



General Assembly

February Session, 2026

Raised Bill No. 5567

LCO No. 3137



Referred to Committee on JUDICIARY

Introduced by:
(JUD)

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

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

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2 statutes is repealed and the following is substituted in lieu thereof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

4 (a) (1) There is, within the Office of Governmental Accountability
5 established under section 1-300, the Office of the Correction Ombuds for
6 the provision of ombuds services. The Correction Ombuds appointed
7 pursuant to section 18-81jj shall be the head of said office.

8 (2) For purposes of this section, "ombuds services" includes:

9 (A) Evaluating the delivery of services to persons who are
10 incarcerated by the Department of Correction;

11 (B) Reviewing periodically the nonemergency procedures
12 established by the department to carry out the provisions of title 18 and
13 evaluating whether such procedures conflict with the rights of persons

14 who are incarcerated;

15 (C) Receiving communications, including telephone calls and
16 electronic mail from persons who are incarcerated, who shall be
17 permitted to make such telephone or electronic mail communications
18 free of charge, regarding decisions, actions, omissions, policies,
19 procedures, rules or regulations of the department;

20 (D) Conducting announced or unannounced site visits of correctional
21 facilities administered by the department, without restrictions on such
22 visits, including during periods when a facility is locked down or
23 experiencing a facility-wide emergency, provided the department may
24 restrict access to a portion of a facility in an emergency situation for the
25 duration of the emergency. For the purpose of this subparagraph, a
26 situation or event constituting an emergency shall be determined by the
27 commissioner or the commissioner's designee, to be a situation
28 constituting a significant risk to the safety or security of the facility, or
29 the health, safety or security of department staff or persons who are
30 incarcerated, or an event that significantly compromises the operations
31 of the facility;

32 (E) Reviewing the operation of correctional facilities and
33 nonemergency procedures employed at such facilities. Nonemergency
34 procedures include, but are not limited to, the department's use of force
35 procedures;

36 (F) Recommending procedure and policy revisions to the
37 department;

38 (G) Taking all possible actions, including, but not limited to,
39 conducting programs of public education, undertaking legislative
40 advocacy and making proposals for systemic reform and formal legal
41 action in order to secure and ensure the rights of persons in the custody
42 of the commissioner. The Correction Ombuds is not authorized to
43 institute litigation;

44 (H) Conducting surveys by sending or distributing during facility
45 visits, confidential written and electronic communications or
46 questionnaires to persons who are incarcerated or employees of the
47 Department of Correction concerning conditions of confinement,
48 working conditions or other subjects within the scope of the duties of
49 the Office of the Correction Ombuds, without prior approval of the
50 department. Such persons who are incarcerated or employees shall be
51 permitted to complete and return to said office such surveys either in
52 written format or electronically. No survey may be sent or distributed
53 to an employee of the Department of Correction, unless the Correction
54 Ombuds previously made such survey available for review and
55 comment by the bargaining units representing such employees;

56 (I) Publishing on an Internet web site operated by the Office of the
57 Correction Ombuds a semiannual summary of all ombuds services and
58 activities during the six-month period before such publication; and

59 (J) Evaluating the provision of health care services, including, but not
60 limited to, medical care, dental care, mental health care and substance
61 use disorder treatment services, to persons who are incarcerated by the
62 Department of Correction.

63 (b) Notwithstanding any provision of the general statutes, the
64 Correction Ombuds shall act independently of any department in the
65 performance of the office's duties.

66 (c) The Correction Ombuds may, within available funds, appoint
67 such staff as may be deemed necessary. The duties of the staff may
68 include the duties and powers of the Correction Ombuds if performed
69 under the direction of the Correction Ombuds.

70 (d) (1) Notwithstanding any provision of the general statutes, the
71 appropriations recommended for the Office of the Correction Ombuds
72 shall be the estimates of the expenditure requirements transmitted to the
73 Secretary of the Office of Policy and Management by the Correction
74 Ombuds and the recommended adjustments and revisions of such

75 estimates shall be the recommended adjustments and revisions, if any,
76 transmitted by said Correction Ombuds to the director of the Office of
77 Policy and Management.

78 (2) Notwithstanding any provision of the general statutes, the
79 Governor shall not reduce allotment requisitions or allotments in force
80 concerning the Office of the Correction Ombuds.

81 (e) (1) The Correction Ombuds need not investigate a complaint, if
82 the Correction Ombuds determines such investigation is not warranted.
83 If the Correction Ombuds determines that such investigation is not
84 warranted, the Correction Ombuds shall inform the person making the
85 complaint of such decision in writing.

86 (2) In the course of an investigation, the Correction Ombuds shall rely
87 on a variety of sources to corroborate matters raised by persons who are
88 incarcerated or others. Where such matters turn on validation of
89 particular incidents, the Correction Ombuds shall endeavor to rely on
90 communications from persons who are incarcerated who have
91 reasonably pursued a resolution of the complaint through any existing
92 internal grievance procedures of the Department of Correction. In all
93 events, the Correction Ombuds shall make good faith efforts to provide
94 an opportunity to the Commissioner of Correction to investigate and to
95 respond to such concerns prior to making such matters public.

96 (3) (A) At the conclusion of an investigation, the Correction Ombuds
97 shall render a public decision on the merits of each complaint.
98 Documents supporting the decision are subject to relevant
99 confidentiality provisions, but may be disclosed by request of and to (i)
100 the complainant or an authorized representative of the family of the
101 complainant as disclosed to the Correction Ombuds, or (ii) the
102 chairpersons and ranking members of the joint standing committee of
103 the General Assembly having cognizance of matters relating to the
104 Department of Correction. The Correction Ombuds shall communicate
105 the decision to the person making the complaint and to the department.

106 The Correction Ombuds shall include in any decision findings of any
107 department administrative directive, state or constitutional right that
108 has been violated by the department or an employee of the department
109 and recommendations and reasoning if, in the Correction Ombuds'
110 opinion, the department or any employee should (I) further investigate
111 the complaint; (II) modify or cancel an action of the department or
112 employee; (III) alter a department rule, practice or ruling; (IV) explain
113 in detail the action in question; or (V) rectify an omission of the
114 department or employee.

115 (B) At least ninety-six hours prior to issuing a decision pursuant to
116 subparagraph (A) of this subdivision that expressly, or by implication,
117 criticizes the department or an employee of the department, the
118 Correction Ombuds shall consult with the department or employee or a
119 representative of the employee's bargaining unit, as applicable.

120 (4) At the Correction Ombuds' request, the department shall, during
121 a period of time agreed upon with the Correction Ombuds, inform the
122 Correction Ombuds of any action taken on recommendations contained
123 in a decision pursuant to subdivision (3) of this subsection or any reason
124 for not complying with any such recommendation. The Correction
125 Ombuds shall notify the incarcerated person whose complaint resulted
126 in a decision containing such recommendation, of any action taken by
127 the department in response to such recommendation.

