



General Assembly

February Session, 2026

Raised Bill No. 5474

LCO No. 2470



Referred to Committee on GOVERNMENT OVERSIGHT

Introduced by:
(GOS)

***AN ACT CONCERNING OVERSIGHT OF MEDICAL CARE FOR
PERSONS WHO ARE INCARCERATED AT THE DEPARTMENT OF
CORRECTION.***

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

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2 statutes is repealed and the following is substituted in lieu thereof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

4 (a) As used in this section:

5 (1) "Advanced practice registered nurse" means an advanced practice
6 registered nurse licensed under chapter 373;

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

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

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

12 (5) "Dental professional" means a (A) dentist, (B) dental hygienist
13 licensed under chapter 379a, or (C) dental assistant, as defined in section
14 20-112a;

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

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

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

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

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

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

30 (12) "Mental health therapist" means (A) a physician who specializes
31 in psychiatry, (B) a psychologist licensed under chapter 383, (C) an
32 advanced practice registered nurse who specializes in mental health, (D)
33 a clinical social worker or master social worker licensed under chapter
34 383b, or (E) a professional counselor licensed under chapter 383c;

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

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

38 (15) "Psychotropic medication" means a medication that is used to

39 treat a mental health disorder that affects behavior, mood, thoughts or
40 perception.

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

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

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

55 (C) Each mental health therapist shall deliver such services in concert
56 with the security needs of all persons who are incarcerated and
57 correctional staff and the overall operation of the correctional
58 institution, as determined by the warden of the correctional institution;
59 and

60 (D) No mental health therapist who is providing mental health care
61 services pursuant to this subdivision and licensed to prescribe
62 medication shall prescribe a psychotropic medication to a person who
63 is incarcerated unless (i) the mental health therapist has reviewed the
64 mental health history and medical history of the person, including, but
65 not limited to, the list of all medications the person is taking, (ii) the
66 mental health therapist determines, based on a review of such history,
67 that the benefits of prescribing such medication outweigh the risk of
68 prescribing such medication, (iii) the mental health therapist diagnoses
69 the person with a mental health disorder, the person has received a

70 previous diagnosis of a mental health disorder by a licensed mental
71 health care provider and such medication is used to treat such mental
72 health disorder, or, in an emergency situation, the mental health
73 therapist makes an assessment that the inmate's mental health is
74 substantially impaired and requires psychotropic medication to treat,
75 (iv) the mental health therapist approves the use of such medication by
76 the person as part of the person's mental health treatment plan, and (v)
77 the mental health therapist keeps a record of each psychotropic
78 medication such provider prescribes to the person and all other
79 medications the person is taking.

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

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

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

98 (5) A medical professional shall perform health assessments of
99 persons who are incarcerated in a location at the correctional institution
100 that the warden of the correctional institution designates as appropriate

101 for performing such an examination, provided the analysis of any
102 sample collected from the person who is incarcerated during a health
103 assessment may be performed at a laboratory that is located outside of
104 the correctional institution.

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

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

118 (8) The commissioner shall ensure that each person who is
119 incarcerated has access to all vaccines licensed or authorized under an
120 emergency use authorization by the federal Food and Drug
121 Administration that are recommended by the National Centers for
122 Disease Control and Prevention Advisory Committee on Immunization
123 Practices, subject to availability of such vaccines, unless there are
124 substantial security concerns with providing access to such vaccines.
125 Subject to availability, a physician, physician assistant or advanced
126 practice registered nurse shall prescribe to a person who is incarcerated
127 any such vaccine that (A) the person requests, and (B) is recommended
128 for such person by said committee, as determined by the physician,
129 physician assistant or advanced practice registered nurse, provided the
130 prescribing of such vaccine does not impose significant safety concerns.

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

132 perform a dental screening of each person who is incarcerated not later
133 than one year after the person initially enters a correctional institution
134 and at least once annually thereafter. At the time the dental professional
135 performs the dental screening of a person who is incarcerated, the dental
136 professional shall develop a dental care plan for the person. A dental
137 professional shall provide dental care in accordance with the person's
138 dental care plan throughout the person's time at the correctional
139 institution. The commissioner shall ensure, in consultation with a
140 dentist, that each correctional institution has a dental examination room
141 that is fully equipped with all of the dental equipment necessary to
142 perform a dental examination.

