

This bill will also improve the efficiency of our court systems by allowing our courts to manage caseloads in a more efficient and economic manner.

I thank the bipartisan effort of my colleagues, the sponsors of this legislation, Representatives JEFFRIES and ROBY.

Mr. Speaker, I urge my colleagues to join me in supporting this bill, and I reserve the balance of my time.

Ms. GARCIA of Texas. Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. JEFFRIES).

Mr. JEFFRIES. Mr. Speaker, I thank the distinguished gentlewoman from Texas for her leadership and for yielding.

Mr. Speaker, I rise in support of H.R. 8124, the Criminal Judicial Administration Act of 2020.

This bipartisan bill will bring more efficiency and fairness to the criminal justice system by making two commonsense improvements to the administration of justice in America.

First, the bill would authorize courts to direct the U.S. Marshals Service to provide subsistence and return transportation to the very small group of noncustodial defendants who are required to travel to court proceedings but are financially unable to cover the costs of doing so. While current law provides subsistence and travel to proceedings, there is a gap in the statute.

H.R. 8124 will expand the statute to cover transportation, lodging, and food for defendants who are innocent until proven guilty, as they return home from these proceedings.

Second, the bill will authorize magistrate judges to decide post-judgment motions in misdemeanor cases in which they have already exercised trial jurisdiction. Magistrate judges try and sentence individuals in misdemeanor cases, but to consider a post-judgment motion, current law requires a referral by a district judge or the party's consent.

This provision in H.R. 8124 will facilitate judicial economy and help reduce the caseloads of Article III district court judges by removing this requirement. The more efficient we can make our court system, the more effective and just it will be. These two non-controversial changes would meaningfully improve the ability of our Federal courts to deliver equity and justice to the people that they serve.

The Judicial Conference of the United States, the national policymaking body for our Federal court system, supports this important and necessary legislation.

I thank the Committee on the Judiciary, and both sides of the aisle, for approving this bill by voice vote last month.

I would also like to thank my colleague and partner, Representative MARTHA ROBY, the ranking member of the Subcommittee on Courts, Intellectual Property, and the Internet, for partnering with me on this effort.

I urge all of my colleagues to vote "yes" on H.R. 8124.

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Mr. RESCIENTHALER. Madam Speaker, I reserve the balance of my time.

Ms. GARCIA of Texas. Mr. Speaker, the Criminal Judicial Administration Act of 2020 is a modest but important bill. I commend our colleagues, Representatives JEFFRIES and ROBY, for their leadership in bringing these important issues to our attention.

I strongly urge my colleagues to join me in supporting this bipartisan bill, and I yield back the balance of my time.

Mr. RESCIENTHALER. Mr. Speaker, I just want to say that, once again, I urge my colleagues to vote "yes" on H.R. 8124, the Criminal Judicial Administration Act of 2020, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. GARCIA) that the House suspend the rules and pass the bill, H.R. 8124, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROTECTING THE HEALTH AND WELLNESS OF BABIES AND PREGNANT WOMEN IN CUSTODY ACT

Ms. BASS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7718) to address the health needs of incarcerated women related to pregnancy and childbirth, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7718

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act".

SEC. 2. DATA COLLECTION.

(a) IN GENERAL.—Beginning not later than 1 year after the date of the enactment of this Act, pursuant to the authority under section 302 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10132), the Director of the Bureau of Justice Statistics shall include in the National Prisoner Statistics Program and Annual Survey of Jails statistics relating to the health needs of incarcerated pregnant women in the criminal justice system at the Federal, State, tribal, and local levels, including—

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

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

(A) whether prenatal, delivery, and post-delivery check-up visits were scheduled and provided;

(B) whether a social worker, psychologist, doula or other support person, or pregnancy

or parenting program was offered and provided during pregnancy and delivery;

(C) whether a nursery or residential program to keep mothers and infants together post-delivery was offered and whether such a nursery or residential program was provided;

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

(E) the number of days the infant remained with the mother post-delivery; and

(F) the number of days the infant remained in the hospital after the mother was discharged;

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

(4) whether a written policy or protocol is in place to respond to unexpected childbirth, labor, deliveries, and medical complications related to the pregnancies of incarcerated pregnant women and for incarcerated pregnant women experiencing labor or medical complications related to pregnancy outside of a hospital;

(5) the number of incarcerated women who are determined by a health care professional to have a high-risk pregnancy;

(6) the total number of incarcerated pregnant women and the number of incarcerated women who became pregnant while incarcerated;

(7) the number of incidents in which an incarcerated woman who is pregnant, in labor, or in postpartum recovery is placed in restrictive housing, the reason for such restriction or placement, and the circumstances under which each incident occurred, including the duration of time in restrictive housing, during—

(A) pregnancy;

(B) labor;

(C) delivery;

(D) postpartum recovery; and

(E) the 6-month period after delivery; and

(8) the disposition of the custody of the infant post-delivery.

(b) PERSONALLY IDENTIFIABLE INFORMATION.—Data collected under this paragraph may not contain any personally identifiable information of any incarcerated pregnant woman.

SEC. 3. CARE FOR FEDERALLY INCARCERATED WOMEN RELATED TO PREGNANCY AND CHILDBIRTH.

(a) IN GENERAL.—The Director of the Bureau of Prisons shall ensure that appropriate services and programs are provided to women in custody, to address the health and safety needs of such women related to pregnancy and childbirth. The warden of each Bureau of Prisons facility that houses women shall ensure that these services and programs are implemented for women in custody at that facility.

(b) SERVICES AND PROGRAMS PROVIDED.—The Director of the Bureau of Prisons shall ensure that the following services and programs are available to women in custody:

(1) ACCESS TO COMPLETE APPROPRIATE HEALTH SERVICES FOR THE LIFE CYCLE OF WOMEN.—The Director of the Bureau of Prisons shall provide to each woman in custody who is of reproductive age pregnancy testing, contraception, and testing for sexually transmitted diseases and provide each woman with the option to decline such services.

