

116TH CONGRESS  
2D SESSION

# H. R. 8470

To establish procedures related to the coronavirus disease 2019 (COVID–19) in correctional facilities.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2020

Ms. BARRAGÁN introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To establish procedures related to the coronavirus disease 2019 (COVID–19) in correctional facilities.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Correctional  
5 Facilities COVID–19 Response Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **CORRECTIONAL FACILITY.**—The term “cor-  
9 rectional facility” includes—

1 (A) Federal prisons, including all prison,  
2 correctional, and detention facilities run by the  
3 Bureau of Prisons; and

4 (B) privately owned or privately operated  
5 prison, correctional, and detention facilities con-  
6 tracted by Federal entities, including the Bu-  
7 reau of Prisons, to house Federal incarcerated  
8 persons.

9 (2) CORRECTIONAL FACILITY EMPLOYEE.—The  
10 term “correctional facility employee” means any in-  
11 dividual employed at a correctional facility housing  
12 Federal incarcerated persons, including—

13 (A) a Federal employee;

14 (B) an employee of a privately owned or  
15 privately operated prison, correctional, or deten-  
16 tion facility contracted by a Federal entity to  
17 house Federal incarcerated persons; and

18 (C) an employee of a private company con-  
19 tracted to provide goods and services at a cor-  
20 rectional facility.

21 (3) COVID-19 DIAGNOSTIC TEST.—The term  
22 “COVID-19 diagnostic test” means a test—

23 (A) that is an in vitro diagnostic product  
24 (as defined in section 809.3 of title 21, Code of  
25 Federal Regulations, or any successor thereto)

1 for the detection of SARS-CoV-2 or the diag-  
2 nosis of the virus that causes COVID-19; and

3 (B) the administration of which—

4 (i) is approved, cleared, or authorized  
5 under section 510(k), 513, 515, or 564 of  
6 the Federal Food, Drug, and Cosmetic Act  
7 (21 U.S.C. 360(k), 360c, 360e, 360bbb-3);

8 (ii) the developer has requested, or in-  
9 tends to request, emergency use authoriza-  
10 tion under section 564 of the Federal  
11 Food, Drug, and Cosmetic Act (21 U.S.C.  
12 360bbb-3), unless and until the emergency  
13 use authorization request under such sec-  
14 tion 564 has been denied or the developer  
15 of such test does not submit a request  
16 under such section within a reasonable  
17 timeframe;

18 (iii) is developed in and authorized by  
19 a State that has notified the Secretary of  
20 Health and Human Services of its inten-  
21 tion to review tests intended to diagnose  
22 COVID-19; or

23 (iv) is another test that the Secretary  
24 determines appropriate in guidance.

1           (4) COVID–19 PANDEMIC.—The term “COVID–  
2           19 pandemic” means the period beginning on the  
3           date of enactment of this Act and ending on the  
4           date that is 1 year after the date on which the pub-  
5           lic health emergency declaration under section 319  
6           of the Public Health Service Act (42 U.S.C. 247d)  
7           with respect to COVID–19 terminates.

8           (5) HIGH-RISK INCARCERATED PERSON.—The  
9           term “high-risk incarcerated person” means an indi-  
10          vidual who meets the definition of “incarcerated per-  
11          son” under this section who—

12                   (A) is 50 years old or older;

13                   (B) has chronic kidney disease;

14                   (C) has chronic obstructive pulmonary dis-  
15          ease;

16                   (D) is immunocompromised;

17                   (E) has obesity;

18                   (F) has a heart condition, such as coro-  
19          nary artery disease or cardiomyopathy;

20                   (G) has sickle cell disease;

21                   (H) has type 1 or type 2 diabetes mellitus;

22                   (I) has moderate to severe asthma;

23                   (J) has cerebrovascular disease;

24                   (K) has cystic fibrosis;

1           (L) has hypertension or high blood pres-  
2           sure;

3           (M) has a neurological condition such as  
4           dementia or Parkinson’s Disease;

5           (N) has liver disease;

6           (O) is pregnant;

7           (P) has pulmonary fibrosis;

8           (Q) has thalassemia;

9           (R) is a smoker;

10          (S) has a disability; or

11          (T) meets any other characteristic identi-  
12          fied by the Centers for Disease Control and  
13          Prevention as putting individuals at increased  
14          risk of developing severe illness from COVID-  
15          19.

16          (6) INCARCERATED PERSON.—The term “incar-  
17          cerated person” means an individual involuntarily  
18          confined or detained in a correctional facility.

