



General Assembly

Amendment

February Session, 2022

LCO No. 4698



Offered by:
SEN. ANWAR, 3rd Dist.

To: Senate Bill No. 448

File No.

Cal. No.

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective from passage*) (a) As used in this section:

4 (1) "Advanced practice registered nurse" means an advanced practice
5 registered nurse licensed under chapter 373 of the general statutes who
6 is employed by the Department of Correction to provide health care
7 services at a correctional institution;

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

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

11 (4) "Department" means the Department of Correction;

12 (5) "Dentist" means a dentist licensed under chapter 379 of the general
13 statutes who is employed by the Department of Correction to provide
14 health care services at a correctional institution;

15 (6) "Inmate" means an inmate of a correctional institution;

16 (7) "Physician" means a physician licensed under chapter 370 of the
17 general statutes who is employed by the Department of Correction to
18 provide health care services at a correctional institution;

19 (8) "Physician assistant" means a physician assistant licensed under
20 chapter 370 of the general statutes who is employed by the Department
21 of Correction to provide health care services at a correctional institution;
22 and

23 (9) "Registered nurse" means a registered nurse licensed under
24 chapter 378 of the general statutes who is employed by the Department
25 of Correction to provide health care services at a correctional institution.

26 (b) Not later than January 1, 2023, the commissioner shall develop a
27 plan for the provision of health care services, including, but not limited
28 to, mental health care, substance use disorder and dental care services,
29 to inmates of correctional facilities under the jurisdiction of the
30 department. Such plan shall include, but not be limited to, guidelines
31 for implementation of the following requirements:

32 (1) (A) At least four licensed mental health care providers with
33 experience in substance use disorder diagnosis and treatment shall be
34 placed at each correctional institution to provide mental health care
35 services to inmates;

36 (B) A mental health care provider placed at a correctional institution
37 shall provide mental health care services to any inmate who requests
38 such services or has been referred for such services by correctional staff
39 only after the provider makes an in-person assessment of the inmate's
40 need for such services and determines that the inmate requires such
41 services;

42 (C) Each mental health care provider shall deliver such services in
43 concert with the security needs of all inmates and correctional staff and
44 the overall operation of the correctional institution, as determined by
45 the warden of the correctional institution, in consultation with the
46 commissioner; and

47 (D) No mental health care provider who is providing mental health
48 care services pursuant to this subdivision shall prescribe or administer
49 a psychotropic medication to an inmate unless (i) the mental health care
50 provider has reviewed the full mental health history and medical
51 history of the inmate, including, but not limited to, the list of all
52 medications the inmate is taking, (ii) the inmate has undergone a
53 physical examination by a licensed health care provider not more than
54 thirty days prior to the mental health care provider first prescribing or
55 administering the psychotropic medication and the mental health care
56 provider determines, based on a review of the record of such
57 examination, that it is safe to prescribe or administer such medication,
58 (iii) the mental health care provider has performed a mental health
59 assessment of the inmate not more than fourteen days prior to first
60 prescribing or administering such medication, (iv) the mental health
61 care provider diagnoses the inmate with a mental health disorder or the
62 inmate has received a previous diagnosis of a mental health disorder by
63 a licensed mental health care provider and such medication is used to
64 treat such mental health disorder, (v) the mental health care provider
65 approves the use of such medication by the inmate as part of the
66 inmate's mental health treatment plan, and (vi) the mental health care
67 provider keeps a record of each psychotropic medication such provider
68 prescribes or administers to the inmate and all other medications the
69 inmate is taking. As used in this subparagraph, "psychotropic
70 medication" means a medication that is used to treat a mental health
71 disorder and that affects behavior, mood, thoughts or perception.

72 (2) Each inmate shall receive an annual physical examination by a
73 physician, physician assistant or advanced practice registered nurse.
74 Such examination may include, but not be limited to, a breast and
75 gynecological examination or prostate examination, where appropriate,

76 and the administration of any test the physician, physician assistant or
77 advanced practice registered nurse deems appropriate.

78 (3) Each inmate shall receive a routine physical examination by a
79 physician, physician assistant or advanced practice registered nurse not
80 later than seven days after entering a correctional institution to serve a
81 sentence.

82 (4) Each person who is detained at a correctional institution shall
83 receive a routine physical examination by a physician, physician
84 assistant or advanced practice registered nurse not later than seven days
85 after entering the correctional institution.

86 (5) If a physician, physician assistant or advanced practice registered
87 nurse recommends, based on the physical examination of an inmate or
88 person, that such inmate or person be placed in a medical or mental
89 health housing unit, the warden of the correctional institution shall
90 ensure that such inmate or person is placed in a medical or mental health
91 housing unit at the correctional institution.

