House of Representatives

File No. 750

General Assembly

February Session, 2026 ***(Reprint of File No. 602)***

Substitute House Bill No. 5567
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 30, 2026

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:

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 Section 18-81qq of the 2026 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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

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

(B) Reviewing periodically the nonemergency procedures

established by the department to carry out the provisions of title 18 and evaluating whether such procedures conflict with the rights of persons who are incarcerated;

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

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

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

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

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

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

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

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

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

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

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

transmitted by said Correction Ombuds to the director of the Office of Policy and Management.

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

(e) (1) The Correction Ombuds need not investigate a complaint, if the Correction Ombuds determines such investigation is not warranted. If the Correction Ombuds determines that such investigation is not warranted, the Correction Ombuds shall inform the person making the complaint of such decision in writing, which complaint and decision shall be confidential and exempt from the Freedom of Information Act, as defined in section 1-200, and shall not be disclosed without the consent of such person.

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

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

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

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

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

(f) All oral and written communications, including, but not limited to, in response to any survey, and records relating to such communications between a person in the custody of the Commissioner of Correction, or an employee of the Department of Correction, and the Correction Ombuds or a member of the Office of the Correction Ombuds staff, including, but not limited to, the identity of a complainant, the details of the communications and the Correction Ombuds' findings shall be confidential and exempt from the Freedom of Information Act, as defined in section 1-200, and shall not be disclosed

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

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

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

(i) The Correction Ombuds, if a commissioner of the Superior Court, may issue subpoenas to compel the attendance and testimony of witnesses or the production of books, papers and other documents and administer oaths to witnesses in any matter under investigation. Any such subpoena shall be served upon the person to whom such subpoena is issued not later than fifteen days prior to the time specified in the subpoena for compliance. Such person may, not later than fifteen days after service of such subpoena, or on or before the time specified in the subpoena for compliance, whichever is later, serve upon the Correction Ombuds written objection to the subpoena and file such objection in the superior court for the judicial district of Hartford, which shall adjudicate such objection in accordance with the rules of the court. If any person to whom such subpoena is issued fails to so object or appear or, having appeared, refuses to give testimony or fails to produce the evidence required, the Correction Ombuds may apply to the superior court for the judicial district of Hartford, which shall have jurisdiction to order such person to appear and give testimony or to produce such evidence, as the case may be. If a written objection to a subpoena issued pursuant to this subsection is overruled in its entirety by the superior court for the judicial district of Hartford, the court shall order the Department of Correction to reimburse the Office of the Correction Ombuds for the reasonable costs of service of such subpoena, unless the court finds that the objection was substantially justified.

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

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

(2) The Correction Ombuds, when scheduling such hearing, shall

arrange an appearance of a person who is incarcerated or an employee of the department in cooperation with the department at a time and location that does not interfere with the operation of a correctional facility. Any appearance of a person who is incarcerated shall occur at the facility where such person is incarcerated at the time of the hearing.

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

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

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

may be used by the Correction Ombuds in the performance of the Correction Ombuds' duties.

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

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

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

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

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

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

(A) Medical appointment wait times;

(B) Mental health care access;

(C) Medication access and continuity; and

(D) Incidences of hospitalizations and mortalities; and

(4) Make recommendations to the Departments of Correction and Public Health and the joint standing committees of the General Assembly having cognizance of matters relating to public health and the judiciary regarding necessary improvements in the delivery of health care services within correctional facilities.

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

(s) (1) Not later than January 1, 2027, there shall be a Correction Mental Health Care Clinician employed within the Office of the Correction Ombuds who (A) (i) holds a doctoral degree in clinical psychology, (ii) holds an applicable professional license issued by this state under chapter 383, or (iii) is an advanced practice registered nurse licensed under chapter 378 and specializes in mental health care, and (B) has experience in clinical mental health care, forensic psychology, correctional health or a related field.

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

(t) Notwithstanding any provision of the general statutes or any administrative directive of the Department of Correction, the Correction Ombuds may possess and use state-issued cellular telephones and other state-issued electronic communication devices while conducting official duties within any correctional facility under the jurisdiction of the

Department of Correction. Such possession and use of such cellular telephones shall not be restricted and such cellular telephones and other state-issued electronic communication devices shall not be deemed contraband.

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

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

(b) (1) The department shall, during the intake of any person who is incarcerated, (A) verify directly with such person any medications taken by such person, or make such verification through the State-wide Health Information Exchange, established pursuant to section 17b-59d, the pharmacy used by such person or such person's prescribing health care provider, (B) request that such person provide the name of such person's primary care provider and authorize the sharing of medical information with such provider and a designated family member or health care proxy by signing a release of information form, and (C) accept from such person any prescription medication such person has in such person's possession for storage and administration by appropriate Department of Correction staff as prescribed to such person.

(2) Not later than five days after intake of any person who is incarcerated, the department shall provide such person with the

opportunity to authorize the sharing of medical information with the Office of the Correction Ombuds.

