

115TH CONGRESS
2D SESSION

H. R. 6805

To prohibit the use of restraints and restrictive housing on inmates during the period of pregnancy, labor and postpartum recovery, to collect data on incarcerated pregnant women in the United States and the results of such pregnancies, to address the health needs of incarcerated women related to pregnancy and childbirth, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2018

Ms. BASS (for herself, Mrs. LOVE, Ms. CLARK of Massachusetts, Mrs. McMORRIS RODGERS, Ms. FRANKEL of Florida, Ms. MCSALLY, Mrs. LAWRENCE, Ms. STEFANIK, Ms. ROYBAL-ALLARD, Ms. GRANGER, Ms. LOFGREN, Mrs. COMSTOCK, Ms. JACKSON LEE, Mrs. BROOKS of Indiana, Ms. JUDY CHU of California, Ms. JENKINS of Kansas, Ms. JAYAPAL, Mrs. NOEM, Mrs. NAPOLITANO, Mrs. BLACK, Mrs. WAGNER, Ms. KAPTUR, Ms. HERRERA BEUTLER, Ms. MATSUI, Ms. ROS-LEHTINEN, Ms. BROWNLEY of California, Mrs. HANDEL, Ms. SEWELL of Alabama, Ms. CHENEY, Ms. FUDGE, Mrs. ROBY, Ms. MCCOLLUM, Mrs. WALORSKI, Mrs. DINGELL, Ms. SPEIER, Mrs. WATSON COLEMAN, Ms. NORTON, Ms. LEE, Ms. MOORE, Ms. CLARKE of New York, Ms. PINGREE, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. WILSON of Florida, Ms. TITUS, Ms. BARRAGÁN, Ms. HANABUSA, Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. DAVIS of California, Ms. VELÁZQUEZ, Ms. BONAMICI, Mrs. BUSTOS, Ms. ESTY of Connecticut, Ms. TSONGAS, Ms. MENG, Ms. SINEMA, Ms. BLUNT ROCHESTER, Ms. DELAURO, Ms. ADAMS, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To prohibit the use of restraints and restrictive housing on inmates during the period of pregnancy, labor and postpartum recovery, to collect data on incarcerated

pregnant women in the United States and the results of such pregnancies, to address the health needs of incarcerated women related to pregnancy and childbirth, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting the Health
5 and Wellness of Babies and Pregnant Women in Custody
6 Act” or as the “Pregnant Women in Custody Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) The number of incarcerated women in the
10 United States increased by 700 percent from 1980
11 to 2014.

12 (2) Justice-involved women are less likely to be
13 violent or attempt to escape. The majority of female
14 offenders in Federal custody are housed in minimum
15 or low security facilities.

16 (3) Eighty percent of all incarcerated women
17 have children under the age of 18.

18 (4) The number of incarcerated pregnant
19 women is unknown, but it is estimated that 2,000
20 women give birth in custody each year.

1 (5) Prenatal care significantly improves out-
2 comes for pregnant women, adolescents, and their
3 babies.

4 (6) Availability of birth coach and doula serv-
5 ices to incarcerated pregnant women has been asso-
6 ciated with a drop in the rate of Caesarean section
7 births from 63 percent to 3 percent.

8 (7) Birth by Caesarean section on average can
9 cost \$7,000 to \$10,000 more than a natural birth.

10 (8) Participation in post-delivery mother-infant
11 residency or nursery programs is associated with
12 lower recidivism rates, reduced risk of babies enter-
13 ing foster care, and improved odds that mothers and
14 their babies will remain together after the mother's
15 period of incarceration.

16 (9) Use of restrictive housing and restraints on
17 incarcerated pregnant women is extremely dangerous
18 to the health of mothers, fetuses, and infants. Yet,
19 these practices remain legal and practiced widely in
20 some States.

21 (10) Use of restrictive housing for pregnant
22 women creates a serious risk of mental and physical
23 harm and can result in deprivation of critical nutri-
24 tional and medical care.

