The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

SENATE, Thursday, February 20, 2014

The committee on Public Safety and Homeland Security to whom was referred the petitions (accompanied by bill, Senate, No. 1125) of Cynthia S. Creem and William N. Brownsberger for legislation relative to restraint of pregnant inmates and (accompanied by bill, Senate, No. 1171) of Karen E. Spilka, William N. Brownsberger, John W. Scibak, Martha M. Walz and other members of the General Court for legislation to prevent shackling and promote safe pregnancies for female inmates,- reports the accompanying bill (Senate, No. 2012).

For the committee, James E. Timilty

SENATE No. 2012

The Commonwealth of Alassachusetts

In the Year Two Thousand Fourteen

An Act to prevent shackling and promote safe pregnancies for female inmates.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

childbirth education.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 127 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out section 118 and inserting in place thereof the following:—

Section 118. (a) All female inmates, upon admission to a correctional facility when awaiting trial or sentenced, shall be screened and assessed for pregnancy by a nurse and shall be informed of any medical tests administered in connection with such screening. Pregnant inmates shall receive nondirective counseling and accessible written material on pregnancy options and correctional facility policies and practices regarding care and labor for pregnant inmates.

Correctional facilities housing female inmates shall ensure that at least one member of their medical and nursing staff is trained in pregnancy-related care, which shall include knowledge of

Pregnant and postpartum inmates shall be provided regular prenatal and postpartum medical care at the correctional facility in which they are housed, including: periodic health monitoring and evaluation during pregnancy; the opportunity for a minimum of one hour of

prenatal nutrition, high-risk pregnancy, addiction and substance abuse during pregnancy, and

ambulatory movement each day; a diet containing the nutrients necessary to maintain a healthy pregnancy, including prenatal vitamins and supplements; written information regarding prenatal nutrition, maintaining a healthy pregnancy, and childbirth; and postpartum screening for depression. The Department of Correction shall, in consultation with the Department of Public Health, develop appropriate standards of care for pregnant and postpartum inmates, which shall reflect, at a minimum, the standards set forth by the National Commission on Correctional Health Care and the American Dietetic Association. Pregnant and postpartum inmates shall be provided appropriate clothing, undergarments, and sanitary materials. If pregnant inmates require medically necessary, specialized care that is unavailable at the correctional facility, they shall have access to such care at a supporting medical facility with appropriate expertise.

If a postpartum inmate is determined to be suffering from postpartum depression, she shall have regular access to a mental health clinician. Postpartum inmates shall not be subject to isolation absent an individualized, documented determination that the inmate poses a serious risk of harm to herself or others.

Prior to release, correctional facility medical personnel shall provide pregnant inmates counseling and discharge planning in order to ensure continuity of pregnancy-related care, including uninterrupted substance abuse treatment.

(b) Pregnant inmates, during the second or third trimester, or in post-delivery recuperation, shall be transported to and from visits to medical providers and court proceedings in a vehicle with seatbelts and shall not be placed in restraints during transportation, except handcuffs in front under extraordinary circumstances.

An inmate who is in labor, delivering her baby, or who is being transported or housed in an outside medical facility for the purpose of treating labor symptoms, shall not be placed in restraints.

An inmate in post-delivery recuperation shall not be placed in restraints, except under extraordinary circumstances.

For purposes of this section, "extraordinary circumstances" exist where a corrections officer makes an individualized determination that the inmate presents an immediate, serious threat of hurting herself or others, or that the inmate presents an immediate and credible risk of escape that cannot be reasonably contained through other methods. In the event the corrections officer determines that extraordinary circumstances exist, the officer shall document in writing the reasons for the determination, and the specific type of restraints used.

If an inmate is restrained, the restraints used must be the least restrictive restraints necessary to still ensure safety and security and the corrections officer must document in writing the reasons the restraints used are considered the least restrictive necessary under the circumstances. In no case shall leg or waist restraints be used on any inmate during the second or third trimester of pregnancy, labor, delivery, or during post-delivery recuperation. If the attending physician or other health professional treating the pregnant inmate requests that restraints be removed for medical reasons, the corrections officer shall immediately remove all restraints.

(c) Pregnant inmates shall receive labor and delivery care in an accredited hospital and shall not be removed to another penal institution for the purpose of giving birth. During post-

- delivery recuperation, an inmate shall be kept in such hospital until the attending physician certifies that she may safely be removed.
- If a corrections officer is present in the room during the pregnant inmate's physical examinations, labor, or childbirth, the employee shall be female and positioned at the head of the bed so as to maintain maximum patient privacy.
- Nothing in this section affects the use of hospital restraints requested for the medical safety of a patient by treating physicians.