
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)