



Corr • Pearls

A QUARTERLY CLINICAL & POLICY BRIEFING
AMERICAN COLLEGE OF CORRECTIONAL PHYSICIANS

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PRACTICAL EVIDENCE FOR JAILS · PRISONS · DETENTION

FROM THE EDITORS

Welcome to the inaugural issue of *Corr Pearls* — a quarterly briefing of the American College of Correctional Physicians. Correctional medicine is a uniquely siloed field, and physicians in one jurisdiction often have no efficient way to track developments in another, even when those developments will eventually reach their own facility. Each issue summarizes notable clinical literature, regulatory developments, court rulings, and state legislation from the preceding quarter, with the aim of helping members stay informed across jurisdictions. Recommendations in this publication are summaries of the cited sources; clinical decisions remain the responsibility of each individual prescriber.

– ACCP EDITORIAL STAFF · MAY 22, 2026

HIGHLIGHTS · THREE DEVELOPMENTS TO NOTE THIS QUARTER

Top Developments · Q2 2026

01 Litigation involving gender-affirming care in custody continues to develop rapidly.

In *Kingdom v. Trump* (D.D.C.), a class-wide preliminary injunction currently requires the Federal Bureau of Prisons to continue hormone therapy for approximately 2,000 transgender patients in its custody.⁸ A federal district court in Georgia has permanently enjoined SB 185's hormone-therapy ban in *Doe v. Carr*.⁹ BOP's February 19, 2026 superseding policy and a December 2025 Department of Justice memorandum regarding PREA auditors move in a different direction.⁸ Members should consult facility counsel regarding obligations under current orders in their jurisdiction.

02 New evidence continues to accumulate on the impact of medication for opioid use disorder (MOUD) in correctional settings.

A 2026 analysis published in *Addiction* estimates that 21,784 people released from U.S. jails and prisons died of opioid overdose in 2022 — approximately 27% of all U.S. opioid overdose deaths that year — and modeled that universal SUD screening, in-custody MOUD, and linkage at release could potentially prevent more than 13,000 such deaths annually.¹ Outcomes from the Massachusetts seven-jail MOUD pilot published in *NEJM* in 2025 reported higher post-release MOUD engagement and lower mortality and reincarceration among participants receiving buprenorphine or methadone in jail.² On May 8, 2026, the Fourth Circuit affirmed class certification in a damages action challenging a contractor's MOUD-exclusion policy.¹⁹

03 A federal court has ordered the appointment of a receiver over an entire state prison medical system.

On February 20, 2026, in *Jensen v. Thornell*, Judge Roslyn Silver (D. Ariz.) ordered the appointment of a receiver to assume control of medical and mental health care within the Arizona Department of Corrections, Rehabilitation, and Reentry, following more than a decade of litigation and a finding of unresolved constitutional violations.¹⁰ This is the most significant structural-remedy order in correctional medicine in over a decade and is likely to be cited in similar federal proceedings.

01

Infectious Disease

Hepatitis C — Federal & State Developments

- ▶ **Federal status.** The Cure Hepatitis C Act of 2025 (S.1941) remains pending in the 119th Congress.⁷ As proposed, it would establish an HHS-administered national subscription procurement model — informally referred to as a "Netflix" model — open to state and local correctional systems, BOP, the Indian Health Service, and Medicaid, with direct-acting antivirals delivered without cost-sharing and with restrictions on 340B stacking.⁷ Members may wish to monitor the bill's progress and the data-sharing provisions it would impose on participating jurisdictions.
- ▶ **State spotlight — Minnesota.** On April 9, 2026, the Minnesota Department of Health published its first Viral Hepatitis Elimination Plan, which includes more than 100 actions and references opt-out HCV testing in state corrections among existing program strengths.
- ▶ **Screening and treatment standards.** CDC, AASLD/IDSA, and federal court precedent support universal opt-out HCV antibody screening at intake, with reflex HCV RNA testing and treatment regardless of fibrosis stage.⁴

REPORTED IN THE LITERATURE — SPAULDING ET AL., *EMERGING INFECTIOUS DISEASES* (MARCH 2024)

Modeling published in this CDC journal estimates that universal opt-out screening in U.S. prisons could diagnose more than 122,000 HCV infections and prevent approximately 13,000 new prison-associated infections, compared with risk-factor-based screening approaches.⁴

DIRECT-ACTING ANTIVIRAL PRICING · Q2 2026 WAC²²

REGIMEN	LIST PRICE (WAC)	COURSE COST	NOTES
<i>Epclusa</i> (sofosbuvir/velpatasvir)	\$24,920 / 28 d	~\$74,760 / 12 wk	Authorized generic available; pharmacy-coupon pricing approximately \$7,800 per course

<i>Mavyret</i> (glecaprevir/pibrentasvir)	\$13,200 / 28 d	~\$26,400 / 8 wk	No A/B-rated generic at this time; pangenotypic; 8-week course duration
340B net (typical range)	40–60% of WAC	Varies	Some states (Louisiana, Washington) participate in subscription procurement models

REPORTED LITIGATION

Settlement agreements arising from *Allen v. Beshear* and from Pennsylvania DOC litigation have included treat-all and opt-out screening provisions. Some recent federal court decisions have addressed restrictions on DAA access based on fibrosis stage. Members should consult facility counsel regarding the standards applicable in their jurisdiction.