(2) COMPLIANCE WITH PROTOCOLS RELATING TO HEALTH OF A PREGNANT WOMAN.—On confirmation of the pregnancy of a woman in custody by clinical diagnostics and assessment, the chief health care professional of a Bureau of Prisons facility that houses women shall ensure that a summary of all appropriate protocols directly pertaining to the safety and well-being of the woman are

provided to the woman and that such protocols are complied with, including an assessment of undue safety risks and necessary changes to accommodate the woman where and when appropriate, as it relates to—

(A) housing or transfer to a lower bunk for safety reasons;

(B) appropriate bedding or clothing to respond to a woman's changing physical requirements and the temperature in housing units;

(C) regular access to water and bathrooms;

(D) a diet that complies with the nutritional standards established by the Secretary of Agriculture and the Secretary of Health and Human Services in the Dietary Guidelines for Americans report published pursuant to section 301 of the National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341(a)(3)), and that includes—

(i) any appropriate dietary supplement, including prenatal vitamins;

(ii) timely and regular nutritious meals;

(iii) additional caloric content in meals provided;

(iv) a prohibition on withholding food from an incarcerated pregnant woman or serving any food that is used as a punishment, including nutraloaf or any food similar to nutraloaf that is not considered a nutritious meal; and

(v) such other modifications to the diet of the woman as the Director of the Bureau of Prisons determines to be necessary after consultation with the Secretary of Health and Human Services and consideration of such recommendations as the Secretary may provide;

(E) modified recreation and transportation, in accordance with standards within the obstetrical and gynecological care community, to prevent overexertion or prolonged periods of inactivity; and

(F) such other changes to living conditions as the Director of the Bureau of Prisons may require after consultation with the Secretary of Health and Human Services and consideration of such recommendations as the Secretary may provide.

(3) EDUCATION AND SUPPORT SERVICES.—

(A) PREGNANCY IN CUSTODY.—In the case of a woman who is pregnant at intake or who becomes pregnant while in custody, that woman shall, at intake or not later than 48 hours after pregnancy is confirmed, as appropriate, receive prenatal education, counseling, and birth support services provided by a provider trained to provide such services, including—

(i) information about the parental rights of the woman, including the right to place the child in kinship care, and notice of the rights of the child;

(ii) information about family preservation support services that are available to the woman;

(iii) information about the nutritional standards referred to in paragraph (2)(D);

(iv) information pertaining to the health and safety risks of pregnancy, childbirth, and parenting, including postpartum depression;

(v) information on breastfeeding, lactation, and breast health;

(vi) appropriate educational materials, resources, and services related to pregnancy, childbirth, and parenting;

(vii) information and notification services for incarcerated parents regarding the risk of debt repayment obligations associated with their child's participation in social welfare programs, including assistance under any State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or benefits under the supplemental nutrition assistance program, as defined in section 3 of the Food and Nutrition

Act of 2008 (7 U.S.C. 2012), or any State program carried out under that Act; and

(viii) information from the Office of Child Support Enforcement of the Department of Health and Human Services regarding seeking or modifying child support while incarcerated, including how to participate in the Bureau of Prison's Inmate Financial Responsibility Program under subpart B of title 28, Code of Federal Regulations (or any successor program).

(B) BIRTH WHILE IN CUSTODY OR PRIOR TO CUSTODY.—In the case of a woman who gave birth in custody or who experienced any other pregnancy outcome during the 6-month period immediately preceding intake, that woman shall receive counseling provided by a licensed or certified provider trained to provide such services, including—

(i) information about the parental rights of the woman, including the right to place the child in kinship care, and notice of the rights of the child; and

(ii) information about family preservation support services that are available to the woman.

(4) TESTING.—Not later than 1 day after an incarcerated woman notifies an employee of the Bureau of Prisons that the woman may be pregnant, a Bureau of Prisons healthcare care professional shall administer a pregnancy test to determine whether the woman is pregnant.

(5) EVALUATIONS.—Each woman in custody who is pregnant or whose pregnancy results in a birth or any other pregnancy outcome during the 6-month period immediately preceding intake or any time in custody thereafter shall be evaluated not later than 4 days after intake or confirmation of pregnancy through evidence-based screening and assessment for substance use disorders or mental health conditions, including postpartum depression or depression related to a pregnancy outcome or early child care. Screening shall include identification of any of the following risk factors:

(A) An existing mental or physical health condition or substance use disorder.

(B) Being underweight or overweight.

(C) Multiple births or a previous still birth.

(D) A history of preeclampsia.

(E) A previous Caesarean section.

(F) A previous miscarriage.

(G) Being older than 35 or younger than 15.

(H) Being diagnosed with the human immunodeficiency virus, hepatitis, diabetes, or hypertension.

(I) Such other risk factors as the chief health care professional of a Bureau of Prisons facility that houses women may determine to be appropriate.

(6) UNEXPECTED BIRTHS RULEMAKING.—Not later than 180 days after the date of enactment of this Act, the Attorney General shall make rules establishing procedures for responding to unexpected childbirth deliveries, labor complications, and medical complications related to pregnancy if a woman in custody is unable to access a hospital in a timely manner.

(7) TREATMENT.—In the case of any woman in custody who, after an evaluation under paragraph (4), is diagnosed as having a substance use disorder or a mental health disorder, that woman shall be entitled to treatment in accordance with the following:

(A) Treatment shall include participation in a support group, including a 12-step program, such as Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous or a comparable nonreligious program.

(B) Treatment may include psychosocial interventions and medication.

(C) In the case that adequate treatment cannot be provided to a woman in custody in a Bureau of Prisons facility, the Director of the Bureau of Prisons shall transfer the

woman to a residential reentry program that offers such treatment pursuant to section 508 of the Public Health Service Act (42 U.S.C. 290bb-1).

(D) To the extent practicable, treatment for substance use disorders provided pursuant to this section shall be conducted in a licensed hospital.

SEC. 4. USE OF RESTRICTIVE HOUSING AND RESTRAINTS ON INCARCERATED PREGNANT WOMEN DURING PREGNANCY, LABOR, AND POSTPARTUM RECOVERY PROHIBITED.

(a) IN GENERAL.—Section 4322 of title 18, United States Code, is amended to read as follows:

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

“(a) PROHIBITION.—Except as provided in subsection (b), beginning on the date on which pregnancy is confirmed by a health care professional and ending not earlier than 12 weeks after delivery, an incarcerated woman in the custody of the Bureau of Prisons, or in the custody of the United States Marshals Service pursuant to section 4086, shall not be placed in restraints or held in restrictive housing.

