Senate

General Assembly

File No. 801

January Session, 2025

Substitute Senate Bill No. 1543

Senate, April 29, 2025

The Committee on Judiciary reported through SEN. WINFIELD of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF CORRECTION.

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

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 Section 18-81pp of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

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

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

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

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

(5) "Dental professional" means a (A) dentist, (B) dental hygienist

licensed under chapter 379a, or (C) dental assistant, as defined in section 20-112a;

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

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

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

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

[(10) "Inmate" means a person in the custody of the commissioner and confined in a correctional institution;**]**

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

[(12)**]** (11) "Mental health care provider" means (A) a physician who specializes in psychiatry, or (B) an advanced practice registered nurse who specializes in mental health;

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

[(14)**]** (13) "Physician" means a physician licensed under chapter 370;

[(15)**]** (14) "Physician assistant" means a physician assistant licensed under chapter 370; and

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

(b) Not later than **[**January 1, 2023**]** October 1, 2025, the commissioner shall develop a plan for the provision of health care services, including, but not limited to, mental health care, substance use disorder and dental care services, to **[**inmates of correctional facilities**]** persons who are incarcerated under the jurisdiction of the department. Such plan shall **[**include, but not be limited to, guidelines for implementation of the following requirements**]** ensure, at a minimum, that:

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

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

(C) Each mental health therapist shall deliver such services in concert with the security needs of all **[**inmates**]** persons who are incarcerated and correctional staff and the overall operation of the correctional institution, as determined by the warden of the correctional institution; and

(D) No mental health therapist who is providing mental health care services pursuant to this subdivision and licensed to prescribe medication shall prescribe a psychotropic medication to **[**an inmate**]** a person who is incarcerated unless (i) the mental health therapist has reviewed the mental health history and medical history of the **[**inmate**]** person, including, but not limited to, the list of all medications the **[**inmate**]** person is taking, (ii) the mental health therapist determines,

based on a review of such history, that the benefits of prescribing such medication outweigh the risk of prescribing such medication, (iii) the mental health therapist diagnoses the **[**inmate**]** person with a mental health disorder, the **[**inmate**]** person has received a previous diagnosis of a mental health disorder by a licensed mental health care provider and such medication is used to treat such mental health disorder, or, in an emergency situation, the mental health therapist makes an assessment that the inmate's mental health is substantially impaired and requires psychotropic medication to treat, (iv) the mental health therapist approves the use of such medication by the **[**inmate**]** person as part of the **[**inmate's**]** person's mental health treatment plan, and (v) the mental health therapist keeps a record of each psychotropic medication such provider prescribes to the **[**inmate**]** person and all other medications the **[**inmate**]** person is taking.

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

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

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

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

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

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

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

impose significant safety concerns.

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

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

(11) A medical professional shall interview each **[**inmate**]** person who is incarcerated regarding **[**the inmate's**]** such person's drug and alcohol use and mental health history at the time the **[**inmate**]** person initially enters a correctional institution. If **[**an inmate**]** the person is exhibiting symptoms of withdrawal from a drug or alcohol or mental distress at such time, a medical professional shall perform a physical and mental health assessment of the **[**inmate**]** person and communicate the results of such assessment to a physician, physician assistant or advanced practice registered nurse, and a mental health care provider or mental health therapist, if applicable. Except in exigent circumstances, a drug and alcohol counselor shall perform an evaluation of the **[**inmate**]** person not later than five days after the **[**inmate**]** the person initially

enters the correctional institution. (A) The correctional institution shall immediately transfer each [inmate] such person who is determined by a physician, physician assistant or advanced practice registered nurse to be experiencing withdrawal from a drug or alcohol to an appropriate area at such correctional institution for medical treatment of such withdrawal. A physician, a physician assistant or an advanced practice registered nurse shall periodically evaluate each [inmate who] person who is incarcerated and exhibits signs of or discloses an addiction to a drug or alcohol or who experiences withdrawal from a drug or alcohol, at a frequency deemed appropriate by the physician, physician assistant or advanced practice registered nurse. (B) In the case of a person who is determined at the time of such person's intake into a correctional institution to be in need of mental health services, such person shall be provided evidence-based mental health interventions delivered by an interdisciplinary team of mental health care providers and mental health therapists within a reasonable amount of time after such determination of need, but in no case later than twenty-four hours following such determination. Such person shall be periodically evaluated by a mental health care provider or mental health therapist and provided such services, as needed.

