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Prison Health Care

The Department of Corrections spent \$37.2 million and employed 232.5 full-time equivalent medical professionals and other support staff to provide health care to approximately 14,900 adult inmates in fiscal year (FY) 1999-2000. An estimated one-third of these inmates have at least one chronic illness, which is most commonly mental illness, a cardiac condition, or asthma.

Inmates have a constitutional right to health care that meets minimum adequate standards, and the Department provides most health care through health services units that operate like outpatient clinics at each of the 14 adult institutions. It contracts with the University of Wisconsin Hospital and Clinics for specialized medical care, which is also provided at local hospitals and a 64-bed infirmary at Dodge Correctional Institution. Mental health care is provided in each institution, in special units at both Dodge and the Columbia Correctional Institution, and at two facilities operated by the Department of Health and Family Services: the Wisconsin Resource Center and the Winnebago Mental Health Institute.

Health Care Expenditures Are Increasing

Both the number of inmates and the cost of their health care have increased significantly from FY 1994-95 through FY 1999-2000. During this period, health care expenditures increased 120.1 percent, while the number of inmates increased 56.4 percent. Health care expenditures totaled \$2,495 per inmate in FY 1999-2000. It should be noted that only two of six other states for which we gathered data—Illinois and Tennessee—had lower per inmate expenditures for prison health care in FY 1999-2000.

Although expenditures increased significantly in all health care categories, spending for pharmaceuticals increased over 400 percent since FY 1994-95 and totaled \$6.6 million in FY 1999-2000. The number of filled prescriptions increased from 142,041 to 309,332, and the cost per prescription increased from \$13.37 to \$23.24. The Department is monitoring its drug-purchasing contract and advising its physicians on more cost-effective prescribing practices. However, newer, more expensive drug therapies are likely to be a source of continuing expenditure increases.

Salary and fringe benefit costs for permanent and limited-term health care employees increased from \$7.9 million in FY 1994-95 to \$15.3 million in FY 1999-2000. System-wide, the Department assigned 1 health care provider—a registered nurse, nurse practitioner, physician assistant, or physician—per 123 inmates in FY 1998-99. However, staffing ratios differ among the 14 institutions, and there are no formal guidelines to ensure that inmates at all institutions receive comparable levels of care through equivalent staffing levels. For example, the Department assigns 1 registered nurse for every 115 inmates in institutions opened after July 1995, and 1 registered nurse for every 198 inmates in older institutions. The other states we surveyed had staffing ratios ranging from 50 to 178 inmates per health care provider in FY 1998-99.

Based on the number of inmates for whom psychotropic medications have been prescribed, 2,642 inmates have a diagnosed mental illness. Approximately 15 percent of inmates currently at Supermax are receiving psychotropic medications. Resources to provide mental health services vary considerably by institution and do not appear to be related to the incidence of mental illness among the population. For example, there are 132 mentally ill inmates for every psychological services staff position at Taycheedah, which houses most of the State's female inmates, and 14 at Jackson.

Management of Contracts Could Be Improved

We include a number of recommendations to improve the Department's contracting practices for professional medical services. Currently, the Department contracts with 315 different vendors for laboratory, optical services, dental, and other medical services that health services units cannot provide with available staff or cannot provide cost-effectively. Expenditures for these services have increased 160 percent since FY 1994-95, but the Department does not consistently review or manage the contracts to ensure efficiencies are gained where possible.

In FY 1999-2000, 746 of 8,137 health care emergencies required transportation to an emergency room at a local hospital. Expenditures for emergency and non-emergency hospital services increased 62.5 percent since FY 1994-95 and totaled \$7.8 million in FY 1999-2000. The Department is attempting to control hospital services costs by taking steps to ensure that all scheduled appointments are medically necessary. However, there is potential for additional cost savings if contracts require all hospitals to accept discounted rates.

The Governor's Budget Proposal Includes a Request for Increased Staffing

The Governor's proposed budget seeks an additional \$37.6 million in general purpose revenue funding and authority for 157.5 new positions related to prison health care. Most of the funding and positions have been proposed for new institutions and facility expansion, but \$2.3 million and 39.5 positions have been proposed to increase health care staffing levels at existing institutions.

We reviewed alternatives for management improvements or other changes the Department could adopt to offset these costs. They include improving contract management, seeking Medical Assistance eligibility for some inmates, improving the process for transporting inmates to medical appointments, increasing the use of telemedicine, and increasing the co-payment fee for inmate-initiated visits to health services units. We also reviewed various measures for assessing and improving the quality of prison health care. They include conducting internal or external peer reviews, seeking accreditation by a national organization, monitoring the licenses of health care professionals, reviewing the legal challenges made in lawsuits, and conducting mortality reviews.

[full report, PDF file \(451KB\)](#)