128 (f) All oral and written communications, including, but not limited
129 to, in response to any survey, and records relating to such
130 communications between a person in the custody of the Commissioner
131 of Correction, or an employee of the Department of Correction, and the
132 Correction Ombuds or a member of the Office of the Correction
133 Ombuds staff, including, but not limited to, the identity of a
134 complainant, the details of the communications and the Correction
135 Ombuds' findings shall be confidential and exempt from the Freedom
136 of Information Act, as defined in section 1-200, and shall not be disclosed
137 without the consent of such person, except that the Correction Ombuds

138 (1) may disclose without the consent of such person general findings or
139 policy recommendations based on such communications, provided no
140 individually identifiable information is disclosed, and (2) shall
141 immediately disclose to the Commissioner of Correction any
142 communication concerning a physical threat made against such person's
143 self, a member of the public, an incarcerated person or an employee of
144 the Department of Correction. For the purposes of this section, identical
145 or blank surveys and questionnaires received by said office shall not be
146 confidential.

147 (g) Notwithstanding the provisions of subsection (f) of this section,
148 whenever in the course of carrying out the Correction Ombuds' duties,
149 the Correction Ombuds or a member of the Office of the Correction
150 Ombuds staff becomes aware of the commission or planned commission
151 of a criminal act or threat that the Correction Ombuds reasonably
152 believes is likely to result in death or substantial bodily harm, the
153 Correction Ombuds shall immediately notify the Commissioner of
154 Correction or an administrator of any correctional facility housing the
155 perpetrator or potential perpetrator of such act or threat and the nature
156 and target of the act or threat.

157 (h) Notwithstanding any provision of the general statutes concerning
158 the confidentiality of records and information, the Correction Ombuds
159 shall have access to, including the right to inspect and copy, any records
160 necessary to carry out the responsibilities of the Correction Ombuds, as
161 provided in this section. The provisions of this subsection shall not be
162 construed to compel access to any record protected by the attorney-
163 client privilege or attorney-work product doctrine or any record related
164 to a pending internal investigation, external criminal investigation or
165 emergency procedures. For purposes of this subsection, "emergency
166 procedures" are procedures the Department of Correction uses to
167 manage control of tools, keys and armories and concerning department
168 emergency plans, emergency response units, facility security levels and
169 standards and radio communications.

170 (i) The Correction Ombuds, if a commissioner of the Superior Court,
171 may issue subpoenas to compel the attendance and testimony of
172 witnesses or the production of books, papers and other documents and
173 administer oaths to witnesses in any matter under investigation. Any
174 such subpoena shall be served upon the person to whom such subpoena
175 is issued not later than fifteen days prior to the time specified in the
176 subpoena for compliance. Such person may, not later than fifteen days
177 after service of such subpoena, or on or before the time specified in the
178 subpoena for compliance, whichever is later, serve upon the Correction
179 Ombuds written objection to the subpoena and file such objection in the
180 superior court for the judicial district of Hartford, which shall adjudicate
181 such objection in accordance with the rules of the court. If any person to
182 whom such subpoena is issued fails to so object or appear or, having
183 appeared, refuses to give testimony or fails to produce the evidence
184 required, the Correction Ombuds may apply to the superior court for
185 the judicial district of Hartford, which shall have jurisdiction to order
186 such person to appear and give testimony or to produce such evidence,
187 as the case may be.

188 (j) In the performance of the duties provided for in this section, the
189 Correction Ombuds may communicate privately with any person in the
190 custody of the commissioner. Such communications shall be
191 confidential except as provided in subsections (e) and (f) of this section.

192 (k) (1) The Correction Ombuds may conduct hearings in accordance
193 with the provisions of chapter 54 and may request that any person
194 appear before the Correction Ombuds or at a hearing and give
195 testimony or produce documentary or other evidence that the
196 Correction Ombuds considers relevant to a matter under investigation.

197 (2) The Correction Ombuds, when scheduling such hearing, shall
198 arrange an appearance of a person who is incarcerated or an employee
199 of the department in cooperation with the department at a time and
200 location that does not interfere with the operation of a correctional
201 facility. Any appearance of a person who is incarcerated shall occur at

202 the facility where such person is incarcerated at the time of the hearing.

203 (l) The Correction Ombuds shall make available to persons who are
204 incarcerated confidential means by which to report concerns or
205 otherwise submit complaints to the Correction Ombuds, which may
206 include, but need not be limited to (1) electronic means or a locked box,
207 accessible only by the Correction Ombuds and the employees of the
208 Office of the Correction Ombuds, and (2) a hotline for persons who are
209 incarcerated to communicate with said office. All measures shall be
210 taken to ensure there is no risk or credible fear of retaliation against
211 persons who are incarcerated for submitting complaints to the
212 Correction Ombuds. Submission of complaints to the Correction
213 Ombuds shall not be part of the department administrative grievance or
214 appeal process, and the Correction Ombuds' decisions shall not
215 constitute agency action. Nothing in this section shall be deemed to
216 constitute part of the administrative exhaustion process. The Correction
217 Ombuds shall not require persons who are incarcerated to file
218 grievances or other inquiries as part of the department's system to be
219 considered ripe for review by the Correction Ombuds.

220 (m) In the performance of the responsibilities provided for in this
221 section, the Correction Ombuds may communicate privately with any
222 person in the custody of the commissioner. Such communications shall
223 be confidential except as provided in subsections (e) and (f) of this
224 section.

225 (n) The Correction Ombuds may apply for and accept grants, gifts
226 and bequests of funds from other states, federal and interstate agencies,
227 for the purpose of carrying out the Correction Ombuds' responsibilities.
228 There is established a Correction Ombuds account, which shall be a
229 separate, nonlapsing account. Any funds received under this subsection
230 shall, upon deposit in the General Fund, be credited to said account and
231 may be used by the Correction Ombuds in the performance of the
232 Correction Ombuds' duties.

233 (o) The name, address and other personally identifiable information
234 of a person who makes a complaint to the Correction Ombuds,
235 information obtained or generated by the Office of the Correction
236 Ombuds in the course of an investigation and all confidential records
237 obtained by the Correction Ombuds or the office shall be confidential
238 and shall not be subject to disclosure under the Freedom of Information
239 Act, as defined in section 1-200, or otherwise except as provided in
240 subsections (f) and (g) of this section.

241 (p) No state or municipal agency shall discharge, or in any manner
242 discriminate or retaliate against, any employee who in good faith makes
243 a complaint to the Correction Ombuds or cooperates with the Office of
244 the Correction Ombuds in an investigation.

