# Fiscal Impact Statement Prepared By <u>New York City Mayor's Office of Management and Budget</u>



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**Disclaimer:** This fiscal impact statement is a preliminary estimate and subject to change based upon further data analysis or changes in bill text. This legislation is summarized as understood by the administration as of the date this statement was prepared and does not include or consider subsequent text changes. This fiscal impact statement is not legally binding on the administration. "Total" columns represent the respective sum over a four-year period; note that fiscal impacts continue after year four. Unless otherwise stated, information used in the preparation of this Fiscal Impact Statement is sourced from the agencies impacted and the NYC Mayor's Office of Management and Budget.

**Proposed Intro No. / Title:** *Int. 412 / Notifying emergency contacts and attorney of record when an individual in custody attempts suicide, is hospitalized, or is seriously injured* 

**Sponsors:** Restler, Rivera, Hanif, Hudson, Avilés, Louis, Won, Krishnan, Abreu, Narcisse, Salaam, Ayala, Cabán, Schulman, Ossé, Banks, Marte, Brewer and Nurse

Committee: Criminal Justice

**Summary of Legislation:** This legislation requires Correctional Health Services (CHS) to ask a person in care for authorization to notify the person's attorney about hospitalization, attempted suicide, or serious injury. When a person in custody attempts suicide, is hospitalized, or has been seriously injured, CHS must notify the parties authorized by that person to receive information within one hour.

Effective Date: Immediately upon enactment

First Fiscal Year Legislation Takes Effect: Fiscal Year 2025

First Fiscal Year with Full Impact: Fiscal Year 2025

Agencies Impacted: Department of Correction

#### **Fiscal Impact Analysis**

#### A. Total Impact (Expense and Revenue)

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Expense	0	0	0	0	0
Revenue	0	0	0	0	0
Total	0	0	0	0	0

**Date Prepared:** 

#### B. Expense

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Expenditures	0	0	0	0	0

### Impact on Expenditures (Expense):

There is no anticipated impact on expense expenditures.

#### C. <u>Revenue</u>

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Revenue	0	0	0	0	0

## Impact on Revenue:

There is no anticipated impact on revenue.

# D. <u>Capital</u>

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Expenditures	0	0	0	0	0

### Impact on Expenditures (Capital):

There is no anticipated impact on capital expenditures.