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

(13) A drug and alcohol counselor shall offer appropriate substance use disorder counseling services, including, but not limited to, individual counseling sessions and group counseling sessions, to [an inmate who] a person who is incarcerated and exhibits signs of or discloses an addiction to a drug or alcohol and encourage such [inmate] person to participate in at least one counselling session. At the time of [an inmate's] discharge of a person who is incarcerated from the

correctional institution, a discharge planner may refer [an inmate] any such person who has exhibited signs of or disclosed an addiction to a drug or alcohol while [an inmate] incarcerated at such correctional institution to a substance use disorder treatment program in the community that is deemed appropriate for the [inmate] person by such discharge planner.

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

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

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

(c) Not later than [February 1, 2023] October 1, 2025, the commissioner shall report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and the judiciary regarding the plan developed pursuant to subsection (b) of this section, recommendations for any legislation necessary to implement such plan and the department's timeline for implementation of such plan, provided the commissioner implements the provisions of subparagraph (B) of subdivision (11) of subsection (b) of this section not later than January 1, 2026.

Sec. 2. (NEW) (*Effective October 1, 2025*) (a) The Commissioner of Correction shall provide palatable and nutritious meals to each person in the custody of the commissioner. Under no circumstances shall the commissioner permit such persons to be fed nutraloaf as a form of discipline or any other punitive diet.

(b) For purposes of this section, "nutraloaf" means a mixture of foods blended together and baked into a solid loaf and "punitive diet" means a diet that is used for punishment purposes.

Sec. 3. (NEW) (*Effective October 1, 2025*) The Commissioner of Correction shall ensure that each person in the custody of the commissioner is provided with a form enabling such person to authorize another person to access such person's medical records that are otherwise subject to nondisclosure under the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.

Sec. 4. (*Effective from passage*) (a) Not later than one year after the effective date of this section, the Commissioner of Correction, in consultation with the Correction Ombuds appointed pursuant to section 18-81jj of the general statutes, shall publish on the Internet web site operated by the Department of Correction, the report commissioned by the department in 2017 under contract with an institute concerned with criminal justice, for the purpose of identifying and examining the most extreme cases of medical malpractice and neglect experienced by persons in the custody of the commissioner. Such published report shall include all addenda and have personal identifying information redacted.

(b) The commissioner shall notify any living person, or if deceased, the next-of-kin of such person whose case is identified in the report described pursuant to subsection (a) of this section of the publication of such report. As part of such notification, the department shall include all documentation concerning such person's case, including, but not limited to, the entire medical file, security division investigation reports, morbidity and mortality reports, documentation from the utilization

review committee and electronic mail related to the case.

(c) Not later than one year after the effective date of this section, the Commissioner of Correction, in consultation with the Correction Ombuds, shall report on actions taken to fulfill the requirements of this section to the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction, in accordance with the provisions of section 11-4a of the general statutes.

Sec. 5. (*Effective from passage*) (a) Notwithstanding the provisions of section 4-148 of the general statutes concerning time limitations to file a claim against the state and any other provision of the general statutes, a person shall have one year after the date of notification pursuant to subsection (b) of section 4 of this act to pursue a claim based on information contained in the report described in subsection (a) of section 4 of this act. Upon filing of any such claim with the Office of the Claims Commissioner, established pursuant to section 4-142 of the general statutes, permission to sue the state shall be deemed granted for such claim. Any such action shall be limited to medical malpractice or negligence claims only and any such action shall be deemed a suit otherwise authorized by law in accordance with subsection (a) of section 4-142 of the general statutes.

(b) Notwithstanding any provision of the general statutes concerning any statute of limitations to bring an action in negligence or malpractice, a claimant for whom permission to sue is deemed granted under subsection (a) of this section for a particular claim may bring an action on such claim in the Superior Court not later than one year after the date of notification pursuant to subsection (b) of section 4 of this act.

Sec. 6. (*Effective from passage*) Upon publication of the report pursuant to subsection (a) of section 4 of this act, the Commissioner of Correction shall forward all documentation described in subsection (b) of said section for each case in such published report to the Commissioner of Public Health. Notwithstanding the provisions of section 20-13e of the general statutes, not later than one hundred eighty days after receipt of such documentation, the Commissioner of Public Health shall open an

investigation into each such case. Each such case shall be investigated by an independent medical examiner or a peer-to-peer review specialist. Not later than three hundred sixty-five days after receipt of such documentation, the Commissioner of Public Health shall identify what, if any, disciplinary action is to be taken against a physician determined to have committed a violation subject to disciplinary action under chapter 370 of the general statutes.

