



General Assembly

Substitute Bill No. 448

February Session, 2022



AN ACT CONCERNING THE DELIVERY OF HEALTH CARE AND MENTAL HEALTH CARE SERVICES TO INMATES OF CORRECTIONAL INSTITUTIONS.

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

1 Section 1. (NEW) (*Effective October 1, 2022*) (a) The Commissioner of
2 Correction shall ensure that a sufficient number of licensed mental
3 health care providers, including, but not limited to, at least four licensed
4 mental health care providers with experience in substance use disorder
5 diagnosis and treatment, who are employed by or contract with the
6 Department of Correction are placed at each correctional institution
7 under its jurisdiction to provide mental health care services to inmates.
8 A mental health care provider placed at a correctional institution shall
9 provide mental health care services to any inmate who requests such
10 services or has been referred for such services by correctional staff only
11 after the provider makes an in-person assessment of the inmate's need
12 for such services and determines that the inmate requires such services.
13 Each mental health care provider shall deliver such services in concert
14 with the security needs of all inmates and correctional staff and the
15 overall operation of the correctional institution, as determined by the
16 warden of the correctional institution, in consultation with the
17 commissioner.

18 (b) No mental health care provider who is providing mental health
19 care services pursuant to subsection (a) of this section shall prescribe or
20 administer a psychotropic medication to an inmate unless (1) the mental
21 health care provider has reviewed the full mental health history and
22 medical history of the inmate, including, but not limited to, the list of all
23 medications the inmate is taking, (2) the inmate has undergone a
24 physical examination by a licensed health care provider not more than
25 thirty days prior to the mental health care provider first prescribing or
26 administering the psychotropic medication and the mental health care
27 provider determines, based on a review of the record of such
28 examination, that it is safe to prescribe or administer such medication,
29 (3) the mental health care provider has performed a mental health
30 assessment of the inmate not more than seven days prior to first
31 prescribing or administering such medication, (4) the mental health care
32 provider diagnoses the inmate with a mental health disorder or the
33 inmate has received a previous diagnosis of a mental health disorder by
34 a licensed mental health care provider and such medication is used to
35 treat such mental health disorder, (5) the mental health care provider
36 approves the use of such medication by the inmate as part of the
37 inmate's mental health treatment plan, and (6) the mental health care
38 provider keeps a record of each psychotropic medication such provider
39 prescribes or administers to the inmate and all other medications the
40 inmate is taking. As used in this subsection, "psychotropic medication"
41 means a medication that is used to treat a mental health disorder and
42 that affects behavior, mood, thoughts or perception.

43 Sec. 2. (NEW) (*Effective October 1, 2022*) (a) As used in this section and
44 sections 3 and 4 of this act:

45 (1) "Advanced practice registered nurse" means an advanced practice
46 registered nurse licensed under chapter 373 of the general statutes who
47 is employed by or contracts with the Department of Correction to
48 provide health care services at a correctional institution;

49 (2) "Commissioner" means the Commissioner of Correction;

50 (3) "Correctional institution" means a correctional institution under
51 the jurisdiction of the Department of Correction;

52 (4) "Dentist" means a dentist licensed under chapter 379 of the general
53 statutes who is employed by or contracts with the Department of
54 Correction to provide health care services at a correctional institution;

55 (5) "Inmate" means an inmate of a correctional institution;

56 (6) "Physician" means a physician licensed under chapter 370 of the
57 general statutes who is employed by or contracts with the Department
58 of Correction to provide health care services at a correctional institution;

59 (7) "Physician assistant" means a physician assistant licensed under
60 chapter 370 of the general statutes who is employed by or contracts with
61 the Department of Correction to provide health care services at a
62 correctional institution; and

63 (8) "Registered nurse" means a registered nurse licensed under
64 chapter 378 of the general statutes who is employed by or contracts with
65 the Department of Correction to provide health care services at a
66 correctional institution.

67 (b) Each inmate shall receive an annual physical examination by a
68 physician, physician assistant or advanced practice registered nurse.
69 Such examination may include, but not be limited to, a breast and
70 gynecological examination and the administration of any test the
71 physician, physician assistant or advanced practice registered nurse
72 deems appropriate.

