

Date of Hearing: March 19, 2024

Counsel: Liah Burnley

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Kevin McCarty, Chair

AB 2527 (Bauer-Kahan) – As Amended March 12, 2024

CORRECTED

SUMMARY: Prohibits incarcerated pregnant persons in detention facilities and state prisons from being placed in solitary confinement or restrictive housing units during their pregnancy or for 12 weeks postpartum. Specifically, **this bill:**

- 1) Prohibits incarcerated pregnant persons from being placed in solitary confinement or restrictive housing units during their pregnancy or for 12 weeks postpartum.
- 2) Requires incarcerated pregnant persons to be provided a minimum of 120 ounces of free, clean bottled water each day.
- 3) Requires incarcerated pregnant persons to be provided daily high-quality and high-caloric nutritional meals that meet guidelines established by the Department of Public Health (DPH) for the California Special Supplemental Nutrition Program for Women, Infants and Children, as specified.
- 4) Provides that the social worker referred to pregnant incarcerated persons under existing law discuss with each pregnant incarcerated person health education, advocacy, physical, emotional, spiritual, and nonmedical support before, during, after childbirth or end of a pregnancy, including throughout the postpartum period.
- 5) Requires the notice given to incarcerated pregnant persons in local detention facilities about community-based programs serving pregnant, birthing, or lactating incarcerated persons to, at a minimum, contain guidelines for qualification, the timeframe for application, and the process for appealing a denial of admittance to those programs.
- 6) States that, if a community-based program is denied access to a local detention facility, the reason for the denial shall be provided in writing to the incarcerated person within two working days of receipt of the request. The written denial shall address the safety or security concerns for the incarcerated person, infant, public, or staff.
- 7) Requires, for local detention facilities, if an incarcerated pregnant person's request for an elected support person is denied, the reason for the denial must be provided in writing to the incarcerated person within two working days of receipt of the request. The written denial shall address the safety or security concerns for the incarcerated person, infant, public, or staff. Upon receipt of a written denial, the incarcerated pregnant person may choose the approved institution staff to act as the support person.

- 8) Requires, at local detention facilities, incarcerated persons who have had a miscarriage, stillbirth, or abortion, including a termination of the pregnancy for medical reasons, to receive appropriate, timely, culturally responsive, and medically accurate and comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions, including mental health disorders and infectious diseases.
- 9) Defines “detention facility” as any city, county, or regional facility used for the confinement of any person, including those under 18 years of age, for more than 24 hours.

EXISTING LAW:

- 1) Requires the Board of State Community Corrections (BSCC) to establish minimum standards for state and local correctional facilities, including standards for pregnant individuals incarcerated at the CDCR and local detention facilities. (Penal Code § 6030.)
- 2) Provides that every woman upon being committed to CDCR shall be examined mentally and physically, and shall be given the care, treatment and training adapted to her particular condition. (Pen. Code, § 3403.)
- 3) Provides that any incarcerated person at CDCR shall have the right to summon and receive the services of any physician, nurse practitioner, certified nurse midwife, or physician assistant of their choice in order to determine whether they are pregnant. (Pen. Code, § 3406.)
- 4) States that, if the incarcerated person is found to be pregnant, they are entitled to a determination of the extent of the medical and surgical services needed and to the receipt of these services from the physician, nurse practitioner, certified nurse midwife, or physician assistant of their choice. (Pen. Code, §§ 3406, subd. (b) & 4023.6.)
- 5) States that a person who is incarcerated in state prison who is identified as possibly pregnant or capable of becoming pregnant during an intake health examination or at any time during incarceration shall be offered a test upon intake or by request. (Pen. Code, §§ 3408, subd. (a) & 4203, subd. (a).)
- 6) States that an incarcerated person in state prison or a local detention facility with a positive pregnancy test result shall be offered comprehensive and unbiased options counseling that includes information about prenatal health care, adoption, and abortion. (Pen. Code, §§ 3408, subd. (b) & 4023, subd. (b).)
- 7) Provides that a pregnant incarcerated person, within seven days of arriving at the prison or local detention facility, be scheduled for a pregnancy examination with a physician, nurse practitioner, certified nurse-midwife, or physician assistant. The examination shall include all of the following:
 - a) A determination of the gestational age of the pregnancy and the estimated due date;
 - b) A plan of care, including referrals for specialty and other services, isolation practices, level of activities, and bed assignments, social and clinical needs, among other services; and,

