

115TH CONGRESS
2D SESSION

S. 3616

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 14, 2018

Mr. PAUL (for himself and Mrs. GILLIBRAND) introduced the following bill;
which was read twice and referred to the Committee on the Judiciary

A BILL

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

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

1 **SECTION 1. SHORT TITLE.**

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

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

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

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

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

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

19 (5) Prenatal care significantly improves out-
20 comes for pregnant women, adolescents, and their
21 babies.

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

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

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

9 (9) Use of restrictive housing and restraints on
10 incarcerated pregnant women is extremely dangerous
11 to the health of mothers, fetuses, and infants. Yet,
12 these practices remain legal and practiced widely in
13 some States.

14 (10) Use of restrictive housing for pregnant
15 women creates a serious risk of mental and physical
16 harm and can result in deprivation of critical nutri-
17 tional and medical care.

18 (11) Use of restraints can cause injuries to
19 mothers and their babies including physical trauma
20 due to falls, increased pain during labor from bone
21 separation and muscle tears, blocked circulation, and
22 miscarriage.

23 (12) The U.S. Department of Justice has stat-
24 ed its opposition to the use of restrictive housing
25 with pregnant prisoners, but no State or Federal

1 laws exist that place limits on the use of restrictive
2 housing with pregnant prisoners.

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

7 **SEC. 3. DATA COLLECTION.**

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

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

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

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

3 (A) whether prenatal, delivery and post-de-
4 livery check-up visits were scheduled and pro-
5 vided;

6 (B) whether a social worker, psychologist,
7 doula or other support person, or pregnancy or
8 parenting program was offered and provided
9 during pregnancy and delivery;

10 (C) whether a nursery or residential pro-
11 gram to keep mothers and infants together
12 post-delivery was offered and provided;

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

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

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

21 (5) whether a written policy or protocol is in
22 place to respond to unexpected childbirth deliveries
23 of pregnant inmates and for inmates experiencing
24 labor or other medical complications related to such

1 pregnancy when they are not located at a hospital;
 2 and

3 (6) the number of incidents in which an incar-
 4 cerated woman who is pregnant, in labor, or in
 5 postpartum recovery was restrained or placed in re-
 6 strictive housing, the reason for such restriction or
 7 placement, the type of restraints used, and the cir-
 8 cumstances under which each incident occurred, in-
 9 cluding the duration of time in restrictive housing,
 10 during—

11 (A) pregnancy;

12 (B) labor;

13 (C) delivery; and

14 (D) postpartum recovery.

15 (b) PERSONALLY IDENTIFIABLE INFORMATION.—

16 Data collected under this paragraph shall not contain any
 17 personally identifiable information of any prisoner.

18 **SEC. 4. CARE FOR FEDERALLY INCARCERATED WOMEN RE-**

19 **LATED TO PREGNANCY AND CHILDBIRTH.**

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

1 (b) SERVICES AND PROGRAMS PROVIDED.—The head
2 of each Bureau of Prisons women’s facility shall ensure
3 that:

4 (1) Every woman of reproductive age in custody
5 at the facility has access to pregnancy testing, con-
6 traception, and testing for sexually transmitted dis-
7 eases.

8 (2) Upon learning of an inmate’s pregnancy, ei-
9 ther by self-report or clinical diagnostics and assess-
10 ment, medical staff immediately notify an assigned
11 case manager and social worker to ensure all appro-
12 priate protocols directly pertaining to the safety and
13 well-being of the pregnant inmate are provided and
14 followed, including the assessment of undue safety
15 risks and necessary changes to accommodate where
16 and when appropriate, as it relates to—

17 (A) strip searches;

18 (B) housing or lower bunk for safety rea-
19 sons;

20 (C) medically recommended bedding or
21 clothing;

22 (D) additional food allotment or modifica-
23 tions to ensure adequate nutrition and health,
24 including dietary supplements and additional
25 calories; and

1 (E) modified recreation and transport, in
2 accordance with standards within the obstet-
3 rical and gynecological care community, to pre-
4 vent overexertion or prolonged periods of sed-
5 entary movement.

