Oregon
Kate Brown, Governor

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April 3, 2019

The Honorable Jackie Winters, Co-Chair
The Honorable Carla Piluso, Co-Chair
Ways and Means Subcommittee on Public Safety
900 Court Street NE
H-170 State Capitol
Salem, OR 97301-4048

RE: Responses to questions asked during Ways and Means presentation on March 26, 2019

Dear Ways and Means Public Safety Subcommittee Members,

Thank you for the opportunity to provide information related to the Oregon Department of Corrections (DOC). Below are responses to the questions asked during our presentation to the Ways and Means Public Safety Subcommittee on Tuesday, March 26, 2019.

1. **Upon release, are adults in custody (AICs) eligible to work as firefighters? What about background checks?**

   AICs are trained and certified at the Firefighter 2 level. They begin training at the more skilled, Firefighter 1 level, however that certification is more difficult to obtain while incarcerated. With these Oregon Department of Forestry (ODF) certifications (Firefighter 1 and 2) AICs could be employable with any agency that hires wildland fire fighters – including the ODF – contract wildland fire crews, and other wildland agencies. ODF provides additional training which includes forklift training, chainsaw training, first aid, CPR, chemical application training, and power tool training.

   There are criminal disqualifiers for Department of Public Safety Standards and Training (DPSST) fire certification. Measure 11 convictions are mandatory disqualifiers, and some Class A and B misdemeanors may make someone ineligible for a period of time.

   However, DPSST certification is voluntary for fire service professionals. There is no requirement, by law, to be certified to provide firefighting services. A person who is ineligible due to a criminal background is not precluded from being employed or utilized by a fire service agency. The voluntary nature is reflective of the voluntary nature of the fire service. (About 80 percent of firefighters are volunteers.)

2. Hepatitis C testing and fatty liver disease—more details on stages.

- **What do the different Hepatitis C stages mean?**

  Hepatitis C stages – or scarring – are scored from zero to four, with four being cirrhosis. Below is the Metavir Scale-Stage, which identifies the HCV stages by the degree of scarring:
  0 = No scarring
  1 = Minimal scarring
  2 = Scarring has occurred and extends outside the area in the liver containing blood vessels
  3 = Bridging fibrosis is spreading and connecting to other areas containing fibrosis
  4 = Cirrhosis or advanced scarring of the liver

- **How does our population fall into each of these stages?**

  Without an electronic health records (EHR) system, we are unable to pull data from our system to identify the breakdown of DOC's population within these stages. This would require manual review of patient charts to compile the data.

- **What is diet like for AICs, and how might it impact things like liver issues?**

  DOC's dietitian certifies dietary needs are met by planning meals using USDA dietary guidelines, as well as dietary reference intakes. Our Food Services team ensures the quality of meals provided to our population. Special health-related meal menus are designed by DOC's dietitian and can be ordered for individuals by Health Services, as necessary. In addition, DOC provides health-promotion and health-management educational opportunities to equip individuals in successfully self-managing their dietary needs.

3. What is our prescription purchase process?

This information is included in the attached issue brief.

4. What are our top most expensive drugs and what are the patterns over (e.g. a 5, 8, 10 year period) time re: costs

In general, DOC's greatest expense in relation to pharmaceuticals is for patients with Hepatitis C and oncology care needs. These medications include Epclusa, Zepatier, Mavyret, and Genvoya. Our most expensive single medication is Xyntha (factor XIII for hemophilia), but this medication is rarely utilized, as it is for a rare condition.

It is difficult to trend the Hepatitis C and oncology care medications, as they are in fields of care that are rapidly changing. With more new drugs being approved and introduced every year, we have insufficient history to identify trends. The combined costs for offsite specialty care and associated pharmaceuticals, such as Xyntha and oncology medications, are managed through our third-party administrator – Correctional Health Partners (CHP).

5. Does DOC conduct radon testing?

DOC has no record of radon testing. With that said, if the department encounters a situation and suspects radon may be the cause, testing would be conducted.

After speaking with multiple vendors, our estimate range to conduct radon testing for the Oregon State Penitentiary (OSP) would be approximately $2,000 to $4,000. OSP has at least 35 buildings that would require evaluation. DOC would need to schedule onsite assessments by these vendors to derive a more concrete price.