245 (q) The Correction Ombuds may perform the following functions in
246 the evaluation of the provision of health care services pursuant to
247 subparagraph (J) of subdivision (2) of subsection (a) of this section:

248 (1) Receive, investigate and respond to complaints regarding access
249 to or quality of health care services within the Department of Correction;

250 (2) Employ or contract with licensed health care professionals to
251 provide independent clinical reviews of such complaints, when
252 necessary;

253 (3) Collect and analyze health-related data across correctional
254 facilities, including, but not limited to:

255 (A) Medical appointment wait times;

256 (B) Mental health care access;

257 (C) Medication access and continuity; and

258 (D) Incidences of hospitalizations and mortalities; and

259 (4) Make recommendations to the Departments of Correction and

260 Public Health and the joint standing committees of the General
261 Assembly having cognizance of matters relating to public health and the
262 judiciary regarding necessary improvements in the delivery of health
263 care services within correctional facilities.

264 (r) Not later than December first, annually, the Correction Ombuds
265 shall submit a report, in accordance with the provisions of section 11-4a,
266 to the joint standing committee of the General Assembly having
267 cognizance of matters relating to the Department of Correction
268 regarding the conditions of confinement in the state's correctional
269 facilities and halfway houses, including, but not limited to, the delivery
270 of health care services in such facilities and halfway houses. Such report
271 shall detail the Correction Ombuds' findings and recommendations,
272 including, but not limited to, recommendations for any improvements
273 in the delivery of such services.

274 (s) (1) Not later than January 1, 2027, the Correction Ombuds shall
275 hire a Correction Patient Advocate who has at least five years of senior-
276 level health care leadership experience and (A) holds (i) a bachelor's
277 degree in health care administration, business or nursing, and (ii) a
278 master's degree in health care administration, business or nursing, or (B)
279 holds a medical degree.

280 (2) Said advocate shall assist persons who are incarcerated with
281 matters relating to access to medical care, medication management,
282 continuity of care and patient rights.

283 (t) (1) Not later than January 1, 2027, the Correction Ombuds shall
284 hire a Correction Mental Health Care Clinician who (A) (i) holds a
285 doctoral degree in clinical psychology, (ii) holds an applicable
286 professional license issued by this state under chapter 383, or (iii) is an
287 advanced practice registered nurse licensed under chapter 378 and
288 specializes in mental health care, and (B) has experience in clinical
289 mental health care, forensic psychology, correctional health or a related
290 field.

291 (2) Said clinician shall assist persons who are incarcerated with
292 matters relating to mental health care, including access to services,
293 psychiatric medication management, continuity of care, treatment
294 planning and patient rights.

295 Sec. 2. Section 18-81ll of the general statutes is repealed and the
296 following is substituted in lieu thereof (*Effective October 1, 2026*):

297 (a) The Department of Correction shall post in conspicuous places
298 throughout each correctional facility, including in any medical unit of
299 such facility, notice concerning the rights to access medical care of a
300 person who is incarcerated. Such notice shall be written in plain
301 language in English and Spanish and shall, at a minimum: (1) Describe
302 the person's right to receive prescribed medications; (2) explain how to
303 request medical and mental health care; (3) explain how to report
304 missed or delayed administration of medications; and (4) provide
305 contact information for the Correction Patient Advocate and the
306 Correction Mental Health Advocate. The department shall also make
307 such notice available electronically on any portable electronic device
308 that may be accessible by any such person.

309 (b) The [Department of Correction] department shall, during the
310 intake of any person who is incarcerated, (1) verify directly with such
311 person any medications taken by such person, or make such verification
312 through the State-wide Health Information Exchange, established
313 pursuant to section 17b-59d, the pharmacy used by such person or such
314 person's prescribing health care provider, (2) request that such person
315 provide the name of such person's primary care provider and authorize
316 the sharing of medical information with such provider and a designated
317 family member or health care proxy or the Office of the Correction
318 Ombuds by signing a release of information form.

319 (c) The department shall post on its Internet web site and in [all of its]
320 each of the department's medical units notice informing [the inmate that
321 he or she is] persons who are incarcerated that such persons are required

322 to sign a release of information form if [the inmate wishes the inmate's
323 family or emergency contact] such person wishes such person's primary
324 care provider, designated family member, health care proxy or the
325 Office of the Correction Ombuds to have access to [the inmate's] such
326 person's medical information. [The department shall post the release of
327 information form on its Internet web site and shall be make such form
328 available upon request in all of the department's medical units.]

329 (d) The department shall develop a "frequently asked questions"
330 document that details the steps involved in investigating [an inmate] a
331 fatality or permanent injury suffered by a person who is incarcerated
332 and includes all relevant forms and contact information. The
333 department shall post the "frequently asked questions" document on its
334 Internet web site and shall make such document available upon request
335 in all of the department's medical units.

336 (e) The department may not deny any person who is incarcerated
337 access to a health care service or prescription medication based on the
338 inability of such person to pay any portion of a copayment assessed by
339 the department for such service or medication.

340 (f) The department shall develop, implement and maintain an
341 electronic health records system, or enter into a contract for the
342 provision of such services. Such system shall include:

343 (1) A method by which a person who is incarcerated may (A) digitally
344 request medical care by use of a secure messaging system, including
345 through the use of a portable electronic device that may be accessible by
346 such person, a stationary electronic device or a telephonic request
347 system, provided any such method for requesting medical care shall be
348 in addition to any existing written and oral methods to request medical
349 care, and (B) access records current medication, medication schedules,
350 administration of medication and missed or delayed doses;

351 (2) A logging system whereby any request described in subdivision
352 (1) of this subsection is (A) digitally logged and time-stamped, (B)

353 integrated into the other records maintained as part of the electronic
354 health records system associated with the patient making the request,
355 and (C) reviewable by medical staff, the patient and the Office of the
356 Correction Ombuds, provided the patient has granted access to said
357 office to review such records; and

358 (3) An access point to such system available to each patient in any
359 medical unit of the department.

360 (g) The department, when providing for a medical procedure
361 necessary for a person who is incarcerated, shall arrange for such
362 services to be provided by a health care institution licensed in
363 accordance with the provisions of chapter 368v. A clinical determination
364 that a medical procedure is necessary may not be overridden for
365 nonclinical reasons. In the event that the department is unable to
366 provide for a timely medical procedure pursuant to this section, the
367 Commissioner of Correction, or the commissioner's designee, shall
368 document the reason why such procedure was not provided or was
369 delayed. Such documentation shall be included in the electronic health
370 records system maintained pursuant to subsection (f) of this section.

371 (h) The department shall ensure that any medical staff employed by
372 the department in a position requiring that duties be conducted by a
373 person holding an unrestricted license issued by the Department of
374 Public Health, as applicable for the duties performed by such person,
375 maintains such licensure in good standing for the entirety of such
376 person's employment.

