



POLICY TITLE: MANAGEMENT AND TREATMENT OF HEPATITIS C		PAGE 1 OF 6
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CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS	PROFESSIONAL STANDARDS:
	Approved by Commissioner: 	See Section VIII
EFFECTIVE DATE: March 16, 2021	LATEST REVISION:	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department to manage and treat Hepatitis C (HCV) in the prisoner population.

IV. DEFINITIONS

1. Hepatitis C - a liver disease caused by the Hepatitis C virus (HCV), which is transmitted by blood-to-blood contact between infected and non-infected persons. HCV is not currently vaccine-preventable.
2. Clinical practice guideline - systematically developed, science-based statement designed to assist a medical provider and the prisoner with decisions about appropriate health care for specific clinical circumstances.
3. Facility medical providers - physicians, physician assistants, and nurse practitioners.
4. Opt out – an informed refusal of offered testing. After informing a prisoner of the indications and plans for testing, it is ordered and performed, unless the prisoner declines it.
5. Priority level scale – a scale by which prisoners infected with chronic HCV are assigned to one of three priority levels based on clinical criteria in accordance with current clinical practice guidelines.

V. CONTENTS

- Procedure A: Hepatitis C, General
- Procedure B: New Admission Hepatitis C Screening and Testing
- Procedure C: Post-Admission Hepatitis C Testing
- Procedure D: Hepatitis C Treatment

VI. ATTACHMENTS

None

VII. PROCEDURES

Procedure A: Hepatitis C, General

1. The Commissioner, or designee, shall ensure that this policy is approved and followed by the Department’s contracted health care provider and reviewed on an annual basis by the Department’s Regional Medical Director, or designee, as set out in Department Policy 18.1, Governance and Administration.
2. In determining treatment for prisoners with Hepatitis C (HCV), facility medical providers shall utilize current clinical practice guidelines, which shall be based upon current guidelines for treatment of persons with HCV as established by nationally recognized organizations, e.g., the American Association for the Study of Liver Disease (AASLD), Infectious Disease Society of America (ISDA), and other recognized organizations. Only accepted Federal Drug Administration (FDA) treatments shall be utilized, to include Direct Acting Antivirals (DAAs) or other new treatments as they become available.
3. The Health Service Administrator (HSA), or designee, at each reception facility shall ensure that a Department approved HCV education curriculum is provided by facility health care staff to all newly admitted prisoners during the intake and orientation process. The education, at a minimum, shall explain:
 - a. that the Department tests each newly admitted prisoner for HCV unless the prisoner opts out of such testing;
 - b. risk factors for HCV infection;
 - c. modes of transmission of HCV; and
 - d. the course of treatment of the disease.
4. The Health Service Administrator (HSA), or designee, at each facility shall ensure that HCV education is provided to all prisoners. The education, at a minimum, shall explain:
 - a. that a prisoner may request testing for HCV by using the sick call slip process as set out in Department Policy (AF) 18.3, Access to Health Care Services;
 - b. risk factors for Hepatitis C (HCV) infection;

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- c. modes of transmission of HCV; and
 - d. the course of treatment of the disease.
5. The Department's contracted health care provider shall develop a protocol for the treatment of prisoners who have HCV.

Procedure B: New Admission Hepatitis C Screening and Testing

1. The admission health screening required by Department Policy 18.4 (AF), Health Screening and Assessment shall include screening every newly admitted prisoner for HCV.
2. A facility medical provider shall offer testing for HCV to every newly admitted prisoner at the physical health assessment required by Department Policy 18.4 (AF), Health Screening and Assessment.
3. If the prisoner does not opt out of the testing, it shall be scheduled by facility health care staff.
4. A prisoner who tests positive for HCV shall be referred to a facility medical provider for a discussion as set out in Procedure D below.
5. If a prisoner opts out of the testing, the prisoner shall be asked to sign a Refusal of Treatment form as set out in Policy 18.3 (AF) Access to Health Care Services (Attachment E). If the prisoner refuses to sign the form, health care staff shall document on the form and in the progress notes in the prisoner's electronic health care record that the prisoner refuses testing and refuses to sign the Refusal of Treatment form.
6. A prisoner who refuses the new admission HCV testing shall be informed that he or she may request testing at any time by using the sick call process as set out in Department Policy (AF) 18.3, Access to Health Care Services.

