



General Assembly

Amendment

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LCO No. 4952



Offered by:

REP. STAFSTROM, 129th Dist.

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To: Subst. House Bill No. 5567

File No. 602

Cal. No. 405

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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4 statutes is repealed and the following is substituted in lieu thereof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

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

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

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

13 (B) Reviewing periodically the nonemergency procedures
14 established by the department to carry out the provisions of title 18 and
15 evaluating whether such procedures conflict with the rights of persons
16 who are incarcerated;

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

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

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

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

40 (G) Taking all possible actions, including, but not limited to,
41 conducting programs of public education, undertaking legislative
42 advocacy and making proposals for systemic reform and formal legal
43 action in order to secure and ensure the rights of persons in the custody

44 of the commissioner. The Correction Ombuds is not authorized to
45 institute litigation;

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

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

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

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

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

72 (d) (1) Notwithstanding any provision of the general statutes, the
73 appropriations recommended for the Office of the Correction Ombuds
74 shall be the estimates of the expenditure requirements transmitted to the

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

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

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

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

101 (3) (A) At the conclusion of an investigation, the Correction Ombuds
102 shall render a public decision on the merits of each complaint.
103 Documents supporting the decision are subject to relevant
104 confidentiality provisions, but may be disclosed by request of and to (i)
105 the complainant or an authorized representative of the family of the
106 complainant as disclosed to the Correction Ombuds, or (ii) the

107 chairpersons and ranking members of the joint standing committee of
108 the General Assembly having cognizance of matters relating to the
109 Department of Correction. The Correction Ombuds shall communicate
110 the decision to the person making the complaint and to the department.
111 The Correction Ombuds shall include in any decision findings of any
112 department administrative directive, state or constitutional right that
113 has been violated by the department or an employee of the department
114 and recommendations and reasoning if, in the Correction Ombuds'
115 opinion, the department or any employee should (I) further investigate
116 the complaint; (II) modify or cancel an action of the department or
117 employee; (III) alter a department rule, practice or ruling; (IV) explain
118 in detail the action in question; or (V) rectify an omission of the
119 department or employee.

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

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

134 (f) All oral and written communications, including, but not limited
135 to, in response to any survey, and records relating to such
136 communications between a person in the custody of the Commissioner
137 of Correction, or an employee of the Department of Correction, and the
138 Correction Ombuds or a member of the Office of the Correction
139 Ombuds staff, including, but not limited to, the identity of a

140 complainant, the details of the communications and the Correction
141 Ombuds' findings shall be confidential and exempt from the Freedom
142 of Information Act, as defined in section 1-200, and shall not be disclosed
143 without the consent of such person, except that the Correction Ombuds
144 (1) may disclose without the consent of such person general findings or
145 policy recommendations based on such communications, provided no
146 individually identifiable information is disclosed, and (2) shall
147 immediately disclose to the Commissioner of Correction any
148 communication concerning a physical threat made against such person's
149 self, a member of the public, an incarcerated person or an employee of
150 the Department of Correction. For the purposes of this section, identical
151 or blank surveys and questionnaires received by said office shall not be
152 confidential.

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

163 (h) Notwithstanding any provision of the general statutes concerning
164 the confidentiality of records and information, the Correction Ombuds
165 shall have access to, including the right to inspect and copy, any records
166 necessary to carry out the responsibilities of the Correction Ombuds, as
167 provided in this section. The provisions of this subsection shall not be
168 construed to compel access to any record protected by the attorney-
169 client privilege or attorney-work product doctrine or any record related
170 to a pending internal investigation, external criminal investigation or
171 emergency procedures. For purposes of this subsection, "emergency
172 procedures" are procedures the Department of Correction uses to

173 manage control of tools, keys and armories and concerning department
174 emergency plans, emergency response units, facility security levels and
175 standards and radio communications.

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

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

203 (k) (1) The Correction Ombuds may conduct hearings in accordance
204 with the provisions of chapter 54 and may request that any person
205 appear before the Correction Ombuds or at a hearing and give

206 testimony or produce documentary or other evidence that the
207 Correction Ombuds considers relevant to a matter under investigation.