“(b) EXCEPTIONS.—

“(1) USE OF RESTRAINTS.—The prohibition under subsection (a) shall not apply if the senior Bureau of Prisons official or United States Marshals Service official overseeing women's health and services and a health care professional responsible for the health and safety of the incarcerated woman determines that the use of restraints is appropriate for the medical safety of the woman, and the health care professional reviews such determination not later than every 6 hours after such use is initially approved until such use is terminated.

“(2) SITUATIONAL USE.—The individualized determination described under paragraph (1) shall only apply to a specific situation and must be reaffirmed through the same process to use restraints again in any future situation involving the same woman.

“(3) ACCESS TO CARE.—Immediately upon the cessation of the use of restraints or restrictive housing as outlined in this subsection, the Director of the Bureau of Prisons or the United States Marshal Service shall provide the incarcerated woman with immediate access to physical and mental health assessments and all recommended treatment.

“(4) RESPONSE TO BEHAVIORAL RISKS IN THE BUREAU OF PRISONS.—

“(A) RESTRICTIVE HOUSING.—The prohibition under subsection (a) relating to restrictive housing shall not apply if the Director of the Bureau of Prisons or a senior Bureau of Prisons official overseeing women's health and services, in consultation with senior officials in health services, makes an individualized determination that restrictive housing is required as a temporary response to behavior that poses a serious and immediate risk of physical harm.

“(B) REVIEW.—The official who makes a determination under subparagraph (A) shall review such determination every 4 hours for the purpose of removing an incarcerated woman as quickly as feasible from restrictive housing.

“(C) RESTRICTIVE HOUSING PLAN.—The official who makes a determination under subparagraph (A) shall develop an individualized plan to move an incarcerated woman to less restrictive housing within a reasonable amount of time, not to exceed 2 days.

“(D) MONITORING.—An incarcerated woman who is placed in restrictive housing pursuant to this paragraph shall be—

“(i) monitored every hour;
“(ii) placed in a location visible to correctional officers; and

“(iii) prohibited from being placed in solitary confinement if the incarcerated woman is in her third trimester.

“(c) REPORTS.—

“(1) REPORT TO THE DIRECTOR AND HEALTH CARE PROFESSIONAL AFTER THE USE OF RESTRAINTS.—If an official identified in subsection (b)(1) or a correctional officer uses restraints on an incarcerated woman under subsection (b), that official (or an officer or marshal designated by that official) or correctional officer shall submit, not later than 30 days after placing the woman in restraints, to the Director of the Bureau of Prisons or the Director of the U.S. Marshal Service, as applicable, a written report which describes the facts and circumstances surrounding the use of restraints, and includes each of the following:

“(A) A description of all attempts to use alternative interventions and sanctions before the restraints were used.

“(B) A description of the circumstances that led to the use of restraints.

“(C) Strategies the facility is putting in place to identify more appropriate alternative interventions should a similar situation arise again.

“(2) REPORT TO CONGRESS.—Beginning on the date that is 6 months after the date of enactment of the Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act, and every 6 months thereafter for a period of 10 years, the Attorney General shall submit to the Committees on the Judiciary of the House of Representatives and the Senate a report on—

“(A) the reasoning upon which the determination to use restraints was made;

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

“(C) any resulting physical effects on the prisoner observed by or known to the corrections official or United States Marshal, as applicable.

“(3) REPORT TO THE DIRECTOR AND HEALTH CARE PROFESSIONAL AFTER PLACEMENT IN RESTRICTIVE HOUSING.—If an official identified in subsection (b)(3), correctional officer, or United States Marshal places or causes an incarcerated woman to be placed in restrictive housing under such subsection, that official, correctional officer, or United States Marshal shall submit, not later than 30 days after placing or causing the placement of the incarcerated woman in restrictive housing, to the Director of the Bureau of Prisons or the Director of the United States Marshals Service, as applicable, and to the health care professional responsible for the health and safety of the woman, a written report which describes the facts and circumstances surrounding the restrictive housing placement, and includes the following:

“(A) The reasoning upon which the determination for the placement was made.

“(B) The details of the placement, including length of time of placement and how frequently and how many times the determination was made subsequent to the initial determination to continue the restrictive housing placement.

“(C) A description of all attempts to use alternative interventions and sanctions before the restrictive housing was used.

“(D) Any resulting physical effects on the woman observed by or reported by the health care professional responsible for the health and safety of the woman.

“(E) Strategies the facility is putting in place to identify more appropriate alternative interventions should a similar situation arise again.

“(4) REPORT TO CONGRESS.—Beginning on the date that is 6 months after the date of enactment of the Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act, and every 6 months thereafter for a period of 10 years, the Attorney General shall submit to the Committees on the Judiciary of the House of Representatives and the Senate a report on the information described in paragraph (3).

“(d) NOTICE.—Not later than 24 hours after the confirmation of an incarcerated woman's pregnancy by a health care professional, that woman shall be notified, orally and in writing, by an appropriate health care professional, correctional officer, or United States Marshal, as applicable—

“(1) of the restrictions on the use of restraints and restrictive housing placements under this section;

“(2) of the incarcerated woman's right to make a confidential report of a violation of restrictions on the use of restraints or restrictive housing placement; and

“(3) that the facility staff have been advised of all rights of the incarcerated woman under subsection (a).

“(e) VIOLATION REPORTING PROCESS.—Not later than 180 days after the date of enactment of this Act, the Director of the Bureau of Prisons and the Director of the United States Marshals Service shall establish processes through which an incarcerated person may report a violation of this section.

“(f) NOTIFICATION OF RIGHTS.—The warden of the Bureau of Prisons facility where a pregnant woman is in custody shall notify necessary facility staff of the pregnancy and of the incarcerated pregnant woman's rights under subsection (a).

“(g) RETALIATION.—It shall be unlawful for any Bureau of Prisons or United States Marshal Service employee to retaliate against an incarcerated person for reporting under the provisions of subsection (e) a violation of subsection (a).

“(h) EDUCATION.—Not later than 90 days after the date of enactment of the Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act, the Director of the Bureau of Prisons and the Director of the United States Marshals Service shall each develop education guidelines regarding the physical and mental health needs of incarcerated pregnant women, and the use of restraints and restrictive housing placements on incarcerated women during the period of pregnancy, labor, and postpartum recovery, and shall incorporate such guidelines into appropriate education programs.