HIV — Injectable Lenacapavir for PrEP

- ▶ The FDA approved injectable lenacapavir (*Yeztugo*) for HIV PrEP on June 18, 2025. CDC issued a recommendation in MMWR 74/35 (September 18, 2025) supporting its use in individuals weighing ≥ 35 kg who meet PrEP criteria, based on efficacy data from PURPOSE-1 (cisgender women) and PURPOSE-2 (MSM and gender-diverse persons).⁵
- ▶ **Dosing as labeled:** 927 mg (two 1.5-mL subcutaneous abdominal injections) every 26 weeks, following an oral loading dose of 600 mg on Days 1 and 2.⁵
- ▶ **Cost.** The U.S. list price is approximately \$14,109 per injection — approximately \$28,218 annually for the two-injection schedule. The every-26-week dosing interval may align well with short-stay populations where pre-release continuity planning is challenging.
- ▶ For individuals entering custody already established on injectable cabotegravir or oral TDF/FTC, continuation of the existing regimen is generally preferred over switching at intake.
- ▶ PrEP continuity at release is increasingly tracked as a reentry quality indicator in some jurisdictions; the lenacapavir dosing schedule allows the second injection to be timed to community handoff.
- ▶ **ART regimens:** BIC/FTC/TAF (*Biktarvy*) and DTG-based regimens remain widely used first-line options. Long-acting cabotegravir/rilpivirine (*Cabenuva*) is generally reserved for individuals with documented viral suppression and is rarely appropriate for new initiations in short-stay jail settings.

Tuberculosis — Maintaining Screening Programs

324

U.S. TB cases in correctional residents (2023)

3.6%

Share of all reported U.S. TB cases that year

25 / 244

WA prison cluster: active cases / LTBI conversions, 2021–22⁶

- ▶ The Washington State outbreak (25 active cases and 244 LTBI conversions across five facilities) followed a period during which annual screening had been suspended during COVID-19; *M. tuberculosis* transmission resumed within approximately two years of screening interruption.⁶
- ▶ **IGRA testing** is generally preferred over TST for adult intake screening in current CDC guidance because of single-visit logistics, reduced boosting, and greater specificity in BCG-vaccinated populations.
- ▶ **3HP regimen for LTBI** (12-week once-weekly rifapentine 900 mg plus isoniazid 900 mg, directly observed) has been associated with higher completion rates than longer isoniazid regimens. Members should note that rifapentine is a CYP3A4 inducer, with interaction implications for HIV ART, methadone, buprenorphine, and hormonal contraception; coordinate with the prescribing pharmacist or infectious disease consultant.
- ▶ 4R (rifampin daily × 4 months) is an alternative short-course regimen used by BOP and others where rifapentine is unavailable.

Sexually Transmitted Infections & Other Infectious Disease Updates

REPORTED IN THE LITERATURE – BEAUDRY ET AL., *LANCET PUBLIC HEALTH* 2026;11(1):E44–E60

A 206-study meta-analysis (n = 1,443,096 incarcerated individuals across 43 countries) reported chlamydia prevalence of 6.5% in adult females, 1.5% gonorrhea, and 5.9% current or prior syphilis. Among female adolescents, reported chlamydia prevalence reached 16.8%.³

- ▶ **Doxy-PEP** (doxycycline 200 mg PO within 72 hours of condomless sex): CDC guidance issued in 2024 and 96-week real-world data from the San Francisco Department of Public Health reported substantial reductions in syphilis and chlamydia among MSM and TGW with prior bacterial STI.²⁵ In correctional settings, pre-release prescribing has been described as one operational application.
- ▶ **Measles:** CDC surveillance has reported case clusters in 2026, including in Texas. Documentation of vaccination status at intake remains a standard infection-prevention measure, particularly in higher-turnover and overcrowded settings.
- ▶ **Mpox:** CDC continues to recommend the JYNNEOS two-dose series for individuals meeting risk criteria, including MSM and TGW. No significant U.S. correctional outbreaks have been reported in the past quarter.

02

CLINICAL UPDATES

Substance Use Disorder & MAT

Recent Evidence on MOUD in Correctional Settings

REPORTED IN THE LITERATURE – SMITH JJ ET AL., *ADDICTION* 2026;121(1):108–116

An analysis from Stanford, VA, and ONDCP investigators estimates that approximately 21,784 people (95% SCI 18,425–25,142) released from U.S. jails and prisons in 2022 died from opioid overdose that year, comprising approximately 27% of annual U.S. opioid overdose deaths. The

modeling suggests that universal SUD screening at entry, MOUD during incarceration, and linkage to community treatment at release could prevent an estimated 13,288 of those deaths annually.¹

The Massachusetts seven-jail MOUD outcomes study (NIH/NIDA-funded; published in *NEJM* in 2025) followed approximately 6,400 individuals with probable opioid use disorder across seven county jails. Approximately 42.4% received MOUD in jail — 67.9% buprenorphine, 25.7% methadone, and 6.5% naltrexone. Participants who received MOUD in jail had higher 180-day post-release MOUD engagement and lower rates of fatal overdose, all-cause mortality, and reincarceration compared with those who did not. Buprenorphine and methadone were associated with better outcomes than naltrexone in this study.²

