

# TESTING AND TREATING PRISONERS FOR HEPATITIS C



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**Carl was in and out of the Connecticut prison system for years, struggling to retake control of his life and overcome his addiction to heroin.**

One day, while being screened to work as a food handler in one facility, Carl made a startling discovery: He had hepatitis C. In fact, his liver was already severely damaged.

Fortunately, Carl was able to complete a 12-week course of direct-acting antiviral treatments within prison that cured him of the virus. Before release, he also opted for treatment with buprenorphine, an effective medication that treats opioid addiction, to guard against a potential heroin relapse, overdose and re-infection. Carl has remained out of prison, has not relapsed and remains on buprenorphine. Most importantly, he is cured of hepatitis C.

Like Carl, many of the 2.7-3.9 million Americans with hepatitis C do not show clinical symptoms until the disease is far advanced. More than half of them have not yet been diagnosed, making screening a first and crucial step toward widespread treatment.<sup>1</sup>

But unlike Carl, some of these people cannot access curative treatment. Prisoners in particular face numerous challenges, including unavailability of medications on prison formularies, insufficient screening methods and guidelines that limit treatment.

The prison system presents an opportunity to treat and cure potential transmitters of the disease, thereby improving individual health and benefitting the larger community by reducing the spread of the disease to others. Yet, treatment costs strain government budgets. Moreover, while treating prisoners would benefit both individual patients and society at large, the idea often proves unpopular among the general public.

Thus, protecting public health and providing the care that prisoners with hepatitis C need poses significant challenges for policymakers.

## HEPATITIS C IN U.S. PRISONS

**Approximately 12 million people, 3.4 percent of the U.S. population, transition through prisons and jails each year.<sup>2</sup>**

Prisons and jails concentrate individuals with diseases like hepatitis C infection due to policies that foster incarceration of people with substance use disorders and mental illness—the people most at risk for hepatitis C. Prisons and jails, however, differ in terms of their dynamics and oversight, and they present different opportunities for screening and treatment.



### CITY AND COUNTY JAILS

Approximately 630,000 detainees are in 3,163 city and county jails, usually run by local sheriffs. These jails house inmates for only short periods; they are the most transitory segment of the criminal justice system. Jails are often viewed as optimal settings to screen for diseases.



### STATE PRISONS

Another 1.3 million are in state prisons, which are ultimately supervised by the state governors. Though this is the largest segment of the system, it's divided among the 50 states and various territories.



### FEDERAL BUREAU OF PRISONS

An additional 197,000 are in the Federal Bureau of Prisons. These facilities are run by the federal government, and have uniform, predictable rules.

Nearly one in five Americans with hepatitis C spends some time behind bars each year. The Centers for Disease Control and Prevention translates that to mean that more than three-quarters of a million

people with hepatitis C interface with a prison or jail.<sup>3</sup> Among these, however, only about half of those with the virus even know they're infected.

# BENEFITS TO TESTING AND TREATING INMATES

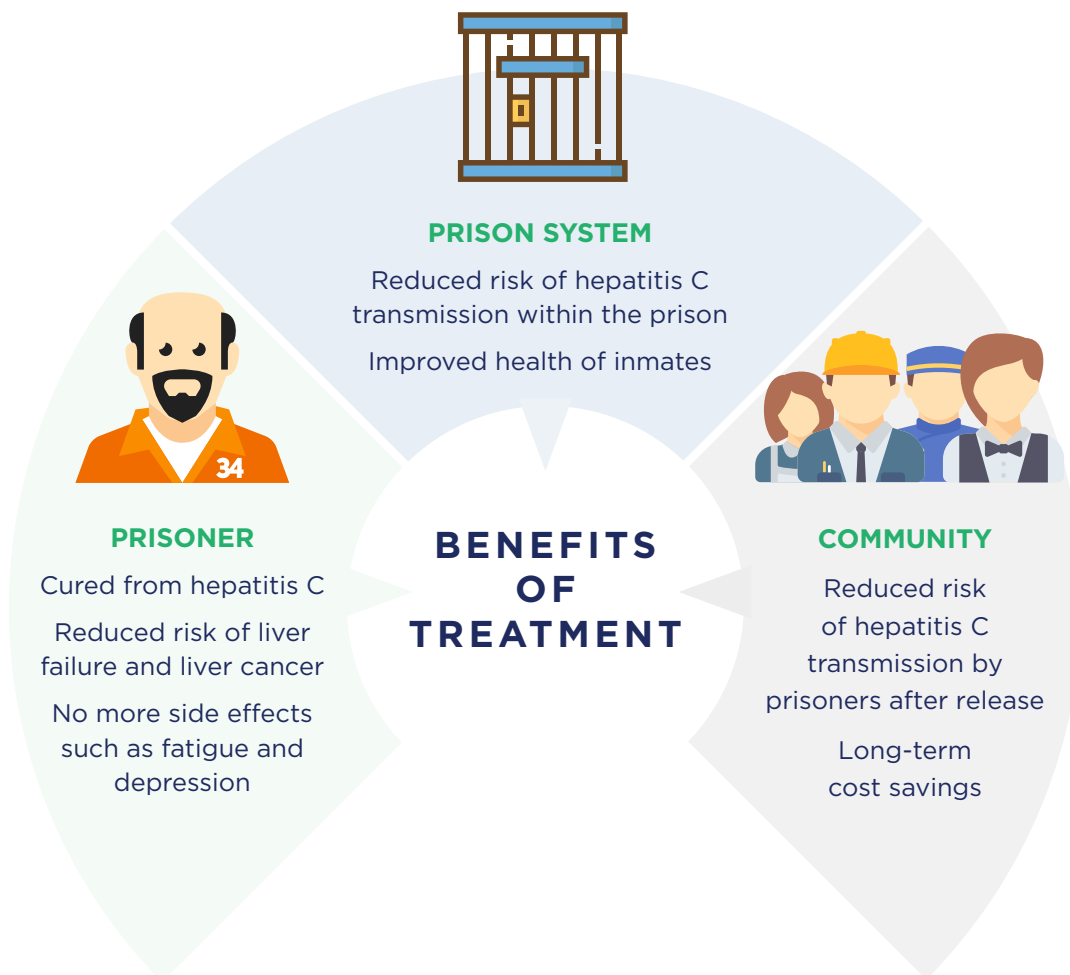
With straightforward testing and effective, tolerable treatment now available, medical professionals could easily identify prisoners with hepatitis C and treat them while they're incarcerated. Curative treatment can stop the progressive disease, which may otherwise lead to liver cancer, liver failure, expensive liver transplantation and even death. It can also eliminate burdensome side effects, such as fatigue and depression.