19          (7) SIGNS AND SYMPTOMS OF COVID-19.—The  
20          term “signs and symptoms of COVID-19” means  
21          fever or chills, cough, shortness of breath or dif-  
22          ficulty breathing, fatigue, muscle or body aches,  
23          headache, new loss of taste or smell, sore throat,  
24          congestion or runny nose, nausea or vomiting, diar-  
25          rhea, and any other medical condition or reaction

1 identified by the Centers for Disease Control and  
2 Prevention as being a physical reaction to the con-  
3 traction of the severe acute respiratory syndrome  
4 coronavirus 2 (SARS-CoV-2).

5 **SEC. 3. MANDATED COVID-19 TESTING AT CORRECTIONAL**  
6 **FACILITIES.**

7 (a) TESTING OF INCARCERATED PERSONS.—

8 (1) IN GENERAL.—Each correctional facility  
9 shall—

10 (A) not later than 15 days after the date  
11 of enactment of this Act—

12 (i) provide each incarcerated person in  
13 the facility with the option to take a  
14 COVID-19 diagnostic test, regardless of  
15 whether the incarcerated person exhibits  
16 symptoms of COVID-19, at no cost to the  
17 incarcerated person;

18 (ii) provide each incarcerated person  
19 with the results of the diagnostic test, re-  
20 gardless of the results, including an inter-  
21 pretation of what the test results mean in  
22 the incarcerated person's preferred lan-  
23 guage;

24 (iii) provide each incarcerated person  
25 who tests positive for COVID-19 with nec-

1           essary medical care (as outlined in the Na-  
2           tional Institutes of Health COVID-19  
3           Treatment Guidelines), including COVID-  
4           19 tests to monitor recovery if indicated by  
5           the Centers for Disease Control and Pre-  
6           vention, and housing in a medical isolation  
7           unit under the care of medical profes-  
8           sionals, at no cost to the incarcerated per-  
9           son;

10           (iv) place each asymptomatic incarcer-  
11           ated person who is exposed to a positive  
12           case in quarantine until testing is com-  
13           pleted consistent with Centers for Disease  
14           Control and Prevention guidance; and

15           (v) place each symptomatic incarcer-  
16           ated person into medical isolation while  
17           awaiting test results; and

18           (B) during the period beginning not later  
19           than 45 days after the date of enactment of  
20           this Act and ending on the last day of the  
21           COVID-19 pandemic—

22           (i) conduct weekly COVID-19 diag-  
23           nostic testing of incarcerated persons in  
24           the facility in accordance with the guide-  
25           lines developed under section 6, regardless

1 of whether such incarcerated persons ex-  
2 hibit symptoms of COVID–19, at no cost  
3 to incarcerated persons;

4 (ii) conduct COVID–19 diagnostic  
5 testing for any incarcerated person with  
6 COVID–19 symptoms, or for any incarcer-  
7 ated person who is a close contact of a  
8 known COVID–19 case, in accordance with  
9 the guidelines developed under section 6;

10 (iii) provide each incarcerated person  
11 with the results of the diagnostic tests, re-  
12 gardless of the results, including an inter-  
13 pretation of what the test results mean in  
14 the incarcerated person’s preferred lan-  
15 guage;

16 (iv) provide each incarcerated person  
17 who tests positive for COVID–19 with nec-  
18 essary medical care (as outlined in the Na-  
19 tional Institutes of Health COVID–19  
20 Treatment Guidelines), including COVID–  
21 19 tests to monitor recovery if indicated by  
22 the Centers for Disease Control and Pre-  
23 vention, and housing in a medical isolation  
24 unit under the care of medical profes-  
25 sionals, at no cost to the incarcerated per-



1 son, in accordance with the guidelines de-  
2 veloped under section 6;

3 (v) quarantine each incarcerated per-  
4 son exposed to a positive COVID–19 case  
5 in accordance with the guidelines developed  
6 under section 6; and

7 (vi) establish a procedure through  
8 which incarcerated people can opt out of  
9 COVID–19 testing, in accordance with the  
10 guidelines developed under section 6.

