



# House of Representatives

General Assembly

**File No. 333**

February Session, 2026

Substitute House Bill No. 5474

*House of Representatives, April 1, 2026*

The Committee on Government Oversight reported through REP. DATHAN of the 142nd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING OVERSIGHT OF MEDICAL CARE FOR PERSONS WHO ARE INCARCERATED AT THE DEPARTMENT OF CORRECTION.***

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

1 Section 1. Section 18-81pp of the 2026 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective October 1, 2026*):

4 (a) As used in this section:

5 (1) "Advanced practice registered nurse" means an advanced practice  
6 registered nurse licensed under chapter 373;

7 (2) "Alcohol and drug counselor" means an alcohol and drug  
8 counselor licensed or certified under chapter 376b;

9 (3) "Commissioner" means the Commissioner of Correction;

10 (4) "Correctional institution" means a prison or jail under the

11 jurisdiction of the commissioner;

12 (5) "Dental professional" means a (A) dentist, (B) dental hygienist  
13 licensed under chapter 379a, or (C) dental assistant, as defined in section  
14 20-112a;

15 (6) "Dentist" means a dentist licensed under chapter 379;

16 (7) "Department" means the Department of Correction;

17 (8) "Discharge planner" means a (A) registered nurse licensed under  
18 chapter 378, (B) practical nurse licensed under chapter 378, (C) clinical  
19 social worker or master social worker licensed under chapter 383b, or  
20 (D) professional counselor licensed under chapter 383c;

21 (9) "HIV test" means a test to determine human immunodeficiency  
22 virus infection or antibodies to human immunodeficiency virus;

23 (10) "Medical professional" means (A) a physician, (B) an advanced  
24 practice registered nurse, (C) a physician assistant, (D) a registered  
25 nurse licensed under chapter 378, or (E) a practical nurse licensed under  
26 chapter 378;

27 (11) "Mental health care provider" means (A) a physician who  
28 specializes in psychiatry, [or] (B) an advanced practice registered nurse  
29 who specializes in mental health, or (C) a physician assistant who  
30 specializes in mental health;

31 (12) "Mental health therapist" means (A) a physician who specializes  
32 in psychiatry, (B) a psychologist licensed under chapter 383, (C) an  
33 advanced practice registered nurse who specializes in mental health, (D)  
34 a clinical social worker or master social worker licensed under chapter  
35 383b, [or] (E) a professional counselor licensed under chapter 383c, or  
36 (F) a physician assistant who specializes in mental health;

37 (13) "Physician" means a physician licensed under chapter 370;

38 (14) "Physician assistant" means a physician assistant licensed under  
39 chapter 370; and

40 (15) "Psychotropic medication" means a medication that is used to  
41 treat a mental health disorder that affects behavior, mood, thoughts or  
42 perception.

43 (b) Not later than October 1, 2025, the commissioner shall develop a  
44 plan for the provision of health care services, including, but not limited  
45 to, mental health care, substance use disorder and dental care services,  
46 to persons who are incarcerated under the jurisdiction of the  
47 department. Such plan shall ensure, at a minimum, that:

48 (1) (A) There is a sufficient number of mental health therapists, as  
49 determined by the commissioner, at each correctional institution to  
50 provide mental health care services to persons who are incarcerated;

51 (B) There is a mental health therapist placed at a correctional  
52 institution to provide mental health care services to any person who is  
53 incarcerated who requests such services or has been referred for such  
54 services by correctional staff only after the therapist makes an  
55 assessment of the person's need for such services and determines that  
56 the person requires such services;

57 (C) Each mental health therapist shall deliver such services in concert  
58 with the security needs of all persons who are incarcerated and  
59 correctional staff and the overall operation of the correctional  
60 institution, as determined by the warden of the correctional institution;  
61 and

