

OFFICE OF FISCAL ANALYSIS

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sHB-5474

AN ACT CONCERNING OVERSIGHT OF MEDICAL CARE FOR PERSONS WHO ARE INCARCERATED AT THE DEPARTMENT OF CORRECTION.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
State Comptroller - Fringe Benefits ¹	GF - Cost	None	26,672
Correction, Dept.	GF - Cost	None	563,777

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill adds new requirements in FY 28 to the Department of Correction's (DOC) reporting on its plan for providing health care services, resulting a cost of up to \$563,777 to DOC and \$26,672 to the State Comptroller in FY 28.

Beginning in FY 28 the department will be required to report on (1) medications prescribed by major drug classification (2) status of initial health assessments (3) the number of requests for medical care and time elapsed between the request and receipt of care, and (4) adverse medical outcomes and the length of investigations of such outcomes. These requirements result in a one-time cost of up to \$500,000 to modify the department's electronic health record (EHR) system and an ongoing

¹ The 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 41.82% of payroll in FY 27.

annual cost starting in FY 28 of \$63,777 to DOC and \$26,672 to the State Comptroller - Fringe Benefits to hire an administrative assistant to compile this data and ensure accurate reporting and documentation year-round.

The bill also requires DOC to make various changes to the department's plan for providing health care services, though this requirement results in no fiscal impact. The department has the expertise to update the plan in accordance with the bill's provisions and the bill does not require the department to implement the plan under any specific timeline.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future, except for the one-time cost to modify the EHR.