6. What is the effectiveness of DOC programs, and what is the impact on recidivism?

Due to the lack of sufficient resources within our Research Unit, it has not been possible to conduct an in-depth analysis of our treatment programs to determine program effectiveness. However, it is vital to us that we utilize our limited resources responsibly and effectively, including the resources we spend on our treatment programs. Because of this, Ms. Steward has worked closely with our research team to develop an automated treatment program evaluation tool to provide both monitoring and program effectiveness components.

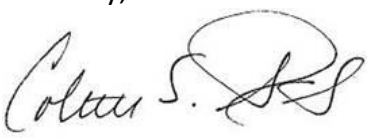
The monitoring aspect of the tool provides a comparison of recidivism rates for treatment program graduates versus a control group with nearly similar circumstances who did not complete treatment. This monitoring report tracks 6-month releasing cohorts by treatment program and provides our agency with the ability to identify, sooner rather than later, if a treatment program is getting off course.

The program effectiveness component of the tool provides a report that combines the 6-month cohorts by program. This results in a program evaluation and comparison of recidivism between treatment program graduates and control groups that capture AICs between 36 months post-release through 6 years post-release.

As Ms. Steward explained, the monitoring and program effectiveness reports will be implemented within the next few weeks. At that time, we will have high-level baseline data regarding each of our treatment programs and their impacts on recidivism. We look forward to having this tool as a resource.

Thank you, for the opportunity to respond to your questions. If you wish to further discuss any of the items listed above, we would be happy to schedule a time to meet.

Sincerely,



Colette S. Peters
Director

Issue Brief

OREGON DEPARTMENT OF CORRECTION

Correctional Pharmacy Services

Background

The Oregon Department of Corrections (DOC) currently holds more than 14,300 adult men and women in custody (AIC) in 14 institutions located statewide. Courts have long held that incarcerated persons must be afforded safe and sanitary shelter, wholesome food and humane treatment. In the 1970's, advocacy groups brought attention to the quality of healthcare in American prisons. Noting that AIC were not free to seek care in the community, courts began to more clearly define the responsibilities of prison systems for the care of the AIC they held. In court cases such as *Ramsey v Ciccone ('70), Estelle v Gamble ('76), Capps v Atiyeh ('82) and Delker v Maass ('96)* it has been affirmed failure to provide an adequate level of healthcare to AICs violates the U.S. Constitution's 8th Amendment prohibition against "cruel and unusual punishment". Law and court findings continue to refine expectations, currently holding that providing a '**community standard'** of care, organized and delivered by healthcare professionals in appropriately equipped settings is required. DOC's ability to manage its prescribed treatments and medications is a key aspect in meeting this social and legal requirement. A structured, closed, well-managed pharmacy system enables DOC to do so in an efficient, cost-controlled manner.

Patient Mix

Approximately 42% of DOC's male AICs and 74% of female AICs are taking prescribed medications. In caring for patients of ages ranging from the late teens to the late eighties, the Health Services staff address the same wide range of life-threatening, serious, chronic and mundane illnesses and injuries that would be found in any large population. Severity is often made worse by poor pre-incarceration access to care and by lifestyles have exacerbated illnesses. Mental health conditions, often left untreated in the community, challenge an increasing number of AICs. Longer prison terms and mandatory sentences are resulting in a nationwide aging of the prison population. Medical and pharmaceutical researchers continually develop improvements in treatments and medications. As these improvements become widely expected, the 'community standard' changes. DOC Health Services is experiencing and responding to the effects of each of these trends.

Structured Specialty Pharmacy Service

DOC Pharmacy Service benefits by being a closed system. Each step in the prescribing, acquisition, filling and dispensing process can be closely controlled by the Department. Each prison clinic houses a secure Medication Room licensed by the Oregon Board of Pharmacy (OBOP) and registered with the Federal Drug Enforcement Administration (DEA). In each prison a controlled system is in place for the distribution and administration of medications to AICs in various housing units and custody settings. These systems, though similar to those seen in residential care, are significantly more complicated by considerations of security, accuracy and safety, by the recreational value of drugs and by a patient population noted for manipulation and creativity.