208 (2) The Correction Ombuds, when scheduling such hearing, shall
209 arrange an appearance of a person who is incarcerated or an employee
210 of the department in cooperation with the department at a time and
211 location that does not interfere with the operation of a correctional
212 facility. Any appearance of a person who is incarcerated shall occur at
213 the facility where such person is incarcerated at the time of the hearing.

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

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

236 (n) The Correction Ombuds may apply for and accept grants, gifts
237 and bequests of funds from other states, federal and interstate agencies,

238 for the purpose of carrying out the Correction Ombuds' responsibilities.
239 There is established a Correction Ombuds account, which shall be a
240 separate, nonlapsing account. Any funds received under this subsection
241 shall, upon deposit in the General Fund, be credited to said account and
242 may be used by the Correction Ombuds in the performance of the
243 Correction Ombuds' duties.

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

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

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

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

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

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

266 (A) Medical appointment wait times;

- 267 (B) Mental health care access;
- 268 (C) Medication access and continuity; and
- 269 (D) Incidences of hospitalizations and mortalities; and
- 270 (4) Make recommendations to the Departments of Correction and
271 Public Health and the joint standing committees of the General
272 Assembly having cognizance of matters relating to public health and the
273 judiciary regarding necessary improvements in the delivery of health
274 care services within correctional facilities.
- 275 (r) Not later than December first, annually, the Correction Ombuds
276 shall submit a report, in accordance with the provisions of section 11-4a,
277 to the joint standing committee of the General Assembly having
278 cognizance of matters relating to the Department of Correction
279 regarding the conditions of confinement in the state's correctional
280 facilities and halfway houses, including, but not limited to, the delivery
281 of health care services in such facilities and halfway houses. Such report
282 shall detail the Correction Ombuds' findings and recommendations,
283 including, but not limited to, recommendations for any improvements
284 in the delivery of such services.
- 285 (s) (1) Not later than January 1, 2027, there shall be a Correction
286 Mental Health Care Clinician employed within the Office of the
287 Correction Ombuds who (A) (i) holds a doctoral degree in clinical
288 psychology, (ii) holds an applicable professional license issued by this
289 state under chapter 383, or (iii) is an advanced practice registered nurse
290 licensed under chapter 378 and specializes in mental health care, and (B)
291 has experience in clinical mental health care, forensic psychology,
292 correctional health or a related field.
- 293 (2) Said clinician shall assist persons who are incarcerated with
294 matters relating to mental health care, including access to services,
295 psychiatric medication management, continuity of care, treatment
296 planning and patient rights.

297 (t) Notwithstanding any provision of the general statutes or any
298 administrative directive of the Department of Correction, the Correction
299 Ombuds may possess and use state-issued cellular telephones and other
300 state-issued electronic communication devices while conducting official
301 duties within any correctional facility under the jurisdiction of the
302 Department of Correction. Such possession and use of such cellular
303 telephones shall not be restricted and such cellular telephones and other
304 state-issued electronic communication devices shall not be deemed
305 contraband.

306 Sec. 2. Section 18-8111 of the general statutes is repealed and the
307 following is substituted in lieu thereof (*Effective October 1, 2026*):

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

320 (b) (1) The department shall, during the intake of any person who is
321 incarcerated, (A) verify directly with such person any medications taken
322 by such person, or make such verification through the State-wide Health
323 Information Exchange, established pursuant to section 17b-59d, the
324 pharmacy used by such person or such person's prescribing health care
325 provider, (B) request that such person provide the name of such person's
326 primary care provider and authorize the sharing of medical information
327 with such provider and a designated family member or health care
328 proxy by signing a release of information form, and (C) accept from such
329 person any prescription medication such person has in such person's

330 possession for storage and administration by appropriate Department
331 of Correction staff as prescribed to such person.

332 (2) Not later than five days after intake of any person who is
333 incarcerated, the department shall provide such person with the
334 opportunity to authorize the sharing of medical information with the
335 Office of the Correction Ombuds.

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

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

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

360 (2) The department shall cancel any outstanding liability for such

361 fees, fines, costs or surcharges assessed against any person in the
362 custody of the department prior to the department ceasing to asses such
363 fees, fines, costs or surcharges pursuant to subdivision (1) of this
364 subsection.

