
OLR Bill Analysis

sHB 5567

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

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§ 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

<i>Appointing Authority</i>	<i>Appointee Qualifications</i>
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

<i>Appointing Authority</i>	<i>Appointee Qualifications</i>
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
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)