

each correctional institution must inform female prisoners of the rules and post the policies in the institution where they will be seen by female prisoners.

This bill creates an undesignated section of the Florida Statutes.

II. Present Situation:

Background

The issue of whether or not pregnant female inmates should be exempted from normal policies regarding use of restraints has been widely debated during the last few years.

In October 2010, the National Women's Law Center¹ published a state-by-state report card on the conditions of confinement for pregnant and parenting women and the effect on their children. The report found that, overall, the grades for prenatal care, shackling, and family-based treatment as an alternative to incarceration were poor with twenty-one states receiving either a D or F (failing grades) and twenty-two states receiving a grade of C.² Seven states received a B and only one state, Pennsylvania, received an A-. For prenatal care, thirty-eight states received failing grades (D or F grade) for failure to institute adequate policies requiring incarcerated pregnant women to receive adequate prenatal care, despite the fact that many women in prison have higher-risk pregnancies.³ Furthermore, thirty-six states received failing grades for their failure to comprehensively limit the use of restraints⁴ on pregnant women during transportation, labor and delivery, and postpartum recuperation.⁵

A number of states have considered legislation prohibiting or limiting the use of restraints for pregnant inmates, and in 2008 the Federal Bureau of Prisons revised its policy to limit the use of restraints. The Board of Directors of the National Commission on Correctional Health Care recently adopted a position paper on restraint of pregnant inmates. The introduction states:

Restraint is potentially harmful to the expectant mother and fetus, especially in the third trimester as well as during labor and delivery. Restraint of pregnant inmates during labor and delivery should not be used. The application of restraints during all other pre-and postpartum periods should be restricted as much as possible and, when used, done so with consultation from medical staff. For the

¹ The National Women's Law Center is a nonprofit corporation that was established in 1972. The Center works to protect and advance the progress of women in their families in core aspects of their lives, with an emphasis on the needs of low-income women. National Women's Law Center, *Annual Report 2007-2008*, available at:

<http://dev2.nwlc.org/sites/default/files/pdfs/NWLCAnnualReport07-08w.pdf>, last visited on March 17, 2011.

² Florida received a composite grade of C.

³ Florida received a grade of C for prenatal care.

⁴ Florida received a grade of F for its shackling policies.

⁵ National Women's Law Center, The Rebecca Project for Human Rights, *Mothers Behind Bars: A State-by-State Report Card and Analysis of Federal Policies on Conditions of Confinement for Pregnant and Parenting Women and the Effect on Their Children*, October 2010, available at: The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution, last viewed on March 17, 2011.

most successful outcome of a pregnancy, cooperation among custody staff, medical staff, and the patient is required.⁶

Department of Corrections Policy

The DOC is responsible for the health care of inmates in its custody⁷ and treats more than 80 pregnant inmates per year.⁸ Florida law under s. 944.24, F.S., requires the DOC to provide each pregnant inmate with prenatal care and medical treatment through the duration of her pregnancy.⁹ Inmates receive prenatal counseling, vitamins, and exams. They also receive an extra nutritional meal each day.¹⁰ A pregnant inmate must be transferred to a hospital outside the prison grounds if a condition develops which is beyond the scope and capabilities of the prison's medical facilities. Any woman inmate who gives birth to a child during her term of imprisonment may be temporarily taken to a hospital outside the prison for the purpose of childbirth, and the charge for hospital and medical care must be charged against the funds allocated to the institution. The department must provide for the care of an inmate's newborn and must pay for the child's care until the child is suitably placed outside the prison system.¹¹

The DOC has an established procedure regarding the use of restraints. Key components include:

- After it is learned that an inmate is pregnant (and during her postpartum period), her hands are not restrained behind her back and leg irons are not used. The use of waist chains or black boxes is also prohibited when there is any danger that they will cause harm to the inmate or fetus. The inmate's hands can be handcuffed in front of her body during transport and at the medical facility if required by security conditions due to her custody level and behavior. The shift supervisor's approval is required to remove handcuffs for medical reasons, except that approval is not required in an emergency situation.
- Unarmed escort officers are required to maintain close supervision of a pregnant inmate and to provide a "custodial touch" when necessary to prevent falls.
- An inmate in labor is not restrained, but after delivery she may be restrained to the bed with normal procedures (tethered to the bed by one ankle) for the remainder of her hospital stay. A correctional officer is stationed in the room with the inmate to be sure that she has access to the bathroom or for other needs that require movement.¹²

The DOC reports that its procedures for the use of restraints on pregnant inmates are consistent with national guidelines. It also reports that there were no formal medical grievances submitted regarding the application of restraints during pregnancy from January 1, 2009, to the present.¹³

⁶ Position Paper on Restraint of Pregnant Inmates, adopted by the National Commission on Correctional Health Care Board of Directors (October 10, 2010), http://www.ncchc.org/resources/statements/restraint_pregnant_inmates.html , last viewed March 16, 2011.

⁷ Section 945.6034, F.S.

⁸ DOC Analysis of Senate Bill 1086 (March 10, 2011), page 4.

⁹ See also s. 951.175, F.S.

¹⁰ Guidelines for the care and treatment of pregnant inmates are defined in DOC Procedure 506.201 (*Pregnant Inmates and the Placement of Newborn Infants*) and Health Services Bulletin 15.03.39 (*Health Care for Pregnant Inmates*).

¹¹ Section 944.24, F.S.

¹² DOC Procedure 506.201, section 12, and DOC Analysis, page 2.

¹³ DOC Analysis, *supra* fn. 3, pages 2 and 4.