365 (f) The department shall, within available bond authorizations,
366 develop, implement and maintain an electronic health records system,
367 or enter into a contract for the provision of such system. Such system
368 shall be and shall include:

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

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

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

388 (g) The Department of Correction shall ensure that medically
389 necessary procedures for persons who are incarcerated are provided in
390 a timely and clinically appropriate manner. The department may
391 provide routine or emergent procedures within a correctional facility

392 when such procedures can be safely performed in such setting. Any
393 procedure requiring specialized equipment, a higher level of care, or
394 that cannot be safely performed within a correctional facility shall be
395 provided by a health care institution licensed in accordance with the
396 provisions of chapter 368v. The department shall document and track
397 any delay, denial or refusal of medically necessary care, including the
398 reason for such delay, denial or refusal, and shall use such information
399 to identify and address barriers to care. A clinical determination that a
400 procedure is a medically necessary procedure may not be overridden
401 for nonclinical reasons, except that the Commissioner of Correction, or
402 the commissioner's designee, may delay or override such procedure
403 upon a determination that a specific and articulable safety or security
404 risk exists that cannot be reasonably mitigated. In the event that the
405 department is unable to provide for a timely medically necessary
406 procedure or such procedure is overridden pursuant to this subsection,
407 the commissioner, or the commissioner's designee, shall document the
408 reason why such procedure was not provided or was delayed. Such
409 documentation shall be included in the electronic health records system
410 maintained pursuant to subsection (f) of this section. For purposes of
411 this subsection, "medically necessary procedure" means those
412 procedures performed by a medical professional in a location,
413 including, but not limited to, a hospital, clinic or outpatient center,
414 which are required to prevent, identify, diagnose, treat, rehabilitate or
415 ameliorate an individual's medical condition, including mental illness,
416 or its effects, in order to attain or maintain the individual's achievable
417 health and independent functioning provided such procedures are: (1)
418 Consistent with generally accepted standards of medical practice that
419 are defined as standards that are based on (A) credible scientific
420 evidence published in peer-reviewed medical literature that is generally
421 recognized by the relevant medical community, (B) recommendations
422 of a physician-specialty society, (C) the views of physicians practicing
423 in relevant clinical areas, and (D) any other relevant factors; (2) clinically
424 appropriate in terms of type, frequency, timing, site, extent and duration
425 and considered effective for the individual's illness, injury or disease; (3)
426 not primarily for the convenience of the individual, the individual's

427 health care provider or other health care providers; (4) not more costly
428 than an alternative service or sequence of services at least as likely to
429 produce equivalent therapeutic or diagnostic results as to the diagnosis
430 or treatment of the individual's illness, injury or disease; and (5) based
431 on an assessment of the individual and the individual's medical
432 condition.

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

436 (a) As used in this section:

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

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

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

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

444 (5) "Dental professional" means a (A) dentist, (B) dental hygienist
445 licensed under chapter 379a, or (C) dental assistant, as defined in section
446 20-112a;

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

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

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

453 (9) "HIV test" means a test to determine human immunodeficiency

454 virus infection or antibodies to human immunodeficiency virus;

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

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

462 (12) "Mental health therapist" means (A) a physician who specializes
463 in psychiatry, (B) a psychologist licensed under chapter 383, (C) an
464 advanced practice registered nurse who specializes in mental health, (D)
465 a clinical social worker or master social worker licensed under chapter
466 383b, or (E) a professional counselor licensed under chapter 383c;

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

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

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

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

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

481 (B) There is a mental health therapist placed at a correctional
482 institution to provide mental health care services to any person who is

483 incarcerated who requests such services or has been referred for such
484 services by correctional staff only after the therapist makes an
485 assessment of the person's need for such services and determines that
486 the person requires such services;

487 (C) Each mental health therapist shall deliver such services in concert
488 with the security needs of all persons who are incarcerated and
489 correctional staff and the overall operation of the correctional
490 institution, as determined by the warden of the correctional institution;
491 and

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

512 (2) Each person who is incarcerated shall receive an annual physical
513 examination by a physician, physician assistant or advanced practice
514 registered nurse when such examination is clinically indicated. Such
515 examination may include, but not be limited to, a breast and

516 gynecological examination or prostate examination, where appropriate,
517 and the administration of any test the physician, physician assistant or
518 advanced practice registered nurse deems appropriate.

