

VERMONT LEGAL AID, INC.

OFFICE OF THE HEALTH CARE ADVOCATE

264 NORTH WINOOSKI AVE.
BURLINGTON, VERMONT 05401
(800) 917-7787 (TOLL FREE HOTLINE)
(802) 863-7152 (FAX)

OFFICES:

BURLINGTON
RUTLAND
ST. JOHNSBURY

OFFICES:

MONTPELIER
SPRINGFIELD

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To Chair Emmons and Members of the Joint Legislative Justice Oversight Committee:

The Office of the Health Care Advocate continues to have serious concerns about failure of the Vermont Department of Corrections (DOC) to treat people in its custody for hepatitis C. DOC is required by Vermont statute to provide medical treatment using the prevailing medical standard.¹ The prevailing medical standard for treatment of chronic hepatitis C is curative medication for everyone, with very few exceptions. Widely accepted national treatment guidelines recommend treatment for everyone regardless of disease stage.² In Vermont, there are no fibrosis or other disease stage restrictions on treatment for hepatitis C in the community. Medicaid, Medicare, and commercial insurers cover the medication regardless of disease stage. Early treatment of this curable, deadly, infectious disease prevents irreversible liver damage and other health issues and stops others from becoming infected.

Representatives of DOC have repeatedly stated that the department follows the community standard for hepatitis C treatment, yet they continue to describe disease stage requirements and other restrictions that remain in place. DOC and Centurion have given no indication that they plan to remove these restrictions. As long as the restrictions are in place, DOC is not following the prevailing medical standard or providing care comparable to that available in the community. DOC and Centurion are well aware of the national guidelines and the Vermont community standard for treatment of hepatitis C. While they are beginning to take steps to treat more than the single person they treated for hepatitis C in 2017, numerous Vermonters in custody continue to be denied access to lifesaving treatment.

Disease stage restrictions have been used historically to ration treatment for hepatitis C. This kind of rationing saves money in the immediate term while sacrificing people's health, ensuring high long-term health care costs, and causing additional infections. There is no medical basis for restricting treatment based on disease stage. Furthermore, the disease stage screening tools used by DOC currently (FIB-4) and in the past (APRI) are not accurate enough to rule out serious liver damage.³

This kind of rationing clearly shows the danger of using a capitated and supposedly "value-based" payment methodology to pay a private for-profit corporation for the care of an extremely vulnerable population. This model appears to have insufficient accountability for the money paid by the state to Centurion and for the care provided to Vermonters in DOC custody. We have serious concerns about the use of a capitated payment system in the DOC context and strongly suggest that DOC move to a different model for care of its population.

We urge the committee to ensure that people with hepatitis C in custody of Vermont's Department of Corrections receive the health care services that they need. We would be happy to discuss our concerns with you in more detail. Thank you for taking the time to consider this important issue.

Sincerely,

Mike Fisher, Chief Health Care Advocate

¹ 28 V.S.A. §801(a) The Department shall provide health care for inmates in accordance with the prevailing medical standards.

²American 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>

³ "Neither [APRI nor FIB-4] is sensitive enough to rule out substantial fibrosis." AASLD/IDSA, *When and in Whom to Initiate HCV Therapy.*