



House of Representatives

General Assembly

File No. 602

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Substitute House Bill No. 5567

House of Representatives, April 13, 2026

The Committee on Judiciary reported through REP. STAFSTROM of the 129th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

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

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2 statutes is repealed and the following is substituted in lieu thereof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

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

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

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

11 (B) Reviewing periodically the nonemergency procedures
12 established by the department to carry out the provisions of title 18 and

13 evaluating whether such procedures conflict with the rights of persons
14 who are incarcerated;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

109 and recommendations and reasoning if, in the Correction Ombuds'
110 opinion, the department or any employee should (I) further investigate
111 the complaint; (II) modify or cancel an action of the department or
112 employee; (III) alter a department rule, practice or ruling; (IV) explain
113 in detail the action in question; or (V) rectify an omission of the
114 department or employee.

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

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

128 (f) All oral and written communications, including, but not limited
129 to, in response to any survey, and records relating to such
130 communications between a person in the custody of the Commissioner
131 of Correction, or an employee of the Department of Correction, and the
132 Correction Ombuds or a member of the Office of the Correction
133 Ombuds staff, including, but not limited to, the identity of a
134 complainant, the details of the communications and the Correction
135 Ombuds' findings shall be confidential and exempt from the Freedom
136 of Information Act, as defined in section 1-200, and shall not be disclosed
137 without the consent of such person, except that the Correction Ombuds
138 (1) may disclose without the consent of such person general findings or
139 policy recommendations based on such communications, provided no
140 individually identifiable information is disclosed, and (2) shall
141 immediately disclose to the Commissioner of Correction any

142 communication concerning a physical threat made against such person's
143 self, a member of the public, an incarcerated person or an employee of
144 the Department of Correction. For the purposes of this section, identical
145 or blank surveys and questionnaires received by said office shall not be
146 confidential.

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

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

170 (i) The Correction Ombuds, if a commissioner of the Superior Court,
171 may issue subpoenas to compel the attendance and testimony of
172 witnesses or the production of books, papers and other documents and
173 administer oaths to witnesses in any matter under investigation. Any
174 such subpoena shall be served upon the person to whom such subpoena

175 is issued not later than fifteen days prior to the time specified in the
176 subpoena for compliance. Such person may, not later than fifteen days
177 after service of such subpoena, or on or before the time specified in the
178 subpoena for compliance, whichever is later, serve upon the Correction
179 Ombuds written objection to the subpoena and file such objection in the
180 superior court for the judicial district of Hartford, which shall adjudicate
181 such objection in accordance with the rules of the court. If any person to
182 whom such subpoena is issued fails to so object or appear or, having
183 appeared, refuses to give testimony or fails to produce the evidence
184 required, the Correction Ombuds may apply to the superior court for
185 the judicial district of Hartford, which shall have jurisdiction to order
186 such person to appear and give testimony or to produce such evidence,
187 as the case may be. If a written objection to a subpoena issued pursuant
188 to this subsection is overruled in the whole by the superior court for the
189 judicial district of Hartford, the court shall order the objecting party to
190 reimburse the Office of the Correction Ombuds for the reasonable costs
191 of service of such subpoena, unless the court finds that the objection was
192 substantially justified.

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

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

202 (2) The Correction Ombuds, when scheduling such hearing, shall
203 arrange an appearance of a person who is incarcerated or an employee
204 of the department in cooperation with the department at a time and
205 location that does not interfere with the operation of a correctional
206 facility. Any appearance of a person who is incarcerated shall occur at
207 the facility where such person is incarcerated at the time of the hearing.

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

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

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

238 (o) The name, address and other personally identifiable information
239 of a person who makes a complaint to the Correction Ombuds,
240 information obtained or generated by the Office of the Correction

241 Ombuds in the course of an investigation and all confidential records
242 obtained by the Correction Ombuds or the office shall be confidential
243 and shall not be subject to disclosure under the Freedom of Information
244 Act, as defined in section 1-200, or otherwise except as provided in
245 subsections (f) and (g) of this section.

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

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

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

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

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

260 (A) Medical appointment wait times;

261 (B) Mental health care access;

262 (C) Medication access and continuity; and

263 (D) Incidences of hospitalizations and mortalities; and

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

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

279 (s) (1) Not later than January 1, 2027, the Correction Ombuds shall
280 hire a Correction Patient Advocate who has at least five years of senior-
281 level health care leadership experience and (A) holds a master's degree
282 in health care administration, business or nursing, or (B) holds a medical
283 degree.

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

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

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

299 (u) Notwithstanding any provision of the general statutes or any
300 administrative directive of the Department of Correction, the Correction

301 Ombuds and staff of the Office of the Correction Ombuds may possess
302 and use state-issued cellular telephones and other state-issued
303 electronic communication devices while conducting official duties
304 within any correctional facility under the jurisdiction of the Department
305 of Correction. Such possession and use of such cellular telephones shall
306 not be restricted and such cellular telephones and other state-issued
307 electronic communication devices shall not be deemed contraband.

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

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

322 (b) The department shall, during the intake of any person who is
323 incarcerated, (1) verify directly with such person any medications taken
324 by such person, or make such verification through the State-wide Health
325 Information Exchange, established pursuant to section 17b-59d, the
326 pharmacy used by such person or such person's prescribing health care
327 provider, (2) request that such person provide the name of such person's
328 primary care provider and authorize the sharing of medical information
329 with such provider and a designated family member or health care
330 proxy or the Office of the Correction Ombuds by signing a release of
331 information form.