92 (6) A physician, physician assistant or advanced practice registered
93 nurse shall perform examinations in a location at the correctional
94 institution that the physician, physician assistant or advanced practice
95 registered nurse deems appropriate for performing such an
96 examination, provided the analysis of any sample collected from the
97 inmate during such examination may be performed at a laboratory that
98 is located outside of the correctional institution.

99 (7) Any x-ray of an inmate ordered by a physician, physician assistant
100 or advanced practice registered nurse shall be performed at the
101 correctional institution if the correctional institution has the equipment
102 necessary to perform an x-ray.

103 (8) A physician, physician assistant or advanced practice registered
104 nurse shall conduct an exit interview of each inmate who is being
105 discharged from a correctional institution not later than fourteen days
106 prior to the date of discharge, provided the lack of such exit interview

107 shall not delay the scheduled discharge of an inmate. Such exit
108 interview shall include a discussion with the inmate regarding a medical
109 discharge plan for any continued medical care or treatment that is
110 recommended by the physician, physician assistant or advanced
111 practice registered nurse for the inmate when the inmate reenters the
112 community.

113 (9) A physician shall be on call twenty-four hours a day, seven days
114 a week to provide medical care to inmates as necessary.

115 (10) A health care provider whose scope of practice includes the
116 administration of medication may administer medication to an inmate
117 only if a physician, physician assistant or advanced practice registered
118 nurse has ordered, in writing, the administration of such medication to
119 the inmate.

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

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

139 (13) A physician, physician assistant or advanced practice registered
140 nurse shall administer an HIV test to each inmate who requests an HIV
141 test. A physician, physician assistant or advanced practice registered
142 nurse shall offer an HIV test to each inmate identified as having a high
143 risk of being infected with the human immunodeficiency virus (A) at
144 the time such inmate enters a correctional institution, or (B) during the
145 annual physical examination. As used in this subdivision, "HIV test"
146 means a test to determine human immunodeficiency virus infection or
147 antibodies to human immunodeficiency virus.

148 (14) A licensed mental health care provider shall interview each
149 inmate regarding the inmate's drug and alcohol use history at the time
150 the inmate enters the correctional institution. If an inmate is exhibiting
151 symptoms of withdrawal from a drug or alcohol at such time, a
152 physician, physician assistant or advanced practice registered nurse
153 shall perform a physical examination of the inmate not later than
154 twenty-four hours after the inmate enters the correctional institution
155 and a licensed mental health care provider shall perform a mental health
156 evaluation of the inmate not later than five days after the inmate enters
157 the correctional institution. The correctional institution shall
158 immediately transfer each inmate who is determined by a physician,
159 physician assistant or advanced practice registered nurse to be
160 experiencing withdrawal from a drug or alcohol and each inmate who
161 requests medical treatment for withdrawal from a drug or alcohol to a
162 medical unit at such correctional institution for medical treatment of
163 such withdrawal, provided (A) if the inmate is pregnant and able to
164 provide informed consent, the inmate provides informed consent to
165 such medical treatment, and (B) if the medical treatment to be provided
166 includes the administration of methadone and the inmate is able to
167 provide informed consent, the inmate provides informed consent to the
168 use of 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 (15) 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, physician assistant or registered nurse with experience
182 in substance use disorder diagnosis and treatment shall be present in
183 the medical unit at each correctional facility all times during the
184 provision of medical treatment to an inmate. If a medical unit does not
185 contain enough beds to accommodate all inmates who require medical
186 treatment under this subsection, the correctional institution shall add
187 additional beds to the unit or to another medical unit at such
188 correctional institution to ensure that each inmate who requires such
189 medical treatment receives such medical treatment. A licensed mental
190 health care provider with experience in substance use disorder
191 diagnosis and treatment shall monitor each inmate who is experiencing
192 withdrawal from cocaine or an amphetamine on a daily basis for not less
193 than five days after the inmate first exhibits withdrawal symptoms to
194 attempt to mitigate the risk of such inmate attempting suicide. A second
195 physician shall be on call twenty-four hours a day, seven days a week
196 to oversee medical treatment under this section if the physician assigned
197 to oversee such medical treatment at a correctional institution becomes
198 unavailable to oversee such medical treatment.

