Testimony Regarding S.B. 957, An Act Concerning The Oversight Of Health Care In Correctional Institutions By The Department Of Public Health &
Regarding H.B. 6562, An Act Concerning Telehealth

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Public Health Committee
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Dear Senator Saud Anwar, Representative McCarthy Vahey, Senator Somers, Representative Klarides-Ditria, and esteemed members of the Public Health Committee,

Thank you for accepting this testimony in **support of S.B. 957 and regarding H.B. 6562** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

People who are incarcerated have a constitutional right to health care that is of comparable quality to that in the community, as covered by the fourth, eighth, and fourteenth amendments. Yet, access to prison-based health care is limited, and the quality of care is poor. Incarcerated women, most of whom are of childbearing age, report being treated as "sub-human". Consequences of structural racism and higher rates of mental health diagnoses among incarcerated people are compounded by poor access to quality health care, leaving incarcerated individuals much less healthy than national averages.

The quality of care for incarcerated individuals in Connecticut correctional facilities aligns with these national reports, as highlighted by the "Inmate Medical Services Assessment" prepared for the CT Department of Corrections. Some of the gaps reported include: 1) initial health assessments not being conducted within two weeks of incarceration; 2) a lack of annual/periodic health assessments for high-risk inmates; 3) ineffective chronic care due to a lack of health monitoring and documentation; 4) fewer physicians and more nurses per inmate than other systems; and 5) incomplete implementation of electronic health records. Connecticut prisons were cited by the United Nations in 2020 for excessive use of restraints, strip searches, and solitary confinement, which leads to higher rates of mental illnesses, cardiovascular disease, hypertension, diabetes, arthritis, and memory loss. These practices further compound the higher medical needs and lack of adequate health care experienced by incarcerated people in Connecticut.

The impacts of systemic racism mean that Black and Latino/a individuals are disproportionately affected by poor health care in correctional facilities since the criminal legal system remains inequitable and disproportionately targets people of color. Only five states rank worse than Connecticut when it comes to disproportionately imprisoning Black adults, and only seven states when it comes to disproportionately imprisoning Latino/a adults. The Connecticut Department of Corrections reported that 27% of imprisoned people identified as Hispanic or Latino, compared to 18% of the state population. Similarly, 44% of incarcerated people identified as Black, while only 13% of Connecticut residents do. Black and Latino/a people already face significant inequities in health in Connecticut and

the combined impact of inequitable rates of incarceration and poor quality of care while incarcerated further amplify these injustices.

Inadequate health care is expensive. The State of Connecticut paid $3 million in lawsuit settlements to 2 people in the last few years resulting from medical negligence. According to a 2017 PEW report, Connecticut does not formally require a mortality review to investigate whether prison deaths could have been prevented, so it is possible more cases went unreported. More importantly, poor prison health care poses a deeper cost to incarcerated individuals and the families and communities to whom they return. According to an October 2021 trends report from the Office of Policy and Management, correctional admissions have decreased and releases have risen in recent years. Incarcerated people experience higher rates of chronic disease than the general population, meaning a lack of preventive care can lead to complications limiting their ability to work or requiring expensive interventions when they return to their communities. 95% of incarcerated individuals eventually return home and better access to physical, oral, and mental health services would allow people to reenter their communities healthier.

The need for systemic changes in correctional facilities including greater oversight of prison-based healthcare services, has been highlighted by incarcerated individuals and facility workers alike. Further, improved oversight can ensure that taxpayer investments result in high value care. Correctional facilities have typically engaged in standardization or accreditation of health care as a reaction to legal threats rather than as a proactive measure to protect the health of incarcerated people. To improve the health of Connecticut residents and avoid costly settlements the state should proactively require independent oversight.

Designed correctly, an oversight body can provide an early warning system about patterns of complaints, address concerns about inadequate health care or protocols for addressing the behavior of incarcerated people and identify policies that need to be adjusted. It could also identify best practices from other states. For these reasons, **HES supports the establishment of the Office of the Oversight of Health Care in Correctional Institution, as proposed in S.B. 957, to ensure the delivery of quality health care services to inmates by the Department of Correction.**

H.B. 6562, An Act Concerning Telehealth

The impacts of systemic racism mean that a number of social and economic factors disproportionately limit access to care for Black and Latino/a residents of our state. Telehealth services show promise as a strategy to increase equity in access to health services. Low-income households and Black, Latino/a, Indigenous, and other people of color are disproportionately likely to struggle with barriers to care such as transportation and dependent care in non-pandemic times. At the same time, factors such as housing density, household size, and related privacy concerns are more likely to impact people of color and may limit the viability of telehealth for people facing these concerns. Unfortunately, authorizing telehealth alone is unlikely to advance health equity. To promote equity, telehealth must be more accessible and we must address the digital divide.

If Connecticut is intentional in its approach to equity in telehealth, we can identify and work to address any gaps or inequities. For example, barring a pandemic or other safety concerns, patients should be

provided a choice regarding whether an appointment is in person or virtual so that any concerns about privacy or comfort with technology are considered and addressed. Further, issues related to English language proficiency and digital fluency could be mitigated if these are identified as barriers for certain demographic groups. While telehealth utilization has increased dramatically during the pandemic, there are not yet federal or professional standards for best practices in telehealth. This format is better suited to some services (e.g. talk therapy, brief consultations with existing clients) than to others (e.g. routine physical exams and screenings such as a pap smear). We recommend that the state follow emerging guidance from professional organizations to ensure telehealth strategies maximize health outcomes.

The provisions in this proposed bill could increase access to health care by ensuring health care providers from other states are able to see Connecticut residents. **HES supports this change and recommends studying telehealth utilization over time to ensure equity in access to health care and to monitor any disparities in quality of care received via telehealth.** Monitoring will allow the state to course correct as necessary.

Thank you for the opportunity to submit this testimony. We can be reached with any questions at ksiegel@hesct.org or 860.937.6437.