The Cost of Correctional Health Care

A Correctional Institution Inspection Committee summary of Ohio’s prison health care system

Principal Author: Gregory T. Geisler
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INTRODUCTION

In Estelle v. Gamble (1976), the United States Supreme Court ruled that inmates have a constitutional guarantee under the 8th Amendment to health care that meets the standards available in the community. Upholding these standards has been inconsistent, though, as evidenced by major litigation in Texas, Florida, California, and even Ohio, prompting costly transformation of prison health care systems. The challenge for states is balancing the requirements of providing guaranteed care versus the finite number of dollars available. In several states, including Ohio, adopting elements of a managed care model has been the means to strike this balance. This includes using evidence based practices in conjunction with utilization management to leverage the cost of medicine. The goal is to provide only necessary care and eliminate costly expenditures attributed to unnecessary procedures, as well as eliminating overbilling by providers that absorbs limited resources.

This paper summarizes the structure of the Ohio prison healthcare system, major contributors to the cost of prison healthcare, and ways that Ohio is attempting to manage and/or avoid costs while still fulfilling all obligations. The last section of this paper provides information on the prison populations of several states, both with similarly sized populations and larger.

KEY FINDINGS

- Spending on prison health care in Ohio has seen a dramatic 96.2% increase from $115 million in 2001 to over $225 million in 2010.

- The estimated average annual cost for health services per inmate is approximately $4,780.

- The percentage of the Department’s budget dedicated for medical services has increased from 8 percent to 15 percent in under a decade.

- There are ever increasing numbers of prisoners and the number of prisoners over the age of 50 has doubled since 2001. These inmates will require more expensive and costly medical care due to their increased chances of developing chronic diseases.

- The estimated cost of the Fussell case was $62 million. Per the settlement agreement, an additional annual cost of $28 million will be added to the budget for institutional medical services to pay for 311 additional medical personnel.

- The Department could reduce the cost of care provided by OSUMC, at a cost savings estimated by this office to be several million dollars, if OSUMC agreed to charge rates established under the Medical Assistance Program (MAP) in accordance with Section 341.192 of the Ohio Revised Code. However, according to the Department, OSUMC does not have an interest in providing care beyond emergent care to inmates without a contract in place that allows them to charge rates in excess of MAP.
• One third of the Department’s medical services budget for FY 2010, or $64,825,228, is allotted to pay for care provided by the Ohio State University Medical Center (OSUMC). Additional data reported that it cost the Department $78,238,987 in 2010 for services provided by OSUMC and outside hospitals.

• An estimated 28 to 29 million dollars was spent on pharmaceuticals in 2010. In 2009, there were over 1.4 million prescriptions issued or refilled by the Department.

• There were 10,473 patients enrolled in 13,544 chronic care clinics in 2005. As of 2009, this number has almost doubled with a total of 18,305 inmate patients enrolled in 29,565 chronic care clinics.

• The Department contracts with Permedion\(^1\) to conduct pre-certification reviews and retrospective reviews of billed medical services. There were 1,292 precertification reviews, saving $664,512 in FY 2009. There were 1,594 retrospective reviews saving $2,600,000. Reportedly, the use of a company like Permedion costs just below $1 million. However, it saves the state significant amounts of money with the services and expertise it provides.

• The Department also contracts with Correct Care Integrated Health to re-price claims to meet the requirements of ORC 341.192. The contractor has re-priced 12,249 claims, generating a cost reduction of $10,196,000. In FY 2010, the contractor re-priced 12,045 claims generating a cost reduction of $9,905,511.

• The urgent care program currently in development at Corrections Medical Center (CMC) is intended to reduce dependency on and use of local emergency rooms and the OSUMC for less critical ambulatory cases. The Department estimates that by diverting these cases to CMC, providing care could be as low as 10 percent of the current costs of using local emergency rooms or OSUMC.