11 (2) NEW ENTRANTS.—During the period begin-  
12 ning not later than 45 days after the date of enact-  
13 ment of this Act and ending on the last day of the  
14 COVID–19 pandemic, each correctional facility  
15 shall—

16 (A) provide each incarcerated person newly  
17 admitted or transferred to the facility with an  
18 optional COVID–19 diagnostic test within 24  
19 hours of entering the facility, regardless of  
20 whether the incarcerated person exhibits symp-  
21 toms of COVID–19, at no cost to the incarcer-  
22 ated person; and

23 (B) immediately quarantine each incarcer-  
24 ated person newly admitted or transferred to  
25 the facility within 24 hours of entering the fa-

1           cility, consistent with Centers for Disease Con-  
2           trol and Prevention guidance, until the incar-  
3           cerated person has been confirmed to be nega-  
4           tive for COVID–19, in accordance with the  
5           guidelines developed under section 6.

6           (b) TESTING OF CORRECTIONAL FACILITY EMPLOY-  
7           EES.—

8           (1) IN GENERAL.—Each correctional facility  
9           shall—

10           (A) not later than 15 days after the date  
11           of enactment of this Act—

12           (i) provide each correctional facility  
13           employee with a required COVID–19 diag-  
14           nostic test, regardless of whether the em-  
15           ployee exhibits symptoms of COVID–19, at  
16           no cost to the employee; and

17           (ii) provide each correctional facility  
18           employee who tests positive for COVID–19  
19           with unlimited paid administrative leave  
20           for the purpose of recovering from  
21           COVID–19, and no cost COVID–19 diag-  
22           nostic testing for the purpose of moni-  
23           toring recovery if indicated by the Centers  
24           for Disease Control and Prevention, until

1 the employee tests negative for COVID–19;  
2 and

3 (B) during the period beginning not later  
4 than 45 days after the date of enactment of  
5 this Act and ending on the last day of the  
6 COVID–19 pandemic—

7 (i) conduct required weekly COVID–  
8 19 diagnostic testing of each correctional  
9 facility employee in the facility, in accord-  
10 ance with the guidelines developed under  
11 section 6, regardless of whether the em-  
12 ployee exhibits symptoms of COVID–19, at  
13 no cost to the employee;

14 (ii) provide each correctional facility  
15 employee who tests positive for COVID–19  
16 with unlimited paid leave for the purpose  
17 of recovering from COVID–19, and no cost  
18 COVID–19 diagnostic testing for the pur-  
19 pose of monitoring recovery if indicated by  
20 the Centers for Disease Control and Pre-  
21 vention, until the employee tests negative  
22 for COVID–19; and

23 (iii) provide each correctional facility  
24 employee who is exposed to a positive  
25 COVID–19 case with guaranteed paid

1 leave to quarantine, consistent with Cen-  
2 ters for Disease Control and Prevention  
3 guidance, or until the employee has been  
4 confirmed to be negative for COVID–19.

5 (c) PRIVACY.—Any data collected, stored, received, or  
6 published under this section shall—

7 (1) be so collected, stored, received, or pub-  
8 lished in a manner that protects the privacy of indi-  
9 viduals whose information is included in the data;

10 (2) be deidentified or anonymized in a manner  
11 that protects the identity of all individuals whose in-  
12 formation is included in the data;

13 (3) comply with privacy protections provided  
14 under the regulations promulgated under section  
15 264(c) of the Health Insurance Portability and Ac-  
16 countability Act of 1996 (42 U.S.C. 1320d–2 note);  
17 and

18 (4) be limited in use for the purpose of public  
19 health and be protected from all other internal use  
20 by any entity that collects, stores, or receives the  
21 data, including use of the data in determinations of  
22 eligibility (or continued eligibility) in health plans,  
23 and from any other inappropriate uses.

24 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
25 authorized to be appropriated to relevant medical and pub-

1 lie officials such sums as are necessary to procure and ad-  
2 minister the COVID–19 diagnostic tests and provide the  
3 medical care required in this section.

4 **SEC. 4. COVID–19 DATA COLLECTION AT CORRECTIONAL**  
5 **FACILITIES.**

6 (a) DATA COLLECTION.—During the period begin-  
7 ning not later than 45 days after the date of enactment  
8 of this Act and ending on the last day of the COVID–  
9 19 pandemic, each correctional facility shall submit weekly  
10 reports to the Department of Justice and the Centers for  
11 Disease Control and Prevention, and the public health au-  
12 thority of the State in which the facility is located on the  
13 following:

14 (1) TESTING NUMBERS.—COVID–19 diagnostic  
15 testing, including cumulative and new (since the pre-  
16 vious report) counts of—

17 (A) the number of incarcerated persons  
18 tested for COVID–19, disaggregated by routine  
19 weekly testing, symptomatic testing, close con-  
20 tact testing, recovery monitoring testing, and  
21 new entrant testing;

22 (B) the number of correctional facility em-  
23 ployees tested for COVID–19, disaggregated by  
24 routine weekly testing, symptomatic testing,

1 close contact testing, and recovery monitoring  
2 testing; and

3 (C) the COVID–19 diagnostic test devel-  
4 oper, test name, and type of test (molecular,  
5 antigen, or other) for each COVID–19 diag-  
6 nostic test conducted.

