreements in lawsuits addressing DAA access. Finally, the paper offers model policies to support prisons and jails in scaling up testing and DAA treatment and promoting successful outcomes for people with HCV in their custody.

Policy recommendations include:

1. Universal Opt-Out HCV Testing

- One-time screening for all and annually thereafter if ongoing risk factors;

- Offer at intake and/or first clinical evaluation, and at as many medical contact points as possible;
- Use opt-out language and strategies;
- Perform reflex testing whenever possible;
- Promptly deliver results and information about HCV and next steps.

2. Medical Evaluation and Consultation

- Provide information about HCV risk factors and treatment options;
- Medical evaluation should be comprehensive, but extensive testing is not required before starting treatment. Essential pre-treatment workup includes:
 - i. Counseling on the importance of adherence to treatment regimen;
 - ii. Assessment of drug-drug interactions;
 - iii. Preventative care including vaccination;
- Accompany evaluation with substance use treatment and support when appropriate.

3. Near-Universal DAA Treatment at All Stages of Disease

- Offer DAA treatment as promptly as practicable, regardless of disease stage, and ideally within 12 weeks of diagnosis;
- Near universal eligibility for DAA treatment, ineligibility for medical reasons only (e.g. life expectancy less than 18 months);
- Promote continuity of care in case of incarceration, transfer, or release while on treatment, including for confirmation-of-cure purposes;
- Undertake all practicable measures to link to community care people released before starting or finishing treatment.

4. Additional Recommendations to Support Successful Outcomes

- Provide education about HCV signs and symptoms, risk factors, modes of transmission, prevention, screening, and treatment;
- Maintain records related to HCV testing and treatment;
- Ensure sufficient staff to support scale-up of testing and treatment programs and provide relevant training;
- Update guidance and protocols regularly in line with recommendations of nationally recognized authorities.

Read the full white paper at <https://clearinghouse.net/resource/3872/>.