

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/new-report-examines-each-states-correctional-health-care-spending>

Public Facing Advocacy Writing

Nationwide, state correctional health care spending totaled \$7.7 billion in 2011 an amount that comprises 20 percent of overall prison expenditures, according to [a new report](#) from the State Health Care Spending Project, an initiative of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation. Inmate health care costs make up a larger share of state prison budgets than in 2001, but these expenses have leveled off since 2009, a trend that aligns with the recent nationwide deceleration of health care spending.

The findings are based on the results of a 50-state survey of correctional health care costs conducted by Vera and Pew. It is the first resource to break down the component costs of correctional health care: administration, medical care, dental care, mental health care, pharmaceuticals, hospitalization, and substance abuse treatment.

The reports authors note that the data will provide decision-makers with information to assess both their own states spending over time and compared with other state. And that Officials in all 50 states were willing to respond to the survey and supply spending information, which is a strong indication of their eagerness to make peer comparisons and address spending in a data-driven fashion.

Decision makers should be cautious, however, when comparing states costs. Many factors affect correctional health care costs, including aging inmate populations, the prevalence of infectious disease and mental illness, and medical transportation. Because these and other underlying factors vary by state, costs will vary as well.

When reviewing individual state data, its important to keep in mind that higher spending is not necessarily an indication of waste and lower spending is not necessarily a sign of efficiency. A programs cost is only a measure of performance when it is considered in the context of its outcomes.

Rising costs may or may not signal a potential issue, but they do not always equate to waste. For instance, Texas and Montana were among the many states where correctional health care spending increased during the five-year study period (2007-2011). But a portion of this increase was due to new funding that will likely improve inmate health outcomes: Texas increased its investment in substance abuse treatment and Montana added funding to support their mental health programs.

Costs are always a significant policy consideration but must be considered in the context of the benefits they deliver. State prisons not only have a constitutional obligation to provide adequate medical care, but they have the opportunity to provide preventive health care that will improve long-term health outcomes and avoid future costs.

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