



Senate

General Assembly

File No. 90

January Session, 2025

Substitute Senate Bill No. 1394

Senate, March 13, 2025

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE PROVISION OF HEALTH CARE SERVICES TO INMATES IN CORRECTIONAL INSTITUTIONS.

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

- 1 Section 1. (NEW) (*Effective from passage*) The Department of Public
- 2 Health, in collaboration with the Department of Correction, shall
- 3 annually evaluate the health care services and mental health care
- 4 services provided to inmates in correctional institutions in the state to
- 5 assess, from a public health and a corrections perspective, whether (1)
- 6 best practices utilized in the provision of such services at health care
- 7 facilities and mental health care facilities are being utilized in the
- 8 provision of such services at such correctional institutions, and (2) best
- 9 practices in the provision of such services in correctional institutions,
- 10 which best practices have been identified by a national commission on
- 11 correctional health care or a national association of practitioners in the
- 12 correctional profession, are being utilized in the provision of such
- 13 services at such correctional institutions. Not later than January 1, 2026,
- 14 and annually thereafter, the Commissioner of Public Health shall report,

15 in accordance with the provisions of section 11-4a of the general statutes,
16 to the joint standing committee of the General Assembly having
17 cognizance of matters relating to public health on such evaluation.

18 Sec. 2. (*Effective from passage*) Not later than January 1, 2026, the
19 Correction Ombuds appointed pursuant to section 18-81jj of the general
20 statutes shall report, in accordance with the provisions of section 11-4a
21 of the general statutes, to the joint standing committee of the General
22 Assembly having cognizance of matters relating to public health
23 regarding the provision of health care services and mental health care
24 services to inmates of correctional institutions, including, but not
25 limited to, the number of personnel needed in correctional institutions
26 to (1) provide an appropriate level of health care to inmates, and (2)
27 inform inmates and their family members and representatives
28 regarding the (A) provision of health care services and mental health
29 care services in correctional institutions, and (B) method by which such
30 family members and representatives may inquire of a correctional
31 institution about the inmate's health or health care services or mental
32 health care services received by the inmate.

33 Sec. 3. (*Effective from passage*) (a) There is established a task force to
34 study barriers in the recruitment and retention of health care and mental
35 health care personnel within the Department of Correction.

36 (b) The task force shall consist of the following members:

37 (1) Two appointed by the speaker of the House of Representatives,
38 one of whom is a representative of a collective bargaining unit that
39 represents health care personnel within the Department of Correction;

40 (2) Two appointed by the president pro tempore of the Senate;

41 (3) One appointed by the majority leader of the House of
42 Representatives;

43 (4) One appointed by the majority leader of the Senate;

44 (5) One appointed by the minority leader of the House of

45 Representatives;

46 (6) One appointed by the minority leader of the Senate;

47 (7) The chairpersons and ranking members of the joint standing
48 committee of the General Assembly having cognizance of matters
49 relating to public health, or the chairpersons' and ranking members'
50 designees;

51 (8) The Commissioners of Correction, Public Health, Mental Health
52 and Addiction Services and Administrative Services, or the
53 commissioners' designees;

54 (9) The Secretary of the Office of Policy and Management, or the
55 secretary's designee; and

56 (10) A representative of a collective bargaining unit representing
57 health care personnel within the Department of Correction, who shall
58 be appointed by the Governor.

59 (c) Any member of the task force appointed under subdivision (1),
60 (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a member
61 of the General Assembly.

62 (d) All initial appointments to the task force shall be made not later
63 than thirty days after the effective date of this section. Any vacancy shall
64 be filled by the appointing authority.

65 (e) The speaker of the House of Representatives and the president pro
66 tempore of the Senate shall select the chairpersons of the task force from
67 among the members of the task force. Such chairpersons shall schedule
68 the first meeting of the task force, which shall be held not later than sixty
69 days after the effective date of this section.

70 (f) The administrative staff of the joint standing committee of the
71 General Assembly having cognizance of matters relating to public
72 health shall serve as administrative staff of the task force.