7 (2) TEST RESULTS.—COVID–19 diagnostic  
8 testing outcomes, including cumulative and new  
9 (since the previous report) counts of—

10 (A) the number of confirmed active cases  
11 of COVID–19 among incarcerated persons,  
12 disaggregated by routine weekly testing, symp-  
13 tomatic testing, close contact testing, recovery  
14 monitoring testing, and new entrant testing;

15 (B) the number of confirmed negative  
16 cases of COVID–19 among incarcerated per-  
17 sons, disaggregated by routine weekly testing,  
18 symptomatic testing, close contact testing, re-  
19 covery monitoring testing, and new entrant  
20 testing;

21 (C) the number of confirmed active cases  
22 of COVID–19 among correctional facility em-  
23 ployees, disaggregated by routine weekly test-  
24 ing, symptomatic testing, close contact testing,  
25 and recovery monitoring testing;

1 (D) the number of confirmed negative  
2 cases of COVID–19 among correctional facility  
3 employees, disaggregated by routine weekly  
4 testing, symptomatic testing, close contact test-  
5 ing, and recovery monitoring testing;

6 (E) the number of tests pending results,  
7 disaggregated by incarcerated persons and cor-  
8 rectional facility employees;

9 (F) the average time between testing an  
10 incarcerated person for COVID–19 and receiv-  
11 ing the results of the test; and

12 (G) the average time between testing a  
13 correctional facility employee for COVID–19  
14 and receiving the results of the test.

15 (3) CASE OUTCOMES.—COVID–19 case out-  
16 comes, including cumulative and new (since the pre-  
17 vious report) counts of—

18 (A) the number of incarcerated persons  
19 hospitalized for a case of COVID–19;

20 (B) the number of incarcerated persons  
21 who have recovered from COVID–19;

22 (C) the number of incarcerated persons  
23 currently in quarantine or medical isolation for  
24 COVID–19, respectively;

1 (D) the number of incarcerated persons  
2 who have completed quarantine or been released  
3 from medical isolation, respectively;

4 (E) the number of incarcerated persons  
5 who have died from a confirmed or suspected  
6 case of COVID–19;

7 (F) the number of correctional facility em-  
8 ployees hospitalized for a case of COVID–19;

9 (G) the number of correctional facility em-  
10 ployees who have recovered from COVID–19;  
11 and

12 (H) the number of correctional facility em-  
13 ployees who have died from a case of COVID–  
14 19.

15 (4) RELEASE OF INCARCERATED PERSONS.—  
16 Data related to the release of incarcerated persons,  
17 including individuals released to home confinement  
18 and pursuant to compassionate release, as a result  
19 of the COVID–19 public health emergency.

20 (5) DAILY POPULATION.—Average daily popu-  
21 lation, disaggregated by incarcerated persons and  
22 correctional facility employees.

23 (b) DISAGGREGATION OF DATA.—The data described  
24 in this section shall be disaggregated by sex, sexual ori-



1 entation, gender identity, age, race, ethnicity, disability,  
2 and geography (including county and State).

3 (c) PUBLIC REPORTING.—The Secretary of Health  
4 and Human Services, acting through the Director of the  
5 Centers for Disease Control and Prevention, shall make  
6 publicly available on the internet the most recent and his-  
7 toric information reported weekly under subsection (a) in  
8 a machine-readable format.

9 (d) COVID–19 SYMPTOM TRACKING AND MEDICAL  
10 RECORD RETENTION.—During the period beginning not  
11 later than 45 days after the date of enactment of this Act  
12 and ending on the last day of the COVID–19 pandemic,  
13 each correctional facility shall systemically track and  
14 record of the signs and symptoms of COVID–19 among  
15 incarcerated persons and correctional center employees.  
16 As part of the tracking system, correctional facilities  
17 shall—

18 (1) document and retain a record of each re-  
19 quest from incarcerated persons for medical care, in-  
20 cluding medical care for the signs and symptoms of  
21 COVID–19;

22 (2) conduct weekly screenings, in conjunction  
23 with the testing requirements described in section 3,  
24 of incarcerated persons for signs and symptoms of

1 COVID–19 and maintain records of the results of  
2 such screenings for each incarcerated person; and

3 (3) present for review, as requested at any time  
4 by the Secretary of Health and Human Services or  
5 the Attorney General, records collected under para-  
6 graphs (1) and (2).