Recent MOUD Litigation

FOURTH CIRCUIT · MAY 8, 2026

Class Certification in Damages Action Challenging Contractor MOUD Policy

The Fourth Circuit affirmed certification of a damages class in litigation alleging that a private correctional health contractor's policy of excluding MOUD violates the Eighth and Fourteenth Amendments. The matter was remanded for further proceedings on prospective injunctive relief. Members involved in MOUD policy decisions may wish to discuss the implications of this ruling with facility counsel.¹⁹

SELECTED RECENT STATE LEGISLATION

- ▶ **Pennsylvania — Act 45 of 2025** (signed July 2025 as part of the FY 2025-26 budget): temporarily expanded PCCD's MAT in County Jails Grant Program to include buprenorphine and methadone funding alongside the historic naltrexone funding under Act 80.¹⁷
- ▶ **Illinois — SB 2330** (effective January 1, 2026): requires IDOC and county jails to make all three FDA-approved MOUDs available, along with post-release linkage workflows.¹⁷
- ▶ **New Mexico Administrative Code 8.325.12 NMAC**: requires continuation of existing MAT by December 31, 2025 and MAT initiation capability by June 30, 2026.¹⁷

Reference Pricing — 2026

MEDICATION	TYPICAL COST	NOTES
Generic buprenorphine/naloxone 8/2 mg SL film	Approximately \$1–4/day retail; lower with pharmacy coupons	Widely used first-line oral option; mouth-check procedures commonly employed
<i>Sublocade</i> (extended-release buprenorphine)	WAC \$2,202.03/month (Indivior; effective January 1, 2026) ²¹	Long-acting injectable formulation; has been used in some facilities for pre-release continuity
<i>Vivitrol</i> (extended-release naltrexone 380 mg)	Approximately \$1,750–\$2,300/month retail	Per labeling, requires 7–10 day opioid-free interval prior to initiation
Methadone (OTP)	Approximately \$15–20/day all-in	Requires DEA hospital/clinic registration or memorandum of understanding with a licensed OTP

Xylazine in the Drug Supply

Xylazine has been detected in opioid samples in nearly all U.S. states. The Office of National Drug Control Policy formally designated xylazine an "emerging threat" on April 12, 2023.²⁴ Xylazine is an alpha-2 adrenergic agonist; its withdrawal syndrome is not fully alleviated by opioid agonist therapy and can include anxiety, dysphoria, hypertension, tachycardia, agitation, and in some cases seizure within approximately 12–24 hours of last use.

CONSIDERATIONS REPORTED IN THE LITERATURE

- Alpha-2 agonists such as clonidine have been used adjunctively for autonomic symptoms of xylazine withdrawal in published case series and clinical reports; dosing decisions remain with the individual prescriber.
- Naloxone reverses the opioid component of fentanyl/xylazine ("tranq dope") overdose; partial response is commonly reported, and EMS activation remains appropriate.
- Xylazine-associated necrotic skin and soft-tissue lesions have been described and may require surgical evaluation and infection-prevention measures.

Withdrawal Management at Booking — Common Practice Patterns

Validated assessment tools such as the CIWA-Ar (alcohol/benzodiazepine) and COWS (opioid) are widely used at intake. Treatment thresholds, dose ranges, and monitoring intervals vary by jurisdiction and by prescriber judgment; the summaries below describe commonly cited approaches in published correctional withdrawal protocols rather than ACCP recommendations.

ALCOHOL & BENZODIAZEPINE

- ▶ CIWA-Ar monitoring at intervals consistent with patient acuity.
- ▶ Benzodiazepine tapers are commonly employed; agent selection (e.g., lorazepam in hepatic impairment) reflects individual patient factors.
- ▶ Thiamine supplementation is standard, often 100 mg IM/IV daily for the first several days followed by oral dosing.
- ▶ The 24–72 hour window post-cessation is the period of greatest seizure risk in published series.

OPIOID

- ▶ COWS scoring at intake and at intervals.
- ▶ Buprenorphine initiation thresholds in published protocols typically use a COWS score of ≥ 8 , with subsequent dosing guided by symptom response.
- ▶ Day 1 target doses in published correctional protocols commonly fall in the 8–16 mg range, with adjustment per response.
- ▶ Protocols that omit medication for opioid use disorder have been the subject of recent litigation; see Fourth Circuit case noted above.¹⁹

CONTINUATION OF COMMUNITY MAT AT INTAKE

SAMHSA and HHS guidance generally support continuation of established community MAT (methadone or buprenorphine) on entry to custody. Verification with the patient's community provider or OTP within the first 24 hours is widely described in published protocols; written releases of information are not required to verify enrollment by phone under current HHS guidance.

Mental Health

Updated Correctional Mental Health Standards • April 2026

An updated set of widely-referenced correctional mental health standards took effect April 1, 2026. Several of the changes reflect the direction of recent federal court rulings and plaintiff filings in correctional mental health litigation, and members may wish to review them in consultation with their facility's standards officer or accreditation lead.

