

Date of Hearing: April 7, 2026  
Chief Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY  
Nick Schultz, Chair

AB 1922 (Lowenthal) – As Amended March 26, 2026

**As Proposed to be Amended in Committee**

**SUMMARY:** Prohibits the use of mechanical restraints on incarcerated individuals and juveniles in custody who are admitted to a hospital unless necessary to prevent an attempt to escape from the hospital or to subdue an imminent physical threat. Specifically, **this bill:**

- 1) Prohibits the use of mechanical restraints on an incarcerated person or juvenile patient, as defined, who is admitted to a hospital and receiving an advanced level of medical services.
- 2) Authorizes a hospital, if there is an imminent physical threat while the incarcerated patient is in the hospital, to initiate its medical restraint process, as regulated by the federal Centers for Medicare and Medicaid Services (CMS), and prohibits state correctional facility staff from using mechanical restraints except as specified.
- 3) Requires the use of medical restraints to be ordered by appropriate clinical staff, documented in the incarcerated patient's medical chart, and include the time and date of initiation and the name and title of the person authorizing the restraint.
- 4) Authorizes correctional facility staff, if an incarcerated patient has attempted to escape from the hospital or presents an imminent physical threat that correction facility staff reasonably believe requires the immediate application of mechanical restraints, to administer the least restrictive mechanical restraints necessary, consistent with legitimate safety and security considerations and subject to the following requirements:
  - a) Mechanical restraints are permitted only for the duration necessary to prevent another escape attempt or until hospital staff can safely apply medical restraints and must be removed as soon as the escape attempt or imminent physical threat has been contained and the correctional facility staff have determined the incarcerated patient no longer presents an imminent risk of escape or an imminent physical threat, or as soon as medical restraints have been applied.
  - b) If mechanical restraints are applied, correctional facility staff must document the specific conduct constituting the escape attempt or imminent physical threat, the time mechanical restraints were applied, the justification for their continued use, and the name of the staff administering mechanical restraints.
  - c) The continued use of mechanical restraints must be reassessed every four hours to determine whether their continued use is necessary.

- d) The routine or precautionary use of mechanical restraints based solely on custody classification, criminal history, or generalized assumptions regarding escape risk is not authorized.
- 5) Provides that the above shall not be interpreted to require restraints when restraints are not otherwise required, as specified.
- 6) Provides that the above shall not apply during the transportation of an incarcerated person to or from a hospital, and that any mechanical restraint of an incarcerated person during transport between clinical settings shall be the least restrictive means necessary, consistent with safety considerations.
- 7) Provides that the Board of State and Community Corrections (BSCC) standards for local correctional facilities shall comply with the above provisions.
- 8) Requires BSCC, in establishing minimum standards for incarcerated patients receiving care in hospitals, to seek the advice of the California Department of Corrections and Rehabilitation (CDCR), state and local juvenile justice commissions, state and local correctional officials, experts in criminology and penology, and other interested persons.
- 9) Prohibits a juvenile who is admitted to a hospital from being restrained by mechanical restraints while receiving care.
- 10) Provides that any mechanical restraint of a juvenile patient during transport between clinical settings shall be the least restrictive means necessary and consistent with legitimate safety and security considerations in the discretion of transportation staff.
- 11) Provides that the following definitions apply to the above provisions:
  - a) "Admitted" means the patient's physician or other qualified practitioner has ordered admission based on the expectation that the patient will require medically necessary hospital care spanning at least two midnights, consistent with applicable federal CMS admission guidelines.
  - b) "Correctional facility staff" means a CDCR staff member from the state correctional facility charged with overseeing an incarcerated patient admitted to outside hospitals for medical care.
  - c) "Imminent physical threat" means violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.
  - d) "Incarcerated patient" means an individual who is incarcerated in a state correctional facility and needs to be admitted to a hospital for medical care.
  - e) "Hospital" means a general acute care hospital, as defined.
  - f) "Juvenile patient" means a person who is under the maximum age of juvenile court jurisdiction and who is confined in a Division of Juvenile Justice facility, a county- or city-operated juvenile facility, or any other local or state facility used for the confinement

of minors or wards, including, but not limited to, juvenile halls, camps, ranches, or secure youth treatment facilities.