Given that patients can be cured in just eight to 12 weeks, and that individuals with hepatitis C are concentrated in prison settings, even brief periods of incarceration present an opportunity to improve individual and public health. Moreover, research indicates that the period of incarceration is a crucial time to initiate health-promoting behaviors that can continue after prisoners' release.<sup>4</sup> Jails may not be optimal for completing treatment due to the brevity

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of most inmates' stay. They could, however, allow for testing to identify patients who would benefit from treatment after release.

Curing hepatitis C before prisoners are released would be an effective public health strategy, limiting the spread of the disease both within the prison walls and throughout the wider community. No prison system, however, yet tests and treats prisoners at the level that's needed. In fact, less than 1 percent of prisoners known to have hepatitis C are receiving any form of treatment.<sup>5</sup>



## BARRIERS TO TESTING AND TREATING INMATES

Unlike other Americans, prisoners have a constitutional right to health care. According to the U.S. Supreme Court's landmark *Estelle v. Gamble* decision, prisons are legally responsible for treating inmates' health conditions.

The Supreme Court's decision means that inmates must receive the community standard of care. Yet, despite the immense benefit of testing and treating a person with hepatitis C, state governments worry about having the budget to treat all prisoners with the disease. They also face the potential for public controversy; they must justify for constituents why limited funds are spent on medical care for prisoners rather than on more broadly popular projects, such as schools and infrastructure. In addition, many states believe they would struggle to complete testing and treatment due to prison medical personnel who lack expertise in treating hepatitis C.

These concerns ignore certain realities. First, new treatments are neither burdensome nor complicated. Second, nearly all prisoners return to their communities and, in the absence of diagnosis and treatment, may unknowingly transmit disease to others and experience deteriorated health.

Still, few prison systems are inclined to test patients for hepatitis C and thereby legally obligate themselves to treat it. For as long as both patient and doctor remain in the dark about a patient's hepatitis C status, the prison system is free from an obligation to treat that patient. The approach has forced several prisoners to take to the court system to get the treatment they need.<sup>6-7</sup>

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## ADDRESSING FUNDING CHALLENGES

### COST AND VALUE OF TREATMENT

Granted, states already spend a considerable amount of money on health care for prisoners. A 2014 report from the Pew Charitable Trusts and the MacArthur Foundation found that states spent nearly \$8 billion on health care for prisoners in 2011, the most recent year for which numbers were available. That's about a fifth of the total spending on the entire prison system.<sup>6</sup>

Screening and treating prisoners with hepatitis C would be an expensive, albeit worthwhile, addition to these systems' budgets. Cures can cost tens of thousands of dollars. Market forces are driving costs down quickly, though.

The move could also save money over the long term. According to a 2016 study, enhanced hepatitis C screening of prisoners could prevent 5,500-12,7000 new infections. The authors in this study, published in the *Annals of Internal Medicine*, projected that aggressively treating hepatitis C in prisons could save as much as \$750 million over the next 30 years by preventing liver damage, cirrhosis and cancer.<sup>7</sup> This would benefit society and, policymakers should note, eventually lighten the financial impact of hepatitis C care on strained budgets.<sup>8</sup>

### FINDING SOLUTIONS

Whether by restructuring state health care costs, shifting spending priorities or working with pharmaceutical companies to determine a manageable price for treatment, policymakers must work strategically toward a solution.

The introduction of curative treatments marked a watershed moment for patients and health care providers treating hepatitis C. Now we must maximize the value of these treatments in a way that meets patients' needs, satisfies legal protections for prisoners and protects the long-term public health.

## CONCLUSIONS

- » Approximately one in five Americans infected with hepatitis C spend time in the prison system each year, where they could be tested and treated.
- » The concentration of hepatitis C in prisoners and the structured setting of prison offers opportunities to effectively diagnose and treat infected prisoners, which would benefit both individual and public health.
- » Treating hepatitis C is expensive, but the cost is declining as market forces drive down the price of treatment.
- » Price negotiation and restructuring state health care costs could help to make widespread treatment feasible despite thinly stretched government budgets.
- » **Treating prisoners could be a major public health advance, protecting the general population by limiting transmission and moving toward eliminating a disease that kills more than 19,000 Americans each year.**

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