62 (D) No mental health therapist who is providing mental health care  
63 services pursuant to this subdivision and licensed to prescribe  
64 medication shall prescribe a psychotropic medication to a person who  
65 is incarcerated unless (i) the mental health therapist has reviewed the  
66 mental health history and medical history of the person, including, but  
67 not limited to, the list of all medications the person is taking, (ii) the  
68 mental health therapist determines, based on a review of such history,  
69 that the benefits of prescribing such medication outweigh the risk of  
70 prescribing such medication, (iii) the mental health therapist diagnoses  
71 the person with a mental health disorder, the person has received a

72 previous diagnosis of a mental health disorder by a licensed mental  
73 health care provider and such medication is used to treat such mental  
74 health disorder, or, in an emergency situation, the mental health  
75 therapist makes an assessment that the inmate's mental health is  
76 substantially impaired and requires psychotropic medication to treat,  
77 (iv) the mental health therapist approves the use of such medication by  
78 the person as part of the person's mental health treatment plan, and (v)  
79 the mental health therapist keeps a record of each psychotropic  
80 medication such provider prescribes to the person and all other  
81 medications the person is taking.

82 (2) Each person who is incarcerated shall receive an annual physical  
83 examination by a physician, physician assistant or advanced practice  
84 registered nurse when such examination is clinically indicated. Such  
85 examination may include, but not be limited to, a breast and  
86 gynecological examination or prostate examination, where appropriate,  
87 and the administration of any test the physician, physician assistant or  
88 advanced practice registered nurse deems appropriate.

89 (3) Each person who is incarcerated shall receive an initial health  
90 assessment from a medical professional not later than fourteen days  
91 after the person's initial intake into a correctional institution.

92 (4) If a physician, physician assistant or advanced practice registered  
93 nurse recommends, based on the initial health assessment of a person  
94 who is incarcerated or other person, that such person who is  
95 incarcerated or other person be placed in a medical or mental health  
96 housing unit, the department shall ensure that such person who is  
97 incarcerated or other person is placed in an appropriate medical or  
98 mental health housing unit unless there are significant safety or security  
99 reasons for not making such placement.

100 (5) A medical professional shall perform health assessments of  
101 persons who are incarcerated in a location at the correctional institution  
102 that the warden of the correctional institution designates as appropriate  
103 for performing such an examination, provided the analysis of any  
104 sample collected from the person who is incarcerated during a health

105 assessment may be performed at a laboratory that is located outside of  
106 the correctional institution.

107 (6) A discharge planner shall conduct an exit interview of each person  
108 who is incarcerated who is being scheduled for discharge from a  
109 correctional institution prior to the date of discharge if such exit  
110 interview is clinically indicated, provided the lack of such exit interview  
111 shall not delay the scheduled discharge of a person who is incarcerated.  
112 Such exit interview shall include a discussion with the person regarding  
113 a medical discharge plan for any continued medical care or treatment  
114 that is recommended by the physician, physician assistant or advanced  
115 practice registered nurse for the person when the person reenters the  
116 community.

117 (7) A physician shall be on call on weekends, holidays and outside  
118 regular work hours to provide medical care to persons who are  
119 incarcerated as necessary.

120 (8) The commissioner shall ensure that each person who is  
121 incarcerated has access to all vaccines licensed or authorized under an  
122 emergency use authorization by the federal Food and Drug  
123 Administration that are recommended by the National Centers for  
124 Disease Control and Prevention Advisory Committee on Immunization  
125 Practices, subject to availability of such vaccines, unless there are  
126 substantial security concerns with providing access to such vaccines.  
127 Subject to availability, a physician, physician assistant or advanced  
128 practice registered nurse shall prescribe to a person who is incarcerated  
129 any such vaccine that (A) the person requests, and (B) is recommended  
130 for such person by said committee, as determined by the physician,  
131 physician assistant or advanced practice registered nurse, provided the  
132 prescribing of such vaccine does not impose significant safety concerns.