SELECTED CHANGES

- **Suicide precautions:** closed-circuit video described as a supplement to, rather than substitute for, direct observation; documented follow-up by a qualified mental health professional after a patient is removed from precautions.
- **Restrictive housing:** regular qualified-mental-health-professional rounds with proactive patient engagement beyond visual checks.
- **Staff training:** mental health orientation extended to all facility staff rather than health-care staff alone.
- **Person-first language** in clinical documentation.

Suicide Prevention — Recent Patterns

Suicide remains among the leading causes of in-custody death in U.S. jails. Published reviews continue to identify the first 24–72 hours after admission and the period immediately following discharge from restrictive housing as high-risk windows. Common elements of post-precaution follow-up described in published correctional mental health protocols include face-to-face contact with a qualified mental health professional in the days following precaution removal, documented safety planning developed with the patient, and communication with custody staff regarding housing and property considerations.

Psychiatric Medication Considerations Under Formulary Constraints

- ▶ **Long-acting injectable antipsychotics** have been increasingly described as cost-effective options for patients with serious mental illness and longer lengths of stay. Available formulations include paliperidone palmitate (*Invega Sustenna*, *Trinza*, and *Hafyera* — 1-, 3-, and 6-month) and aripiprazole formulations (*Aristada*, *Abilify Maintena*, and others). Pre-release coordination of community prescription continuity is widely discussed in transitions-of-care literature.
- ▶ **Clozapine.** Following the FDA's rescission of the clozapine REMS in early 2025, prescriber and pharmacy administrative requirements were reduced. Clinical hematologic monitoring (WBC, ANC) continues to be addressed in current clozapine labeling.
- ▶ **ADHD pharmacotherapy.** Non-stimulant options (atomoxetine, viloxazine, guanfacine ER, clonidine ER) are commonly discussed in correctional formulary literature given diversion considerations associated with stimulants. Continuation decisions for individuals entering custody on stimulant therapy are clinical judgments informed by verification of community prescriptions.

04

LITIGATION & POLICY

Transgender & Gender-Affirming Care

Litigation and policy involving gender-affirming care in correctional settings has been particularly active during the current quarter. This section summarizes the recent docket and reported policy actions for member awareness. Decisions about clinical management remain the responsibility of individual prescribers in consultation with their facilities and counsel.

Federal Litigation — *Kingdom v. Trump* (D.D.C.)



MARCH 2025

A class action was filed by the ACLU and Transgender Law Center on behalf of an estimated 2,000 transgender people in BOP custody.⁸

JUNE 17, 2025 – LAMBERTH, J.

A preliminary injunction was granted and the class was certified. The court directed BOP to continue hormone therapy and social-transition accommodations (clothing, hair-removal devices) during the pendency of the litigation. The order did not require provision of surgical care.⁸

FEBRUARY 19, 2026

BOP issued a superseding policy. In subsequent court filings, BOP described an intention to substitute antidepressant therapy for hormone therapy in certain circumstances. Plaintiffs filed for contempt and clarification.⁸

APRIL 2026 – D.C. CIRCUIT

A D.C. Circuit panel vacated companion preliminary injunctions concerning transfers of transgender women to men's facilities, citing an insufficient as-applied record, and remanded for individualized showings.⁸

DECEMBER 2025

A Department of Justice memorandum directed PREA auditors regarding application of PREA provisions on transgender housing assessments in light of the January 20, 2025 Executive Order.⁸

Selected State Court Activity

N.D. GA. · LATE 2025 · CALVERT, J.

Doe v. Carr — Permanent Injunction Against Georgia SB 185

The U.S. District Court for the Northern District of Georgia issued a permanent injunction against enforcement of Georgia SB 185 (signed May 2025), which barred hormone therapy in the Georgia DOC. The court's order, citing the Eighth Amendment framework of *Estelle v. Gamble*, characterized gender dysphoria as a serious medical need and addressed the constitutionality of a categorical hormone therapy ban. The State of Georgia has filed notice of appeal to the Eleventh Circuit; that appeal is pending.⁹

OTHER STATE POLICIES CURRENTLY IN LITIGATION

Hormone-therapy access policies in correctional systems in Georgia, Kentucky, Utah, and Florida are the subject of pending litigation. Members in affected jurisdictions should consult facility counsel

regarding currently applicable injunctive orders.

Clinical Considerations Described in the Literature

Current WPATH Standards of Care (Version 8) and the Endocrine Society Clinical Practice Guideline on gender-dysphoric/gender-incongruent persons (2017, with updates) describe baseline diagnostic, hormonal, and laboratory monitoring approaches in clinical management of gender dysphoria. Published correctional-medicine reviews have discussed continuity of established community hormone therapy as a recurring clinical and legal issue. Members should make individual treatment decisions based on the standards of care applicable in their jurisdictions, current injunctive orders, and patient-specific clinical considerations, in consultation with facility counsel as appropriate.

