
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)