

Date of Hearing: June 8, 2022
Counsel: Liah Burnley

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Reginald Byron Jones-Sawyer, Sr., Chair

SB 1139 (Kamlager) – As Amended May 19, 2022

As Proposed to be Amended in Committee

SUMMARY: Requires the Department of Corrections and Rehabilitation (CDCR) to make emergency phone calls available to an incarcerated person and specified people outside of CDCR when the incarcerated person has been hospitalized for a serious medical reason or when the incarcerated person's family member has become critically ill or died. Specifically, **this bill:**

- 1) Requires that emergency phone calls to be made available to incarcerated people, as specified:
 - a) When the incarcerated person has been admitted to the hospital for a serious medical reason; and
 - b) When a family member, approved visitor, next of kin, or persons listed on the incarcerated person's medical release of information form or medial power of attorney form has become critically ill or has died while the incarcerated person has been hospitalized.
- 2) Requires CDCR to allow persons outside the facility to initiate a phone call to an incarcerated person in either of the following circumstances:
 - a) When the incarcerated person has been admitted to the hospital for a serious medical reason; and
 - b) When a family member, approved visitor, next of kin, or persons listed on the incarcerated person's medical release of information form or medial power of attorney form has become critically ill or has died while the incarcerated person has been hospitalized.
- 3) Requires CDCR to maintain a phone line for outside people to call to inform CDCR that a family member or approved visitor, next of kin, or persons listed on the incarcerated person's medical release of information form or medial power of attorney form has become critically ill or has died while the incarcerated person has been hospitalized. CDCR is required to attempt to verify the identity of the caller and whether the person has become ill or died, and to notify the incarcerated person of these calls upon their receipt.
- 4) Requires emergency in-person contact visits and video calls to be made available whenever an incarcerated person is hospitalized or moved to a medical unit within the facility and the incarcerated person is in a critical or more serious medical condition.

- 5) States that, if in-person contact visits are unavailable at the facility due to a public health emergency or are inconsistent with the patient's current medical treatment needs, as determined by their medical provider, video calls shall be made available.
- 6) Provides that any visitor approval process shall be conducted within 24 hours.
- 7) States that no visitor approval process shall be required when the incarcerated person is in imminent danger of dying. When the incarcerated person is in imminent danger of dying, CDCR shall allow up to 4 visitors at one time to visit the incarcerated person.
- 8) Requires, within 24 hours of an incarcerated person being hospitalized for a serious medical reason, CDCR to inform all persons listed on the incarcerated person's current medical release of information form about the incarcerated person's health status, and to facilitate phone calls between the incarcerated person and those persons if the incarcerated person consents.
- 9) States that a "serious medical reason" includes any of the following:
 - a) A medical professional has determined that the incarcerated person needs medical treatment in a public or community hospital;
 - b) A medical professional has determined that the incarcerated person needs medical treatment for a terminal disease;
 - c) A medical professional has determined that the incarcerated person needs to receive life-sustaining medical treatment;
 - d) The incarcerated person has suffered from a medical emergency and is receiving treatment at a prison hospital; and,
 - e) The incarcerated person has died.
- 10) Requires, at intake and at least once a year thereafter, and within 30 calendar days of an infectious disease outbreak in a CDCR facility, that every incarcerated person be asked whom they want listed on the following forms:
 - a) Approved visitor list. If the incarcerated person would like to add a visitor, CDCR must provide a visitor application form for the incarcerated person to sign and send to the potential visitor, who may then complete and submit it to the facility;
 - b) Medical release of information form;
 - c) Medical power of attorney form; and,
 - d) Next of kin form.
- 11) Requires CDCR to assist incarcerated persons in completing the above listed forms.

- 12) Provides that, if the incarcerated person is able to provide knowing and voluntary consent, CDCR shall, within 24 hours of being hospitalized, ask the incarcerated person whether they want to add people to any of above listed forms.
- 13) Requires CDCR to promptly assist, as necessary, the incarcerated person in completing the above forms and to promptly inform the newly designated persons on the forms of the incarcerated person's condition and facilitate a phone call between the incarcerated person and the newly designated person.
- 14) Provides that the Secretary of CDCR shall not charge a fee for an incarcerated person to request, review or use their medical records.
- 15) Requires CDCR to have a grievance process in place by which the incarcerated person, or the persons listed on the incarcerated person's medical release of information form or medial power of attorney form, may file a formal grievance to review:
 - a) CDCR's failure to provide the incarcerated person's health care information and records to the designated person, as specified;
 - b) CDCR's failure to provide notice to the designated person, as specified;
 - c) CDCR's decision to deny visitation, as specified; or,
 - d) CDCR's failure to provide adequate medical care and treatment.
- 16) Provides that CDCR's existing grievance process satisfies the requirements the grievance process outlined above.
- 17) States that these provisions are contingent upon the appropriation of funds for these sections by express reference in the annual Budget Act or another statute.