Sec. 7. (*Effective from passage*) The Commissioner of Administrative Services, in consultation with the Commissioner of Correction, shall study the feasibility of relocating the New Haven Correctional Center on Whalley Avenue and the Bridgeport Correctional Center, to locations that would create fewer impacts on neighborhoods. Such study shall include (1) an assessment of the practicality and potential impacts of each proposed relocation, and (2) a listing of potential sites for each proposed relocation, including a comparison of any advantages or disadvantages each proposed site may have when compared to the current site for each such facility. Not later than February 1, 2026, the Commissioner of Administrative Services shall submit such study, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction.

Sec. 8. (NEW) (*Effective October 1, 2025*) (a) The Commissioner of Correction shall ensure that each correctional facility under the commissioner's jurisdiction is staffed at a level to ensure the safety of the staff who work at each such facility, visitors and contractors who enter each such facility and persons who are incarcerated at each such facility.

(b) Not later than January 1, 2026, the commissioner shall develop and actively employ a program for the recruitment and retention of correctional officers.

(c) Not later than January 1, 2027, and annually thereafter, the commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the

General Assembly having cognizance of matters relating to the Department of Correction on efforts to comply with subsections (a) and (b) of this section, including any shortcomings in such compliance. Such report may include recommendations for additional resources needed to achieve such compliance.

Sec. 9. (NEW) (*Effective October 1, 2025*) The Commissioner of Correction shall ensure that persons who are incarcerated have access to and engage in productive programming, including, but not limited to, employment opportunities, education courses and vocational training. Such programming shall be available for incarcerated persons to access during out-of-cell time. Access to such programming shall be prioritized for those incarcerated persons who are not sentenced to a term of life imprisonment without the possibility of release.

Sec. 10. (NEW) (*Effective from passage*) The Commissioner of Correction shall develop a protocol for full documentation of any assault by a person who is incarcerated on custodial staff. On and after October 1, 2025, each such assault shall be documented in accordance with such protocol.

Sec. 11. (*Effective from passage*) (a) Not later than December 31, 2025, the Commissioner of Correction shall (1) purchase at least two body scanning machines, and install at least one at the York Correctional Institution and at least one at the John R. Manson Youth Institution, Cheshire, and (2) establish a pilot program and directives that prioritize using such machines to inspect (A) persons who are incarcerated in said institutions in lieu of correctional personnel conducting strip searches or cavity searches when such searches are typically performed, according to the existing directives, and (B) any person entering said institutions. As part of such pilot program, the commissioner shall train correctional personnel in the use of such machines and collect data concerning such use.

(b) Not later than February 15, 2027, the Commissioner of Correction shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General

Assembly having cognizance of matters relating to the judiciary and government oversight. Such report shall include, but need not be limited to, (1) the total number of body scans performed by the body scanning machines during the 2026 calendar year based upon the reason for the scan, by month, (2) the number of strip or cavity searches conducted during the 2026 calendar year, by month, (3) the total number of such body scans that discovered contraband material, by month, (4) the types and material of contraband discovered during such period, differentiated by the type of search or scan performed, (5) the use of any additional screening subsequent to the implementation of the body scanning machines, including a strip search, placement on a dry cell watch, urinalysis or medical assessment to confirm contraband was not present, and (6) any recommendations for legislative changes based upon the results of such pilot program.

Sec. 12. (*Effective from passage*) Not later than February 15, 2026, the Commissioner of Correction shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to the judiciary and government oversight. Such report shall include an evaluation of current directives and procedures for strip searches and cavity searches in correctional institutions in the state compared to other states in the northeastern region and federal policies, based on the type of institution, and highlight any differences in such directives and procedures.

Sec. 13. (*Effective July 1, 2025*) (a) For the purposes described in subsection (b) of this section, the State Bond Commission shall have the power from time to time to authorize the issuance of bonds of the state in one or more series and in principal amounts not exceeding in the aggregate five hundred thousand dollars.