377 Sec. 3. Section 18-81pp of the 2026 supplement to the general statutes
378 is repealed and the following is substituted in lieu thereof (*Effective from*
379 *passage*):

380 (a) As used in this section:

381 (1) "Advanced practice registered nurse" means an advanced practice
382 registered nurse licensed under chapter [373] 378;

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

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

386 (4) "Correctional institution" means a prison or jail under the
387 jurisdiction of the commissioner;

388 (5) "Dental professional" means a (A) dentist, (B) dental hygienist
389 licensed under chapter 379a, or (C) dental assistant, as defined in section
390 20-112a;

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

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

393 (8) "Discharge planner" means a (A) registered nurse licensed under
394 chapter 378, (B) practical nurse licensed under chapter 378, (C) clinical
395 social worker or master social worker licensed under chapter 383b, or
396 (D) professional counselor licensed under chapter 383c;

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

399 (10) "Medical professional" means (A) a physician, (B) an advanced
400 practice registered nurse, (C) a physician assistant, (D) a registered
401 nurse licensed under chapter 378, or (E) a practical nurse licensed under
402 chapter 378;

403 (11) "Mental health care provider" means (A) a physician who
404 specializes in psychiatry, or (B) an advanced practice registered nurse
405 who specializes in mental health;

406 (12) "Mental health therapist" means (A) a physician who specializes
407 in psychiatry, (B) a psychologist licensed under chapter 383, (C) an
408 advanced practice registered nurse who specializes in mental health, (D)
409 a clinical social worker or master social worker licensed under chapter

410 383b, or (E) a professional counselor licensed under chapter 383c;

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

412 (14) "Physician assistant" means a physician assistant licensed under
413 chapter 370; and

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

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

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

425 (B) There is a mental health therapist placed at a correctional
426 institution to provide mental health care services to any person who is
427 incarcerated who requests such services or has been referred for such
428 services by correctional staff only after the therapist makes an
429 assessment of the person's need for such services and determines that
430 the person requires such services;

431 (C) Each mental health therapist shall deliver such services in concert
432 with the security needs of all persons who are incarcerated and
433 correctional staff and the overall operation of the correctional
434 institution, as determined by the warden of the correctional institution;
435 and

436 (D) No mental health therapist who is providing mental health care
437 services pursuant to this subdivision and licensed to prescribe
438 medication shall prescribe a psychotropic medication to a person who

439 is incarcerated unless (i) the mental health therapist has reviewed the
440 mental health history and medical history of the person, including, but
441 not limited to, the list of all medications the person is taking, (ii) the
442 mental health therapist determines, based on a review of such history,
443 that the benefits of prescribing such medication outweigh the risk of
444 prescribing such medication, (iii) the mental health therapist diagnoses
445 the person with a mental health disorder, the person has received a
446 previous diagnosis of a mental health disorder by a licensed mental
447 health care provider and such medication is used to treat such mental
448 health disorder, or, in an emergency situation, the mental health
449 therapist makes an assessment that the inmate's mental health is
450 substantially impaired and requires psychotropic medication to treat,
451 (iv) the mental health therapist approves the use of such medication by
452 the person as part of the person's mental health treatment plan, and (v)
453 the mental health therapist keeps a record of each psychotropic
454 medication such provider prescribes to the person and all other
455 medications the person is taking.

456 (2) Each person who is incarcerated shall receive an annual physical
457 examination by a physician, physician assistant or advanced practice
458 registered nurse when such examination is clinically indicated. Such
459 examination may include, but not be limited to, a breast and
460 gynecological examination or prostate examination, where appropriate,
461 and the administration of any test the physician, physician assistant or
462 advanced practice registered nurse deems appropriate.

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

466 (4) If a physician, physician assistant or advanced practice registered
467 nurse recommends, based on the initial health assessment of a person
468 who is incarcerated or other person, that such person who is
469 incarcerated or other person be placed in a medical or mental health
470 housing unit, the department shall ensure that such person who is

471 incarcerated or other person is placed in an appropriate medical or
472 mental health housing unit unless there are significant safety or security
473 reasons for not making such placement.

474 (5) A medical professional shall perform health assessments of
475 persons who are incarcerated in a location at the correctional institution
476 that the warden of the correctional institution designates as appropriate
477 for performing such an examination, provided the analysis of any
478 sample collected from the person who is incarcerated during a health
479 assessment may be performed at a laboratory that is located outside of
480 the correctional institution.

481 (6) A discharge planner shall conduct an exit interview of each person
482 who is incarcerated who is being scheduled for discharge from a
483 correctional institution prior to the date of discharge if such exit
484 interview is clinically indicated, provided the lack of such exit interview
485 shall not delay the scheduled discharge of a person who is incarcerated.
486 Such exit interview shall include a discussion with the person regarding
487 a medical discharge plan for any continued medical care or treatment
488 that is recommended by the physician, physician assistant or advanced
489 practice registered nurse for the person when the person reenters the
490 community.

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

494 (8) The commissioner shall ensure that each person who is
495 incarcerated has access to all vaccines licensed or authorized under an
496 emergency use authorization by the federal Food and Drug
497 Administration that are recommended by the National Centers for
498 Disease Control and Prevention Advisory Committee on Immunization
499 Practices, subject to availability of such vaccines, unless there are
500 substantial security concerns with providing access to such vaccines.
501 Subject to availability, a physician, physician assistant or advanced

502 practice registered nurse shall prescribe to a person who is incarcerated
503 any such vaccine that (A) the person requests, and (B) is recommended
504 for such person by said committee, as determined by the physician,
505 physician assistant or advanced practice registered nurse, provided the
506 prescribing of such vaccine does not impose significant safety concerns.

507 (9) Except in exigent circumstances, a dental professional shall
508 perform a dental screening of each person who is incarcerated not later
509 than one year after the person initially enters a correctional institution
510 and at least once annually thereafter. At the time the dental professional
511 performs the dental screening of a person who is incarcerated, the dental
512 professional shall develop a dental care plan for the person. A dental
513 professional shall provide dental care in accordance with the person's
514 dental care plan throughout the person's time at the correctional
515 institution. The commissioner shall ensure, in consultation with a
516 dentist, that each correctional institution has a dental examination room
517 that is fully equipped with all of the dental equipment necessary to
518 perform a dental examination.

519 (10) A medical professional shall administer an HIV test to each
520 person who is incarcerated who requests an HIV test, subject to the
521 availability of such test. Except in exigent circumstances and subject to
522 availability, a medical professional shall offer an HIV test to each person
523 who is incarcerated where it is clinically indicated (A) at the time such
524 person enters a correctional institution, or (B) during an annual physical
525 assessment.