“(i) DEFINITION.—In this section:

“(1) RESTRAINTS.—The term ‘restraints’ means any physical or mechanical device used to control the movement of an incarcerated pregnant woman's body, limbs, or both.

“(2) RESTRICTIVE HOUSING.—The term ‘restrictive housing’ means any type of detention that involves—

“(A) removal from the general inmate population, whether voluntary or involuntary;

“(B) placement in a locked room or cell, whether alone or with another inmate; and

“(C) inability to leave the room or cell for the vast majority of the day.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 317 of title 18, United States Code, is amended by amending the item relating to section 4322 to read as follows:

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

SEC. 5. TREATMENT OF WOMEN WITH HIGH-RISK PREGNANCIES.

(a) IN GENERAL.—Chapter 303 of title 18, United States Code, is amended by adding at the end the following:

“§ 4051. Treatment of incarcerated pregnant women

“(a) HIGH-RISK PREGNANCY HEALTH CARE.—The Director of the Bureau of Prisons shall ensure that each incarcerated pregnant woman receives health care appropriate for a high-risk pregnancy, including obstetrical and gynecological care, during pregnancy and post-partum recovery.

“(b) HIGH-RISK PREGNANCIES.—

“(1) IN GENERAL.—The Director of the Bureau of Prisons shall transfer any incarcerated woman, who is determined by a health care professional to have a high-risk pregnancy and who agrees to be transferred, to a Residential Reentry Center with adequate health care during her pregnancy and postpartum recovery.

“(2) PRIORITY.—The Residential Reentry Center to which an incarcerated pregnant woman is transferred pursuant to paragraph (1) shall be in a geographical location that is close to the family members of the incarcerated pregnant woman. In the case that a Residential Reentry Center is unavailable, the incarcerated pregnant woman shall be transferred to alternative housing, including housing with a family member.

“(3) TRANSPORTATION.—To transport an incarcerated pregnant woman to a Residential Reentry Center, the Director of the Bureau of Prisons shall provide to the woman a mode of transportation that has been approved by the woman's health care professional, at no expense to the woman.

“(4) MONITORING.—In the case that an incarcerated pregnant woman transferred to alternative housing pursuant to this section is monitored electronically, an ankle monitor may not be used on the woman, unless there is no feasible alternative for monitoring the woman.

“(5) SERVICE OF SENTENCE.—Any time accrued at a Residential Reentry Center or alternative housing as a result of a transfer made pursuant to this section shall be credited toward service of the incarcerated pregnant woman's sentence.

“(6) CREDIT FOR PRETRIAL CUSTODY.—In the case of an incarcerated pregnant woman, any time accrued in pretrial custody shall be credited toward service of the woman's sentence.

“(c) DEFINITIONS.—In this section:

“(1) FAMILY MEMBER.—The term ‘family member’ means any individual related by blood or affinity whose close association with the incarcerated pregnant woman is the equivalent of a family relationship, including a parent, sibling, child, or individual standing in loco parentis.

“(2) RESIDENTIAL REENTRY CENTER.—The term ‘Residential Reentry Center’ means a Bureau of Prisons contracted residential reentry center.

“(3) HEALTH CARE PROFESSIONAL.—

“(A) IN GENERAL.—The term ‘health care professional’ means—

“(i) a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State in which the doctor practices;

“(ii) any physician's assistant or nurse practitioner who is supervised by a doctor of medicine or osteopathy described in clause (i); or

“(iii) any other person determined by the Secretary to be capable of providing health care services.

“(B) OTHER HEALTH CARE SERVICES.—A person is capable of providing health care services if the person is—

“(i) a podiatrist, dentist, clinical psychologist, optometrist, or chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in the State and performing within the scope of their practice as defined under State law;

“(ii) a nurse practitioner, nurse-midwife, clinical social worker, or physician’s assistant who is authorized to practice under State law and who is performing within the scope of their practice as defined under State law; and

“(iii) any health care professional from whom an employer or the employer’s group health plan’s benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

“(C) AUTHORIZED TO PRACTICE IN THE STATE.—The term ‘authorized to practice in the State’ means that a professional must be authorized to diagnose and treat physical or mental health conditions under the laws of the State in which the professional practices and where the facility is located.

“(4) HIGH-RISK PREGNANCY.—The term ‘high-risk pregnancy’ means, with respect to an incarcerated woman, that the pregnancy threatens the health or life of the woman or pregnancy, as determined by a health care professional.

“(5) POST-PARTUM RECOVERY.—The term ‘post-partum recovery’ means the 3-month period beginning on the date on which an incarcerated pregnant woman gives birth.”

(b) CONFORMING AMENDMENT.—The table of sections for chapter 303 of title 18, United States Code, is amended by adding at the end the following:

“4051. Treatment of incarcerated pregnant women.”

SEC. 6. EXEMPTION OF INCARCERATED PREGNANT WOMEN FROM THE REQUIREMENTS FOR SUITS BY PRISONERS.

Section 7 of the Civil Rights of Institutionalized Persons Act (42 U.S.C. 1997e) is amended—

(1) in subsection (a), by inserting after the period at the end the following: “This subsection shall not apply with respect to an incarcerated pregnant woman who brings an action relating to or affecting the woman’s pregnancy.”; and

(2) in subsection (d)(1), insert “, except an incarcerated pregnant woman,” before “who is confined”.

SEC. 7. DEFINITIONS.

In this Act:

(1) IN CUSTODY.—The term “in custody” means, with respect to an individual, that the individual is under the supervision of a Federal, State, tribal or local correctional facility, including pretrial and contract facilities, and juvenile or medical or mental health facilities.

(2) OTHER PREGNANCY OUTCOME.—The term “other pregnancy outcome” means a pregnancy that ends in stillbirth, miscarriage, or ectopic pregnancy.

(3) POSTPARTUM RECOVERY.—The term “postpartum recovery” means the 12-week period, or longer as determined by the health care professional responsible for the health and safety of the incarcerated pregnant woman, following delivery, and shall include the entire period that the incarcerated pregnant woman is in the hospital or infirmary.

(4) RESTRAINTS.—The term “restraints” means any physical or mechanical device used to control the movement of an incarcerated pregnant woman’s body, limbs, or both.

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

(A) removal from the general inmate population, whether voluntary or involuntary;

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

(C) inability to leave the room or cell for the vast majority of the day.

SEC. 8. EDUCATION AND TECHNICAL ASSISTANCE.