• In order to cut costs and increase inmate independence, the Department has started requiring inmates to buy over-the-counter drugs at commissaries, rather than providing them. Some inmates state that they cannot afford the prices at commissaries, which often include a significant markup compared to prices at pharmacies outside the facility. The Department should consider eliminating the markup on commonly used over-the-counter medication that it is no longer providing free of charge to inmates.

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\(^1\) According to the company’s website, http://www.hmspermedion.com/Services.htm, “Permedion delivers external and independent medical peer review services that help health care providers and government agencies make health care better. We work with you to identify the most efficient methods of delivering high quality services…”
SECTION I. Structure of the Prison Health Care Network

The Ohio Department of Rehabilitation and Correction manages a network of health care for all offenders under their supervision. The Department provides care at three levels (Bureau of Medical Services, 2010): (1) institutional infirmaries; (2) specialty facilities; and (3) at both the Corrections Medical Center and Ohio State University Medical Center.

A. Institutional Infirmaries

The majority of inmate health care occurs within institutional infirmaries. Organized similar to an ambulatory center found in the community, each institution’s infirmary is structured to meet an offender’s routine health care needs on an outpatient basis. Some institutional infirmaries are designed to meet the needs of special populations at the facility, such as female or aging offenders. Care is provided by licensed health professionals including doctors, nurses, and dental staff who are complemented by an administrative support staff.

Specialty care is also provided at infirmaries. Medical specialists such as podiatrists, optometrists, OBGYN and chronic care clinics routinely provide treatment to offenders. Chronic care clinics range from cardiac and lipid clinics to clinics treating seizure and pain disorders.

Each facility also has dental staff to provide routine care for eligible inmates and emergency dental care for all inmates. The level of dental services received by inmates is based on the condition of their teeth and mouth, and the length of time they will be incarcerated.

B. Frazier Health Center

The Frazier Health Center (FHC), located at Pickaway Correctional Institution, has a 200 patient capacity. This skilled nursing facility provides care similar to that of an assisted living facility in the community. The FHC replaced an older medical center on the grounds of the Orient prison complex, at a cost of $19 million. Nurses provide care to offenders with significant medical issues who are in need of intensive care. The Center also has a 17 bed infirmary for inmates who are not permanently assigned to the facility, as well as a dialysis treatment center. The facility houses inmates whose condition classifies them as a medical class 3. Medical class 3 conditions include:

<table>
<thead>
<tr>
<th>Activities of Daily Living</th>
<th>HIV/AIDS</th>
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<tr>
<td>Diabetes and Dialysis</td>
<td>Severe Chronic Lung Disease</td>
</tr>
<tr>
<td>Paraplegics/Hemiplegics</td>
<td>Unstable Epileptics</td>
</tr>
<tr>
<td>Aggressive Cancer Treatment</td>
<td>Advance Cardiovascular disease</td>
</tr>
</tbody>
</table>
**C. Corrections Medical Center**

The Corrections Medical Center (CMC) is the Department’s other skilled nursing facility. The annual cost to operate this facility is $39,773,213. The facility houses inmates classified as medical Class 4. Class 4 medical conditions include:

- Diabetics
- HIV-AIDS
- Quadriplegics
- Advanced cancer
- Lung Disease
- Advanced Cardiovascular disease
- Unstable Epileptics
- Terminal Cancer

The facility is staffed by 479 medical specialists, security officers, and administrators. In some respects, CMC operates like a hospital. At CMC, inmates are also seen by specialists under contract with OSUMC. Staff reported that as many as 200 patients are seen by CMC specialists or go to OSUMC through CMC for treatment each day.

During CY 2010, **2,240 inmates were transported to local hospitals for emergency care.** **During the same period 1,406 inmates were admitted directly to OSUMC, 518 of which were forwarded from local hospitals for treatment.** The Department is creating an urgent care center at CMC to handle cases that would otherwise be sent to OSUMC or local emergency rooms for treatment. The center will treat minor traumas, fractures, abdominal pains, or other asymptomatic cases. This is a three-phase pilot program that began in September 2010. During the month of October, the center treated 117 inmate patients.