- c) Prenatal labs and diagnostic studies, as needed based on gestational age or existing or newly diagnosed health conditions. (Pen. Code, §§ 3408, subd. (d) & 4023, subd. (d).)
- 8) States that an eligible incarcerated pregnant person in state prison or a local detention facility shall be provided notice of, access to, and written application for, community-based programs serving pregnant, birthing, or lactating incarcerated persons. (Pen. Code, §§ 3408, subd. (j), & 4023, subd. (j).)
- 9) Requires, at state prisons, the notice to include, at minimum, the guidelines for qualification, the timeframe for application, and the process for appealing a denial of admittance to those programs. (Pen. Code, § 3408, subd. (j).)
- 10) Requires, at state prisons, if a community-based program is denied access to a local detention facility, the reason for the denial shall be provided in writing to the incarcerated person within two working days of receipt of the request. The written denial shall address the safety or security concerns for the incarcerated person, infant, public, or staff. (Pen. Code, § 3408, subd. (j).)
- 11) Provides that each incarcerated pregnant person shall be referred to a social worker who shall do all of the following:
 - a) Discuss with the incarcerated person the options available for feeding, placement, and care of the child after birth, including the benefits of lactation;
 - b) Assist the incarcerated pregnant person with access to a phone in order to contact relatives regarding newborn placement; and,
 - c) Oversee the placement of the newborn child. (Pen. Code, §§ 3408, subd. (k) & 4203, subd. (k).)
- 12) States that an incarcerated pregnant person shall be temporarily taken to a hospital outside the prison or detention facility for the purpose of giving childbirth. (Pen. Code, §§ 3408, subd. (l) & 4203, subd. (l).)
- 13) Allows an incarcerated pregnant person to elect to have a support person present during labor, childbirth, and during postpartum recovery while hospitalized. (Pen. Code, §§ 3408, subd. (m) & 4203, subd. (m).)
- 14) Provides that the support person may be an approved visitor or the prison's or detention facility's staff designated to assist with prenatal care, labor, childbirth, lactation, and postpartum care. (Pen. Code, §§ 3408, subd. (m) & 4203, subd. (m).)
- 15) Requires, at state prisons, if incarcerated pregnant person's request for an elected support person is denied, the reason for the denial must be provided in writing to the incarcerated person within two working days of receipt of the request. The written denial shall address the safety or security concerns for the incarcerated person, infant, public, or staff. Upon receipt of a written denial, the incarcerated pregnant person may choose the approved institution staff to act as the support person. (Pen. Code, § 3408, subd. (m).)

- 16) States that, at state prisons, all pregnant and postpartum incarcerated persons, including incarcerated persons who have had miscarriage, stillbirth, or abortion, including a termination of the pregnancy for medical reasons, shall receive appropriate, timely, culturally responsive, and medically accurate and comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions, including mental health disorders and infectious diseases. (Pen. Code, § 3408, subd. (n).)
- 17) States that, at local detention facilities, all pregnant and postpartum incarcerated persons shall receive appropriate, timely, culturally responsive, and medically accurate and comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions, including mental health disorders and infectious diseases. (Pen. Code, § 4203, subd. (n).)
- 18) Provides that upon return to prison or local detention facility, the physician, nurse practitioner, certified nurse-midwife, or physician assistant shall provide a postpartum examination within one week from childbirth and as needed for up to 12 weeks postpartum, and shall determine whether the incarcerated person may be cleared for full duty or if medical restrictions are warranted. (Pen. Code, §§ 3408, subd. (p) & 4203, subd. (p).)
- 19) Requires postpartum individuals to be given at least 12 weeks of recovery after any childbirth before they are required to resume normal activity. (Pen. Code, §§ 3408, subd. (p) & 4203, subd. (p).)
- 20) Requires CDCR to establish a community treatment program under incarcerated women who have one or more children under age six may participate. The program shall provide for the release of the mother and child or children to a public or private facility in the community and which will provide the best possible care for the mother and child. (Pen. Code, § 3411.)
- 21) Provides that every female inmate at CDCR who is pregnant and who is not eligible for participation in the community treatment program shall have access to complete prenatal care, which shall include a balanced, nutritious diet approved by a doctor. (Pen. Code, § 3424.)