526 (11) A medical professional shall interview each person who is
527 incarcerated regarding such person's drug and alcohol use and mental
528 health history at the time the person initially enters a correctional
529 institution. If the person is exhibiting symptoms of withdrawal from a
530 drug or alcohol or mental distress at such time, a medical professional
531 shall perform a physical and mental health assessment of the person and
532 communicate the results of such assessment to a physician, physician
533 assistant or advanced practice registered nurse, and a mental health care

534 provider or mental health therapist, if applicable. Except in exigent
535 circumstances, a drug and alcohol counselor shall perform an
536 evaluation of the person not later than five days after the person initially
537 enters the correctional institution. (A) The correctional institution shall
538 immediately transfer each such person who is determined by a
539 physician, physician assistant or advanced practice registered nurse to
540 be experiencing withdrawal from a drug or alcohol to an appropriate
541 area at such correctional institution for medical treatment of such
542 withdrawal. A physician, a physician assistant or an advanced practice
543 registered nurse shall periodically evaluate each person who is
544 incarcerated and exhibits signs of or discloses an addiction to a drug or
545 alcohol or who experiences withdrawal from a drug or alcohol, at a
546 frequency deemed appropriate by the physician, physician assistant or
547 advanced practice registered nurse. (B) In the case of a person who is
548 determined at the time of such person's intake into a correctional
549 institution to be in need of mental health services, such person shall be
550 provided evidence-based mental health interventions delivered by a
551 mental health care provider or mental health therapist, as needed,
552 within a reasonable amount of time after such determination of need,
553 but in no case later than two business days following such
554 determination. Such person shall be periodically evaluated by a mental
555 health care provider or mental health therapist and provided such
556 services, as needed.

557 (12) A physician, a physician assistant or an advanced practice
558 registered nurse with experience in substance use disorder diagnosis
559 and treatment shall oversee the medical treatment of a person who is
560 incarcerated experiencing withdrawal from a drug or alcohol at each
561 correctional institution. A medical professional shall be present in the
562 medical unit at each correctional facility at all times during the provision
563 of medical treatment to such person.

564 (13) A drug and alcohol counselor shall offer appropriate substance
565 use disorder counseling services, including, but not limited to,
566 individual counseling sessions and group counseling sessions, to a

567 person who is incarcerated and exhibits signs of or discloses an
568 addiction to a drug or alcohol and encourage such person to participate
569 in at least one counselling session. At the time of discharge of a person
570 who is incarcerated from the correctional institution, a discharge
571 planner may refer any such person who has exhibited signs of or
572 disclosed an addiction to a drug or alcohol while incarcerated at such
573 correctional institution to a substance use disorder treatment program
574 in the community that is deemed appropriate for the person by such
575 discharge planner.

576 (14) The York Correctional Institution shall provide each pregnant
577 woman who is incarcerated and drug or alcohol-dependent, with
578 information regarding the dangers of undergoing withdrawal from the
579 drug or alcohol without medical treatment, the importance of receiving
580 medical treatment during the second trimester of pregnancy for
581 withdrawal from the drug or alcohol and the effects of neonatal
582 abstinence syndrome on a newborn.

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

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

592 (c) Not later than January 1, 2027, the commissioner shall amend the
593 plan developed under subsection (b) of this section to ensure there is a
594 rule providing that there is no interruption in clinically necessary
595 medications upon intake of a person who is incarcerated to provide for
596 continuity of care for such person. The plan shall ensure that a service is
597 available for same-day delivery of a medication that such person needs

598 and that the facility in which the person is incarcerated does not have.

599 [(c)] (d) Not later than [October 1, 2025] December 31, 2026, and
600 annually thereafter, the commissioner shall report, in accordance with
601 the provisions of section 11-4a, to the joint standing committees of the
602 General Assembly having cognizance of matters relating to public
603 health and the judiciary regarding any updates on the status of the
604 implementation of the plan developed pursuant to [subsection (b)]
605 subsections (b) and (c) of this section, recommendations for any
606 legislation necessary to implement such plan and the department's
607 timeline for implementation of such plan.

608 Sec. 4. (NEW) (*Effective from passage*) (a) The Department of
609 Correction, in consultation with the Department of Public Health, shall
610 establish and maintain a list of time-critical medications, including, but
611 not limited to, medications for diabetes, seizure disorders, cardiac
612 conditions, serious mental illness and medication-assisted treatment.
613 Such list shall include strict timing windows and escalation protocols
614 for the administration of each such medication and detailed protocol for
615 how such medications shall be administered during a lock down of a
616 facility. Any such medication that is administered outside of the
617 prescribed timing window or not in accordance with escalation or lock-
618 down protocols shall cause the documentation of such missed or
619 delayed administration, including any justification for such missed or
620 delayed administration. In the case of a patient refusing medication,
621 such refusal shall be in written form and signed by such patient. All such
622 documentation shall be subject to supervisory review.

623 (b) (1) On and after January 1, 2027, the Department of Correction
624 shall produce and publish quarterly a medical scorecard detailing the
625 following for each correctional facility:

626 (A) Medical staffing levels;

627 (B) Vacancy rates for medical staff positions and the average time
628 required to fill each such position;

629 (C) The use of temporary or agency staff to perform duties that would
630 not otherwise be performed due to such vacancies; and

631 (D) Any suspensions or terminations of medical staff, including those
632 due to failure to maintain proper licensure as required pursuant to
633 subsection (h) of section 18-81ll of the general statutes, as amended by
634 this act.

635 (2) The department shall develop for each correctional facility a
636 staffing contingency plan and implement such plan whenever the
637 vacancy rate for medical staff positions reaches fifteen per cent of all
638 such positions at the facility.

639 (3) The department shall report each medical scorecard produced
640 pursuant to this section to the Office of the Correction Ombuds
641 established pursuant to section 18-81qq of the general statutes, as
642 amended by this act, and to the joint standing committee of the General
643 Assembly having cognizance of matters relating to the Department of
644 Correction in accordance with the provisions of section 11-4a of the
645 general statutes.

646 Sec. 5. Section 54-91a of the general statutes is repealed and the
647 following is substituted in lieu thereof (*Effective October 1, 2026*):

648 (a) No defendant convicted of a crime, other than a capital felony
649 under the provisions of section 53a-54b in effect prior to April 25, 2012,
650 or murder with special circumstances under the provisions of section
651 53a-54b in effect on or after April 25, 2012, the punishment for which
652 may include imprisonment for more than one year, may be sentenced,
653 or the defendant's case otherwise disposed of, until a written report of
654 investigation by a probation officer has been presented to and
655 considered by the court, if the defendant is so convicted for the first time
656 in this state or upon any conviction of a felony involving family violence
657 pursuant to section 46b-38a for which the punishment may include
658 imprisonment; but any court may, in its discretion, order a presentence
659 investigation for a defendant convicted of any crime or offense other

660 than a capital felony under the provisions of section 53a-54b in effect
661 prior to April 25, 2012, or murder with special circumstances under the
662 provisions of section 53a-54b in effect on or after April 25, 2012.

