



Minding the Gap

Accessing Antiretroviral Therapy

Medications for HIV must be taken correctly 95% of the time to be effective and reduce the risk of viral resistance. Although data is limited on how many HIV + individuals are incarcerated in Oregon, 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 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.

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.

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. Of these, nearly all (93%) said the person was on ARVs when incarcerated and **two-thirds reported client difficulty in obtaining needed HIV medication.**

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.

There are several observations 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 seems to be a need for clearer definition for "necessary medical care" as it relates to administrative rule for county jails.
- Confusion around policies may exist. Some qualitative responses indicated correctional staff did not understand they were legally responsible for providing medical care.
- 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

ARVs cont.

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.**

Report of difficulty in obtaining ARV



Health Care Reform is here!

The Affordable Care Act is finally being implemented, providing huge benefits to Oregonians who have previously been uninsured..

- Almost all Oregonians who are under 138% of the Federal Poverty Level (FPL) or approximately less than \$1,316 per month are now eligible for the Oregon Health Plan (OHP) or Medicaid.
- Incarceration, even for one night, is considered a qualifying event for obtaining insurance outside of open enrollment.
- OHP does not have an open enrollment period. Eligible individuals can apply at anytime.
- Individuals who do not obtain health insurance in 2014 may face a penalty or fine (up to \$95 in 2015) for not having insurance.
- By law, all types of health insurance must provide essential health benefits, including preventive care, and treatment for mental health and substance abuse.

- [Cover Oregon](#) is the front door for applying for health insurance in Oregon. Applications to OHP or another Qualifying Health Plan can be submitted via Cover Oregon.
- There is free help available for applying for insurance. [Contact a local Cover Oregon assister](#) to help enroll uninsured individuals in your facility.
- We strongly recommend referring any uninsured persons in your facility to Cover Oregon upon release. Providing access to medical insurance and medical care may reduce the chance they ever visit your facility again.

ACA Related Resources

- [Cover Oregon](#)
- [Oregon Health Plan \(Oregon's Medicaid\)](#)
- [Coordinated Care Organizations](#)

Contact us!

- TB:** Heidi Behm 971-673-0169
- HIV Prevention:** Larry Hill 971-673-0162
- HIV Care:** Christy Hudson 971-673-0159
- Hepatitis:** Jude Leahy 971-673-1130