1 (11) Use of restraints can cause injuries to
2 mothers and their babies including physical trauma
3 due to falls, increased pain during labor from bone
4 separation and muscle tears, blocked circulation, and
5 miscarriage.

6 (12) The U.S. Department of Justice has stat-
7 ed its opposition to the use of restrictive housing
8 with pregnant prisoners, but no State or Federal
9 laws exist that place limits on the use of restrictive
10 housing with pregnant prisoners.

11 (13) Some States provide strong or comprehen-
12 sive protections in State prisons against the use of
13 restraints on incarcerated women during pregnancy,
14 labor, childbirth, and postpartum recovery.

15 **SEC. 3. DATA COLLECTION.**

16 (a) IN GENERAL.—Beginning not later than one year
17 after the date of the enactment of this Act, pursuant to
18 the authority under section 302 of the Omnibus Crime
19 Control and Safe Streets Act of 1968 (42 U.S.C. 3732),
20 the Director of the Bureau of Justice Statistics shall in-
21 clude in the National Prisoner Statistics Program and An-
22 nual Survey of Jails statistics relating to the health needs
23 of incarcerated pregnant women in the criminal justice
24 system at the Federal, State, tribal, and local levels, in-
25 cluding—

1 (1) the number of women known to be pregnant
2 while in custody, the outcomes of such pregnancies,
3 and whether the delivery was induced or by cae-
4 sarian section;

5 (2) demographic and other information about
6 incarcerated women who are pregnant, in labor, or
7 in postpartum recovery, including the race, ethnicity,
8 and age of the pregnant woman;

9 (3) the provision of pregnancy care and services
10 provided for such women, including—

11 (A) whether prenatal, delivery and post-de-
12 livery check-up visits were scheduled and pro-
13 vided;

14 (B) whether a social worker, psychologist,
15 doula or other support person, or pregnancy or
16 parenting program was offered and provided
17 during pregnancy and delivery;

18 (C) whether a nursery or residential pro-
19 gram to keep mothers and infants together
20 post-delivery was offered and provided;

21 (D) the number of days the mother stayed
22 in the hospital post-delivery; and

23 (E) the number of days the infant re-
24 mained with the mother post-delivery;

1 (4) the location of the nearest hospital with a
2 licensed obstetrician-gynecologist in proximity to
3 where the inmate is housed and the length of travel
4 required to transport the inmate;

5 (5) whether a written policy or protocol is in
6 place to respond to unexpected childbirth deliveries
7 of pregnant inmates and for inmates experiencing
8 labor or other medical complications related to such
9 pregnancy when they are not located at a hospital;
10 and

11 (6) the number of incidents in which an incar-
12 cerated woman who is pregnant, in labor, or in
13 postpartum recovery was restrained or placed in re-
14 strictive housing, the reason for such restriction or
15 placement, the type of restraints used, and the cir-
16 cumstances under which each incident occurred, in-
17 cluding the duration of time in restrictive housing,
18 during—

19 (A) pregnancy;

20 (B) labor;

21 (C) delivery; and

22 (D) postpartum recovery.

23 (b) PERSONALLY IDENTIFIABLE INFORMATION.—

24 Data collected under this paragraph shall not contain any
25 personally identifiable information of any prisoner.

1 **SEC. 4. CARE FOR FEDERALLY INCARCERATED WOMEN RE-**
2 **LATED TO PREGNANCY AND CHILDBIRTH.**

3 (a) IN GENERAL.—The head of each Bureau of Pris-
4 ons women’s facility shall ensure that appropriate services
5 and programs are provided to women in custody at the
6 facility, including pre-trial and contract facilities, to ad-
7 dress the health and safety needs of inmates related to
8 pregnancy and childbirth.

