
OLR Bill Analysis

sSB 1543

AN ACT CONCERNING THE DEPARTMENT OF CORRECTION.

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SUMMARY

This bill makes various changes to laws related to the Department of Correction (DOC) and incarcerated individuals on matters such as DOC mental health care services, meal services and banning punitive diets, lawsuits related to medical malpractice or neglect, a facility relocation study, facility staffing levels, and the use of body scanners and strip or cavity searches. A section-by-section analysis follows.

EFFECTIVE DATE: Various; see below.

§ 1 — PLAN FOR HEALTH CARE SERVICES

Specifically requires DOC's plan for health care services to ensure that various requirements are met, rather than to include guidelines for implementing them; adds certain components to the plan, including (1) interviewing incarcerated individuals at intake about their mental health history and (2) providing evidence-based mental health services within 24 hours of a determination of need upon intake

Existing law requires the DOC commissioner to develop and report on a plan for providing health care services to incarcerated individuals at DOC correctional institutions. (DOC reported on the plan in early 2023.) The bill requires the commissioner to make certain updates to the plan by October 1, 2025, and to report on it by that date.

Current law requires the plan to include guidelines to implement requirements on a range of issues related to incarcerated individuals' health care, such as initial health assessments, annual physical examinations when clinically indicated, mental health provider staffing, discharge planning, vaccinations, dental services, drug and alcohol use treatment, and specific services for incarcerated women who are pregnant. The bill instead requires the plan to ensure that these requirements are met.

The bill also adds to the plan's mental health-related components, including requiring a mental health interview at intake and setting a 24-

hour deadline for incarcerated individuals to receive mental health services after they are found to need them at intake.

The bill also updates terminology and makes related minor and technical changes.

EFFECTIVE DATE: Upon passage

Mental Health Assessment and Treatment

Under existing law, the plan must require that a medical professional interviews each incarcerated individual, at entry, on their drug and alcohol use history. The bill expands this to include the person's mental health history.

Under existing law, if the incarcerated person shows drug or alcohol withdrawal symptoms at that time, a medical professional must perform a physical assessment and communicate the results to a physician, physician assistant, or advanced practice registered nurse (APRN). The bill also requires this if the person shows signs of mental distress. In either case (withdrawal or mental distress), it additionally requires the professional to (1) perform a mental health assessment and (2) when applicable, communicate the results to a mental health care provider or therapist.

When an incarcerated person, at intake, is determined to need mental health services, the bill requires that an interdisciplinary team of mental health care providers and therapists provide the person with evidence-based interventions. This must occur within a reasonable time after this determination, but no later than 24 hours after it. A mental health care provider or therapist must periodically evaluate the person as needed. The bill specifically requires that these provisions on a 24-deadline for providing services, and periodic evaluations, be implemented by January 1, 2026.

As under existing law, "mental health care providers" for these purposes are psychiatrists or APRNs specializing in mental health. "Mental health therapists" are psychiatrists, psychologists, APRNs specializing in mental health, clinical or master social workers, or

professional counselors.

Under existing law, the plan must include certain other requirements related to mental health care. For example, there must be enough mental health therapists at each correctional institution to provide mental health care services to incarcerated individuals. In addition, when an incarcerated individual requests, or correctional staff refers the individual to, these services, a therapist must conduct an assessment to determine whether the services are needed before providing them.

Reporting Requirement

The bill requires the DOC commissioner, by October 1, 2025, to report to the Judiciary and Public Health committees on the updated plan along with recommendations for any legislation needed to implement it and an implementation timeline.

Background — Related Bill

sSB 1394 (File 90), favorably reported by the Public Health Committee, requires various reports related to the health care and mental care services provided to incarcerated individuals.

§ 2 — PALATABLE MEALS AND BAN ON NUTRALOAF

Requires the DOC commissioner to provide palatable and nutritious meals to people in department custody; bansutraloaf or other diets as a form of discipline

The bill requires the DOC commissioner to provide palatable and nutritious meals to everyone in the department's custody. It also bars him from allowing anyone to be fed (1)utraloaf as a form of discipline or (2) any other diet used for punishment purposes. Under the bill, "utraloaf" is a mixture of foods blended together and baked into a solid loaf.

EFFECTIVE DATE: October 1, 2025

§ 3 — MEDICAL RECORDS AUTHORIZATION

Requires the DOC commissioner to ensure that everyone in the department's custody is given a form allowing them to authorize someone else to access their medical records that would otherwise be subject to nondisclosure under HIPAA

The bill requires the DOC commissioner to ensure that everyone in

DOC custody is given a form allowing them to authorize someone else to access their medical records that would otherwise be subject to nondisclosure under the federal Health Insurance Portability and Accountability Act (HIPAA).