The Director of the National Institute of Corrections shall provide education and technical assistance, in conjunction with the appropriate public agencies, at State and local correctional facilities that house women and facilities in which incarcerated women go into labor and give birth, in order to educate the employees of such facilities, including health personnel, on the dangers and potential mental health consequences associated with the use of restrictive housing and restraints on incarcerated women during pregnancy, labor, and postpartum recovery, and on alternatives to the use of restraints and restrictive housing placement.

SEC. 9. BUREAU OF PRISONS STAFF AND U.S. MARSHALS TRAINING.

(a) BUREAU OF PRISONS TRAINING.—Beginning not later than 180 days after the date of enactment of this Act, and biannually thereafter, the Director of the Bureau of Prisons shall train each correctional officer at any Bureau of Prisons women’s facility to carry out the requirements of this Act.

(b) NEW HIRES.—Beginning not later than 180 days after the date of enactment of this Act, the Director of the Bureau of Prisons shall train any newly hired correctional officer at a Bureau of Prisons facility that houses women to carry out the requirements of this Act not later than 30 days after the date on which the officer is hired.

(c) U.S. MARSHAL TRAINING.—Beginning not later than 180 days after the date of enactment of this Act, and biannually thereafter, the Director of the U.S. Marshals Service shall ensure that each Deputy U.S. Marshal is trained pursuant to the guidelines described in subsection (d). Newly hired deputies shall receive such training not later than 30 days after the date on which such deputy starts employment.

(d) GUIDELINES.—The Director of the Bureau of Prisons and the United States Marshals Service shall each develop guidelines on the treatment of incarcerated women during pregnancy, labor, and postpartum recovery and incorporate such guidelines in the training required under this section. Such guidelines shall include guidance on—

(1) the transportation of incarcerated pregnant women;

(2) housing of incarcerated pregnant women;

(3) nutritional requirements for incarcerated pregnant women; and

(4) the right of a health care professional to request that restraints not be used.

SEC. 10. GAO STUDY ON STATE AND LOCAL CORRECTIONAL FACILITIES.

The Comptroller General of the United States shall conduct a study of services and protections provided for pregnant incarcerated women in local and State correctional settings, including policies on obstetrical and gynecological care, education on nutrition, health and safety risks associated with pregnancy, mental health and substance use treatment, access to prenatal and post-delivery support services and programs, the use of restraints and restrictive housing placement, and the extent to which the intent of such policies are fulfilled.

SEC. 11. GAO STUDY ON FEDERAL PRETRIAL DETENTION FACILITIES.

(a) STUDY.—The Comptroller General of the United States shall conduct a study of services and protections provided for pregnant women who are incarcerated in Federal pretrial detention facilities. Specifically, the study shall examine—

(1) what available data indicate about pregnant women detained or held in Federal pretrial detention facilities;

(2) existing U.S. Marshals Service policies and standards that address the care of pregnant women in Federal pretrial detention facilities; and

(3) what is known about the care provided to pregnant women in Federal pretrial detention facilities.

(b) REPORT AND BEST PRACTICES.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit a report of the results of the study conducted under subsection (a) to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives. The report shall identify best practices for ensuring that Federal pretrial detention facilities implement services and protections for pregnant women consistent with this Act and shall provide recommendations on how to implement these best practices among all Federal pretrial detention facilities.

(c) DEFINITION.—For purposes of this section, the term “Federal pretrial detention facilities” includes State, local, private, or other facilities under contract with the U.S. Marshals Service for the purpose of housing Federal pretrial detainees.

SEC. 12. PWIC GRANT PROGRAM.

Section 508 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10151 et seq.) is amended to read as follows:

“SEC. 508. PREGNANT WOMEN IN CUSTODY GRANT PROGRAM.

“(a) SHORT TITLE.—This section may be cited as the ‘Pregnant Women in Custody Grant Program of 2020’ or the ‘PWIC Act of 2020’.

“(b) ESTABLISHMENT.—The Attorney General may make grants to eligible entities that have established a program to promote the health needs of incarcerated pregnant women in the criminal justice system at the State, tribal, and local levels or have declared their intent to establish such a program. Eligible entities shall—

“(1) promote the safety and wellness of pregnant women in custody;

“(2) provide services for obstetrical and gynecological care, for women in custody;

“(3) facilitate resources and support services for nutrition and physical and mental health, for women in custody;

“(4) establish and maintain policies that are substantially similar to the limitations imposed under section 4322 of title 18, United States Code, limiting the use of restraints on pregnant women in custody; and

“(5) maintain, establish, or build post-delivery lactation and nursery care or residential programs to keep the infant with the mother and to promote and facilitate bonding skills for incarcerated pregnant women and women with dependent children.

“(c) GRANT PERIOD.—A grant awarded under this section shall be for a period of not more than 5 years.

“(d) ELIGIBLE ENTITY.—An entity is eligible for a grant under this section if the entity is—

“(1) a State or territory department of corrections;

“(2) a tribal entity that operates a correctional facility; or

“(3) a unit of local government that operates a prison or jail that houses women; or

“(4) a locally-based nonprofit organization, that has partnered with a State or unit of local government that operates a correctional facility, with expertise in providing health services to incarcerated pregnant women.

“(e) APPLICATION.—To receive a grant under this section, an eligible entity shall

submit an application to the Attorney General at such time, in such manner, and containing such information as the Attorney General may require, including a detailed description of the need for the grant and an account of the number of individuals the grantee expects to benefit from the grant.

“(f) ADMINISTRATIVE COSTS.—Not more than 5 percent of a grant awarded under this section may be used for costs incurred to administer such grant.

“(g) CONSTRUCTION COSTS.—Notwithstanding any other provision of this Act, no funds provided under this section may be used, directly or indirectly, for construction projects, other than new construction or upgrade to a facility used to provide lactation, nursery, obstetrical, or gynecological services.

“(h) PRIORITY FUNDING FOR STATES THAT PROVIDE PROGRAMS AND SERVICES FOR INCARCERATED WOMEN RELATED TO PREGNANCY AND CHILDBIRTH.—In determining the amount provided to a State or unit of local government under this section, the Attorney General shall give priority to States or units of local government that have enacted laws or policies and implemented services or pilot programs for incarcerated pregnant women aimed at enhancing the safety and wellness of pregnant women in custody, including providing services for obstetrical and gynecological care, resources and support services for nutrition and physical and mental health, and post-delivery lactation and nursery care or residential programs to keep the infant with the mother and to promote and facilitate bonding skills for incarcerated pregnant women and women with dependent children.

