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Department of Corrections

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Senator Janet D. Howell, Co-Chair Senate Finance Committee P.O. Box 2608 Reston, VA 20195

Delegate Luke Torian, Chair House of Appropriations Committee 4222 Fortuna Plaza, Suite 659 Dumfries, VA 22025

Dear Senator Howell and Delegate Torian:

Pursuant to 2022 Special Sessions 1 Virginia Acts of Assembly Chapter 2, please accept this report as an update on the progress and outcomes of the previously authorized university medical pilots.

The 2019 Virginia Acts of Assembly Chapter 845, Item 390 (R), required the Director of the Virginia Department of Corrections (VADOC) to convene a workgroup to be co-chaired by the chief executive officer of the Virginia Commonwealth University Health System (VCUHS), and the executive vice president for health affairs at the University of Virginia Health System (UVA Health) to develop a pilot partnership to provide comprehensive medical care for inmates in at least one state correctional facility.

In accordance with the directive, VADOC convened a workgroup that developed a proposal for implementing two pilot projects. The projects included a pilot at the State Farm Correctional

Complex and a pilot at the Fluvanna Correctional Center for Women (FCCW).^{1,2} VCUHS proposed establishing an onsite orthopedic clinic at the State Farm Complex, while UVA proposed expanding 340B access to Hepatitis C treatment at FCCW via telemedicine. Additionally, both university hospital systems participate in the federal 340B drug program and included provisions in their proposals allowing VADOC to purchase certain high-cost outpatient medications through them at substantial discounts.³

In November 2019, VADOC submitted the proposal to the Senate Finance and House Appropriations Committees, along with a request for funding to implement it. Although the 2020 General Assembly approved the request, the funding was unallotted due to the coronavirus 2019 (COVID-19) pandemic and was never restored.

The pilots, as proposed, were not implemented. To date, the COVID-19 pandemic has been one of the most disruptive events of the 21st Century. VADOC responded by implementing numerous health and safety measures, population management strategies, and operational adjustments to mitigate the spread of COVID-19 in correctional facilities while protecting inmates and staff. Due to the nature of the pandemic, many changes were made to the agency's correctional healthcare system.⁴ As such, the initial proposal submitted to the General Assembly in 2019 is no longer feasible and the workgroup is now developing a new plan for implementing the university medical pilot.

One important change that occurred to the correctional healthcare system during the COVID-19 pandemic was the acquisition of the Beaumont Correctional Center (BMCC) from the Department of Juvenile Justice in July 2020. BMCC can serve as a location for the medical pilot. State Farm Correctional Complex can also serve as a location for the pilot. On September 17, 2024, representatives from the VADOC health services unit and VCU Health met at BMCC to begin discussing options for partnering on the new medical pilot. During the meeting, the feasibility of establishing onsite specialty clinics for certain high-volume services that VCU

¹ The scope of the initial university pilot was limited due to the complexity of providing comprehensive medical services in correctional settings. Over time, it was anticipated that the hospital systems would assume responsibility for all medical services at each site.

² State Farm Correctional Complex was selected because it served as a hub of VADOC health care services and its location allowed VCUHS to easily organize providers and clinics onsite. Fluvanna Correctional Center was chosen as a site for UVA Health because of the high medical acuity and facility location.

³ 340B pricing is a federal program that requires drug companies to provide outpatient medications to eligible health care organizations at substantially reduced prices. By serving vulnerable, low-income and uninsured patient populations, the university hospital systems are eligible to receive 340B pricing.

⁴ Arguably the most significant change to correctional healthcare was the transition to a system wide state-managed healthcare delivery system. Prior to the pandemic, VADOC used a hybrid structure where a private vendor managed medical care at several correctional facilities (mostly in the eastern part of the state), while VADOC managing care at the remaining facilities. During the first year of the pandemic, it became apparent that using a private vendor to manage care at certain facilities was not an efficient use of resources. VADOC subsequently assumed management of medical care at all correctional facilities.

⁵ At the start of the COVID-19 pandemic, BMCC was examined as part of a plan to evaluate all viable correctional sites in the state for use as field hospitals. It was determined that BMCC was the most viable site due to its location and physical setting. AS a result, VADOC investigated using BMCC as a centralized medical hub for all inmates.

Health is currently providing for the agency was discussed.⁶ Examples of clinics that could be offered by VCU Health include cardiology, dermatology, infusion therapy, and orthopedics. The representatives also discussed the feasibility of VADOC providing the support staff, equipment, and supplies to administer the clinics, with VCU Health providing the medical specialists to diagnose and treat inmates. The meeting concluded with representatives from VCU Health agreeing to schedule a site visit for agency staff at one of the health system's orthopedic clinics in the Richmond area and to prepare a document outlining the requirements for establishing one or more specialty clinics.

The next meeting is scheduled for October 31, 2024 at the Fluvanna Correctional Center (FCCW) and will consist of discussions between representatives from the agency's health services unit and UVA Health. Although no formal decisions have been made, UVA Health might conduct specialty clinics at FCCW and possibly one additional correctional facility. To prepare for the October meeting, VADOC staff analyzed outpatient claims and transportation data to determine which of the medical services UVA Health is providing for the agency could be more efficiently provided through onsite clinics. The review found that dermatology, gastroenterology, orthopedics, and infusion therapy could be provided effectively through onsite medical clinics at one or more facilities.

VADOC has long-standing partnerships with the state's two academic medical systems, and both have expressed interest in collaborating on the medical pilot project. Currently, VADOC is actively working with both universities to create projects as directed by the 2024 Acts of Assembly. At this point, no funding is requested as the agency continues to develop the university medical pilot project. While planning is still in the early stages, the pilot project may include onsite clinics at one or more correctional facilities for services such as dermatology, orthopedics, and infusion therapy. It is anticipated that implementing the medical pilot will not only save the state money by reducing offsite transportation costs but will also improve access and quality of care for inmates.

Sincerely,

Chadwick Dotson

Director

⁶ State inmates are entitled to a community standard of care, which means having access to the full range of medical care found in the surrounding community. Under its current medical model, VADOC provides most of the primary care that inmates need onsite at correctional facilities, but contracts with offsite providers when inmates need specialty care.

cc: The Honorable Terrance C. Cole Secretary of Public Safety and Homeland Security

> The Honorable Dr. Michael Rao President, VCU and VCU Health Systems

The Honorable James E. Ryan President, UVA and UVA Health