73 (c) Each inmate shall receive a routine physical examination by a
74 physician, physician assistant or advanced practice registered nurse not
75 later than forty-eight hours after entering a correction institution to
76 serve a sentence. Each person who is detained at a correctional
77 institution shall receive a routine physical examination by a physician,
78 physician assistant or advanced practice registered nurse not later than
79 ninety-six hours after entering the correctional institution. No inmate or

80 person described in this subsection shall be placed in a housing unit at
81 the correctional institution until the physician, physician assistant or
82 advanced practice registered nurse completes the physical examination
83 required under this subsection and approves the placement of such
84 inmate or person in a housing unit. If the physician, physician assistant
85 or advanced practice registered nurse recommends, based on the
86 physical examination of such inmate or person, that such inmate or
87 person be placed in a medical or mental health housing unit, the warden
88 of the correctional institution shall ensure that such inmate or person is
89 placed in a medical or mental health housing unit at the correctional
90 institution.

91 (d) The physician, physician assistant or advanced practice registered
92 nurse shall perform the examinations required under subsections (b)
93 and (c) of this section in a location at the correctional institution that the
94 physician, physician assistant or advanced practice registered nurse
95 deems appropriate for performing such an examination, provided the
96 analysis of any sample collected from the inmate during such
97 examination may be performed at a laboratory that is located outside of
98 the correctional institution. Any x-ray of an inmate ordered by a
99 physician, physician assistant or advanced practice registered nurse
100 shall be performed at the correctional institution if the correctional
101 institution has the equipment necessary to perform an x-ray.

102 (e) A physician, physician assistant or advanced practice registered
103 nurse shall conduct an exit interview of each inmate who is being
104 discharged from a correctional institution not later than seven days
105 prior to the date of discharge. Such exit interview shall include a
106 discussion with the inmate regarding any continued medical care or
107 treatment that is recommended by the physician, physician assistant or
108 advanced practice registered nurse for the inmate when the inmate
109 reenters the community.

110 (f) A physician shall be on call twenty-four hours a day, seven days a
111 week at each correctional institution to provide medical care to inmates
112 as necessary.

113 (g) Only a physician, physician assistant or advanced practice
114 registered nurse may administer medication to an inmate. A physician
115 assistant or advanced practice registered nurse may administer a
116 medication to an inmate only if a physician has ordered, in writing, the
117 administration of such medication to the inmate.

118 (h) The commissioner shall ensure that each inmate has access to all
119 vaccines licensed or authorized under an emergency use authorization
120 by the federal Food and Drug Administration that are recommended by
121 the National Centers for Disease Control and Prevention Advisory
122 Committee on Immunization Practices. A physician, physician assistant
123 or advanced practice registered nurse shall administer to an inmate any
124 such vaccine that (1) the inmate requests, and (2) is recommended for
125 such inmate by said committee, as determined by the physician,
126 physician assistant or advanced practice registered nurse.

127 (i) A dentist shall perform a dental examination of each inmate not
128 later than ten weeks after the inmate enters a correctional institution. At
129 the time the dentist performs the dental examination of an inmate, the
130 dentist shall develop a dental care plan for the inmate. A dentist shall
131 provide dental care to an inmate in accordance with the inmate's dental
132 care plan throughout the inmate's sentence at the correctional
133 institution. The commissioner shall ensure, in consultation with a
134 dentist, that each correctional institution has a dental examination room
135 that is fully equipped with all of the dental equipment necessary to
136 perform a dental examination.

137 Sec. 3. (NEW) (*Effective October 1, 2022*) A physician, physician
138 assistant or advanced practice registered nurse shall administer an HIV
139 test to each inmate who requests an HIV test. A physician, physician
140 assistant or advanced practice registered nurse shall offer an HIV test to
141 each inmate identified as having a high risk of being infected with the
142 human immunodeficiency virus (1) at the time such inmate enters a
143 correctional institution, or (2) during the annual physical examination
144 of the inmate required under subsection (b) of section 2 of this act. As
145 used in this subsection, "HIV test" means a test to determine human

146 immunodeficiency virus infection or antibodies to human
147 immunodeficiency virus.