133 (9) Except in exigent circumstances, a dental professional shall  
134 perform a dental screening of each person who is incarcerated not later  
135 than one year after the person initially enters a correctional institution  
136 and at least once annually thereafter. At the time the dental professional  
137 performs the dental screening of a person who is incarcerated, the dental

138 professional shall develop a dental care plan for the person. A dental  
139 professional shall provide dental care in accordance with the person's  
140 dental care plan throughout the person's time at the correctional  
141 institution. The commissioner shall ensure, in consultation with a  
142 dentist, that each correctional institution has a dental examination room  
143 that is fully equipped with all of the dental equipment necessary to  
144 perform a dental examination.

145 (10) A medical professional shall administer an HIV test to each  
146 person who is incarcerated who requests an HIV test, subject to the  
147 availability of such test. Except in exigent circumstances and subject to  
148 availability, a medical professional shall offer an HIV test to each person  
149 who is incarcerated where it is clinically indicated (A) at the time such  
150 person enters a correctional institution, or (B) during an annual physical  
151 assessment.

152 (11) A medical professional shall interview each person who is  
153 incarcerated regarding such person's drug and alcohol use and mental  
154 health history at the time the person initially enters a correctional  
155 institution. If the person is exhibiting symptoms of withdrawal from a  
156 drug or alcohol or mental distress at such time, a medical professional  
157 shall perform a physical and mental health assessment of the person and  
158 communicate the results of such assessment to a physician, physician  
159 assistant or advanced practice registered nurse, and a mental health care  
160 provider or mental health therapist, if applicable. Except in exigent  
161 circumstances, a drug and alcohol counselor shall perform an  
162 evaluation of the person not later than five days after the person initially  
163 enters the correctional institution. (A) The correctional institution shall  
164 immediately transfer each such person who is determined by a  
165 physician, physician assistant or advanced practice registered nurse to  
166 be experiencing withdrawal from a drug or alcohol to an appropriate  
167 area at such correctional institution for medical treatment of such  
168 withdrawal. A physician, a physician assistant or an advanced practice  
169 registered nurse shall periodically evaluate each person who is  
170 incarcerated and exhibits signs of or discloses an addiction to a drug or  
171 alcohol or who experiences withdrawal from a drug or alcohol, at a

172 frequency deemed appropriate by the physician, physician assistant or  
173 advanced practice registered nurse. (B) In the case of a person who is  
174 determined at the time of such person's intake into a correctional  
175 institution to be in need of mental health services, such person shall be  
176 provided evidence-based mental health interventions delivered by a  
177 mental health care provider or mental health therapist, as needed,  
178 within a reasonable amount of time after such determination of need,  
179 but in no case later than two business days following such  
180 determination. Such person shall be periodically evaluated by a mental  
181 health care provider or mental health therapist and provided such  
182 services, as needed.

183 (12) A physician, a physician assistant or an advanced practice  
184 registered nurse with experience in substance use disorder diagnosis  
185 and treatment shall oversee the medical treatment of a person who is  
186 incarcerated experiencing withdrawal from a drug or alcohol at each  
187 correctional institution. A medical professional shall be present in the  
188 medical unit at each correctional facility at all times during the provision  
189 of medical treatment to such person.

190 (13) A drug and alcohol counselor shall offer appropriate substance  
191 use disorder counseling services, including, but not limited to,  
192 individual counseling sessions and group counseling sessions, to a  
193 person who is incarcerated and exhibits signs of or discloses an  
194 addiction to a drug or alcohol and encourage such person to participate  
195 in at least one counselling session. At the time of discharge of a person  
196 who is incarcerated from the correctional institution, a discharge  
197 planner may refer any such person who has exhibited signs of or  
198 disclosed an addiction to a drug or alcohol while incarcerated at such  
199 correctional institution to a substance use disorder treatment program  
200 in the community that is deemed appropriate for the person by such  
201 discharge planner.

202 (14) The York Correctional Institution shall provide each pregnant  
203 woman who is incarcerated and drug or alcohol-dependent, with  
204 information regarding the dangers of undergoing withdrawal from the

205 drug or alcohol without medical treatment, the importance of receiving  
206 medical treatment during the second trimester of pregnancy for  
207 withdrawal from the drug or alcohol and the effects of neonatal  
208 abstinence syndrome on a newborn.