9 (b) SERVICES AND PROGRAMS PROVIDED.—The head
10 of each Bureau of Prisons women’s facility shall ensure
11 that:

12 (1) every woman of reproductive age in custody
13 at the facility has access to pregnancy testing, con-
14 traception, and testing for sexually transmitted dis-
15 eases;

16 (2) upon learning of an inmate’s pregnancy, ei-
17 ther by self-report or clinical diagnostics and assess-
18 ment, medical staff immediately notify an assigned
19 case manager and social worker to ensure all appro-
20 priate protocols directly pertaining to the safety and
21 well-being of the pregnant inmate are provided and
22 followed, including the assessment of undue safety
23 risks and necessary changes to accommodate where
24 and when appropriate, as it relates to—

25 (A) strip searches;

1 (B) housing or lower bunk for safety rea-
2 sons;

3 (C) medically recommended bedding or
4 clothing;

5 (D) additional food allotment or modifica-
6 tions to ensure adequate nutrition and health,
7 including dietary supplements and additional
8 calories; and

9 (E) modified recreation and transport, in
10 accordance with standards within the obstet-
11 rical and gynecological care community, to pre-
12 vent overexertion or prolonged periods of sed-
13 entary movement;

14 (3) either at intake or not later than 48 hours
15 after the confirmation of a prisoner's pregnancy by
16 a health care professional, the inmate is provided
17 prenatal education, counseling, and birth support
18 services provided by a licensed or certified provider
19 trained to provide such service, including informa-
20 tion about their parental rights and their child's
21 rights;

22 (4) every woman in custody at the facility, who
23 is pregnant or gave birth within the previous six
24 months, is provided—

1 (A) appropriate educational materials, re-
2 sources, and services related to pregnancy, child
3 birth, and parenting, including nutrition, health
4 and safety risks, breast feeding, and postpar-
5 tum depression; and

6 (B) prenatal education, counseling, and
7 birth support services provided by a licensed or
8 certified provider trained to provide such serv-
9 ices; and

10 (5) every woman in custody at the facility, who
11 is pregnant, gave birth or experienced any other
12 pregnancy outcome within the previous 6 months is
13 provided—

14 (A) evidence-based screening, assessment
15 and treatment, including psychosocial interven-
16 tions and medication, for mental health and
17 substance use needs; and

18 (B) evidence-based therapeutic care for
19 postpartum depression or depression related to
20 pregnancy or pregnancy loss.

21 (c) EXCEPTION.—In carrying out subsection (b)(1),
22 the head of the Bureau of Prisons women’s facility may
23 excuse individual officers or employees, on a case by case
24 basis, from carrying out such actions on the basis of sin-
25 cerely held religious objections to such actions.

1 **SEC. 5. USE OF RESTRICTIVE HOUSING AND RESTRAINTS**
2 **ON INMATES DURING PREGNANCY, LABOR**
3 **AND POSTPARTUM RECOVERY PROHIBITED.**

4 (a) IN GENERAL.—Chapter 317 of title 18, United
5 States Code, is amended by inserting after section 4321
6 the following:

7 **“§ 4322. Use of restraints and restrictive housing on**
8 **prisoners during the period of preg-**
9 **nancy, labor, and postpartum recovery**
10 **prohibited and to improve pregnancy**
11 **care for women in Federal prisons**

12 “(a) PROHIBITION.—Except as provided in sub-
13 section (b), beginning on the date on which pregnancy is
14 confirmed by a healthcare professional, and ending at the
15 conclusion of postpartum recovery, a prisoner in the cus-
16 tody of the Bureau of Prisons, or in the custody of the
17 United States Marshals Service pursuant to section 4086,
18 shall not be placed in restraints or held in restrictive hous-
19 ing.