Institution medication needs are met by two pharmacy centers, licensed as Institutional Drug Outlets by the OBOP and registered with the DEA. Located in Salem and in Ontario, these centers acquire, package, prepare and ship upwards of 480,000 new and refilled prescriptions each year. These pharmacy centers are staffed, equipped and operated on a business model similar to commercial mail order pharmaceutical houses. Computerization, mechanization, inventory control and process improvements adapted from managed care pharmacy systems and the prison pharmacy systems of other states serve as benchmarks to increasing operating efficiency. Security, record keeping and operating policies in each location meet or exceed the standards of the pharmacy profession and the requirements of licensing, regulating and accrediting bodies.

In daily operation, Certified Pharmacy Technicians machine package medications from bulk supplies to security blister cards. Prescriber orders are received from the institutions by Registered Pharmacists who conduct the required Drug Utilization Review (DUR) and enter the order. Orders are pulled and labeled by Certified Pharmacy Technicians, reviewed for accuracy by Pharmacists and then boxed for shipment. Medications are shipped to institutions daily via commercial carrier services and DOC staff. Registered

Pharmacists provide professional counsel to prescribers and they conduct the on-site professional inspection and consultative services at each institution's clinical operation that are required by the OBOP and by the National Commission on Correctional Health Care (NCCHC), an accrediting body for prison healthcare systems.

Acquisition of Medications

The American pharmaceutical marketplace is highly regulated and very complicated. Availability and price of a particular medicine are influenced as much by regulation, tradition and social forces as by market supply and demand. To gain the strongest edge in this marketplace, DOC participates in a formal **Group Purchasing Organization** (GPO) that combines the purchasing power of numerous government entities sharing a similar Class of Trade. Through the Oregon Department of Administrative Services (DAS), DOC, other state agencies and several Oregon local governments participate with the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) –a free, voluntary shared-service GPO for government facilities operated since 1985 by the State of Minnesota. MMCAP combines the purchasing leverage of 50 states and the cities of Los Angeles and Chicago as it contracts for 'best prices' with manufacturers and distributers nationwide. DOC purchases medications from our assigned Wholesale House at MMCAP contracted rates.

Close management of the daily acquisition process, management of inventory, careful adherence to contract payment and credit terms, and tracking of rebates, returns and discounts together net the DOC increasing value in its control of the purchase cost of AIC medications.

Medication "Formulary"

The ODOC established its first Formulary decades ago. A '**formulary**' is simply a list of medicines available for the care of patients. Historically, hospitals, military organizations and insurance companies established formularies to guide their prescribers in making choices from among limited available resources. In 2008, responsibility for the DOC Formulary was vested in a formal "**Pharmacy and Therapeutics Committee**" composed of physicians, pharmacists and clinical care staff with administrative support. This multi-disciplinary group meets monthly to review the formulary and to delete or add medications being made available to the system's prescribers. Following guidelines adopted by the American Association of Health System Pharmacists (AAHSP), considerations such as effectiveness, prescribing practices, patient safety, alternatives, and cost are researched and debated. Special attention is paid to unique prison security and staff safety concerns. As generic medications become available, older medications are replaced by more effective compounds, and newer versions of existing medications come into the market, they are subjected to this professional multidisciplinary review process. Appropriate changes are then made to the official formulary and implemented in each institution.

In cases where a standard treatment has failed, in post-hospital care, and in specialty care for serious illnesses, variation from the approved formulary may be warranted. **Therapeutic Levels of Care** (TLC) Committees, composed of medical, dental and mental health prescribers, meet to evaluate peer requests for formulary variation on a case-by-case basis. Courts have determined that cost of a medication cannot be a deciding factor in choosing therapy for an AIC. The TLC process and its peer review evaluation bring added guidance to medication choices in each of these cases.

Summary

AICs must be provided the same levels of health care that they would access in the community. DOC's closed, structured Pharmacy Service meets the state's responsibility to provide AICs with necessary prescribed medications while exercising control over each step of the process and stewardship over the state's fiscal, capital and professional resources.

The mission of the
Oregon Department of Corrections
is to promote public safety by holding
offenders accountable for their actions
and reducing the risk of future criminal behavior

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