148 Sec. 4. (NEW) (*Effective October 1, 2022*) (a) A licensed mental health
149 care provider at each correctional institution shall interview each inmate
150 regarding the inmate's drug and alcohol use history at the time the
151 inmate enters the correctional institution. If an inmate is exhibiting
152 symptoms of withdrawal from a drug or alcohol at such time, a
153 physician, physician assistant or advanced practice registered nurse
154 shall perform a physical examination of the inmate not later than
155 twenty-four hours after the inmate enters the correctional institution
156 and a licensed mental health care provider shall perform a mental health
157 evaluation of the inmate not later than five days after the inmate enters
158 the correctional institution. The correctional institution shall
159 immediately transfer each inmate who is determined by a physician,
160 physician assistant or advanced practice registered nurse to be
161 experiencing withdrawal from a drug or alcohol and each inmate who
162 requests medical treatment for withdrawal from a drug or alcohol to a
163 medical unit at such correctional institution for medical treatment of
164 such withdrawal, provided (1) if the inmate is pregnant, the inmate
165 provides informed consent to such medical treatment, and (2) if the
166 medical treatment to be provided includes the administration of
167 methadone, the inmate provides informed consent to the use of
168 methadone. A physician, physician assistant or advanced practice
169 registered nurse shall periodically evaluate each inmate who exhibits
170 signs of or discloses an addiction to a drug or alcohol or who
171 experiences withdrawal from a drug or alcohol, at a frequency deemed
172 appropriate by the physician, physician assistant or advanced practice
173 registered nurse.

174 (b) A physician with experience in substance use disorder diagnosis
175 and treatment shall oversee the medical treatment of an inmate
176 experiencing withdrawal from a drug or alcohol at each correctional
177 institution. A physician, physician assistant, advanced practice
178 registered nurse or registered nurse with experience in substance use

179 disorder diagnosis and treatment shall provide such medical treatment
180 in a medical unit at each correctional institution. An advanced practice
181 registered nurse or registered nurse with experience in substance use
182 disorder diagnosis and treatment shall be present in the medical unit at
183 each correctional facility all times during the provision of medical
184 treatment to an inmate. If a medical unit does not contain enough beds
185 to accommodate all inmates who require medical treatment under this
186 subsection, the correctional institution shall add additional beds to the
187 unit or to another medical unit at such correctional institution to ensure
188 that each inmate who requires such medical treatment receives such
189 medical treatment. A licensed mental health care provider with
190 experience in substance use disorder diagnosis and treatment shall
191 monitor each inmate who is experiencing withdrawal from cocaine or
192 an amphetamine on a daily basis for not less than five days after the
193 inmate first exhibits withdrawal symptoms to attempt to mitigate the
194 risk of such inmate attempting suicide. A second physician shall be on
195 call twenty-four hours a day, seven days a week at each correctional
196 institution to oversee medical treatment under this section if the
197 physician assigned to oversee such medical treatment at a correctional
198 institution becomes unavailable to oversee such medical treatment.

199 (c) A licensed mental health care provider shall (1) offer mental health
200 counseling services, including, but not limited to, individual counseling
201 sessions and group counseling sessions, to an inmate who exhibits signs
202 of or discloses an addiction to a drug or alcohol and encourage such
203 inmate to participate in at least one counselling session, and (2) at the
204 time of an inmate's discharge from the correctional institution, refer an
205 inmate who has exhibited signs of or disclosed an addiction to a drug or
206 alcohol while an inmate at such correctional institution to a substance
207 use disorder treatment program in the community that is deemed
208 appropriate for the inmate by such provider.

209 Sec. 5. Section 18-69c of the general statutes is repealed and the
210 following is substituted in lieu thereof (*Effective October 1, 2022*):

211 (a) The Commissioner of Correction shall ensure that at least one

212 [departmental or contracted,] licensed health care provider who is
213 employed by or contracts with the Department of Correction to provide
214 health care services at the York Correctional Institution (1) has been
215 trained in prenatal and postpartum medical care, and (2) has knowledge
216 of and the ability to educate any inmate who is pregnant concerning
217 prenatal nutrition, high-risk pregnancy and addiction and substance
218 abuse during pregnancy and childbirth.

219 (b) Upon admission to the York Correctional Institution, each inmate
220 shall be assessed for pregnancy by a licensed health care provider. The
221 licensed health care provider shall inform the inmate of any necessary
222 medical tests associated with the pregnancy assessment prior to the
223 administration of such tests.