209 (15) The York Correctional Institution shall provide each pregnant  
210 woman who is incarcerated prenatal visits at a frequency determined by  
211 an obstetrician to be consistent with community standards for prenatal  
212 visits.

213 (16) The department shall issue a request for information to which a  
214 school of medicine may apply for purposes of providing practical  
215 training at correctional institutions as part of a medical residency  
216 program, through which residents participating in such program may  
217 provide health care services to persons who are incarcerated.

218 (c) Not later than October 1, 2027, the commissioner shall amend the  
219 plan developed under subsection (b) of this section to ensure:

220 (1) There is a plan to accredit the program for the provision of health  
221 care to persons who are incarcerated, by a national organization  
222 approved by the Department of Public Health;

223 (2) An electronic tracking system is created for the administration of  
224 medications to persons who are incarcerated according to the schedule  
225 established by the medical professional overseeing their care and that  
226 will alert the appropriate personnel when such medications have not  
227 been timely administered;

228 (3) Persons who are incarcerated may request medical care  
229 electronically, if they have access to a portable electronic device, in  
230 addition to the existing system of written requests submitted in a drop  
231 box; and

232 (4) Any plan of discharge for persons who are incarcerated who are  
233 eligible to obtain Medicaid shall include assistance for such persons to  
234 apply for coverage prior to discharge from a correctional institution.



235 [(c)] (d) Not later than [October 1, 2025] December 31, 2026, and  
 236 annually thereafter, the commissioner shall report, in accordance with  
 237 the provisions of section 11-4a, to the joint standing committees of the  
 238 General Assembly having cognizance of matters relating to public  
 239 health, [and] the judiciary and government oversight regarding any  
 240 updates on the status of the implementation of the plan developed  
 241 pursuant to [subsection (b)] subsections (b) and (c) of this section,  
 242 recommendations for any legislation necessary to implement such plan  
 243 and the department's timeline for complete implementation of such  
 244 plan. For reports submitted after December 31, 2026, the report shall also  
 245 contain, organized by correctional institution: (1) A summary that  
 246 outlines the medications prescribed to persons who are incarcerated by  
 247 major drug classification, the number of doses where the administration  
 248 was delayed by less than one hour, between one and less than four  
 249 hours, between four hours and seven hours and thirty minutes, greater  
 250 than seven hours and thirty minutes or missed entirely, and an  
 251 explanation for the delayed or missed doses; (2) information regarding  
 252 the initial health assessment for each person who is incarcerated at the  
 253 time the person initially enters a correctional institution, and how often  
 254 such interview is conducted within fourteen days of entry, and the  
 255 reasons for why such assessment is not conducted within such time  
 256 period; (3) the number of requests by persons who are incarcerated for  
 257 medical care, the types of requests and the amount of time that elapsed  
 258 after the request being made before being seen by a medical  
 259 professional; and (4) the number of adverse medical outcomes and the  
 260 length of time the department took to complete an investigation into  
 261 such adverse medical outcomes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	18-81pp

**GOS** 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 27 \$	FY 28 \$
State Comptroller - Fringe Benefits <sup>1</sup>	GF - Cost	None	26,672
Correction, Dept.	GF - Cost	None	563,777

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill adds new requirements in FY 28 to the Department of Correction's (DOC) reporting on its plan for providing health care services, resulting a cost of up to \$563,777 to DOC and \$26,672 to the State Comptroller in FY 28.

Beginning in FY 28 the department will be required to report on (1) medications prescribed by major drug classification (2) status of initial health assessments (3) the number of requests for medical care and time elapsed between the request and receipt of care, and (4) adverse medical outcomes and the length of investigations of such outcomes. These requirements result in a one-time cost of up to \$500,000 to modify the department's electronic health record (EHR) system and an ongoing annual cost starting in FY 28 of \$63,777 to DOC and \$26,672 to the State Comptroller - Fringe Benefits to hire an administrative assistant to compile this data and ensure accurate reporting and documentation

<sup>1</sup> The 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 41.82% of payroll in FY 27.

year-round.