05

CLINICAL UPDATES

Chronic Disease & the Aging Population

Diabetes Management in Correctional Settings

- ▶ **Glycemic targets.** ADA Standards of Care continue to support individualized A1c targets (generally <7% in most adults; higher targets in older adults or those with hypoglycemia history). Mealtime variability in jail settings — particularly where commissary purchases supplement issued meals — is a recognized challenge for prandial insulin regimens.
- ▶ **GLP-1 receptor agonists.** Semaglutide (*Ozempic*, *Wegovy*, *Rybelsus*) and other GLP-1 RAs continue to have a significant formulary cost in correctional settings, with Medicare/Medicaid negotiation effects partially trickling into 340B pricing. Use considerations and indications are guided by current ADA and FDA labeling.
- ▶ **Hypoglycemia management.** Standing orders for hypoglycemia treatment that do not require provider contact for each event are commonly described in correctional medical operations literature, particularly for nights and weekends when on-site provider availability may be limited.

Hypertension & Respiratory

HYPERTENSION

- ▶ Current ACC/AHA and JNC guidance support thiazide diuretics, ACE inhibitors, ARBs, and calcium channel blockers as first-line options.
- ▶ Clonidine use as a first-line agent has been associated with rebound hypertension on abrupt discontinuation, which can occur when patients transfer or are released.
- ▶ Blood pressure measurement technique, including appropriate cuff sizing, is addressed in current AHA measurement guidance.

ASTHMA / COPD

- ▶ In-cell MDI access decisions are addressed in published correctional protocols and have been the subject of recent litigation; documentation of individualized clinical assessment is a recurring theme.
- ▶ SMART/MART regimens (combination budesonide-formoterol or other ICS-LABA) are addressed in current GINA guidance for asthma.
- ▶ Influenza vaccination annually and PCV20 in adults meeting ACIP criteria continue to be addressed in CDC recommendations.

Ageing Population & End-of-Life Care

REPORTED IN THE LITERATURE – ACLU & LBJ SCHOOL, SEPTEMBER 2025

"If current trends continue, by 2030, as much as one-third of the U.S. prison population will be over 50."

Gordon A et al., *Trapped in Time: The Silent Crisis of Elderly Incarceration*, ACLU & Prison and Jail Innovation Lab, UT Austin LBJ School (September 2025).

14

People aged 55 and older now make up approximately one in six U.S. prisoners — a substantial increase since 2000.¹⁴ Several state legislatures have advanced compassionate-release and geriatric-parole legislation during the current quarter.

Geriatric & Medical Parole Provisions

Maryland's SB 181 authorizes geriatric parole consideration for individuals aged 65 or older who have served at least 20 years (with specified exclusions including sex offenses, parole eligibility, and disciplinary requirements). The law took effect October 1, 2025. The bill's sponsor, Sen. Shelly Hettleman (D-Baltimore Co.), described the measure as expanding parole consideration for individuals with extended sentences who meet the statutory criteria. California, Illinois, and Oregon have introduced or are considering related measures.¹⁵

Annual Hospice & Palliative-Care Reporting

HB 2397 requires the Illinois Department of Corrections to publish an annual report on hospice and palliative-care services by December 1 each year. According to a December 2025 report from the Illinois Office of the Corrections Ombuds, the average age at death in IDOC is 56; the report identified 488 in-custody deaths between September 2019 and June 2020, with 404 of those decedents not receiving hospice services prior to death. The new statutory reporting requirement is intended to provide consistent data on these services.¹⁶

OPERATIONAL CONSIDERATIONS DESCRIBED IN THE LITERATURE

- ▶ Functional screening tools adapted for correctional environments (e.g., evaluating capacity to comply with custody requirements such as standing for count, climbing to upper bunks, and following announcements over a PA system) have been described in correctional geriatrics literature.
- ▶ Advance care planning conversations have been described as appropriate to initiate well before the terminal phase of illness, particularly for individuals serving long or life-without-parole sentences.
- ▶ Classification and housing decisions for older adults intersect with health needs (e.g., mobility-aid approval, work assignment compatibility) and benefit from interdisciplinary coordination.

Policy & Legislative Roundup

Federal

- ▶ **Medicaid Reentry §1115 Demonstrations.** Per a January 2025 update from the National Academy for State Health Policy, twenty-six states and the District of Columbia have pursued reentry waivers; KFF reports that nineteen were approved during the prior administration. California's October 2024 launch is among the longest-running implementations. ¹¹
- ▶ **Suspension of Medicaid coverage upon incarceration.** Beginning January 1, 2026, the Consolidated Appropriations Act of 2024 requires states to suspend, rather than terminate, Medicaid coverage upon incarceration (already in effect for youth populations). Operational implementation requires coordination between intake processes and state Medicaid eligibility systems within designated timeframes; specifics vary by state. ¹¹
- ▶ **Reconciliation Act provisions.** Medicaid work requirements for ACA expansion adults are scheduled to take effect January 1, 2027, with Nebraska implementing earlier under a May 1, 2026 state plan amendment. Potential implications for post-release coverage continuity are being analyzed by NASHP, KFF, and state health policy researchers. ¹¹
- ▶ **BOP transgender policy (Feb 19, 2026) and DOJ PREA-auditor memorandum (Dec 2025):** see Section 4. ⁸
- ▶ **End Solitary Confinement Act (S.2477 / H.R.4682):** reintroduced in July 2025. The bill would prohibit federal solitary confinement except in narrow circumstances and create state incentives. The bill is currently pending.

