

CONNECTICUT SENTENCING COMMISSION

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To: Mental Health Subcommittee

Date: 2/25/2025

Re: Senator Catherine Osten's Concerns Regarding Public Act No. 24-19 (SB 1)

Introduction

On May 16, 2024, State Senator Catherine Osten addressed the Connecticut Sentencing Commission with concerns regarding 2024 Senate Bill 1, which was ultimately enacted as Public Act 24-19. These concerns include:

- The impact on alternative sentencing options for individuals with mental health treatment needs, potentially resulting in unnecessarily prolonged incarceration.
- The ability of home health care agencies to secure insurance for serving patients who are considered "high-risk."
- The collection and use of personal information, including the methods of collection and the potential for bias in release and care decisions.

This memorandum provides an overview of Public Act No. 24-19 and its potential impacts related to these concerns. Commission staff researched other states' legislation related to home healthcare worker safety but found no statutes similar to SB 1 that impacted release options for incarcerated individuals with mental health treatment needs who are serving full sentences or that demonstrated bias in release and care decisions for these persons. The background information is provided to inform continuing research and monitoring efforts as the statute is implemented.

Background

SB 1 was introduced in response to the death of Joyce Grayson, a home healthcare nurse killed in October 2023 while providing care to a patient at a halfway house. The bill was further driven by the death of Otoliegle Morulane, a live-in home care nurse killed in a fire at his patient's home in January 2024.¹ Public Health Committee Senate Chair, Senator Saud Anwar, and Vice Chair, Senator Martha Marx, prioritized SB 1 because of the avoidable nature of the deaths and because

¹ O'Leary, Joey, *Capital Dispatch: Senate Bill 1*, CONN. SENATE DEMOCRATS, <https://www.senatedems.ct.gov/senate-bill-1-a-major-priority-for-the-senate-democratic-caucus> (last visited Dec. 20, 2024).

additional safety concerns were raised by healthcare workers.²

Sections 1-6 of SB 1 address employee safety in home health care agencies, specifically:

- § 1 (Effective 10/1/24) - The collection of intake information on potential clients and service locations of home health care agencies and the dissemination of information to employees.
- § 2 (Effective 10/1/24) - Workplace safety training requirements; assessments for home health care agencies; conditioning Medicaid reimbursement on compliance with such requirements; possible rate enhancement for timely reporting of workplace violence incidents.
- § 3 (Effective 10/1/24) - Reporting requirements for workplace violence including verbal threats, physical or sexual abuse, and perceived threats.
- § 4 (Effective from passage) - The creation of a two-year grant program to provide home health care agencies with funding for safety escorts and safety technology, including mobile apps and wearable devices, and annual reporting of grant use and recipients.
- § 5 (Effective 10/1/24) - The implementation of requirements for workplace violence prevention standards in certain healthcare facilities, with Medicaid reimbursement conditioned on compliance with these standards.
- § 6 (Effective from passage) - The creation of a working group to study staff safety concerns affecting home health agencies and hospice organizations.³

Although these provisions are intended to enhance safety for home health care workers, the provisions could unintentionally make it more difficult for incarcerated individuals in need of mental health treatment to acquire community center placement. The extensive collection of systemized and self-reported psychiatric history of these individuals could adversely influence whether they are offered a place in community settings. Additionally, the information could increase the scrutiny applied to individuals in such settings. Mandatory reporting could create reluctance from community centers to accept them because of their labeling as “high-risk.” Consequently, this could lead to longer incarceration periods for these individuals due to the difficulty in securing community placements. Notably, however, the legislation prohibits agencies from denying services to a client solely based on (1) their reported information or (2) the refusal to provide such information.

These provisions could also complicate whether home healthcare agencies receive Medicaid reimbursement. The requirements to comply with workplace safety training and violence prevention standards and the emphasis on timely workplace violence reporting incentives may impose administrative burdens that could lead to delays in Medicaid reimbursement, hindering

² *Id.*

³ Conn. Public Act 24-19, An Act Concerning the Health and Safety of Connecticut Residents.
<https://www.cga.ct.gov/2024/ACT/PA/PDF/2024PA-00019-R00SB-00001-PA.PDF>.

their ability to accept clients. The administrative load associated with implementing training programs, adhering to workplace safety standards, and workplace violence incident reporting may further interfere with an agency's ability to admit new clients and serve its population efficiently.

Moreover, the legislation's focus on detailed client histories and "perceived threats" may reinforce stigma associated with mental illness. Rather than encouraging individual assessment, such reporting may perpetuate societal attitudes or assumptions that these individuals are inherently dangerous and unmanageable and may impact the opportunity for an individual with mental illness to reintegrate with society. This stigma may also contribute to the difficulties that individuals face in accessing necessary support and services by further deterring agencies from accepting clients with mental illnesses. Accordingly, the legislature may consider to whom the information is made available and to what extent.

Conclusion

Ongoing research and monitoring of these concerns should continue as SB 1 is implemented, with a focus on:

- Including a review of this statute in the analysis of data for future components of the mental health study.
- Establishing safeguards to monitor and address the unintended consequences of SB 1, which may include the adverse impact on incarcerated persons with mental health treatment needs.
- Continuing research to monitor similar statutory enactments and revisions in other states and evaluating the effect of those statutes, if any.