



**Substitute Senate Bill No. 13**

**Public Act No. 18-4**

**AN ACT CONCERNING THE FAIR TREATMENT OF INCARCERATED PERSONS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2018*) (a) The Commissioner of Correction shall ensure that at least one departmental or contracted, licensed health care provider who is employed at the York Correctional Institution (1) has been trained in prenatal and postpartum medical care, and (2) has knowledge of and the ability to educate any inmate who is pregnant concerning prenatal nutrition, high-risk pregnancy and addiction and substance abuse during pregnancy and childbirth.

(b) Upon admission to the York Correctional Institution, each inmate shall be assessed for pregnancy by a licensed health care provider. The licensed health care provider shall inform the inmate of any necessary medical tests associated with the pregnancy assessment prior to the administration of such tests.

(c) The York Correctional Institution shall provide each inmate who is pregnant with: (1) Counseling and written material, in a form that may be reasonably understood, concerning (A) the inmate's options with regard to her pregnancy, (B) prenatal nutrition, (C) maintaining a

***Substitute Senate Bill No. 13***

healthy pregnancy, (D) labor and delivery, (E) the postpartum period, (F) the institution's policies and practices regarding the care of an inmate during pregnancy, labor and delivery and the postpartum period, and (G) restrictions on the use of restraints on pregnant inmates, (2) medical care at the correctional institution, which shall include, but not be limited to: (A) Periodic health monitoring and evaluation during pregnancy, and (B) prenatal vitamins or supplements, as deemed necessary by a licensed health care provider, (3) a diet containing the nutrients necessary to maintain a healthy pregnancy, as determined by a licensed health care provider trained in prenatal care, (4) the clothing, undergarments and sanitary materials deemed appropriate by a licensed health care provider who has been trained in prenatal and postpartum medical care, (5) the opportunity for a minimum of one hour of ambulatory movement every day, and (6) access to treatment for postpartum depression by a qualified mental health professional, provided such treatment is deemed necessary by a licensed health care provider who has been trained in postpartum medical care. If a departmental or contracted licensed health care provider in prenatal medical care, or any other health care professional who evaluates or treats an inmate who is pregnant, determines that the inmate's pregnancy is high risk or involves any other medical complication for either the inmate or the baby, such inmate shall be immediately transferred to the medical infirmary setting or any hospital deemed appropriate, as determined by such health care provider or professional. The written material provided to an inmate pursuant to subdivision (1) of this subsection shall be known as the "Pregnant Woman's Guide".

(d) Except as provided in this subsection, correctional staff of the York Correctional Institution shall not use any leg or waist restraint on any inmate of the institution who is known to be pregnant or in the postpartum period. An inmate known to be pregnant may only be restrained using handcuffs that are placed on the wrists held in front of

***Substitute Senate Bill No. 13***

the inmate's body, except an inmate may be placed in wrist, leg or waist restraints if (1) there are compelling grounds to believe that an inmate presents (A) an immediate and serious threat of harm to herself, staff and others, or (B) a substantial flight risk and cannot be reasonably contained by other means, and (2) use of such restraints is approved by the unit administrator of the institution, or his or her designee, except under exigent circumstances. Such restraints shall be the least restrictive kind of restraints considering the circumstances. Correctional staff shall document, in writing, the reasons for such determination, the kind of restraints used and the reasons staff considered such restraints to be the least restrictive kind available and the most reasonable means of preventing harm or escape. The correctional staff of the York Correctional Institution shall ensure that any inmate, who is determined to be in the second or third trimester of a pregnancy by a licensed health care provider, is transported to and from visits to health care providers and court proceedings in a vehicle with seatbelts. If an attending physician or advanced practice registered nurse requests that the inmate's restraints be removed for medical reasons, correctional staff shall immediately remove the restraints. Nothing in this subsection shall prohibit the use of medical restraints by a licensed health care provider to ensure the medical safety of the inmate. As used in this subsection and subsection (e) of this section, "restraints" means metal handcuffs, metal leg restraints and waist and tether chains.

(e) Each pregnant inmate of the York Correctional Institution shall receive labor and delivery services in a hospital deemed appropriate by a departmental or contracted, licensed health care provider. Notwithstanding the provisions of subsection (d) of this section, an inmate who is in any stage of labor or delivery, as determined by a licensed health care provider, shall not be placed in restraints at any time, including, but not limited to, during transportation to the hospital. If a correction officer is present with the inmate during any

**Substitute Senate Bill No. 13**

stage of labor or delivery, such correction officer shall be female, if possible. Such correction officer shall be positioned in a location that ensures the inmate's privacy, to the extent possible.

(f) Any inmate in the postpartum period shall be assessed by a licensed health care provider upon return to the correctional institution. Each inmate in the postpartum period shall be housed in a medical or mental health housing unit at the correctional institution until discharged by a licensed health care provider.

(g) The York Correctional Institution shall provide a pregnant inmate, prior to the inmate's release, with counseling and discharge planning to ensure, to the extent feasible, the continuity of prenatal and pregnancy-related care, including substance abuse programs and treatment referrals when deemed appropriate.

Sec. 2. (NEW) (*Effective October 1, 2018*) (a) The Department of Correction shall establish prenatal, labor, and postpartum services and supports for women incarcerated at the York Correctional Institution. Such services and supports shall include, but need not be limited to, a lactation policy that provides inmate mothers the opportunity to pump and store breast milk for their babies.