- g) “Mechanical restraints” means the use of all devices not ordered by medical providers that are intended to restrict the movement of the incarcerated person, including, but not limited to, metal cuffs around the wrists or ankles, waist chains, and leg irons.
- h) “While receiving an advanced level of medical services” means receiving at least one of the following interventions during admission:
  - i) Mechanical ventilation.
  - ii) Medical sedation.
  - iii) Surgery.
  - iv) Vasopressors.
  - v) Medical paralysis.
  - vi) Chemotherapy.
  - vii) Dialysis.
  - viii) Comfort measures.
  - ix) Peripartum management or postpartum management.
- i) “While receiving an advanced level of medical services” does not include medical services received in an emergency department of a hospital.

**EXISTING LAW:**

- 1) Prohibits the infliction of cruel and unusual punishments on those convicted of crimes. (U.S. Const., 8th Amend.; Cal. Const., art. I, § 17.)
- 2) Provides that mechanical means of physical restraint may be used only under the following circumstances:
  - a) When transporting a person between locations.
  - b) When a person's history, present behavior, apparent emotional state, or other conditions present a reasonable likelihood that he or she may become violent or attempt to escape.
  - c) When directed by licensed health care clinicians, to prevent a person from attempting suicide or inflicting injury to himself or herself. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (b)(1)-(3).)
- 3) States that mechanical restraints shall not be:

- a) Used as punishment.
  - b) Placed around a person's neck.
  - c) Applied in a way likely to cause undue physical discomfort or restrict blood flow or breathing. e.g., hog-tying.
  - d) Used to secure a person to a fixed object, except as a temporary emergency measure or if using a Security Module as defined in section 3000. However, a person who is being transported shall not be locked in any manner to any part of the transporting vehicle. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (c)(1)-(4).)
- 4) States that when mechanical restraint is required, handcuffs, alone or attached to a waist chain, will be the means of restraint normally used. However, additional mechanical restraint, including leg restraints, additional chains, straight jackets, leather cuffs, or other specialized restraint equipment may be used when the circumstances indicate the need for the level of control that such devices will provide. The unresisted application of authorized restraint equipment is not a use of force. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (d).)
  - 5) Prohibits an incarcerated person known to be pregnant or in recovery after delivery from being restrained by the use of leg irons, waist chains, or handcuffs behind the body. (Pen. Code, § 3407, subd. (a).)
  - 6) Prohibits the shackling of a pregnant incarcerated person in labor, during delivery, or in recovery after delivery, by the wrist, ankles, or both, unless deemed necessary for safety purposes, during labor, delivery, and recovery. (Pen. Code, § 3407, subd. (b).)
  - 7) Provides that restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant incarcerated person during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary. (Pen. Code, § 3407, subd. (c).)
  - 8) Provide that mechanical restraints shall not be placed on an incarcerated person during labor, including during transport to a hospital, during delivery, and while in recovery after giving birth, unless circumstances exist that require the immediate application of mechanical restraints to avoid the imminent threat of death, escape, or great bodily injury, and only for the period during which such threat exists. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (c)(5).)
  - 9) Provides that, if handcuffs are applied to a person confirmed or suspected by health care staff to be pregnant, the person's arms shall be brought to the front of her body for application. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (e)(2).)
  - 10) Provides that, when transporting a pregnant incarcerated person off institutional grounds, the application of restraint gear shall be restricted to handcuffs to the front of the incarcerated person only. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (e)(3).)
  - 11) Provides that, use of restraint equipment by direction of licensed health care clinicians shall be fully documented in the medical file of the restrained parolee incarcerated or supervised

person. (Cal. Code. Regs., tit. 15, § 3268.2, subd. (f).)