Phase one began by treating inmates from facilities in the central Ohio area. Phase two consisted of expanding the radius of institutions eligible to use CMC for their urgent care needs. Phase three will consist of expanding the use of telemedicine technology for outlying institutions. A cost-benefit analysis of operating an urgent care facility strictly under the supervision of the Department will be conducted at the conclusion of phase three. The new facility is projected to reduce healthcare expenditures and labor hours wasted sitting in local emergency rooms. Using CMC significantly reduces costs because the facility is already fully staffed with officers. The Department estimates that by diverting these cases to CMC, providing care could be as low as 10 percent of the current costs of using local emergency rooms or OSUMC.

Other factors influencing the development of the urgent care center originate in the expediency of care provided to offenders. Emergency rooms treat patients according to priority, which may result in extended waits for offenders with less serious conditions. Once the inmate enters the ER, the bill for services accumulates in addition to the cost of custody staff. Staff relayed that it is not uncommon for patients to wait several hours for treatment only to be forwarded to OSUMC due to the high volume of patients seeking care in local ERs, thus increasing the cost of care and staffing expenses for transporting the inmate to OSUMC. This can be especially costly if the inmate must be transported several hours from prisons on the periphery of the state. The urgent care center at CMC will reduce the amount of time spent in local ERs thereby increasing direct access to care for inmates and the quality of care.
The CMC also houses a laboratory that performs all emergency “stat” labs, critical labs, reference labs, Pathology consultations and other specialty areas, such as Cytology and Microbiology. This lab performs 3.5 million tests per year (ODRC News Release, 2010). According to staff, the laboratory is completely self-sufficient and bills other agencies, such as the Department of Youth Services, for testing. The Department of Mental Health (DMH) was a customer, but staff relayed that DMH no longer utilizes the laboratory’s services. Reportedly, the DRC is attempting to reestablish the relationship as a source of future business. The state could consider mandating the use of this laboratory for all state agencies that require laboratory testing in an effort to reduce outside costs.

D. Ohio State University Medical Center

In conjunction with the CMC, the Department contracts with the Ohio State University Medical Center (OSUMC) to provide specialty consults, clinics and emergency services. The OSUMC has a secure area with 23 beds for offenders who require longer stays at the hospital. According to information provided from the Department, the cost of services provided by OSUMC for FY 2010 was $64,825,228, equaling one third of the total prison health care budget.

In CY 2009, the OSUMC doctors performed 62,954 consults and procedures on offenders. There were 25,702 consults and procedures performed at the CMC by OSUMC physicians who travel to the facility and 9,191 consults and procedures conducted by physicians at OSUMC. The Department also utilizes OSU physicians at the Marion Correctional Institution and the North Central Correctional Institution to provide clinical care for inmate patients.
SECTION II: Cost of Correctional Health Care

During the past decade, spending on prison health care has rapidly increased. Since FY 2000, there has been a dramatic 96.2% increase in spending on prison health care from $115 million in 2000 to over $225 million in 2010 (Rogers, 2010).

Reflecting upon the main operating budget passed by the 128th General Assembly, lawmakers allotted $239,839,373 for FY 2010 and $239,140,143 for FY 2011 to cover Institutional Medical Services. This is approximately $41.5 million more than the FY 2009 expenditure of $198,337,805. The FY 2009 expenditure represented a $31 million increase over the amount allotted in 2007 for prison medical services (Rogers J., 2009).

Since FY 2000, the percentage of spending on inmate medical services has outpaced the DRC total General Revenue Funding (GRF) spending for all but three years. As shown in the following table, the share of money for the Department’s GRF medical services has increased from 8 percent to 15 percent in less than a decade (Rogers, 2010).
SECTION III. Factors Influencing the Cost of Care

There are a number of influences significantly contributing to the increasing cost of health care. Three of the major contributors include the increasing size and age of the prison population, the inflationary cost of medical care and pharmaceuticals, and the cost of implementing mandated reforms resulting from *Fussell v. Wilkinson* (Rogers J., 2009).

