

# RESEARCH & NEWS WORTH REPEATING

## COVID-19 and the Justice System in Texas

### **Texas Prisons won't accept new county jails inmates as coronavirus spread in lockups** **Texas Tribune, 4/11/2020**

The Texas Department of Criminal Justice (TDCJ) has announced that it will no longer be taking new inmates from county jails to fight the COVID-19 virus and prevent further exposing county and state inmates. Bryan Collier, TDCJ executive director, said the action was necessary even as it puts an additional strain on counties. COVID-19 has been confirmed in at least 10 county jails, and the number of state prisoners infected nearly doubled in one day the previous week, according to state agency reports.

<https://www.texastribune.org/2020/04/11/coronavirus-texas-prisons-spurs-halt-new-inmates-county-jails/>

### **Dallas County has most jail inmates who have tested positive for COVID-19 in Texas** **WFAA, 4/13/2020**

As of Sunday April 13th, the Dallas County jail has the highest number of COVID-19 cases among jail inmates in the state of Texas. Overall, 31 of 54 jail inmates who have tested positive for COVID-19 in Texas are in Dallas County. In addition, 7 Dallas County jailers have tested positive and 11 are in quarantine pending test results.

A federal lawsuit has been filed by inmates against Sheriff Marian Brown, alleging insufficient protections and demanding release of those who are over 50 and considered “medically high-risk” for the coronavirus.

<https://www.wfaa.com/article/news/health/coronavirus/dallas-county-most-inmates-covid-19-in-texas/287-c04f1959-0f14-4682-9c94-84094effdf54>

### **COVID-19 Pandemic Poses Challenge for Jails and Prisons** **JAMA Network, 4/07/2020**

The US Bureau of Prisons announced that all 146,000 persons incarcerated in federal facilities would be confined to their cells for 14 days in order to mitigate COVID-19 exposure and spread.

Jails and prisons are particularly vulnerable to viruses such as COVID-19 because of the overcrowding and limited access to quality health care. Rep Jerrold Nadler (D, New York) and others have called for stronger, more preventive measures including releasing older and medically vulnerable or pregnant prisoners.

Facilities in California, New York, Ohio, Texas, and elsewhere have also granted early release to thousands of inmates, such as lower-level, nonviolent offenders and elderly or medically fragile individuals, from state and local facilities.

<https://jamanetwork.com/channels/health-forum/fullarticle/2764370>

## **Responses to the COVID-19 Pandemic Prison Policy, 4/15/2020**

Reducing overcrowding in correctional facilities is one of the best ways to protect these inmates in jails from the spread of COVID-19. Thus, many jails across the country are releasing people early. Criteria vary across jails but may include non-violent offenders, those with low bond or short times left on their sentences, technical violators, those over 60 or have medical conditions, and those who are pregnant. State corrections departments have been less likely to release people from prison although almost half of states have granted at least some early release dates:

- In Washington, the governor has commuted almost 300 sentences, and over 40 people have received work release furloughs. (See releases section.)
- County jails continue to increase releases, including in Hennepin County, Minnesota and Clark County (Las Vegas), Nevada. (See releases section.)
- Only three states have not suspended medical co-pays for people in state prisons: Nevada, Hawaii, and Delaware. (See medical co-pays section.)

The Prison Policy Initiative page is tracking examples of state and local agencies across the U.S. taking steps to stop the spread of COVID-19.

<https://www.prisonpolicy.org/virus/virusresponse.html>

## **COVID-19 Continues to Impact Enrollment and Recruitment of Clinical Trial Patients Biospace, 4/10/2020**

Over the past several weeks, pharmaceutical companies, clinical research organizations, universities and more have announced the suspension or delay in enrollment for some clinical trials due to concerns of the spread of the Coronavirus pandemic. Some trials that have been underway are continuing. Chief Executive Officer Sean McCarthy of CytomX, a company reinventing therapeutic antibodies for the treatment of cancer, told the San Francisco Business Times that the de-prioritization of clinical trials during the pandemic as resources are needed to treat COVID-19 patients is “entirely appropriate.”

<https://www.biospace.com/article/covid-19-pandemic-creates-clinical-challenges-as-more-companies-pause-some-trials/>

## **COVID-19 Impact on Human Subjects Research Columbia Research, 4/11/2020**

Research centers across the US are altering their clinical trials and human subjects policies in response to the pandemic, for example, Columbia University’s policy during this time had updated its policy as a result of the COVID-19: On-going trials that involve in-person contact with study participants, with previously approved IRB’s, and offer the prospect of direct potential benefit to participants may continue for enrolled subjects. No new clinical trials may begin except for those directly related to COVID-19, subject to the approval of the Executive Vice President for Health Sciences.