73 (g) Not later than January 1, 2026, the task force shall submit a report

74 on its findings and recommendations to the joint standing committee of
75 the General Assembly having cognizance of matters relating to public
76 health, in accordance with the provisions of section 11-4a of the general
77 statutes. The task force shall terminate on the date that it submits such
78 report or January 1, 2026, whichever is later.

79 Sec. 4. (*Effective from passage*) Not later than January 1, 2026, the
80 Commissioner of Correction shall report, in accordance with the
81 provisions of section 11-4a of the general statutes, to the joint standing
82 committee of the General Assembly having cognizance of matters
83 relating to public health regarding the policies of the Department of
84 Correction concerning (1) the provision of health care services and
85 mental health care services to inmates of correctional institutions, (2)
86 communication with health care providers and mental health care
87 providers outside of the department regarding an inmate's medical
88 history while in a correctional institution, including, but not limited to,
89 obtaining and disclosing an inmate's medical and mental health records
90 when appropriate, and (3) a primary care provider's ability to obtain a
91 former inmate's medical and mental health history and records from the
92 department after an inmate's discharge from a correctional institution.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Section 1(2), "as" was changed to "which best practices have been" for clarity; and in Section 4, the second instance of the words "medical and mental health" was deleted to avoid repetition.

PH Joint Favorable Subst.

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 26 \$	FY 27 \$
Public Health, Dept.	GF - Cost	294,200	344,100
State Comptroller - Fringe Benefits ¹	GF - Cost	106,500	132,000
Governmental Accountability, Off.	GF - Cost	150,000-500,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill, which addresses inmate health care services (including mental health), results in a cost to the General Fund of between \$550,700 and \$900,700 in FY 26 and \$476,100 in FY 27 (and annually thereafter). Costs are primarily to the Department of Public Health (DPH), with an FY 26 cost to the Office of Governmental Accountability related to the Office of the Corrections Ombudsman needs, as described below.

Section 1 requires DPH, in collaboration with Department of Correction (DOC), to evaluate and report annually on the provision of health care and mental health care services to inmates in correctional facilities. This results in a cost to DPH of approximately \$294,200 in FY 26 and \$344,100 in FY 27 (and annually thereafter), and an estimated annual cost to the Office of State Comptroller for associated fringe benefits of \$106,500 in FY 26 and \$132,000 in FY 27 (and annually

¹The 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 40.71% of payroll in FY 26.

thereafter). It is anticipated that DPH will begin its work in September 2025² to meet the bill's reporting deadline of January 1, 2026.

The costs to DPH reflect the need for three new full-time positions and one part-time position, at an annualized salary cost of \$324,000: (1) two Nurse Consultants to conduct evaluations across all 13 state correctional institutions, at an annual salary of \$98,950 each; (2) a Supervising Nurse Consultant to coordinate and supervise the survey team, at an annual salary of \$109,000; and (3) an Epidemiologist (0.25 FTE) to provide counsel as to best practice in correctional settings as it relates to testing, vaccination and treatment of infectious diseases, at a part-time annual salary of \$17,100. Annualized fringe benefits costs for these positions are \$80,600 (in total), \$44,400, and \$7,000, respectively.³

Additional costs to DPH are anticipated to total \$32,420 in FY 26 and \$20,100 in FY 27 (and annually thereafter). Startup costs in FY 26 include staff equipment costs of \$13,500, as well as 40 hours of contracted outside professional services from a Correctional Health Consultant (\$2,000). Ongoing costs for both FY 26 and FY 27 (which continue with inflation into the out years), reflect: (1) vehicle-related costs for the Nurse Consultants' travel to correctional facilities (\$17,500); (2) ongoing equipment costs of \$2,400; and (3) subscription to the National Commission on Correctional Health Care Standards (\$200).⁴

Section 2 requires the Office of the Correction Ombudsman (within the Office of Governmental Accountability) to complete a report to the General Assembly on the number of personnel required at correctional institutions, resulting in a cost of between \$150,000 and \$500,000 in FY 26. This cost is associated with the hiring of a consultant with the expertise to complete the study. The exact cost will depend on the results of a request for proposals.