(c) The department shall post on its Internet web site and in **[**all of its**]** each of the department's medical units notice informing **[**the inmate that he or she is**]** persons who are incarcerated that such persons are required to sign a release of information form if **[**the inmate wishes the inmate's family or emergency contact**]** such person wishes such person's primary care provider, designated family member, health care proxy or the Office of the Correction Ombuds to have access to **[**the inmate's**]** such person's medical information. **[**The department shall post the release of information form on its Internet web site and shall be make such form available upon request in all of the department's medical units.**]**

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

(e) (1) Beginning not later than July 1, 2026, the department shall not assess any fee, fine, cost or surcharge against any person in the custody of the department for health care services of any kind, including, but not limited to, medical, dental, mental health or optometric services, specialty or emergency care, scheduled follow-up treatment, medical, dental or optometric devices, including eyeglasses, and laboratory testing.

(2) The department shall cancel any outstanding liability for such fees, fines, costs or surcharges assessed against any person in the custody of the department prior to the department ceasing to asses such fees, fines, costs or surcharges pursuant to subdivision (1) of this subsection.

(f) The department shall, within available bond authorizations,

develop, implement and maintain an electronic health records system, or enter into a contract for the provision of such system. Such system shall be and shall include:

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

(2) A logging system whereby any request described in subdivision (1) of this subsection is (A) digitally logged and time-stamped, (B) integrated into the other records maintained as part of the electronic health records system associated with the person who is incarcerated who is making the request, and (C) reviewable by medical staff, the person who is incarcerated and the Office of the Correction Ombuds, provided the person who is incarcerated has granted access to said office to review such records; and

(3) An access point to such system available to each person who is incarcerated in any medical unit of the department.

(g) The Department of Correction shall ensure that medically necessary procedures for persons who are incarcerated are provided in a timely and clinically appropriate manner. The department may provide routine or emergent procedures within a correctional facility when such procedures can be safely performed in such setting. Any procedure requiring specialized equipment, a higher level of care, or that cannot be safely performed within a correctional facility shall be provided by a health care institution licensed in accordance with the provisions of chapter 368v. The department shall document and track any delay, denial or refusal of medically necessary care, including the

reason for such delay, denial or refusal, and shall use such information to identify and address barriers to care. A clinical determination that a procedure is a medically necessary procedure may not be overridden for nonclinical reasons, except that the Commissioner of Correction, or the commissioner's designee, may delay or override such procedure upon a determination that a specific and articulable safety or security risk exists that cannot be reasonably mitigated. In the event that the department is unable to provide for a timely medically necessary procedure or such procedure is overridden pursuant to this subsection, the commissioner, or the commissioner's designee, shall document the reason why such procedure was not provided or was delayed. Such documentation shall be included in the electronic health records system maintained pursuant to subsection (f) of this section. For purposes of this subsection, "medically necessary procedure" means those procedures performed by a medical professional in a location, including, but not limited to, a hospital, clinic or outpatient center, which are required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such procedures are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and the individual's medical condition.

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

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

(11) "Mental health care provider" means (A) a physician who

specializes in psychiatry, or (B) an advanced practice registered nurse who specializes in mental health;

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

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

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

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

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

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

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

(C) Each mental health therapist shall deliver such services in concert with the security needs of all persons who are incarcerated and correctional staff and the overall operation of the correctional

institution, as determined by the warden of the correctional institution; and

(D) No mental health therapist who is providing mental health care services pursuant to this subdivision and licensed to prescribe medication shall prescribe a psychotropic medication to a person who is incarcerated unless (i) the mental health therapist has reviewed the mental health history and medical history of the person, including, but not limited to, the list of all medications the person is taking, (ii) the mental health therapist determines, based on a review of such history, that the benefits of prescribing such medication outweigh the risk of prescribing such medication, (iii) the mental health therapist diagnoses the person with a mental health disorder, the person has received a previous diagnosis of a mental health disorder by a licensed mental health care provider and such medication is used to treat such mental health disorder, or, in an emergency situation, the mental health therapist makes an assessment that the inmate's mental health is substantially impaired and requires psychotropic medication to treat, (iv) the mental health therapist approves the use of such medication by the person as part of the person's mental health treatment plan, and (v) the mental health therapist keeps a record of each psychotropic medication such provider prescribes to the person and all other medications the person is taking.

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

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

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

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

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

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

(8) The commissioner shall ensure that each person who is incarcerated has access to all vaccines licensed or authorized under an emergency use authorization by the federal Food and Drug Administration that are recommended by the National Centers for

Disease Control and Prevention Advisory Committee on Immunization Practices, subject to availability of such vaccines, unless there are substantial security concerns with providing access to such vaccines. Subject to availability, a physician, physician assistant or advanced practice registered nurse shall prescribe to a person who is incarcerated any such vaccine that (A) the person requests, and (B) is recommended for such person by said committee, as determined by the physician, physician assistant or advanced practice registered nurse, provided the prescribing of such vaccine does not impose significant safety concerns.