The bill also requires DOC to make various changes to the department's plan for providing health care services, though this requirement results in no fiscal impact. The department has the expertise to update the plan in accordance with the bill's provisions and the bill does not require the department to implement the plan under any specific timeline.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future, except for the one-time cost to modify the EHR.

**OLR Bill Analysis****sHB 5474*****AN ACT CONCERNING OVERSIGHT OF MEDICAL CARE FOR PERSONS WHO ARE INCARCERATED AT THE DEPARTMENT OF CORRECTION.*****SUMMARY**

This bill requires the Department of Correction (DOC) commissioner, by October 1, 2027, to amend the department's plan for providing health care services to incarcerated individuals (see BACKGROUND). Specifically, the amended plan must ensure that:

1. there is a plan for DOC's health care program to get accredited by a national organization approved by the Department of Public Health;
2. there is an electronic system to track medication administration for incarcerated individuals (according to the schedule set by their providers) and it alerts appropriate personnel when medications are overdue;
3. incarcerated individuals with access to a portable electronic device may request medical care electronically, in addition to the existing system of submitting written requests in a drop box; and
4. for Medicaid-eligible incarcerated individuals, their discharge plan helps them apply for coverage before being discharged from the institution.

The bill requires DOC to annually report on implementation of its health care services plan and related recommendations, and starting with the report due in 2027, on additional matters such as (1) late or missed medication administration and (2) adverse medical outcomes.

The bill also adds physician assistants (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 DOC health care plan.

EFFECTIVE DATE: October 1, 2026

### **DOC REPORTING**

Starting by December 31, 2026, the bill requires the DOC commissioner to annually report to the Government Oversight, Judiciary, and Public Health committees on (1) any updates on the health care plan’s implementation, (2) the timeline to fully implement it, and (3) recommendations for any necessary related legislation. Starting with the report due in 2027, the reports also must include the following, organized by correctional institution:

1. a summary outlining the medications prescribed to incarcerated individuals by major drug classification, the number of doses that were administered late (classified in four specified time bands) or missed entirely, and an explanation for the delayed or missed doses;
2. information on the initial health assessment for incarcerated individuals, how often this occurred within 14 days of the person’s entry, and when it was not, the reasons why;
3. the number and types of medical care requests by incarcerated individuals and the time that passed between the request and the person being seen by a medical professional; and
4. the number of adverse medical outcomes and how long it took DOC to complete its investigation of these outcomes.

### **PHYSICIAN ASSISTANTS**

Under current law, for purposes of DOC’s health care services plan, psychiatrists or advanced practice registered nurses (APRNs) specializing in mental health can serve as “mental health care providers,” and psychiatrists or these APRNS, as well as psychologists,

clinical or master social workers, or professional counselors can serve as “mental health therapists.” The bill additionally allows PAs specializing in mental health to serve in either role.

Existing law sets several related requirements under DOC’s plan. For example:

1. there must be enough mental health therapists at each correctional institution to provide mental health care services to incarcerated people;
2. when an incarcerated person requests, or correctional staff refers the person to, mental health care services, a mental health therapist must assess whether the services are needed before providing them;
3. mental health therapists must follow certain procedures when prescribing psychotropic medications to incarcerated individuals; and
4. when an incarcerated person, at intake, is determined to need mental health services, a mental health care provider or therapist, as needed, must provide the person with evidence-based interventions within two business days, and a mental health care provider or therapist must periodically evaluate the person and provide services as needed.

## **BACKGROUND**

### ***DOC Health Care Services Plan***

Existing law requires the DOC commissioner to 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.

**Related Bill**

sHB 5567, reported favorably by the Judiciary Committee, (1) requires DOC to amend its health care services plan to ensure that there is no interruption in clinically necessary medications upon a person's intake, (2) requires DOC to annually report on the plan's implementation, and (3) makes several other changes related to health care for incarcerated individuals.

**COMMITTEE ACTION**

Government Oversight Committee

Joint Favorable Substitute

Yea 12 Nay 0 (03/17/2026)