To require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes.
A BILL

To require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Humanitarian Standards for Individuals in Customs and Border Protection Custody Act”.

(b) Table of Contents.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Initial health screening protocol.
Sec. 3. Water, sanitation, and hygiene.
Sec. 4. Food and nutrition.
Sec. 5. Shelter.
Sec. 6. Coordination and surge capacity.
Sec. 7. Training.
Sec. 8. Interfacility transfer of care.
Sec. 9. Planning and initial implementation.
Sec. 10. Contractor compliance.
Sec. 11. Inspections.
Sec. 12. GAO report.
Sec. 13. Rule of construction.

SEC. 2. INITIAL HEALTH SCREENING PROTOCOL.

(a) In General.—

(1) Screening Required.—The Commissioner of U.S. Customs and Border Protection (referred to...
in this Act as the “Commissioner” shall ensure that any individual whom U.S. Customs and Border Protection (referred to in this Act as “CBP”) detains (referred to in this Act as a “detainee”) receives an initial health screening by a medical professional—

(A) to identify acute conditions and high-risk vulnerabilities; and

(B) to provide appropriate health care to subpopulations involving pediatrics, obstetrics, and geriatrics specialties.

(2) Timing.—The screening required by paragraph (1) shall be performed within—

(A) 3 hours of being initially detained for high-priority populations in accordance with subsection (d); and

(B) 12 hours of being initially detained for all other populations.

(b) Interpreters.—To ensure that health screenings and medical care required under subsections (a) and (f) are carried out in the best interests of the detainees receiving such screenings and care, the Commissioner shall—

(1) provide such detainees with interpreters in the detainee’s native or indigenous language; and
(2) inform detainees of the availability of interpretation services.

(c) CHAPERONES.—To ensure that health screenings and medical care required under subsections (a) and (f) are carried out in the best interests of the detainees receiving such screenings and care—

(1) the Commissioner shall provide chaperones when necessary according to standard United States medical practice to protect a person’s dignity, culture, and gender-specific sensitivities; and

(2) the physical examination of infants, toddlers, children, or any minors 17 years of age or younger shall, to the extent practicable, always be performed—

(A) in the presence of a parent or legal guardian; or

(B) in the absence of a parent or legal guardian, in the presence of the detainee’s closest present adult relative.

(d) PRIORITIZATION.—The Commissioner shall ensure that the initial screening required by subsection (a) is prioritized and conducted within 3 hours of being initially detained for the following high-priority populations:

(1) Individuals who are exhibiting signs of acute or potentially severe physical or mental illness.
(2) Pregnant women.
(3) Infants.
(4) Children.
(5) Any minors 17 years of age or younger.
(6) Elderly individuals.
(7) Individuals who are visibly physically or mentally disabled.
(8) Any other individual who self-identifies as having a medical condition that requires prompt medical attention, such as the following:
   (A) A disability.
   (B) A mental health issue.
   (C) HIV positive.
   (D) A chronic disease, such as diabetes.

(c) Standardization of Screening.—

(1) In general.—

   (A) Consultation and development of guidelines and protocol.—The Commissioner, in consultation with the Secretary of Health and Human Services and nongovernmental experts in delivery of health care in humanitarian crises, shall develop guidelines and protocols for the health screenings and medical care required under subsections (a) and (f).
(B) Assessment of appropriate level of care.—The guidelines and protocols required by subparagraph (A) shall require that each detainee be administered a health screening to assess and identify age-appropriate signs, symptoms, risks, and experiences, including mental health risks and distressing or traumatic experiences, to determine the appropriate level of care needed.

(C) Standardized medical intake.—The guidelines and protocols required by subparagraph (A) shall ensure that each such screening makes use of a standardized medical intake questionnaire or the equivalent of such a questionnaire, such as relevant portions of the Performance-Based National Detention Standards questionnaire administered by U.S. Immigration and Customs Enforcement.

(D) Consultation.—In developing the guidelines and protocols required by subparagraph (A), the Commissioner shall consult with the Administrator of the Health Resources and Services Administration regarding health screening and medical care under the Emergency Medical Services for Children Program.
(2) CONTENTS.—The guidelines and protocols required by paragraph (1) shall require, with respect to each detainee—

(A) an interview and questionnaire;

(B) screening for vital signs, including pulse rate, temperature, blood pressure, oxygen saturation, and respiration rate;

(C) screening for blood glucose for known diabetics;

(D) weight for detainees under 12 years of age;

(E) a physical exam; and

(F) an assessment and development of a plan for risk-assessment, required interventions, and continued monitoring and care.

(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as requiring detainees to disclose their medical status or history.

(f) FURTHER CARE.—

(1) IN GENERAL.—If an initial health screening of a detainee displays values outside of normal ranges per National Emergency Services Education Standards or if an individual is identified as high-risk or is in need of medical intervention, the Commissioner shall ensure such detainee is provided with
an in-person or technology-facilitated medical consultation with a readily available licensed emergency care professional.