“(i) SUBGRANT PRIORITY.—A State that receives a grant under this section shall prioritize subgrants to a unit of local government within the State that has established a pilot program that enhances safety and wellness of pregnant women in custody.

“(j) FEDERAL SHARE.—

“(1) IN GENERAL.—The Federal share of a grant under this section may not exceed 75 percent of the total costs of the projects described in the grant application.

“(2) WAIVER.—The requirement of paragraph (1) may be waived by the Assistant Attorney General upon a determination that the financial circumstances affecting the applicant warrant a finding that such a waiver is equitable.

“(k) COMPLIANCE AND REDIRECTION OF FUNDS.—

“(1) IN GENERAL.—Not later than 1 year after an eligible entity receives a grant under this section, such entity shall implement a policy that is substantially similar to the policy under section 3 of Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act.

“(2) EXTENSION.—The Attorney General may provide a 120-day extension to an eligible entity that is making good faith efforts to collect the information required under paragraph (1).

“(l) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, to remain available until expended—

“(1) for fiscal year 2021, \$5,000,000;

“(2) for fiscal year 2022, \$5,000,000;

“(3) for fiscal year 2023, \$5,000,000;

“(4) for fiscal year 2024, \$6,000,000; and

“(5) for fiscal year 2025, \$6,000,000.

“(m) FUNDS TO BE SUPPLEMENTAL.—To receive a grant under this section, the eligible entity shall certify to the Attorney General that the amounts received under the grant shall be used to supplement, not supplant, non-Federal funds that would otherwise be available for programs or services in the prison where funds will be used.

“(n) UNOBLIGATED AND UNSPENT FUNDS.—Funds made available pursuant to this section that remain unobligated for a period of 6 months after the end of the fiscal year for which the funds have been appropriated shall be awarded to other recipients of this grant.

“(o) CIVIL RIGHTS OBLIGATION.—A recipient of a grant under this section shall be subject to the nondiscrimination requirement under section 40002(b)(13) of the Violence Against Women Act of 1994 (34 U.S.C. 12291(b)(13)).

“(p) DEFINITIONS.—In this section, the term ‘in custody’ means, with respect to an individual, that the individual is under the supervision of a Federal, State, tribal, or local correctional facility, including pretrial and contract facilities, and juvenile or medical or mental health facilities.”.

SEC. 13. PLACEMENT IN PRERELEASE CUSTODY.

Section 3624(c)(1) of title 18, United States Code, is amended by adding at the end the following: “Notwithstanding any other provision of this paragraph, in the case of a pregnant woman in custody, if that woman’s due date is within the final year of her term of imprisonment, that woman may be placed into prerelease custody beginning not earlier than the date that is 2 months prior to that woman’s due date.”.

SEC. 14. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ‘Budgetary Effects of PAYGO Legislation’ for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. BASS) and the gentleman from Pennsylvania (Mr. RESCHENTHALER) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. BASS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. BASS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I worked with Representatives KATHERINE CLARK and BRENDA LAWRENCE, along with my colleagues on the other side of the aisle, GUY RESCHENTHALER and DEBBIE LESKO, to introduce the bipartisan H.R. 7718, Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act, which will improve the prenatal and postpartum care women receive while in BOP custody and provides additional funding for States to do the same.

Since the early 1980s, the number of women in Federal and State custody has increased by 700 percent. Women are the fastest growing segment of the incarcerated population, and women are incarcerated mainly for nonviolent offenses. Over 60 percent of women in

prison are mothers with children under the age of 18.

The purpose of this bill is to take a comprehensive look at how women are cared for while in custody. This bill addresses a series of health-related concerns raised by women in custody as well as the American College of Obstetricians and Gynecologists.

This bill would require that once a determination that a woman is pregnant is made, that her doctor devise a plan that would allow for reasonable accommodations for her care while in custody. This plan would be provided to the warden of each prison.

The plan would take into account a woman’s individual healthcare needs during pregnancy and postpartum, which includes access to healthcare professionals, such as OB/GYNs, nurses, doulas, and midwives, to address the conditions in prison that, if modified, would significantly improve her chances of having a healthy pregnancy.

Reasonable accommodations include food and nutrition and access to nutritious food. According to healthcare professionals, good maternal nutrition can contribute positively to the delivery of a healthy newborn of an appropriate weight.

We have heard stories of women who are incarcerated given an additional peanut butter and jelly sandwich to address their nutritional needs. This is obviously not adequate for a woman who is pregnant.

Another accommodation is transferring a woman from a top bunk to a lower bunk, as pregnant women are at high risk for falls, and falls are dangerous for pregnancies. In addition, women who are pregnant need access to bathrooms and water for the duration of their pregnancy. I know it sounds strange, but in some prisons, this is actually an issue.

Meeting the healthcare needs of women has a positive impact on the pregnancy and allowing women access to OB/GYNs as their primary caregiver is vital.

Birth by caesarean section, on average, can cost \$7,000 to \$10,000 more than a natural birth, and dealing with women appropriately during pregnancy reduces the number of caesarean sections.

For women who are determined to have pregnancies that are considered at high risk by their doctor, it might be appropriate to say incarceration in a prison is not the best way and maybe women could be housed closer to home in halfway houses.

After a baby is born, birth mothers will be provided with postpartum care and also will receive information regarding family preservation and their parental rights.

So this is a comprehensive bill, and I advise all of my colleagues to support the bill.

Mr. Speaker, I reserve the balance of my time.

Mr. RESCHENTHALER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the bipartisan Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act will improve care and outcomes for pregnant women in prison as well as for their children.

I was proud to introduce this important legislation with Representatives BASS, LESKO, and CLARK. I just want to say that Chairwoman BASS was incredible to work with. In particular, we did one virtual meeting, which consisted of tear-jerking stories that really addressed the need for change in this area.

Mr. Speaker, women are the fastest growing population in Federal prisons, yet the system was designed with just men in mind.

In 2018, Congress and President Trump took action to address these inequities with the FIRST STEP Act. H.R. 7718 will build upon that critical work by addressing the unique healthcare needs of incarcerated women who are pregnant, as well as those of their babies, which will ensure positive outcomes for their families.