(b) The proceeds of the sale of such bonds, to the extent of the amount stated in subsection (a) of this section, shall be used by the Department of Correction for the purpose of purchasing two body scanning machines, installing such machines and training corrections staff on

their use in accordance with the provisions of section 11 of this act.

(c) All provisions of section 3-20 of the general statutes, or the exercise of any right or power granted thereby, that are not inconsistent with the provisions of this section are hereby adopted and shall apply to all bonds authorized by the State Bond Commission pursuant to this section. Temporary notes in anticipation of the money to be derived from the sale of any such bonds so authorized may be issued in accordance with section 3-20 of the general statutes and from time to time renewed. Such bonds shall mature at such time or times not exceeding twenty years from their respective dates as may be provided in or pursuant to the resolution or resolutions of the State Bond Commission authorizing such bonds. None of such bonds shall be authorized except upon a finding by the State Bond Commission that there has been filed with it a request for such authorization that is signed by or on behalf of the Secretary of the Office of Policy and Management and states such terms and conditions as said commission, in its discretion, may require. Such bonds issued pursuant to this section shall be general obligations of the state and the full faith and credit of the state of Connecticut are pledged for the payment of the principal of and interest on such bonds as the same become due, and accordingly and as part of the contract of the state with the holders of such bonds, appropriation of all amounts necessary for punctual payment of such principal and interest is hereby made, and the State Treasurer shall pay such principal and interest as the same become due.

Sec. 14. (NEW) (*Effective from passage*) On or before January 1, 2026, and annually thereafter, the Commissioner of Correction shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to the judiciary and government oversight, concerning the conduct of strip and cavity searches in such facilities. Such report shall include, but need not be limited to: (1) The number of strip searches and cavity searches of persons who are incarcerated that have occurred during the prior calendar year, broken out by correctional facility, (2) whether there have been any lawsuits

filed concerning such strip searches or cavity searches during the year immediately preceding such report and, if so, the status or outcome of such lawsuits, and (3) a copy of the current policy concerning the conduct of such searches, including any training requirements for correctional officers concerning the conduct of such searches.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	18-81pp
Sec. 2	*October 1, 2025*	New section
Sec. 3	*October 1, 2025*	New section
Sec. 4	*from passage*	New section
Sec. 5	*from passage*	New section
Sec. 6	*from passage*	New section
Sec. 7	*from passage*	New section
Sec. 8	*October 1, 2025*	New section
Sec. 9	*October 1, 2025*	New section
Sec. 10	*from passage*	New section
Sec. 11	*from passage*	New section
Sec. 12	*from passage*	New section
Sec. 13	*July 1, 2025*	New section
Sec. 14	*from passage*	New section

Statement of Legislative Commissioners:
In Section 6, "medical practitioners" was changed to "a physician" for internal consistency.

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 26 $	FY 27 $
Correction, Dept.	GF - Cost	3.6 million	4.8 million
State Comptroller - Fringe Benefits[1]	GF - Cost	1,401,136	1,868,182
Public Health, Dept.	GF - Cost	153,100	
Resources of the General Fund	GF - Potential Revenue Gain	See Below	See Below
Treasurer, Debt Serv.	GF - Cost	See Below	See Below
Correction, Dept.	GF - Potential Cost	See Below	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill makes various changes to laws related to the Department of Correction (DOC) and incarcerated individuals, resulting in the following fiscal impacts.

Section 6 requires the Commissioner of Public Health to open an investigation into each case[2] of medical malpractice and neglect listed in a 2017 DOC report. This results in a one-time cost to the Department of Public Health (DPH) of approximately $153,100 to retain independent medical examiners or peer-to-peer review specialists[3] as required by the

[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 40.71% of payroll in FY 26.

[2] There are anticipated to be 25 medical practitioners identified in the report that will require investigation.

[3] The average estimated cost per hour for these investigators is $175, with each case investigation requiring an estimated 35 hours to conduct.

bill. The fiscal year in which these costs will be incurred is dependent on when DOC submits the report and documentation to DPH. If submitted close to the one-year deadline after passage of the bill (per Section 4), most costs will be experienced in FY 27. However, if the report is submitted earlier, costs may be incurred in FY 26.

Additionally, any professional discipline cases brought against health care providers identified in the report may result in civil penalties from disciplinary action. The extent of the revenue gain from civil penalties, if any, is dependent on the nature and number of violations adjudicated and DPH's discretion in levying civil penalties.

