

Amendment to SB 393-FN

1 Amend RSA 623-C:1-a, III-IV as inserted by section 1 of the bill by replacing them with the
2 following:

3

4 III. Advance planning among members of the pregnant female's health care team, including
5 on site, hospital-based, and corrections professionals shall be conducted before hospital admittance
6 to prepare for any foreseen circumstances which may involve the use of restraint. During
7 transportation for medical appointments, labor or delivery, after delivery, or while in postpartum
8 recovery, a prisoner shall not be restrained, unless approved by the county correctional facility's
9 chief medical officer after an individualized determination is made that there is some other
10 extraordinary medical or security circumstance that dictates restraints be used to ensure the safety
11 and security of the prisoner or detainee. If the doctor, nurse, or other health professional treating
12 the prisoner or detainee requests that restraints not be used, the corrections officer accompanying
13 the prisoner or detainee shall immediately remove all restraints. Restraints, if previously
14 authorized prior to the medical staff requiring them removed, may be reapplied once the medical
15 professional determines the immediate threat to the mother or child has passed. Any additional
16 restraint shall be the least restrictive possible and approval of such restraint shall be documented in
17 writing with the reason for the restraint as required in subparagraph II(a). An incarcerated
18 pregnant person in labor, delivery, and postpartum recovery shall be given the maximum level of
19 privacy possible. If possible, any corrections officer present in the room should be of the same gender
20 and shall stand in a place that grants as much privacy as possible. "Postpartum recovery" means, as
21 determined by her physician, the period immediately following delivery, including the entire period a
22 woman is in the hospital or infirmary after birth. If restraints are used while the inmate is in labor
23 or in the hospital during recovery after delivery, the superintendent of the county correctional
24 facility shall make written findings as to the reasons why mechanical restraints were necessary to
25 prevent escape or to ensure the safety of the inmate, medical, and correctional personnel, or the
26 public.

27 IV.(a) A prisoner shall be transported to and from visits to medical providers and court
28 proceedings in a vehicle with seat belts and shall not be restrained unless a medical professional has
29 determined there is an imminent threat to the health of the mother or unborn child by not placing
30 the resident in restraints or unless the correctional officer can identify that there is an extraordinary
31 risk to the public and receives authorization from the superintendent of the county correctional

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1 facility or designee. This authorization shall be documented in an incident report which shall, at a
2 minimum, contain the following:

3 (1) The rationale for use or conditions that led to the conclusion that restraints were
4 necessary and specify whether and what kind of alternatives were tried or considered.

5 (2) The name of each person who reviewed these conditions and concluded that
6 restraints were warranted.

7 (3) The type of restraints used and in what manner.

8 (4) How frequently the use of restraints was reevaluated and by whom and the
9 result of such reassessments.

10 (5) Change in conditions that led to the conclusion that restraints were no longer
11 necessary.

12 (6) When restraints were removed.

13 (7) Length of time or total duration of restraint use.

14 (b) The life of the infant and or mother shall not be put at risk. Any additional restraint
15 shall be the least restrictive possible.

16 (c) Once the delivery, all post-delivery medical procedures, and postpartum recovery
17 have been completed and the inmate is being returned to the county correctional facility, the inmate
18 shall be restrained consistent with department policy. Upon discharge from the hospital for
19 transportation back to the facility, for those classified C3 and above; the type of restraint shall be
20 determined after consultation with the inmate's hospital medical provider.

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22 Amend RSA 623-C:2-a, III-IV as inserted by section 2 of the bill by replacing them with the
23 following:

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25 III. Advance planning among members of the pregnant female's health care team, including
26 on site, hospital-based, and corrections professionals shall be conducted before hospital admittance
27 to prepare for any foreseen circumstances which may involve the use of restraint. During
28 transportation for medical appointments, labor or delivery, after delivery, or while in postpartum
29 recovery, a prisoner shall not be restrained, unless approved by the director of medical and forensic
30 services after an individualized determination is made that there is some other extraordinary
31 medical or security circumstance that dictates restraints be used to ensure the safety and security of
32 the prisoner or detainee. If the doctor, nurse, or other health professional treating the prisoner or
33 detainee requests that restraints not be used, the corrections officer accompanying the prisoner or
34 detainee shall immediately remove all restraints. Restraints, if previously authorized prior to the
35 medical staff requiring them removed, may be reapplied once the medical professional determines
36 the immediate threat to the mother or child has passed. Any additional restraint shall be the least
37 restrictive possible and approval of such restraint shall be documented in writing with the reason for

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1 the restraint as required in subparagraph II(a). An incarcerated pregnant person in labor, delivery,
2 and postpartum recovery shall be given the maximum level of privacy possible. If possible, any
3 corrections officer present in the room should be of the same gender and shall stand in a place that
4 grants as much privacy as possible. "Postpartum recovery" means, as determined by her physician,
5 the period immediately following delivery, including the entire period a woman is in the hospital or
6 infirmary after birth. If restraints are used while the inmate is in labor or in the hospital during
7 recovery after delivery, the warden of the state correctional facility shall make written findings as to
8 the reasons why mechanical restraints were necessary to prevent escape or to ensure the safety of
9 the inmate, medical, and correctional personnel, or the public.

10 IV.(a) A prisoner shall be transported to and from visits to medical providers and court
11 proceedings in a vehicle with seat belts and shall not be restrained unless a medical professional has
12 determined there is an imminent threat to the health of the mother or unborn child by not placing
13 the resident in restraints or unless the correctional officer can identify that there is an extraordinary
14 risk to the public and receives authorization from the warden of the correctional facility or designee.
15 This authorization shall be documented in an incident report which shall, at a minimum, contain the
16 following:

17 (1) The rationale for use or conditions that led to the conclusion that restraints were
18 necessary and specify whether and what kind of alternatives were tried or considered.

19 (2) The name of each person who reviewed these conditions and concluded that
20 restraints were warranted.

21 (3) The type of restraints used and in what manner.

22 (4) How frequently the use of restraints was reevaluated and by whom and result of
23 such reassessments.

24 (5) Change in conditions that led to the conclusion that restraints were no longer
25 necessary.

26 (6) When restraints were removed.

27 (7) Length of time or total duration of restraint use.

28 (b) The life of the infant and or mother shall not be put at risk. Any additional restraint
29 shall be the least restrictive possible.

30 (c) Once the delivery, all post-delivery medical procedures, and postpartum recovery
31 have been completed and the inmate is being returned to the state correctional facility, the inmate
32 shall be restrained consistent with department policy. Upon discharge from the hospital for
33 transportation back to the facility, for those classified C3 and above; the type of restraint shall be
34 determined after consultation with the inmate's hospital medical provider.