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

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

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

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

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

550 (8) The commissioner shall ensure that each person who is
551 incarcerated has access to all vaccines licensed or authorized under an
552 emergency use authorization by the federal Food and Drug
553 Administration that are recommended by the National Centers for
554 Disease Control and Prevention Advisory Committee on Immunization
555 Practices, subject to availability of such vaccines, unless there are
556 substantial security concerns with providing access to such vaccines.
557 Subject to availability, a physician, physician assistant or advanced
558 practice registered nurse shall prescribe to a person who is incarcerated
559 any such vaccine that (A) the person requests, and (B) is recommended
560 for such person by said committee, as determined by the physician,
561 physician assistant or advanced practice registered nurse, provided the
562 prescribing of such vaccine does not impose significant safety concerns.

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

575 (10) A medical professional shall administer an HIV test to each
576 person who is incarcerated who requests an HIV test, subject to the
577 availability of such test. Except in exigent circumstances and subject to
578 availability, a medical professional shall offer an HIV test to each person
579 who is incarcerated where it is clinically indicated (A) at the time such

580 person enters a correctional institution, or (B) during an annual physical
581 assessment.

582 (11) A medical professional shall interview each person who is
583 incarcerated regarding such person's drug and alcohol use and mental
584 health history at the time the person initially enters a correctional
585 institution. If the person is exhibiting symptoms of withdrawal from a
586 drug or alcohol or mental distress at such time, a medical professional
587 shall perform a physical and mental health assessment of the person and
588 communicate the results of such assessment to a physician, physician
589 assistant or advanced practice registered nurse, and a mental health care
590 provider or mental health therapist, if applicable. Except in exigent
591 circumstances, a drug and alcohol counselor shall perform an
592 evaluation of the person not later than five days after the person initially
593 enters the correctional institution. (A) The correctional institution shall
594 immediately transfer each such person who is determined by a
595 physician, physician assistant or advanced practice registered nurse to
596 be experiencing withdrawal from a drug or alcohol to an appropriate
597 area at such correctional institution for medical treatment of such
598 withdrawal. A physician, a physician assistant or an advanced practice
599 registered nurse shall periodically evaluate each person who is
600 incarcerated and exhibits signs of or discloses an addiction to a drug or
601 alcohol or who experiences withdrawal from a drug or alcohol, at a
602 frequency deemed appropriate by the physician, physician assistant or
603 advanced practice registered nurse. (B) In the case of a person who is
604 determined at the time of such person's intake into a correctional
605 institution to be in need of mental health services, such person shall be
606 provided evidence-based mental health interventions delivered by a
607 mental health care provider or mental health therapist, as needed,
608 within a reasonable amount of time after such determination of need,
609 but in no case later than two business days following such
610 determination. Such person shall be periodically evaluated by a mental
611 health care provider or mental health therapist and provided such
612 services, as needed.

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

620 (13) A drug and alcohol counselor shall offer appropriate substance
621 use disorder counseling services, including, but not limited to,
622 individual counseling sessions and group counseling sessions, to a
623 person who is incarcerated and exhibits signs of or discloses an
624 addiction to a drug or alcohol and encourage such person to participate
625 in at least one counselling session. At the time of discharge of a person
626 who is incarcerated from the correctional institution, a discharge
627 planner may refer any such person who has exhibited signs of or
628 disclosed an addiction to a drug or alcohol while incarcerated at such
629 correctional institution to a substance use disorder treatment program
630 in the community that is deemed appropriate for the person by such
631 discharge planner.

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

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

643 (16) The department shall issue a request for information to which a
644 school of medicine may apply for purposes of providing practical

645 training at correctional institutions as part of a medical residency
646 program, through which residents participating in such program may
647 provide health care services to persons who are incarcerated.

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

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

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

678 refusing medication, such refusal shall be in written form and signed by
679 such person. All such documentation shall be subject to review by a
680 supervisor.