20 “(b) EXCEPTIONS.—

21 “(1) USE OF RESTRAINTS.—The prohibition
22 under subsection (a) related to the use of restraints
23 shall not apply if—

24 “(A) the senior Bureau of Prisons or the
25 United States Marshal Service official over-
26 seeing women’s health and services, in consulta-

tion with senior officials in health services,
makes an individualized determination that the
prisoner—

“(i) is an immediate and credible
flight risk that cannot reasonably be pre-
vented by other means; or

“(ii) poses an immediate and serious
threat of harm to herself or others that
cannot reasonably be prevented by other
means; or

“(B) a health care professional responsible
for the health and safety of the prisoner deter-
mines that the use of medical restraints is ap-
propriate for the medical safety of the prisoner,
and such professional reviews such determina-
tion not later than every 6 hours after such use
is initially approved until such use is termi-
nated.

“(2) LEAST RESTRICTIVE RESTRAINTS.—In the
case that restraints are used pursuant to an excep-
tion under paragraph (1), only the least restrictive
restraints necessary to prevent the harm or risk of
escape described in paragraph (1) may be used.

“(A) APPLICATION.—The exceptions under
paragraph (1) may not be applied—

1 “(i) to place restraints around the an-
2 kles, legs, or waist of a prisoner;

3 “(ii) to restrain a prisoner’s hands be-
4 hind her back;

5 “(iii) to restrain a prisoner using
6 four-point restraints; or

7 “(iv) to attach a prisoner to another
8 prisoner.

9 “(B) MEDICAL REQUEST.—Notwithstand-
10 ing paragraph (1), upon the request of a
11 healthcare professional who is responsible for
12 the health and safety of a prisoner, a correc-
13 tions officer or United States marshal, as appli-
14 cable, shall refrain from using restraints on the
15 prisoner or remove restraints used on the pris-
16 oner.

17 “(C) SITUATIONAL USE.—The individual-
18 ized determination described under paragraph
19 (1) shall only apply to a specific situation and
20 must be reaffirmed through the same process,
21 to use restraints again in any future situation
22 involving the same prisoner.

23 “(3) ACCESS TO CARE.—Immediately upon the
24 cessation of the use of restraints or restrictive hous-
25 ing as outlined in this subsection, the Bureau of

1 Prisons or United States Marshal Service shall pro-
2 vide the prisoner with immediate access to physical
3 and mental health assessments and all indicated
4 treatment.

5 “(4) USE OF RESTRICTIVE HOUSING.—The pro-
6 hibition under subsection (a) related to restrictive
7 housing shall not apply if the senior Bureau of Pris-
8 ons official or United States Marshals Service offi-
9 cial overseeing women’s health and services, in con-
10 sultation with senior officials in health services,
11 makes an individualized determination that restric-
12 tive housing is required as a temporary response to
13 behavior that poses a serious and immediate risk of
14 physical harm and reviews and affirms that deter-
15 mination at least every 24 hours.

16 “(c) REPORTS.—

17 “(1) REPORT TO THE DIRECTOR AND
18 HEALTHCARE PROFESSIONAL AFTER THE USE OF
19 RESTRAINTS.—If an official identified in subsection
20 (b)(1), correctional officer, or United States Marshal
21 uses restraints on a prisoner under subsection
22 (b)(2), that official, including a designated correc-
23 tional officer or marshal shall submit, not later than
24 30 days after placing the prisoner in restraints, to
25 the Director of the Bureau of Prisons or the Direc-

1 tor of the United States Marshals Service, as appli-
2 cable, and to the healthcare professional responsible
3 for the health and safety of the prisoner, a written
4 report which describes the facts and circumstances
5 surrounding the use of restraints, and includes—

6 “(A) the reasoning upon which the deter-
7 mination to use restraints was made;

8 “(B) the details of the use of restraints,
9 including the type of restraints used and length
10 of time during which restraints were used;

11 “(C) any resulting physical effects on the
12 inmate, fetus, or the neonate observed by or re-
13 ported by the qualified health care professional;
14 and

15 “(D) a description of all attempts to use
16 alternative interventions and sanctions before
17 the restraints were used.

