

Presentation to a Joint Meeting of the Courts, Corrections and Justice Committee and the Legislative Health and Human Services Committee on Thursday 28 October 2016 at the State Capitol Building in Santa Fe NM

Re Corrections Health Care: Report of the Corrections Health Care Task Force

Steven A. Jenison, M.D., EMT-Paramedic  
Dixon NM 87527-0482

I am a retired public health physician currently working as a volunteer Paramedic and Rescue Chief for the Dixon Volunteer Fire Department. I moved to New Mexico in 1991 as a Member of the Faculty of the Infectious Diseases Division of the Department of Medicine at the University of New Mexico Health Sciences Center. In 1995, I assumed the position of Medical Director of the Infectious Diseases Bureau, Public Health Division, New Mexico Department of Health, and I retired from that position in 2010. In 1996, I was approached by Dr. John Robertson, Medical Director, Health Services, New Mexico Corrections Department, to provide direct medical care consultation for all inmates of NMCD living with HIV/AIDS. There were significant concerns at the time that the HIV/AIDS care in the New Mexico prisons did not meet national standards of care and were not in compliance with expectations under the Duran Consent Decree. From 1996 to 2009, I provided HIV/AIDS care at eight NMCD inmate facilities -- Santa Fe, Los Lunas, Las Cruces, Santa Rosa, Grants (Men's & Women's facilities), Hobbs & Clayton -- and the Torrance County Detention Facility every three to four months. A Department of Health public health nurse accompanied me on all visits and provided community linkages to care for the patients upon their parole or discharge. In addition to my experience providing HIV care in New Mexico prisons, I was engaged in 1997 – 1998 by the Plaintiffs' counsel to audit HIV/AIDS care in the Texas state prison system as part of the Ruiz Consent Decree (Ruiz v. Johnson).

I was invited to participate as a member of the Corrections Health Care Task Force, and I attended meetings in-person on March 23, April 20, May 18 and June 15, 2016 at the NMCD Central Office in Santa Fe. As of this date (October 24, 2016), I have not received the Report based upon the Task Force proceedings. The impressions that I will communicate in this document are my own, and based upon the discussions at the Task Force meetings; they do not represent the position of the Task Force or NMCD.

#### 1. Continuous Quality Assessment of Health Care Services

A standardized set of process and clinical outcomes measures should be monitored in order to timely detect and address deficiencies in health care services. These measures were discussed at the Task Force meetings. NMCD and the medical care vendor (Corizon) agreed that the data on these measures

should be compiled, reviewed and analyzed as part of the Report from the Task Force. These data were not available for review at the Task Force meetings.

## 2. Hepatitis C Screening, Medical Care and Treatment

The prevalence of active hepatitis C virus (HCV) infection is high among inmates in the New Mexico prison system. It is estimated that approximately 50 percent of NMCD inmates (over 3,000 individuals) are infected and therefore eligible for further evaluation as candidates for treatment. NMCD policy is that all inmates on intake are screened for HCV infection. NMCD stated that there are clinical protocols observed at all NMCD facilities for evaluating HCV-related disease activity and clinical status. These protocols include criteria that are used for enrolling patients in anti-viral drug treatment in consultation with the University of New Mexico ECHO Project since August 2015. The Task Force requested these protocols, data on how the protocols were implemented at each of the clinical facilities, and data on what proportion of patients who have indications for treatment have received (or are currently receiving) treatment.

## 3. Treatment & Linkages to Care for Infectious Diseases of Public Health Significance

HIV and tuberculosis are infectious diseases that can have profound impacts not only on the individual but also on an institution and the public at large. NMCD has policies and procedures for screening inmates for HIV and tuberculosis infections and for providing treatment. It is important that inmates who are currently being treated for HIV or tuberculosis should be effectively linked to community health services upon parole or discharge, both to assure their continuing care and to protect members of the public from infection in case of disease relapse. During the Task Force meetings, data were requested from NMCD on HIV and tuberculosis screening, treatment data and completed linkages to community care resources.

## 4. NMCD Oversight of Medical Care Provider

NMCD is responsible for assuring the quality of medical care provided to inmates by the medical care vendor. This requires continuous systematic monitoring of process and outcomes measures, implementing policies and procedures for addressing deficiencies in provision of health care, assuring adequate staffing and responding to inmate grievances regarding health care provision. The potential role of an NMCD Medical Director for Health Services and periodic external auditing of NMCD health care was discussed.