FIRST REGULAR SESSION

SENATE BILL NO. 180

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR NASHEED.

Pre-filed December 2, 2016, and ordered printed.

0703S.02I

ADRIANE D. CROUSE, Secretary.

AN ACT

To amend chapter 217, RSMo, by adding thereto one new section relating to restraint of pregnant or postpartum offenders.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 217, RSMo, is amended by adding thereto one new 2 section, to be known as section 217.151, to read as follows:

217.151. 1. This section shall be known and may be cited as the Pregnant Offender Transportation, Evaluation, and Correctional

- 3 Treatment Act, or the ProTECT Act.
- 4 2. For purposes of this section, "extraordinary circumstances"
- 5 exist when a chief administrative officer or their designee makes a
- 6 determination that restraints are necessary to prevent a pregnant or
- 7 postpartum offender from escaping or seriously injuring herself, her
- 8 unborn or newborn child, medical or correctional personnel, or
- 9 others. For purposes of this section, "postpartum" is the period of
- 10 recovery immediately following childbirth, which is six weeks for a
- 11 vaginal birth or eight weeks for a cesarean birth, or longer if so
- 12 determined by a physician or nurse.
- 3. The department shall establish by rule under section 217.040,
- 14 policies and procedures for the transportation, evaluation, and
- 15 treatment of pregnant and postpartum offenders consistent with the
- 16 statutes of this state. The department shall consult with physicians,
- 17 nursing, correctional, and other professional organizations in
- 18 establishing such rules. Such rules shall include, but need not be
- 19 limited to:
- 20 (1) Any time restraints are used on a pregnant offender during
- 21 the second or third trimester or on a postpartum offender for forty-

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22eight hours post-delivery, the restraints shall be the least restrictive available and the most reasonable under the circumstances. If wrist 2324restraints are used on a pregnant offender, they shall be applied in the front so she is able to protect herself and her unborn child in the event 25of a forward fall. In no case shall leg, ankle, or waist restraints be used 26 27 during examination and tests for symptoms of preterm labor, during labor and delivery, or during immediate post-delivery recuperation; 28

- (2) Except in extraordinary circumstances, no restraints of any kind shall be used on offenders during the second or third trimester of pregnancy or for forty-eight hours post-delivery, whether during transportation to and from visits to health care providers outside of the correctional center, court proceedings, or other places, or during labor and delivery;
- (3) Pregnant and postpartum offenders shall be transported to and from visits to health care providers outside of the correctional center, court proceedings, or other places in vehicles with seatbelts;
- (4) If a doctor, nurse, or other health care provider treating a pregnant or postpartum offender requests that restraints not be used, 39 the corrections officer accompanying the pregnant or postpartum 40 offender shall immediately remove all restraints, unless there are extraordinary circumstances;
 - (5) Upon intake, a pregnant or postpartum offender shall be evaluated and treated for:
 - (a) Overall maternal health, and if necessary, provided dietary supplements for pregnant and breastfeeding offenders. Readily available and regularly scheduled obstetric care, beginning in early pregnancy and continuing through the postpartum period, shall be provided. The department shall, with the assistance of the department of social services and consent of the pregnant offender, consider enrolling an unborn child in the show-me healthy babies program under section 208.662;
 - (b) Substance abuse, and provided treatment, including, if necessary, provided opioid-assisted therapy for offenders who are opioid-dependent;
 - (c) Infection with human immunodeficiency virus (HIV), and if HIV positive, provided treatment for maternal health and to prevent perinatal HIV transmission; and

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- (d) Depression or mental stress during pregnancy and for postpartum depression after delivery, and provided treatment as needed; and
- 62 (6) Required activities with a high risk of falling shall be 63 avoided. Pregnant and postpartum offenders shall be given a bottom 64 bunk during pregnancy and the postpartum period.
- 4. In the event a chief administrative officer or their designee determines that extraordinary circumstances exist and restraints are used, the chief administrative officer or their designee shall fully document in writing within seven days of the incident the reasons he or she determined such extraordinary circumstances existed, the kind of restraints used, and the reasons those restraints were considered the least restrictive available and the most reasonable under the circumstances.
- 5. The sentencing and corrections oversight commission established under section 217.147, and the advisory committee established under section 217.015, shall conduct biannual reviews of every report written on the use of restraints on a pregnant or postpartum offender in accordance with subsection 4 of this section to determine compliance with this section. The written reports shall be kept on file by the department for five years.
 - 6. The chief administrative officer of each correctional center that houses pregnant and postpartum offenders shall:
- (1) Ensure the employees of the correctional center who come in contact with pregnant or postpartum offenders are provided with training, which may include online training, on the provisions of this section; and
- (2) Inform female offenders of the policies and procedures developed in accordance with this section upon admission to the correctional center, including the policies and procedures in the offender handbook, and post the policies and procedures in locations in the correctional center where such notices are commonly posted and will be seen by female offenders, including common housing areas and health care facilities.

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