(2) **AVAILABILITY.**—The Commissioner shall ensure that—

(A) a licensed emergency care professional is on call at all times with respect to detainees; and

(B) appropriate emergency transportation is on site or on call to arrive on site within 30 minutes of being called.

(3) **RE-EVALUATIONS.**—Detainees who present with any abnormalities during a health screening under subsection (a) shall—

(A) be re-evaluated and monitored as determined by the emergency care professional and at least once every 24 hours; and

(B) notwithstanding subparagraph (A), have safety health clearance prior to transportation, including reevaluation of vital signs.

(g) **PSYCHOLOGICAL AND MENTAL CARE.**—The Commissioner shall ensure that detainees who have experienced physical or sexual violence or other potentially life-threatening events, or who have witnessed atrocities that may cause severe, traumatic, or toxic stress, are provided
psychological first aid, including a basic, humane, and supportive response to ensure that basic needs are met.

(h) **DOCUMENTATION.**—The Commissioner shall ensure that the health screenings and medical care required under subsections (a) and (f) and any other medical evaluations and interventions for detainees are documented in accordance with commonly accepted standards in the United States for medical record documentation.

(i) **RELEASE FROM CBP.**—Before being released from CBP custody, each detainee in a high-priority population, or requiring intervention, or in need of health care followup upon release, shall receive medical records that outline the health screening and medical care that was conducted under this section with respect to the detainee, as well as documentation of medical issues, evaluations, interventions, and immunizations.

(j) **INFRASTRUCTURE, EQUIPMENT, AND PERSONNEL.**—The Commissioner and the Administrator of General Services, as the case may be, shall ensure that each location at which a detainee is first transported after such detainee’s initial encounter with an agent or officer of CBP has the following:

1. A private space for the health screening required under subsection (a), including for any necessary follow-up exam or care management.
(2) Appropriate equipment to carry out such screening, monitor health, provide emergency care, treat traumas and perform resuscitations (including paramedic bags with equipment suitable for neonates, infants, and toddlers).

(3) A designated area and necessary equipment to prevent the spread of communicable diseases.

(4) Basic over-the-counter and prescription medications for all age groups, including all pediatric age groups, including the medications necessary to ensure that detainees are not deprived of their medication required to manage their chronic illness.

(5) A medical professional trained and certified to conduct such health screening.

(6) An emergency medicine physician or emergency care provider on site, or if such a physician is not available, an emergency medicine physician or emergency care provider on call at all times for consultation.

(7) Other professionals to meet the requirements of this section, such as physicians specializing in pediatrics, family medicine, emergency medicine, obstetrics and gynecology, geriatric medicine, internal medicine, and infectious diseases; nurse practi-
tioners; other nurses; physician assistants; licensed
social workers; mental health professionals; public
health professionals; and dieticians.

(8) Interpreters on site, or if an interpreter is
not available, an interpreter on call at all times.

(9) The capability to provide appropriate trans-
portation in the case of a medical emergency on site
or on call to arrive on site within 30 minutes.

(k) ETHICAL GUIDELINES.—The Commissioner shall
ensure that all medical assessments and procedures con-
ducted pursuant to this section—

(1) are conducted in accordance with ethical
guidelines in the applicable medical field; and

(2) respect human dignity.

SEC. 3. WATER, SANITATION, AND HYGIENE.

The Commissioner shall ensure that a detainee has
access to the following:

(1) Not less than one gallon of drinking water
per day, including age-appropriate fluids.

(2) A private, safe, clean, and reliable toilet
with proper waste disposal and a hand washing sta-
tion, with not less than one toilet available for every
12 male detainees, and 1 toilet per 8 female detain-
ees.
(3) A clean diaper changing facility, which includes proper waste disposal, a hand washing station, and unrestricted access to diapers.

(4) Accommodations to ensure hygiene for elderly individuals and individuals with disabilities.

(5) The opportunity to bathe every day in a private and secure manner.

(6) Adult diapers, in the case of an individual who is incontinent.

(7) Products to maintain basic personal hygiene, including—

(A) soap, a toothbrush, toothpaste, and feminine hygiene products; and

(B) proper handling and disposal methods for used products.

SEC. 4. FOOD AND NUTRITION.

The Commissioner shall ensure that a detainee has access to the following:

(1) In the case of an individual age 12 or older, a diet that contains not less than 2,000 calories per day.

(2) In the case of a child who is under the age of 12, a diet that contains an appropriate number of calories per day based on the child’s age and weight.

(3) Three meals per day.
(4) Accommodations for any dietary need or restriction in the case of a pregnant or breastfeeding woman, an infant, a child, an elderly individual, an individual with a disability, an individual with a food allergy, or an individual with religious dietary restrictions.

(5) Access to food in a manner that follows applicable food safety standards.

SEC. 5. SHELTER.

The Commissioner shall ensure that each facility at which a detainee is detained meets the following requirements:

(1) Except as provided in paragraph (2), males and females shall be detained separately.