FISCAL EFFECT: Unknown

COMMENTS:

- 1) **Author's Statement:** According to the author, “All pregnant people deserve to be safe in their environment, have access to clean drinking water and healthy meals. As a mother, I know how important these things are. Unfortunately, the reality in our state is that people who are pregnant while incarcerated do not have these basic needs met. AB 2527 creates minimum requirements that pregnant incarcerated people be given clean, bottled water and healthy meals. This bill also prohibits putting pregnant people in solitary confinement and other restrictive housing. AB 2527 makes progress towards ensuring that all pregnant people are treated with dignity and respect.”
- 2) **Incarcerated Pregnant Individuals:** Recent estimates indicate that eight to ten percent of women who enter prison are pregnant. (Legal Services for Prisoners with Children, *Pregnant Women in California Prisons and Jails: A Guide for Prisoners and Legal Advocates*, <https://www.courts.ca.gov/documents/BTB_23_4K_5.pdf>.) State law provides

incarcerated pregnant individuals a minimal level of pre-and-post partum services, such as access to a social worker, regular prenatal care visits with a health care provider, and the right to have delivery take place in a hospital outside of the institution. (Pen. Code, §§ 3408, 4203.8.)

In addition, some incarcerated women at state prisons can apply to the Community Prison Mother Program (CPMP) within CDCR's Female Offender Programs and Services. Pursuant to California Penal Code Sections 3410 through 3424, the CPMP provides an opportunity for pregnant individuals and mothers with one or more children, six years of age or younger, the opportunity to be housed with their children in a supervised facility away from the prison setting. The primary focus of the CPMP is to reunite mothers with their children and re-integrate them back into society as productive citizens by providing a safe, stable, wholesome and stimulating environment. CPMP also looks to establish stability in the parent-child relationship, provide the opportunity for mothers who are incarcerated individuals to bond with their children, and strengthen the family unit. (CDCR, Community Participant Mother Program, <<https://www.cdcr.ca.gov/rehabilitation/pre-release-community-programs/community-prisoner-mother-program/>>.)

3) **Effect of this Bill:** This bill would make several changes to existing law regarding the provision of care to pregnant incarcerated individuals confined in state prisons and local detention facilities.

a) **Solitary Confinement:** This bill would prohibit incarcerated pregnant persons in state prisons and local detention facilities from being housed in solitary confinement or restrictive housing units during their pregnancy and for 12 weeks postpartum.

Under existing law, incarcerated pregnant individuals and local detention facilities and CDCR are given a plan of care, which include, vaguely "isolation practices, level of activities, and bed assignments" (Pen. Code, §§ 3408, subd. (c) & 4203.8, subd. (c).) Incarcerated pregnant persons housed in a multitier housing unit must be assigned lower bunk and lower tier housing. (Pen. Code, §§ 3408, subd. (g) & 4203.8, subd. (g).) Other than these provisions, existing law is silent as to whether incarcerated pregnant individuals can be placed in solitary confinement.