332 (c) The department shall post on its Internet web site and in [all of its]
333 each of the department's medical units notice informing [the inmate that

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

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

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

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

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

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

366 integrated into the other records maintained as part of the electronic
367 health records system associated with the person who is incarcerated
368 who is making the request, and (C) reviewable by medical staff, the
369 person who is incarcerated and the Office of the Correction Ombuds,
370 provided the person who is incarcerated has granted access to said office
371 to review such records; and

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

374 (g) The department, when providing for a medical procedure
375 necessary for a person who is incarcerated, shall arrange for such
376 services to be provided by a health care institution licensed in
377 accordance with the provisions of chapter 368v. A clinical determination
378 that a medical procedure is necessary may not be overridden for
379 nonclinical reasons. In the event that the department is unable to
380 provide for a timely medical procedure pursuant to this section, the
381 Commissioner of Correction, or the commissioner's designee, shall
382 document the reason why such procedure was not provided or was
383 delayed. Such documentation shall be included in the electronic health
384 records system maintained pursuant to subsection (f) of this section.

385 (h) The department shall ensure that any medical staff employed by
386 the department in any position requiring that duties be conducted by a
387 person holding an unrestricted license issued by the Department of
388 Public Health, as applicable for the duties performed by such person,
389 maintains such licensure in good standing for the entirety of such
390 person's employment with the department.

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

394 (a) As used in this section:

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

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

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

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

402 (5) "Dental professional" means a (A) dentist, (B) dental hygienist
403 licensed under chapter 379a, or (C) dental assistant, as defined in section
404 20-112a;

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

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

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

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

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

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

420 (12) "Mental health therapist" means (A) a physician who specializes
421 in psychiatry, (B) a psychologist licensed under chapter 383, (C) an
422 advanced practice registered nurse who specializes in mental health, (D)
423 a clinical social worker or master social worker licensed under chapter
424 383b, or (E) a professional counselor licensed under chapter 383c;

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

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

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

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

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

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

445 (C) Each mental health therapist shall deliver such services in concert
446 with the security needs of all persons who are incarcerated and
447 correctional staff and the overall operation of the correctional
448 institution, as determined by the warden of the correctional institution;
449 and

450 (D) No mental health therapist who is providing mental health care
451 services pursuant to this subdivision and licensed to prescribe
452 medication shall prescribe a psychotropic medication to a person who
453 is incarcerated unless (i) the mental health therapist has reviewed the
454 mental health history and medical history of the person, including, but
455 not limited to, the list of all medications the person is taking, (ii) the

456 mental health therapist determines, based on a review of such history,
457 that the benefits of prescribing such medication outweigh the risk of
458 prescribing such medication, (iii) the mental health therapist diagnoses
459 the person with a mental health disorder, the person has received a
460 previous diagnosis of a mental health disorder by a licensed mental
461 health care provider and such medication is used to treat such mental
462 health disorder, or, in an emergency situation, the mental health
463 therapist makes an assessment that the inmate's mental health is
464 substantially impaired and requires psychotropic medication to treat,
465 (iv) the mental health therapist approves the use of such medication by
466 the person as part of the person's mental health treatment plan, and (v)
467 the mental health therapist keeps a record of each psychotropic
468 medication such provider prescribes to the person and all other
469 medications the person is taking.

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

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

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

488 (5) A medical professional shall perform health assessments of

489 persons who are incarcerated in a location at the correctional institution
490 that the warden of the correctional institution designates as appropriate
491 for performing such an examination, provided the analysis of any
492 sample collected from the person who is incarcerated during a health
493 assessment may be performed at a laboratory that is located outside of
494 the correctional institution.

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

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

508 (8) The commissioner shall ensure that each person who is
509 incarcerated has access to all vaccines licensed or authorized under an
510 emergency use authorization by the federal Food and Drug
511 Administration that are recommended by the National Centers for
512 Disease Control and Prevention Advisory Committee on Immunization
513 Practices, subject to availability of such vaccines, unless there are
514 substantial security concerns with providing access to such vaccines.
515 Subject to availability, a physician, physician assistant or advanced
516 practice registered nurse shall prescribe to a person who is incarcerated
517 any such vaccine that (A) the person requests, and (B) is recommended
518 for such person by said committee, as determined by the physician,
519 physician assistant or advanced practice registered nurse, provided the
520 prescribing of such vaccine does not impose significant safety concerns.

521 (9) Except in exigent circumstances, a dental professional shall

522 perform a dental screening of each person who is incarcerated not later
523 than one year after the person initially enters a correctional institution
524 and at least once annually thereafter. At the time the dental professional
525 performs the dental screening of a person who is incarcerated, the dental
526 professional shall develop a dental care plan for the person. A dental
527 professional shall provide dental care in accordance with the person's
528 dental care plan throughout the person's time at the correctional
529 institution. The commissioner shall ensure, in consultation with a
530 dentist, that each correctional institution has a dental examination room
531 that is fully equipped with all of the dental equipment necessary to
532 perform a dental examination.

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

540 (11) A medical professional shall interview each person who is
541 incarcerated regarding such person's drug and alcohol use and mental
542 health history at the time the person initially enters a correctional
543 institution. If the person is exhibiting symptoms of withdrawal from a
544 drug or alcohol or mental distress at such time, a medical professional
545 shall perform a physical and mental health assessment of the person and
546 communicate the results of such assessment to a physician, physician
547 assistant or advanced practice registered nurse, and a mental health care
548 provider or mental health therapist, if applicable. Except in exigent
549 circumstances, a drug and alcohol counselor shall perform an
550 evaluation of the person not later than five days after the person initially
551 enters the correctional institution. (A) The correctional institution shall
552 immediately transfer each such person who is determined by a
553 physician, physician assistant or advanced practice registered nurse to
554 be experiencing withdrawal from a drug or alcohol to an appropriate
555 area at such correctional institution for medical treatment of such

556 withdrawal. A physician, a physician assistant or an advanced practice
557 registered nurse shall periodically evaluate each person who is
558 incarcerated and exhibits signs of or discloses an addiction to a drug or
559 alcohol or who experiences withdrawal from a drug or alcohol, at a
560 frequency deemed appropriate by the physician, physician assistant or
561 advanced practice registered nurse. (B) In the case of a person who is
562 determined at the time of such person's intake into a correctional
563 institution to be in need of mental health services, such person shall be
564 provided evidence-based mental health interventions delivered by a
565 mental health care provider or mental health therapist, as needed,
566 within a reasonable amount of time after such determination of need,
567 but in no case later than two business days following such
568 determination. Such person shall be periodically evaluated by a mental
569 health care provider or mental health therapist and provided such
570 services, as needed.