A. Population Growth and Aging Offenders

As of November 2010, the Ohio prison population stands at 51,157 offenders housed in a system built for 38,389 inmates. The Ohio system is at 133 percent of capacity. The most overcrowded prison in Ohio is at 258% of capacity. According to the Department, the Ohio prison population is expected to grow to 55,000 by 2019 (Welsh-Huggins, 2010). With the exception of a minor decline in the earlier part of this decade, the Department reports that the offender population has increased each year since the 1990s.

The average age of offenders is slowly drifting higher. Since 2001, the average age of offenders has increased slightly from 34.4 years (ODRC, 2001) to 36.08 years (ODRC, 2010). The number of prisoners over 50 years of age is increasing across the country and so is the cost associated with them (Branham, 2010). These inmates will require more costly medical care due to their increased chances of developing chronic disease (Kinsella, 2004). In 1997, the Department issued a study that examined the needs of offenders 50 years and older. The report found, at the time, that the number of offenders over the age of 50 was 3,002 and likely to double by 2017 (ODRC, 1997). In reality, this population of offenders has doubled in the past decade. In 2010, the number of inmates over the age of 50 peaked at 6,791. The oldest inmate at the time of the writing of this report is 89 years old (ODRC, 2010).

Chart 3. Number of Incarcerated Offenders in Ohio Over 50

![Chart 3. Number of Incarcerated Offenders in Ohio Over 50](image-url)
B. *Fussell v. Wilkinson* Settlement

*Fussell* is an ongoing system-wide class action lawsuit dealing with the inadequate delivery of medical care in the Ohio prison system. **The total estimated direct cost of the litigation was $62 million dollars** (Rogers J., 2009).

An extra **$28 million** will be added to the annual cost of institutional medical services to **hire 311 additional medical personnel**. The staff was hired as part of the settlement agreement in November 2005. The additional $28 million does not include the cost of living adjustments for these personnel (Rogers J., 2009).

C. Categories of Medical Spending

The increasing cost of medical care for offenders is driven by a variety of factors. Reports have identified the following factors: (1) an increase in chronic or communicable diseases among inmates; (2) costs associated with treating mental illnesses; (3) elderly inmates; (4) substance abuse and treatment costs; and (5) prescription drug costs (Kinsella, 2004).

As displayed on the following chart, the major costs that account for the majority of medical spending by the Department are **payroll expenses**, **contracts and temporary workers**, and **supplies and maintenance**.

**Chart 4. Categories of Medical Spending**

2001-2010
D. Cost of Pharmaceuticals

According to the Department, between $28,159,411 and $29,825,356 was spent on pharmaceuticals in 2010. Since 2001, spending on pharmaceuticals has spiked 900 percent. The DRC is obligated by statute to purchase their medications from the Department of Mental Health (DMH). The DMH places bids for an estimated quantity of prescriptions in an effort to obtain the best price possible on drugs; in this way the Department attempts to control the cost of expenditures on medications. According to staff, the system is currently working well, but if it were not, the law would have to be changed. As soon as a prescription is written at an institution, it is sent to the DMH, which fills the prescription through the Pharmacy Services Center. Each day a “drug truck” delivers the prescriptions to institutions. If a prescription is needed immediately, the institution has the ability to utilize the local pharmacy if necessary.

Another way the Department attempts to control costs is by reducing the number of “comfort” drugs provided to inmates and encouraging inmates to purchase them in the commissary. Comfort drugs include Tylenol, Ibuprofen, antacids and fish oil, to name a few. To facilitate this, the Department is examining ways to remove the markup on particular drugs in the commissary, thereby making them affordable. Reportedly, this will decrease the cost to the inmate by up to 70 percent, which is comparable to prices in the community. There was no estimate provided regarding how much this will save the Department.

