



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. Recognitions and Introductions (cont.)</b> - Dr. Greenberg</p> <p><b>III. Chair's Report</b> - Dr. Greenberg</p> <p><b>IV. Approval of Consent Items</b> - Dr. Greenberg</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – December 7, 2022</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> <li>- University Medical Directors Reports</li> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul>	<p>Dr. Lannette Linthicum recognized Ms. Marjorie Kovacevich, Associate Vice President, Administrator, Hospital Galveston, UTMB Correctional Managed Healthcare Inpatient Operations for her efforts with establishing the Estelle Unit emergency room medical program at the Regional Medical Facility (RMF).</p> <p>Dr. Greenberg next moved on to agenda item III, Chair's Report.</p> <p>Dr. Greenberg did not have any agenda items to report.</p> <p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the December 7, 2022 meeting –Ms. Michelle Erwin</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 7, 2022 meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year (FY) 2023 First Quarter Texas Department of Criminal Justice (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY 2023 First Quarter University Medical Director's Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2023 First Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p>		

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<b>IV. Approval of Consent Items (cont.)</b>	<p>Dr. Greenberg then called for a motion to approve the consent items.</p>		
<b>V. Update on Financial Reports</b> - Rebecca Waltz	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the First Quarter of FY 2023, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p> <p>Mr. Ron Steffa, Chief Financial Officer, TDCJ Business and Finance Division answered by stating the Legislative Budget Board (LBB) projects inmate populations for the TDCJ. The LBB is taking the agency up to 132,000 for the total population based on a 5-year projection.</p>	<p>Dr. Greenberg asked if there was an overall inmate service population capacity.</p>	<p>Dr. Phillip Keiser made a motion to approve all consent items and Dr. John Burruss seconded the motion which prevailed by unanimous vote.</p>
<b>VI. Medical Director's Updates</b> <b>TDCJ Health Services</b> <b>Division FY 2023 First</b> <b>Quarter Report</b> - Dr. Lannette Linthicum	<p>Dr. Greenberg thanked Ms. Waltz then called on Dr. Lannette Linthicum to present the FY2023 First Quarter TDCJ Medical Director's Report.</p>		

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<p><b>VI. Medical Director's Updates TDCJ Health Services Division FY 2023 First Quarter Report (cont.)</b> - Dr. Lannette Linthicum</p> <p>- <b>Texas Tech University Health Sciences Center</b> - Dr. Denise DeShields</p> <p>- <b>University of Texas Medical Branch</b> - Dr. Owen Murray</p>	<p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Linthicum answered stating the compliance threshold of administration of compelled psychoactive medication to inmates should be at 80% or above.</p> <p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the report for TTUHSC Medical Director's Report.</p> <p>Dr. Denise DeShields begins by stating TTUHSC will no longer include the "Average Length of Stay" report in their Medical Director's Report, however, will continue to report the TTUHSC Community Hospital average length of stay.</p> <p>Dr. DeShields reported that they've hired Ms. Kamym Blayre Phares as the new Registered Dietician for TTUHSC. Ms. Phares will start on March 20, 2023. She has a master's degree in Diatarian Sciences from Texas Tech University.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray to present the UTMB Medical Director's Report.</p> <p>Dr. Murray confirmed that all reporting information had been mentioned during Dr. Linthicum's report and he has no additional comments.</p>	<p>Dr. John Burruss asked for clarification regarding the compliance threshold of administration of compelled psychoactive medication to inmates.</p>	