² FY 26 salary costs reflect a 10-month period rather than a full fiscal year.

³ Expected FY 26 total salary costs are projected to be approximately \$261,700 with \$106,500 in associated fringe benefits.

⁴ Expected FY 26 costs for vehicles and equipment will be slightly lower due to the 10-month period (\$14,600 and \$2,200, respectively).

Section 3 creates a task force to study and report on recommendations regarding recruitment and retention of DOC health personnel. This has no fiscal impact as the participating agencies have sufficient expertise to complete the task force's responsibilities.

Section 4 requires DOC to report on its policies on: (1) the provision of health care and mental health care services to inmates, (2) communication with outside providers about an inmate's medical history, including obtaining and disclosing medical and mental health records when appropriate, and (3) a primary care provider's ability to obtain a former inmate's medical and mental health history and records from DOC after an inmate's discharge. This does not result a fiscal impact to the state because DOC has the expertise to meet the requirements of the section.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 1394*****AN ACT CONCERNING THE PROVISION OF HEALTH CARE SERVICES TO INMATES IN CORRECTIONAL INSTITUTIONS.*****SUMMARY**

This bill requires the Department of Public Health (DPH), in collaboration with the Department of Correction (DOC), to annually evaluate the health care and mental health care services provided to in-state inmates. They must assess, from a public health and corrections perspective, whether best practices in providing these services at health care and mental health care facilities, and best practices in providing these services at correctional institutions, are being used at these institutions. For the latter, best practices are those identified by a national commission on correctional health care or a national association of practitioners in the correctional profession. The DPH commissioner must annually report on the evaluation.

The bill also requires the Correction Ombudsman to report on the provision of health care and mental health care services to inmates. The report must at least address the number of personnel needed in correctional institutions to (1) provide an appropriate level of health care and (2) inform inmates and their family members and representatives about the provision of these services and how family members and representatives can ask an institution about an inmate's health or the health care or mental health care services the inmate received.

The bill creates a task force to study and report on barriers in DOC's recruitment and retention of health care and mental health care personnel (see below).

Lastly, the bill requires the DOC commissioner to report on the

department's policies on (1) providing health care and mental health care services to inmates; (2) communicating with outside providers about an inmate's medical history, including obtaining and disclosing medical and mental health records when appropriate; and (3) a primary care provider's ability to obtain a former inmate's medical and mental health history and records from DOC after an inmate's discharge.

In each case, the reports are due to the Public Health Committee by January 1, 2026. DPH's report (evaluating the health care and mental health services) is due annually starting by that date.

EFFECTIVE DATE: Upon passage

§ 3 — TASK FORCE

The bill creates a task force to study barriers in DOC's recruitment and retention of health care and mental health care personnel.

Under the bill, the governor appoints one member to the task force and the legislative leaders appoint eight (two each by the House speaker and Senate president pro tempore and one each by the House and Senate majority and minority leaders). The governor's appointee, and one of the speaker's appointees, must represent a collective bargaining unit that represents DOC health care personnel.

The task force also includes the following officials or their designees:

1. the Public Health Committee chairpersons and ranking members;
2. the DOC, DPH, Department of Mental Health and Addiction Services, and Department of Administrative Services commissioners; and
3. the Office of Policy and Management secretary.

Under the bill, legislative appointees (including the chairpersons' or ranking members' designees) may be legislators. Appointing authorities must make their initial appointments within 30 days after the bill's

passage and fill any vacancy.

The House speaker and Senate president pro tempore must select the task force chairpersons from among its members. The chairpersons must schedule and hold the first meeting within 60 days after the bill's passage.

The Public Health Committee's administrative staff serves in that capacity for the task force.

The bill requires the task force to report its findings and recommendations to the Public Health Committee by January 1, 2026. The task force terminates when it submits the report or on January 1, 2026, whichever is later.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/05/2025)