[https://research.columbia.edu/COVID-19\\_Research/human-subjects-research](https://research.columbia.edu/COVID-19_Research/human-subjects-research)

**COVID-19: Potential Implications for Individuals with Substance Use Disorders**  
**NIDA, 4/06/2020**

As the world continues to battle with COVID-19, the research community should be aware of the possibility that it could hit some populations with substance use disorders (SUDs) particularly hard. Given the already vulnerable nature of people with opioid use disorders (OUD) and methamphetamine use disorder, it is important for researchers and caregivers alike to be cognizant of the fact that SUD poses an additional battle for some. As we strive to confront the major health challenges of opioid and other drug overdoses—and now the rising infections with COVID-19—NIDA encourages researchers to request supplements that will allow them to obtain data on the risks for COVID-19 in individuals experiencing substance use disorders.

<https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>

**MAT Regulation Relaxed During COVID-19 Pandemic—This should catalyze further reform**  
**CATO Institute, 3/25/2020**

In order to facilitate social distancing among people in treatment for opioid use disorder, the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) has relaxed some regulations surrounding the use of buprenorphine or methadone in Medication Assisted Treatment (MAT). The DEA has temporarily suspended the requirement that MAT patients see their prescriber in person, allowing for use of telemedicine. In addition, in response to the COVID-19 pandemic, SAMHSA has informed states that methadone clinics can dispense up to 28 days of take-home methadone to their stable patients and up to 14 days for their less stable patients.

<https://www.cato.org/blog/mat-regulations-relaxed-during-covid-19-pandemic-should-catalyze-further-reform>

**Substance Use, COVID & Telehealth**

**Can telehealth help flatten the curve of COVID-19?**  
**Harvard Health, 3/24/2020**

The current crisis and social distancing make virtual care solutions like telehealth a crucial tool during the COVID-19 pandemic in the United States. Lee H. Schwamm, MD, director of the Center for Telehealth at Massachusetts General Hospital and vice president of virtual care for Partners Healthcare, states that telehealth “can help flatten the curve of infections and help us to deploy medical staff and lifesaving equipment wisely.” By using telehealth for regular, necessary care, patients are kept out of crowded waiting rooms and medical staff are kept apart from patients.

<https://www.health.harvard.edu/blog/can-telehealth-help-flatten-the-curve-of-covid-19-2020032419288>

**DEA releases proposed rule for telehealth treatment of substance use disorders**  
**CBS 19 News, 3/20/2020**

The U.S. Drug Enforcement Administration (DEA) announced plans to improve patient access to substance use disorder treatments via telehealth. According to a release, the DEA has proposed a rule that will ensure health care providers can effectively use telehealth to diagnose and treat patients suffering from substance use disorders.

“Expanding telehealth services to individuals suffering from substance use disorder can bridge the distance between patients and care and ensure increased access to services they need.” A 2008 law, the Ryan Haight Act, previously prohibited the delivery, distribution and dispensing of a controlled substance online without a prior in-person examination.

<https://www.cbs19news.com/story/41829850/dea-releases-proposed-rule-for-telehealth-treatment-of-substance-use-disorders>

**Telehealth visits are booming as doctors and patients embrace distancing amid the coronavirus crisis**  
**CNBC, 4/04/2020**

The adoption of telemedicine has grown immensely over the past month, with virtual health-care interactions on pace to top 1 billion by the end of this year, according to analysts at Forrester

Research. March telehealth visits rose 50% amid the coronavirus pandemic, according to research from Frost and Sullivan consultants. Analysts now expect general medical care visits to top 200 million this year, up sharply from their original expectation of 36 million visits for all of 2020.

<https://www.cnbc.com/2020/04/03/telehealth-visits-could-top-1-billion-in-2020-amid-the-coronavirus-crisis.html>

**Telehealth usage was growing among internists prior to COVID-19**  
**HealthDay, 4/16/2020**

The ACP (American College of Physicians) conducted an online survey (December 2019 to January 2020) with responses from 231 ACP members (11.7 percent response rate) representing general internal medicine (49 percent), hospital medicine (24 percent), and subspecialists (26 percent). Questions focused on two aspects of telehealth implementation: having the technology available and frequency of use of the technology. There is variance in telehealth use by specialty, with hospitalists using video visits and e-consults at more than twice the rate as subspecialists, while general internists and subspecialists are more likely to use asynchronous evaluation of data/images.

<https://medicalxpress.com/news/2020-04-telehealth-usage-internists-prior-covid-.html>