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

578 (13) A drug and alcohol counselor shall offer appropriate substance
579 use disorder counseling services, including, but not limited to,
580 individual counseling sessions and group counseling sessions, to a
581 person who is incarcerated and exhibits signs of or discloses an
582 addiction to a drug or alcohol and encourage such person to participate
583 in at least one counselling session. At the time of discharge of a person
584 who is incarcerated from the correctional institution, a discharge
585 planner may refer any such person who has exhibited signs of or
586 disclosed an addiction to a drug or alcohol while incarcerated at such
587 correctional institution to a substance use disorder treatment program
588 in the community that is deemed appropriate for the person by such
589 discharge planner.

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

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

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

606 (c) Not later than January 1, 2027, the commissioner shall amend the
607 plan developed under subsection (b) of this section to ensure there is a
608 rule providing that there is no interruption in clinically necessary
609 medications upon intake of a person who is incarcerated to provide for
610 continuity of care for such person. The plan shall ensure that a service is
611 available for same-day delivery of a medication that such person needs
612 and that the facility in which the person is incarcerated does not have.

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

622 Sec. 4. (NEW) (*Effective from passage*) (a) The Department of
623 Correction, in consultation with the Department of Public Health, shall
624 establish and maintain a list of time-critical medications, including, but
625 not limited to, medications for diabetes, seizure disorders, cardiac
626 conditions, serious mental illness and other medication-assisted
627 treatment. Such list shall include strict timing windows and escalation
628 protocols for the administration of each such medication and detailed
629 protocol for how such medications shall be administered during a lock
630 down of a facility. Any such medication that is administered outside of
631 the prescribed timing window or not in accordance with escalation or
632 lock-down protocols shall cause the documentation of such missed or
633 delayed administration, including any justification for such missed or
634 delayed administration. In the case of a person who is incarcerated
635 refusing medication, such refusal shall be in written form and signed by
636 such person. All such documentation shall be subject to supervisory
637 review.

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

641 (A) Medical staffing levels;

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

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

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

650 (2) The department shall develop for each correctional facility a
651 staffing contingency plan and implement such plan whenever the
652 vacancy rate for medical staff positions reaches fifteen per cent of all

653 such positions at the facility.

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

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

663 (a) No defendant convicted of a crime, other than a capital felony
664 under the provisions of section 53a-54b in effect prior to April 25, 2012,
665 or murder with special circumstances under the provisions of section
666 53a-54b in effect on or after April 25, 2012, the punishment for which
667 may include imprisonment for more than one year, may be sentenced,
668 or the defendant's case otherwise disposed of, until a written report of
669 investigation by a probation officer has been presented to and
670 considered by the court, if the defendant is so convicted for the first time
671 in this state or upon any conviction of a felony involving family violence
672 pursuant to section 46b-38a for which the punishment may include
673 imprisonment; but any court may, in its discretion, order a presentence
674 investigation for a defendant convicted of any crime or offense other
675 than a capital felony under the provisions of section 53a-54b in effect
676 prior to April 25, 2012, or murder with special circumstances under the
677 provisions of section 53a-54b in effect on or after April 25, 2012.

678 (b) A defendant who is convicted of a crime and is not eligible for
679 sentence review pursuant to section 51-195 may, with the consent of the
680 sentencing judge and the prosecuting official, waive the presentence
681 investigation, except that the presentence investigation may not be
682 waived when the defendant is convicted of a felony involving family
683 violence pursuant to section 46b-38a and the punishment for which may
684 include imprisonment.

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

699 (d) In lieu of ordering a full presentence investigation, the court may
700 order an abridged version of such investigation, which (1) shall contain
701 (A) identifying information about the defendant, (B) information about
702 the pending case from the record of the court, (C) the circumstances of
703 the offense, (D) the attitude of the complainant or victim, (E) any
704 damages suffered by the victim, including medical expenses, loss of
705 earnings and property loss, and (F) the criminal record of the defendant,
706 and (2) may encompass one or more areas of the social history and
707 present condition of the defendant, including family background,
708 significant relationships or children, educational attainment or
709 vocational training, employment history, financial situation, housing
710 situation, medical status, mental health status, substance abuse history,
711 the results of any clinical evaluation conducted of the defendant or any
712 other information required by the court that is consistent with the
713 provisions of this section. If the court orders an abridged version of such
714 investigation for a felony involving family violence, as defined in
715 section 46b-38a, the abridged version of such investigation shall, in
716 addition to the information set forth in subdivision (1) of this subsection,
717 contain the following information concerning the defendant: (A) Family
718 background, (B) significant relationships or children, (C) mental health
719 status, and (D) substance abuse history.

720 (e) Any presentencing report, prepared on and after October 1, 2026,
721 pursuant to this section shall contain an addendum compiled not later
722 than sixty days prior to sentencing any defendant to a period of
723 incarceration that includes a medical and prescription history of the
724 defendant. Such addendum shall be filed with the Department of
725 Correction and the Office of the Correction Ombuds for intake
726 continuity of care not later than fourteen days prior to the defendant
727 beginning a period of incarceration. If the defendant refuses to supply
728 their medical and prescription history, the preparer of the addendum
729 shall (1) document the attempts to solicit such information from the
730 defendant, and (2) sign a sworn statement attesting to such refusal. Each
731 such addendum and any documentation and sworn statement
732 described in subdivisions (1) and (2) of this subsection shall be recorded
733 in the electronic health records system maintained by the department in
734 accordance with subsection (f) of section 18-811l, as amended by this act,
735 and available for such defendant to review in the same manner as other
736 health records are reviewable.