EXISTING LAW:

- 1) Provides that the Secretary of CDCR may prescribe and amend rules and regulations for the administration of the prisons. (Pen. Code, § 5058.)
- 2) Requires CDCR to obtain from an incarcerated person, upon entry and annually, the name and last known address and phone number of any person or persons to be notified in the event of the person's death or serious illness or serious injury, as determined by the physician in attendance. Requires the persons be notified in the order of the incarcerated person's preference. Requires the incarcerated person be provided with the opportunity to modify or amend his or her notification list at any time. (Pen. Code, § 5022, subd. (a).)
- 3) Requires CDCR to use all reasonable means to contact the person or persons set forth in the notification list upon the death or serious illness or serious injury, as determined by the physician in attendance, of the incarcerated person. (Pen. Code, § 5022, subd. (b).)

- 4) Allows any adult patient of a health care provider and any patient's personal representative to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs. (Health & Saf. Code, § 123110, subd. (a).)

FISCAL EFFECT: Unknown.

COMMENTS:

- 1) **Author's Statement:** According to the author, "Prisons were hit particularly hard during the COVID-19 pandemic due to their very nature of confinement, leading to increased contamination. Hundreds of incarcerated people died. Many of these people died alone —no family members were present or notified to be a comfort to them in their time of need.

"Unfortunately, for incarcerated people this type of treatment during medical emergencies is not limited to the COVID-19 pandemic. Incarcerated people and their loved ones have suffered this way for years. Incarcerated men and women who endure medical emergencies, and even slow deaths, suffer/pass away alone more often than not. Not only is this inhumane for the incarcerated person suffering from illness, but a terrible tragedy for their law-abiding families.

"SB 1139 will implement a format of guided steps and tools to afford incarcerated people and their families a humane health care process infused with the dignity they and their loved ones deserve."

- 2) **Medical Release, Next of Kin, and Power of Attorney Forms:** Existing law requires CDCR to obtain from an incarcerated person, upon entry and annually, the name and last known address and phone number of any person or persons to be notified in the event of the person's death or serious illness or serious injury, as determined by the physician in attendance. (Pen. Code, § 5022, subd. (a).) Existing law also requires the incarcerated person be provided with the opportunity to modify or amend his or her notification list at any time. (*Id.*)

Current regulations mandate CDCR to have forms on file for medical release, next of kin, and the power of attorney. The regulations contain no mandate instructing CDCR to explain forms to incarcerated persons nor to update the forms on file. This form must be completed annually or when the incarcerated person is transferred to a new prison. (Cal. Code Regs., tit. 15, § 3999.417, subd. (e).) Regulations require counseling staff to complete the Notification and to witness the incarcerated person's dated signature. (*Id.*) The Notification must include: the name of the incarcerated person, CDCR number, personal identification number, and current institution; the name, relationship, telephone, and address of person to be notified; the name, relationship, telephone, and address of the contact person for a will; and whether the inmate is a foreign national. (*Id.*)

Upon intake, Receiving and Release (R&R) staff in Reception Centers are responsible for ensuring that primary and alternate emergency contact information is entered in the Strategic Offender Management System (SOMS)/Electronic Records Management System (ERMS) application for each incoming incarcerated person (including both new admissions and parole violators). (CDCR Operations Manual (DOM) § 51070.10.) The incarcerated person is interviewed by R&R staff upon arrival from the county and the information is entered into

SOMS. (*Ibid.*) The form is printed and signed by the incarcerated person and then scanned into ERMS. (*Ibid.*) If the incarcerated person refuses either to list a next of kin or to sign the form, staff indicates the refusal, date and sign the form. (*Ibid.*) Facility classification staff at all CDCR facilities ensure the Notification in Case of Inmate Death, Serious Injury, or Serious Illness is updated annually as part of the classification review process, upon recommendation of transfer by a classification committee, and whenever an incarcerated person advises his or her correctional counselor of a desire to change the information contained in the SOMS/ERMS application. (*Ibid.*)

This bill would require that at intake and at least annually, and within 30 calendar days of an infectious disease outbreak in a department facility, every incarcerated person be asked whom they want covered in the their approved visitor list, medical release of information form, medical power of attorney form, and next of kin form authorizing control over body and possessions in case of death. This bill would also require that incarcerated individuals be assisted in completing these forms. As for the approved visitor list, this bill would require CDCR, if the incarcerated person would like to add a visitor, to provide a visitor application form for the incarcerated person to sign and send to the potential visitor, who may then complete and submit it to the visiting department of the facility.