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

685 (A) Medical staffing levels;

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

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

690 (D) Any suspensions or terminations of medical staff, including those
691 due to failure to maintain proper licensure as required pursuant to
692 subsection (h) of section 18-811l of the general statutes, as amended by
693 this act.

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

709 of matters relating to the Department of Correction and the budgets of
710 state agencies.

711 (B) The department shall implement the plan developed pursuant to
712 subparagraph (A) of this subdivision for any correctional facility where
713 the vacancy rate for the health services positions reaches twenty per cent
714 of all such positions at the facility, provided the department shall not
715 implement such plan in a manner that results in health services staffing
716 levels below those necessary to ensure the safe and adequate delivery of
717 health care services and that such plan shall not be used as a substitute
718 for the timely recruitment and hiring of permanent health services staff.

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

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

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

732 (a) No defendant convicted of a crime, other than a capital felony
733 under the provisions of section 53a-54b in effect prior to April 25, 2012,
734 or murder with special circumstances under the provisions of section
735 53a-54b in effect on or after April 25, 2012, the punishment for which
736 may include imprisonment for more than one year, may be sentenced,
737 or the defendant's case otherwise disposed of, until a written report of
738 investigation by a probation officer has been presented to and
739 considered by the court, if the defendant is so convicted for the first time

740 in this state or upon any conviction of a felony involving family violence
741 pursuant to section 46b-38a for which the punishment may include
742 imprisonment; but any court may, in its discretion, order a presentence
743 investigation for a defendant convicted of any crime or offense other
744 than a capital felony under the provisions of section 53a-54b in effect
745 prior to April 25, 2012, or murder with special circumstances under the
746 provisions of section 53a-54b in effect on or after April 25, 2012.

747 (b) A defendant who is convicted of a crime and is not eligible for
748 sentence review pursuant to section 51-195 may, with the consent of the
749 sentencing judge and the prosecuting official, waive the presentence
750 investigation, except that the presentence investigation may not be
751 waived when the defendant is convicted of a felony involving family
752 violence pursuant to section 46b-38a and the punishment for which may
753 include imprisonment.

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

768 (d) In lieu of ordering a full presentence investigation, the court may
769 order an abridged version of such investigation, which (1) shall contain
770 (A) identifying information about the defendant, (B) information about
771 the pending case from the record of the court, (C) the circumstances of
772 the offense, (D) the attitude of the complainant or victim, (E) any

773 damages suffered by the victim, including medical expenses, loss of
774 earnings and property loss, and (F) the criminal record of the defendant,
775 and (2) may encompass one or more areas of the social history and
776 present condition of the defendant, including family background,
777 significant relationships or children, educational attainment or
778 vocational training, employment history, financial situation, housing
779 situation, medical status, mental health status, substance abuse history,
780 the results of any clinical evaluation conducted of the defendant or any
781 other information required by the court that is consistent with the
782 provisions of this section. If the court orders an abridged version of such
783 investigation for a felony involving family violence, as defined in
784 section 46b-38a, the abridged version of such investigation shall, in
785 addition to the information set forth in subdivision (1) of this subsection,
786 contain the following information concerning the defendant: (A) Family
787 background, (B) significant relationships or children, (C) mental health
788 status, and (D) substance abuse history.

789 (e) In any presentence investigation report, if the defendant has
790 entered into a plea agreement for which there is a sentencing
791 recommendation for a period of incarceration, or there is any other
792 information that indicates that such defendant may be sentenced to a
793 period of incarceration, the probation officer shall inquire into such
794 defendant's medical and prescription history for the last five years prior
795 to such defendant accepting such agreement. Such history shall be
796 included in an appendix to such report. Such probation officer shall
797 notify the Department of Correction and the Office of the Correction
798 Ombuds by electronic mail not later than five days prior to such
799 defendant's sentencing. If such defendant refuses to supply such
800 defendant's medical and prescription history, such probation officer
801 shall (1) document the attempts to solicit such information from such
802 defendant, and (2) sign a sworn statement attesting to such refusal. Such
803 appendix and any documentation and sworn statement described in
804 subdivisions (1) and (2) of this subsection shall be recorded in the
805 electronic health records system maintained by the department in
806 accordance with subsection (f) of section 18-811l, as amended by this act,

807 and available for such defendant to review in the same manner as other
808 health records are reviewable.