18 “(2) REPORT TO THE DIRECTOR AND
19 HEALTHCARE PROFESSIONAL AFTER PLACEMENT IN
20 RESTRICTIVE HOUSING.—If an official identified in
21 subsection (b)(3), correctional officer, or United
22 States Marshal places a prisoner in restrictive hous-
23 ing under subsection (b)(3), that official, correc-
24 tional officer, or United States Marshal shall submit,
25 not later than 30 days after placing the prisoner in

1 restrictive housing, to the Director of the Bureau of
2 Prisons or the Director of the United States Mar-
3 shals Service, as applicable, and to the healthcare
4 professional responsible for the health and safety of
5 the prisoner, a written report which describes the
6 facts and circumstances surrounding the restrictive
7 housing placement, and includes—

8 “(A) the reasoning upon which the deter-
9 mination for the placement was made;

10 “(B) the details of the placement, includ-
11 ing length of time of placement and how fre-
12 quently and how many times the determination
13 was made subsequent to the initial determina-
14 tion to continue the restrictive housing place-
15 ment; and

16 “(C) any resulting physical effects on the
17 inmate, fetus, or the neonate observed by or re-
18 ported by qualified health care professional.

19 “(3) SUPPLEMENTAL REPORT TO THE DIREC-
20 TOR.—Upon receipt of a report under subsection (c),
21 the healthcare professional responsible for the health
22 and safety of the prisoner shall submit to the Direc-
23 tor such information as the healthcare professional
24 determines is relevant to the use of restrictive hous-
25 ing or restraints on the prisoner.

1 “(4) REPORT TO JUDICIARY COMMITTEES.—

2 “(A) IN GENERAL.—Not later than 1 year
3 after the date of enactment of this Act, and an-
4 nually thereafter, the Director of the Bureau of
5 Prisons and the Director of the United States
6 Marshals Service shall each submit to the Judi-
7 ciary Committee of the Senate and of the
8 House of Representatives a report that certifies
9 compliance with this section and includes the
10 information required to be reported under para-
11 graphs (1) and (2).

12 “(B) PERSONALLY IDENTIFIABLE INFOR-
13 MATION.—The report under this paragraph
14 shall not contain any personally identifiable in-
15 formation of any prisoner.

16 “(d) NOTICE.—Not later than 24 hours after the con-
17 firmation of a prisoner’s pregnancy by a health care pro-
18 fessional, that prisoner shall be notified, orally and in writ-
19 ing, by an appropriate health care professional, corrections
20 official or officer, or United States Marshal, as applicable,
21 of—

22 “(1) the restrictions on the use of restraints
23 and restrictive housing placements under this sec-
24 tion;

1 “(2) the prisoner’s right to make a confidential
2 report of a violation of restrictions on the use of re-
3 straints or restrictive housing placement; and

4 “(3) that the facility staff have been advised of
5 all rights of the prisoner under subsection (a).

6 “(e) VIOLATION REPORTING PROCESS.—Not later
7 than 180 days after the date of enactment of this Act,
8 the Director of the Bureau of Prisons, and the Director
9 of the United States Marshals Service shall establish proc-
10 esses through which a prisoner may report a violation of
11 this section.

12 “(f) NOTIFICATION OF RIGHTS.—The head of the
13 Bureau of Prisons facility where a pregnant woman is in
14 custody shall notify all facility staff of the pregnancy and
15 of the pregnant prisoner’s rights under subsection (a).

16 “(g) RETALIATION.—It shall be unlawful for any Bu-
17 reau of Prisons or United States Marshal Service em-
18 ployee to retaliate against a prisoner for reporting under
19 the provisions of subsection (d) a violation of subsection
20 (a).