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

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

(11) A medical professional shall interview each person who is incarcerated regarding such person's drug and alcohol use and mental health history at the time the person initially enters a correctional institution. If the person is exhibiting symptoms of withdrawal from a drug or alcohol or mental distress at such time, a medical professional

shall perform a physical and mental health assessment of the person and communicate the results of such assessment to a physician, physician assistant or advanced practice registered nurse, and a mental health care provider or mental health therapist, if applicable. Except in exigent circumstances, a drug and alcohol counselor shall perform an evaluation of the person not later than five days after the person initially enters the correctional institution. (A) The correctional institution shall immediately transfer each such person who is determined by a physician, physician assistant or advanced practice registered nurse to be experiencing withdrawal from a drug or alcohol to an appropriate area at such correctional institution for medical treatment of such withdrawal. A physician, a physician assistant or an advanced practice registered nurse shall periodically evaluate each person who is incarcerated and exhibits signs of or discloses an addiction to a drug or alcohol or who experiences withdrawal from a drug or alcohol, at a frequency deemed appropriate by the physician, physician assistant or advanced practice registered nurse. (B) In the case of a person who is determined at the time of such person's intake into a correctional institution to be in need of mental health services, such person shall be provided evidence-based mental health interventions delivered by a mental health care provider or mental health therapist, as needed, within a reasonable amount of time after such determination of need, but in no case later than two business days following such determination. Such person shall be periodically evaluated by a mental health care provider or mental health therapist and provided such services, as needed.

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

(13) A drug and alcohol counselor shall offer appropriate substance

use disorder counseling services, including, but not limited to, individual counseling sessions and group counseling sessions, to a person who is incarcerated and exhibits signs of or discloses an addiction to a drug or alcohol and encourage such person to participate in at least one counselling session. At the time of discharge of a person who is incarcerated from the correctional institution, a discharge planner may refer any such person who has exhibited signs of or disclosed an addiction to a drug or alcohol while incarcerated at such correctional institution to a substance use disorder treatment program in the community that is deemed appropriate for the person by such discharge planner.

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

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

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

(c) Not later than January 1, 2027, the commissioner shall amend the plan developed under subsection (b) of this section to ensure there is a rule providing that there is no interruption in clinically necessary medications upon intake of a person who is incarcerated to provide for continuity of care for such person. The plan shall ensure that a service is

available for same-day delivery of a medication that such person needs.

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

Sec. 4. (NEW) (*Effective from passage*) (a) The Department of Correction and the Correction Medical and Health Commission, established pursuant to section 9 of this act, in consultation with the Department of Public Health, shall establish and maintain a list of time-critical medications, including, but not limited to, medications for diabetes, seizure disorders, cardiac conditions, serious mental illness and other medication-assisted treatment. Such list shall include strict timing windows and escalation protocols for the administration of each such medication and detailed protocol for how such medications shall be administered by the Department of Correction during a lock down of a facility. Any such medication that is administered outside of the prescribed timing window or not in accordance with escalation or lock-down protocols shall cause the documentation of such missed or delayed administration, including any justification for such missed or delayed administration. In the case of a person who is incarcerated refusing medication, such refusal shall be in written form and signed by such person. All such documentation shall be subject to review by a supervisor.

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

(A) Medical staffing levels;

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

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

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

(2) (A) The Department of Correction and the Correctional Medical and Health Commission shall develop, in writing, for each correctional facility a contingency staffing plan for whenever the vacancy rate for health services positions reaches twenty per cent of all such positions at the facility. The department and commission shall consult with health services professionals and representatives from each of the bargaining units representing employees who would fill such positions or who are affected by the vacancies in such positions in the development of any such plan. Each such plan shall prioritize voluntary coverage by permanent health services staff and may include the use of additional compensation or other incentives to maintain continuity of care. Not later than thirty days following the development of each such plan, the department and commission, in accordance with the provisions of section 11-4a of the general statutes, shall report each such plan to the joint standing committees of the General Assembly having cognizance of matters relating to the Department of Correction and the budgets of state agencies.

(B) The department shall implement the plan developed pursuant to subparagraph (A) of this subdivision for any correctional facility where the vacancy rate for the health services positions reaches twenty per cent of all such positions at the facility, provided the department shall not implement such plan in a manner that results in health services staffing levels below those necessary to ensure the safe and adequate delivery of

health care services and that such plan shall not be used as a substitute for the timely recruitment and hiring of permanent health services staff.

(C) The department shall take all reasonable steps to fill vacancies as expeditiously as practicable and shall not rely on contingency staffing plans in lieu of sustained recruitment and retention efforts.

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

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

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

(b) A defendant who is convicted of a crime and is not eligible for sentence review pursuant to section 51-195 may, with the consent of the

sentencing judge and the prosecuting official, waive the presentence investigation, except that the presentence investigation may not be waived when the defendant is convicted of a felony involving family violence pursuant to section 46b-38a and the punishment for which may include imprisonment.