Pregnant women and women with infants and breastfeeding should never be subjected to solitary confinement according to the United Nations' Rules on the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, as they are at especially high risk of psychological damage due to isolation and solitary can curtail their access to prenatal care. (*United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* <<https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-rules-treatment-women-prisoners-and-non-custodial>>.) Research shows that vulnerable populations like pregnant women are far more susceptible to the potential dangers of solitary confinement. (*Unjust Isolation: The Diminishing Returns of Solitary Confinement of Pregnant Women and California's Need to Regulate It* (2021) 2 Hastings J. Crime & Punish. 122.)

According to the American College of Obstetricians and Gynecologists (ACOG), "pregnant people should not be placed in solitary confinement. The mental health effects on people placed in restrictive housing can be compounded in pregnancy. Being in

solitary confinement can limit access to timely health care, especially when urgent pregnancy concerns arise. Such housing also limits mobility and often by default results in bedrest, which has documented harms in pregnancy. Furthermore, the practice of routinely placing pregnant people in medical isolation for the sole purpose of proximity to health care staff is not recommended when such arrangements limit access to programming, exercise, and social interaction.” (ACOG, *Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals* <<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals>>.)

- b) **Water and Nutrition:** This bill would require pregnant individuals incarcerated at state prison and local detention facilities to be provided a minimum of 120 ounces of free, clean bottled water each day.

According to the National Institute of Health (NIH), “[g]eneral fluid needs increase during pregnancy in order to support fetal circulation, amniotic fluid, and a higher blood volume.” (NIH, *Nutrition Column An Update on Water Needs during Pregnancy and Beyond* <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595116/>>.) Additionally, an “adequate fluid supply also ensures that the mother has enough reserves to tolerate blood loss during delivery.” (*Ibid.*) The ACOG, recommends drinking 8 to 12 cups (64 to 96 ounces) of water every day during pregnancy. (ACOG, *How Much Water Should I Drink During Pregnancy?* <<https://www.acog.org/womens-health/experts-and-stories/ask-acog/how-much-water-should-i-drink-during-pregnancy#:~:text=During%20pregnancy%20you%20should%20drink,helps%20waste%20leave%20the%20body>>.) The NIH also advises that, “pregnant women must be cautioned that some water is tainted with lead, which can result in spontaneous abortion, decreased stature, and deficiency in the neurodevelopment of the growing fetus. Water contamination can be of particular concern in the pregnant woman who already has a reduced immunity related to the pregnancy.” (NIH, *supra.*) “Contamination can be avoided with the use of bottled water. [...] Bottled water is regulated by the Food and Drug Administration for water quality and accurate labeling.” (*Ibid.*)

This bill would also require incarcerated pregnant persons at CDCR and local detention facilities to be provided daily high quality and high-caloric nutritional meals the guidelines for California Special Supplemental Nutrition Program for Women, Infants and Children. This program provides “nutrition education, breastfeeding support, healthy foods and referrals to health care and other community services” to “people who are pregnant or have given birth or experienced pregnancy.” (CDPH, *Women, Infants & Children Program* <<https://www.cdph.ca.gov/programs/cfh/DWICSN/pages/program-landing1.aspx>>.)

According to the U.S. Department of Health and Human Services, nutrition plays a vital role before, during, and after pregnancy to support the health of the mother and her child. “Following a healthy dietary pattern is especially important for those who are pregnant or lactating for several reasons. Increased calorie and nutrient intakes are necessary to support the growth and development of the baby and to maintain the mother’s health. Consuming a healthy dietary pattern before and during pregnancy also may improve pregnancy outcomes. In addition, following a healthy dietary pattern before and during pregnancy and lactation has the potential to affect health outcomes for both the mother

and child in subsequent life stages.” (USDA, *Dietary Guidelines for Americans, 2020-2025* <https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf>.) Among other vitamins and minerals, individuals with a healthy pre-pregnancy weight need about 340 - 450 extra calories per day from nutrient-dense choices during the second and third trimester. (HHS, *Nutrition During Pregnancy to Support a Healthy Mom and Baby* <<https://health.gov/news/202202/nutrition-during-pregnancy-support-healthy-mom-and-baby>>.) Maternal nutrition can contribute positively to the delivery of a healthy, full-term newborn of an appropriate weight. Pregnant individuals often experience nausea, cravings, and have smaller gastric capacity, thus pregnant people in custody should receive healthy snacks outside of scheduled mealtimes. (ACOG, *Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals* <<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals>>.)