- 3) **Notification of Death, Serious Injury, or Serious Illness:** CDCR is required to use all reasonable means to contact the person or persons set forth in the notification list upon the death or serious illness or serious injury, as determined by the physician in attendance, of the incarcerated person. (Pen. Code, § 5022, subd. (b).) Upon the death of an incarcerated person, a CDCR staff member is required to review the person's central file and locate the current Notification in Case of Inmate Death, Serious Injury, or Serious Illness form to identify the person's next of kin or person or persons to be notified. (Cal. Code Regs., tit. 15, § 3999.417, subd. (e).) The warden or their designee at the level of Correctional Lieutenant or Correctional Counselor II or above must use all reasonable means to contact the persons identified on the Notification in Case of Inmate Death, Serious Injury, or Serious Illness form and the senior custodial officer is required to review the incarcerated person's central file and emergency contact information contained in SOMS/ERMS and notify the contact listed as soon as possible. (DOM § 51070.10.) The DOM specifies that telephone notification of contact listed should be used whenever possible. (DOM § 51070.10.) Staff is required to send a notification to the next-of-kin, person or persons to be notified, and the legally appointed representative which must include the name and telephone number of a staff member who may be contacted for additional information, among other things.

This bill would require, within 24 hours of an incarcerated person being hospitalized for a serious medical reason, CDCR to inform persons listed in the current medical release of information form about the incarcerated person's health status and to facilitate phone calls between the incarcerated person and those persons if the incarcerated person consents.

In addition, this bill would require CDCR, within 24 hours of an incarcerated person being hospitalized and if the incarcerated person is able to provide knowing and voluntary consent, to ask the incarcerated person whether they want to add people to any of the above specified forms who have not previously been designated and require CDCR to promptly assist, as necessary, the incarcerated person in completing the paperwork and to promptly inform the newly designated persons on the forms of the incarcerated person's condition and facilitate a

phone call between the incarcerated person and the newly designated person.

- 4) **Phone Calls:** Title 15 Regulations generally require the state's prisons to provide phones for use by incarcerated individuals. (Cal. Code Regs, tit. 15, § 3282, subd. (b).) Incarcerated individuals may place collect phone calls to persons outside the facility at designated times and on designated phones, as set forth in local procedures. (*Id.*) Limitations may be placed on the frequency and length of such calls based on the person's privilege group and to ensure equal access. (*Id.*)

Regulations further provide that if a staff member determines that an incoming call concerns an emergency matter, the staff member is required to obtain the caller's name and phone number, to notify the incarcerated person promptly of the situation, and to permit the incarcerated person to place an emergency call. (Cal. Code Regs, tit. 15, § 3282, subd. (g).) "Emergency call" is defined as a phone call regarding the serious illness or injury, or the death of an incarcerated person's immediate family member. (Cal. Code Regs, tit. 15, § 3282, subd. (a).)

Regulations additionally require CDCR to maintain a dedicated telephone to serve as a Release of Information (ROI) Access Line or extension at each institution for the use of an authorized family member, friend, or legal representative of the incarcerated patient to request health care information relating to a significant change in the incarcerated patient's health care condition or status. (Cal. Code Regs, tit. 15, § 3999.219.)