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

150 (11) A medical professional shall interview each person who is
151 incarcerated regarding such person's drug and alcohol use and mental
152 health history at the time the person initially enters a correctional
153 institution. If the person is exhibiting symptoms of withdrawal from a
154 drug or alcohol or mental distress at such time, a medical professional
155 shall perform a physical and mental health assessment of the person and
156 communicate the results of such assessment to a physician, physician
157 assistant or advanced practice registered nurse, and a mental health care
158 provider or mental health therapist, if applicable. Except in exigent
159 circumstances, a drug and alcohol counselor shall perform an
160 evaluation of the person not later than five days after the person initially
161 enters the correctional institution. (A) The correctional institution shall
162 immediately transfer each such person who is determined by a
163 physician, physician assistant or advanced practice registered nurse to
164 be experiencing withdrawal from a drug or alcohol to an appropriate

165 area at such correctional institution for medical treatment of such
166 withdrawal. A physician, a physician assistant or an advanced practice
167 registered nurse shall periodically evaluate each person who is
168 incarcerated and exhibits signs of or discloses an addiction to a drug or
169 alcohol or who experiences withdrawal from a drug or alcohol, at a
170 frequency deemed appropriate by the physician, physician assistant or
171 advanced practice registered nurse. (B) In the case of a person who is
172 determined at the time of such person's intake into a correctional
173 institution to be in need of mental health services, such person shall be
174 provided evidence-based mental health interventions delivered by a
175 mental health care provider or mental health therapist, as needed,
176 within a reasonable amount of time after such determination of need,
177 but in no case later than two business days following such
178 determination. Such person shall be periodically evaluated by a mental
179 health care provider or mental health therapist and provided such
180 services, as needed.

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

188 (13) A drug and alcohol counselor shall offer appropriate substance
189 use disorder counseling services, including, but not limited to,
190 individual counseling sessions and group counseling sessions, to a
191 person who is incarcerated and exhibits signs of or discloses an
192 addiction to a drug or alcohol and encourage such person to participate
193 in at least one counselling session. At the time of discharge of a person
194 who is incarcerated from the correctional institution, a discharge
195 planner may refer any such person who has exhibited signs of or
196 disclosed an addiction to a drug or alcohol while incarcerated at such
197 correctional institution to a substance use disorder treatment program

198 in the community that is deemed appropriate for the person by such
199 discharge planner.

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

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

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

216 (c) Not later than October 1, 2027, the commissioner shall amend the
217 plan developed under subsection (b) of this section to ensure:

218 (1) There is a plan to accredit the program for the provision of health
219 care to persons who are incarcerated, by a national organization
220 approved by the Department of Public Health;

221 (2) An electronic tracking system is created for the administration of
222 medications to persons who are incarcerated according to the schedule
223 established by the medical professional overseeing their care and that
224 will alert the appropriate personnel when such medications have not
225 been timely administered;

226 (3) Persons who are incarcerated may request medical care

227 electronically, if they have access to a portable electronic device, in
228 addition to the existing system of written requests submitted in a drop
229 box; and

230 (4) Any plan of discharge for persons who are incarcerated who are
231 eligible to obtain Medicaid shall include assistance for such persons to
232 apply for coverage prior to discharge from a correctional institution.

233 [(c)] (d) Not later than [October 1, 2025] December 31, 2026, and
234 annually thereafter, the commissioner shall report, in accordance with
235 the provisions of section 11-4a, to the joint standing committees of the
236 General Assembly having cognizance of matters relating to public
237 health, [and] the judiciary and government oversight regarding any
238 updates on the status of the implementation of the plan developed
239 pursuant to [subsection (b)] subsections (b) and (c) of this section,
240 recommendations for any legislation necessary to implement such plan
241 and the department's timeline for complete implementation of such
242 plan. For reports submitted after December 31, 2026, the report shall also
243 contain, organized by correctional institution: (1) A summary that
244 outlines the medications prescribed to persons who are incarcerated by
245 major drug classification, the number of doses where the administration
246 was delayed by less than one hour, between one and less than four
247 hours, between four hours and seven hours and thirty minutes, greater
248 than seven hours and thirty minutes or missed entirely, and an
249 explanation for the delayed or missed doses; (2) information regarding
250 the initial health assessment for each person who is incarcerated at the
251 time the person initially enters a correctional institution, and how often
252 such interview is conducted within fourteen days of entry, and the
253 reasons for why such assessment is not conducted within such time
254 period; (3) the number of requests by persons who are incarcerated for
255 medical care, the types of requests and the amount of time that elapsed
256 after the request being made before being seen by a medical
257 professional, and (4) the number of adverse medical outcomes and the
258 length of time the department took to complete an investigation into
259 such adverse medical outcomes.