H.R. 7718 establishes minimum standards of care for pregnant women, unborn children, and newborns in Federal custody. Further, the bill limits the use of restraints and restrictive housing for pregnant women and postpartum prisoners.

By providing incarcerated women with access to pregnancy-related healthcare and services, we can ensure better outcomes for mothers and babies.

Again, I want to thank Chairwoman BASS, Representative LESKO, and Representative CLARK for working with me on this important piece of legislation.

Mr. Speaker, I urge the House to support this important legislation, and I reserve the balance of my time.

Ms. BASS. Mr. Speaker, I yield myself such time as I may consume. To date, the United States incarcerates more women than any other country in the world. However, Federal, State, and local facilities have not fully met the needs of pregnant women in their care. I would like to share a few stories with you.

Last Congress, Pamela Winn, while she sat in the Chamber during the passage of the FIRST STEP Act, was a registered nurse who specialized in obstetrics. She knew her pregnancy was in distress after she fell while her wrists and ankles were shackled in her 20th week of pregnancy.

For weeks after the fall, Ms. Winn asked for medical help, which she did not receive. She began bleeding in her cell and was brought to the hospital in shackles. While still in the hospital, Ms. Winn asked the guard what happened to her baby, and he told her that her baby was thrown in the trash. That is how Ms. Winn discovered she miscarried.

No one should experience what she had to endure.

Andrea Circle Bear is the first woman to die in custody as a result of

COVID-19. Ms. Circle Bear entered custody while pregnant and contracted COVID-19 while in BOP's care. She later gave birth on a ventilator by caesarean and died without meeting her child.

Ms. Circle Bear, the mother of five children, was a high-risk pregnancy and could have easily been released. She was in on a drug charge. Instead, she now leaves behind six children.

Recently, I spoke with Nicole Bennett, who lives in Los Angeles. Nicole is the mother of four and shared her experience being pregnant with her second child while in custody. Ms. Bennett did not receive proper prenatal care or nutrition. She was shackled during labor and immediately after.

Ms. Bennett, like most women in custody, was not a violent offender. Yet, she was not allowed to hold her infant daughter when she was born. It would be 6 months before Ms. Bennett saw her daughter again.

Today, her daughter is 8 years old, and Ms. Bennett still carries a lot of guilt and pain for being shackled, not having access to proper prenatal care, and having her child in custody without friends or family. Ms. Bennett firmly believes this impacted her ability to bond with her child.

Tammy Jackson is a woman struggling with mental illness. She was brought into custody while in her final trimester. Ms. Jackson informed the officers that she was in labor, and it took 6 hours for her to receive medical help. Ms. Jackson gave birth to her child in her cell, alone.

Diana Sanchez could not pay for her bond for a traffic violation while in her final trimester of pregnancy. Ms. Sanchez requested medical help after she began experiencing severe cramps. She informed the on-duty nurse, as well as the officers on duty, yet Ms. Sanchez was left alone in her cell for 5 hours and gave birth alone in her cell. The entire nightmare was caught on video. You can see Ms. Sanchez screaming. She should not have been left alone in her cell in her third trimester, and she should have received medical care from an obstetrician.

This is a comprehensive and strong bipartisan bill, and I urge all of my colleagues to support H.R. 7718. Support pregnant women in custody.

Mr. Speaker, I reserve the balance of my time.

Mr. RESCENTHALER. Mr. Speaker, I, again, want to urge my colleagues to vote "yes" on H.R. 7718, the Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act.

Again, I reiterate that it was an absolute honor to work with Chairwoman BASS on this important piece of legislation.

Mr. Speaker, I yield back the balance of my time.

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Ms. BASS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, one day I hope that these mothers mentioned here earlier are the last to have experienced not receiving appropriate care while in custody and pregnant.

As we begin to institute criminal justice reform to stem the increase of people entering the system, we must improve the resources provided to those who are currently in custody. Support H.R. 7718. Support pregnant women in custody.

Mr. Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, as a senior member of the Committee on the Judiciary and Co-Chair of the Congressional Children's Caucus, I rise in strong support of H.R. 7718, the "Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act," introduced by our colleague Congresswoman BASS of California.

This legislation requires the Bureau of Justice Statistics to collect and report data relating to the demographics and physical and mental health needs of incarcerated women who are pregnant, in labor, or in post-partum recovery, at the Federal, State, tribal, and local levels.

In addition, the bill will help ensure that appropriate medical services and programs related to pregnancy and childbirth are provided in the Bureau of Prisons (BOP) and made available to women in custody.

The bill also prohibits the use of restraints or restrictive housing, while in BOP or U.S. Marshals Service custody, during the period of pregnancy, labor, and postpartum recovery, unless these measures are necessary.

Over the past four decades, the total U.S. prison population has skyrocketed.

There are almost 2.3 million people currently in our nation's prisons and jails, 36 which represents a more than 500 percent increase over the last 40 years.

During the period from 1980 to the present, the federal prison population has grown from approximately 25,000 to 180,000—an increase of over 600 percent.

A topic that is not as widely discussed is the fact that women are the fastest-growing segment of the incarcerated population.

In the same time period, the number of women in the state prison population has grown by 834 percent, at more than double the pace of men.

Today, the overall incarcerated population has begun to decrease slightly, although almost all of the reduction has been among men, and the proportion of incarcerated women remains on the rise.

Since 2000, the jail incarceration rate for women has risen 26 percent while the rate for men has fallen by 5 percent.

In addition, at the present time, there are more women in prison than at any point in U.S. history.

Nationally, 64 out of every 100,000 women were in prison in 2016.

Since 2013, the percentage of women prosecuted federally has consistently hovered around 13 percent.

At the state level, the rate at which women are incarcerated varies greatly; the state with the highest rate of female imprisonment is Oklahoma and the states with the lowest incarceration rates for women are Rhode Island and Massachusetts.

In 35 states, women's incarceration numbers have been higher than men's, and in a few states, the growth of women's prison populations have counteracted any reductions in men's incarceration numbers.

Further, women in jail are the fastest growing correctional population in the country, increasing 14-fold between 1970 and 2014.

This trend is even greater in small counties, where there has been a 31-fold increase between 1970 and 2014.

Significantly, nearly half of all incarcerated women are held in jails.

Mr. Speaker, somewhere between 3 percent and 6 percent of women entering the prison system are pregnant, with the highest rates of pregnancies being in local jails.