21 “(h) EDUCATION.—

22 “(1) IN GENERAL.—Not later than 180 days
23 after the date of enactment of this Act, the Director
24 of the Bureau of Prisons and the Director of the
25 United States Marshals Service shall each develop

1 education guidelines regarding the physical and
2 mental health needs of pregnant prisoners, and the
3 use of restrictive housing placements and the use of
4 restraints on female prisoners during the period of
5 pregnancy, labor, and postpartum recovery, and
6 shall incorporate such guidelines into appropriate
7 education programs. Such education guidelines shall
8 include—

9 “(A) how to identify certain symptoms of
10 pregnancy that require immediate referral to a
11 health care professional;

12 “(B) in the case that an exception under
13 subsection (b)(1) applies, how to apply re-
14 straints in a way that does not harm the pris-
15 oner, the fetus, or the neonate;

16 “(C) circumstances under which the excep-
17 tions under subsection (b)(3) would apply;

18 “(D) the information required to be re-
19 ported under subsection (d); and

20 “(E) the right of a health care professional
21 to request that restraints not be used, and the
22 requirement under subsection (b)(2)(B) to com-
23 ply with such a request.

24 “(2) DEVELOPMENT OF GUIDELINES.—In de-
25 veloping the guidelines required by paragraph (1),

1 the Directors shall each consult with health care
 2 professionals, professional associations, and United
 3 States Department of Health and Human Services
 4 entities with expertise in caring for women during
 5 the period of pregnancy and postpartum recovery.”.

6 (b) CLERICAL AMENDMENT.—The table of sections
 7 at the beginning of chapter 317 of title 18, United States
 8 Code, is amended by adding after the item relating to sec-
 9 tion 4321 the following:

“4322. Use of restraints and restrictive housing on prisoners during the period
 of pregnancy, labor, and postpartum recovery prohibited and to
 improve pregnancy care for women in Federal prisons.”.

10 **SEC. 6. DEFINITIONS.**

11 (a) IN CUSTODY.—The term “in custody” means,
 12 with regard to an individual, that the individual is under
 13 the supervision of a Federal, State, tribal or local correc-
 14 tional facility, including pretrial and contract facilities,
 15 and juvenile or medical or mental health facilities.

16 (b) OTHER PREGNANCY OUTCOME.—The term
 17 “other pregnancy outcome” means a pregnancy that ends
 18 in stillbirth, miscarriage, ectopic pregnancy, or other non-
 19 live birth outcome.

20 (c) POSTPARTUM RECOVERY.—The term “postpar-
 21 tum recovery” means the eight-week period, or longer as
 22 determined by the healthcare professional responsible for
 23 the health and safety of the prisoner, following delivery,

1 and shall include the entire period that the prisoner is in
2 the hospital or infirmary.

3 (d) PRISONER OR INMATE.—The term “prisoner” or
4 “inmate” means a person who has been sentenced to a
5 term of imprisonment pursuant to a conviction for a Fed-
6 eral criminal offense, or a person in the custody of the
7 Bureau of Prisons, including a person in a Bureau of Pris-
8 ons pre-trial or contracted facility, or a person in the cus-
9 tody of the United States Marshal Service, including a
10 person in the United States Marshal contracted facility.

11 (e) RESTRAINTS.—The term “restraints” means any
12 physical or mechanical device used to control the move-
13 ment of a prisoner’s body, limbs, or both.

14 (f) RESTRICTIVE HOUSING.—The term “restrictive
15 housing” means any type of detention that involves—

16 (1) removal from the general inmate population,
17 whether voluntary or involuntary;

18 (2) placement in a locked room or cell, whether
19 alone or with another inmate; and

20 (3) inability to leave the room or cell for the
21 vast majority of the day.

22 **SEC. 7. SENSE OF CONGRESS.**

23 It is the sense of Congress that States should enact
24 comprehensive laws to ensure that the health needs of in-
25 carcerated women, including women during the period of

1 pregnancy and postpartum recovery, are met, and that
2 such laws should include a prohibition of the use of restric-
3 tive housing and restraints on inmates during the period
4 of pregnancy and postpartum recovery that is substan-
5 tially similar to the restriction under section 4322 of title
6 18, United States Code.