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

814 Sec. 6. (NEW) (*Effective from passage*) (a) There is established a
815 Department of Correction nurse and social workers student loan
816 reimbursement program to be administered by the Office of Higher
817 Education.

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

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

839 payments.

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

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

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

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

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

869 (2) The Auditors of Public Accounts may, within available

870 appropriations, contract with an independent auditor with expertise in
871 conducting the type of audit described in this subsection to carry out the
872 provisions of this subsection.

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

879 (d) Not later than January 11, 2028, the Commissioner of Correction,
880 in consultation with the Correction Medical and Health Commission
881 established pursuant to section 9 of this act, shall develop and submit to
882 the Office of the Correction Ombuds and the joint standing committee
883 of the General Assembly having cognizance of matters relating to the
884 Department of Correction, in accordance with the provisions of section
885 11-4a, a report including (1) a corrective action plan that is responsive to
886 any concerns or issues noted in the report of the audit conducted
887 pursuant to subsection (b) of this section, and (2) a determination of
888 whether the department should employ a nutritionist and a dietician to
889 work collaboratively in compliance with the provisions of subsection (a)
890 of this section and to address any concerns or issues noted in such
891 report.

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

894 (a) Not later than October 1, 2013, the Department of Correction may
895 initiate, with support from the Departments of Mental Health and
896 Addiction Services and Public Health, a pilot treatment program for
897 methadone maintenance and other drug therapies at facilities including,
898 but not limited to, the New Haven Community Correctional Center. The
899 pilot program shall serve sixty to eighty inmates per month. The
900 Department of Public Health may waive public health code regulations
901 that are not applicable to the service model of the pilot program. Not

902 later than July 1, 2019, the Department of Correction shall report on the
903 results of the program to the joint standing committee of the General
904 Assembly having cognizance of matters relating to human services, the
905 judiciary, public health and appropriations and the budgets of state
906 agencies.

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

923 (c) (1) Not later than October 1, 2026, the Departments of Correction,
924 Mental Health and Addiction Services and Social Services and the Office
925 of Policy and Management shall, within available bond authorizations,
926 initiate a pilot program to assist with discharge planning for patients
927 with chronic disease and behavioral health needs, including mental
928 health and substance abuse disorders, and to coordinate specialty care
929 referrals for persons who are incarcerated at York Correctional
930 Institution upon release. Such program shall be administered by the
931 health services and behavioral health employees within the Department
932 of Correction and shall expand internal capacity for discharge planning
933 and care coordination, including coordination with the Department of
934 Mental Health and Addiction Services, to facilitate access to programs

935 and services upon release. Said departments and office shall contract
936 with a federally qualified health center in this state to work with
937 Department of Correction health services and behavioral health
938 employees to provide community-based care for persons upon release
939 for not fewer than two years. The federally qualified health center shall
940 work with Department of Correction employees to improve continuity
941 of care and community health care standards for said department. The
942 provisions of this subsection shall not be construed to permit the
943 contracting out of work customarily performed by Department of
944 Correction employees.

945 (2) Not later than January 15, 2028, and January fifteenth following
946 each calendar year thereafter during which such program is maintained,
947 the Departments of Mental Health and Addiction Services and Social
948 Services, the Office of Policy and Management, the Department of
949 Correction health services and behavioral health employees and the
950 federally qualified health center assisting with such program shall
951 report, in accordance with the provisions of section 11-4a, on the results
952 of such program to the joint standing committees of the General
953 Assembly having cognizance of matters relating to the Department of
954 Correction, human services and public health. Such reports shall
955 evaluate the (A) effectiveness of discharge planning and reentry care
956 coordination for participants in the program, (B) management and
957 continuity of care for chronic diseases among participants in the
958 program, (C) coordination, timeliness and completion of specialty care
959 referrals for participants in the program, (D) extent to which
960 participants successfully access community-based health care services
961 following release from the correctional institution, and (E) costs of the
962 program when compared to other delivery of care models in use at the
963 time such program is initiated.