663 (b) A defendant who is convicted of a crime and is not eligible for
664 sentence review pursuant to section 51-195 may, with the consent of the
665 sentencing judge and the prosecuting official, waive the presentence
666 investigation, except that the presentence investigation may not be
667 waived when the defendant is convicted of a felony involving family
668 violence pursuant to section 46b-38a and the punishment for which may
669 include imprisonment.

670 (c) Whenever an investigation is required, the probation officer shall
671 promptly inquire into the circumstances of the offense, the attitude of
672 the complainant or victim, or of the immediate family where possible in
673 cases of homicide, and the criminal record, social history and present
674 condition of the defendant. Such investigation shall include an inquiry
675 into any damages suffered by the victim, including medical expenses,
676 loss of earnings and property loss. All local and state police agencies
677 shall furnish to the probation officer such criminal records as the
678 probation officer may request. When in the opinion of the court or the
679 investigating authority it is desirable, such investigation shall include a
680 physical and mental examination of the defendant. If the defendant is
681 committed to any institution, the investigating agency shall send the
682 reports of such investigation to the institution at the time of
683 commitment.

684 (d) In lieu of ordering a full presentence investigation, the court may
685 order an abridged version of such investigation, which (1) shall contain
686 (A) identifying information about the defendant, (B) information about
687 the pending case from the record of the court, (C) the circumstances of
688 the offense, (D) the attitude of the complainant or victim, (E) any
689 damages suffered by the victim, including medical expenses, loss of
690 earnings and property loss, and (F) the criminal record of the defendant,
691 and (2) may encompass one or more areas of the social history and

692 present condition of the defendant, including family background,
693 significant relationships or children, educational attainment or
694 vocational training, employment history, financial situation, housing
695 situation, medical status, mental health status, substance abuse history,
696 the results of any clinical evaluation conducted of the defendant or any
697 other information required by the court that is consistent with the
698 provisions of this section. If the court orders an abridged version of such
699 investigation for a felony involving family violence, as defined in
700 section 46b-38a, the abridged version of such investigation shall, in
701 addition to the information set forth in subdivision (1) of this subsection,
702 contain the following information concerning the defendant: (A) Family
703 background, (B) significant relationships or children, (C) mental health
704 status, and (D) substance abuse history.

705 (e) Any presentencing report pursuant to this section shall contain an
706 addendum compiled not later than thirty days prior to sentencing that
707 includes a medical and prescription history of the defendant. Such
708 addendum shall be filed with the Department of Correction and the
709 Office of the Correction Ombuds for intake continuity of care. If the
710 defendant refuses to supply such information, the defendant shall sign
711 a sworn statement attesting to such refusal. Such statement shall be
712 recorded in the electronic health records system maintained by the
713 department in accordance with subsection (f) of section 18-811l, as
714 amended by this act, and available for such defendant to review in the
715 same manner as other health records are reviewable.

716 ~~[(e)]~~ (f) Any information contained in the files or report of an
717 investigation pursuant to this section shall be available to the Court
718 Support Services Division for the purpose of performing the duties
719 contained in section 54-63d and to the Department of Mental Health and
720 Addiction Services for purposes of diagnosis and treatment.

721 Sec. 6. (NEW) (*Effective from passage*) (a) There is established a
722 Department of Correction nurse student loan reimbursement program
723 to be administered by the Office of Higher Education.

724 (b) Within available appropriations, the program shall provide a
725 student loan reimbursement grant for persons who are licensed as a
726 nurse pursuant to the provisions of chapter 378 of the general statutes
727 and employed by the Department of Correction in a position requiring
728 such licensure.

729 (c) Persons who qualify under subsection (b) of this section shall be
730 reimbursed annually in an amount not exceeding five thousand dollars
731 for documented loan payments. A person qualifying under subsection
732 (b) of this section shall only be reimbursed if such person is employed
733 as described in subsection (b) of this section at the time of application
734 for loan reimbursement pursuant to this section. As part of any such
735 application, a person may request reimbursement in an amount not to
736 exceed five thousand dollars annually for employment described in
737 subsection (b) of this section for any previous year of such employment,
738 provided such person has not already received reimbursement for such
739 loan payments through this program or any other program. Persons
740 may apply for reimbursement to the Office of Higher Education at such
741 time and in such manner as the Commissioner of Higher Education
742 prescribes. No person receiving reimbursement pursuant to this section
743 may be reimbursed more than twenty thousand dollars cumulatively
744 for all years of qualified loan payments.

745 (d) Any unexpended funds appropriated for purposes of this section
746 shall not lapse at the end of the fiscal year but shall be available for
747 expenditure during the next fiscal year.

748 (e) During each fiscal year in which funds are appropriated for the
749 program established pursuant to this section, the Office of Higher
750 Education may use up to five per cent of such funds for program
751 administration, promotion and recruitment activities.

752 Sec. 7. Section 18-81ss of the 2026 supplement to the general statutes
753 is repealed and the following is substituted in lieu thereof (*Effective from*
754 *passage*):

755 (a) The Commissioner of Correction shall provide palatable and
756 nutritious meals to each person in the custody of the commissioner.
757 Under no circumstances shall the commissioner permit such persons to
758 be fed nutraloaf as a form of discipline or any other punitive diet. [(b)]
759 For purposes of this [section] subsection, "nutraloaf" means a mixture of
760 foods blended together and baked into a solid loaf and "punitive diet"
761 means a diet that is used for punishment purposes.

762 (b) (1) Not later than July 1, 2027, the Office of the Correction Ombuds
763 shall complete an audit of the Department of Correction's nutrition and
764 food service program. Such audit shall evaluate (A) compliance with
765 subsection (a) of this section through an examination of nutritional
766 adequacy of meals and quality of food served in department facilities,
767 (B) compliance with therapeutic diet needs of persons who are
768 incarcerated, (C) cost efficiency of the nutrition food service program,
769 and (D) any patterns of grievances of persons who are incarcerated
770 concerning compliance with subsection (a) of this section or other issues
771 concerning the department's nutrition and food service program.

772 (2) The Office of the Correction Ombuds may, within available
773 appropriations, contract with an independent auditor with expertise in
774 conducting the type of audit described in this subsection to carry out the
775 provisions of this subsection.

776 (c) Not later than July 15, 2027, the Correction Ombuds shall submit
777 a report of the audit conducted pursuant to subsection (b) of this section
778 to the Commissioner of Correction and to the joint standing committee
779 of the General Assembly having cognizance of matters relating to the
780 Department of Correction in accordance with the provisions of section
781 11-4a.