Section 9 requires DOC to ensure that persons who are incarcerated have access to and engage in productive programming, resulting in a cost of $3.6 million in FY 26 and $4.8 million in FY 27 to DOC and $1,401,136 in FY 26 and $1,868,182 in FY 27 to the State Comptroller - Fringe Benefits. FY 26 costs are adjusted to reflect the section's partial-year implementation.

Currently, about 26% of the correctional population participates in programming and about 12% participate in educational programming. DOC employs about 115 Correctional Counselors and 96 teachers and vocational instructors to provide current programming. To meet the bill's programming requirements, it is estimated that DOC will need to hire approximately 52 Correctional Counselors and 13 Vocational Instructors.[4] The cost for equipment and programming materials is expected to be approximately $200,000 annually.

Section 11 requires DOC to purchase at least two body scanning machines at certain correctional institutions, resulting in the following fiscal impacts. Section 13 authorizes $500,000 in General Obligation bonds for costs related to the purchasing, installing, and training of body scanning machines. To the extent bonds are fully allocated when available, total debt repayment is anticipated to be approximately

[4] The annual starting salary for Correctional Counselor is estimated to be $68,500 and the annual starting salary for Vocational Instructor is estimated to be $79,000.

$715,000 over the 20-year duration of the bonds, with the earliest annual payment of up to $25,000 possible in FY 27. There may be a one-time potential cost to DOC in FY 26 to the extent the department needs to modify its facilities prior to installation of the body scanners.

The bill makes various other changes and adds various reporting requirements which are not anticipated to result in a fiscal impact to the state.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the size of the correctional population, the terms of any bonds issued, and inflation. Section 6 is not anticipated to have an out years impact.

OLR Bill Analysis

sSB 1543

AN ACT CONCERNING THE DEPARTMENT OF CORRECTION.

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Specifically requires DOC's plan for health care services to ensure that various requirements are met, rather than to include guidelines for implementing them; adds certain components to the plan, including (1) interviewing incarcerated individuals at intake about their mental health history and (2) providing evidence-based mental health services within 24 hours of a determination of need upon intake

§ 2 — PALATABLE MEALS AND BAN ON NUTRALOAF
Requires the DOC commissioner to provide palatable and nutritious meals to people in department custody; bans nutraloaf or other diets as a form of discipline

§ 3 — MEDICAL RECORDS AUTHORIZATION
Requires the DOC commissioner to ensure that everyone in the department's custody is given a form allowing them to authorize someone else to access their medical records that would otherwise be subject to nondisclosure under HIPAA

§§ 4-6 — MEDICAL MALPRACTICE AND NEGLECT
Requires DOC to (1) publish online a report on extreme cases of medical malpractice and neglect in DOC facilities and (2) give affected people notice of this publication and related documentation; gives these individuals one year after being notified to file a related claim and lawsuit, even if the existing statute of limitations has expired; requires DPH to investigate the cases identified in the report

§ 7 — CORRECTIONAL CENTER RELOCATION STUDY
Requires the DAS and DOC commissioners to study the feasibility of relocating correctional centers in Bridgeport and New Haven

§ 8 — STAFFING LEVELS AND RECRUITMENT

Requires the DOC commissioner to (1) ensure that the department's correctional facilities are sufficiently staffed to ensure the safety of everyone at or visiting the facility and (2) develop and implement a program to recruit and retain correctional officers

§ 9 — PRODUCTIVE PROGRAMMING

Requires the DOC commissioner to ensure that incarcerated individuals have access to and engage in productive programming

§ 10 — DOCUMENTING ASSAULTS AGAINST CUSTODIAL STAFF

Requires the DOC commissioner to develop a protocol to fully document assaults by incarcerated individuals against custodial staff

§§ 11-14 — BODY SCANNERS AND STRIP OR CAVITY SEARCHES

Requires DOC to buy at least two body scanners for use in a pilot program and authorizes up to $500,000 in bonding for related expenses; requires DOC to annually report on strip and cavity searches in correctional institutions and report on an evaluation of related directives and procedures

SUMMARY

This bill makes various changes to laws related to the Department of Correction (DOC) and incarcerated individuals on matters such as DOC mental health care services, meal services and banning punitive diets, lawsuits related to medical malpractice or neglect, a facility relocation study, facility staffing levels, and the use of body scanners and strip or cavity searches. A section-by-section analysis follows.