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

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

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

752 (c) Persons who qualify under subsection (b) of this section shall be

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

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

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

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

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

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

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

801 (c) Not later than July 15, 2027, the Correction Ombuds shall submit
802 a report of the audit conducted pursuant to subsection (b) of this section
803 to the Commissioner of Correction and to the joint standing committee
804 of the General Assembly having cognizance of matters relating to the
805 Department of Correction in accordance with the provisions of section
806 11-4a.

807 (d) Not later than January 11, 2028, the Commissioner of Correction
808 shall submit to the Office of the Correction Ombuds and the joint
809 standing committee of the General Assembly having cognizance of
810 matters relating to the Department of Correction in accordance with the
811 provisions of section 11-4a a report including (1) a corrective action plan
812 that is responsive to any concerns or issues noted in the report of the
813 audit conducted pursuant to subsection (b) of this section, and (2) a
814 determination of whether the department should employ a nutritionist
815 and a dietician to work collaboratively in compliance with the
816 provisions of subsection (a) of this section and to address any concerns
817 or issues noted in such report.

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

820 (a) When assessing and subsequently providing mental health
821 services to any inmate confined in a correctional facility of the
822 Department of Correction who has been diagnosed with a mental illness
823 by a psychiatrist licensed pursuant to chapter 370, and such psychiatrist
824 has informed the department that such inmate is currently diagnosed
825 by such psychiatrist to be a danger to himself or herself or others, the
826 department shall consider the diagnosis of such psychiatrist in order to
827 appropriately assess such inmate and provide individualized, clinically
828 appropriate and culturally competent mental health services to treat
829 such inmate's condition.

830 (b) (1) The Department of Correction, in consultation with the
831 Department of Mental Health and Addiction Services, [may] shall
832 develop a program for custodial staff members to receive not less than
833 four hours and not more than eight hours of training on mental health
834 issues each year. Within available appropriations, such training shall
835 include, at a minimum: (A) Prevention of suicide and self-injury; (B)
836 recognition of signs of mental illness; (C) communication skills for
837 interacting with inmates with mental illness; and (D) alternatives to
838 disciplinary action and the use of force when dealing with inmates with
839 mental illness. Such program shall be offered: (i) Commencing on July
840 1, 2009, to all custodial staff members at one or more correctional
841 facilities designated by the Commissioner of Correction; (ii) on and after
842 July 1, 2010, to all custodial staff members at one or more additional
843 correctional facilities designated by the commissioner; and (iii) on and
844 after July 1, 2011, to all custodial staff members at one or more additional
845 correctional facilities designated by the commissioner. On and after
846 January 1, 2027, such program shall also include trauma-informed
847 interventions and practices and shall be conducted in person.

848 (2) On and after October 1, 2018, in addition to the requirements of
849 subdivision (1) of this subsection, all custodial staff members at each
850 correctional facility of the Department of Correction in which female

851 inmates are confined may, within available appropriations, receive not
852 less than four hours and not more than eight hours of training
853 conducted in person on gender-specific and trauma-related mental
854 health issues faced by female inmates.

855 (c) Before the planned release of any inmate diagnosed with a mental
856 illness as provided in subsection (a) of this section from a correctional
857 facility, the Department of Correction shall collaborate with the Judicial
858 Department, the Department of Social Services and the Department of
859 Mental Health and Addiction Services, as deemed necessary and within
860 available appropriations, to assist such inmate in obtaining housing,
861 mental health treatment services, any public benefits for which the
862 inmate is eligible and employment counseling upon the inmate's
863 release.

864 (d) On February first of each year, the Commissioner of Correction
865 shall submit a report to the joint standing committees of the General
866 Assembly having cognizance of matters relating to the judiciary, public
867 health and appropriations and the budgets of state agencies, in
868 accordance with the provisions of section 11-4a. Such report shall set
869 forth (1) the number of inmates who have been determined to require
870 mental health services during the previous calendar year, and (2) a
871 description of program services provided by the Department of
872 Correction and, if applicable, its contracted health services provider.

873 Sec. 9. Section 18-81 of the general statutes is repealed and the
874 following is substituted in lieu thereof (*Effective from passage*):

875 (a) The Commissioner of Correction shall administer, coordinate and
876 control the operations of the department and shall be responsible for the
877 overall supervision and direction of all institutions, facilities and
878 activities of the department. The commissioner shall establish rules for
879 the administrative practices and custodial and rehabilitative methods of
880 said institutions and facilities in accordance with recognized
881 correctional standards. The commissioner shall establish, develop and
882 maintain noninstitutional, community-based service programs. The
883 commissioner shall be responsible for the supervision of persons

884 released on parole by the Board of Pardons and Paroles. The
885 commissioner shall be responsible for establishing disciplinary,
886 diagnostic, classification, treatment, vocational and academic education,
887 research and statistics, training and development services and programs
888 throughout the department. Subject to the provisions of chapter 67, the
889 commissioner shall appoint such professional, technical and other
890 personnel as may be necessary for the efficient operation of the
891 department. The commissioner shall organize and operate
892 interinstitutional programs for the development and training of
893 institution and facility staffs. The commissioner shall provide for the
894 services of such chaplains as are necessary to minister to the needs of
895 the inmates of department institutions and facilities. The commissioner
896 shall, within available appropriations for such purpose, arrange for
897 provision of legal assistance of a civil nature to indigent inmates of
898 department institutions and facilities and legal representation for such
899 inmates before administrative boards where permitted or
900 constitutionally required.