6 (3) Either at intake or not later than 48 hours
7 after the confirmation of a prisoner's pregnancy by
8 a health care professional, the inmate is provided
9 prenatal education, counseling, and birth support
10 services provided by a licensed or certified provider
11 trained to provide such service, including informa-
12 tion about their parental rights and their child's
13 rights.

14 (4) Every woman in custody at the facility, who
15 is pregnant or gave birth within the previous six
16 months, is provided—

17 (A) appropriate educational materials, re-
18 sources, and services related to pregnancy, child
19 birth, and parenting, including nutrition, health
20 and safety risks, breast feeding, and postpar-
21 tum depression; and

22 (B) prenatal education, counseling, and
23 birth support services provided by a licensed or
24 certified provider trained to provide such serv-
25 ices.

1 (5) Every woman in custody at the facility, who
 2 is pregnant, gave birth or experienced any other
 3 pregnancy outcome within the previous 6 months is
 4 provided—

5 (A) evidence-based screening, assessment
 6 and treatment, including psychosocial interven-
 7 tions and medication, for mental health and
 8 substance use needs; and

9 (B) evidence-based therapeutic care for
 10 postpartum depression or depression related to
 11 pregnancy or pregnancy loss.

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

17 **SEC. 5. USE OF RESTRICTIVE HOUSING AND RESTRAINTS**
 18 **ON INMATES DURING PREGNANCY, LABOR**
 19 **AND POSTPARTUM RECOVERY PROHIBITED.**

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

1 **“§ 4322. Use of restraints and restrictive housing on**
 2 **prisoners during the period of preg-**
 3 **nancy, labor, and postpartum recovery**
 4 **prohibited and to improve pregnancy**
 5 **care for women in Federal prisons**

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

14 “(b) EXCEPTIONS.—

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

18 “(A) the senior Bureau of Prisons or the
 19 United States Marshal Service official over-
 20 seeing women’s health and services, in consulta-
 21 tion with senior officials in health services,
 22 makes an individualized determination that the
 23 prisoner—

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

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

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

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

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

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

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

24 “(iii) to restrain a prisoner using
 25 four-point restraints; or

1 “(iv) to attach a prisoner to another
2 prisoner.

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

11 “(C) SITUATIONAL USE.—The individual-
12 ized determination described under paragraph
13 (1) shall only apply to a specific situation and
14 must be reaffirmed through the same process,
15 to use restraints again in any future situation
16 involving the same prisoner.

17 “(3) ACCESS TO CARE.—Immediately upon the
18 cessation of the use of restraints or restrictive hous-
19 ing as outlined in this subsection, the Bureau of
20 Prisons or United States Marshal Service shall pro-
21 vide the prisoner with immediate access to physical
22 and mental health assessments and all indicated
23 treatment.

24 “(4) USE OF RESTRICTIVE HOUSING.—The pro-
25 hibition under subsection (a) related to restrictive

1 housing shall not apply if the senior Bureau of Pris-
2 ons official or United States Marshals Service offi-
3 cial overseeing women’s health and services, in con-
4 sultation with senior officials in health services,
5 makes an individualized determination that restric-
6 tive housing is required as a temporary response to
7 behavior that poses a serious and immediate risk of
8 physical harm and reviews and affirms that deter-
9 mination at least every 24 hours.

10 “(c) REPORTS.—

11 “(1) REPORT TO THE DIRECTOR AND
12 HEALTHCARE PROFESSIONAL AFTER THE USE OF
13 RESTRAINTS.—If an official identified in subsection
14 (b)(1), correctional officer, or United States Marshal
15 uses restraints on a prisoner under subsection
16 (b)(2), that official, including a designated correc-
17 tional officer or marshal shall submit, not later than
18 30 days after placing the prisoner in restraints, to
19 the Director of the Bureau of Prisons or the Direc-
20 tor of the United States Marshals Service, as appli-
21 cable, and to the healthcare professional responsible
22 for the health and safety of the prisoner, a written
23 report which describes the facts and circumstances
24 surrounding the use of restraints, and includes—

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

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

6 “(C) any resulting physical effects on the
7 inmate, fetus, or the neonate observed by or re-
8 ported by the qualified health care professional;
9 and

10 “(D) a description of all attempts to use
11 alternative interventions and sanctions before
12 the restraints were used.