EFFECTIVE DATE: Various; see below.

§ 1 — PLAN FOR HEALTH CARE SERVICES

Specifically requires DOC's plan for health care services to ensure that various requirements are met, rather than to include guidelines for implementing them; adds certain components to the plan, including (1) interviewing incarcerated individuals at intake about their mental health history and (2) providing evidence-based mental health services within 24 hours of a determination of need upon intake

Existing law requires the DOC commissioner to develop and report on a plan for providing health care services to incarcerated individuals at DOC correctional institutions. (DOC reported on the plan in early 2023.) The bill requires the commissioner to make certain updates to the

plan by October 1, 2025, and to report on it by that date.

Current law requires the plan to include guidelines to implement requirements on a range of issues related to incarcerated individuals' health care, 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. The bill instead requires the plan to ensure that these requirements are met.

The bill also adds to the plan's mental health-related components, including requiring a mental health interview at intake and setting a 24-hour deadline for incarcerated individuals to receive mental health services after they are found to need them at intake.

The bill also updates terminology and makes related minor and technical changes.

EFFECTIVE DATE: Upon passage

Mental Health Assessment and Treatment

Under existing law, the plan must require that a medical professional interviews each incarcerated individual, at entry, on their drug and alcohol use history. The bill expands this to include the person's mental health history.

Under existing law, if the incarcerated person shows drug or alcohol withdrawal symptoms at that time, a medical professional must perform a physical assessment and communicate the results to a physician, physician assistant, or advanced practice registered nurse (APRN). The bill also requires this if the person shows signs of mental distress. In either case (withdrawal or mental distress), it additionally requires the professional to (1) perform a mental health assessment and (2) when applicable, communicate the results to a mental health care provider or therapist.

When an incarcerated person, at intake, is determined to need mental health services, the bill requires that an interdisciplinary team of mental health care providers and therapists provide the person with evidence-based interventions. This must occur within a reasonable time after this determination, but no later than 24 hours after it. A mental health care provider or therapist must periodically evaluate the person as needed. The bill specifically requires that these provisions on a 24-deadline for providing services, and periodic evaluations, be implemented by January 1, 2026.

As under existing law, "mental health care providers" for these purposes are psychiatrists or APRNs specializing in mental health. "Mental health therapists" are psychiatrists, psychologists, APRNs specializing in mental health, clinical or master social workers, or professional counselors.

Under existing law, the plan must include certain other requirements related to mental health care. For example, there must be enough mental health therapists at each correctional institution to provide mental health care services to incarcerated individuals. In addition, when an incarcerated individual requests, or correctional staff refers the individual to, these services, a therapist must conduct an assessment to determine whether the services are needed before providing them.

Reporting Requirement

The bill requires the DOC commissioner, by October 1, 2025, to report to the Judiciary and Public Health committees on the updated plan along with recommendations for any legislation needed to implement it and an implementation timeline.

Background — Related Bill

sSB 1394 (File 90), favorably reported by the Public Health Committee, requires various reports related to the health care and mental care services provided to incarcerated individuals.

§ 2 — PALATABLE MEALS AND BAN ON NUTRALOAF

Requires the DOC commissioner to provide palatable and nutritious meals to people in department custody; bans nutraloaf or other diets as a form of discipline

The bill requires the DOC commissioner to provide palatable and nutritious meals to everyone in the department's custody. It also bars him from allowing anyone to be fed (1) nutraloaf as a form of discipline or (2) any other diet used for punishment purposes. Under the bill, "nutraloaf" is a mixture of foods blended together and baked into a solid loaf.

EFFECTIVE DATE: October 1, 2025

§ 3 — MEDICAL RECORDS AUTHORIZATION

Requires the DOC commissioner to ensure that everyone in the department's custody is given a form allowing them to authorize someone else to access their medical records that would otherwise be subject to nondisclosure under HIPAA

The bill requires the DOC commissioner to ensure that everyone in DOC custody is given a form allowing them to authorize someone else to access their medical records that would otherwise be subject to nondisclosure under the federal Health Insurance Portability and Accountability Act (HIPAA).

Generally, HIPAA's "Privacy Rule" limits the circumstances under which health care providers or other covered entities can use or disclose someone's individually identifiable health information without the written consent of the person or the person's representative.