- 12) Provides that mechanical restraints, including, but not limited to, handcuffs, chains, irons, straitjackets or cloth or leather restraints, or other similar items, may be used on a juvenile detained in or committed to a local secure juvenile facility, camp, ranch, or forestry camp, as specified, during transportation outside of the facility only upon a determination made by the probation department, in consultation with the transporting agency, that the mechanical restraints are necessary to prevent physical harm to the juvenile or another person or due to a substantial risk of flight. (Welf. & Inst., § 210.6, subd. (a)(1).)
- 13) Provides that, if a determination is made that mechanical restraints are necessary, the least restrictive form of restraint shall be used consistent with the legitimate security needs of each juvenile. (Welf. & Inst., § 210.6, subd. (a)(2).)
- 14) Requires a county probation department that chooses to use mechanical restraints other than handcuffs on juveniles to establish procedures for the documentation of their use, including the reasons for the use of those mechanical restraints. (Welf. & Inst., § 210.6, subd. (a)(3).)
- 15) Provides that restrictions on the use of mechanical restraints does not apply to medical care providers in the course of medical care or transportation. (Welf. & Inst., § 210.6, subd. (a)(4).)
- 16) Provides that mechanical restraints may only be used during a juvenile court proceeding if the court determines that the individual juvenile's behavior in custody or in court establishes a manifest need to use mechanical restraints to prevent physical harm to the juvenile or another person or due to a substantial risk of flight. (Welf. & Inst., § 210.6, subd. (b)(1).)
- 17) Provides that the burden to establish the need for mechanical restraints in a juvenile court proceeding is on the prosecution. (Welf. & Inst., § 210.6, subd. (b)(2).)
- 18) Provides that, if the court determines that mechanical restraints are necessary, the least restrictive form of restraint shall be used and the reasons for the use of mechanical restraints shall be documented in the record. (Welf. & Inst., § 210.6, subd. (b)(3).)
- 19) Requires BSCC to establish minimum standards for local correctional facilities, and to review the standards biennially and make appropriate revisions. (Pen. Code, § 6030, subd. (a).)
- 20) Provides that the standards shall include, but not be limited to, the areas of security, the treatment of persons confined in local correctional facilities, and personnel training. (Pen. Code, § 6030, subd. (b).)
- 21) Provides that the standards shall provide that a woman known to be pregnant or in recovery after delivery shall not be restrained, except as specified. (Pen. Code, § 6030, subd. (f).)
- 22) Requires BSCC to develop standards regarding the restraint of pregnant women at the next biennial review of the standards after the enactment of the act amending this subdivision and shall review the individual facility's compliance with the standards. (Pen. Code, § 6030, subd. (f).)

- 23) Requires BSCC, in establishing minimum standards for security and the treatment of persons confined in correctional facilities, to seek the advice of CDCR, state and local juvenile justice commissions, state and local correctional officials, experts in criminology and penology, and other interested persons. (Pen. Code, § 6030, subd. (h)(3).)

**FISCAL EFFECT:** Unknown

**COMMENTS:**

- 1) **Author's Statement:** According to the author, “California has long been a national leader in protecting the rights and dignity of incarcerated people. However, today incarcerated patients admitted to hospitals for medical care are routinely shackled by custody staff even when they are sedated, unconscious, in surgery, or in hospice. This practice has been documented to interfere with medical treatment, increase the risk of serious injury, and exacerbate the implicit biases that contribute to unequal care for a population that is disproportionately Black, indigenous, and people of color.

“AB 1922 closes this gap by prohibiting the automatic use of mechanical restraints on incarcerated patients admitted to hospitals and ensuring that any use of restraints is clinically directed, documented, and subject to medical oversight. By bringing incarcerated patients under the same standard of care as every other hospital patient, this bill advances health equity, reduces preventable harm, and affirms that dignity in medical care is not something that should be taken away at the prison door.”

- 12) **Effect of this Bill:** This bill prohibits the use of mechanical restraints on an incarcerated person or juvenile patient who is admitted to a hospital and receiving an advanced level of medical services. An advanced level of medical services includes mechanical ventilation, medical sedation, surgery, vasopressors, medical paralysis, chemotherapy, dialysis, comfort measures, and peripartum management or postpartum management. The only exception to this prohibition is if an incarcerated patient has attempted to escape from the hospital, in which case correctional facility staff is authorized to administer the least restrictive mechanical restraints necessary, consistent with legitimate safety and security considerations. In this case, mechanical restraints are permitted only for the duration necessary to prevent another escape attempt, and must be removed as soon as the escape attempt has been contained and the correctional facility staff have determined the incarcerated patient no longer presents an imminent risk of escape. The continued use of mechanical restraints must be reassessed every four hours to determine whether their continued use is necessary.

