

Accessing ARVs in Oregon County Jails

Introduction:

Medications for HIV must be taken correctly 95% of the time to be effective and reduce the risk of viral resistance. Oregon Administrative Rule 169.150(a) states local and regional correctional facilities are required to provide “necessary medical care” regardless of the person’s ability to pay. This leaves Oregon jails fully responsible for the cost of HIV medications, most of which cost over \$1500 per month.

Although data is limited on how many HIV + individuals are incarcerated, 3% of the approximately 3,000 CAREAssist (Oregon’s AIDS Drug Assistance Program) clients reported spending time in jail in the past year. The HIV Care and Treatment Program (and Ryan White Part B grantee), of the Oregon Health Authority occasionally receives anecdotal reports from providers about clients who experience interruption of anti-retroviral (ARV) therapy while in a county jail. Thus, a survey was conducted to investigate how often this happens and why treatment interruptions occur.

Methods: In October 2013, providers in the HIV/STD/VH continuum of care were invited by email to participate in a survey. Responses were collected using Survey Monkey.

Findings: There were 26 responses to the survey. The majority of respondents were HIV case managers (65%). 64% (n=16) reported they had an HIV + client who was in a county jail in the past year (Figure 1). Of these, nearly all (93%) said the person was on ARVs when incarcerated (Figure 2) and two-thirds reported client difficulty in obtaining needed HIV medication (Figure 3). That is, **38% (n=10) of respondents stated their client had difficulty obtaining HIV medications while in a county jail.**

Figure 1

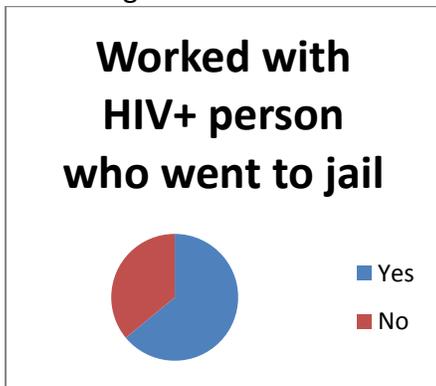


Figure 2

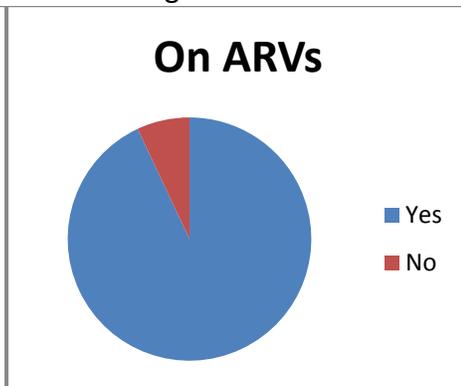
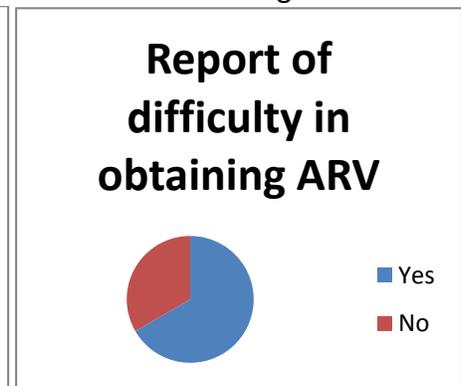


Figure 3



In circumstances where there was report of an interruption, there were two common explanations:

- In about half of the responses, the jail obtained the appropriate medication. ARVs are not typically in stock, and it can take 1 to 7 days to get the medication ordered and shipped.
- In half of responses, the jail relied on outside supports to provide the medication. Family members or case managers were asked to bring in the client's medication. The CAREAssist pharmacy network also assisted when notified.
- In one response, there was report of significant delay, possibly several weeks despite inmate request.

Limitations: There are several limitations to acknowledge. First, the respondent rate was quite low, and findings may or may not be representative. Providers were not asked about the number of persons they had worked with; even 1 client in jail met inclusion criteria. Furthermore, invitations were only sent to providers working outside of the jail setting and do not reflect the perspectives of staff working inside correctional settings. Findings are based on self-report of client and helping provider.

Conclusion: There are several initial conclusions that can be drawn from this study.

- It is likely some PLWH experience interruption in ARV therapy when in jail. While the intention of most jails seems to be to the timely provision of ARVs, delays are occurring.
- There is a lack of clear definition for “necessary medical care” as it relates to administrative rule for county jails. For example, is it legal and/or acceptable for a jail to rely on outside family support to provide medications? Is it legal and/or acceptable for a delay in medication if the intention to provide medication is being met? If yes, what is the legal and/or acceptable amount of delay, and does it vary based on type of medication or treatment?
- Confusion around policies may exist. Some qualitative responses indicated correctional staff did not understand they were legally responsible for providing medical care. For example:

“This was a client in XX county jail. The client called to say he was not getting meds. We contacted the jail, and they said they had an agreement that the client's county of residence would provide the meds. Apparently they have an agreement with a neighboring county to house but not provide medical care to their residents. I clarified this with them and let them know we could not pay for the meds, I reminded them of the importance of the meds and stated we expected as an inmate they were responsible for his medical care. He did then receive meds a few days later.”

- There also seems to be a lack of knowledge regarding the services of CAREAssist. Per federal mandate, Ryan White funds must be used as the payer of last resort. Although CAREAssist receives funding from Ryan White, there are policy exceptions when it comes to the provision of services for incarcerated clients. **For current CAREAssist clients who become incarcerated in a county jail, CAREAssist will provide up to 90 days worth of medication, so long as the jail states that they are unable to provide the medication and they are able to work with the CAREAssist pharmacy system.**