224 (c) The York Correctional Institution shall provide each inmate who
225 is pregnant with: (1) Counseling and written material, in a form that
226 may be reasonably understood, concerning (A) the inmate's options
227 with regard to her pregnancy, (B) prenatal nutrition, (C) maintaining a
228 healthy pregnancy, (D) for any inmate who is drug or alcohol-
229 dependent, the dangers of undergoing withdrawal from the drug or
230 alcohol without medical treatment, the importance of receiving medical
231 treatment during the second trimester of pregnancy for withdrawal
232 from the drug or alcohol and the effects of neonatal abstinence
233 syndrome on a newborn, (E) labor and delivery, [(E)] (F) the postpartum
234 period, [(F)] (G) the institution's policies and practices regarding the
235 care of an inmate during pregnancy, [labor and delivery and the
236 postpartum period,] and [(G)] (H) restrictions on the use of restraints on
237 pregnant inmates, (2) medical care at the correctional institution, which
238 shall include, but not be limited to: (A) Periodic health monitoring and
239 evaluation during pregnancy, and (B) prenatal vitamins or
240 supplements, as deemed necessary by a licensed health care provider,
241 (3) a diet containing the nutrients necessary to maintain a healthy
242 pregnancy, as determined by a licensed health care provider trained in
243 prenatal care, (4) the clothing, undergarments and sanitary materials
244 deemed appropriate by a licensed health care provider who has been

245 trained in prenatal and postpartum medical care, (5) the opportunity for
246 a minimum of one hour of ambulatory movement every day, and (6)
247 access to treatment for postpartum depression by a qualified mental
248 health professional, provided such treatment is deemed necessary by a
249 licensed health care provider who has been trained in postpartum
250 medical care. If a [departmental or contracted] licensed health care
251 provider trained in prenatal and postnatal medical care, or any other
252 health care professional who evaluates or treats an inmate who is
253 pregnant, determines that the inmate's pregnancy is high risk or
254 involves any other medical complication for either the inmate or the
255 baby, [such inmate shall be immediately transferred] the York
256 Correctional Institution shall immediately transfer such inmate to the
257 medical infirmary setting or any hospital deemed appropriate, as
258 determined by such health care provider or professional. The York
259 Correctional Institution shall immediately transfer any inmate who is
260 pregnant and decides to terminate the pregnancy prior to the viability
261 of the fetus, in consultation with a physician pursuant to section 19a-
262 602, to a hospital or outpatient clinic regulated by the Department of
263 Public Health pursuant to section 19a-116 where the inmate may receive
264 an abortion. The written material provided to an inmate pursuant to
265 subdivision (1) of this subsection shall be known as the "Pregnant
266 Woman's Guide".

267 (d) Except as provided in this subsection, correctional staff of the
268 York Correctional Institution shall not use any leg or waist restraint on
269 any inmate of the institution who is known to be pregnant or in the
270 postpartum period. An inmate known to be pregnant may only be
271 restrained using handcuffs that are placed on the wrists held in front of
272 the inmate's body, except an inmate may be placed in wrist, leg or waist
273 restraints if (1) there are compelling grounds to believe that an inmate
274 presents (A) an immediate and serious threat of harm to herself, staff
275 and others, or (B) a substantial flight risk and cannot be reasonably
276 contained by other means, and (2) use of such restraints is approved by
277 the unit administrator of the institution, or his or her designee, except
278 under exigent circumstances. Such restraints shall be the least restrictive

279 kind of restraints considering the circumstances. Correctional staff shall
280 document, in writing, the reasons for such determination, the kind of
281 restraints used and the reasons staff considered such restraints to be the
282 least restrictive kind available and the most reasonable means of
283 preventing harm or escape. The correctional staff of the York
284 Correctional Institution shall ensure that any inmate, who is determined
285 to be in the second or third trimester of a pregnancy by a licensed health
286 care provider, is transported to and from visits to health care providers
287 and court proceedings in a vehicle with seatbelts. If an attending
288 physician or advanced practice registered nurse requests that the
289 inmate's restraints be removed for medical reasons, correctional staff
290 shall immediately remove the restraints. Nothing in this subsection shall
291 prohibit the use of medical restraints by a licensed health care provider
292 to ensure the medical safety of the inmate. As used in this subsection
293 and subsection (e) of this section, "restraints" means metal handcuffs,
294 metal leg restraints and waist and tether chains.

295 (e) Each pregnant inmate of the York Correctional Institution shall
296 receive labor and delivery services in a hospital deemed appropriate by
297 a [departmental or contracted,] licensed health care provider who is
298 employed by or contracts with the Department of Correction to provide
299 health care services at said institution. Notwithstanding the provisions
300 of subsection (d) of this section, an inmate who is in any stage of labor
301 or delivery, as determined by a licensed health care provider, shall not
302 be placed in restraints at any time, including, but not limited to, during
303 transportation to the hospital. If a correction officer is present with the
304 inmate during any stage of labor or delivery, such correction officer
305 shall be female, if possible. Such correction officer shall be positioned in
306 a location that ensures the inmate's privacy, to the extent possible.