199 (16) A licensed mental health care provider shall (A) offer mental
200 health counseling services, including, but not limited to, individual
201 counseling sessions and group counseling sessions, to an inmate who
202 exhibits signs of or discloses an addiction to a drug or alcohol and
203 encourage such inmate to participate in at least one counselling session,
204 and (B) at the time of an inmate's discharge from the correctional
205 institution, refer an inmate who has exhibited signs of or disclosed an
206 addiction to a drug or alcohol while an inmate at such correctional

207 institution to a substance use disorder treatment program in the
208 community that is deemed appropriate for the inmate by such provider.

209 (17) The York Correctional Institution shall immediately transfer any
210 inmate who is pregnant and decides to terminate the pregnancy prior to
211 the viability of the fetus, in consultation with a physician pursuant to
212 section 19a-602 of the general statutes, to a hospital or outpatient clinic
213 regulated by the department pursuant to section 19a-116 of the general
214 statutes where the inmate may receive an abortion.

215 (18) The York Correctional Institution shall provide each inmate who
216 is pregnant and drug or alcohol-dependent, with information regarding
217 the dangers of undergoing withdrawal from the drug or alcohol without
218 medical treatment, the importance of receiving medical treatment
219 during the second trimester of pregnancy for withdrawal from the drug
220 or alcohol and the effects of neonatal abstinence syndrome on a
221 newborn.

222 (19) The York Correctional Institution shall provide each inmate who
223 is pregnant a minimum number of prenatal visits, which shall include
224 one visit per month while such inmate is up to twenty-eight weeks
225 pregnant, one visit every two weeks while such inmate is twenty-nine
226 to thirty-six weeks pregnant and one visit per week while such inmate
227 is thirty-seven to forty-eight weeks pregnant, or more frequently for an
228 inmate with an at-risk pregnancy.

229 (20) The department shall issue a request for proposals to which a
230 school of medicine in the state may apply for purposes of providing
231 practical training at correctional institutions as part of a medical
232 residency program, through which residents participating in such
233 program may provide health care services to inmates.

234 (c) Not later than February 1, 2023, the commissioner shall report, in
235 accordance with the provisions of section 11-4a of the general statutes,
236 to the joint standing committees of the General Assembly having
237 cognizance of matters relating to public health and the judiciary
238 regarding the plan developed pursuant to subsection (b) of this section,

239 recommendations for any legislation necessary to implement such plan
240 and the department's timeline for implementation of such plan.

241 Sec. 2. (NEW) (*Effective from passage*) (a) There is established an
242 advisory committee for the purpose of (1) advising the Commissioner
243 of Correction regarding the provision of health care services at
244 correctional institutions under the jurisdiction of the Department of
245 Correction pursuant to the plan developed pursuant to section 1 of this
246 act, including, but not limited to, appropriate health care provider ratios
247 and compensation, (2) evaluating whether (A) the Department of Public
248 Health or another state agency should have oversight over the provision
249 of such services, or (B) said department should license the facilities
250 located in such correctional institutions where inmates receive health
251 care services, and (3) reviewing all reports of the Department of
252 Correction regarding (A) the death of an inmate, or (B) the health of
253 inmates, provided the disclosure of such reports is not prohibited by
254 state or federal law.

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

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

259 (2) Two appointed by the president pro tempore of the Senate, one of
260 whom shall be a physician with expertise in infectious disease
261 prevention and control, and one of whom shall be a formerly
262 incarcerated male;

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

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

269 (5) One appointed by the minority leader of the House of
270 Representatives, who shall be a current or former employee of a
271 correctional institution;

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

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

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

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

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

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

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

288 (c) Members shall be appointed pursuant to subsection (b) of this
289 section not later than January 1, 2023. Any appointment that is vacant
290 for one year or more shall be made by the Commissioner of Public
291 Health. The Commissioner of Public Health shall notify the appointing
292 authority of the commissioner's choice of member for appointment not
293 less than thirty days before making such appointment.

294 (d) The committee shall meet not less than biannually. On or before
295 January 1, 2024, and once every six months thereafter, the committee
296 shall report on its recommendations regarding the provision of health
297 care services at correctional institutions under the jurisdiction of the

298 Department of Correction pursuant to the plan developed pursuant to
299 section 1 of this act, to the Departments of Correction, Public Health and
300 Mental Health and Addiction Services. On or before January 1, 2024, and
301 annually thereafter, the committee shall report, in accordance with the
302 provisions of section 11-4a of the general statutes, on such
303 recommendations, to the joint standing committees of the General
304 Assembly having cognizance of matters relating to public health and the
305 judiciary. On or before January 1, 2024, the committee shall report, in
306 accordance with the provisions of said section, on its evaluation of the
307 need for oversight by the Department of Public Health or another state
308 agency to such joint standing committees.

309 (e) Administrative support for the activities of the advisory
310 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	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section