Statistics from the Bureau of Prisons show that there were 171 pregnancies in federal prison in 2018.

While the prison health care system is barely adequate for men, it fails to meet incarcerated women's basic needs.

The situation is even more dire for pregnant women in prison who have additional and unique health needs.

A significant portion of women come into the prison system with a history of poverty, substance abuse, and trauma and abuse.

Women who enter prison are also less likely to have had access to regular health care before their incarceration, especially appropriate prenatal care.

Moreover, women in prison are more likely to suffer from undiagnosed chronic illnesses, such as diabetes and high blood pressure, that can cause a high-risk pregnancy.

Another salutary aspect of H.R. 7718 is that provides education and technical assistance by the National Institute of Corrections to state and local corrections facilities on appropriate medical care for pregnant women and to ensure training of BOP correctional officers at facilities housing women and of deputy U.S. Marshals, on the requirements of the bill.

Finally, the legislation directs GAO to study and report to Congress the services and protections provided for pregnant incarcerated women in local and State correctional settings and in Federal pretrial detention facilities and authorizes the Attorney General to make grants to State, tribal, and local governments, to promote and support the health needs of incarcerated pregnant women.

Mr. Speaker, H.R. 7718 complements and expands on the SIMARRA Act I introduced in the 114th and 115th Congress (i.e., H.R. 5130, H.R. 3410) and incorporated in the Violence Against Women Reauthorization Act, legislation which directs the Bureau of Prisons to establish a pilot program to allow incarcerated women who give birth and children born during such incarceration to reside together in a separate prison housing unit.

I strongly support this legislation and urge all Members to join me in voting to pass H.R. 7718, the "Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act."

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. BASS) that the House suspend the rules and pass the bill, H.R. 7718, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.R. 561. An act to amend title 38, United States Code, to improve the oversight of contracts awarded by the Secretary of Veterans Affairs to small business concerns owned and controlled by veterans, and for other purposes.

H.R. 991. An act to extend certain provisions of the Caribbean Basin Economic Recovery Act until September 30, 2030, and for other purposes.

H.R. 3399. An act to amend the Nutria Eradication and Control Act of 2003 to include California in the program, and for other purposes.

The message also announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 910. An act to reauthorize and amend the National Sea Grant College Program Act, and for other purposes.

S. 1069. An act to require the Secretary of Commerce, acting through the Administrator of the National Oceanic and Atmospheric Administration, to establish a constituent-driven program to provide a digital information platform capable of efficiently integrating coastal data with decision-support tools, training, and best practices and to support collection of priority coastal geospatial data to inform and improve local, State, regional, and Federal capacities to manage the coastal region, and for other purposes.

S. 3681. An act to require a joint task force on air travel during and after the COVID-19 Public Health Emergency, and for other purposes.

S. 4403. An act to amend the Nutria Eradication and Control Act of 2003 to include California in the program, and for other purposes.

FIGHT NOTARIO FRAUD ACT OF 2020

Ms. BASS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8225) to amend title 18, United States Code, to prohibit certain types of fraud in the provision of immigration services, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8225

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Fight Notario Fraud Act of 2020".

SEC. 2. FRAUD PROHIBITED.

(a) IN GENERAL.—Chapter 47 of title 18, United States Code, is amended by adding at the end the following new section:

"§ 1041. Schemes to defraud persons in any matter arising under immigration laws

"(a) FRAUD.—Any person who knowingly executes a scheme or artifice, in connection with any matter authorized by or arising under the immigration laws, or any matter that such person claims or represents is authorized by or arises under the immigration laws to—

"(1) defraud any other person; or

"(2) obtain or receive money or anything else of value from any other person by means of false or fraudulent pretenses, representations, or promises,

shall be fined under this title, imprisoned not more than 1 year, or both.

"(b) MISREPRESENTATION.—Any person who knowingly makes a false representation that such person is an attorney or an accredited representative (as such term is defined under section 1292.1(a)(4) of title 8, Code of Federal Regulations (or any successor regulation)) in any matter arising under the immigration laws shall be fined under this title, imprisoned not more than 1 year, or both.

"(c) THREATS AND RETALIATION.—Any person who violates subsection (a) and knowingly—

"(1) threatens to report another person to Federal authorities or State law enforcement authorities working in conjunction with or pursuant to Federal authority;

"(2) acts to adversely affect another person's immigration status, perceived immigration status, or attempts to secure immigration status that—

"(A) impacts or results in the removal of the person from the United States;

"(B) leads to the loss of immigration status; or

"(C) causes the person seeking to apply for an immigration benefit to lose an opportunity to apply for such an immigration benefit that would have provided immigration status and for which a person was prima facie eligible; or

"(3) demands or retains money or anything else of value for services fraudulently performed or not performed or withholds or threatens to withhold services promised to be performed,

shall be fined under this title, imprisoned not more than 1 year, or both.

"(d) GRAVITY OF OFFENSE.—

"(1) CUMULATIVE LOSS.—Any person who violates subsection (a), (b), or (c) such that the cumulative loss to all victims exceeds \$10,000 may be imprisoned not more than 3 years, fined under this title, or both.

"(2) RETALIATION.—Any person who violates subsection (a) or (b) and causes the harm described in subsection (c)(2) may be imprisoned not more than 3 years, fined under this title, or both.

"(e) INFORMATION SHARING AND ENFORCEMENT.—

"(1) IN GENERAL.—The Immigrant and Employee Rights Section of the Civil Rights Division of the Department of Justice—

"(A) shall have primary enforcement responsibility for this section and shall be consulted prior to a United States Attorney initiating an action under this section;

"(B) shall establish procedures to receive and investigate complaints of fraudulent immigration schemes from the public that are consistent with the procedures for receiving and investigating complaints of unfair immigration-related employment practices; and

"(C) shall maintain and publish on the internet, information aimed at protecting consumers from fraudulent immigration schemes, as well as a list of individuals who have been convicted of unlawful conduct under this section or have been found by a State or Federal agency to have unlawfully provided immigration services.

"(2) SPECIAL UNITED STATES ATTORNEYS.—The Attorney General shall establish no fewer than 15 Special United States Attorney positions in districts the Attorney General determines, after analyzing data following each decennial census, to be most affected by the fraud described in subsections (a), (b), and (c).