782 (d) Not later than January 11, 2028, the Commissioner of Correction
783 shall submit to the Office of the Correction Ombuds and the joint
784 standing committee of the General Assembly having cognizance of
785 matters relating to the Department of Correction in accordance with the

786 provisions of section 11-4a a report including (1) a corrective action plan
787 that is responsive to any concerns or issues noted in the report of the
788 audit conducted pursuant to subsection (b) of this section, and (2) a
789 determination of whether the department should employ a nutritionist
790 and a dietician to work collaboratively in compliance with the
791 provisions of subsection (a) of this section and to address any concerns
792 or issues noted in such report.

793 Sec. 8. Section 18-96a of the general statutes is repealed and the
794 following is substituted in lieu thereof (*Effective October 1, 2026*):

795 (a) When assessing and subsequently providing mental health
796 services to any inmate confined in a correctional facility of the
797 Department of Correction who has been diagnosed with a mental illness
798 by a psychiatrist licensed pursuant to chapter 370, and such psychiatrist
799 has informed the department that such inmate is currently diagnosed
800 by such psychiatrist to be a danger to himself or herself or others, the
801 department shall consider the diagnosis of such psychiatrist in order to
802 appropriately assess such inmate and provide individualized, clinically
803 appropriate and culturally competent mental health services to treat
804 such inmate's condition.

805 (b) (1) The Department of Correction, in consultation with the
806 Department of Mental Health and Addiction Services, [may] shall
807 develop a program for custodial staff members to receive not less than
808 four hours and not more than eight hours of training on mental health
809 issues each year. Within available appropriations, such training shall
810 include, at a minimum: (A) Prevention of suicide and self-injury; (B)
811 recognition of signs of mental illness; (C) communication skills for
812 interacting with inmates with mental illness; and (D) alternatives to
813 disciplinary action and the use of force when dealing with inmates with
814 mental illness. Such program shall be offered: (i) Commencing on July
815 1, 2009, to all custodial staff members at one or more correctional
816 facilities designated by the Commissioner of Correction; (ii) on and after
817 July 1, 2010, to all custodial staff members at one or more additional

818 correctional facilities designated by the commissioner; and (iii) on and
819 after July 1, 2011, to all custodial staff members at one or more additional
820 correctional facilities designated by the commissioner. On and after
821 January 1, 2027, such program shall also include trauma-informed
822 interventions and practices.

823 (2) On and after October 1, 2018, in addition to the requirements of
824 subdivision (1) of this subsection, all custodial staff members at each
825 correctional facility of the Department of Correction in which female
826 inmates are confined may, within available appropriations, receive not
827 less than four hours and not more than eight hours of training on
828 gender-specific and trauma-related mental health issues faced by female
829 inmates.

830 (c) Before the planned release of any inmate diagnosed with a mental
831 illness as provided in subsection (a) of this section from a correctional
832 facility, the Department of Correction shall collaborate with the Judicial
833 Department, the Department of Social Services and the Department of
834 Mental Health and Addiction Services, as deemed necessary and within
835 available appropriations, to assist such inmate in obtaining housing,
836 mental health treatment services, any public benefits for which the
837 inmate is eligible and employment counseling upon the inmate's
838 release.

839 (d) On February first of each year, the Commissioner of Correction
840 shall submit a report to the joint standing committees of the General
841 Assembly having cognizance of matters relating to the judiciary, public
842 health and appropriations and the budgets of state agencies, in
843 accordance with the provisions of section 11-4a. Such report shall set
844 forth (1) the number of inmates who have been determined to require
845 mental health services during the previous calendar year, and (2) a
846 description of program services provided by the Department of
847 Correction and, if applicable, its contracted health services provider.

848 Sec. 9. Section 18-81 of the general statutes is repealed and the

849 following is substituted in lieu thereof (*Effective from passage*):

850 (a) The Commissioner of Correction shall administer, coordinate and
851 control the operations of the department and shall be responsible for the
852 overall supervision and direction of all institutions, facilities and
853 activities of the department. The commissioner shall establish rules for
854 the administrative practices and custodial and rehabilitative methods of
855 said institutions and facilities in accordance with recognized
856 correctional standards. The commissioner shall establish, develop and
857 maintain noninstitutional, community-based service programs. The
858 commissioner shall be responsible for the supervision of persons
859 released on parole by the Board of Pardons and Paroles. The
860 commissioner shall be responsible for establishing disciplinary,
861 diagnostic, classification, treatment, vocational and academic education,
862 research and statistics, training and development services and programs
863 throughout the department. Subject to the provisions of chapter 67, the
864 commissioner shall appoint such professional, technical and other
865 personnel as may be necessary for the efficient operation of the
866 department. The commissioner shall organize and operate
867 interinstitutional programs for the development and training of
868 institution and facility staffs. The commissioner shall provide for the
869 services of such chaplains as are necessary to minister to the needs of
870 the inmates of department institutions and facilities. The commissioner
871 shall, within available appropriations for such purpose, arrange for
872 provision of legal assistance of a civil nature to indigent inmates of
873 department institutions and facilities and legal representation for such
874 inmates before administrative boards where permitted or
875 constitutionally required.

876 (b) (1) On and after January 1, 2027, training provided in accordance
877 with subsection (a) of this section to correction officers shall include
878 instruction on communication and implicit bias awareness and how an
879 implicit bias, as defined in section 19a-490u, may affect decision making.

880 (2) On and after January 1, 2027, training provided in accordance with

881 subsection (a) of this section to correction officers shall include
882 instruction on methods of de-escalation, as defined in section 18-96b,
883 and crisis prevention. The commissioner shall contract with an outside
884 provider for the provision of training pursuant to this subsection.

885 (c) (1) On and after January 1, 2027, the commissioner or the
886 commissioner's designee shall collect and compile data from the
887 previous calendar year concerning any of the following in the
888 department's facilities:

889 (A) Incidents of use of force, as defined in section 53a-3;

890 (B) Injuries upon staff or persons who are incarcerated;

891 (C) Incidents of mental health emergency referrals of staff or persons
892 who are incarcerated following custody-related incidents; and

893 (D) Grievances filed by a staff member or an incarcerated person
894 concerning a staff member's conduct.

895 (2) The commissioner shall review such data and enhance correction
896 officer training in response to findings made during such review. The
897 commissioner shall report such data to the Office of the Correction
898 Ombuds and the Correction Advisory Committee.

