



# Senate

General Assembly

**File No. 461**

February Session, 2018

Senate Bill No. 172

*Senate, April 12, 2018*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist. and SEN. SOMERS of the 18th Dist., Chairpersons of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID USE DISORDER IN CORRECTIONAL FACILITIES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2018*) (a) On or before January 1,  
2 2019, the Department of Correction, in consultation with the  
3 Departments of Public Health and Mental Health and Addiction  
4 Services, shall establish a medication-assisted treatment program in  
5 correctional facilities for inmates with opioid use disorder. During the  
6 first year of operation, at least five correctional facilities shall  
7 participate in the program. During the second year of operation, at  
8 least thirty per cent of all inmates in correctional facilities shall have  
9 access to the program. During the third year of operation, at least sixty  
10 per cent of all inmates in correctional facilities shall have access to the  
11 program. During the fourth year and for each subsequent year of  
12 operation, one hundred per cent of all inmates in correctional facilities  
13 shall have access to the program.

14 (b) Correctional facilities that participate in the program shall (1)  
15 establish procedures that enable qualified correctional staff to dispense  
16 and administer all drugs approved by the federal Food and Drug  
17 Administration for use in medication-assisted treatment of opioid use  
18 disorder, and (2) make such treatment available under the program to  
19 any inmate for whom such treatment is found to be appropriate by a  
20 qualified, licensed health care provider. The program shall ensure that  
21 an inmate who has been receiving medication-assisted treatment for  
22 opioid use disorder immediately preceding the inmate's incarceration  
23 shall continue such treatment while incarcerated unless the inmate  
24 voluntarily discontinues such treatment or a qualified, licensed health  
25 care provider determines that such treatment is no longer appropriate.  
26 To the extent practicable, the Department of Correction shall prioritize  
27 placement of inmates who have been receiving medication-assisted  
28 treatment for opioid use disorder immediately preceding their  
29 incarceration in a correctional facility that provides access to the  
30 program.

31 (c) Not later than November 1, 2019, and annually thereafter until  
32 November 1, 2023, the Commissioner of Correction shall report to the  
33 Governor and, in accordance with the provisions of section 11-4a of the  
34 general statutes, to the joint standing committees of the General  
35 Assembly having cognizance of matters relating to public health and  
36 the judiciary:

37 (1) The cost of the program in the prior year;

38 (2) The projected cost associated with expanding the program to  
39 additional correctional facilities for the following year;

40 (3) A summary of changes to correctional facility practices related to  
41 implementation of the program;

42 (4) The type and prevalence of medication-assisted treatment  
43 provided under the program; and

44 (5) The number of inmates who (A) received medication-assisted

45 treatment under the program, (B) voluntarily discontinued  
46 medication-assisted treatment, and (C) requested but did not receive  
47 medication-assisted treatment.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>July 1, 2018</i>	New section
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**PH**      *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 19 \$	FY 20 \$
Correction, Dept.	GF - Cost	2,673,843 to 6,259,113	2,673,843 to 6,259,113
State Comptroller - Fringe Benefits <sup>1</sup>	GF - Cost	28,197	28,197

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

This bill requires the Department of Correction (DOC) to establish a medication-assisted treatment program in correctional facilities for inmates with opioid use disorder and results in a cost to the state.

To implement the program the DOC would need to hire a Correctional Counselor Supervisor (\$77,613 salary and \$28,197 fringe benefits) to oversee the program and to administer the contract with the provider.

In FY 19, five facilities will participate in the program and it is estimated to cost between \$2.7 million and \$6.3 million dependent on the number of inmates who utilize the program. The cost to DOC is due to hiring an outside provider to administer the program. In FY 20, the program will be available to 30% of all inmates and is anticipated

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<sup>1</sup>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 36.33% of payroll in FY 19 and FY 20.

to have the same cost as FY 19.

The estimates are based on the following assumptions:

- \$100 weekly per inmate cost to participate in the program.
- 10.5%-25% of the inmate population will qualify and participate in the program.
- The prison population will decrease 4.7% per year (the annual average decline of the last three years).

The bill requires the Commissioner of DOC to report annually on the program and results in no cost to the state because the DOC has the expertise to do this.

**The Out Years**

**State Impact:**

Agency Affected	Fund-Effect	FY 21 \$	FY 22 \$	FY 23 \$
Correction, Dept.	GF - Cost	4,149,288 to 9,772,077	6,546,670 to 15,480,130	6,546,670 to 15,480,130
State Comptroller - Fringe Benefits	GF - Cost	28,197	28,197	28,197

Note: GF=General Fund

In FY 21, the program will be available to 60% of the prison population and is estimated to cost between \$4.1 million and \$9.8 million. In FY 22 and FY 23 the program will be available to 100% of the population and is estimated to cost between \$6.5 million and \$15.5 million.

To the extent that the program reduces recidivism and reduces the post-release Medicaid expenses, there is a potential future savings in the out years.

**Municipal Impact:** None

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**OLR Bill Analysis****SB 172*****AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID USE DISORDER IN CORRECTIONAL FACILITIES.*****SUMMARY**

This bill requires the Department of Correction (DOC), by January 1, 2019 and in consultation with the departments of public health and mental health and addiction services, to establish a medication-assisted treatment (MAT) program in correctional facilities for inmates with opioid use disorder. (Generally, MAT programs provide U.S. Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders.)

Under the bill, program participation is as follows: (1) at least five correctional facilities must participate in the first year, (2) at least 30% of all correctional facility inmates must have program access in the second year, (3) at least 60% of inmates must have program access in the third year, and (4) all inmates must have program access from the fourth year on. The bill establishes program requirements regarding staff procedures for MAT and access to such treatment.

Between November 1, 2019 and November 1, 2023, the DOC commissioner must annually report to the governor and Public Health and Judiciary committees on the program.

EFFECTIVE DATE: July 1, 2018

**PROGRAM REQUIREMENTS**

Under the bill, correctional facilities that participate in the program must:

1. establish procedures enabling qualified correctional staff to

dispense and administer all drugs approved by the FDA for use in MAT for opioid use disorder and

2. make such treatment available to any inmate for whom a qualified, licensed health care provider finds it to be appropriate.

The bill also requires the program to ensure that an inmate receiving MAT for opioid use disorder immediately before his or her incarceration continues the treatment while incarcerated unless (1) the inmate voluntarily discontinues it or (2) a qualified, licensed health care provider determines it is no longer appropriate.

Under the bill, DOC must, to the extent practicable, prioritize placing inmates who were receiving MAT for opioid use disorder immediately preceding their incarceration in a facility that provides access to the program.

## **REPORTING REQUIREMENTS**

The bill requires the DOC commissioner's annual report to include:

1. the program's cost in the prior year, as well as the projected cost to expand the program to additional correctional facilities for the following year;
2. a summary of changes to correctional facility practices related to the program's implementation;
3. the type and prevalence of MAT the program provided; and
4. the number of inmates who received MAT under the program, voluntarily discontinued the treatment, and requested but did not receive the treatment.

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 27 Nay 0 (03/23/2018)