OLR Bill Analysis

sHB 5567 (as amended by House "A")*

AN ACT CONCERNING HEALTH CARE IN THE DEPARTMENT OF CORRECTION FACILITIES.

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SUMMARY

This bill makes various changes to laws on health care services for incarcerated people, the Department of Correction (DOC), the Office of the Correction Ombuds, and related matters, as discussed in the section-by-section analysis below.

*House Amendment "A" replaces the underlying bill. It removes provisions that would have (1) required the ombuds to hire a correction patient advocate and (2) made changes to correctional officer training. It makes several changes to the other provisions. For example, it (1) narrows a provision on the use of state-issued cell phones at correctional facilities to only apply to the ombuds and not his staff; (2) replaces a prohibition on denying health care services due to failure to pay a co-pay with a more general ban on DOC assessing fees or surcharges for health care services; (3) expands the contingency staffing plan requirements to apply to health services positions generally, not just medical positions, and sets conditions on the development and use of those plans; (4) requires the nurse and social worker student loan reimbursement program to be within available bond authorizations, rather than available appropriations; (5) requires the Auditors of Public

Accounts, rather than the ombuds' office, to audit DOC's nutrition and food service and commissary programs; (6) changes the scope of the pilot program at York Correctional Institution to focus on discharge planning and related care coordination for certain patients; (7) expands the duties and membership of the Correction Medical and Health Commission; and (8) makes various minor changes throughout.

EFFECTIVE DATE: Various; see below.

§ 1 — CORRECTION OMBUDS

Requires the correction ombuds to hire a correction mental health care clinician; makes certain changes related to the ombuds' investigation process, such as removing the condition that incarcerated people must have pursued an internal grievance procedure before the ombuds may discuss an incident with them; allows the ombuds to use state-issued cell phones while performing official duties at correctional facilities

Mental Health Care Clinician

Starting by January 1, 2027, the bill creates the position of correction mental health care clinician within the ombuds' office. This clinician must have (1) a clinical psychology doctorate or psychologist license or (2) an advanced practice registered nurse (APRN) license and specialize in mental health care. He or she must also have experience in clinical mental health care, forensic psychology, correctional health, or a related field. The clinician's role is to help incarcerated people with matters relating to mental health care, including service access, medication management, continuity of care, treatment planning, and patient rights.

Ombuds Investigations, Decision Process, Subpoenas, and Complaint Confidentiality

By law, when investigating a complaint involving a particular incident, the ombuds must try to rely on communications from incarcerated people. The bill removes the condition that these people have first reasonably tried to get the complaint resolved through any existing DOC internal grievance procedures.

By law, after an investigation, the ombuds must issue a public decision on the merits of each complaint, including any findings of DOC or employee violations and recommendations for how DOC should address the issue. Before issuing a decision criticizing DOC or one of its

employees, the ombuds must consult with DOC, or the employee or the employee's union representative, as applicable. The bill requires this to occur at least three business days, instead of 96 hours, before he issues the decision.

The bill also generally requires the court, if it fully overrules someone's written objection to a subpoena from the ombuds, to order DOC to reimburse the ombuds' office for its reasonable costs in serving the subpoena. This does not apply if the court finds that the objection was substantially justified.

By law, the ombuds can choose not to investigate a complaint if he determines that the investigation is unwarranted and, in that case, he must inform the complainant of that determination in writing. The bill requires these complaints and decisions not to investigate to be confidential and exempt from disclosure under the Freedom of Information Act (FOIA), and it prohibits them from being disclosed without the complainant's consent. Existing law exempts from FOIA the identity of complainants and the ombuds' findings, with limited exceptions (such as the ombuds' duty to disclose threats).

Cell Phone Use

The bill allows the ombuds to possess and use state-issued electronic communication devices (including cell phones) while performing official duties at DOC correctional facilities, and specifically bars this cell phone use from being restricted or these devices from being deemed as contraband. This applies despite any contrary law or DOC administrative directive.

EFFECTIVE DATE: Upon passage

§ 2 — DOC HEALTH CARE SERVICES, NOTICES, RECORDS, AND RELATED MATTERS

Requires DOC to (1) provide health care to incarcerated people for free and cancel any outstanding fees or other costs; (2) generally provide medically necessary procedures (in some cases, at DPH-licensed facilities) in a timely way; (3) post notices in English and Spanish about the right to access care; (4) upon intake, verify the person's prescriptions and ask them to identify their primary care provider and to sign a related form; and (5) implement an electronic health records system, including to allow for care requests to be made electronically

Free Health Care Services (§ 2(e))

Starting by July 1, 2026, the bill prohibits DOC from assessing any fine, fee, cost, or surcharge against people in DOC custody for health care services of any kind. DOC must also cancel any outstanding liability for these fines, fees, costs, or surcharges.

