The 4th Annual Meeting of The National Hepatitis Corrections (NHCN) network took place on Wednesday, March 16th, 2016. The meeting took place at The Grand Historic Venue in Baltimore, MD. In attendance were 59 network partners from 21 different states as well as Washington, DC and Australia.

The goal of the meeting was to provide space to discuss issues of hepatitis testing, treatment, education, and linkage to care in correctional settings and create a list of action steps that can be taken to improve hepatitis management in corrections.

The meeting agenda, list of attendees, and copies of all PowerPoint presentations can be found at the following page of the NHCN website: [http://www.hcvinprison.org/annualmeeting](http://www.hcvinprison.org/annualmeeting)

For more information or to follow up, please email rich@hepeducation.org

Key notes from the meeting include:

1. A list of changes network partners have seen over the past 6-12 months in regards to hepatitis C management in correctional settings:
   a. Significantly increased awareness in correctional of hepatitis C as a major issue – administrators, providers and patients.
   b. Overall, more people are being treated in many (but not all) prisons, but on a large scale the number is still low compared to the number who could be treated.
   c. Some jails are beginning to initiate hepatitis C therapy.
   d. Resources for addressing hepatitis are spread thin because resources haven’t increased as fast as the demand for treatment.
   e. In some settings, there is continued resistance to testing for hepatitis C because funds/capacity to treat or provide other interventions if someone tests positive are limited. On the contrary, in some settings, they are testing more because newer treatments are now available.
   f. There is a growing need for partnerships and sister agencies to work together.
   g. Major policy changes have occurred and are continuing to occur.
   h. Litigation concerns – several states have been sued or are under threat of litigation related to hepatitis C treatment access in a correctional setting.
i. Data about viral hepatitis in corrections is improving; however, this remains one of the greatest needs.

j. There has been an increase in pilot projects and other small studies in corrections for viral hepatitis.

2. List of Action Steps Created During Networking Sessions  – these action steps were identified as things stakeholders can do right now to address viral hepatitis in corrections

   a. Policy
      i. Sell the financial benefit to policymakers of the importance/impact/value proposition of treating HCV before decompensation.
      iii. All prisons should consider opt-out testing for HCV based on the USPSTF (United States Preventative Services Task Force) recommendations that includes “Incarcerated Persons” as at risk for hepatitis C.
      iv. Increase surveillance/screening with mandatory screening as an ultimate goal
      v. Consider parity with Medicaid regarding formulary for medications.
      vi. Invite politicians and policy-makers to NHCN Meeting.

   b. Research
      i. Bulk data collection across states.
      ii. Coordinated research efforts with outreach to academic centers (document the need/risk of “rational rationing”).
      iii. Consider working with PCORI.
      iv. Seek outside funding for research.
      v. Justification for research could be to create an understanding of corrections’ obligations when it comes to providing HCV care.

   c. Collaboration
      i. Coordinate efforts when conducting research.
      ii. Enagage in bulk data collection across states.
      iii. Establish bulk Medicaid pricing – every state negotiate together.
      iv. Coordinate efforts on HCV therapy pricing negotiations.
      v. Create networks to establish continuity of care efforts/standards.
vi. Facilitate partnerships between corrections and health departments to facilitate access to providers in community upon release.

vii. Take a team approach (“team” referring to Corrections-Health Departments working together) to request funding from state legislatures.

viii. Coordinate Public Health, Academia, and Corrections
   1. 340b program qualification.
   2. Share successes of key states.

d. Other
   i. Increase HAV/HBV vaccination.
   ii. Increase telemedicine across states/regions.
   iii. Increase access to peer education for inmates related to viral hepatitis.
   iv. Create syringe access in prison working groups.
   v. Don’t neglect to address pharmaceutical industry responsibility to provide reasonable access to their drugs.