964 Sec. 9. (NEW) (*Effective from passage*) (a) There is established a
965 Correction Medical and Health Commission. Said commission shall
966 make recommendations for improving medical, nutrition, behavioral
967 health and health care services provided to persons who are

968 incarcerated and outcomes for such persons. Said commission shall
969 develop a ten-year plan to improve health care and food services in
970 correctional facilities. Said commission may update such plan as the
971 commission deems necessary.

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

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

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

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

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

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

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

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

996 (8) One appointed by the House ranking member of the joint standing

997 committee of the General Assembly having cognizance of matters
998 relating to the Department of Correction who shall be a clinical
999 pharmacist;

1000 (9) One appointed by the Senate ranking member of the joint standing
1001 committee of the General Assembly having cognizance of matters
1002 relating to the Department of Correction who shall be a registered nurse,
1003 advanced practice registered nurse or a physician assistant with
1004 experience in institutional or community health care;

1005 (10) Three appointed by the Governor, one of whom shall be a person
1006 who holds a doctorate in nutrition, one of whom shall be a formerly
1007 incarcerated person with experience navigating health care services
1008 while incarcerated in a Department of Correction facility and one of
1009 whom shall be a representative of a federally qualified health center in
1010 this state;

1011 (11) Four appointed jointly by the House and Senate chairpersons of
1012 the joint standing committee of the General Assembly having
1013 cognizance of matters relating to the Department of Correction, who
1014 shall be representatives of each of the four bargaining units representing
1015 the employees of the Department of Correction whose job duties include
1016 direct interaction with persons who are incarcerated;

1017 (12) The chief executive officer of The University of Connecticut
1018 Health Center, or the chief executive officer's designee;

1019 (13) The undersecretary of the Criminal Justice Policy and Planning
1020 Division within the Office of Policy and Management, or the
1021 undersecretary's designee;

1022 (14) The Medicaid Director within the Department of Social Services,
1023 or the director's designee; and

1024 (15) The Correction Ombuds, or the Correction Ombuds' designee.

1025 (c) No member appointed under subdivisions (2) to (11), inclusive, of

1026 subsection (b) of this section may be a member of the General Assembly.

1027 (d) All initial appointments to the commission shall be appointed not
1028 later than thirty days after the effective date of this section. Each
1029 member of the commission appointed pursuant to subdivisions (2) to
1030 (10), inclusive, of subsection (b) of this section shall serve for a term that
1031 is coterminous with the term of the member's appointing authority. Any
1032 member who misses three consecutive meetings of the commission shall
1033 be deemed to have resigned. A vacancy shall be filled by the original
1034 appointing authority for the balance of the unexpired term.

1035 (e) The members described in subdivision (1) of subsection (b) of this
1036 section shall be the chairpersons of the commission. Such chairpersons
1037 shall schedule the first meeting of the commission, which shall be held
1038 not later than sixty days after the effective date of this section.

1039 (f) Two-thirds of the membership of the commission shall constitute
1040 a quorum and all actions shall require the affirmative vote of a quorum.

1041 (g) The members of the commission shall serve without
1042 compensation, but shall, within the limits of available funds, be
1043 reimbursed for expenses necessarily incurred in the performance of
1044 their duties.

1045 (h) The administrative staff of the joint standing committee of the
1046 General Assembly having cognizance of matters relating to the
1047 Department of Correction shall serve as administrative staff of the
1048 commission.

1049 (i) The commission shall (1) not later than January 1, 2027, report the
1050 plan developed pursuant to subsection (a) of this section, including any
1051 recommendations for legislation in support of such plan, and (2) not
1052 later than thirty days after the completion of any update to such plan,
1053 report such updated plan, including any recommendations for
1054 legislation in support of such updated plan, in accordance with the
1055 provisions of section 11-4a of the general statutes, to the joint standing
1056 committee of the General Assembly having cognizance of matters

1057 relating to the Department of Correction.

1058 (j) The commission shall carry out the duties prescribed to it by the
 1059 provisions of subsection (d) of section 18-81ss of the general statutes, as
 1060 amended by this act, and section 4 of this act, and any other duties
 1061 prescribed to it by law."

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