These provisions apply to medical, dental, mental health, or optometric services; specialty or emergency care; scheduled follow-up treatment; medical, dental, or optometric devices, including eyeglasses; and laboratory testing.

General Right to Medically Necessary Procedures (§ 2(g))

The bill requires DOC to ensure that medically necessary procedures (see below) for incarcerated people are provided in a timely and clinically appropriate way. Under the bill, DOC may provide routine or emergent procedures within a correctional facility when that can be done safely. Procedures must be provided by a Department of Public Health (DPH)-licensed health care institution when they require specialized equipment or a higher level of care or cannot be safely performed within a correctional facility.

Under the bill, a clinical determination that a procedure is medically necessary generally may not be overridden for nonclinical reasons. But the DOC commissioner or the commissioner's designee may delay or override the procedure upon a determination that there is a specific and clearly definable safety or security risk that cannot be reasonably mitigated.

The bill requires DOC to (1) document and track any delay, denial, or refusal of medically necessary care, including the reason for it, and (2)

use this information to identify and address barriers to care. It specifically requires that documentation of the reason why a medically necessary procedure was denied or delayed be included in the department's electronic health record systems (see below).

Definition. Under the bill, a "medically necessary procedure" is one performed by a medical professional, in a location such as a hospital, clinic, or outpatient center, and is required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate someone's medical condition, including mental illness, or its effects, to attain or maintain the person's achievable health and independent functioning.

To be considered medically necessary, a procedure must be consistent with generally accepted medical practice standards that are based on (1) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (2) physician-specialty society recommendations, (3) the views of physicians practicing in relevant clinical areas, and (4) any other relevant factors. In addition, the procedure must be:

1. clinically appropriate in terms of type, frequency, timing, site, extent, and duration and considered effective for the person's illness, injury, or disease;

2. not primarily for the convenience of the person, the person's health care provider, or other providers;

3. not more costly than therapeutically equivalent alternatives; and

4. based on an assessment of the person and the person's medical condition.

Posting of Right to Medical Care (§ 2(a))

The bill requires DOC to post notices in correctional facilities, in plain language and in both English and Spanish, on incarcerated people's right to access medical care. The notices must be posted in conspicuous places, including any medical units, and must:

1. describe these people's right to receive prescribed medications and how they may report missing or delayed doses,

2. explain how they may request medical and mental health care, and

3. have contact information for the ombuds' office's correction mental health care clinician.

DOC must also make the notice available on any portable electronic devices that incarcerated people may access.

Intake Procedures (§ 2(b) & (c))

Under the bill, during someone's intake to a correctional institution, DOC must verify what medications the person takes. DOC may ask the person directly or check with the statewide health information exchange or the person's pharmacy or prescribing provider. If the person has any prescription medication in his or her possession upon intake, DOC must accept that medication to be stored and administered (as prescribed) by appropriate DOC staff.

The bill also requires DOC, upon intake, to ask the person to (1) identify their primary care provider and (2) sign a release form authorizing the sharing of medical information with that provider and a family member or health care proxy. Additionally, within five days after a person's intake, DOC must give the person the opportunity to authorize the sharing of medical information with the ombuds' office.

The bill makes related conforming changes to DOC's required posting of information about the medical release form process. It removes specific requirements on how DOC must make the release forms available.

Electronic Health Records System (§ 2(f))

The bill requires DOC, within available bond authorizations, to (1) develop, implement, and maintain an electronic health record (EHR) system or (2) contract for one. The system must allow incarcerated people to digitally request medical care through a secure messaging

system from within DOC facilities, in addition to existing written and verbal ways to do so. This may be through a phone system or a portable or stationary electronic device.

The EHR system also must allow incarcerated people to access records on their current medications, medication schedules and doses given, and missed or delayed doses.

The system must include a digital, time-stamped log of medical care requests, with the log integrated into the system's other records for the incarcerated person. That person and the medical staff must be able to review the log, as must the ombuds' office if the person grants them access. Each DOC medical unit must have an access point allowing incarcerated people to access the EHR system.