State Activity · Q2 2026

ARIZONA · FEB 20, 2026 · SILVER, J.

Jensen v. Thornell — Receivership Order

The U.S. District Court for the District of Arizona ordered the appointment of a court receiver to assume control of medical and mental health care within the Arizona Department of Corrections, Rehabilitation, and Reentry. The order followed extended litigation that included findings of unresolved constitutional violations and contempt findings. The parties were directed to submit receiver candidates within 60 days. This is the most significant structural-remedy order in correctional medicine since the California Receivership in *Plata*.¹⁰

WASHINGTON · APRIL 2026

Office of the Corrections Ombuds — Solitary Confinement Report (Part III)

The Washington Office of the Corrections Ombuds reported that more than 800 prisoners were held in maximum custody or administrative segregation during Q1 2026. The report noted the Washington Department of Corrections' commitment to a 90% reduction in restrictive housing use is currently behind schedule and made recommendations including expedited transgender housing assessments and expansion of "Washington Way" rehabilitative programming.

ALABAMA · APR 22-23, 2026

Termination of YesCare Contract; Interim NaphCare Agreement

The Alabama Department of Corrections terminated its \$1.06 billion contract with YesCare. ADOC entered into a 24-month emergency agreement with NaphCare effective May 3, 2026. Members working in jurisdictions undergoing contractor transitions may experience changes to formulary, EHR, and credentialing workflows during transition periods.

Reported Settlements & Verdicts²³

The April 2026 issue of *Prison Legal News* reported the following recent settlements and verdicts:

\$9.8M

South Carolina · Wellpath · jail mental health neglect

\$2.75M

Washington · NaphCare · jail suicide

\$1.67M

Federal jury verdict · diabetic detainee death

Additional reported settlements: \$2.135 million partial settlement in a South Carolina jail (schizophrenic detainee death); \$950,000 Virginia jail-suicide settlement (Wellpath claims pending); \$875,000 NaphCare/New York settlement (license violations, with the contractor banned from New York for five years).²³

Notable Research Publications

REPORTED IN THE LITERATURE – ALSAN & YANG, NBER WORKING PAPER 33357 (JANUARY 2025)

Investigators from Harvard and Yale published the first randomized controlled trial of correctional health accreditation in U.S. jails (n = 44 facilities). The study reported reductions in in-custody mortality and post-release rebooking in accredited facilities compared with control facilities. The NBER Digest summary reports 44–45% reductions in 3- and 6-month rebooking. Members citing this study in policy briefs should reference the primary paper for the full magnitude and statistical detail.¹⁸

07

OPERATIONS

Jail-Specific Considerations

Two Critical Windows: Intake and Release

Published correctional medicine literature and operational best-practice documents describe two especially high-stakes windows in the jail care continuum: the first 24 hours after intake and the period immediately preceding and following release. The summaries below describe elements commonly addressed in published intake and discharge protocols.

COMMON ELEMENTS OF INTAKE CARE

- ▶ Continuation of established community medications (MAT, psychiatric, HIV, ongoing HCV DAA courses, anticoagulation, and other chronic-disease therapies).
- ▶ Opt-out screening for HCV and HIV per current CDC guidance.
- ▶ Pregnancy testing for individuals of childbearing capacity, with options counseling per applicable jurisdictional law.
- ▶ Capacity to perform CIWA-Ar and COWS assessments at intake.
- ▶ Suicide-risk screening with documented disposition.

COMMON ELEMENTS OF RELEASE PLANNING

- ▶ Naloxone provision at release for individuals with OUD history (SAMHSA and CDC best-practice recommendations support take-home naloxone).
- ▶ Confirmed community appointment for MAT continuation — with a date, location, and prescriber identified.
- ▶ Verification of Medicaid coverage status under the January 1, 2026 federal suspension-not-termination requirements.¹¹
- ▶ Bridge prescription for chronic-disease medications adequate to span the community-handoff window.
- ▶ Documented warm handoff to community primary care or specialty services where feasible.

The Post-Release Period

A widely-cited Washington State study reported that former inmates had all-cause mortality 12.7-fold (95% CI 9.2–17.4) and drug-overdose mortality 129-fold (95% CI 89–186) above age-matched state residents during the first two weeks after release.¹³ The Smith et al. *Addiction* analysis (2026) provides current national estimates for post-release overdose mortality.¹

Approaches reported in published correctional-reentry literature to reduce post-release overdose risk include initiation of extended-release buprenorphine (*Sublocade*) prior to release, pre-arranged community treatment appointments, take-home naloxone, and bridge prescriptions for chronic-disease medications.