899 Sec. 10. Section 18-100j of the general statutes is repealed and the
900 following is substituted in lieu thereof (*Effective from passage*):

901 (a) Not later than October 1, 2013, the Department of Correction may
902 initiate, with support from the Departments of Mental Health and
903 Addiction Services and Public Health, a pilot treatment program for
904 methadone maintenance and other drug therapies at facilities including,
905 but not limited to, the New Haven Community Correctional Center. The
906 pilot program shall serve sixty to eighty inmates per month. The
907 Department of Public Health may waive public health code regulations
908 that are not applicable to the service model of the pilot program. Not
909 later than July 1, 2019, the Department of Correction shall report on the

910 results of the program to the joint standing committee of the General
911 Assembly having cognizance of matters relating to human services, the
912 judiciary, public health and appropriations and the budgets of state
913 agencies.

914 (b) Not later than October 1, 2026, the Department of Correction shall
915 initiate at a minimum security correctional facility a pilot program
916 permitting persons who are incarcerated to retain and self-administer
917 certain medications for chronic disease management. Such program
918 shall be administered by a medical staff member licensed by the
919 Department of Public Health who shall determine which persons taking
920 which medications may be eligible for participation. Any such
921 participation by persons who are eligible shall not be compelled.
922 Eligibility for participation in the program may be revoked for
923 documented misuse of medication or if such person or medication poses
924 a safety risk to such person or another person. Not later than January 1,
925 2028, the Department of Correction shall report in accordance with the
926 provisions of section 11-4a on the results of such program to the joint
927 standing committee of the General Assembly having cognizance of
928 matters relating to the Department of Correction.

929 Sec. 11. (NEW) (*Effective from passage*) (a) There is established a
930 Correction Medical and Health Oversight Board. Said board shall make
931 recommendations for improving medical, nutrition and health care
932 services provided to persons who are incarcerated and outcomes for
933 such persons. Said board shall develop a ten-year plan to improve
934 health care and food services in correctional facilities. Said board may
935 update such plan annually.

936 (b) Said board shall consist of the following members:

937 (1) The House and Senate chairpersons of the joint standing
938 committee of the General Assembly having cognizance of matters
939 relating to the Department of Correction, or their designees;

940 (2) One appointed by the speaker of the House of Representatives

941 who shall be a physician with experience with correctional medicine,
942 emergency medicine or internal medicine;

943 (3) One appointed by the president pro tempore of the Senate who
944 shall be a public health expert or epidemiologist with experience in
945 population health or correctional health systems;

946 (4) One appointed by the majority leader of the House of
947 Representatives who shall be an expert in correctional policy, reentry
948 services or criminal justice reform with experience working with
949 formerly incarcerated populations;

950 (5) One appointed by the majority leader of the Senate who shall be a
951 behavioral health professional, who may be a psychiatrist, psychologist
952 or licensed clinical social worker with experience in forensic or
953 correctional mental health;

954 (6) One appointed by the minority leader of the House of
955 Representatives who shall be a chief executive officer of a nonprofit
956 hospital in this state or the chief executive officer of an association of
957 hospitals;

958 (7) One appointed by the minority leader of the Senate who shall be
959 an expert in health care finance;

960 (8) One appointed by the House ranking member of the joint standing
961 committee of the General Assembly having cognizance of matters
962 relating to the Department of Correction who shall be a representative
963 of a federally qualified health center in this state;

964 (9) One appointed by the Senate ranking member of the joint standing
965 committee of the General Assembly having cognizance of matters
966 relating to the Department of Correction who shall be a registered nurse,
967 advanced practice registered nurse or a physician assistant with
968 experience in institutional or community health care;

969 (10) One appointed by the Governor who shall be a dietician-

970 nutritionist certified in this state;

971 (11) One appointed by the Correction Ombuds who shall have
972 experience navigating health care services while being incarcerated;

973 (12) The executive director of The University of Connecticut Health
974 Center, or the executive director's designee;

975 (13) The undersecretary of the Criminal Justice Policy and Planning
976 Division within the Office of Policy and Management, or the
977 undersecretary's designee;

978 (14) The Medicaid Director within the Department of Social Services,
979 or the director's designee; and

980 (15) The Correction Ombuds, or the Correction Ombuds' designee.

981 (c) No member appointed under subdivisions (2) to (15), inclusive, of
982 subsection (b) of this section may be a member of the General Assembly.

983 (d) All initial appointments to the board shall be appointed not later
984 than thirty days after the effective date of this section. Each member of
985 the board appointed pursuant to subdivisions (2) to (10), inclusive, of
986 subsection (b) of this section shall serve for a term that is coterminous
987 with the term of the member's appointing authority. Any member who
988 misses three consecutive meetings of the board shall be deemed to have
989 resigned. A vacancy shall be filled by the original appointing authority
990 for the balance of the unexpired term.

991 (e) The members described in subdivision (1) of subsection (b) of this
992 section shall be the chairpersons of the board. Such chairpersons shall
993 schedule the first meeting of the board, which shall be held not later
994 than sixty days after the effective date of this section.

995 (f) Two-thirds of the membership of the board shall constitute a
996 quorum and all actions shall require the affirmative vote of a quorum.

997 (g) The members of the board shall serve without compensation, but
 998 shall, within the limits of available funds, be reimbursed for expenses
 999 necessarily incurred in the performance of their duties.

1000 (h) The administrative staff of the joint standing committee of the
 1001 General Assembly having cognizance of matters relating to the
 1002 Department of Correction shall serve as administrative staff of the
 1003 board.

1004 (i) Not later than January 1, 2027, the board shall submit the plan
 1005 developed pursuant to subsection (a) of this section, including any
 1006 recommendations for legislation in support of such plan, and not later
 1007 than January first annually thereafter concerning any update to the plan
 1008 or recommendations for legislation in support of such updated plan in
 1009 accordance with the provisions of section 11-4a of the general statutes
 1010 to the joint standing committee of the General Assembly having
 1011 cognizance of matters relating to the Department of Correction.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	18-81qq
Sec. 2	<i>October 1, 2026</i>	18-81ll
Sec. 3	<i>from passage</i>	18-81pp
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>October 1, 2026</i>	54-91a
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	18-81ss
Sec. 8	<i>October 1, 2026</i>	18-96a
Sec. 9	<i>from passage</i>	18-81
Sec. 10	<i>from passage</i>	18-100j
Sec. 11	<i>from passage</i>	New section

Statement of Purpose:

To (1) establish medical professional positions within the Office of the Correction Ombuds, (2) develop processes to ensure medications are administered as directed in Department of Correction facilities and other safeguards concerning health care provided to persons who are

incarcerated, (3) reimburse student loans of persons working with the Department of Correction as nurses, (4) direct an audit of the nutrition and food services of the department, (5) require medical history be transmitted to the department as part of a presentencing report, (6) enhance training for correction officers, (7) establish the Correction Medical and Health Oversight Board, and (8) enact various other proposals supporting the health and well-being of incarcerated persons.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]