901 (b) (1) On and after January 1, 2027, training provided in accordance
902 with subsection (a) of this section to correction officers shall be
903 conducted in person and shall include instruction on communication
904 and implicit bias awareness and how an implicit bias, as defined in
905 section 19a-490u, may affect decision making.

906 (2) On and after January 1, 2027, training provided in accordance with
907 subsection (a) of this section to correction officers shall include
908 instruction on methods of de-escalation, as defined in section 18-96b,
909 and crisis prevention. The commissioner shall contract with an outside
910 provider for the provision of training pursuant to this subsection.

911 (c) (1) On January 1, 2027, and each January first thereafter, the
912 commissioner or the commissioner's designee shall collect and compile
913 data from the previous calendar year concerning any of the following in
914 the department's facilities:

915 (A) Incidents of use of force, as described in subsection (f) of section
916 18-81nn;

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

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

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

922 (2) The commissioner shall review such data and enhance correction
923 officer training in response to findings made during such review. The
924 commissioner shall report such data to the Office of the Correction
925 Ombuds and the Correction Advisory Committee.

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

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

941 (b) Not later than October 1, 2026, the Department of Correction shall
942 initiate at a minimum security correctional facility a pilot program
943 permitting persons who are incarcerated to retain and self-administer
944 certain medications for chronic disease management. Such program
945 shall be administered by a medical staff member licensed by the
946 Department of Public Health who shall determine which persons taking
947 which medications may be eligible for participation. Any such

948 participation by persons who are eligible shall not be compelled.
949 Eligibility for participation in the program may be revoked for
950 documented misuse of medication or if such person or medication poses
951 a safety risk to such person or another person. Not later than January 1,
952 2028, the Department of Correction shall report in accordance with the
953 provisions of section 11-4a on the results of such program to the joint
954 standing committee of the General Assembly having cognizance of
955 matters relating to the Department of Correction.

956 (c) (1) Not later than October 1, 2026, the Departments of Correction
957 and Social Services and the Office of Policy and Management, shall
958 initiate a pilot program to provide comprehensive medical, behavioral
959 health and care coordination services to persons who are incarcerated at
960 York Correctional Institution. Said departments and office shall contract
961 with a federally qualified health center in this state to administer such
962 program for not fewer than three years.

963 (2) As part of such program, the federally qualified health center shall
964 provide, at a minimum, (A) primary care services, (B) women's health
965 services, (C) behavioral health services, (D) care coordination and
966 discharge planning, and (E) preventive care and screenings.

967 (3) Not later than January 15, 2028, and January fifteenth following
968 each calendar year thereafter during which such program is maintained,
969 the Departments of Correction and Social Services, the Office of Policy
970 and Management, and the federally qualified health center
971 administering such program shall report in accordance with the
972 provisions of section 11-4a on the results of such program to the joint
973 standing committees of the General Assembly having cognizance of
974 matters relating to the Department of Correction, human services and
975 public health. Such reports shall evaluate the (A) access to care and
976 patient wait times within the program, (B) health outcomes of
977 participants in the program, (C) emergency room visits and
978 hospitalizations of participants in the program, (D) continuity of care of
979 participants after release from the correctional institution, and (E) the
980 costs of the program when compared to other delivery of care models

981 in use at the time such program is initiated.

982 Sec. 11. (NEW) (*Effective from passage*) (a) There is established a
983 Correction Medical and Health Commission. Said commission shall
984 make recommendations for improving medical, nutrition and health
985 care services provided to persons who are incarcerated and outcomes
986 for such persons. Said commission shall develop a ten-year plan to
987 improve health care and food services in correctional facilities. Said
988 commission may update such plan annually.

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

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

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

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

999 (4) One appointed by the majority leader of the House of
1000 Representatives who shall be an expert in correctional policy, reentry
1001 services or criminal justice reform with experience working with
1002 formerly incarcerated populations;

1003 (5) One appointed by the majority leader of the Senate who shall be a
1004 behavioral health professional, who may be a psychiatrist, psychologist
1005 or licensed clinical social worker with experience in forensic or
1006 correctional mental health;

1007 (6) One appointed by the minority leader of the House of
1008 Representatives who shall be a chief executive officer of a nonprofit
1009 hospital in this state or the chief executive officer or an executive
1010 member of an association of hospitals;

1011 (7) One appointed by the minority leader of the Senate who shall be
1012 an expert in health care finance;

1013 (8) One appointed by the House ranking member of the joint standing
1014 committee of the General Assembly having cognizance of matters
1015 relating to the Department of Correction who shall be a representative
1016 of a federally qualified health center in this state;

1017 (9) One appointed by the Senate ranking member of the joint standing
1018 committee of the General Assembly having cognizance of matters
1019 relating to the Department of Correction who shall be a registered nurse,
1020 advanced practice registered nurse or a physician assistant with
1021 experience in institutional or community health care;

1022 (10) Two appointed by the Governor, one of whom shall be a
1023 dietician-nutritionist certified in this state and one of whom shall be a
1024 clinical pharmacist;

1025 (11) One appointed by the Correction Ombuds who shall have
1026 experience navigating health care services while being incarcerated;

1027 (12) The Chief Executive Officer of The University of Connecticut
1028 Health Center, or the executive director's designee;

1029 (13) The undersecretary of the Criminal Justice Policy and Planning
1030 Division within the Office of Policy and Management, or the
1031 undersecretary's designee;

1032 (14) The Medicaid Director within the Department of Social Services,
1033 or the director's designee; and

1034 (15) The Correction Ombuds, or the Correction Ombuds' designee.

1035 (c) No member appointed under subdivisions (2) to (15), inclusive, of
1036 subsection (b) of this section may be a member of the General Assembly.