Notwithstanding the limitation on the use of mechanical restraints, under this bill a hospital is authorized to use medical restraints if there is an imminent physical threat while the incarcerated patient is in the hospital. If medical restraints are used, the hospital must follow the processes outlined by CMS, and prohibits state correctional facility staff from using mechanical restraints.

Existing CMS regulations authorize restraints only to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time. (42 C.F.R. § 482.13(e).) A medical restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction

to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. (42 C.F.R. § 482.13(e)(1)(i)(A) & (B).) A medical restraint may only be used when less restrictive interventions have been determined to be ineffective to protect the patient a staff member or others from harm. (42 C.F.R. § 482.13(e)(2).)

A medical restraint may only be administered upon the order of a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy. (42 C.F.R. § 482.13(e)(1)(i)(A) & (B).) An order for a medical restraint for use on an individual evincing violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed for 4 hours at a time for adults 18 years of age or older, and for 2 hours for children and adolescents 9 to 17 years of age. (42 C.F.R. § 482.13(e)(8)(i)(A) & (B).) In either case, a medical restraint cannot be used for more than 24 hours unless a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order a medical restraint has assessed the patient. (42 C.F.R. § 482.13(e)(8)(ii).)

When a physician or other licensed medical practitioner orders a medical restraint for use on a patient with violent or self-destructive behavior that jeopardizes the immediate physical safety of themselves or others, the physician or licensed practitioner (or trained registered nurse, as specified) must be see the patient face-to-face within one hour after the initiation of the intervention. (42 C.F.R. § 482.13(e)(12)(i).) At that time, the physician or licensed practitioner must evaluate the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition; and the need to continue or terminate the restraint or seclusion. (42 C.F.R. § 482.13(e)(12)(ii)(A)-(D).) Even if the order prescribes a longer period, a medical restraint must not be used once the patient's behavior no longer jeopardizes that immediate physical safety of themselves or others. (42 C.F.R. § 482.13(e)(9).)

- 2) **Eighth Amendment Prohibition on Cruel and Unusual Punishment:** "The Eighth Amendment prohibits the infliction of cruel and unusual punishments on those convicted of crimes." (*Nelson v. Corr. Med. Servs.* (8th Cir. 2009) 583 F.3d 522, 528 citing, *Wilson v. Seiter* (1991) 501 U.S. 294, 296-97.) A finding of an Eight Amendment violation requires evidence that the offending conduct is wanton. (*Ibid.*) In the context of the Eighth Amendment, the meaning of the word "wanton" depends upon the circumstances in which the alleged violation occurs. For example, in cases involving prison riots, "wantonness" is demonstrated by acting maliciously for the purpose of causing harm. (*Nelson v. Corr. Med. Servs.*, *supra*, 583 F.3d 522, 528 citing, *Whitley v. Albers* (1986) 475 U.S. 312, 320-21.) "The Eighth Amendment standard for conditions of confinement and medical care is different, and the constitutional question in such cases is whether the defendant acted with deliberate indifference." (*Nelson v. Corr. Med. Servs.*, *supra*, 583 F.3d 522, 528.)

"A prison official is deliberately indifferent if she knows of and disregards a serious medical need or a substantial risk to an inmate's health or safety. A claim of deliberate indifference has both an objective and a subjective component." (*Nelson v. Corr. Med. Servs.*, *supra*, 583 F.3d 522, 528-529.)

In 2002, the United States Supreme Court provided guidance to officials on the constitutional limits on restraining prisoners. (*Hope v. Pelzer* (2002) 536 U.S. 730.) In *Hope*, an inmate

brought a lawsuit alleging that his Eighth Amendment rights had been violated by officials responsible for handcuffing him to a prison hitching post. (*Id.* at p. 733-35.) The Court determined that the prison officials had acted with deliberate indifference to the inmate's health and safety in violation of the Eighth Amendment by restraining him despite the clear lack of "an emergency situation," in a manner that "created a risk of particular discomfort and humiliation." (*Id.* at p. 737-38.)