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<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<p>Dr. Greenberg then called on Dr. Olugbenga Ojo, Chief Medical Officer/Chief Physician Executive, UTMB CMC and Dr. Melanie Roberts, Associate Vice President, Health Informatics &amp; Quality UTMB CMC to present an overview of Hepatitis C as well as testing recommendations by government and professional organizations.</p> <p>Dr. Ojo began by thanking the Correctional Health Care Committee (CMHCC) members for the opportunity to present a request for a change in paradigm in Hepatitis C screening from the current cohort and risk-based testing to an Opt-out Universal testing in Texas prisons.</p> <p>Dr. Ojo's overview of Hepatitis C in the US included the following: Chronic hepatitis C infection in the United States affects approximately 5 million individuals with an annual incidence of 17,000 new infections, indicating that hepatitis C is clearly an important health problem. The prevalence of Hepatitis C in the US population he noted is about 1% while it is about 17.3% (16-41%) in prisons and jails.</p> <p>He further stated that Hepatitis C virus (HCV) is the most common chronic blood-borne pathogen in the U.S. and a leading cause of complications from chronic liver disease. Hepatitis C virus infection is associated with more deaths than the top 60 other reportable infectious diseases combined, including HIV.</p> <p>In addition, of individuals infected with HCV, 15%-20% experience spontaneous recovery, while the remaining 75%-85% progress to chronic hepatitis C.</p> <p>Over time, however, approximately 60% of individuals with chronic hepatitis C infection progress to advanced fibrosis and cirrhosis. Of individuals with advanced fibrosis or cirrhosis, approximately 5% develop hepatocellular carcinoma (HCC) within a 5-year period. In addition to increasing mortality, hepatitis C infection with liver failure or liver cancer is a leading cause of liver transplantation worldwide.</p>		

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<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<p>Dr. Ojo mentioned that in general, major guidelines now recommend routine one-time opt out universal HCV testing for adults 18 years of age and older.</p> <p>Dr. Ojo outlined the following:</p> <ol style="list-style-type: none"> <li>1. In March 2020, the U.S. Preventive Services Task Force (USPSTF) issued updated recommendations regarding screening for HCV. The USPSTF now recommends routine screening for all adults in the United States 18-79 years of age, including pregnant women.</li> <li>2. The American Association for the Study of Liver Disease (AASLD) recommends a one-time, routine, opt out HCV testing for all individuals aged 18 years and older.</li> <li>3. The Infectious Disease Society of America (IDSA) also recommends a onetime, routine opt out HCV screening for all individuals aged 18 years and older.</li> <li>4. The Centers for Disease Control (CDC) recommends universal HCV screening at least once in a lifetime for all adults 18 years of age and older.</li> <li>5. The Centers for Medicare &amp; Medicaid Services (CMS) has determined the following: The evidence is adequate to conclude that screening for Hepatitis C Virus (HCV), consistent with the grade B recommendations by the U.S. Preventive Services Task Force (USPSTF), is reasonable and necessary.</li> <li>6. The Federal Bureau of Prisons (FBOP) adopted an opt out Universal Testing policy for Hepatitis C in 2018.</li> <li>7. In corrections, state prisons and jails have begun adopting universal screening for all inmates.</li> </ol> <p>Dr. Ojo reported the following as the rationale for universal screening:</p>		

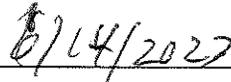
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<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<ol style="list-style-type: none"> <li>1) <b>Changing HCV Epidemiology in the United States:</b> In recent years, there has been a major surge in new cases of HCV in the United States. The increase in cases has disproportionately involved younger adults, primarily young adults with opioid dependence and associated injection drug use. Use of the older screening recommendations (routine testing of persons born in the years (1945-1965) does not effectively screen for young individuals with HCV, unless they disclose their injection drug use.</li> <li>2) <b>High Cure Rate with Direct-Acting Antiviral (DAA) therapy:</b> Newer (DAA) therapy used to treat HCV has proven extraordinarily effective, with 8- or 12-week oral regimens showing an excellent safety profile and cure rates that exceed 98%.</li> <li>3) <b>Impact of treatment on Natural History:</b> Extensive data has accumulated showing that achievement of sustained virologic response (SVR) with HCV treatment, which occurs in more than 98% of patients who receive recommended DAA regimens, is associated with major decreases in hepatocellular carcinoma, liver-related mortality, and all-cause mortality.</li> <li>4) <b>Lower Cost of DAA Regimens:</b> Recent competitive market forces have significantly driven down the cost of HCV treatment.</li> <li>5) <b>Potential Public Health Benefit:</b> The concept of HCV treatment as prevention is based on the fundamental principle that persons with HCV who are treated and cured will not transmit HCV to others.</li> <li>6) <b>Limitations of Risk Based Testing:</b> Risk based hepatitis C screening alone is not effective and therefore not recommended.</li> </ol> <p>Dr. Ojo concluded by saying that in CMC the sustained virologic response (SVR) is 98% and requested that the CMHCC ebulliently approve a change in ethos for Hepatitis.</p>		