08

OPERATIONS & CONTRACTING

ICE Detention & the Contractor Landscape

ICE Detention Health

46

Deaths in ICE custody since Jan 20, 2025 (per KFF, March 2026)¹²

68,000+

Average daily ICE detention census (reported Feb 2026)¹²

~32

- ▶ A March 18, 2026 KFF report identified 46 deaths in ICE custody since January 20, 2025; according to the report, 32 of those decedents had documented worsening of preexisting medical conditions.¹²
- ▶ On February 10, 2026, the U.S. District Court for the Northern District of California issued an order regarding medical staffing, specialist access, and timely medication administration in California ICE facilities.
- ▶ A CNN investigation published May 15, 2026 reported on medical staffing levels in ICE detention facilities during a period of rising detention census.²⁰

CONSIDERATIONS FOR FACILITIES HOUSING ICE DETAINEES UNDER IGSA

Some jails and contracted facilities house ICE detainees under Intergovernmental Service Agreements (IGSAs). Constitutional and statutory medical care requirements continue to apply regardless of contractual arrangements. Operational considerations addressed in published guidance include language access, documentation of vaccination status at intake, and continuity of chronic-disease management. Members in facilities with IGSA populations may wish to review applicable PBNDS or NDS standards with their compliance officer.

Contractor Landscape & Workforce

The correctional healthcare contracting environment has experienced significant change in the past 12 months. Recent reported events include:

MAY 2026 – YESCARE / TEHUM CARE

YesCare filed for Chapter 11 bankruptcy protection in Florida, reportedly following a \$307 million jury verdict. Alabama and Louisville Metro had previously terminated contracts with the contractor.²³

MAY 12, 2025 – WELLPATH

Wellpath emerged from Chapter 11 reorganization under a new ownership structure with reduced debt.

MAY 2026 – NAPHCARE

NaphCare entered an emergency 24-month agreement with Alabama DOC. The contractor also reportedly paid an \$875,000 settlement with New York and is no longer eligible to contract in New

York State for five years.²³

ONGOING

Workforce surveys continue to identify significant unfilled positions in correctional healthcare nationally, with specialty consultation lead times remaining lengthy in many systems. Telemedicine and digital-health implementation remain active areas of operational development.

09

FOR MEMBERS & THEIR TEAMS · TOPICS TO FOLLOW

Topics to Watch This Quarter

The summary below identifies developments members may wish to monitor and discuss with their facility leadership, counsel, and clinical teams. These are not ACCP recommendations regarding individual clinical or operational decisions.

01

MOUD Litigation & Program Design

The May 8, 2026 Fourth Circuit class-certification ruling and the body of recent MOUD outcomes literature have been topics of ongoing discussion in correctional health program reviews. Members may wish to review their facility's MOUD program design with their medical leadership and counsel.¹⁹

TOPIC: PROGRAM-DESIGN REVIEW

02

Gender-Affirming Care Litigation

Pending federal and state litigation continues to develop. Members in jurisdictions affected by current injunctive orders should consult facility counsel regarding compliance with applicable orders. The Eleventh Circuit's resolution of the *Doe v. Carr* appeal may provide additional guidance.^{8 9}

TOPIC: ONGOING LITIGATION TRACKING

Medicaid Suspension Implementation

The January 1, 2026 federal requirement for Medicaid suspension (rather than termination) upon incarceration has operational implications for intake and release workflows. State implementation varies; members may wish to confirm their jurisdiction's process with their Medicaid coordinator or eligibility liaison.¹¹

TOPIC: STATE IMPLEMENTATION STATUS

Overdose Prevention at Release

Take-home naloxone, pre-release MOUD, and warm handoffs to community treatment are widely discussed in current correctional reentry literature. Members may wish to review the post-release overdose data from Smith et al. and the Massachusetts seven-jail MOUD outcomes when planning facility reentry programming.¹²

TOPIC: REENTRY PROGRAM REVIEW

Xylazine in the Drug Supply

Xylazine is increasingly identified in opioid samples nationally. Members may wish to confirm whether their facility's withdrawal management protocol addresses the autonomic features of xylazine withdrawal, which may not fully respond to opioid agonist therapy alone.²⁴

TOPIC: WITHDRAWAL PROTOCOL REVIEW

Medicaid §1115 Reentry Waivers

In states where §1115 reentry waivers have been approved, operational implementation continues to evolve. Members in waiver states may wish to coordinate with their state Medicaid office on the data-sharing, enrollment, and prescriber-network requirements being phased in.¹¹

TOPIC: STATE §1115 WAIVER STATUS

Intergovernmental Service Agreements with ICE

For members at facilities housing ICE detainees under IGSA's, the applicable detention standards (PBNDS, NDS) and intake medical screening processes are worth periodic review with compliance officers

in light of recent federal court orders.¹²

TOPIC: IGSA COMPLIANCE REVIEW

08

Federal HCV Procurement Legislation

The Cure Hepatitis C Act of 2025 (S.1941) is pending in the 119th Congress. Members may wish to brief facility leadership on the proposed federal subscription procurement model and its data-sharing and opt-in mechanics, should the legislation advance.⁷

TOPIC: FEDERAL LEGISLATIVE TRACKING

EDITORIAL NOTES & CAVEATS

This briefing reflects publicly available reporting as of May 22, 2026. Several legal proceedings referenced herein — including *Kingdom v. Trump*, the Arizona receivership in *Jensen v. Thornell*, and the Fourth Circuit MOUD damages class on remand — are actively developing. Members should verify the current procedural status of any matter before relying on the description in this publication.

Drug pricing figures cited herein are 2026 WAC/AWP from manufacturer disclosures (Indivior, Gilead, AbbVie, Alkermes) and publicly available pharmacy benchmarks (GoodRx, SingleCare). Actual correctional 340B and state-procurement costs vary substantially from list prices.