1037 (d) All initial appointments to the commission shall be appointed not
1038 later than thirty days after the effective date of this section. Each
1039 member of the commission appointed pursuant to subdivisions (2) to

1040 (11), inclusive, of subsection (b) of this section shall serve for a term that
 1041 is coterminous with the term of the member's appointing authority. Any
 1042 member who misses three consecutive meetings of the commission shall
 1043 be deemed to have resigned. A vacancy shall be filled by the original
 1044 appointing authority for the balance of the unexpired term.

1045 (e) The members described in subdivision (1) of subsection (b) of this
 1046 section shall be the chairpersons of the commission. Such chairpersons
 1047 shall schedule the first meeting of the commission, which shall be held
 1048 not later than sixty days after the effective date of this section.

1049 (f) Two-thirds of the membership of the commission shall constitute
 1050 a quorum and all actions shall require the affirmative vote of a quorum.

1051 (g) The members of the commission shall serve without
 1052 compensation, but shall, within the limits of available funds, be
 1053 reimbursed for expenses necessarily incurred in the performance of
 1054 their duties.

1055 (h) The administrative staff of the joint standing committee of the
 1056 General Assembly having cognizance of matters relating to the
 1057 Department of Correction shall serve as administrative staff of the
 1058 commission.

1059 (i) Not later than January 1, 2027, the commission shall submit the
 1060 plan developed pursuant to subsection (a) of this section, including any
 1061 recommendations for legislation in support of such plan, and not later
 1062 than January first annually thereafter concerning any update to the plan
 1063 or recommendations for legislation in support of such updated plan in
 1064 accordance with the provisions of section 11-4a of the general statutes
 1065 to the joint standing committee of the General Assembly having
 1066 cognizance of matters relating to the Department of Correction.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	18-81qq
Sec. 2	<i>October 1, 2026</i>	18-81ll

Sec. 3	<i>from passage</i>	18-81pp
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>October 1, 2026</i>	54-91a
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	18-81ss
Sec. 8	<i>October 1, 2026</i>	18-96a
Sec. 9	<i>from passage</i>	18-81
Sec. 10	<i>from passage</i>	18-100j
Sec. 11	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Sections 2(f)(2), 2(f)(3) and 4(a), references to "patient" were changed to "person who is incarcerated" for consistency, in Section 5(e), "prepared on and after October 1, 2026," was added for clarity, in Section 9(c)(1) language was clarified concerning annual compilation of data and "use of force" was changed from a defined term to a description pursuant to Section 18-81nn(f) for accuracy and in Section 11(d), a Subdiv. reference was changed for accuracy.

JUD *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Correction, Dept.	GF - Cost	At least 21.3 million	At least 21.1 million
Higher Ed., Off.	GF - Cost	Up to 1 million	Up to 1 million
State Comptroller - Fringe Benefits ¹	GF - Cost	231,000	288,500
Governmental Accountability, Off.	GF - Cost	138,000	276,000
Policy & Mgmt., Off.	GF - Potential Cost	See Below	See Below
Legislative Mgmt.	GF - Potential Cost	Minimal	Minimal
Governmental Accountability, Off.	GF - Potential Savings	Minimal	Minimal
Correction, Dept.; State Comptroller - Fringe Benefits	GF - Potential Savings	Indeterminate	Indeterminate

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in the fiscal impacts described below.

Section 1 requires the Office of the Correction Ombuds (OCO) to hire two staff, a Correction Patient Advocate and a Correction Mental Health Care Clinician. This results in an estimated General Fund salary cost to

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. The estimated active hazardous duty employee fringe benefit cost for overtime is 21.6% of payroll in FY 27.

OCO of \$138,000 in FY 27,² with an associated fringe cost of \$58,000, and beginning in FY 28, an estimated annual salary cost of \$276,000 with an associated fringe cost of \$115,500.³ The two 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 beginning in FY 26. The potential savings will depend on the number of subpoenas brought by OCO, the number that are challenged, and the reimbursement awarded to OCO. Any savings is expected to be minimal as subpoena power has only been used three times to date.

Section 2 results in a one-time cost to the Department of Correction (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, (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.

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 about 385 licensed nurses and 45 licensed

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

³ The salaries of the new positions are estimated to be \$150,000 annually for the Patient Advocate and \$125,725 annually for the Mental Health Care Clinician based on the qualifications prescribed by the bill.

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 workers⁴ 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.

Section 9 requires annual correction officer training to include instruction on (1) communication and implicit bias awareness and how that bias may affect decision making and (2) de-escalation methods and crisis prevention, resulting in a cost of \$1.1 million to DOC and \$173,000 to the State Comptroller (OSC) for fringe benefits in FY 27 and FY 28. It is anticipated that the completion of these training units will require approximately 16,000 hours of overtime, resulting in an annual cost of about \$800,000. Additionally, DOC is required to contract with an outside provider to give these trainings, resulting in an annual cost of up to \$300,000.

Section 10 requires DOC to contract with a federally qualified health center (FQHC) to provide comprehensive medical, behavioral health, and care coordination services at York Correctional Institution (CI), resulting in an annual cost of at least \$20 million—assuming the negotiated contract price is comparable with current health expenditures at York CI⁵—and an indeterminant potential savings to DOC and OSC in FY 27, FY 28, and FY 29, or beyond depending on if the pilot program lasts longer than three years.

Any savings from a reduction in staffing expenditures to DOC and OSC from this pilot program depends on whether current health-

⁴ 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.

⁵ The state currently spends approximately \$22.3 million annually to provide health services at York CI. This amount includes wages, medical services, supplies, pharmaceuticals, and fringe benefits.

services employees at York CI remain employed by DOC.

Section 10 also results in a potential cost to the Office of Policy and Management to the extent additional resources are required to support the pilot programs.