EFFECTIVE DATE: October 1, 2025

§§ 4-6 — MEDICAL MALPRACTICE AND NEGLECT

Requires DOC to (1) publish online a report on extreme cases of medical malpractice and neglect in DOC facilities and (2) give affected people notice of this publication and related documentation; gives these individuals one year after being notified to file a related claim and lawsuit, even if the existing statute of limitations has expired; requires DPH to investigate the cases identified in the report

Report Publication and Notification to Affected Individuals (§ 4)

The bill requires the DOC commissioner to publish on the department's website a report (with all addenda) that DOC commissioned in 2017 under contract with a criminal justice institute to identify and examine the most extreme cases of medical malpractice and

neglect experienced by people in DOC custody. The commissioner must post it within one year after the bill's passage and in consultation with the state's correction ombuds. All personal identifying information must be redacted.

Under the bill, the commissioner must notify anyone whose case is identified in the report (or if deceased, their next of kin) about the report's publication. The notification must include all documentation about the person's case, including the entire medical file, security division investigation reports, morbidity and mortality reports, utilization review committee documentation, and related emails.

Within one year after the bill's passage, the commissioner, in consultation with the ombuds, must report to the Judiciary Committee on steps taken to meet these requirements.

Time to File Related Claims and Lawsuits (§ 5)

The bill allows anyone notified about the report to file a claim against the state (with the claims commissioner) based on information in the report. If someone files a claim under these provisions, permission to sue the state is deemed granted (so the person can bring a civil lawsuit rather than following the typical claims process). The case must be limited to medical malpractice or negligence claims only. These claimants have one year after notification about the report to file with the claims commissioner and bring the lawsuit.

These provisions apply despite the existing statutes of limitations to file claims against the state or lawsuits about negligence or medical malpractice (see *Background — Limitations Period for Claims or Malpractice Lawsuits*).

DPH Investigation (§ 6)

The bill also requires the DOC commissioner, when publishing the medical malpractice and neglect report, to forward to the Department of Public Health (DPH) commissioner the same documentation that DOC must send to the affected individuals (e.g., the entire medical files and other information). The DPH commissioner must open an

investigation into each case within 180 days after receiving this documentation (despite the existing process for DPH to investigate complaints against physicians).

The bill requires each case to be investigated by an independent medical examiner or a peer-to-peer review specialist. Within 365 days after receiving this documentation, the DPH commissioner must identify what, if any, disciplinary action to take against a physician who is determined to have committed a violation that can subject him or her to discipline under the physician licensing statutes.

EFFECTIVE DATE: Upon passage

Background — Limitations Period for Claims or Malpractice Lawsuits

Under existing law, a claimant generally must bring a claim against the state within one year after it accrues (that is, the date the injury is sustained or discovered or should have been discovered), but no later than three years after the act that is the basis of the complaint (CGS § 4-148). An incarcerated individual must bring a claim within one year after exhausting any DOC administrative remedies (CGS § 4-165b).

Existing law generally requires that a medical malpractice lawsuit be brought within two years from the date when the injury is sustained or discovered or should have been discovered, but no later than three years from the act or omission complained of (CGS § 52-584).

§ 7 — CORRECTIONAL CENTER RELOCATION STUDY

Requires the DAS and DOC commissioners to study the feasibility of relocating correctional centers in Bridgeport and New Haven

The bill requires the Department of Administrative Services (DAS) commissioner, in consultation with the DOC commissioner, to study the feasibility of relocating the Bridgeport and New Haven (Whalley Avenue) correctional centers to locations that would reduce the impact on neighborhoods. The study must (1) assess the practicality and potential impacts of the proposed relocations and (2) list potential relocation sites, including advantages and disadvantages compared to

the current sites.

Under the bill, the DAS commissioner must submit the study to the Judiciary Committee by February 1, 2026.

EFFECTIVE DATE: Upon passage

§ 8 — STAFFING LEVELS AND RECRUITMENT

Requires the DOC commissioner to (1) ensure that the department's correctional facilities are sufficiently staffed to ensure the safety of everyone at or visiting the facility and (2) develop and implement a program to recruit and retain correctional officers

The bill requires the DOC commissioner to ensure that each correctional facility under his jurisdiction is staffed at a level to ensure the safety of staff, visitors, contractors, and incarcerated individuals. It also requires him, by January 1, 2026, to develop and actively use a program for correctional officer recruitment and retention.

