

OFFICE OF FISCAL ANALYSIS

Legislative Office Building, Room 5200
Hartford, CT 06106 ◊ (860) 240-0200
<http://www.cga.ct.gov/ofa>

sHB-5567

AN ACT CONCERNING HEALTH CARE IN THE DEPARTMENT OF CORRECTION FACILITIES.

As Amended by House "A" (LCO 5000)

House Calendar No.: 405

Senate Calendar No.: 490

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Correction, Dept.	GF - Cost	None	At least 254,600
Correction, Dept.	GF - Potential Cost	Potential Significant	Potential Significant
Legislative Mgmt.	GF - Potential Cost	Minimal	Minimal
Correction, Dept.	GF - Revenue Loss	40,000	40,000
Correction, Dept.; Treasurer, Debt Serv.	GF - Cost	See Below	See Below
Governmental Accountability, Off.	GF - Cost	63,000	125,500
Governmental Accountability, Off.	GF - Potential Savings	Minimal	Minimal
State Comptroller - Fringe Benefits ¹	GF - Cost	26,500	130,635
Higher Ed., Off.; Treasurer, Debt Serv.	GF - Cost	See Below	See Below
Auditors	GF - Potential Cost	See Below	None
Policy & Mgmt., Off.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

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 41.82% of payroll in FY 27.

Primary Analyst: RP
Contributing Analyst(s):
Reviewer: PR

4/30/26

Municipal Impact: None

Explanation

The bill makes various changes to laws on health care services for incarcerated individuals, resulting in the following impacts.

Section 1 requires the Office of the Correction Ombuds (OCO) within the Office of Governmental Accountability (OGA) to hire one additional staff member as a Correction Mental Health Care Clinician. This results in an estimated General Fund salary cost to OGA of \$63,000 in FY 27,² with an associated fringe cost of \$26,500, and beginning in FY 28, an estimated annual salary cost of \$125,500 with an associated fringe cost of \$52,500. The additional staff will support inmate access to care and medication management.

Additionally, this section specifies that OCO can recover costs associated with filing and defending a subpoena if the subpoena is unsuccessfully challenged in court, resulting in potential minimal savings to OCO and a corresponding potential minimal cost to the Department of Correction (DOC) beginning in FY 26. The potential impact will depend on the number of subpoenas brought by OCO, the number that are challenged, and the reimbursement awarded to OCO. Any savings to OCO and corresponding cost to DOC is expected to be minimal as the subpoena power has only been used three times to date.

Section 2 results in (1) a potentially significant cost beginning in FY 27, (2) a revenue loss of about \$40,000 to DOC beginning in FY 27, and (3) a one-time cost to DOC of up to \$200,000 in FY 27.

This section requires that DOC ensure that medically necessary procedures are provided to inmates in a timely and clinically appropriate manner. To the extent this bill requires an expansion of DOC's current medical policies and procedures, there may be a significant cost to the state for additional medical staffing and/or for

² The FY 27 figure represents the half-year cost, anticipating a January 1, 2027 start date as required by the bill.

coordinating timely specialized services with outside providers.

This section also prohibits DOC from charging any fees, fines, costs or surcharges for all health care services, resulting in an annual revenue loss of \$40,000 beginning in FY 27.

Finally, this section results in a one-time cost to DOC of up to \$200,000 in FY 27. It requires DOC to modify their current electronic health record (EHR) system and/or inmate tablets to (1) allow inmates to digitally request medical care through a secure messaging system, (2) allow inmates to access certain medical records, and (3) include a digital, time-stamped log of medical care request. Contract costs to modify their current systems to effect these changes are not expected to exceed \$200,000.

The section specifies that the EHR upgrades must be funded within available bond funding. sSB 85 includes \$10 million for electronic health records systems, including digital medical care request systems, devices, and access points.

Section 4 results in a potential cost to DOC beginning in FY 27. The section requires DOC to create and implement a contingency staffing plan, which, if implemented, may require the use of additional compensation or other incentives to maintain continuity of care. The potential cost depends on whether the plan is implemented and includes these incentives and the extent of additional compensation provided to medical providers pursuant to the plan.

Section 6 results in an estimated cost of up to \$1 million annually beginning in FY 27 to the Office of Higher Education (OHE). It requires OHE to administer a student loan reimbursement program for licensed nurses and licensed clinical social workers employed by DOC. Eligible employees who choose to participate can receive up to \$5,000 annually in reimbursement for student loan payments, and up to \$20,000 cumulatively over their lifetime.

DOC currently employs 385 licensed nurses and 45 licensed clinical

social workers (totaling 430 employees). The cost will vary based on the number of nurses and social workers who participate, and the amount of outstanding debt they carry. If 30% of nurses and 80% of social workers³ DOC employs receive the maximum \$5,000 reimbursement, the annual cost would be about \$758,000.

The section additionally allows OHE to use up to 5% of program funding for administration and promotion of the program.

The section specifies that the program must be funded within available bond funding. There are no authorizations for the program under current law.

Section 7 requires the Auditors of Public Accounts (APA) to audit DOC's nutrition and food service and commissary programs resulting in a potential cost to the state in FY 27. To meet the requirements of the bill, the APA may have to hire a consultant that has nutritional expertise.

Section 8 results in a cost of at least \$154,600 to DOC for two positions and \$78,135 to the State Comptroller for fringe benefits in FY 28, as well as at least \$100,000 for contracting costs. The section requires DOC, the Department of Mental Health and Addiction Services (DHMAS), and the Office of Policy and Management (OPM) to initiate a pilot program to expand DOC's internal capacity for discharge planning and to contract with a federally qualified health center (FQHC) to provide community-based care and improve continuity of care for persons upon release from correctional facilities.

To expand capacity for discharge planning and care coordination to facilitate access to programs and services upon release, DOC will be required to hire one Correctional Counselor and one Clinical Social Worker.⁴

³ A study by the University of Michigan published on 1/26/26 indicated between 28% and 33% of licensed nurses carry student loan debt. The "2024 Social Work Workforce Study Series" completed for the Association of Social Work Boards indicated that about 80% of licensed clinical social workers carry student loan debt at graduation.

⁴ The starting annual salaries for these positions are \$68,339 and \$86,261 respectively.

The costs of the FQHC contract may vary widely and will depend on (1) the type and level of services the FQHC is required to provide, (2) the current condition of DOC's discharge planning, and (3) the number of offenders discharged from York that qualify for the pilot program. It is expected that the contract will cost a minimum of \$100,000.⁵

This section also results in a potential cost to OPM and DMHAS to the extent additional resources are required for the pilot program.

Section 9 creates a Correction Medical and Health Commission resulting in a potential minimal cost to the Office of Legislative Management. The bill specifies that commission members serve without compensation but can be reimbursed for necessary expenses resulting in a potential cost to the extent reimbursements occur.

The bill makes other changes that do not result in a fiscal impact because the affected agencies have the capacity and resources to meet the bill's requirements.

House "A" strikes the underlying bill and results in fiscal impact described above.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation, employee wage agreements, the number employees that participate in the loan reimbursement program, and the length and terms of the pilot program at York CI.

⁵ The bill specifies that DOC, DMHAS, and OPM shall contract with the FQHC. This fiscal note assumes that DOC will bear the costs of the contract.