Generally, HIPAA's "Privacy Rule" limits the circumstances under which health care providers or other covered entities can use or disclose someone's individually identifiable health information without the written consent of the person or the person's representative.

EFFECTIVE DATE: October 1, 2025

§§ 4-6 — MEDICAL MALPRACTICE AND NEGLIGENCE

Requires DOC to (1) publish online a report on extreme cases of medical malpractice and neglect in DOC facilities and (2) give affected people notice of this publication and related documentation; gives these individuals one year after being notified to file a related claim and lawsuit, even if the existing statute of limitations has expired; requires DPH to investigate the cases identified in the report

Report Publication and Notification to Affected Individuals (§ 4)

The bill requires the DOC commissioner to publish on the department's website a report (with all addenda) that DOC commissioned in 2017 under contract with a criminal justice institute to identify and examine the most extreme cases of medical malpractice and neglect experienced by people in DOC custody. The commissioner must post it within one year after the bill's passage and in consultation with the state's correction ombuds. All personal identifying information must be redacted.

Under the bill, the commissioner must notify anyone whose case is identified in the report (or if deceased, their next of kin) about the report's publication. The notification must include all documentation about the person's case, including the entire medical file, security division investigation reports, morbidity and mortality reports, utilization review committee documentation, and related emails.

Within one year after the bill's passage, the commissioner, in consultation with the ombuds, must report to the Judiciary Committee on steps taken to meet these requirements.

Time to File Related Claims and Lawsuits (§ 5)

The bill allows anyone notified about the report to file a claim against the state (with the claims commissioner) based on information in the report. If someone files a claim under these provisions, permission to sue the state is deemed granted (so the person can bring a civil lawsuit rather than following the typical claims process). The case must be limited to medical malpractice or negligence claims only. These claimants have one year after notification about the report to file with the claims commissioner and bring the lawsuit.

These provisions apply despite the existing statutes of limitations to file claims against the state or lawsuits about negligence or medical malpractice (see *Background — Limitations Period for Claims or Malpractice Lawsuits*).

DPH Investigation (§ 6)

The bill also requires the DOC commissioner, when publishing the medical malpractice and neglect report, to forward to the Department of Public Health (DPH) commissioner the same documentation that DOC must send to the affected individuals (e.g., the entire medical files and other information). The DPH commissioner must open an investigation into each case within 180 days after receiving this documentation (despite the existing process for DPH to investigate complaints against physicians).

The bill requires each case to be investigated by an independent medical examiner or a peer-to-peer review specialist. Within 365 days after receiving this documentation, the DPH commissioner must identify what, if any, disciplinary action to take against a physician who is determined to have committed a violation that can subject him or her to discipline under the physician licensing statutes.

EFFECTIVE DATE: Upon passage

Background — Limitations Period for Claims or Malpractice Lawsuits

Under existing law, a claimant generally must bring a claim against

the state within one year after it accrues (that is, the date the injury is sustained or discovered or should have been discovered), but no later than three years after the act that is the basis of the complaint (CGS § 4-148). An incarcerated individual must bring a claim within one year after exhausting any DOC administrative remedies (CGS § 4-165b).

Existing law generally requires that a medical malpractice lawsuit be brought within two years from the date when the injury is sustained or discovered or should have been discovered, but no later than three years from the act or omission complained of (CGS § 52-584).

§ 7 — CORRECTIONAL CENTER RELOCATION STUDY

Requires the DAS and DOC commissioners to study the feasibility of relocating correctional centers in Bridgeport and New Haven

The bill requires the Department of Administrative Services (DAS) commissioner, in consultation with the DOC commissioner, to study the feasibility of relocating the Bridgeport and New Haven (Whalley Avenue) correctional centers to locations that would reduce the impact on neighborhoods. The study must (1) assess the practicality and potential impacts of the proposed relocations and (2) list potential relocation sites, including advantages and disadvantages compared to the current sites.

Under the bill, the DAS commissioner must submit the study to the Judiciary Committee by February 1, 2026.

EFFECTIVE DATE: Upon passage

§ 8 — STAFFING LEVELS AND RECRUITMENT

Requires the DOC commissioner to (1) ensure that the department's correctional facilities are sufficiently staffed to ensure the safety of everyone at or visiting the facility and (2) develop and implement a program to recruit and retain correctional officers

The bill requires the DOC commissioner to ensure that each correctional facility under his jurisdiction is staffed at a level to ensure the safety of staff, visitors, contractors, and incarcerated individuals. It also requires him, by January 1, 2026, to develop and actively use a program for correctional officer recruitment and retention.