EFFECTIVE DATE: October 1, 2026

§ 3 — DOC HEALTH CARE SERVICES PLAN

Requires the DOC commissioner to (1) update the department's health care services plan to ensure continuity of care regarding medications upon incarcerated people's intake and that there is an available same-day medication delivery service and (2) annually report on the plan's implementation status

The bill requires the DOC commissioner, by January 1, 2027, to amend the department's plan for providing health care services to incarcerated people (see below) to ensure that (1) there is no interruption in clinically necessary medications upon a person's intake, to provide continuity of care, and (2) there is an available same-day delivery service for medication when needed.

Starting by December 31, 2026, it also requires the DOC commissioner to annually report to the Judiciary and Public Health committees on (1) any updates on the plan's implementation status, (2) the timeline to implement it, and (3) recommendations for any necessary related legislation.

The bill also makes a technical correction.

By law, the DOC commissioner must develop a plan for providing health care services to incarcerated people at DOC correctional

institutions. The plan must ensure that requirements are met in a number of areas, 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.

EFFECTIVE DATE: Upon passage

§ 4 — TIME-CRITICAL MEDICATION LIST

Requires DOC and the Correction Medical and Health Commission, in consultation with DPH, to create a list of time-critical medications, with timing windows, related protocols, and documentation requirements

The bill requires DOC and the Correction Medical and Health Commission (see below), in consultation with DPH, to create and maintain a list of time-critical medications, at least including medications for diabetes, seizure disorders, cardiac conditions, serious mental illness, and other medication-assisted treatment. The list must have strict timing windows and escalation protocols for administering these medications and a detailed protocol for how DOC must administer them during a facility lockdown.

Under the bill, DOC must document when these medications are given outside of the timing window or not in line with the required protocols, including the justification for the missed or delayed dose. Incarcerated people who refuse to take a medication must do so in writing with their signature. All of this documentation is subject to a supervisor's review.

EFFECTIVE DATE: Upon passage

§ 4 — MEDICAL STAFFING SCORECARD AND CONTINGENCY PLAN

Requires DOC and the Correction Medical and Health Commission to (1) publish a quarterly scorecard with medical staffing-related information and (2) develop a health services staffing shortage contingency plan for each correctional facility

Scorecard and Reporting

Starting in 2027, the bill requires DOC and the Correction Medical and Health Commission to publish a quarterly scorecard that lists the

following for each correctional facility:

1. medical staffing levels;

2. vacancy rates for these positions and the average time to fill them;

3. the use of temporary or agency staff to perform duties they would not otherwise perform due to these vacancies; and

4. any medical staff suspensions or terminations.

DOC and the commission must report each medical scorecard to the ombuds' office and the Judiciary Committee.

Contingency Staffing Plan

Under the bill, DOC and the commission also must develop a written contingency staffing plan for each correctional facility for whenever the vacancy rate for health services positions reaches 20%. In developing these plans, DOC and the commission must consult with health services professionals and representatives from each of the bargaining units representing employees who would fill these positions or who are affected by vacancies in these positions. The plans must prioritize voluntary coverage by permanent health services staff and may include the use of additional compensation or other incentives to maintain continuity of care. Within 30 days after developing a contingency staffing plan, DOC and the commission must report the plan to the Appropriations and Judiciary committees.

The bill requires DOC to implement the plan for a given facility when its health services position vacancy rate reaches 20%. DOC must not implement the plan in a way that results in health services staffing levels below those necessary to ensure safe and adequate service delivery.

Under the bill, the plan must not be a substitute for the timely recruitment and hiring of permanent staff. DOC must take all reasonable steps to fill vacancies as expeditiously as practicable and must not rely on contingency staffing plans in place of sustained

recruitment and retention efforts.

EFFECTIVE DATE: Upon passage

§ 5 — PRE-SENTENCE INVESTIGATION REPORTS

Requires certain pre-sentence investigation reports to include an appendix about the defendant's medical and prescription history; sets documentation requirements if the defendant refuses to give that history

Except for murder with special circumstances, existing law generally requires a probation officer to conduct a pre-sentence investigation (PSI) for anyone convicted of a (1) felony for the first time in Connecticut or (2) family violence felony. For other criminal convictions, the court may order a PSI at its discretion.

The bill requires certain PSI reports to include information on the defendant's medical and prescription history. This applies to cases where (1) the defendant has entered into a plea agreement for which there is a sentencing recommendation of a prison term or (2) there is any other information indicating that the defendant may be sentenced to prison. In these cases, the probation officer must inquire into the defendant's medical and prescription history for the past five years, with that information included in an appendix to the report. The probation officer must notify DOC and the ombuds' office by email no later than five days before the defendant's sentencing. If the defendant refuses to supply information to compile the history, the probation officer must document their attempts to get the information and sign a sworn statement attesting to that refusal.