- c) **Social Worker Referral:** Under existing law, pregnant individuals who are incarcerated in prisons and jails are referred to a social worker. (Pen. Code, §§ 3408, subd. (k) & 4203, subd. (k).) The social worker is required to discuss with the incarcerated person the options available for feeding, placement, and care of the child after birth, including the benefits of lactation; assist the incarcerated pregnant person with access to a phone in order to contact relatives regarding newborn placement; and, oversee the placement of the newborn child. (*Ibid.*)

This bill would further require the social worker provide health education, advocacy, physical, emotional, spiritual, and nonmedical support before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period. Though pregnant individuals should, without question, have access to these services, the legislature should consider whether a social worker is the most appropriate professional to provide health education, physical, and spiritual support to incarcerated pregnant persons.

- d) **Creates Uniformity between Local Detention Facilities and State Prisons:** This bill also includes several provisions that create uniformity for the procedures for pregnant individuals at local detention facilities with those at state prisons.

First, this bill would require the notice given to incarcerated pregnant persons about community-based programs serving pregnant, birthing, or lactating incarcerated persons to, at a minimum, contain guidelines for qualification, the timeframe for application, and the process for appealing a denial of admittance to those programs. Under existing law, state prisons are required to include in the notice, guidelines for the qualification, timeline and process for appealing a denial of admittance to the programs. (Pen. Code, § 3408, subd. (j).) Existing law does not have the same requirement that this information be included in the notice at local detention facilities.

Second, this bill would require, if a community-based program is denied access to a local detention facility, the reason for the denial to be provided in writing to the incarcerated person within two working days of receipt of the request. The written denial shall address the safety or security concerns for the incarcerated person, infant, public, or staff. This is the existing law at state prisons. (Pen. Code, § 3408, subd. (j).) Existing law does not

have the same requirements for programs that are denied access to local detention facilities.

Third, this bill would require, at local detention facilities, if an incarcerated pregnant person's request for an elected support person is denied, the reason for the denial to be provided in writing to the incarcerated person within two working days of receipt of the request. The written denial shall address the safety or security concerns for the incarcerated person, infant, public, or staff. Upon receipt of a written denial, the incarcerated pregnant person may choose the approved institution staff to act as the support person. Under existing law, both state prisons and local detention facilities are required to allow an incarcerated person to elect to have a support person present during birth. (Pen. Code, §§ 3408 subd. (m), & 4203.8, subd. (m).) However, existing law only requires the reason for denial to be provided to incarcerated persons at state prisons and does not afford the same protections to individuals incarcerated at local detention facilities. (Pen. Code, § 3408, subd. (m).)

Fourth, this bill would require, at local detention facilities, incarcerated persons who have had a miscarriage, stillbirth, or abortion, including a termination of the pregnancy for medical reasons, to receive appropriate, timely, culturally responsive, and medically accurate and comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions, including mental health disorders and infectious diseases. Under existing law at state prisons requires all pregnant and postpartum incarcerated persons, including incarcerated persons who have had miscarriage, stillbirth, or abortion, including a termination of the pregnancy for medical reasons, to receive this care. (Pen. Code, § 3408, subd. (n).) However, existing law only requires this care to be given to pregnant and postpartum incarcerated persons, at local detention facilities, but does not require the same for those who have had had a miscarriage, stillbirth, or abortion, including a termination of the pregnancy for medical reasons. (Pen. Code, § 4203.8, subd. (n).)