7 **SEC. 8. EDUCATION AND TECHNICAL ASSISTANCE.**

8 The Director of the Bureau of Justice Assistance, in
9 consultation with the Secretary of Health and Human
10 Services, shall provide education and technical assistance,
11 in conjunction with the appropriate public agencies, at
12 State and local correctional facilities that house women
13 and facilities in which incarcerated women labor and give
14 birth, in order to—

15 (1) educate the employees of such facilities, in-
16 cluding health personnel, on the dangers and poten-
17 tial mental health consequences associated with the
18 use of restrictive housing and restraints on incarcer-
19 ated women during pregnancy, labor, and postpar-
20 tum recovery, and on alternatives to the use of re-
21 straints and restrictive housing placement;

22 (2) foster a culture of safe, high-quality care in
23 these facilities that voids the use of restrictive hous-
24 ing and restraints on incarcerated women during
25 pregnancy, labor, and postpartum recovery;

1 (3) ensure that in States which have in place a
2 law or policy that restricts the use of restrictive
3 housing and restraints on incarcerated women dur-
4 ing pregnancy, labor, and postpartum recovery—

5 (A) employees at such facilities can comply
6 with the restrictions in an effective manner; and

7 (B) administrators at such facilities—

8 (i) understand their responsibilities,
9 and enforce the responsibilities of their em-
10 ployees in carrying out the restrictions on
11 the use of restraints and restrictive hous-
12 ing;

13 (ii) establish an official process by
14 which an incarcerated woman protected by
15 the State’s restriction on the use of re-
16 straints and restrictive housing can report
17 a violation of their rights under such law
18 or policy;

19 (iii) provide incarcerated women
20 under their supervision with clear informa-
21 tion regarding their rights under the
22 State’s restrictions, including information
23 on how to report violations of those rights;
24 and

1 (iv) provide to healthcare profes-
2 sionals who care for incarcerated women
3 information relating to the rights of such
4 women under the laws of the State, includ-
5 ing the rights of such health care profes-
6 sionals, if any, to require that restraints be
7 removed or the use of restrictive housing
8 be suspended; and

9 (4) ensure that health personnel outside of cor-
10 rectional facilities understand their right to inform
11 correctional officers to remove restraints, if applica-
12 ble.

13 **SEC. 9. PRIORITY FUNDING FOR STATES THAT PROVIDE**
14 **PROGRAMS AND SERVICES FOR INCARCER-**
15 **ATED WOMEN RELATED TO PREGNANCY AND**
16 **CHILDBIRTH.**

17 The Attorney General shall take into consideration
18 when determining the amount provided to a State or local-
19 ity under a covered grant program in accordance with fed-
20 erally authorized grant programs, if the State or locality
21 has enacted and implemented services or pilot programs
22 for incarcerated pregnant women aimed at enhancing the
23 safety and wellness of pregnant women in custody, includ-
24 ing providing services for obstetrical and gynecological
25 care, resources and support services for nutrition and

1 physical and mental health, residential substance use
2 treatment, and post-delivery nursery care or residential
3 programs to keep the infant with the mother and to pro-
4 mote and facilitate bonding skills for pregnant inmates.

5 **SEC. 10. GOVERNMENT ACCOUNTABILITY OFFICE STUDY.**

6 The Government Accountability Office (GAO) shall
7 conduct a study of services and protections provided for
8 pregnant incarcerated women in local and State correc-
9 tional settings, including policies on obstetrical and gyne-
10 cological care, education on nutrition, health and safety
11 risks associated with pregnancy, mental health and sub-
12 stance use treatment, access to prenatal and post-delivery
13 support services and programs, the use of restraints and
14 restrictive housing placement, and the extent to which the
15 intent of such policies are fulfilled.