CIIC communication with inmates and institutional staff raises concern that inmates cannot afford these drugs. For example, CIIC received a letter from an inmate who could not afford Prilosec, which reportedly cost over $16 in the commissary. Institutional staff relayed a willingness by the Department to cover half of the cost of high cost over the counter (OTC) drugs. However, this may not be a uniform practice throughout the system. Therefore institutional staff and CIIC recommend that the Department consider a directive to eliminate the markup for OTC medications.

Table 1. Estimated Total Prescriptions Issued by Reporting Institutions for 2009.

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Prescriptions Issued 2009</th>
<th>Institution Name</th>
<th>Prescriptions Issued 2009</th>
<th>Institution Name</th>
<th>Prescriptions Issued 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen CI</td>
<td>132,602</td>
<td>London CI</td>
<td>56,482</td>
<td>Pickaway CI</td>
<td>Not available</td>
</tr>
<tr>
<td>Belmont CI</td>
<td>46,753</td>
<td>Madison CI</td>
<td>67,961</td>
<td>Ross CI</td>
<td>50,077</td>
</tr>
<tr>
<td>Chillicothe CI</td>
<td>102,648</td>
<td>Mansfield CI</td>
<td>78,312</td>
<td>Richland CI</td>
<td>50,755</td>
</tr>
<tr>
<td>Corrections Medical Ctr</td>
<td>58,414</td>
<td>Marion CI</td>
<td>98,436</td>
<td>S. Eastern CI</td>
<td>28,722</td>
</tr>
<tr>
<td>Correctional Reception Ctr</td>
<td>85,850</td>
<td>Noble CI</td>
<td>34,709</td>
<td>Southern Ohio CF</td>
<td>34,287</td>
</tr>
<tr>
<td>Dayton CI</td>
<td>11,798</td>
<td>Ohio Reformatory for Women</td>
<td>159,169</td>
<td>Trumbull CI</td>
<td>40,356</td>
</tr>
<tr>
<td>Grafton CI</td>
<td>56,974</td>
<td>Northeast Pre-Release Center</td>
<td>27,667</td>
<td>Warren CI</td>
<td>32,189</td>
</tr>
<tr>
<td>Hocking CF</td>
<td>34,225</td>
<td>Oakwood CF</td>
<td>39,101</td>
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<tr>
<td>LaECI</td>
<td>19,517</td>
<td>Ohio State Penitentiary</td>
<td>10,814</td>
<td></td>
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<tr>
<td>Lebanon CI</td>
<td>62,344</td>
<td></td>
<td></td>
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</table>

TOTAL PRESCRIPTIONS: 1,418,162
E. Other Significant Costs: Chronic Care

Chronic illnesses are common among inmates due to a variety of reasons such as socioeconomic status, high-risk behaviors prior to incarceration, histories of substance abuse, and mental illness (Kinsella, 2004). When compared to the prevalence in the general population in the community, inmates report higher percentages of most chronic and infectious diseases (Andrew P. Wilper, 2009). Due to increased surveillance of inmates in Ohio prisons for chronic diseases, a greater numbers of inmates have been identified and are being treated for these illnesses. The Department reported 10,473 patients enrolled in 13,544 chronic care clinics in 2005. As of 2009, the number of inmate patients in chronic care clinics has almost doubled. In 2009, there were 18,305 inmate patients enrolled in 29,565 chronic care clinics.

Chart 5. Number Chronic Care Enrollments and Patients

Chart 6. Number of Chronic Disease Patients by Type
SECTION IV. Cost-Containment and Avoidance Measures

The Department has instituted a range of measures aimed at managing costs and reducing unnecessary medical expenditures. These include cost-containment and cost avoidance measures managed by a contractor, Permedion. The contractor performs comprehensive pre-certification and retrospective utilization review programs. Through these programs, a review is conducted to determine if specified tests and procedures requested by institution medical personnel are necessary. It also ensures that the least invasive procedures are attempted first to alleviate the condition prior to more invasive and costly procedures being performed. The retrospective review of medical care provided by the OSUMC ensures that services were delivered, and the Department was properly billed. Staff of the Department cited examples of multiple billings for services performed, being billed for inmates already released from the Department, or being billed for services provided to county jails. According to the Department, these costly errors justify the cost of Permedion, which was just under $1 million dollars.