Starting by January 1, 2027, the commissioner must annually report to the Judiciary Committee on efforts to comply with these requirements, including any shortcomings in doing so. The report may include recommendations for additional resources needed to comply.

EFFECTIVE DATE: October 1, 2025

§ 9 — PRODUCTIVE PROGRAMMING

Requires the DOC commissioner to ensure that incarcerated individuals have access to and engage in productive programming

The bill requires the DOC commissioner to ensure that incarcerated individuals have access to, and engage in, productive programming during their out-of-cell time. This must include employment opportunities, education courses, and vocational training. DOC must prioritize access to incarcerated individuals who are not sentenced to life imprisonment without the possibility of release.

Under existing law and practice, DOC offers related programs to incarcerated individuals. For example, Unified School District #1 provides academic and vocational training at DOC facilities, and DOC's vocational village program also offers skilled trades training.

Incarcerated individuals may be provided work opportunities, and the law requires the commissioner (in consultation with certain other officials) to set the compensation schedule (CGS § 18-85).

EFFECTIVE DATE: October 1, 2025

§ 10 — DOCUMENTING ASSAULTS AGAINST CUSTODIAL STAFF

Requires the DOC commissioner to develop a protocol to fully document assaults by incarcerated individuals against custodial staff

The bill requires the DOC commissioner to develop a protocol to fully document any assault by incarcerated individuals against custodial staff. Starting on October 1, 2025, DOC must fully document these assaults under the protocol.

EFFECTIVE DATE: Upon passage

§§ 11-14 — BODY SCANNERS AND STRIP OR CAVITY SEARCHES

Requires DOC to buy at least two body scanners for use in a pilot program and authorizes up to $500,000 in bonding for related expenses; requires DOC to annually report on strip and cavity searches in correctional institutions and report on an evaluation of related directives and procedures

The bill (1) requires the DOC commissioner, by December 31, 2025, to buy at least two body scanner machines for use in a pilot program on inspecting incarcerated individuals and other people entering certain correctional institutions and (2) authorizes up to $500,000 in state general obligation bonding to buy the machines, install them, and train staff on how to use them. The bonds are subject to standard statutory bond issuance procedures and repayment requirements.

The bill establishes an annual reporting requirement for the commissioner on strip and cavity searches of incarcerated individuals in correctional facilities. The report must include (1) how many of these searches occurred in the prior year in each facility; (2) if there were any lawsuits filed about the searches in the year immediately before the report, with the status or outcome of each; and (3) a copy of the current policy for doing these searches, including any training requirements for correctional officers. The first report is due by January 1, 2026, to the Government Oversight and Judiciary committees.

Lastly, the bill requires the DOC commissioner to submit a report by February 15, 2026, to the Government Oversight and Judiciary committees that evaluates current directives and procedures for strip and cavity searches in the state's correctional institutions. The evaluation must compare the directives and procedures to those of other northeastern states and federal policies, based on institution type, and highlight any differences.

EFFECTIVE DATE: Upon passage, except the bonding provision is effective July 1, 2025.

Body Scanning Machine Pilot Program (§ 11)

The bill requires the DOC commissioner to buy at least two body scanner machines by the end of 2025 and install at least one each at the York Correctional Institution (the state's only correctional facility for females) and the John R. Manson Youth Institution in Cheshire. He must also establish a pilot program on using the machines to inspect incarcerated individuals and other people entering the institutions.

For the pilot program, the bill requires the commissioner to create directives that prioritize using machine scans instead of correctional personnel doing strip or cavity searches on incarcerated individuals when those searches are usually done under existing directives. The commissioner must train personnel on using the machines and collect data on their use.

The bill requires the commissioner to submit a report on the use of the body scans by February 15, 2027, to the Government Oversight and Judiciary committees. The report must include the following information:

1. how many scans (a) the machines performed in 2026, by month and reason for the scan and (b) discovered contraband, by month;

2. how many strip or cavity searches occurred in 2026, by month;

3. contraband types and material found that year, by the type of

search or scan used;

4. use of additional screening after implementing the body scanners, including strip search, placement on a dry cell watch, urinalysis, or medical assessment to confirm there was no contraband; and

5. any recommendations for legislative changes.

Background — Related Bill

sHB 7186 (File 523), favorably reported by the Government Oversight Committee, has substantially similar provisions on body scanners and strip or cavity searches.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Substitute
Yea 41 Nay 0 (04/08/2025)