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<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul>	<p>Dr. Melanie Roberts presented data on current screening practices. In January 2020, UTMB began participating in a grant program in partnership with Gilead. The FOCUS program is a public health initiative that aims to decrease the stigma underlying viral testing and diagnosis and bring HCV screening and linkage to care into alignment with the (CDC), the (USPSTF), and state and local health department guidelines. As part of this program, twelve TDCJ intake facilities implemented opt-out screening for Hepatitis C. The remaining twenty-three facilities continued risk-based screening. Interim results did not demonstrate a statistically significant difference in the identification of new HCV cases between the two groups. However, since FY19, the screening rate for Hepatitis C has continued to increase. Given the near 80% screening rate currently, it was recommended that CMHCC Policy be updated to reflect the move from risk-based screening to universal, opt-out screening.</p> <p>Dr. Roberts answers that, the cost of treatment per inmate for a three-month course is approximately \$8,100.00.</p> <p>Dr. Greenberg thanked Dr. Ojo and called for a motion to endorse the recommendations to provide universal opt-out testing for Hepatitis C at intake.</p>	<p>Dr. Keiser agreed that providing universal opt-out testing for Hepatitis C will be beneficial and added that we will see the payoff ten to fifteen years from now.</p> <p>Dr. Burruss asked how much the cost of treatment has decreased.</p>	<p>Dr. Burruss made the motion to endorse the recommendations as presented by Dr. Ojo and Dr. Roberts. The motion was seconded by Dr. Keiser which prevailed by unanimous vote.</p>

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<p><b>VII. Hepatitis C Virus (HCV) Treatment Program Expansion (cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Olugbenga Ojo</li> <li>- Dr. Melanie Roberts</li> </ul> <p><b>VIII. 88<sup>th</sup> Legislative Session Update</b></p> <ul style="list-style-type: none"> <li>- Kate Blifford</li> </ul>	<p>Dr. Greenberg thanked Dr. Ojo and Dr. Roberts, then called on Ms. Kate Blifford, TDCJ Director of Government Affairs to provide an update on the 88<sup>th</sup> Legislative session.</p> <p>Ms. Blifford introduced herself as the TDCJ Director of Government Affairs. The presentation is based on providing a high-level overview of the 88<sup>th</sup> Legislative session which began on January 10, 2023. The legislature meets for 140 days every two years which is dictated by the Texas Constitution.</p> <p>Ms. Blifford began by reporting that Governor Greg Abbot gave his State of the State address where he indicated some of his various priorities and Lt. Governor Dan Patrick who is the presiding officer of the Senate issued his press release.</p> <p>Ms. Blifford explained there has been approximately 4,032 House Bills and 1,830 Senate Bills filed. She reported approximately 1,000 bills are being tracked by TDCJ. Ms. Blifford explains that Governmental Affairs review and assigns the bills to various divisions within TDCJ to include the Health Services Division. Ms. Blifford stated the bills are referred to committees such as: The Senate Committee on Criminal Justice and the House Committee on Corrections. Bills are then reviewed by law makers for committee consideration.</p>	<p>Dr. Linthicum asked that the TDCJ Office of Public Health to update the CMHCC Hepatitis Policy (B-14.13.3) to reflect the move from risk-based screening to universal, opt-out screening.</p>	<p>Chris Black-Edwards, TDCJ Deputy Director, Health Services Division agreed to update the CMHCC Hepatitis Policy (B-14.13.3) to reflect the move from risk-based screening to universal, opt-out screening.</p>

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<p><b>VIII. 88<sup>th</sup> Legislative Session Update (cont.)</b> - Kate Blifford</p> <p><b>IX. Public Comments</b> - Dr. Greenberg</p> <p><b>X. Adjourn</b></p>	<p>Ms. Blifford summarized by thanking the CMHCC for assisting with the constituent casework issues for law makers.</p> <p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for June 14, 2023 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:15 a.m.</p>	<p>Dr. Linthicum thanked Ms. Blifford for her continued leadership and guidance throughout the 88<sup>th</sup> Legislative Session.</p>	

  
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 Robert D. Greenberg, M.D., Chairman  
 Correctional Managed Health Care Committee

  
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