260 Sec. 2. Section 18-81qq of the 2026 supplement to the general statutes
261 is repealed and the following is substituted in lieu thereof (*Effective July*
262 *1, 2026*):

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

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

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

270 (B) Reviewing periodically the nonemergency procedures
271 established by the department to carry out the provisions of title 18 and
272 evaluating whether such procedures conflict with the rights of persons
273 who are incarcerated;

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

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

290 of the facility;

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

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

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

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

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

318 (J) [Evaluating] In conjunction with Correction Medical Deputy
319 Ombuds, evaluating the provision of health care services, including, but

320 not limited to, medical care, dental care, mental health care and
321 substance use disorder treatment services, to persons who are
322 incarcerated by the Department of Correction.

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

326 (c) The Correction Ombuds may, within available funds, appoint
327 such staff as may be deemed necessary. The duties of the staff,
328 including, but not limited to, the Correction Medical Deputy Ombuds,
329 may include the duties and powers of the Correction Ombuds if
330 performed under the direction of the Correction Ombuds.

331 (d) There is established the position of Correction Medical Deputy
332 Ombuds, within the Office of the Correction Ombuds, who shall be
333 appointed by the Correction Ombuds and be considered a member of
334 the staff of the Correction Ombuds. The Correction Medical Deputy
335 Ombuds shall either (1) be a physician, graduated by an acceptable
336 medical college, recognized by one of the medical examining boards of
337 this state, experienced in actual practice of the medical profession, or (2)
338 hold a graduate degree in public health. The Correction Medical Deputy
339 Ombuds shall oversee efforts to assist persons who are incarcerated who
340 are eligible to obtain Medicaid to apply for Medicaid prior to discharge
341 from a correctional institution.

342 ~~[(d)]~~ (e) (1) Notwithstanding any provision of the general statutes, the
343 appropriations recommended for the Office of the Correction Ombuds
344 shall be the estimates of the expenditure requirements transmitted to the
345 Secretary of the Office of Policy and Management by the Correction
346 Ombuds and the recommended adjustments and revisions of such
347 estimates shall be the recommended adjustments and revisions, if any,
348 transmitted by said Correction Ombuds to the director of the Office of
349 Policy and Management.

350 (2) Notwithstanding any provision of the general statutes, the

351 Governor shall not reduce allotment requisitions or allotments in force
352 concerning the Office of the Correction Ombuds.

353 [(e)] (f) (1) The Correction Ombuds need not investigate a complaint,
354 if the Correction Ombuds determines such investigation is not
355 warranted. If the Correction Ombuds determines that such investigation
356 is not warranted, the Correction Ombuds shall inform the person
357 making the complaint of such decision in writing.

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

368 (3) (A) At the conclusion of an investigation, the Correction Ombuds
369 shall render a public decision on the merits of each complaint.
370 Documents supporting the decision are subject to relevant
371 confidentiality provisions, but may be disclosed by request of and to (i)
372 the complainant or an authorized representative of the family of the
373 complainant as disclosed to the Correction Ombuds, or (ii) the
374 chairpersons and ranking members of the joint standing committee of
375 the General Assembly having cognizance of matters relating to the
376 Department of Correction. The Correction Ombuds shall communicate
377 the decision to the person making the complaint and to the department.
378 The Correction Ombuds shall include in any decision findings of any
379 department administrative directive, state or constitutional right that
380 has been violated by the department or an employee of the department
381 and recommendations and reasoning if, in the Correction Ombuds'
382 opinion, the department or any employee should (I) further investigate

383 the complaint; (II) modify or cancel an action of the department or
384 employee; (III) alter a department rule, practice or ruling; (IV) explain
385 in detail the action in question; or (V) rectify an omission of the
386 department or employee.

