**South Carolina General Assembly**

125th Session, 2023-2024

**H. 3170**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Cromer, Haddon, Pace, Beach, S. Jones and White

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Introduced in the House on January 10, 2023

Currently residing in the House

Summary: Treatment of pregnant and postpartum inmates

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 12/8/2022 House Prefiled

 12/8/2022 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

 1/10/2023 House Introduced and read first time (House Journal‑page 75)

 1/10/2023 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** (House Journal‑page 75)

 1/12/2023 House Member(s) request name added as sponsor: S.
 Jones, White

 1/31/2023 Scrivener's error corrected

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**VERSIONS OF THIS BILL**

[12/08/2022](https://www.scstatehouse.gov/sess125_2023-2024/prever/3170_20221208.docx)

[01/31/2023](https://www.scstatehouse.gov/sess125_2023-2024/prever/3170_20230131.docx)

A bill

TO AMEND THE south carolina CODE OF LAWS BY ADDING SECTION 24-13-37 SO AS TO PROVIDE FOR THE TREATMENT OF PREGNANT AND POSTPARTUM INMATES.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 13, Title 24 of the S.C. Code is amended by adding:

 Section 24‑13‑37. (A) An inmate who is confirmed to be pregnant, within seven days of arriving at a state correctional facility, local detention facility, prison camp, or work camp must be scheduled for a pregnancy examination with a physician, nurse practitioner, certified nurse midwife, or physician assistant. The examination shall include:

 (1) a determination of the gestational age of the pregnancy and the estimated due date;

 (2) a plan of care, including referrals for specialty and other services to evaluate the presence of chronic medical conditions or infectious diseases, and to use health and social status of the inmate to improve quality of care, isolation practices, level of activities, and bed assignments, and to inform appropriate specialists in relationship to gestational age and social and clinical needs, and to guide use of personal protective equipment and additional counseling for prevention and control of infectious diseases, if needed; and

 (3) the ordering of prenatal labs and diagnostic studies, as needed based on gestational age or existing or newly diagnosed health conditions.

 (B) Pregnant inmates must be scheduled for prenatal care visits as follows, unless otherwise indicated by the physician, nurse practitioner, certified nurse midwife, or physician assistant:

 (1) every four weeks in the first trimester up to twenty‑four to twenty‑eight weeks;

 (2) every two weeks thereafter up to thirty‑six weeks gestation; and

 (3) every one week thereafter until birth.

 (C) Pregnant inmates must be provided access to newborn care that includes access to appropriate assessment, diagnosis, care, and treatment for infectious diseases that may be transmitted from a birthing person to the birthing person’s infant, such as HIV or syphilis.

 (D) Pregnant inmates must not be tased, pepper sprayed, or exposed to other chemical weapons.

 (E) Pregnant inmates who have used opioids prior to incarceration, either by admission or written documentation by a probation officer, or who are currently receiving methadone treatment, must be offered medication‑assisted treatment and must be provided information on the risks of withdrawal.

 (F) An eligible pregnant inmate or person who gives birth after incarceration in a state correctional facility, local detention facility, prison camp, or work camp must be provided notice of, access to, and written application for, community‑based programs serving pregnant, birthing, or lactating inmates. At a minimum, the notice shall contain guidelines for qualification, the timeframe for application, and the process for appealing a denial of admittance to those programs.

 (G) If a community‑based program is denied access to a state correctional facility, local detention facility, prison camp, or work camp, the reason for the denial must be provided in writing to the inmate within fifteen working days of receipt of the request. The written denial shall address the safety or security concerns for the inmate, infant, public, or staff.

 (H) Each pregnant inmate must be referred to a social worker who shall:

 (1) discuss with the inmate the options available for feeding, placement, and care of the child after birth, including the benefits of lactation;

 (2) assist the inmate with access to a telephone in order to contact relatives regarding newborn placement; and

 (3) oversee the placement of the newborn child.

 (I) A pregnant inmate must be taken temporarily to a state‑licensed hospital or birthing center outside of the state correctional facility, local detention facility, prison camp, or work camp for the purpose of giving childbirth. A pregnant inmate in labor or presumed to be in labor must be treated as an emergency and must be transported to the outside facility, accompanied by state correctional facility, local detention facility, prison camp, or work camp staff.

 (J) A pregnant inmate may elect to have a support person present during labor, childbirth, and during postpartum recovery while hospitalized. The support person may be an approved visitor or the state correctional facility, local detention facility, prison camp, or work camp staff designated to assist with prenatal care, labor, childbirth, lactation, and postpartum care. The approval for the support person must be made by the administrator of the state correctional facility, local detention facility, prison camp, or work camp, or his designee. If a pregnant inmate’s request for an elected support person is denied, the reason for the denial must be provided in writing to the inmate within fifteen working days of receipt of the request. The written denial shall address the safety or security concerns for the inmate, infant, public, or staff. Upon receipt of a written denial, the inmate may choose the approved institution staff to act as the support person.

 (K) All pregnant and postpartum inmates shall receive appropriate, timely, culturally responsive, and medically accurate, comprehensive care, evaluation, and treatment of existing or newly diagnosed chronic conditions, including mental health disorders and infectious diseases.

 (L) An inmate in labor and delivery must be given the maximum level of privacy possible during the labor and delivery process. If a guard is present, the guard must be stationed outside of the room, absent extraordinary circumstances. If a guard must be present in the room, the guard shall stand in a place that grants as much privacy as possible during labor and delivery. A guard must be removed from the room if a professional who is responsible for the medical care of the inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of the guard is medically necessary.

 (M) Upon return to a state correctional facility, local detention facility, prison camp, or work camp, 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 twelve weeks postpartum, and shall determine whether the inmate may be cleared for full duty or if medical restrictions are warranted. Postpartum inmates must be given at least twelve weeks of recovery after any childbirth before they are required to resume normal activity.

 (N) The rights provided for inmates by this section and Section 24‑13‑35 must be posted in at least one conspicuous place to which all inmates have access.

SECTION 2. This act takes effect upon approval by the Governor.

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