307 (f) Any inmate in the postpartum period shall be assessed by a
308 licensed health care provider upon return to the correctional institution.
309 Each inmate in the postpartum period shall be housed in a medical or
310 mental health housing unit at the correctional institution until
311 discharged by a licensed health care provider.

312 (g) The York Correctional Institution shall provide a pregnant inmate,
313 prior to the inmate's release, with counseling and discharge planning to
314 ensure, to the extent feasible, the continuity of prenatal and pregnancy-
315 related care, including substance abuse programs and treatment
316 referrals when deemed appropriate.

317 Sec. 6. (NEW) (*Effective from passage*) (a) There is established an
318 advisory committee for the purpose of (1) advising the Commissioner
319 of Correction regarding the provision of health care services at
320 correctional institutions under the jurisdiction of the Department of
321 Correction pursuant to the provisions of sections 1 to 4, inclusive, of this
322 act and section 18-69c of the general statutes, as amended by this act,
323 and (2) evaluating whether the Department of Public Health should
324 have oversight over the provision of such services or license the facilities
325 located in such correctional institutions where inmates receive health
326 care services.

327 (b) The committee shall be composed of the following members:

328 (1) Two appointed by the speaker of the House of Representatives,
329 one of whom shall be a primary care physician, and one of whom shall
330 be a formerly incarcerated female;

331 (2) Two appointed by the president pro tempore of the Senate, one of
332 whom shall be a physician with expertise in infectious disease
333 prevention and control, and one of whom shall be a formerly
334 incarcerated male;

335 (3) One appointed by the majority leader of the House of
336 Representatives, who shall be a health care provider with expertise in
337 reproductive health care;

338 (4) One appointed by the majority leader of the Senate, who shall be
339 a representative of an advocacy organization who has knowledge and
340 an understanding of issues concerning gender-affirming care;

341 (5) One appointed by the minority leader of the House of

342 Representatives, who shall be a current or former employee of a
343 correctional institution;

344 (6) One appointed by the minority leader of the Senate, who shall be
345 a mental health care provider;

346 (7) Two appointed by the Governor, one of whom shall be a health
347 care provider with expertise in substance use disorder treatment, and
348 one of whom shall be an advocate of racial justice;

349 (8) One appointed by the Commissioner of Developmental Services,
350 who shall be a professional with experience in communicating the needs
351 of persons with a disability, including, but not limited to, an intellectual
352 disability;

353 (9) The Commissioner of Correction, or the commissioner's designee;

354 (10) The Commissioner of Public Health, or the commissioner's
355 designee;

356 (11) The Commissioner of Mental Health and Addiction Services, or
357 the commissioner's designee; and

358 (12) The executive director of the Office of Health Strategy, or the
359 executive director's designee.

360 (c) Any appointment that is vacant for one year or more shall be made
361 by the Commissioner of Public Health. The Commissioner of Public
362 Health shall notify the appointing authority of the commissioner's
363 choice of member for appointment not less than thirty days before
364 making such appointment.

365 (d) The committee shall meet not less than quarterly. On or before
366 January 1, 2023, and once every six months thereafter, the committee
367 shall report on its recommendations regarding the provision of health
368 care services at correctional institutions under the jurisdiction of the
369 Department of Correction pursuant to the provisions of sections 1 to 4,

370 inclusive, of this act and section 18-69c of the general statutes, as
371 amended by this act, to the department. On or before January 1, 2023,
372 and annually thereafter, the committee shall report, in accordance with
373 the provisions of section 11-4a of the general statutes, on such
374 recommendations, to the joint standing committees of the General
375 Assembly having cognizance of matters relating to public health and
376 education. On or before January 1, 2023, the committee shall report, in
377 accordance with the provisions of said section, on its evaluation of the
378 need for oversight by the Department of Public Health to such joint
379 standing committees.

380 (e) Administrative support for the activities of the advisory
381 committee may be provided by the Department of Public Health.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2022	New section
Sec. 2	October 1, 2022	New section
Sec. 3	October 1, 2022	New section
Sec. 4	October 1, 2022	New section
Sec. 5	October 1, 2022	18-69c
Sec. 6	from passage	New section

Statement of Legislative Commissioners:

In Section 2(c), the first two sentences were reworded for clarity; in Section 5(c), "(H)" was deleted, "labor and delivery and the postpartum period" was bracketed and "(I)" was changed to "(H)" for consistency; and in Section 6(d) "to the department" was inserted after "section 18-69c of the general statutes, as amended by this act" for clarity.

PH Joint Favorable Subst.