**State Correctional Policies for Treating Hepatitis C**

Hepatitis C, an infectious disease, causing across the United States, it is estimated, 19,659 deaths in 2014. A disproportionate number of incarcerated persons have it, about 1 in 3, according to the Centers for Disease Control and Prevention. New medications have proven to cure 90% of those infected and cut treatment time considerably. Prior medications were only 65% effective and required a year of treatment. If all inmates were treated, the chances of it spreading outside of prisons and jails would significantly improve the health of the nation, but the new medications are costly, ranging from $54,000 to $94,000 a person for the usual 12-week course of treatment needed.

To save monies, many departments of corrections, like Pennsylvania’s limit treatment to those at an advanced staged of the disease, those at high risk of developing liver problems who also have low blood-platelet levels. As elsewhere, the Pennsylvania DOC limits have been challenged in court by those denied treatment. Last March, Pennsylvania correctional officials responded in court filings that treating the estimated 7,000 inmates with Hepatitis C would cost $600 million, effectively crippling the Department “from a budgetary standpoint.” Similarly, Alaskan prison officials report that almost 40% of its inmates are infected. Treating them all would require three times more than its entire current budget for prison health care.

Across the county, the California Department of Corrections and Rehabilitation spent $66 million in the fiscal year ending last June 30 for Hepatitis C treatment, $19 million more than the year before.

The federal Bureau of Prisons also rations its treatment for Hepatitis C. However, civil libertarians and health care professionals decry such rationing. An infectious disease specialist at Massachusetts General Hospital is quoted in the Wall Street Journal, “We would never not treat diabetes until there were later complications.”

According to a Wall Street Journal survey, of the 34 states that tracked and revealed the data, of the 101,000 inmates diagnosed as infected, only 3.4% were been treated with the new more effective and expensive medications. Texas, for example, reported 17,000 infected inmates with 412 receiving treatment at a cost of $88,000 per inmate and New York reported 5,940 infected inmates with 546 approved for treatment. Other states, including Tennessee and Oklahoma with 2.4 to 3.5 thousand infected inmates reported treating less than 10.

Of 9,200 infected federal inmates, 222 received treatment, tripling federal prisons medical costs since 2013, but denying treatment to thousands more.

Inmates typically lack private insurance and Medicaid only covers inmates who are treated in facilities outside of prisons and jails for a day or more. The federal Bureau of Prisons get substantial 38.4% discounts for the new medications because they are able to buy them from prices negotiated by the Department of Veteran Services.

In addition to the suit pending in Pennsylvania, correctional departments in Tennessee, Minnesota and Massachusetts are also being sued for failing to treated infected prisoners.

Source: P. Loftus & G. Fields, *High Cost of New Hepatitis C Drugs Strains Prison Budgets, Locks Many Out of Cure,* Wall Street Journal, Sept. 12, 2016.