Starting by January 1, 2027, the commissioner must annually report

to the Judiciary Committee on efforts to comply with these requirements, including any shortcomings in doing so. The report may include recommendations for additional resources needed to comply.

EFFECTIVE DATE: October 1, 2025

§ 9 — PRODUCTIVE PROGRAMMING

Requires the DOC commissioner to ensure that incarcerated individuals have access to and engage in productive programming

The bill requires the DOC commissioner to ensure that incarcerated individuals have access to, and engage in, productive programming during their out-of-cell time. This must include employment opportunities, education courses, and vocational training. DOC must prioritize access to incarcerated individuals who are not sentenced to life imprisonment without the possibility of release.

Under existing law and practice, DOC offers related programs to incarcerated individuals. For example, Unified School District #1 provides academic and vocational training at DOC facilities, and DOC's vocational village program also offers skilled trades training. Incarcerated individuals may be provided work opportunities, and the law requires the commissioner (in consultation with certain other officials) to set the compensation schedule (CGS § 18-85).

EFFECTIVE DATE: October 1, 2025

§ 10 — DOCUMENTING ASSAULTS AGAINST CUSTODIAL STAFF

Requires the DOC commissioner to develop a protocol to fully document assaults by incarcerated individuals against custodial staff

The bill requires the DOC commissioner to develop a protocol to fully document any assault by incarcerated individuals against custodial staff. Starting on October 1, 2025, DOC must fully document these assaults under the protocol.

EFFECTIVE DATE: Upon passage

§§ 11-14 — BODY SCANNERS AND STRIP OR CAVITY SEARCHES

Requires DOC to buy at least two body scanners for use in a pilot program and authorizes up to \$500,000 in bonding for related expenses; requires DOC to annually report on strip and cavity searches in correctional institutions and report on an evaluation of related directives and procedures

The bill (1) requires the DOC commissioner, by December 31, 2025, to buy at least two body scanner machines for use in a pilot program on inspecting incarcerated individuals and other people entering certain correctional institutions and (2) authorizes up to \$500,000 in state general obligation bonding to buy the machines, install them, and train staff on how to use them. The bonds are subject to standard statutory bond issuance procedures and repayment requirements.

The bill establishes an annual reporting requirement for the commissioner on strip and cavity searches of incarcerated individuals in correctional facilities. The report must include (1) how many of these searches occurred in the prior year in each facility; (2) if there were any lawsuits filed about the searches in the year immediately before the report, with the status or outcome of each; and (3) a copy of the current policy for doing these searches, including any training requirements for correctional officers. The first report is due by January 1, 2026, to the Government Oversight and Judiciary committees.

Lastly, the bill requires the DOC commissioner to submit a report by February 15, 2026, to the Government Oversight and Judiciary committees that evaluates current directives and procedures for strip and cavity searches in the state's correctional institutions. The evaluation must compare the directives and procedures to those of other northeastern states and federal policies, based on institution type, and highlight any differences.

EFFECTIVE DATE: Upon passage, except the bonding provision is effective July 1, 2025.

Body Scanning Machine Pilot Program (§ 11)

The bill requires the DOC commissioner to buy at least two body scanner machines by the end of 2025 and install at least one each at the York Correctional Institution (the state's only correctional facility for

females) and the John R. Manson Youth Institution in Cheshire. He must also establish a pilot program on using the machines to inspect incarcerated individuals and other people entering the institutions.

For the pilot program, the bill requires the commissioner to create directives that prioritize using machine scans instead of correctional personnel doing strip or cavity searches on incarcerated individuals when those searches are usually done under existing directives. The commissioner must train personnel on using the machines and collect data on their use.

The bill requires the commissioner to submit a report on the use of the body scans by February 15, 2027, to the Government Oversight and Judiciary committees. The report must include the following information:

1. how many scans (a) the machines performed in 2026, by month and reason for the scan and (b) discovered contraband, by month;
2. how many strip or cavity searches occurred in 2026, by month;
3. contraband types and material found that year, by the type of search or scan used;
4. use of additional screening after implementing the body scanners, including strip search, placement on a dry cell watch, urinalysis, or medical assessment to confirm there was no contraband; and
5. any recommendations for legislative changes.

Background — Related Bill

sHB 7186 (File 523), favorably reported by the Government Oversight Committee, has substantially similar provisions on body scanners and strip or cavity searches.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Substitute

Yea 41 Nay 0 (04/08/2025)