13 “(2) REPORT TO THE DIRECTOR AND
14 HEALTHCARE PROFESSIONAL AFTER PLACEMENT IN
15 RESTRICTIVE HOUSING.—If an official identified in
16 subsection (b)(3), correctional officer, or United
17 States Marshal places a prisoner in restrictive hous-
18 ing under subsection (b)(3), that official, correc-
19 tional officer, or United States Marshal shall submit,
20 not later than 30 days after placing the prisoner in
21 restrictive housing, to the Director of the Bureau of
22 Prisons or the Director of the United States Mar-
23 shals Service, as applicable, and to the healthcare
24 professional responsible for the health and safety of
25 the prisoner, a written report which describes the

1 facts and circumstances surrounding the restrictive
2 housing placement, and includes—

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

5 “(B) the details of the placement, includ-
6 ing length of time of placement and how fre-
7 quently and how many times the determination
8 was made subsequent to the initial determina-
9 tion to continue the restrictive housing place-
10 ment; and

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

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

21 “(4) REPORT TO JUDICIARY COMMITTEES.—

22 “(A) IN GENERAL.—Not later than 1 year
23 after the date of enactment of this Act, and an-
24 nually thereafter, the Director of the Bureau of
25 Prisons and the Director of the United States

1 Marshals Service shall each submit to the Judi-
2 ciary Committee of the Senate and of the
3 House of Representatives a report that certifies
4 compliance with this section and includes the
5 information required to be reported under para-
6 graphs (1) and (2).

7 “(B) PERSONALLY IDENTIFIABLE INFOR-
8 MATION.—The report under this paragraph
9 shall not contain any personally identifiable in-
10 formation of any prisoner.

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

17 “(1) the restrictions on the use of restraints
18 and restrictive housing placements under this sec-
19 tion;

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

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

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

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

11 “(g) RETALIATION.—It shall be unlawful for any Bu-
12 reau of Prisons or United States Marshal Service em-
13 ployee to retaliate against a prisoner for reporting under
14 the provisions of subsection (d) a violation of subsection
15 (a).

16 “(h) EDUCATION.—

17 “(1) IN GENERAL.—Not later than 180 days
18 after the date of enactment of this Act, the Director
19 of the Bureau of Prisons and the Director of the
20 United States Marshals Service shall each develop
21 education guidelines regarding the physical and
22 mental health needs of pregnant prisoners, and the
23 use of restrictive housing placements and the use of
24 restraints on female prisoners during the period of
25 pregnancy, labor, and postpartum recovery, and

1 shall incorporate such guidelines into appropriate
2 education programs. Such education guidelines shall
3 include—

4 “(A) how to identify certain symptoms of
5 pregnancy that require immediate referral to a
6 health care professional;

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

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

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

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

19 “(2) DEVELOPMENT OF GUIDELINES.—In de-
20 veloping the guidelines required by paragraph (1),
21 the Directors shall each consult with health care
22 professionals, professional associations, and United
23 States Department of Health and Human Services
24 entities with expertise in caring for women during
25 the period of pregnancy and postpartum recovery.”.

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

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

5 **SEC. 6. DEFINITIONS.**

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

11 (b) OTHER PREGNANCY OUTCOME.—The term
 12 “other pregnancy outcome” means a pregnancy that ends
 13 in stillbirth, miscarriage, ectopic pregnancy, or other non-
 14 live birth outcome.

15 (c) POSTPARTUM RECOVERY.—The term “postpar-
 16 tum recovery” means the eight-week period, or longer as
 17 determined by the healthcare professional responsible for
 18 the health and safety of the prisoner, following delivery,
 19 and shall include the entire period that the prisoner is in
 20 the hospital or infirmary.