A constitutional right is clearly established if it is "sufficiently clear that a reasonable official would understand that what he is doing violates that right." (*Nelson v. Corr. Med. Servs.*, *supra*, 583 F.3d 522, 531 citing, *Hope v. Pelzer*, *supra*, 536 U.S. 730, 739.) The Supreme Court "has made it clear that there need not be a case with 'materially' or 'fundamentally' similar facts in order for a reasonable person to know that his or her conduct would violate the constitution." (*Young v. Selk* (8th Cir. 2007) 508 F.3d 868, 875 quoting, *Hope v. Pelzer*, *supra*, 536 U.S. 730, 739.) Instead, the unlawfulness must merely be apparent in light of preexisting law. (*Hope v. Pelzer*, *supra*, 536 U.S. 730, 739.) Officials "can still be on notice that their conduct violates established law even in novel factual circumstances." (*Id.* at p. 741.)

Whether or not a prison officer should know that his or her conduct presents a substantial risk to an inmate "is a question of fact subject to demonstration in the usual ways, including inference from circumstantial evidence, and a fact finder may conclude that a prison official knew of a substantial risk from the very fact that the risk was obvious." (*Nelson v. Corr. Med. Servs.*, *supra*, 583 F.3d 522, 529 citing, *Farmer v. Brennan* (1994) 511 U.S. 825, 842.)

In 1976, the Supreme Court decided *Estelle v. Gamble*, a leading case in the development of Eighth Amendment law. (*Estelle v. Gamble* (1976) 429 U.S. 97.) *Estelle* was an action brought against prison officials for providing an inmate inadequate medical care. (*Id.* at p. 98.) The Court concluded that either interference with care or infliction of "unnecessary suffering" establishes deliberate indifference in medical care cases in violation of the Eighth Amendment. (*Id.* at p. 103-05.)

For example, at least one court has held that shackling a woman in labor is inhumane and violates her constitutional rights. (*Women Prisoners of D.C. Dep't of Corr. v. District of Columbia* (D.D.C. 1994) 877 F. Supp. 634, 668-69, modified in part on other grounds, (D.D.C. 1995) 899 F. Supp. 659, vacated in part and remanded, (D.C. Cir. 1996) 93 F.3d 910.) Similarly, the *Nelson* court held that an inmate's protection from being shackled during labor had been clearly established by decisions of the Supreme Court and the lower federal courts before the date of the incident in question and, thus, the prison guard who accompanied Nelson into the delivery room and shackled her to the bed had likely acted with indifference, in violation of Nelson's Eighth Amendment rights. (*Nelson v. Corr. Med. Servs.*, *supra*, 583 F.3d 522, 534.)

The Eighth Amendment prohibition against cruel and unusual punishment has not been extended to the shackling of incarcerated persons receiving care at hospitals when not in labor.

- 3) **Argument in Support:** According to *Initiate Justice*, a co-sponsor of this bill, "Custody shackles—handcuffs, waist chains, and leg irons—create cascading harms for patients, healthcare providers, and families. Incarcerated patients are routinely shackled even when

sedated or unconscious, during surgery, placed on ventilators, terminally ill, paralyzed or otherwise immobile, or actively dying. Families have reported witnessing their loved ones remain shackled even after death. Young people, in particular, may delay or avoid seeking necessary medical care due to fear, stigma, and the humiliation associated with shackling. These practices are medically inappropriate and profoundly inhumane.

“A substantial body of research documents the medical harms associated with shackling, including increased risk of blood clots, fractures of the hands and feet, injurious falls, skin breakdown, muscle deterioration, and restricted circulation and oxygen flow. Shackles also interfere with the delivery of safe, timely, and comprehensive medical care. They delay emergency interventions during seizures or respiratory distress, obstruct basic physical examinations, and create barriers to routine nursing care such as repositioning, wound care, and hygiene.

“In addition to direct medical harms, shackling undermines clinical judgment and the patient-provider therapeutic relationship. Research shows that visible shackles can increase implicit bias among providers, contribute to skepticism about patients’ symptoms and pain, reduce empathy, and lead to poorer clinical decision-making. Every patient deserves equitable, evidence-based care. Shackles compromise that standard.

“Medical providers currently lack clear authority to determine when shackling is medically unsafe. While some clinicians request the removal of shackles, many report feeling disempowered to do so or are denied when they ask. Being forced to provide medical services under conditions that directly conflict with medical ethics and the oath to “do no harm” can cause moral injury among healthcare professionals.