Article 21 of the DOM specifies CDCR's policy to provide inmates with the means and the opportunity to make personal calls to persons outside of the institutions. (DOM § 52060.1.) For emergency calls, the DOM provides that, when a member of an inmate's family calls to convey an emergency message, the call shall be referred to the appropriate Chaplain or Correctional Counselor. (DOM § 52060.9.) If the Chaplain or Correctional Counselor is not available, the call shall be referred to the Program Lieutenant. (*Ibid.*) In the absence of the Program Lieutenant, the Watch Commander shall accept the call. (*Ibid.*) The staff member accepting the call shall attempt to verify the emergency and the incarcerated person shall be informed of the message and may be permitted a monitored telephone call, which shall be placed as a collect call or paid for from their trust account. (*Ibid.*) If the incarcerated person is permitted an emergency call, upon completion of the call, staff is required to evaluate their reactions and behavior in order to determine whether or not an increase in custody and/or change of housing and/or follow-up counseling is required. (*Ibid.*) If the staff member is unable to independently make a determination, the matter must be referred to the appropriate administrator. (*Ibid.*) If the incarcerated person is permitted to place a call, the time, date, person called, and the inmate's response is recorded in the incarcerated person's central file. (*Ibid.*)

This bill would require CDCR to maintain a phone line for outside people to call to inform the department that a family member or a person designated in any of the above listed forms has become critically ill or has died while the incarcerated person has been hospitalized and requires CDCR to notify the incarcerated person of these calls upon their receipt. It is unclear why an incarcerated person who is not hospitalized would not be afforded the same opportunity.

- 5) **Visitation:** CDCR regulations provide for the general policies and protocols related to visits. CDCR's visitation rules "are made in recognition and consideration of the value of inmate visitation as a means of increasing safety in prisons, maintaining family and community connections, and preparing inmates for successful release and rehabilitation." (Cal. Code Regs., tit. 15, § 3170, subd. (a).) CDCR's regulations additionally provide that "[i]t is the intent of these regulations to establish a visiting process in the institutions/facilities of the department that is conducted in as accommodating a manner as possible, subject to the need to maintain order, the safety of persons, the security of the institution/facility, and required prison activities and operations." (*Id.*) Before a person may be permitted to visit someone incarcerated in one of CDCR's institutions, the person must apply for approval using the CDCR's questionnaire. (Cal. Code Regs., tit. 15, § 3172, subd. (b).) Regulations require that the visiting approval application process include an inquiry of personal, identifying, and the arrest history information of the prospective visitor sufficient to complete a criminal records clearance and a decision by the staff at the institution to approve or disapprove based upon the information provided. (Cal. Code Regs., tit. 15, § 3172, subd. (e).) The institution head is required to maintain visiting procedures for visiting at each institution or facility that are consistent with department regulations. (Cal. Code Regs., tit. 15, § 3171, subd. (a).)

CDCR regulations provide the following non-exhaustive list of reasons for the disapproval of a prospective visitor:

- The prospective visitor has outstanding arrests or warrants, including a Department of Motor Vehicles Failure to Appear notice with no disposition from the court.
- The prospective visitor has one felony conviction within the last three years, two felony convictions within the last six years, or three or more felony convictions during the last 10 years.
- The prospective visitor has any one conviction of the following types of offenses: distributing a controlled substance into or out of a state prison, correctional facility, or jail; transporting contraband, including weapons, alcohol, escape and drug paraphernalia, and cell phones or other wireless communication devices, in or out of a state prison, correctional facility, or jail; aiding or attempting to aid in an escape or attempted escape from a state prison, correctional facility, or jail; or the prospective visitor is a co-offender of the incarcerated individual.
- The prospective visitor is a former prison inmate who has not received the prior written approval of the institution head or designee.
- The prospective visitor is a supervised parolee, probationer, or on civil addict outpatient status and has not received written permission of his or her case supervisor and/or the prior approval of the institution head.
- The identity of the prospective visitor or any information on the visiting questionnaire, is omitted or falsified. (Cal. Code Regs., tit. 15, § 3172.1, subd. (b).)

The DOM additionally sets forth exceptions to approval requirements for visits made when death, life-threatening illness, or injury occurs to an immediate family member, including registered domestic partner, of the incarcerated person. (DOM § 54040.9.) Family emergency exceptions shall be made only for an incarcerated person's immediate family members or clergy. (*Ibid.*) Each request to visit because of a family emergency requires proof of the emergency and approval of the supervisor in charge of visiting. (*Ibid.*) Visitors must present acceptable picture identification and pass an arrest history inquiry. (*Ibid.*) The visits must be conducted under the direct supervision of visiting or designated staff. (*Ibid.*)

For incarcerated persons housed in CDCR infirmities or hospital facilities, the DOM specifies that authorization from the health care manager and the correctional captain or Administrative Officer of the Day (AOD) must be obtained to approve visits. (DOM § 54020.27.) The visitors must be immediate family members, and they must be supervised by custody during the visit. (*Ibid.*) Approval for visits by minors shall be obtained from the institution head or their designee. (*Ibid.*) The length of visiting in a CDCR infirmary, hospitals, or community hospitals is determined by the institution head or designee based on staff availability. (*Ibid.*)

