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Health Care Advocate Update on Hepatitis C Corrections Issues

Joint Legislative Justice Oversight Committee

September 20, 2018

Background

Hepatitis C virus (HCV) is a serious medical condition that can cause liver disease, liver failure, liver cancer, and death. HCV can also cause and worsen medical conditions outside the liver. HCV is an infectious disease that is curable with safe, effective medications. These medications are covered by Medicaid, Medicare, and commercial insurance plans. Widely accepted national treatment guidelines¹ recommend treatment for nearly all patients with HCV. Curing people's HCV improves their health and life expectancy and also prevents other people from becoming infected. HCV infection disproportionately affects individuals in correctional institutions, most of whom will re-enter the community.

Timeline

In 2017, the Department of Vermont Health Access (DVHA) began removing Medicaid Hepatitis C Virus (HCV) treatment restrictions to better align with the national treatment standards.

- Agency of Human Services leadership stated that any changes made by DVHA would also be implemented by the Department of Corrections (DOC).

Effective January 1, 2018 DVHA removed all remaining HCV treatment restrictions for Medicaid.

- Medicaid allows treatment for all people with HCV regardless of disease stage, substance use, or substance use history.

In early 2018 the Health Care Advocate (HCA) asked DVHA and DOC for information about implementation of these HCV treatment changes. We learned the following:

- In 2017, DOC treated 1 person for HCV, out of 258 people in custody with HCV.
- As of June 2018, DOC had not treated anybody for HCV who had early stage liver disease.

The HCA also requested information about spending by DOC and Centurion on pharmaceuticals and off-site services, the areas we believe include most of the resources for HCV treatment.

- In 2017, the state paid Centurion \$2,719,719 for pharmaceuticals of which Centurion spent \$1,785,926. DOC did not answer our request for information about the remaining \$933,793.
- In 2017, the state paid Centurion \$2,113,727 for off-site medical services of which Centurion spent \$833,203. DOC did not answer our request for information about the remaining \$1,280,524.

¹American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA). *HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. When and in Whom to Initiate HCV Therapy.* <https://www.hcvguidelines.org/evaluate/when-whom>

Goal of Treatment

RECOMMENDED	RATING
<p>The goal of treatment of HCV-infected persons is to reduce all-cause mortality and liver-related health adverse consequences, including end-stage liver disease and hepatocellular carcinoma, by the achievement of virologic cure as evidenced by a sustained virologic response.</p>	<p>I, A</p>

Recommendation for When and in Whom to Initiate Treatment

RECOMMENDED	RATING
<p>Treatment is recommended for all patients with chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy. Patients with a short life expectancy owing to liver disease should be managed in consultation with an expert.</p>	<p>I, A</p>

HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C

American Association for the Study of Liver Diseases (AASLD)
Infectious Diseases Society of America (IDSA)

HCV Testing and Treatment in Correctional Settings

Excerpts from <https://www.hcvguidelines.org/unique-populations/correctional>

Increased HCV Testing and Treatment in Correctional Institutions Will Aid HCV Elimination

Given the high prevalence of HCV among persons in the US correctional system, the success of the national HCV elimination effort will depend on identifying chronically infected individuals in jails and prisons, linking these persons to medical care for management, and providing access to antiviral treatment ([NAS, 2017](#)). Diagnosis of chronic HCV in correctional settings followed by linkage to care and successful antiviral treatment can ultimately reduce the risk of liver-related and extrahepatic complications, and has the potential to decrease HCV transmission in correctional facilities and the community after release ([van der Meer, 2012](#)); ([Harris, 2016](#)); ([He, 2016](#)).

HCV Direct-Acting Antiviral (DAA) Treatment in Prisons

HCV DAA therapy for chronic HCV is now logistically feasible within the prison setting and would aid the HCV elimination effort ([Spaulding, 2013](#)). The availability of all-oral DAA regimens that commonly require no more than 12 weeks of therapy and cause few adverse effects overcomes many of the logistical challenges associated with interferon-based HCV treatment ([Spaulding, 2013](#)). Directly observed therapy is the norm in prison settings, and the risk of drug diversion is low. Returning inmates to their communities cured of chronic HCV would be an invaluable step toward HCV elimination. In addition to these clinical benefits, treating chronic HCV in incarcerated persons is cost-effective. A recent analysis found that sofosbuvir-based treatment for HCV genotype 1 mono-infection met the benchmark for cost-effectiveness in terms of the benefits gained ([Liu, 2014](#)).