7 (e) INCARCERATED PERSONS DATA.—The data de-  
8 scribed in this section with respect to incarcerated persons  
9 who are serving a term of imprisonment and who are in-  
10 fected with COVID–19 shall include, to the extent prac-  
11 ticable, the term of imprisonment imposed on the incarcer-  
12 ated persons, the time served, and the release date.

13 (f) PRIVACY.—Any data collected, stored, received, or  
14 published under this section shall—

15 (1) be so collected, stored, received, or pub-  
16 lished in a manner that protects the privacy of indi-  
17 viduals whose information is included in the data;

18 (2) be de-identified or anonymized in a manner  
19 that protects the identity of all individuals whose in-  
20 formation is included in the data;

21 (3) comply with privacy protections provided  
22 under the regulations promulgated under section  
23 264(c) of the Health Insurance Portability and Ac-  
24 countability Act of 1996 (42 U.S.C. 1320d–2 note);  
25 and

1           (4) be limited in use for the purpose of public  
2 health and be protected from all other internal use  
3 by any entity that collects, stores, or receives the  
4 data, including use of such data in determinations of  
5 eligibility (or continued eligibility) in health plans,  
6 and from any other inappropriate uses.

7           (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
8 authorized to be appropriated to the Centers for Disease  
9 Control and Prevention such sums as are necessary to  
10 publicize the data as described in this section.

11 **SEC. 5. CENTERS FOR DISEASE CONTROL AND INVESTIGA-**  
12 **TION DEPLOYMENT.**

13           (a) IN GENERAL.—Correctional facilities shall report  
14 to the Centers for Disease Control and Prevention in-  
15 stances when 3 or more incarcerated persons or correc-  
16 tional facility employees present new COVID–19 cases  
17 within 72 hours of each other, within 24 hours of identi-  
18 fying the third case.

19           (b) DEPLOYMENT OF STAFF.—In such instances, the  
20 Centers for Disease Control and Prevention shall deploy  
21 staff with experience in preventing the spread of infectious  
22 diseases in congregate settings to the facility for the pur-  
23 pose of mitigating and preventing the spread of COVID–  
24 19 at the facility.

1 **SEC. 6. UPDATED BUREAU OF PRISONS GUIDELINES ON**  
2 **HANDLING COVID-19 IN CORRECTIONAL FA-**  
3 **CILITIES.**

4 (a) **UPDATED COVID-19 GUIDELINES.**—Not later  
5 than 30 days after the date of enactment of this Act, the  
6 Department of Justice, acting through the Bureau of Pris-  
7 ons and in consultation with the Centers for Disease Con-  
8 trol and Prevention, shall release updated guidelines on  
9 the management of COVID-19 in correctional facilities.

10 (b) **EXPERT CONSULTATION.**—

11 (1) **IN GENERAL.**—In developing the guidelines  
12 described in subsection (a), the Department of Jus-  
13 tice shall consult with no fewer than 10 experts in  
14 public health and correctional facility management,  
15 which shall include—

16 (A) academics with medical and public  
17 health expertise;

18 (B) advocates for imprisoned populations;

19 (C) public health officials;

20 (D) tribal leaders or their representatives;

21 and

22 (E) labor representatives of correctional fa-  
23 cility employees.

24 (2) **PUBLICLY AVAILABLE.**—Recommendations  
25 from and correspondence with individuals described  
26 in paragraph (1) shall be made publicly available.

1 (c) CONTENTS.—The guidelines described in sub-  
2 section (a) shall, at a minimum, include—

3 (1) requirements that correctional facilities con-  
4 duct voluntary COVID–19 diagnostic tests on, and  
5 quarantine consistent with Centers for Disease Con-  
6 trol and Prevention guidance all new incarcerated  
7 persons who enter the facility during the COVID–19  
8 pandemic, including incarcerated persons being held  
9 at the facility while in transit between other facili-  
10 ties;

11 (2) guidance on how facilities should conduct  
12 weekly testing of incarcerated persons and correc-  
13 tional facility employees, including guidance on how  
14 to conduct pooled sample testing in lieu of individual  
15 testing, if appropriate, and guidance on how to iden-  
16 tify the appropriate type of diagnostic test to use,  
17 consistent with the most up-to-date public health in-  
18 formation and guidance on preventing the spread of  
19 COVID–19;