Section 11 establishes 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 remaining sections and subsections of the bill not mentioned do not result in a fiscal impact as the affected agencies have the capacity and expertise to meet the requirements of these sections.

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 comprehensive healthcare pilot program at York CI.

OLR Bill Analysis**sHB 5567*****AN ACT CONCERNING HEALTH CARE IN THE DEPARTMENT OF CORRECTION FACILITIES.***

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

[§ 2 — DOC HEALTH CARE SERVICES, NOTICES, RECORDS, AND RELATED MATTERS](#)

Requires DOC to (1) provide health care even if the incarcerated individual cannot pay the copayment (in line with existing practice); (2) post notices in English and Spanish about the right to access care; (3) upon intake, verify the individual's prescriptions and ask them to identify their primary care provider and to sign a related form; (4) implement an electronic health records system, including to allow for care requests to be made electronically; (5) arrange for medical procedures at DPH-licensed institutions; and (6) ensure that medical staff maintain licensure throughout their employment

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

§ 4 — TIME-CRITICAL MEDICATION LIST

Requires DOC, 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 to (1) publish a quarterly scorecard with medical staffing-related information and (2) develop a staffing shortage contingency plan for each correctional facility

§ 5 — PRE-SENTENCE INVESTIGATION REPORTS

Requires pre-sentence investigation reports to include an addendum about the defendant's medical and prescription history, to be filed with DOC and the ombuds' office; 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 appropriations, to nurses and LCSWs who work at DOC

§ 7 — FOOD SERVICE AND COMMISSARY PROGRAM AUDITS

Requires (1) the correction ombuds' office 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 & 9 — STAFF TRAINING AND RELATED REVIEW

Requires DOC training for correctional officers to be held in-person and expands the required topics to include, among other things, implicit bias and de-escalation methods; requires DOC to collect and analyze certain data (such as on use of force incidents and injuries to staff or incarcerated individuals) and enhance training in response

§ 10 — PILOT PROGRAMS

Requires DOC to begin two pilot programs, one allowing incarcerated individuals to keep and self-administer certain medications for chronic disease management at a minimum security facility and another providing comprehensive medical, behavioral health, and care coordination services at York Correctional Institution

§ 11 — CORRECTION MEDICAL AND HEALTH COMMISSION

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

BACKGROUND

SUMMARY

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

EFFECTIVE DATE: Various; see below.

§ 1 — CORRECTION OMBUDS

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

Correction Patient Advocate and Mental Health Care Clinician

The bill requires the correction ombuds, by January 1, 2027, to hire a correction patient advocate and correction mental health care clinician.

The patient advocate must have a (1) master's degree in health care administration, business, or nursing or (2) medical degree. He or she also must have at least five years of senior-level health care leadership experience. The advocate's role is to help incarcerated individuals with matters relating to access to care, medication management, continuity of care, and patient rights.

The correction mental health care clinician must have (1) a clinical psychology doctorate or psychologist license or (2) 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 individuals with similar matters as for the patient advocate, as well as treatment planning, but focused on mental health care.

Ombuds Investigations, Decision Process, and Subpoenas

By law, when investigating a complaint involving a particular

incident, the ombuds must try to rely on communications from incarcerated individuals. The bill removes the condition that these individuals 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 72 hours, instead of 96 hours, before he issues the decision.

The bill also generally requires the court, if it fully overrules a party's written objection to a subpoena from the ombuds, to order the party 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.

Cell Phone Use

The bill allows the ombuds and his staff 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 even if the incarcerated individual cannot pay the copayment (in line with existing practice); (2) post notices in English and Spanish about the right to access care; (3) upon intake, verify the individual's prescriptions and ask them to identify their primary care provider and to sign a related form; (4) implement an electronic health records system, including to allow for care requests to be made electronically; (5) arrange for medical procedures at DPH-licensed institutions; and (6) ensure that medical staff maintain licensure throughout their employment

Right to Care Regardless of Ability to Pay

The bill conforms to existing practice and prohibits DOC from denying an incarcerated individual access to a health care service or prescription medication due to his or her inability to pay any DOC-assessed copayment.

Posting of Right to Medical Care

The bill requires DOC to post notices in correctional facilities, in plain language and in both English and Spanish, on incarcerated individuals' 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 patient advocate and correction mental health care clinician.

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

Intake Procedures

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.

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, health care proxy, or 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

The bill requires DOC to (1) develop, implement, and maintain an electronic health record (EHR) system or (2) contract for one. The system must allow incarcerated individuals to digitally request medical care through a secure messaging system, 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 individuals 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.

Medical Procedures

Under the bill, when providing for a necessary medical procedure for an incarcerated individual, DOC must arrange for this to be done by a health care institution licensed by the Department of Public Health (DPH). DOC must not use nonclinical reasons to override a clinical decision that a procedure is necessary. If DOC cannot provide for the procedure in a timely fashion, the commissioner or his designee must document why the procedure did not occur or was delayed and record it in the EHR system.

Staff Licensure Requirements

The bill requires DOC to ensure that for any medical staff they employ in a position requiring DPH licensure, the staff member remains licensed in good standing throughout his or her employment.

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 individuals' 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 individuals (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, in consultation with DPH, to create a list of time-critical medications, with timing windows, related protocols, and documentation requirements

The bill requires DOC, 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 to 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 individuals who refuse to take a medication must do so in writing with their signature. All of this documentation is subject to supervisory review.

EFFECTIVE DATE: Upon passage

§ 4 — MEDICAL STAFFING SCORECARD AND CONTINGENCY PLAN

Requires DOC to (1) publish a quarterly scorecard with medical staffing-related information and (2) develop a staffing shortage contingency plan for each correctional facility

Starting in 2027, the bill requires DOC 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, including those due to failure to maintain proper licensure as required (see § 2).

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

Under the bill, DOC also must develop a medical staffing contingency plan for each correctional facility and implement it whenever the vacancy rate reaches 15%.