21 (d) PRISONER OR INMATE.—The term “prisoner” or
 22 “inmate” means a person who has been sentenced to a
 23 term of imprisonment pursuant to a conviction for a Fed-
 24 eral criminal offense, or a person in the custody of the

1 Bureau of Prisons, including a person in a Bureau of Pris-
 2 ons pre-trial or contracted facility, or a person in the cus-
 3 tody of the United States Marshal Service, including a
 4 person in the United States Marshal contracted facility.

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

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

10 (1) removal from the general inmate population,
 11 whether voluntary or involuntary;

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

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

16 **SEC. 7. SENSE OF CONGRESS.**

17 It is the sense of Congress that States should enact
 18 comprehensive laws to ensure that the health needs of in-
 19 carcerated women, including women during the period of
 20 pregnancy and postpartum recovery, are met, and that
 21 such laws should include a prohibition of the use of restric-
 22 tive housing and restraints on inmates during the period
 23 of pregnancy and postpartum recovery that is substan-
 24 tially similar to the restriction under section 4322 of title
 25 18, United States Code.

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

2 The Director of the Bureau of Justice Assistance, in
3 consultation with the Secretary of Health and Human
4 Services, shall provide education and technical assistance,
5 in conjunction with the appropriate public agencies, at
6 State and local correctional facilities that house women
7 and facilities in which incarcerated women labor and give
8 birth, in order to—

9 (1) educate the employees of such facilities, in-
10 cluding health personnel, on the dangers and poten-
11 tial mental health consequences associated with the
12 use of restrictive housing and restraints on incarcer-
13 ated women during pregnancy, labor, and postpar-
14 tum recovery, and on alternatives to the use of re-
15 straints and restrictive housing placement;

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

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

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

26 (B) administrators at such facilities—

1 (i) understand their responsibilities,
2 and enforce the responsibilities of their em-
3 ployees in carrying out the restrictions on
4 the use of restraints and restrictive hous-
5 ing;

6 (ii) establish an official process by
7 which an incarcerated woman protected by
8 the State's restriction on the use of re-
9 straints and restrictive housing can report
10 a violation of their rights under such law
11 or policy;

12 (iii) provide incarcerated women
13 under their supervision with clear informa-
14 tion regarding their rights under the
15 State's restrictions, including information
16 on how to report violations of those rights;
17 and

18 (iv) provide to healthcare profes-
19 sionals who care for incarcerated women
20 information relating to the rights of such
21 women under the laws of the State, includ-
22 ing the rights of such health care profes-
23 sionals, if any, to require that restraints be
24 removed or the use of restrictive housing
25 be suspended; and

1 (4) ensure that health personnel outside of cor-
2 rectional facilities understand their right to inform
3 correctional officers to remove restraints, if applica-
4 ble.

5 **SEC. 9. PRIORITY FUNDING FOR STATES THAT PROVIDE**
6 **PROGRAMS AND SERVICES FOR INCARCER-**
7 **ATED WOMEN RELATED TO PREGNANCY AND**
8 **CHILDBIRTH.**

9 The Attorney General shall take into consideration
10 when determining the amount provided to a State or local-
11 ity under a covered grant program in accordance with fed-
12 erally authorized grant programs, if the State or locality
13 has enacted and implemented services or pilot programs
14 for incarcerated pregnant women aimed at enhancing the
15 safety and wellness of pregnant women in custody, includ-
16 ing providing services for obstetrical and gynecological
17 care, resources and support services for nutrition and
18 physical and mental health, residential substance use
19 treatment, and post-delivery nursery care or residential
20 programs to keep the infant with the mother and to pro-
21 mote and facilitate bonding skills for pregnant inmates.

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

23 The Government Accountability Office (GAO) shall
24 conduct a study of services and protections provided for
25 pregnant incarcerated women in local and State correc-

1 tional settings, including policies on obstetrical and gyne-
2 cological care, education on nutrition, health and safety
3 risks associated with pregnancy, mental health and sub-
4 stance use treatment, access to prenatal and post-delivery
5 support services and programs, the use of restraints and
6 restrictive housing placement, and the extent to which the
7 intent of such policies are fulfilled.

○