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

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

400 ~~[(f)]~~ (g) All oral and written communications, including, but not
401 limited to, in response to any survey, and records relating to such
402 communications between a person in the custody of the Commissioner
403 of Correction, or an employee of the Department of Correction, and the
404 Correction Ombuds or a member of the Office of the Correction
405 Ombuds staff, including, but not limited to, the identity of a
406 complainant, the details of the communications and the Correction
407 Ombuds' findings shall be confidential and exempt from the Freedom
408 of Information Act, as defined in section 1-200, and shall not be disclosed
409 without the consent of such person, except that the Correction Ombuds
410 (1) may disclose without the consent of such person general findings or
411 policy recommendations based on such communications, provided no
412 individually identifiable information is disclosed, and (2) shall
413 immediately disclose to the Commissioner of Correction any
414 communication concerning a physical threat made against such person's

415 self, a member of the public, an incarcerated person or an employee of
416 the Department of Correction. For the purposes of this section, identical
417 or blank surveys and questionnaires received by said office shall not be
418 confidential.

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

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

443 [(i)] (j) The Correction Ombuds, if a commissioner of the Superior
444 Court, may issue subpoenas to compel the attendance and testimony of
445 witnesses or the production of books, papers and other documents and
446 administer oaths to witnesses in any matter under investigation. Any

447 such subpoena shall be served upon the person to whom such subpoena
448 is issued not later than fifteen days prior to the time specified in the
449 subpoena for compliance. Such person may, not later than fifteen days
450 after service of such subpoena, or on or before the time specified in the
451 subpoena for compliance, whichever is later, serve upon the Correction
452 Ombuds written objection to the subpoena and file such objection in the
453 superior court for the judicial district of Hartford, which shall adjudicate
454 such objection in accordance with the rules of the court. If any person to
455 whom such subpoena is issued fails to so object or appear or, having
456 appeared, refuses to give testimony or fails to produce the evidence
457 required, the Correction Ombuds may apply to the superior court for
458 the judicial district of Hartford, which shall have jurisdiction to order
459 such person to appear and give testimony or to produce such evidence,
460 as the case may be.

461 ~~[(j)]~~ (k) In the performance of the duties provided for in this section,
462 the Correction Ombuds may communicate privately with any person in
463 the custody of the commissioner. Such communications shall be
464 confidential except as provided in subsections ~~[(e) and]~~ (f) and (g) of this
465 section.

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

471 (2) The Correction Ombuds, when scheduling such hearing, shall
472 arrange an appearance of a person who is incarcerated or an employee
473 of the department in cooperation with the department at a time and
474 location that does not interfere with the operation of a correctional
475 facility. Any appearance of a person who is incarcerated shall occur at
476 the facility where such person is incarcerated at the time of the hearing.

477 ~~[(l)]~~ (m) The Correction Ombuds shall make available to persons who

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

494 ~~[(m)]~~ (n) In the performance of the responsibilities provided for in
495 this section, the Correction Ombuds may communicate privately with
496 any person in the custody of the commissioner. Such communications
497 shall be confidential except as provided in subsections ~~[(e) and]~~ (f) and
498 (g) of this section.

499 ~~[(n)]~~ (o) The Correction Ombuds may apply for and accept grants,
500 gifts and bequests of funds from other states, federal and interstate
501 agencies, for the purpose of carrying out the Correction Ombuds'
502 responsibilities. There is established a Correction Ombuds account,
503 which shall be a separate, nonlapsing account. Any funds received
504 under this subsection shall, upon deposit in the General Fund, be
505 credited to said account and may be used by the Correction Ombuds in
506 the performance of the Correction Ombuds' duties.

507 ~~[(o)]~~ (p) The name, address and other personally identifiable
508 information of a person who makes a complaint to the Correction
509 Ombuds, information obtained or generated by the Office of the

510 Correction Ombuds in the course of an investigation and all confidential
511 records obtained by the Correction Ombuds or the office shall be
512 confidential and shall not be subject to disclosure under the Freedom of
513 Information Act, as defined in section 1-200, or otherwise except as
514 provided in subsections [(f) and] (g) and (h) of this section.

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

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

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

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

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

529 (A) Medical appointment wait times;

530 (B) Mental health care access;

531 (C) Medication access and continuity; and

532 (D) Incidences of hospitalizations and mortalities; and

533 (4) Make recommendations to the Departments of Correction and
534 Public Health and the joint standing committees of the General
535 Assembly having cognizance of matters relating to public health and the
536 judiciary regarding necessary improvements in the delivery of health

537 care services within correctional facilities.

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

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

Statement of Purpose:

To (1) require the Department of Correction to update its plan for medical care for persons who are incarcerated and report various information concerning medical care organized by correctional institution in an annual report, and (2) establish the position of Correction Medical Deputy Ombuds to oversee efforts to obtain Medicaid for eligible persons who are incarcerated prior to discharge from a correctional institution.

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