“More than a decade ago, the California Legislature recognized that shackling poses serious medical risks to pregnant incarcerated patients. AB 1922 (Lowenthal) extends that same evidence-based and humane standard to all incarcerated patients receiving admitted hospital services, ensuring that California law aligns with medical ethics and patient-centered best practices.

“Healthcare as a human right is a core California value. It means that every person, regardless of incarceration status, deserves dignity, safety, and compassionate care when receiving medical treatment.”

- 4) **Argument in Opposition:** According to the *California Hospital Association*: “At a time when hospital workers are under unprecedented strain, protecting their safety and well-being is vital. With a surge in patient volume and workplace violence over the past several years, policies that would reduce a hospital’s ability to protect its patients and staff threaten to exacerbate systemwide stress rather than relieve it.

**“That’s why the California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, opposes Assembly Bill (AB) 1922 (Lowenthal, D-Long Beach), which would prohibit the use of mechanical security restraints on incarcerated hospital patients, regardless of their risk for violence.**

“Hospitals strive to provide compassionate care to all patients they serve. However, even after carefully considering the March 26 amendments to bill, AB 1922 still poses

unacceptable risks that could jeopardize the safety of everyone in a hospital.

“AB 1922 would prohibit correctional and juvenile facility staff from using handcuffs or other mechanical restraints on patients admitted to hospitals for certain medical interventions — regardless of an incarcerated individual’s criminal history or violence risk. It would apply even if an incarcerated patient started to exhibit violent behavior in the hospital. Under AB 1922, correctional staff could only use mechanical restraints *after* an incarcerated individual has already attempted to escape a hospital — a dangerous scenario that would incite panic, fear, and possible injuries to staff, patients, and others as the incarcerated patient attempts to flee. It is unacceptable to put hospital staff and patients at risk in this way. As amended, the bill continues to shift full responsibility for responding to a violent inmate to hospital staff, rather than maintaining correctional officers’ ability and duty to protect the public and keep inmates secure while outside of a prison setting.

“The only permitted use of restraint devices for incarcerated patients who exhibit violent behavior would be **medical restraints**, when ordered by appropriate clinical staff, and only after an “imminent physical threat” — when it might be too late. Licensed hospital staff are currently authorized to use highly regulated, Food and Drug Administration-approved medical restraints for patients **but only under exceedingly rare and limited circumstances and not without a prescription**. Devices such as soft wrist restraints, hand mitts, or four-sided bed rails may be used in general acute care hospitals as a last resort. This bill treats medical restraint devices as violence-response tools — which they are not.

“While recent amendments to AB 1922 restrict correctional staffs’ use of mechanical restraints to incarcerated patients receiving a specific set of medical interventions and after an attempted escape, the bill continues to shift responsibility for escape attempts, violence prevention, and response to hospital staff and introduces unacceptable new safety risks and liability concerns for patients, staff, and the surrounding community.”

## 5) Related Legislation:

- a) AB 1645 (Gonzalez) would prohibit the CDCR regulations from unreasonably restricting nonsexual physical contact between incarcerated persons and their visitors during contact visits. AB 1645 is pending a hearing in the Assembly Appropriations Committee.
- b) AB 1646 (Bryan) would provide that all youth confined in a juvenile facility have the right to engage in physical contact with visitors during in-person visits that a reasonable person would find nonsexual and appropriate under the circumstances. AB 1646 is pending a hearing in the Assembly Appropriations Committee.
- c) AB 2318 (Elhawary) would require officers, if law enforcement has secured a scene following an injury causing incident, to ensure that a medical professional is allowed reasonable access to provide emergency care once the scene is secure. AB 2318 is pending a hearing in this committee.
- d) AB 2593 (Elhawary) would prohibit a supervisor, administrator, or employee of CDCR from knowingly interfering with or refusing to implement health care prescribed or determined to be medically necessary by a licensed health care provider acting within the scope of their licensure that results in substantial emotional distress or serious bodily. AB

2593 is pending a hearing in the Assembly Appropriations Committee.