Under the bill, the appendix, and any refusal documentation and sworn statements, must be recorded in DOC's EHR system (see above) and available for the defendant's review in the same way as other health records are reviewable.

EFFECTIVE DATE: October 1, 2026

§ 6 — DOC NURSE AND SOCIAL WORKER STUDENT LOAN REIMBURSEMENT PROGRAM

Creates a program to give student loan reimbursement grants, within available bond authorizations, to nurses and LCSWs who work at DOC

The bill creates a program to give student loan reimbursement grants, within available bond authorizations, to licensed nurses and clinical social workers (LCSWs) who work for DOC in positions requiring this licensure. The Office of Higher Education (OHE) must administer the program.

The maximum annual grants are $5,000, and the cumulative total for any person is $20,000. To receive the grants, eligible people must apply to OHE and be employed in a qualifying position when they apply. Applicants may request reimbursement for qualifying employment from previous years if they did not already receive reimbursement for those payments under this or another program.

Under the bill, any unspent funds appropriated for the program do not lapse at the end of the fiscal year and are available for the next fiscal year. In any fiscal year in which funds are appropriated for the program, OHE may spend up to 5% of the funds for program administration, promotion, and recruitment.

EFFECTIVE DATE: Upon passage

§ 7 — FOOD SERVICE AND COMMISSARY PROGRAM AUDITS

Requires (1) APA to conduct or contract for an audit of DOC's nutrition and food service and commissary programs and (2) DOC to submit a corrective action plan in response

By July 1, 2027, the bill requires the Auditors of Public Accounts (APA) to audit DOC's nutrition and food service and commissary programs. Within available appropriations, APA may contract with an independent auditor with relevant expertise to complete the audit.

The audit must evaluate:

1. DOC's compliance with the statutory requirement to provide palatable and nutritious meals (and to not serve punitive diets) to people in its custody, by examining the nutritional adequacy of meals and quality of food served in DOC facilities;

2. DOC's compliance with incarcerated people's therapeutic diet needs;

3. the nutrition food service program's cost efficiency;

4. any commissary program irregularities; and

5. any patterns of incarcerated people's grievances about compliance with the statutory requirement described above or other issues concerning these programs.

APA must submit a report on the audit to the DOC commissioner, ombuds' office, and Judiciary Committee by July 15, 2027.

By January 11, 2028, the DOC commissioner, in consultation with the Correction Medical and Health Commission, must submit to the ombuds' office and the committee a (1) corrective action plan that addresses any concerns or issues in the audit report and (2) determination of whether the department should hire a nutritionist and a dietician to work together to comply with the statutory requirement for food service and to address any concerns or issues in the audit.

EFFECTIVE DATE: Upon passage

§ 8 — PILOT PROGRAMS

Requires DOC to begin two pilot programs, one allowing incarcerated people to keep and self-administer certain medications for chronic disease management at a minimum security facility and another to help with discharge planning and care coordination at York Correctional Institution

Medication Self-Administration Pilot

The bill requires DOC, by October 1, 2026, to begin a pilot program at a minimum security facility, to allow incarcerated people to keep and self-administer certain medications for chronic disease management. A DPH-licensed DOC medical staff member must administer the program and determine which people and medications are eligible. Program participation is voluntary, and may be revoked for documented medication misuse or if the person or medication poses a safety risk to anyone.

The commissioner must report on the program's results to the Judiciary Committee by January 1, 2028.

Discharge Planning and Care Coordination Pilot

By October 1, 2027, and within available appropriations, the bill requires DOC, the Department of Mental Health and Addiction Services (DMHAS), the Department of Social Services (DSS), and the Office of Policy and Management (OPM) to begin a pilot program to help with discharge planning and care coordination for people being released from York Correctional Institution (the state's only correctional institution for female offenders). Specifically, the program must help with discharge planning for patients with chronic disease and behavioral health needs (including mental health and substance abuse disorders) and to coordinate specialty care referrals. The program must be administered by DOC health services and behavioral health employees, and must expand internal capacity for discharge planning and care coordination (including coordinating with DMHAS) to facilitate access to programs and services upon release.

Under the bill, the agencies must contract with an in-state federally qualified health center (FQHC) to work with these DOC employees to provide community-based care for people upon release for at least two years. Through the program, the FQHC must work with DOC employees to improve DOC's continuity of care and community health care standards. The bill specifies that it does not allow DOC to contract out work that department employees typically perform.