According to information provided, the pre-certification reviews of 1,292 procedures resulted in a cost avoidance savings of $664,512 in FY 2009. The utilization of retrospective reviews included 1,594 reviews that ultimately saved the Department $2,600,000. These savings manifest themselves in the form of credit that the Department received in billings from OSUMC.

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<tr>
<td>Comprehensive Pre-Certification</td>
<td>2.86</td>
<td>$664,512</td>
<td>$2,742,344</td>
</tr>
<tr>
<td>Retrospective Utilization Review</td>
<td>16.64</td>
<td>$2,600,000</td>
<td>$3,600,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8.40</strong></td>
<td><strong>$3,264,512</strong></td>
<td><strong>$6,342,344</strong></td>
</tr>
</tbody>
</table>

Source: Ohio Department of Rehabilitation and Correction

The Department also contracts with Correct Care Integrated Health to re-price claims from local hospitals and emergency rooms billings to the Ohio Medicaid rate to meet the requirements of ORC 341.192. According to the information provided, during FY 2009 the contractor repriced 12,249 claims generating a cost reduction of $10,196,000. In FY 2010, the contractor repriced 12,045 claims generating cost reduction of $9,905,511.

In an effort to control spending on costly procedures, the Department has purchased equipment such as an MRI/CT for $1 million dollars. This will enable the Department to eliminate reliance on the OSUMC or local hospitals for these tests. **Aside from the initial start up cost, it is estimated that it will save $1 million a year.** Reportedly, the cost of the equipment has already been offset by the amount of money saved by the Department in conducting their own tests.

Telemedicine is another example of technology used to reduce the cost of prison health care. This technology permits specialty medical consults to occur at the prison via interactive video conferencing with Doctors at the Ohio State University Medical Center. This technology is being expanded and used more frequently by staff at CMC. It is reported to significantly reduce the
amount of resources spent transporting inmates to and from appointments. The Department reported that nearly 5,000 telemedicine appointments are completed each year.

Other technology used to reduce costs includes a screening machine for inmates who have reported asthma. The machine will test the levels of inmates and determine if the patient still needs to have inhalers. According to information provided, the cost of a month’s supply of the drug *Advair*, used to treat asthma, can cost the Department approximately $220.

The Department also has instituted new policies and practices aimed at improving inmate health. Such policies include banning of tobacco use in prison and instituting a “heart-healthy” diet served to inmates. While both are reportedly very unpopular among inmates and some staff, the long term effect will be decreased spending by the Department in treating diseases reported to be caused by tobacco and poor eating habits.

**OSU Medical Center Rates**

Section 341.192 of the Revised Code requires that medical providers charge county or state correctional facilities for care not to exceed the authorized reimbursement rate for the same service established by the Department of Job and Family Services under the Medical Assistance Program (MAP). If OSUMC were required to charge the Department the MAP rates, it would result in a significantly reduced cost that this office estimates to be at least several million dollars. According to conversations with the Department, OSUMC opposes providing care beyond emergent care to inmates without a contract in place that would allow them to charge more than the MAP rates. OSUMC is the only facility with the security infrastructure capable of providing the advanced services the Department requires. Since they are the Department’s sole option, this enables OSUMC to dictate the rates for services. A new contract between OSU and the Department is currently being negotiated.
SECTION V. Ohio’s Prison Health Care Spending Compared to Other States

In 2009, Ohio had the 6th largest prison population in the United States. California, Texas, Florida, New York, and Georgia had larger inmate populations (Rogers J., 2010). Pennsylvania followed closely behind Ohio. Chart 7 provides a visual comparison between the estimated amounts annually spent per inmate in these states. The dollar amount per inmate was estimated using the best available data from each state’s budget office or department website, and dividing it by the most recent reported total offender populations. Of particular interest are the states of Florida and Texas.