(2) In the case of a minor child arriving in the United States with an adult relative or legal guardian, such child shall be detained with such relative or legal guardian, with family cohesion maintained—

(A) unless this arrangement incites safety or security concerns; and

(B) in no case shall such minor be detained apart from such adult relative or legal guardian, pursuant to subparagraph (A), with other adults.
(3) In the case of a minor child arriving in the United States without an adult relative or legal guardian, such child—

(A) shall be detained in an age-appropriate facility; and

(B) shall not be detained with adults.

(4) A detainee with a disability, including a temporary disability, shall be held in a manner that provides for his or her safety, comfort, and security.

(5) There shall be no less than 2 square meters of space for each detainee.

(6) Each detainee shall be provided with temperature appropriate clothing and bedding.

(7) The facility shall be well lit and well ventilated, with the humidity and temperature kept at comfortable levels (between 68 and 74 degrees Fahrenheit).

(8) Detainees shall have access to the outdoors for not less than 1 hour during the daylight hours during each 24-hour period.

(9) Detainees shall have the ability to practice their religion or not to practice a religion, as applicable.

(10) Detainees shall have access to sufficient time for sleeping without unnecessary disturbances
(including light and noise) throughout the night, between the hours of 10 p.m. and 6 a.m.

(11) Officers, employees, and contracted personnel of CBP shall—

(A) follow medical standards for the isolation and prevention of communicable diseases; and

(B) ensure the physical and mental safety of lesbian, gay, bisexual, transgender, and intersex detainees.

(12) The facility shall have video-monitoring—

(A) to provide for the safety of children and disabled individuals, or any safety need considerations; and

(B) to prevent the sexual abuse or physical harm of vulnerable detainees.

SEC. 6. COORDINATION AND SURGE CAPACITY.

The Secretary of Homeland Security, acting through the Commissioner or an operational commander or other appropriate official within the Department of Homeland Security, shall enter into memoranda of understanding with appropriate Federal agencies, such as the Department of Health and Human Services, the Federal Emergency Management Agency, and applicable emergency government relief services, and contracts with health care,
public health, social work, and transportation professionals, for purposes of coordinating—

(1) compliance with this Act; and

(2) addressing surge capacity.

SEC. 7. TRAINING.

The Commissioner shall ensure that personnel of CBP are professionally trained to focus on the following:

(1) Annual humanitarian response and standards training to comply with this Act.

(2) Evidence of physical and mental illness, including common signs of high-risk and medical distress in children and high-priority populations.

(3) Vulnerabilities and indicators of child sexual exploitation and effective responses to missing migrant children including by leveraging the resources of the National Center for Missing and Exploited Children.

(4) Procedures to report incidents of suspected child sexual abuse and exploitation directly to the CyberTipline of the National Center for Missing and Exploited Children (or any successor tipline).

SEC. 8. INTERFACILITY TRANSFER OF CARE.

(a) TRANSFER.—When a detainee is discharged from a medical facility or emergency department, the Commissioner shall ensure a transfer of responsibility of care from
the medical provider at such medical facility or emergency department to an accepting licensed health care provider of CBP.

(b) Responsibilities of Accepting Provider.—

Such accepting licensed health care provider shall review the medical facility or emergency department’s evaluation, diagnosis, treatment, management, and discharge care instructions—

(1) to assess for the safety of the discharge and transfer; and

(2) to provide necessary follow-up care.

SEC. 9. PLANNING AND INITIAL IMPLEMENTATION.

(a) Planning.—No later than 30 days after the date of enactment of this Act, the Secretary of Homeland Security shall submit a detailed plan to the Congress delineating the timeline, process, and challenges of carrying this Act.

(b) Implementation.—The Secretary of Homeland Security shall ensure that this Act is implemented not later than 6 months after the date of enactment of this Act.

SEC. 10. CONTRACTOR COMPLIANCE.

The Secretary of Homeland Security shall ensure that all personnel contracted to carry out this Act do so in accordance with the requirements of this Act.
SEC. 11. INSPECTIONS.

(a) In General.—The Inspector General of the Department of Homeland Security shall—

(1) conduct unannounced inspections of ports of entry, border patrol stations, and detention facilities of or administered by CBP or contractors of CBP; and

(2) submit to the Congress reports on the results of the inspections under paragraph (1) and other reports of the Inspector General related to custody operations.

(b) Particular Attention.—In carrying out subsection (a), the Inspector General of the Department of Homeland Security shall pay particular attention to—

(1) the degree of compliance by CBP with the requirements of this Act;

(2) remedial actions taken by CBP; and

(3) the health needs of the detainees.

SEC. 12. GAO REPORT.

(a) In General.—The Comptroller General of the United States shall—

(1) not later than 6 months after the date of enactment of this Act, commence a study on implementation of, and compliance with, this Act; and
(2) not later than 1 year after the date of enactment of this Act, submit a report to the Congress on the results of such study.

(b) Issues To Be Studied.—The study required by subsection (a) shall examine the management and oversight by CBP of ports of entry, border patrol stations, and other detention facilities, including the extent to which CBP and the Department of Homeland Security have effective processes in place to comply with this Act.

SEC. 13. RULE OF CONSTRUCTION.

Nothing in this Act shall be construed to authorize CBP to detain individuals for longer than 72 hours.