EFFECTIVE DATE: Upon passage

§ 5 — PRE-SENTENCE INVESTIGATION REPORTS

Requires pre-sentence investigation reports to include an addendum about the defendant's medical and prescription history, to be filed with DOC and the ombuds' office; 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 each PSI report prepared on and after October 1, 2026, to include an addendum with the defendant's medical and prescription history, compiled no later than 60 days before the defendant is sentenced to incarceration. The addendum must be filed with DOC and the ombuds' office for continuity of care, at least 14 days before the person's incarceration begins. If the defendant refuses to supply information to compile the history, the addendum's preparer must document their attempts to get the information and sign a sworn statement attesting to that refusal.

Under the bill, the addendum, 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 appropriations, to nurses and LCSWs who work at DOC

The bill creates a program to give student loan reimbursement grants, within available appropriations, 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 individual is \$20,000. To receive the grants, eligible individuals must apply to OHE and be employed in a qualifying position when they apply. Applicants may request reimbursement for qualifying employment in 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) the correction ombuds' office 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 correction ombuds' office to audit DOC's nutrition and food service and commissary programs. Within available appropriations, the ombuds' office 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 individuals' therapeutic diet needs;
3. the nutrition food service program's cost efficiency;
4. any commissary program irregularities; and
5. any patterns of incarcerated individuals' grievances about compliance with the statutory requirement described above or

other issues concerning these programs.

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

By January 11, 2028, the DOC commissioner 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 & 9 — STAFF TRAINING AND RELATED REVIEW

Requires DOC training for correctional officers to be held in-person and expands the required topics to include, among other things, implicit bias and de-escalation methods; requires DOC to collect and analyze certain data (such as on use of force incidents and injuries to staff or incarcerated individuals) and enhance training in response

Staff Training

Starting in 2027, the bill requires trainings for correctional officers to be held in-person and adds to the required components. Specifically, it requires the training to include instruction on (1) communication and implicit bias awareness and how that bias may affect decision making and (2) de-escalation methods and crisis prevention. DOC must contract with an outside provider to give these new trainings.

The bill requires, rather than allows, DOC, in consultation with the Department of Mental Health and Addiction Services, to develop a program for custodial (correctional) staff members to receive four to eight hours of annual training on mental health issues. Under existing law, this training must (1) include specified components within available appropriations and (2) be offered to all custodial staff members at correctional facilities designated by the commissioner. Starting in 2027, the bill requires the training to be done in person and adds to the required components trauma-informed interventions and practices.

By law, all custodial staff at each DOC facility in which female inmates are confined may, within available appropriations, also receive four to eight hours of training on gender-specific and trauma-related mental health issues faced by female inmates. The bill specifies that this training, if it occurs, must be done in person.

Data Collection, Review, and Training in Response

Starting in 2027, the bill requires the DOC commissioner or his designee to annually collect and compile data from the previous calendar year on any of the following in DOC facilities:

1. incidents of correction officers' use of force,
2. injuries to staff or incarcerated individuals,
3. emergency mental health referrals of staff or incarcerated individuals after custody-related incidents, and
4. grievances filed by staff or incarcerated individuals about a staff member's conduct.

Under the bill, the commissioner must review the data, enhance correction officer training in response, and report the data to the ombuds' office and the Correction Advisory Committee.

EFFECTIVE DATE: Upon passage, except the provisions on mental health training and training for staff at female facilities take effect October 1, 2026.

§ 10 — PILOT PROGRAMS

Requires DOC to begin two pilot programs, one allowing incarcerated individuals to keep and self-administer certain medications for chronic disease management at a minimum security facility and another providing comprehensive medical, behavioral health, and care coordination services 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 individuals to keep and self-administer certain medications for chronic disease management. A DPH-licensed medical staff member must administer

the program and determine which individuals 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.

Comprehensive Health and Care Coordination Pilot

By October, 1, 2026, the bill requires DOC, the Department of Social Services (DSS), and the Office of Policy and Management (OPM) to begin a pilot program providing comprehensive medical, behavioral health, and care coordination services at York Correctional Institution (the state's only correctional institution for females). DOC, DSS, and OPM must contract with an in-state federally qualified health center (FQHC) to run the program for at least three years.

Through the program, the FQHC must at least provide (1) primary care, women's health, and behavioral health services; (2) care coordination and discharge planning; and (3) preventive care and screenings.

By January 15, 2028, and then annually while the program is running, the three state entities and the FQHC must report on it to the Human Services, Judiciary, and Public Health committees. The reports must evaluate the program participants' access to care and wait times, health outcomes, emergency room visits and hospitalizations, and continuity of care after release from incarceration. The reports also must compare the program's costs to other care delivery models in use when the program began.

EFFECTIVE DATE: Upon passage

§ 11 — CORRECTION MEDICAL AND HEALTH COMMISSION

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

The bill creates a 17-member Correction Medical and Health

Commission and charges it with (1) making recommendations to improve medical, nutrition, and health care services and outcomes for incarcerated individuals 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 annually.

The commission must submit the 10-year plan, and any related legislative recommendations, to the Judiciary Committee by January 1, 2027. The commission must annually report to the committee after that on any plan updates or related recommendations.

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 11 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 health
House minority leader	In-state nonprofit hospital CEO or hospital association CEO or executive member
Senate minority leader	Expert in health care finance
Judiciary Committee House ranking member	In-state FQHC representative
Judiciary Committee Senate ranking member	Registered nurse, APRN, or physician assistant (PA) experienced in institutional or community health care

<i>Appointing Authority</i>	<i>Appointee Qualifications</i>
Governor (two appointments)	State-certified dietician-nutritionist Clinical pharmacist
Correction ombuds	Person experienced in navigating health care services while being incarcerated

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. 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, 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)