Chart 7. Estimated Annual Cost of Health Services per Inmate in Seven States.

The state of Texas has a reported inmate population in excess of 155,022. According to budget information available from the Texas Bureau of Criminal Justice (TBCJ), $424 million is allotted for inmate health care. A separate line item in the budget provides just under $5 million for staff comprised of health professionals to conduct audits and oversight of health care contracts. (Texas, 2009).

In Texas, an oversight committee called the Correctional Managed Health Care Committee (CMHCC) controls costs through management and utilization reviews. This legislatively mandated program ensures that offenders receive timely and appropriate care in accordance with correctional standards, maintains quality of care in accordance with national standards, and manages the cost of comprehensive care provided to offenders. The managed health care program ensures that the two main providers of inmate care, the Texas Tech University Health Sciences Center and the University of Texas Medical Branch, provide care according to the goals established by the CMHC (CMHC, 2010).
Florida has an inmate population greater than 102,000 (Trends In Prison, 2010). The proposed amount of money requested for inmate health services for FY 2010-2011 is $426,362,141, which averages to a cost of $4,100 per inmate annually (Florida, 2010).

The health services in Florida prisons are structured in the same fashion as a health maintenance organization. The FDOC’s Office of Health Services monitors utilization of all medical services and high cost and invasive procedures provided to inmates. The state uses clinical quality management principles such as pre-admission certification, continued stay reviews, retrospective hospital admissions review, ambulatory surgery and diagnostics that have resulted in better care and cost avoidance (Florida DOC). Florida has enacted legislation that requires care providers to accept their inmates, with a maximum reimbursement of 110 percent of Medicare rates.

Georgia and Pennsylvania’s prison populations are most comparable to Ohio’s in size. As of September 2010, Georgia’s prison population was reported to be 52,665 (Georgia D. , 2010). Pennsylvania’s prison population was reported to be 51,236 (Pennsylvania D. , 2010).

According to the Georgia Department of Corrections Program Budget Financial Summary for FY 2009-2010, $221 and $222 million respectively was allotted to inmate health services (Georgia, 2009). This averages out to be an estimated total of $4,225 spent for health services on each inmate annually.

The Pennsylvania Department of Corrections’ most recent budget data available reported that an estimated $243 million dollars was allotted for inmate health services for the year 2010-2011 (Pennsylvania, 2010). This averages out to $4,750 annually per inmate for health services.

New York’s situation system provides a view of what the future cost of prison health services could be if Ohio’s inmate population increases. The current New York DOC inmate population is approximately 58,000 (NYDOC, 2010). According to 2010-11 New York budget data, health care services provided to inmates, including pharmaceuticals, clinic care and outside hospital care will cost $361 million (NY State Division of Budget, 2010). This is an estimated $6,100 spent on each inmate annually.

The state of California is a model of inefficiency with regard to managing health care costs for offenders. According to a report published by the University of California, $2.4 billion is spent on prison health care annually (UC Health, 2010). The prison health care system in California has been in federal receivership since 2006. It is estimated that the annual cost of care per inmate in California, ranges from $11,000 to $14,000 per year.

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2 According to information on the receiver’s website, “In 2001, a federal class-action lawsuit alleged that the dire state of medical care in California state prisons violated the 8th amendment of the U.S. Constitution, which prohibits cruel and unusual punishment. In 2002, the State settled the lawsuit by agreeing to reform the system. After several years of little progress, the court removed control of prison medical care from the State and appointed a federal Receiver to oversee the reform process. The receiver’s job is to bring the level of medical care in California prisons to a standard which no longer violates the U.S. Constitution. Once that goal is accomplished and sustainability is ensured, the court will return control of prison medical care to the State and the Receivership will end.” (Source: http://www.cprinc.org/)
Works Cited