Similarly, visits of incarcerated persons in a community hospital shall comply with the CDCR visiting rules and any restrictions or requirements imposed by the institution/facility or hospital. The length of visiting in a CDCR infirmary, hospitals, or community hospitals is determined by the institution head or designee based on staff availability. (DOM § 54020.28.) Community hospital visits may be approved under the following conditions:

- The inmate has a life-threatening or critical illness/injury.
- The visitor is an immediate family member.
- The visitor has prior approval to visit the incarcerated person in an institution/facility.
- The institution head or designee approves the visit.
- The attending physician authorizes the visit. (*Ibid.*)

Notably, the DOM and the Regulations sets forth several visiting restrictions for minors. (Cal. Code Regs., tit. 15, § 3173.1; DOM § 54020.10.1) Any person convicted of specified criminal acts against minors are prohibited from visiting with minors except as authorized by an order of the juvenile court pursuant to Welfare and Institutions Code. (*Ibid.*) Visitation pursuant to such an order shall be limited to non-contact status. (*Ibid.*)

This bill would require emergency in-person contact visits and video calls to be made available whenever an incarcerated person is hospitalized or moved to a medical unit within the facility and the incarcerated person is in a critical or more serious medical condition. Video calls are allowed if in-person contact visits are unavailable due to a public health emergency or are inconsistent with the patient's current medical treatment needs.

This bill would require any visitor approval process to be conducted within 24 hours. No visitor approval process is required when the incarcerated person is in imminent danger of dying and an incarcerated person is allowed up to 4 visitors at one time if they are in

imminent danger of dying.

- 6) **Potential Safety and Security Considerations:** This bill calls upon the Legislature to balance the value of visitations for incarcerated people and their families, particularly during medical emergencies, with the safety and security of incarcerated persons, their visitors and facility staff. In particular, the requirement in this bill that no visitor approval process is required when the incarcerated person is in imminent danger of dying raises safety concerns. For example, should individuals convicted of specified criminal acts against minors be able to visit with a minor when they are in imminent danger of dying without an approval process? Should visitors that have previously been suspended or excluded from visitations, even when the incarcerated person is in imminent danger of dying?
- 7) **Access to Medical Records:** Under federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to impose a reasonable, cost-based fee if the individual requests a copy of their protected health information (PHI). The fee may include only the cost of: (1) labor for copying the PHI requested by the individual, whether in paper or electronic form; (2) supplies for creating the paper copy or electronic media (e.g., CD or USB drive) if the individual requests that the electronic copy be provided on portable media; (3) postage, when the individual requests that the copy, or the summary or explanation, be mailed; and (4) preparation of an explanation or summary of the PHI, if agreed to by the individual. (45 C.F.R. 164.524, subd. (c)(4).) The fee may not include costs associated with verification; documentation; searching for and retrieving the PHI; maintaining systems; recouping capital for data access, storage, or infrastructure; or other costs not listed above even if such costs are authorized by State law. (*Ibid.*)

In California, section 123110 of the Health and Safety Code gives patients the right to inspect their records and to obtain copies by making a written request to whoever has the records. (Health & Saf. Code, § 123110.) A patient must be willing to pay reasonable costs in locating and making the records available. (*Ibid.*) The person requesting may pay a fee to defray the cost of copying. (*Ibid.*) The fee cannot exceed \$0.25 per page or \$0.50 per page for records on microfilm, plus reasonable clerical costs. (*Ibid.*)

Existing law and regulations do not prohibit CDCR from charging incarcerated persons to pay a per-page fee for medical documents. This bill would prohibit CDCR from charging a fee for an incarcerated person to request, review, or use their medical records.

- 8) **Health Care Grievances:** CDCR's regulations specify that the health care grievance process provides an administrative remedy to patients for review of complaints of applied health care policies, decisions, actions, conditions, or omissions that have a material adverse effect on their health or welfare. (Cal. Code Regs., tit. 15, § 3999.226, subd. (a).) Health care grievances are subject to an institutional level review and may receive a headquarters' level grievance appeal review, if requested by the grievant. (*Id.*) Current regulations allow for an expedited grievance process for medical emergencies, and serious or imminent threats to health or safety. (Cal. Code Regs., tit. 15, § 3084.9; DOM § 54100.19.)