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

(d) In lieu of ordering a full presentence investigation, the court may order an abridged version of such investigation, which (1) shall contain (A) identifying information about the defendant, (B) information about the pending case from the record of the court, (C) the circumstances of the offense, (D) the attitude of the complainant or victim, (E) any damages suffered by the victim, including medical expenses, loss of earnings and property loss, and (F) the criminal record of the defendant, and (2) may encompass one or more areas of the social history and present condition of the defendant, including family background, significant relationships or children, educational attainment or vocational training, employment history, financial situation, housing situation, medical status, mental health status, substance abuse history, the results of any clinical evaluation conducted of the defendant or any other information required by the court that is consistent with the provisions of this section. If the court orders an abridged version of such

investigation for a felony involving family violence, as defined in section 46b-38a, the abridged version of such investigation shall, in addition to the information set forth in subdivision (1) of this subsection, contain the following information concerning the defendant: (A) Family background, (B) significant relationships or children, (C) mental health status, and (D) substance abuse history.

(e) In any presentence investigation report, if the defendant has entered into a plea agreement for which there is a sentencing recommendation for a period of incarceration, or there is any other information that indicates that such defendant may be sentenced to a period of incarceration, the probation officer shall inquire into such defendant's medical and prescription history for the last five years prior to such defendant accepting such agreement. Such history shall be included in an appendix to such report. Such probation officer shall notify the Department of Correction and the Office of the Correction Ombuds by electronic mail not later than five days prior to such defendant's sentencing. If such defendant refuses to supply such defendant's medical and prescription history, such probation officer shall (1) document the attempts to solicit such information from such defendant, and (2) sign a sworn statement attesting to such refusal. Such appendix and any documentation and sworn statement described in subdivisions (1) and (2) of this subsection shall be recorded in the electronic health records system maintained by the department in accordance with subsection (f) of section 18-81*ll*, as amended by this act, and available for such defendant to review in the same manner as other health records are reviewable.

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

Sec. 6. (NEW) (*Effective from passage*) (a) There is established a Department of Correction nurse and social workers student loan

reimbursement program to be administered by the Office of Higher Education.

(b) Within available bond authorizations, the program shall provide a student loan reimbursement grant for persons who are licensed as a nurse pursuant to the provisions of chapter 378 of the general statutes or a clinical social worker pursuant to chapter 383b of the general statutes and employed by the Department of Correction in a position requiring such licensure, as applicable.

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

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

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

Sec. 7. Section 18-81ss of the 2026 supplement to the general statutes

is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

(b) (1) Not later than July 1, 2027, the Auditors of Public Accounts shall complete an audit of the Department of Correction's nutrition and food service and commissary programs. Such audit shall evaluate (A) compliance with subsection (a) of this section through an examination of nutritional adequacy of meals and quality of food served in department facilities, (B) compliance with therapeutic diet needs of persons who are incarcerated, (C) cost efficiency of the nutrition food service program, (D) any irregularities in the commissary program, and (E) any patterns of grievances of persons who are incarcerated concerning compliance with subsection (a) of this section or other issues concerning the department's nutrition and food service program or commissary program.

(2) The Auditors of Public Accounts may, within available appropriations, contract with an independent auditor with expertise in conducting the type of audit described in this subsection to carry out the provisions of this subsection.

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

(d) Not later than January 11, 2028, the Commissioner of Correction,

in consultation with the Correction Medical and Health Commission established pursuant to section 9 of this act, shall develop and submit to the Office of the Correction Ombuds and the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction, in accordance with the provisions of section 11-4a, a report including (1) a corrective action plan that is responsive to any concerns or issues noted in the report of the audit conducted pursuant to subsection (b) of this section, and (2) a determination of whether the department should employ a nutritionist and a dietician to work collaboratively in compliance with the provisions of subsection (a) of this section and to address any concerns or issues noted in such report.

Sec. 8. Section 18-100j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than October 1, 2013, the Department of Correction may initiate, with support from the Departments of Mental Health and Addiction Services and Public Health, a pilot treatment program for methadone maintenance and other drug therapies at facilities including, but not limited to, the New Haven Community Correctional Center. The pilot program shall serve sixty to eighty inmates per month. The Department of Public Health may waive public health code regulations that are not applicable to the service model of the pilot program. Not later than July 1, 2019, the Department of Correction shall report on the results of the program to the joint standing committee of the General Assembly having cognizance of matters relating to human services, the judiciary, public health and appropriations and the budgets of state agencies.

(b) Not later than October 1, 2026, the Department of Correction shall initiate at a minimum security correctional facility a pilot program permitting persons who are incarcerated to retain and self-administer certain medications for chronic disease management. Such program shall be administered by a medical staff member from within the Department of Correction who is licensed by the Department of Public

Health who shall determine which persons taking which medications may be eligible for participation. Any such participation by persons who are eligible shall not be compelled. Eligibility for participation in the program may be revoked for documented misuse of medication or if such person or medication poses a safety risk to such person or another person. Not later than January 1, 2028, the Department of Correction shall report, in accordance with the provisions of section 11-4a, on the results of such program to the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction.