- 4) **Comparison to AB 2740 (Waldron):** AB 2740 (Waldron), which is being heard by this committee today, also concerns pregnant incarcerated individuals. AB 2740 applies to state prisoners only.

Both this bill and AB 2740 would expand the requirements of the social worker referred to each pregnant incarcerated person. As discussed above, this bill would require the social worker to provide health education, advocacy, physical, emotional, spiritual, and nonmedical support before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period. AB 2740 would specify that the incarcerated person must be referred to a social worker within seven days of arriving at the prison and would require the social worker to discuss options for parenting classes and other classes relevant to caring for newborns and options for placement and visiting the newborn.

Both this bill and AB 2740 also contain provisions regarding nutrition for incarcerated pregnant individuals. This bill would require incarcerated pregnant persons to be provided a minimum of 120 ounces of free, clean bottled water each day and daily high-quality and high caloric nutritional meals. AB 2740 would require the plans of care for incarcerated pregnant persons at state prisons to include a meal plan with additional meals and beverages in accordance with medical standards of care.

To the extent that there is overlap between this bill and AB 2740, the bills appear to be harmonious.

- 5) **Argument in Support:** According to the *Ella Baker Center for Human Rights*, “Incarcerated pregnant individuals face harsh conditions that have devastating impacts on both their own health and the health of their fetuses. Across the nation, incarcerated women have a higher mortality rate than their male counterparts and are more likely to experience mental health illnesses. These mental health illnesses are exacerbated during pregnancy. Pregnant individuals in California prisons and county detention facilities remain subjected to the extreme stress of solitary confinement, which can lead to prolonged psychological distress that can cause severe harm. The isolation that happens from solitary confinement can also result in pregnancy complications and can affect the development of the fetus. Furthermore, the use of restrictive housing can cause delays in addressing pregnancy complications, highlighting a systemic challenge within the California carceral system.

“Though access to basic nutrition is crucial during pregnancy, incarcerated individuals often experience challenges in accessing clean water and nourishing meals. According to an ACLU report on reproductive health within California’s carceral system, the water quality in prisons and county detention facilities is often so substandard that pregnant individuals cannot safely consume it. Incarcerated pregnant people receive inadequate meals and often resort to surviving on peanut butter and jelly sandwiches to reach daily caloric intake recommendations, however these meals do not meet the nutritional needs of a pregnant individual. This insufficient nutrition and lack of clean drinking water is not only endangering the health of the fetus but also violates the human rights of pregnant individuals who are incarcerated.

“AB 2527 will improve conditions of confinement for incarcerated pregnant individuals by preventing the use of solitary confinement during pregnancy and up to 12 weeks postpartum. AB 2527 will require daily access to 120 ounces of free bottled water during pregnancy. It will also require access to high-quality nutritional meals in alignment with relevant Department of Health guidelines. AB 2527 makes strides towards ensuring that all incarcerated pregnant individuals are treated with dignity and provided the essential prenatal care to support a healthy pregnancy.

“Incarcerated pregnant individuals in California deserve to have a pregnancy that is rooted in dignity and respect for both the birthing individuals and the fetuses.”

- 6) **Argument in Opposition:** According to the *California State Sheriff Association*, “Existing regulation already governs meal requirements for all incarcerated persons and makes specific accommodation for pregnant and lactating people. Specifically, Title 15 of the California Code of Regulations requires pregnant people to be provided a balanced, nutritious diet approved by a doctor and provides that they shall receive two extra eight ounce cartons of milk or a calcium supplement if lactose intolerant, two extra servings of fresh fruit, and two extra servings of fresh vegetables daily. The regulation also allows a physician to order additional nutrients as necessary. Addressing these proposed changes via regulation is more appropriate than doing so in statute because the regulations are constantly updated by stakeholders and experts who work with and implement these issues.

“Further, we object to the blanket restriction on the use of solitary confinement or restrictive housing unit assignments for pregnant persons for the entirety of their pregnancy plus 12 weeks postpartum. There are any number of situations where these types of housing assignments may be the most appropriate and safe for the person, other inmates, or staff and yet this bill creates an outright ban on their use without regard to the specifics of any potential scenario.”