This bill would require CDCR to have a grievance process in place by which the incarcerated person, or the person designated by the incarcerated person on the above specified forms, can file a formal grievance to review CDCR's failure to provide the incarcerated person's health care information and records to the designated person, failure to provide notice to the

designated person as required, decision to deny visitation as required, or failure to provide adequate medical care and treatment. This bill would also provide that CDCR's existing grievance process satisfies the requirements that CDCR have a grievance process as outlined above.

- 9) **Argument in Support:** According to *Prison From the Inside Out*, the sponsor of this bill, "Currently, a designated person can sign a California Department of Corrections and Rehabilitation (CDCR) medical release form to receive an incarcerated person's medical information. Unfortunately, many families report not being made aware of this process until it is too late, leaving people blind to their loved ones' health care status. As a result, incarcerated people may suffer from illness and pass away alone with family members not being notified for days.

"This has been exacerbated throughout the COVID-19 pandemic, during which hundreds of incarcerated people have died. Many of these people died alone —no family members were present or notified to be a comfort to them in their time of need. Incarcerated people are all too familiar with this type of treatment during medical emergencies—not just during the COVID-19 pandemic— suffering this way for years. Incarcerated men and women who endure medical emergencies, and even slow deaths, suffer alone more often than not. Not only is this inhumane for the incarcerated person suffering from illness, but a terrible tragedy for their families.

"SB 1139 will increase transparency within CDCR's health care delivery program by removing fees for incarcerated people requesting medical records and doing away with many of the barriers faced by those with incarcerated loved ones who are receiving medical care. ..."

- 10) **Argument in Opposition:** According to the *Riverside Sheriffs' Association*, "We are extremely concerned that the safety and security of inmates, civilian staff and custodial officers will be dangerously compromised by publicizing the location of certain inmates who are temporarily re-located for medical care to a community hospital.

"Even more troubling, the bill mandates that certain inmates be provided in-person contact visits at these un-secured locations.

"Informing members of the public that potentially high risk inmates are located in a nearby hospital puts the inmate, as well as everyone near or around the inmate in jeopardy."

11) **Prior Legislation:**

- a) AB 990 (Santiago), of the 2021-2022 Legislative Session, would have established the right of visitation as a protected civil right for incarcerated individuals, as specified; changed the standard of review for when a custodial authority seeks to limit the civil rights of incarcerated individuals, as specified; and, would have restricted CDCR's power to deny a person visitation rights. AB 990 was vetoed by the governor.
- b) H.R. 6296 (Bass), of the 2021-2021 117th Congress, would enact the Family Notification of Death, Injury, or Illness in Custody Act of 2021, to establish federal policies and

procedures to notify the next-of-kin or other emergency contact upon the death, or serious illness or serious injury, of an individual in federal, state and local custody.

- c) S. 4284 (Ossoff), of the 2021-2021 117th Congress, would enact the Family Notification of Death, Injury, or Illness in Custody Act of 2022, and is substantially similar to HR 6296.
- d) AB 45 (Stone), Chapter 570, Statutes of 2019, prohibits the Secretary of CDCR or a sheriff, chief or director of corrections, or chief of police from charging a fee for an inmate-initiated medical visit of an inmate of the state prison or a county or city jail.
- e) SB 555 (Mitchell), of the 2017-2018 Legislative Session, would have prohibited a county jail from collecting commission fees for providing telephone services to inmates, and would have imposed other restrictions on a county's ability to contract for commissary and communication services. SB 555 was vetoed by the governor.

REGISTERED SUPPORT / OPPOSITION:

Support

Prison From the Inside Out (Sponsor)
 California Attorneys for Criminal Justice
 California Catholic Conference
 California Public Defenders Association
 Communities United for Restorative Youth Justice
 Dee Hill Foundation
 Disability Rights California
 Ella Baker Center for Human Rights
 Empowering Women Impacted by Incarceration
 Essie Justice Group
 Friends Committee on Legislation of California
 Humane Prison Hospice Project
 Initiate Justice
 Jesse's Place
 Legal Services for Prisoners With Children
 National Association of Social Workers, California Chapter
 Starting Over
 The Center on Juvenile and Criminal Justice
 Transformative In-prison Workgroup

Oppose

California Correctional Peace Officers Association (CCPOA)
 Riverside Sheriffs' Association

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