(c) (1) Not later than October 1, 2027, the Departments of Correction, Mental Health and Addiction Services and Social Services and the Office of Policy and Management shall, within available appropriations, initiate a pilot program to assist with discharge planning for patients with chronic disease and behavioral health needs, including mental health and substance abuse disorders, and to coordinate specialty care referrals for persons who are incarcerated at York Correctional Institution upon release. Such program shall be administered by the health services and behavioral health employees within the Department of Correction and shall expand internal capacity for discharge planning and care coordination, including coordination with the Department of Mental Health and Addiction Services, to facilitate access to programs and services upon release. Said departments and office shall contract with a federally qualified health center in this state to work with Department of Correction health services and behavioral health employees to provide community-based care for persons upon release for not fewer than two years. The federally qualified health center shall work with Department of Correction employees to improve continuity of care and community health care standards for said department. The provisions of this subsection shall not be construed to permit the contracting out of work customarily performed by Department of Correction employees.

(2) Not later than January 15, 2029, and January fifteenth following each calendar year thereafter during which such program is maintained,

the Departments of Mental Health and Addiction Services and Social Services, the Office of Policy and Management, the Department of Correction health services and behavioral health employees and the federally qualified health center assisting with such program shall report, in accordance with the provisions of section 11-4a, on the results of such program to the joint standing committees of the General Assembly having cognizance of matters relating to the Department of Correction, human services and public health. Such reports shall evaluate the (A) effectiveness of discharge planning and reentry care coordination for participants in the program, (B) management and continuity of care for chronic diseases among participants in the program, (C) coordination, timeliness and completion of specialty care referrals for participants in the program, (D) extent to which participants successfully access community-based health care services following release from the correctional institution, and (E) costs of the program when compared to other delivery of care models in use at the time such program is initiated.

Sec. 9. (NEW) (*Effective from passage*) (a) There is established a Correction Medical and Health Commission. Said commission shall make recommendations for improving medical, nutrition, behavioral health and health care services provided to persons who are incarcerated and outcomes for such persons. Said commission shall develop a ten-year plan to improve health care and food services in correctional facilities. Said commission may update such plan as the commission deems necessary.

(b) Said commission shall consist of the following members:

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

(2) One appointed by the speaker of the House of Representatives who shall be a physician with experience with correctional medicine, emergency medicine or internal medicine;

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

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

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

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

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

(8) One appointed by the House ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction who shall be a clinical pharmacist;

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

(10) Three appointed by the Governor, one of whom shall be a person who holds a doctorate in nutrition, one of whom shall be a formerly incarcerated person with experience navigating health care services while incarcerated in a Department of Correction facility and one of

whom shall be a representative of a federally qualified health center in this state;

(11) Four appointed jointly by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction, who shall be representatives of each of the four bargaining units representing the employees of the Department of Correction whose job duties include direct interaction with persons who are incarcerated;

(12) The chief executive officer of The University of Connecticut Health Center, or the chief executive officer's designee;

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

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

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

(c) No member appointed under subdivisions (2) to (11), inclusive, of subsection (b) of this section may be a member of the General Assembly.

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

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

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

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

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

(i) The commission shall (1) not later than January 1, 2027, report the plan developed pursuant to subsection (a) of this section, including any recommendations for legislation in support of such plan, and (2) not later than thirty days after the completion of any update to such plan, report such updated plan, including any recommendations for legislation in support of such updated plan, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction.

(j) The commission shall carry out the duties prescribed to it by the provisions of subsection (d) of section 18-81ss of the general statutes, as amended by this act, and section 4 of this act, and any other duties prescribed to it by law.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	18-81qq
Sec. 2	*October 1, 2026*	18-81*ll*
Sec. 3	*from passage*	18-81pp
Sec. 4	*from passage*	New section
Sec. 5	*October 1, 2026*	54-91a
Sec. 6	*from passage*	New section
Sec. 7	*from passage*	18-81ss

Sec. 8	*from passage*	18-100j
Sec. 9	*from passage*	New section

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 $
Correction, Dept.	GF - Cost	None	At least 254,600
Correction, Dept.	GF - Potential Cost	Potential Significant	Potential Significant
Legislative Mgmt.	GF - Potential Cost	Minimal	Minimal
Correction, Dept.	GF - Revenue Loss	40,000	40,000
Correction, Dept.; Treasurer, Debt Serv.	GF - Cost	See Below	See Below
Governmental Accountability, Off.	GF - Cost	63,000	125,500
Governmental Accountability, Off.	GF - Potential Savings	Minimal	Minimal
State Comptroller - Fringe Benefits[1]	GF - Cost	26,500	130,635
Higher Ed., Off.; Treasurer, Debt Serv.	GF - Cost	See Below	See Below
Auditors	GF - Potential Cost	See Below	None
Policy & Mgmt., Off.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill makes various changes to laws on health care services for incarcerated individuals, resulting in the following impacts.

[1]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.