This publication summarizes sources cited in the references. It is intended for informational and educational purposes for ACCP members and does not constitute medical, legal, or compliance advice. Individual clinical, operational, and legal decisions remain the responsibility of members, their facilities, and their respective counsel. References to specific products, contractors, or guidelines do not constitute an endorsement by ACCP.

Where authoritative sources conflict on specific data points (for example, the magnitude of mortality reduction reported in different summaries of the Alsan & Yang NBER accreditation study), members are directed to the primary publication rather than secondary summaries.

References & Source Documents

- 01 Smith JJ, Noonan M, Johnson CE, Humphreys K, Gupta R. Potential health impacts of comprehensive access to opioid use disorder treatment in United States correctional facilities. *Addiction* 2026;121(1):108–116.
- 02 Massachusetts Seven-Jail MOUD Outcomes Study. NIH/NIDA funded; *NEJM* 2025. Medications for Opioid Use Disorder in County Jails — Outcomes after Release.

- 03 Beaudry G et al. Bacterial sexually transmitted infections in incarcerated populations: a systematic review and meta-analysis. *Lancet Public Health* 2026;11(1):e44–e60.
- 04 Spaulding AC et al. Advancing Hepatitis C Elimination through Opt-Out Universal Screening and Treatment in Carceral Settings. *Emerging Infectious Diseases* 2024;30(Suppl 13).
- 05 Centers for Disease Control and Prevention. Clinical Recommendation for the Use of Injectable Lenacapavir as HIV Preexposure Prophylaxis — United States, 2025. *MMWR* 2025;74(35).
- 06 Centers for Disease Control and Prevention. Tuberculosis Outbreak in a State Prison System — Washington, 2021–22. *MMWR* 2023;72(12).
- 07 Cure Hepatitis C Act of 2025, S.1941, 119th Congress (2025–2026).
- 08 *Kingdom v. Trump* (D.D.C.), preliminary injunction June 17, 2025 (Lamberth, J.); ACLU and Transgender Law Center filings; subsequent BOP policy issued February 19, 2026; D.C. Circuit order April 2026; Department of Justice memorandum regarding PREA auditors, December 2025.
- 09 *Doe v. Carr* (N.D. Ga., 2025); permanent injunction (Calvert, J.); state appeal pending in the Eleventh Circuit.
- 10 *Jensen v. Thornell* (D. Ariz., February 20, 2026); order appointing receiver (Silver, J.).
- 11 National Academy for State Health Policy. Update on Medicaid Section 1115 Waivers (January 2025); Consolidated Appropriations Act of 2024 (CMS Medicaid suspension provisions effective January 1, 2026); KFF analysis of Medicaid §1115 reentry waivers.
- 12 KFF. Deaths and Health Care Issues in ICE Detention Centers Under the Second Trump Administration (March 18, 2026).
- 13 Binswanger IA et al. Release from Prison — A High Risk of Death for Former Inmates. *NEJM* 2007;356(2):157–65.
- 14 Gordon A et al. *Trapped in Time: The Silent Crisis of Elderly Incarceration*. ACLU and Prison and Jail Innovation Lab at UT Austin LBJ School (September 2025).
- 15 Maryland SB 181 (signed April 22, 2025; effective October 1, 2025).
- 16 Illinois HB 2397 (annual hospice and palliative-care reporting); Illinois Office of the Corrections Ombuds, December 2025 report.
- 17 Pennsylvania Act 45 of 2025; New Mexico Administrative Code 8.325.12 NMAC; Illinois SB 2330 (effective January 1, 2026).
- 18 Alsan M, Yang C. *The Hidden Health Care Crisis Behind Bars: Healthcare Accreditation and Care in U.S. Jails*. NBER Working Paper 33357 (January 2025).
- 19 Fourth Circuit Court of Appeals order affirming class certification in MOUD-exclusion damages action (May 8, 2026); remanded for proceedings on prospective injunctive relief.
- 20 Cable News Network. How understaffing and DHS policy drive rising deaths in ICE detention centers (May 15, 2026).
- 21 Indivior. Sublocade WAC pricing disclosure, effective January 1, 2026.
- 22 Gilead. Epclusa cost information (2026); AbbVie. Mavyret pricing disclosures (2026).
- 23 *Prison Legal News*, April 2026 issue. Reported litigation roundup: YesCare/Tehum/Corizon, Wellpath, NaphCare.

- 24 Office of National Drug Control Policy. Designation of fentanyl adulterated or associated with xylazine as an emerging threat (April 12, 2023); subsequent ONDCP National Response Plan.
- 25 Centers for Disease Control and Prevention. Doxycycline post-exposure prophylaxis for prevention of bacterial sexually transmitted infections (CDC guidance, 2024); San Francisco Department of Public Health and UCSF, real-world doxy-PEP outcomes (96-week analysis, 2024).

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LOOKING AHEAD

- › Q3 2026 — Feature: Aging in Custody
- › Q4 2026 — Feature: Women's Health in Jails
- › Q1 2027 — Feature: Chronic Pain Without Diversion
- › Reader-submitted "Pearls from the Pod" launching with the next issue