7) Related Legislation:

- a) AB 2740 (Waldron) would require each incarcerated pregnant person to be referred to a social worker to discuss options for parenting classes and other classes relevant to caring for newborns and options for placement and visiting the newborn. AB 2740 is being heard by this committee today.
- b) AB 2160 (McKinnor) would authorize any pregnant or postpartum defendant to request a stay of execution of their sentence for any period of time through the end of the pregnancy or the postpartum period and would authorize a person who may be pregnant or postpartum and who is arrested or in custody in a county jail or state prison to request and to take a pregnancy test upon or following admission to the county jail or state prison. AB 2160 is pending hearing in this committee.
- c) AB 1810 (Bryan) would require an incarcerated person to have ready access to materials necessary for personal hygiene with regard to their menstrual cycle and reproductive system, without having to request them. AB 1810 is pending in the Assembly Appropriations Committee.
- d) AB 280 (Holden) would limit the use of segregated confinement and would prohibit placing individuals who are pregnant in segregated confinement. AB 280 is pending on the Assembly inactive file.

8) Prior Legislation:

- a) AB 583 (Wicks), of the 2023-2024 Legislative Session, would have established a pilot program to fund community-based doula groups, local public health departments, and other organizations to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people. AB 583 failed passage in Assembly Appropriations Committee.
- b) AB 2632 (Holden), of the 2021-2022 Legislative Session, was substantially similar to AB 280. AB 2632 was vetoed.
- c) AB 2321 (Jones-Sawyer), Chapter 781, Statutes of 2022, prohibits confinement of a minor in a locked single-person room or cell in a juvenile facility for a period lasting longer than one hour when room confinement is necessary for institutional operations.
- d) AB 1225 (Waldron), of the 2021-2022 Legislative Session, would have prohibited an incarcerated woman from being placed in solitary confinement for medical observation. AB 1225 was held in the Assembly Appropriations Committee.

- e) AB 2717 (Waldron), of the 2021-2022 Legislative Session, would have expanded the community prison mother treatment program within CDCR. AB 2717 was vetoed.
- f) AB 732 (Bonta), Chapter 321, Statutes of 2020, requires specified medical treatment and services for county jail and state prison inmates who are pregnant, and requires that incarcerated persons be provided with materials necessary for personal hygiene with regard to their menstrual cycle and reproductive system, upon request.
- g) SB 1433 (Mitchell), Chapter 311, Statutes of 2016, requires that any person incarcerated in state prison who menstruates shall, upon request, have access to and be allowed to use materials necessary for personal hygiene with regard to their menstrual cycle and reproductive system.
- h) AB 478 (Lieber), Chapter 608, Statutes of 2005, set minimum standards for the medical care of incarcerated individuals who are pregnant during their incarceration.
- i) SB 617 (Speier), of the 2005-2006 Legislative Session, would have required CDCR to house pregnant female prison inmates separately from other female inmates and be given appropriate health care and nutrition.
- j) AB 1530 (McLeod), Chapter 297, Statutes of 2004, required CDCR to ensure that female prisoners have notice of and access to parenting programs and required CDCR to accept pregnant mothers into the program.

REGISTERED SUPPORT / OPPOSITION:

Support

California Catholic Conference
California Nurse-midwives Association (UNREG)
California Public Defenders Association
Communities United for Restorative Youth Justice (CURYJ)
Ella Baker Center for Human Rights
Essie Justice Group
Feed Black Futures
Initiate Justice
Initiate Justice Action
Legal Services for Prisoner With Children
Legal Services for Prisoners With Children
Rubicon Programs
The Empowerthem Collective
Women's Foundation of California, Dr. Beatriz Maria Solis Policy Institute (SPI)

1 Private Individual

Opposition

California State Sheriffs' Association

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