Section 1 requires the Office of the Correction Ombuds (OCO) within the Office of Governmental Accountability (OGA) to hire one additional staff member as a Correction Mental Health Care Clinician. This results in an estimated General Fund salary cost to OGA of $63,000 in FY 27,[2] with an associated fringe cost of $26,500, and beginning in FY 28, an estimated annual salary cost of $125,500 with an associated fringe cost of $52,500. The additional staff will support inmate access to care and medication management.

Additionally, this section specifies that OCO can recover costs associated with filing and defending a subpoena if the subpoena is unsuccessfully challenged in court, resulting in potential minimal savings to OCO and a corresponding potential minimal cost to the Department of Correction (DOC) beginning in FY 26. The potential impact will depend on the number of subpoenas brought by OCO, the number that are challenged, and the reimbursement awarded to OCO. Any savings to OCO and corresponding cost to DOC is expected to be minimal as the subpoena power has only been used three times to date.

Section 2 results in (1) a potentially significant cost beginning in FY 27, (2) a revenue loss of about $40,000 to DOC beginning in FY 27, and (3) a one-time cost to DOC of up to $200,000 in FY 27.

This section requires that DOC ensure that medically necessary procedures are provided to inmates in a timely and clinically appropriate manner. To the extent this bill requires an expansion of DOC's current medical policies and procedures, there may be a significant cost to the state for additional medical staffing and/or for coordinating timely specialized services with outside providers.

This section also prohibits DOC from charging any fees, fines, costs or surcharges for all health care services, resulting in an annual revenue loss of $40,000 beginning in FY 27.

[2] The FY 27 figure represents the half-year cost, anticipating a January 1, 2027 start date as required by the bill.

Finally, this section results in a one-time cost to DOC of up to $200,000 in FY 27. It requires DOC to modify their current electronic health record (EHR) system and/or inmate tablets to (1) allow inmates to digitally request medical care through a secure messaging system, (2) allow inmates to access certain medical records, and (3) include a digital, time-stamped log of medical care request. Contract costs to modify their current systems to effect these changes are not expected to exceed $200,000.

The section specifies that the EHR upgrades must be funded within available bond funding. sSB 85 includes $10 million for electronic health records systems, including digital medical care 27 request systems, devices, and access points.

Section 4 results in a potential cost to DOC beginning in FY 27. The section requires DOC to create and implement a contingency staffing plan, which, if implemented, may require the use of additional compensation or other incentives to maintain continuity of care. The potential cost depends on whether the plan is implemented and includes these incentives and the extent of additional compensation provided to medical providers pursuant to the plan.

Section 6 results in an estimated cost of up to $1 million annually beginning in FY 27 to the Office of Higher Education (OHE). It requires OHE to administer a student loan reimbursement program for licensed nurses and licensed clinical social workers employed by DOC. Eligible employees who choose to participate can receive up to $5,000 annually in reimbursement for student loan payments, and up to $20,000 cumulatively over their lifetime.

DOC currently employs 385 licensed nurses and 45 licensed clinical social workers (totaling 430 employees). The cost will vary based on the number of nurses and social workers who participate, and the amount of outstanding debt they carry. If 30% of nurses and 80% of social

workers[3] DOC employs receive the maximum $5,000 reimbursement, the annual cost would be about $758,000.

The section additionally allows OHE to use up to 5% of program funding for administration and promotion of the program.

The section specifies that the program must be funded within available bond funding. There are no authorizations for the program under current law.

Section 7 requires the Auditors of Public Accounts (APA) to audit DOC's nutrition and food service and commissary programs resulting in a potential cost to the state in FY 27. To meet the requirements of the bill, the APA may have to hire a consultant that has nutritional expertise.

Section 8 results in a cost of at least $154,600 to DOC for two positions and $78,135 to the State Comptroller for fringe benefits in FY 28, as well as at least $100,000 for contracting costs. The section requires DOC, the Department of Mental Health and Addiction Services (DHMAS), and the Office of Policy and Management (OPM) to initiate a pilot program to expand DOC's internal capacity for discharge planning and to contract with a federally qualified health center (FQHC) to provide community-based care and improve continuity of care for persons upon release from correctional facilities.

To expand capacity for discharge planning and care coordination to facilitate access to programs and services upon release, DOC will be required to hire one Correctional Counselor and one Clinical Social Worker.[4]

The costs of the FQHC contract may vary widely and will depend on (1) the type and level of services the FQHC is required to provide, (2)

[3] A study by the University of Michigan published on 1/26/26 indicated between 28% and 33% of licensed nurses carry student loan debt. The "2024 Social Work Workforce Study Series" completed for the Association of Social Work Boards indicated that about 80% of licensed clinical social workers carry student loan debt at graduation.

[4] The starting annual salaries for these positions are $68,339 and $86,261 respectively.

the current condition of DOC's discharge planning, and (3) the number of offenders discharged from York that qualify for the pilot program. It is expected that the contract will cost a minimum of $100,000.[5]

This section also results in a potential cost to OPM and DMHAS to the extent additional resources are required for the pilot program.

Section 9 creates a Correction Medical and Health Commission resulting in a potential minimal cost to the Office of Legislative Management. The bill specifies that commission members serve without compensation but can be reimbursed for necessary expenses resulting in a potential cost to the extent reimbursements occur.