20 (3) guidance on how correctional facilities  
21 should handle incarcerated persons who refuse to re-  
22 ceive COVID–19 tests, such as through imple-  
23 menting time-based or symptom-based isolation and  
24 quarantine strategies;

1           (4) requirements that correctional facilities,  
2           once a single case of COVID–19 is detected within  
3           the facility, screen every incarcerated person and  
4           correctional facility employee for signs and symp-  
5           toms of COVID–19 within 24 hours;

6           (5) guidance for correctional facilities on max-  
7           imum occupational capacity, social distancing best  
8           practices, and how to reduce the incarcerated person  
9           population within the facility, including updated  
10          guidance on the proactive release of incarcerated  
11          persons, with special consideration given to high-risk  
12          incarcerated persons;

13          (6) guidance for correctional facilities on how to  
14          establish and implement cohorting strategies to min-  
15          imize the spread of COVID–19 in facilities, with  
16          special consideration given to the cohorting of high-  
17          risk incarcerated persons;

18          (7) guidance for correctional facilities on how to  
19          establish and implement contact tracing efforts to  
20          identify, track, and prevent the spread of COVID–  
21          19 among the contacts of incarcerated persons and  
22          correctional facility employees who test positive for  
23          COVID–19;

24          (8) guidance for correctional facilities on how  
25          to—

1           (A) humanely and effectively quarantine  
2 incarcerated persons exposed to COVID–19 and  
3 humanely and effectively medically isolate and  
4 provide medical care to incarcerated persons  
5 who contract COVID–19, including a prohibi-  
6 tion on the use of punitive solitary confinement  
7 and other punitive measures as a means of  
8 treating and medically isolating incarcerated  
9 persons, with special consideration given to the  
10 quarantining and medical isolation and treat-  
11 ment of high-risk incarcerated persons;

12           (B) authorize the provision of materials,  
13 such as books, television shows, magazines, and  
14 movies to, increase recreation hours for, and ex-  
15 pand programming and phone and email com-  
16 munication privileges for incarcerated persons  
17 in medical isolation to minimize the similarity  
18 of punitive solitary confinement and other puni-  
19 tive measures with medical quarantine; and

20           (C) confirm that incarcerated persons and  
21 correctional facility employees who have con-  
22 tracted COVID–19 have recovered for the pur-  
23 pose of releasing them from medical isolation;

1           (9) guidance for correctional facilities on the  
2 proper cleaning and disinfecting of the facility to  
3 prevent the spread of COVID–19;

4           (10) guidance for correctional facilities on prop-  
5 er ventilation and air filtration strategies to prevent  
6 the spread of COVID–19;

7           (11) guidance on the proper daily, weekly, and  
8 monthly allowance for incarcerated persons of per-  
9 sonal protective equipment and face coverings, hand  
10 sanitizer, soap, cleaning items, and other materials  
11 that could reduce the spread of COVID–19 in facili-  
12 ties, which shall be provided to incarcerated persons  
13 at no cost, including information on how to update  
14 existing guidelines within facilities on the limitation  
15 of incarcerated persons’ access to such materials;

16           (12) guidance for correctional facilities on how  
17 to educate incarcerated persons, and the medical fa-  
18 cilities treating those incarcerated persons for  
19 COVID–19, on the healthcare rights of the incarcer-  
20 ated persons under Federal and State law and the  
21 minimum ethical standards of care, including the  
22 use of medical isolation that does not include soli-  
23 tary confinement;

24           (13) recommendations for correctional facilities  
25 on how to increase communication between incarcer-



1 ated persons and friends and family outside of the  
2 facility during the COVID–19 pandemic, including  
3 guidance on how to suspend fees for phone calls and  
4 electronic communications and expand visitation (in-  
5 cluding virtual visitation) options;

6 (14) requirements that correctional facilities  
7 communicate, not less frequently than biweekly, and  
8 in such a manner that permits for feedback from in-  
9 carcerated persons, to incarcerated persons the steps  
10 being taken to address the COVID–19 pandemic in  
11 the facility; and

12 (15) guidance for correctional facilities on how  
13 to connect incarcerated persons released from con-  
14 finement as a result of the COVID–19 pandemic  
15 with post-release resources, such as health insur-  
16 ance, primary care providers, other health profes-  
17 sionals, and quarantine facilities, with sensitivity to  
18 the immigration status of incarcerated persons.