Department of Juvenile Justice Policy

The DJJ policy is that pregnant youth must be handcuffed in the front when they are transported outside the secure area. Leg restraints, waist chains, and restraint belts cannot be used on pregnant youth.¹⁴ There is no formal rule addressing the use of restraints during labor and delivery. However, the practice is for restraints to be removed during labor and delivery and whenever requested by the treating health care professional.¹⁵

III. Effect of Proposed Changes:

The bill generally prohibits corrections officials from using restraints on a prisoner who is known to be pregnant during labor, delivery, or postpartum recovery. It also regulates the use of restraints during the third trimester. The following are summarized definitions of terms used in the bill:

- “Corrections official” refers to the person who is responsible for oversight of a correctional facility, or his or her designee.
- “Restraints” include any physical restraint or mechanical device used to control the movement of the body or limbs. Examples include flex cuffs, soft restraints, hard metal handcuffs, black boxes, chubb cuffs, leg irons, belly chains, security chairs, and convex shields.
- “Prisoner” includes any person who is incarcerated or detained in a correctional institution at any time in relation to a criminal offense, including both pre-trial and post-trial actions. It also includes any woman who is detained in a correctional institution under federal immigration laws.
- “Correctional institutions” include any facilities under the authority of the DOC or the DJJ as well as county and municipal detention facilities. It also includes detention facilities operated by private entities.
- “Labor” is the time before birth when contractions bring about effacement and progressive cervical dilation.
- “Postpartum recovery” is the time immediately following delivery, including recovery time in the hospital or infirmary. The duration of postpartum recovery is determined by the physician.

Restraints can only be used during labor, delivery or post-partum recovery if the corrections official makes an individualized determination that extraordinary circumstances exist requiring their use. This is permissible in two situations: (1) when the prisoner presents a substantial flight risk; or (2) when there is an extraordinary medical or security circumstance that dictates the use of restraints for the safety and security of the prisoner, corrections or medical staff, other prisoners, or the public. However, there are situations that override the exceptions: (1) the corrections official accompanying the prisoner must remove all restraints if removal is requested by the treating doctor, nurse, or other health care professional; and (2) use of leg, ankle, or waist restraints are completely prohibited during labor and delivery.

¹⁴ DJJ Basic Curricula (PAR) 63H-1.001-.016(10).

¹⁵ DJJ Analysis of Senate Bill 1086 (2011), pages 1-2.

The corrections official who authorizes the use of restraints due to an extraordinary circumstance must document the reasons for the exception within 10 days of their use. The correctional institution must maintain this documentation on file and available for public inspection for at least 5 years. However, the prisoner's identifying information may not be made public without the prisoner's consent.

The bill also establishes additional requirements regarding restraint of pregnant prisoners during the last trimester of pregnancy. These additional requirements also apply at any time during pregnancy if requested by the treating doctor, nurse, or other health care professional. These requirements are:

- Waist restraints that directly constrict the area of pregnancy cannot be used.
- Any wrist restraints must be applied so that the pregnant prisoner can protect herself in the event of a forward fall (handcuff must be in front).
- Leg and ankle restraints that restrain the legs close together cannot be used when the prisoner is required to walk or stand.

In addition to the specific requirements during the third trimester and during labor, delivery, and post-partum recovery, the bill provides that any restraint of a prisoner who is known to be pregnant must be done in the least restrictive manner necessary. The purpose of this general requirement is to reduce the possibility of adverse clinical consequences.

The secretaries of the DOC and the DJJ and the official responsible for any local correctional facility where a pregnant prisoner was restrained pursuant to an exception, or in violation of the provisions of the bill, during the previous year must submit a written report to the Executive Office of the Governor with an account of every instance in which such restraint was used.

The bill requires the DOC and the DJJ to adopt rules to administer the new law, and each correctional institution must inform female prisoners of the rules when they are admitted to the institution, include the policies and practices in the prison handbook, and post the policies in appropriate places within the institution that are visible to female prisoners.

The bill also specifies that a woman who is harmed may file a grievance pursuant to s. 944.331, F.S., within one year in addition to any other remedies that might be available under state or federal law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The requirement for correctional institutions under the authority of the DOC to keep records of incidents in which extraordinary circumstances dictated the use of restraints includes a prohibition against releasing the name of the prisoner without her consent. It is

unclear whether this new law provides protection of this personal identifying information within existing public records exemptions found in s. 945.10, F.S.

It appears that s. 985.04, F.S., which states that records in the custody of the DJJ regarding children are not open to inspection by the public, is consistent with the bill as it prohibits releasing the name of the child prisoner.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

It does not appear that the bill would have a significant fiscal impact on the government sector. In its analysis of the bill, the DOC notes that staff will have to maintain files and prepare the annual report to the Governor but does not quantify any costs.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation on March 22, 2011:

- Clarifies the time within which a corrections official must make written findings justifying the use of restraints.
- Clarifies the definition of “correctional institution.”
- Clarifies the type of complaint that may be filed by an incarcerated woman who has been restrained during her third trimester, labor, delivery, or postpartum recovery.

CS by Criminal Justice on March 14, 2011:

- Clarifies that the bill is only intended to apply to restraint of pregnant inmates during specified times in the latter stages of pregnancy.
- Establishes regulations for restraint of pregnant women during the third trimester.
- Modifies annual report requirement to apply only to instances when an exception is made to allow restraint or when the requirements are violated, not to all instances of shackling during pregnancy.
- Clarifies that the bill applies to correctional facilities operated by private companies.

B. Amendments:

None.