Procedure C: Post-Admission Hepatitis C Testing

1. Every prisoner who has not been tested for HCV during the prisoner's current incarceration shall be counseled about and offered HCV testing during his or her annual physical health assessment if the provider determines that it is medically appropriate and at any other time a facility medical provider determines that it is medically appropriate. This shall be documented by the provider in the prisoner's electronic health care record.
2. A prisoner who has not been tested for HCV during the prisoner's current incarceration shall be referred to facility health care staff to schedule HCV testing:
 - a. if the prisoner uses the sick call process as set out in Department Policy (AF) 18.3, Access to Health Care Services, to request testing, unless after consultation with a facility medical provider the prisoner opts out of the testing; or

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- b. if offered Hepatitis C (HCV) testing during his or her annual physical assessment, unless the prisoner opts out of the testing; or
 - c. at any other time that a facility medical provider offers the testing, unless the prisoner opts out of the testing.
3. In the case of a prisoner who has been previously tested for HCV with a negative result, a facility medical provider may offer another test if one or more risk factors for HCV infection have occurred since the last test or for any other reason the provider determines appropriate.

Procedure D: Hepatitis C Treatment

1. A prisoner newly admitted to the Department who it is confirmed is already receiving medication treatment for HCV shall be maintained on the prescribed medication and enrolled into chronic care for HCV at admission unless a facility medical provider determines it is medically necessary to discontinue or change the treatment or the prisoner refuses continued treatment.
2. If any prisoner tests positive for HCV, a facility medical provider:
 - a. shall meet with the prisoner to review and discuss the results; and
 - b. shall discuss with the prisoner the natural history of the infection; additional testing that might be necessary; criteria for treatment as applicable; benefits and risks of potential treatment options, including potential side effects and length of treatment; and specific measures to prevent the transmission of HCV infection to others (both during incarceration and upon release to the community).
3. If the prisoner does not consent to treatment, the prisoner shall be asked to sign a Refusal of Treatment form (see Department Policy (AF) 18.3, Access to Health Care Services, Attachment E). If the prisoner refuses to sign the form, health care staff shall document on the form and in the progress notes in the prisoner's electronic health care record that the prisoner refuses treatment and refuses to sign the Refusal of Treatment form.
4. A prisoner who refuses treatment shall be informed that he or she may request treatment at any time by using the sick call process as set out in Department Policy (AF) 18.3, Access to Health Care Services.
5. If the prisoner consents to treatment:
 - a. the prisoner shall be enrolled into chronic care for HCV for regular visits and follow-up with a facility medical provider; and
 - b. if applicable, a treatment plan shall be established and implemented as set out below.
6. A prisoner diagnosed with chronic HCV shall be provided medication treatment when the following criteria have been met:

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- a. the prisoner meets the current clinical practice guidelines for eligibility for treatment (e.g., not contraindicated or having significant drug interactions that cannot be mitigated; not pregnant; life expectancy of more than eighteen (18) months; and willingness and ability to follow the treatment regimen);
 - b. treatment is determined medically appropriate by a facility medical provider; and does not pose a health risk to the prisoner;
 - c. there is enough time remaining prior to the prisoner's earliest release date and after completion of any necessary pre-treatment testing to complete treatment.
7. Evidence of current illegal intravenous drug use shall not be an automatic exclusion from treatment. A prisoner with such drug use shall be evaluated on a case-by-case basis for Hepatitis C (HCV) treatment and referred for evaluation and treatment for substance use disorder.
 8. A facility medical provider shall determine for each prisoner for whom treatment will be provided the priority level for beginning treatment by utilizing current clinical practice guidelines.
 9. Regardless of if the prisoner meets the above criteria, every prisoner diagnosed with HCV after initial testing shall be assigned a preliminary priority level based upon the initial testing as soon as possible.
 10. Additional testing shall be conducted to determine if the preliminary priority level shall remain the same or be changed. A priority level may be changed as a result of additional testing.
 11. The provider shall inform the prisoner of the assigned priority level and the corresponding treatment schedule, including any change in priority level and schedule.
 12. Schedules for beginning medication treatment if the prisoner meets the criteria set out above are as follows:
 - a. Priority Level 1 - shall begin treatment by July 31, 2021 or within 6 months of assignment of the priority level, whichever is later;
 - b. Priority Level 2 - shall begin treatment by July 31, 2021 or within 9 months of assignment of the priority level, whichever is later;
 - c. Priority Level 3 - if assigned to the priority level prior to January 7, 2020, shall begin treatment no later than December 31, 2024; if assigned to the priority level on or after January 7, 2020, shall begin treatment by January 1, 2026 or within 12 months of assignment of the priority level, whichever is later.

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13. A facility medical provider shall, on at least a semiannual basis, review whether each prisoner with HCV who has been determined not to meet the above criteria for medication treatment should be scheduled for treatment.

VIII. PROFESSIONAL STANDARDS

None

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