The bill makes other changes that do not result in a fiscal impact because the affected agencies have the capacity and resources to meet the bill's requirements.

House "A" strikes the underlying bill and results in fiscal impact described above.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation, employee wage agreements, the number employees that participate in the loan reimbursement program, and the length and terms of the pilot program at York CI.

[5] The bill specifies that DOC, DMHAS, and OPM shall contract with the FQHC. This fiscal note assumes that DOC will bear the costs of the contract.

OLR Bill Analysis

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

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

TABLE OF CONTENTS:

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

§ 4 — MEDICAL STAFFING SCORECARD AND CONTINGENCY PLAN

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

§ 5 — PRE-SENTENCE INVESTIGATION REPORTS

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

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

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

§ 7 — FOOD SERVICE AND COMMISSARY PROGRAM AUDITS

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

§ 8 — PILOT PROGRAMS

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

§ 9 — CORRECTION MEDICAL AND HEALTH COMMISSION

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

BACKGROUND

SUMMARY

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

*House Amendment "A" replaces the underlying bill. It removes provisions that would have (1) required the ombuds to hire a correction patient advocate and (2) made changes to correctional officer training. It makes several changes to the other provisions. For example, it (1) narrows a provision on the use of state-issued cell phones at correctional facilities to only apply to the ombuds and not his staff; (2) replaces a prohibition on denying health care services due to failure to pay a co-pay with a more general ban on DOC assessing fees or surcharges for health care services; (3) expands the contingency staffing plan requirements to apply to health services positions generally, not just medical positions, and sets conditions on the development and use of those plans; (4) requires the nurse and social worker student loan reimbursement program to be within available bond authorizations, rather than available appropriations; (5) requires the Auditors of Public Accounts, rather than the ombuds' office, to audit DOC's nutrition and food service and commissary programs; (6) changes the scope of the pilot program at York Correctional Institution to focus on discharge planning and related care coordination for certain patients; (7) expands the duties and membership of the Correction Medical and Health Commission; and (8) makes various minor changes throughout.

EFFECTIVE DATE: Various; see below.

§ 1 — CORRECTION OMBUDS

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

Mental Health Care Clinician

Starting by January 1, 2027, the bill creates the position of correction mental health care clinician within the ombuds' office. This clinician

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

Ombuds Investigations, Decision Process, Subpoenas, and Complaint Confidentiality

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

By law, after an investigation, the ombuds must issue a public decision on the merits of each complaint, including any findings of DOC or employee violations and recommendations for how DOC should address the issue. Before issuing a decision criticizing DOC or one of its employees, the ombuds must consult with DOC, or the employee or the employee's union representative, as applicable. The bill requires this to occur at least three business days, instead of 96 hours, before he issues the decision.

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

By law, the ombuds can choose not to investigate a complaint if he determines that the investigation is unwarranted and, in that case, he must inform the complainant of that determination in writing. The bill requires these complaints and decisions not to investigate to be confidential and exempt from disclosure under the Freedom of

Information Act (FOIA), and it prohibits them from being disclosed without the complainant's consent. Existing law exempts from FOIA the identity of complainants and the ombuds' findings, with limited exceptions (such as the ombuds' duty to disclose threats).

Cell Phone Use

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

EFFECTIVE DATE: Upon passage

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

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

Free Health Care Services (§ 2(e))

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

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

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

The bill requires DOC to ensure that medically necessary procedures (see below) for incarcerated people are provided in a timely and

clinically appropriate way. Under the bill, DOC may provide routine or emergent procedures within a correctional facility when that can be done safely. Procedures must be provided by a Department of Public Health (DPH)-licensed health care institution when they require specialized equipment or a higher level of care or cannot be safely performed within a correctional facility.

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

The bill requires DOC to (1) document and track any delay, denial, or refusal of medically necessary care, including the reason for it, and (2) use this information to identify and address barriers to care. It specifically requires that documentation of the reason why a medically necessary procedure was denied or delayed be included in the department's electronic health record systems (see below).

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

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

1. clinically appropriate in terms of type, frequency, timing, site,

extent, and duration and considered effective for the person's illness, injury, or disease;

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

3. not more costly than therapeutically equivalent alternatives; and

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

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

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

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

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

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

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

Intake Procedures (§ 2(b) & (c))

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

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

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

Electronic Health Records System (§ 2(f))

The bill requires DOC, within available bond authorizations, to (1) develop, implement, and maintain an electronic health record (EHR) system or (2) contract for one. The system must allow incarcerated people to digitally request medical care through a secure messaging system from within DOC facilities, in addition to existing written and verbal ways to do so. This may be through a phone system or a portable or stationary electronic device.

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

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

EFFECTIVE DATE: October 1, 2026

§ 3 — DOC HEALTH CARE SERVICES PLAN

Requires the DOC commissioner to (1) update the department's health care services plan to ensure continuity of care regarding medications upon incarcerated people's intake and

that there is an available same-day medication delivery service and (2) annually report on the plan's implementation status

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

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

The bill also makes a technical correction.

