

OFFICE OF FISCAL ANALYSIS

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sSB-1394

AN ACT CONCERNING THE PROVISION OF HEALTH CARE
SERVICES TO INMATES IN CORRECTIONAL INSTITUTIONS.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Public Health, Dept.	GF - Cost	294,200	344,100
State Comptroller - Fringe Benefits ¹	GF - Cost	106,500	132,000
Governmental Accountability, Off.	GF - Cost	150,000-500,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill, which addresses inmate health care services (including mental health), results in a cost to the General Fund of between \$550,700 and \$900,700 in FY 26 and \$476,100 in FY 27 (and annually thereafter). Costs are primarily to the Department of Public Health (DPH), with an FY 26 cost to the Office of Governmental Accountability related to the Office of the Corrections Ombudsman needs, as described below.

Section 1 requires DPH, in collaboration with Department of Correction (DOC), to evaluate and report annually on the provision of health care and mental health care services to inmates in correctional facilities. This results in a cost to DPH of approximately \$294,200 in FY

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

26 and \$344,100 in FY 27 (and annually thereafter), and an estimated annual cost to the Office of State Comptroller for associated fringe benefits of \$106,500 in FY 26 and \$132,000 in FY 27 (and annually thereafter). It is anticipated that DPH will begin its work in September 2025² to meet the bill's reporting deadline of January 1, 2026.

The costs to DPH reflect the need for three new full-time positions and one part-time position, at an annualized salary cost of \$324,000: (1) two Nurse Consultants to conduct evaluations across all 13 state correctional institutions, at an annual salary of \$98,950 each; (2) a Supervising Nurse Consultant to coordinate and supervise the survey team, at an annual salary of \$109,000; and (3) an Epidemiologist (0.25 FTE) to provide counsel as to best practice in correctional settings as it relates to testing, vaccination and treatment of infectious diseases, at a part-time annual salary of \$17,100. Annualized fringe benefits costs for these positions are \$80,600 (in total), \$44,400, and \$7,000, respectively.³

Additional costs to DPH are anticipated to total \$32,420 in FY 26 and \$20,100 in FY 27 (and annually thereafter). Startup costs in FY 26 include staff equipment costs of \$13,500, as well as 40 hours of contracted outside professional services from a Correctional Health Consultant (\$2,000). Ongoing costs for both FY 26 and FY 27 (which continue with inflation into the out years), reflect: (1) vehicle-related costs for the Nurse Consultants' travel to correctional facilities (\$17,500); (2) ongoing equipment costs of \$2,400; and (3) subscription to the National Commission on Correctional Health Care Standards (\$200).⁴

Section 2 requires the Office of the Correction Ombudsman (within the Office of Governmental Accountability) to complete a report to the General Assembly on the number of personnel required at correctional institutions, resulting in a cost of between \$150,000 and \$500,000 in FY 26. This cost is associated with the hiring of a consultant with the

² FY 26 salary costs reflect a 10-month period rather than a full fiscal year.

³ Expected FY 26 total salary costs are projected to be approximately \$261,700 with \$106,500 in associated fringe benefits.

⁴ Expected FY 26 costs for vehicles and equipment will be slightly lower due to the 10-month period (\$14,600 and \$2,200, respectively).

expertise to complete the study. The exact cost will depend on the results of a request for proposals.

Section 3 creates a task force to study and report on recommendations regarding recruitment and retention of DOC health personnel. This has no fiscal impact as the participating agencies have sufficient expertise to complete the task force's responsibilities.

Section 4 requires DOC to report on its policies on: (1) the provision of health care and mental health care services to inmates, (2) communication with outside providers about an inmate's medical history, including obtaining and disclosing medical and mental health records when appropriate, and (3) a primary care provider's ability to obtain a former inmate's medical and mental health history and records from DOC after an inmate's discharge. This does not result a fiscal impact to the state because DOC has the expertise to meet the requirements of the section.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.