19 **SEC. 7. REPORT TO CONGRESS.**

20 Not later than 60 days after the date of enactment  
21 of this Act, the Attorney General shall submit to Congress  
22 a report on prevention, mitigation, and control activities  
23 relating to the spread of COVID–19 in prisons conducted  
24 by the Department of Justice and the Bureau of Prisons,

1 disaggregated by facility when applicable, that includes in-  
2 formation on—

3 (1) efforts of correctional facilities to comply  
4 with the Interim Guidance on Management of  
5 Coronavirus Disease 2019 (COVID–19) in Correc-  
6 tional and Detention Facilities issued by the Centers  
7 for Disease Control and Prevention (referred to in  
8 this section as the “Interim Guidelines”), includ-  
9 ing—

10 (A) information on steps that have been  
11 and continue to be taken with respect to oper-  
12 ational preparedness, including—

13 (i) with respect to communication and  
14 coordination—

15 (I) developing information shar-  
16 ing systems with partners;

17 (II) reviewing and revising for  
18 COVID–19 existing influenza, all-haz-  
19 ards, and disaster plans;

20 (III) coordinating with local law  
21 enforcement and court officials as  
22 necessary; and

23 (IV) encouraging all persons in  
24 the facility, including through posting

1 signs, to take action to protect them-  
2 selves from COVID-19;

3 (ii) with respect to personnel prac-  
4 tices—

5 (I) reviewing sick leave policies of  
6 each employer that operates within  
7 the facility;

8 (II) identifying duties that can be  
9 performed remotely;

10 (III) planning for staff absences;

11 (IV) offering revised duties to  
12 staff at increased risk for severe ill-  
13 ness from COVID-19;

14 (V) making plans to change staff  
15 duty assignments to prevent unneces-  
16 sary movement between housing units  
17 during a COVID-19 outbreak; and

18 (VI) offering the seasonal influ-  
19 enza vaccines to all incarcerated per-  
20 sons and correctional facility staff;  
21 and

22 (iii) with respect to operations, sup-  
23 plies, and personal protective equipment  
24 (referred to in this clause as “PPE”) prep-  
25 arations—

1 (I) ensuring that sufficient stocks  
2 of hygiene supplies, cleaning supplies,  
3 PPE, and medical supplies (consistent  
4 with the healthcare capabilities of the  
5 facility) are on hand and available,  
6 and having a plan in place to restock  
7 as needed;

8 (II) making contingency plans for  
9 possible PPE shortages during the  
10 COVID–19 pandemic;

11 (III) relaxing restrictions on al-  
12 lowing alcohol-based hand sanitizer;

13 (IV) providing a no-cost supply  
14 of soap to incarcerated persons suffi-  
15 cient to allow frequent hand washing;

16 (V) establishing a respiratory  
17 protection program, if not already in  
18 place;

19 (VI) ensuring that correctional  
20 facility staff and incarcerated persons  
21 are trained to correctly don, doff, and  
22 dispose of PPE that they will need to  
23 use within the scope of their respon-  
24 sibilities; and

1 (VII) setting up designated PPE  
2 donning and doffing areas outside all  
3 spaces where PPE will be used;

4 (B) information on steps that have been  
5 and continue to be taken with respect to pre-  
6 vention, including—

7 (i) to prevent COVID–19 cases among  
8 incarcerated persons—

9 (I) implementing social  
10 distancing strategies to increase the  
11 physical space between incarcerated  
12 persons, which, to the extent prac-  
13 ticable, shall be 6 feet between all in-  
14 dividuals, regardless of symptoms;

15 (II) minimizing the mixing of in-  
16 dividuals from different housing units;  
17 and

18 (III) providing up-to-date infor-  
19 mation about COVID–19 to incarcer-  
20 ated persons;

21 (ii) to prevent COVID–19 cases  
22 among correctional facility staff—

23 (I) reminding staff to stay at  
24 home if they are sick;

1 (II) performing verbal screening  
2 and temperature checks for all staff  
3 daily upon entry; and

4 (III) providing up-to-date infor-  
5 mation about COVID–19 to staff, in-  
6 cluding information about sick leave  
7 policies; and

8 (iii) to prevent COVID–19 cases  
9 among visitors—

10 (I) communicating with potential  
11 visitors to discourage contact visits;

12 (II) conducting verbal screenings  
13 and temperature checks for visitors,  
14 and requiring face coverings; and