By January 15, 2029, and then annually while the program is running, the DOC health services and behavioral health employees, DMHAS, DSS, and OPM and the FQHC must report on it to the Human Services, Judiciary, and Public Health committees. The reports must evaluate the:

1. effectiveness of discharge planning and reentry care coordination for program participants;

2. chronic disease management and continuity of care for program participants;

3. coordination, timeliness, and completion of specialty care referrals for program participants;

4. extent to which participants successfully access community-based health care services following release; and

5. program's costs compared to other care delivery models in use when the program began.

EFFECTIVE DATE: Upon passage

§ 9 — CORRECTION MEDICAL AND HEALTH COMMISSION

Creates a Correction Medical and Health Commission to, among other duties, (1) make recommendations to improve medical, nutrition, behavioral health, and health care services for incarcerated people and (2) develop a related 10-year plan

The bill creates a 21-member Correction Medical and Health Commission and charges it with (1) making recommendations to improve medical, nutrition, behavioral health, and health care services and outcomes for incarcerated people and (2) developing a 10-year plan to improve health care and food services in correctional facilities. It allows the commission to update the plan as it deems necessary.

The commission must report the 10-year plan, and any related legislative recommendations, to the Judiciary Committee by January 1, 2027. After that, within 30 days after any plan updates, the commission must report the update and related recommendations to the committee.

The commission also must carry out the other duties the bill requires of it (see §§ 4 & 7 above) and any other duties set by law.

EFFECTIVE DATE: Upon passage

Membership and Administration

The commission includes the Judiciary Committee chairpersons, UConn Health Center's chief executive officer (CEO), OPM's Criminal Justice Policy and Planning Division undersecretary, DSS's Medicaid director, and the correction ombuds, or their designees. It also includes 15 appointed members as shown in the table below.

Table: Correction Medical and Health Commission Appointed Members

Appointing Authority	*Appointee Qualifications*
House speaker	Physician experienced in correctional, emergency, or internal medicine
Senate president pro tempore	Public health expert or epidemiologist experienced in population health or correctional health systems
House majority leader	Expert in correctional policy, reentry services, or criminal justice reform and experienced working with formerly incarcerated populations
Senate majority leader	Behavioral health professional, who may be a psychiatrist, psychologist, or LCSW experienced in forensic or correctional mental heath
House minority leader	In-state nonprofit hospital CEO or hospital association CEO or executive member
Senate minority leader	Expert in health care finance
Judiciary Committee House ranking member	Clinical pharmacist
Judiciary Committee Senate ranking member	Registered nurse, APRN, or physician assistant (PA) experienced in institutional or community health care
Governor (three appointments)	Person with nutrition doctorate Formerly incarcerated person experienced in navigating health care services while incarcerated in a DOC facility In-state FQHC representative
Judiciary Committee chairpersons (four joint appointments)	Representatives of each of the four bargaining units representing DOC employees whose job duties include directly interacting with incarcerated people

Under the bill, no members may be legislators except the Judiciary Committee chairpersons or their designees. Appointing authorities must make their initial appointments by 30 days after the bill's passage and must fill any vacancy for the rest of the unexpired term. Generally, appointed members serve a term that coincides with the appointing authority's term. A member who misses three consecutive commission meetings is deemed to have resigned.

The Judiciary Committee chairpersons or their designees serve as the commission's chairpersons, and they must schedule and hold the first meeting within 60 days after the bill's passage. Two-thirds of the

membership is a quorum, and a majority vote of a quorum is required for all commission actions. Commission members are not paid but, within available funding, must be reimbursed for necessary expenses.

The Judiciary Committee's administrative staff serves in that capacity for the commission.

BACKGROUND

Related Bills

sHB 5474 (File 333), favorably reported by the Government Oversight Committee, (1) requires the DOC commissioner to add certain components to the department's health care services plan and annually report on the plan's implementation and (2) adds PAs who specialize in mental health to the list of providers who may serve as "mental health care providers" or "mental health therapists" under the plan.

SB 391 (File 617), favorably reported by the Judiciary Committee, authorizes DOC to arrange for breast cancer screening, diagnostic, and treatment services for women in DOC custody to occur at health care institutions that are closer to the correctional facility than is the UConn Health Center.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Substitute
Yea 30 Nay 6 (03/24/2026)

Appropriations Committee

Joint Favorable
Yea 45 Nay 7 (04/24/2026)