(b) The Department of Correction shall establish and make available to women incarcerated at the York Correctional Institution parenting support literature, including information on child custody processes, child support and family reunification resources.

Sec. 3. (NEW) (*Effective October 1, 2018*) Correctional staff at York Correctional Institution shall, upon request, provide an inmate at the institution with feminine hygiene products as soon as practicable. Correctional staff shall provide such feminine hygiene products for free and in a quantity that is appropriate to the health care needs of the inmate. For purposes of this section, "feminine hygiene products"

**Substitute Senate Bill No. 13**

means tampons and sanitary napkins.

Sec. 4. (NEW) (*Effective October 1, 2018*) The Commissioner of Correction shall establish visitation policies for any inmate who is a parent to a child under the age of eighteen. Such policies shall include, but need not be limited to, rules regarding: (1) Physical contact, (2) convenience and frequency of visits, and (3) access to child-friendly visiting areas.

Sec. 5. (NEW) (*Effective October 1, 2018*) All inmates shall be permitted to shower, perform bodily functions and change clothes without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to a routine cell check. Staff of the opposite gender shall announce their presence when entering an inmate housing unit when no other staff of the opposite gender is present.

Sec. 6. Section 18-81z of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

The Department of Correction, the Board of Pardons and Paroles and the Court Support Services Division of the Judicial Branch shall develop a risk assessment strategy for offenders committed to the custody of the Commissioner of Correction that will (1) utilize a risk assessment tool that accurately rates an offender's likelihood to recidivate upon release from custody, and (2) identify the support programs that will best position the offender for successful reentry into the community. Such strategy shall incorporate use of both static and dynamic factors and utilize a gender-responsive approach that recognizes the unique risks and needs of female offenders. In the development of such risk assessment strategy, the department, board and division may partner with an educational institution [in this state] that has expertise in criminal justice and psychiatry to evaluate risk assessment tools and customize a risk assessment tool to best meet the

**Substitute Senate Bill No. 13**

state's needs. On or before January 1, 2009, and annually thereafter, the department, board and division shall report to the Governor and the joint standing committee of the General Assembly on judiciary, in accordance with section 11-4a, on the development, implementation and effectiveness of such strategy.

Sec. 7. Subsection (b) of section 18-96a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(b) (1) The Department of Correction, [shall, within available appropriations,] in consultation with the Department of Mental Health and Addiction Services, may develop a program for custodial staff members to receive not less than four hours and not more than eight hours of training on mental health issues each year. [Such training shall consist of classroom instruction and written materials provided by a qualified mental health professional in conjunction with a training academy accredited by the American Correctional Association, and] Within available appropriations, such training shall include, at a minimum: (A) Prevention of suicide and self-injury; (B) recognition of signs of mental illness; (C) communication skills for interacting with inmates with mental illness; and (D) alternatives to disciplinary action and the use of force when dealing with inmates with mental illness. Such program shall be offered: (i) Commencing on July 1, 2009, to all custodial staff members at one or more correctional facilities designated by the Commissioner of Correction; (ii) on and after July 1, 2010, to all custodial staff members at one or more additional correctional facilities designated by the commissioner; and (iii) on and after July 1, 2011, to all custodial staff members at one or more additional correctional facilities designated by the commissioner. [Such program shall terminate on July 1, 2012.]

(2) [In] On and after October 1, 2018, in addition to the requirements of subdivision (1) of this subsection, all custodial staff members at each

**Substitute Senate Bill No. 13**

correctional facility of the Department of Correction in which female inmates are confined [may, during the fiscal year ending June 30, 2008, and] may, within available appropriations, receive not less than four hours and not more than eight hours of training on [mental health issues, including] gender-specific and trauma-related mental health issues faced by female inmates.

Sec. 8. (NEW) (*Effective July 1, 2018*) Any inmate of a correctional institution, as described in section 18-78 of the general statutes, who has a gender identity that differs from the inmate's assigned sex at birth and has a diagnosis of gender dysphoria, as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", shall: (1) Be addressed by correctional staff in a manner that is consistent with the inmate's gender identity, (2) have access to commissary items, clothing, personal property, programming and educational materials that are consistent with the inmate's gender identity, and (3) have the right to be searched by a correctional staff member of the same gender identity, unless the inmate requests otherwise or under exigent circumstances. An inmate who has a birth certificate, passport or driver's license that reflects his or her gender identity or who can meet established standards for obtaining such a document to confirm the inmate's gender identity shall presumptively be placed in a correctional institution with inmates of the gender consistent with the inmate's gender identity. Such presumptive placement may be overcome by a demonstration by the Commissioner of Correction, or the commissioner's designee, that the placement would present significant safety, management or security problems. In making determinations pursuant to this section, the inmate's views with respect to his or her safety shall be given serious consideration by the Commissioner of Correction, or the commissioner's designee.

Sec. 9. (*Effective from passage*) On or before October 1, 2019, the

***Substitute Senate Bill No. 13***

Commissioner of Correction, or the commissioner's designee, shall report in accordance with the provisions of section 11-4a of the general statutes to the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary on instances during the period of time from July 1, 2018, to June 30, 2019, in which (1) more than one type of restraint, as described in subsection (d) of section 1 of this act, was simultaneously used on a pregnant inmate, (2) an inmate incarcerated in a correctional institution has given birth outside of a traditional hospital setting, and (3) a pregnant inmate was held in administrative segregation.

Approved May 14, 2018