15 (III) promoting non-contact visits  
16 and providing access to free virtual  
17 visitation options;

18 (C) information on steps that have been  
19 and continue to be taken with respect to  
20 COVID–19 case management, including—

21 (i) with respect to infection control,  
22 ensuring proper infection control protocols  
23 are in place;

24 (ii) with respect to medical isolation—

1 (I) placing incarcerated individ-  
2 uals with confirmed or suspected  
3 cases of COVID–19 in medical isola-  
4 tion;

5 (II) ensuring that medical isola-  
6 tion for COVID–19 is distinct from  
7 punitive solitary confinement;

8 (III) keeping to an absolute min-  
9 imum the movement outside the med-  
10 ical isolation space of incarcerated in-  
11 dividuals with confirmed or suspected  
12 cases of COVID–19; and

13 (IV) safely cohorting, if nec-  
14 essary, COVID–19-infected incarcer-  
15 ated individuals; and

16 (iii) with respect to provision of  
17 care—

18 (I) ensuring that incarcerated  
19 persons receive medical evaluation and  
20 treatment at the first signs of  
21 COVID–19 symptoms, including in  
22 cases where a facility is not able to  
23 provide such evaluation and treatment  
24 onsite;

1 (II) providing incarcerated indi-  
2 viduals with onsite healthcare; and

3 (III) providing incarcerated indi-  
4 viduals with healthcare services in the  
5 community, as necessary; and

6 (D) all other aspects of the Interim Guid-  
7 ance;

8 (2) the process for determining which incarcer-  
9 ated persons qualify for home confinement, including  
10 listing every factor that is taken into consideration,  
11 and how the factors are weighed to determine quali-  
12 fication, including—

13 (A) how many incarcerated persons have  
14 been reviewed for home confinement;

15 (B) how many incarcerated persons have  
16 qualified for and have been moved into home  
17 confinement, and the average length of time be-  
18 tween review, approval, and transfer;

19 (C) how the prior convictions of an incar-  
20 cerated person are used to determine who quali-  
21 fies for home confinement, including whether  
22 certain convictions are weighed more heavily  
23 than others, and whether a prior conviction re-  
24 gardless of severity automatically bars an incar-



1           cerated person from qualifying for home con-  
2           finement; and

3           (D) demographic data of the incarcerated  
4           persons who are considered for home confine-  
5           ment and of the incarcerated persons who are  
6           ultimately chosen for home confinement,  
7           disaggregated by age, race, gender, ethnicity,  
8           level of offense, how much time remains on  
9           their sentence, and whether the individual is  
10          high risk for COVID-19;

11          (3) the process for determining which incarcer-  
12          ated persons qualify for compassionate release, in-  
13          cluding listing every factor that is taken into consid-  
14          eration, and how the factors are weighed to deter-  
15          mine qualification, including—

16                (A) how many incarcerated persons have  
17                been reviewed for compassionate release;

18                (B) how many incarcerated persons have  
19                qualified for compassionate release,  
20                disaggregated by compassionate releases ap-  
21                proved by the Bureau of Prisons and compas-  
22                sionate releases granted by courts, and the av-  
23                erage length of time between review, approval,  
24                and release;

1           (C) how the prior convictions of an incar-  
2           cerated person are used to determine who quali-  
3           fies for compassionate release, including wheth-  
4           er certain convictions are weighed more heavily  
5           than others, and whether a prior conviction re-  
6           gardless of severity automatically bars an incar-  
7           cerated person from qualifying for compas-  
8           sionate release; and

9           (D) demographic data of the incarcerated  
10          persons who are considered for compassionate  
11          release and of the incarcerated persons who are  
12          ultimately chosen for compassionate release,  
13          disaggregated by age, race, gender, ethnicity,  
14          level of offense, and how much time remains on  
15          their sentence;

16          (4) the process of providing information to fam-  
17          ilies and emergency contacts of incarcerated persons  
18          who have tested positive for COVID–19, including  
19          how long it takes on average for families and emer-  
20          gency contacts to be notified after initial diagnosis,  
21          and how often facilities follow up with families and  
22          emergency contacts to update them on the health  
23          condition of the incarcerated person;

24          (5) resource limitations, if any, that have inhib-  
25          ited the ability of the Department of Justice and

1 Bureau of Prisons to fully implement the Centers  
2 for Disease Control and Prevention's Interim Guide-  
3 lines; and

4 (6) what actions are being taken to modernize  
5 the electronic health records systems of the Bureau  
6 of Prisons.

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