By law, the DOC commissioner must develop a plan for providing health care services to incarcerated people at DOC correctional institutions. The plan must ensure that requirements are met in a number of areas, such as initial health assessments, annual physical examinations when clinically indicated, mental health provider staffing, discharge planning, vaccinations, dental services, drug and alcohol use treatment, and specific services for incarcerated women who are pregnant.

EFFECTIVE DATE: Upon passage

§ 4 — TIME-CRITICAL MEDICATION LIST

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

The bill requires DOC and the Correction Medical and Health Commission (see below), in consultation with DPH, to create and maintain a list of time-critical medications, at least including medications for diabetes, seizure disorders, cardiac conditions, serious mental illness, and other medication-assisted treatment. The list must

have strict timing windows and escalation protocols for administering these medications and a detailed protocol for how DOC must administer them during a facility lockdown.

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

EFFECTIVE DATE: Upon passage

§ 4 — MEDICAL STAFFING SCORECARD AND CONTINGENCY PLAN

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

Scorecard and Reporting

Starting in 2027, the bill requires DOC and the Correction Medical and Health Commission to publish a quarterly scorecard that lists the following for each correctional facility:

1. medical staffing levels;
2. vacancy rates for these positions and the average time to fill them;
3. the use of temporary or agency staff to perform duties they would not otherwise perform due to these vacancies; and
4. any medical staff suspensions or terminations.

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

Contingency Staffing Plan

Under the bill, DOC and the commission also must develop a written

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

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

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

EFFECTIVE DATE: Upon passage

§ 5 — PRE-SENTENCE INVESTIGATION REPORTS

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

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

The bill requires certain PSI reports to include information on the defendant's medical and prescription history. This applies to cases

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

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

EFFECTIVE DATE: October 1, 2026

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

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

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

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

Under the bill, any unspent funds appropriated for the program do

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

EFFECTIVE DATE: Upon passage

§ 7 — FOOD SERVICE AND COMMISSARY PROGRAM AUDITS

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

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

The audit must evaluate:

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

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

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

4. any commissary program irregularities; and

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

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

By January 11, 2028, the DOC commissioner, in consultation with the Correction Medical and Health Commission, must submit to the

ombuds' office and the committee a (1) corrective action plan that addresses any concerns or issues in the audit report and (2) determination of whether the department should hire a nutritionist and a dietician to work together to comply with the statutory requirement for food service and to address any concerns or issues in the audit.

EFFECTIVE DATE: Upon passage

§ 8 — PILOT PROGRAMS

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

Medication Self-Administration Pilot

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

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

Discharge Planning and Care Coordination Pilot

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

be administered by DOC health services and behavioral health employees, and must expand internal capacity for discharge planning and care coordination (including coordinating with DMHAS) to facilitate access to programs and services upon release.

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

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

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

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

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

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

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

EFFECTIVE DATE: Upon passage

§ 9 — CORRECTION MEDICAL AND HEALTH COMMISSION

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

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

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

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

EFFECTIVE DATE: Upon passage

Membership and Administration

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

Table: Correction Medical and Health Commission Appointed Members

Appointing Authority	*Appointee Qualifications*
House speaker	Physician experienced in correctional, emergency, or internal medicine
Senate president pro tempore	Public health expert or epidemiologist experienced in population health or correctional health systems
House majority leader	Expert in correctional policy, reentry services, or criminal justice reform and experienced working with formerly incarcerated populations
Senate majority leader	Behavioral health professional, who may be a psychiatrist, psychologist, or LCSW experienced in forensic or correctional mental heath
House minority leader	In-state nonprofit hospital CEO or hospital association CEO or executive member
Senate minority leader	Expert in health care finance

Appointing Authority	*Appointee Qualifications*
Judiciary Committee House ranking member	Clinical pharmacist
Judiciary Committee Senate ranking member	Registered nurse, APRN, or physician assistant (PA) experienced in institutional or community health care
Governor (three appointments)	Person with nutrition doctorate Formerly incarcerated person experienced in navigating health care services while incarcerated in a DOC facility In-state FQHC representative
Judiciary Committee chairpersons (four joint appointments)	Representatives of each of the four bargaining units representing DOC employees whose job duties include directly interacting with incarcerated people

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

The Judiciary Committee chairpersons or their designees serve as the commission's chairpersons, and they must schedule and hold the first meeting within 60 days after the bill's passage. Two-thirds of the membership is a quorum, and a majority vote of a quorum is required for all commission actions. Commission members are not paid but, within available funding, must be reimbursed for necessary expenses.

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

BACKGROUND

Related Bills

sHB 5474 (File 333), favorably reported by the Government Oversight Committee, (1) requires the DOC commissioner to add certain

components to the department's health care services plan and annually report on the plan's implementation and (2) adds PAs who specialize in mental health to the list of providers who may serve as "mental health care providers" or "mental health therapists" under the plan.

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

COMMITTEE ACTION

Judiciary Committee

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

Appropriations Committee

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