**6) Prior Legislation:**

- a) SB 762 (Becker), of the 2023-2024 Legislative Session, would have required BSCC to update minimum standards for local correction facilities to require a local detention facility to include a procedure for affirming that an incarcerated individual is alive and well during a safety check. SB 762 died on the inactive file in the Assembly.
- b) AB 878 (Gipson), Chapter 660, Statutes of 2017, limited the use of restraints to transport a minor from a juvenile detention facility and clarifies when restraints may be used in juvenile court.
- c) AB 2530 (Atkins), Chapter 726, Statutes of 2012, prohibited the shackling of inmates and wards incarcerated by CDCR who are known to be pregnant or in recovery after delivery, with leg irons, waist chains, or handcuffs behind the body.
- d) AB 30 (Hayashi), of the 2011-2022 Legislative Session, required BSCC to develop standards for a safety and security plan to prevent and protect health care personnel who provide care in state and local correctional facilities from aggression and violence. AB 30 was held in suspense in the Assembly Appropriations Committee.
- e) AB 568 (Skinner), of the 2011-2012 Legislative Session, would have required that pregnant inmates and wards not be shackled by the wrists, ankles, around the abdomen, or to another person, unless deemed necessary for safety, and if necessary, be restrained in the least restrictive way possible. AB 568 was vetoed.
- f) AB 1900 (Skinner), of the 2009-10 Legislative Session, would have extended the current prohibition established by AB 478 (Lieber) to also limit the use of restraints on pregnant inmates while they are being transported. AB 1900 was vetoed.
- g) AB 478 (Lieber), Chapter 608, Statutes of 2005, set minimum standards for the medical care of incarcerated persons who are pregnant during their incarceration.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Women's Foundation of California, Dr. Beatriz Maria Solis Policy Institute (SPI) (Sponsor)

Community Works West (Co-Sponsor)

A New Path

A New Way of Life Reentry Project

ACLU California Action

Alliance for Boys and Men of Color

Atunse Justice League

California Attorneys for Criminal Justice

California Black Power Network

California Coalition for Women Prisoners

California Community Foundation

California Innocence Coalition  
California Public Defenders Association  
Californians for Safety and Justice  
Californians for Safety and Justice (CSJ)  
Californians United for a Responsible Budget  
Care First California  
Center for Restorative Justice Works  
Center on Juvenile and Criminal Justice  
Communities United for Restorative Youth Justice (CURYJ)  
Courage California  
Dignity and Power Now  
Disability Rights California  
Drug Policy Alliance 1  
Ella Baker Center for Human Rights  
Empowering Marginalized Asian Communities  
Empowering Women Impacted by Incarceration  
Felony Murder Elimination Project  
Fixin San Mateo County  
Fresh Lifelines for Youth  
Glide  
Grip Training Institute  
Haywood Burns Institute  
Human Impact Partners  
Immigrant Legal Resource Center  
In Our Care San Mateo County  
Initiate Justice  
Jesse's Place Org  
Justice2jobs Coalition  
LA Defensa  
Legal Services for Prisoners With Children / All of US or None  
Local 148 Los Angeles County Public Defender's Union  
Lyon-martin Community Health Services  
Oakland Privacy  
Peace and Justice Law Center  
Rubicon Programs  
San Francisco Public Defender  
Saving Lives in Custody California  
Sister Warriors Freedom Coalition  
Smart Justice California, a Project of Beyond Impact  
Starting Over INC.  
Sustainable Economies Law Center  
The Change Parallel Project  
The Collective Healing and Transformation Project  
The W. Haywood Burns Institute  
Transitions Clinic Network  
Uncommon Law  
Unitarian Universalist Fellowship of Redwood City, Social Action Committee  
University of San Diego Social Justice Club

Western Center on Law & Poverty, INC.  
3 Private Individuals

## **Opposition**

Adventist Health  
Alliance of Catholic Health Care, INC.  
Arcadia Police Officers' Association  
Brea Police Association  
Burbank Police Officers' Association  
California Chamber of Commerce  
California Children's Hospital Assn  
California Hospital Association  
California Narcotic Officers' Association  
California Orthopedic Association  
California Radiological Society  
California Reserve Peace Officers Association  
California State Sheriffs' Association  
Cedars Sinai  
Cedars-sinai  
Chief Probation Officers' of California (CPOC)  
Claremont Police Officers Association  
Corona Police Officers Association  
Culver City Police Officers' Association  
Dignity Health  
Fullerton Police Officers' Association  
Loma Linda University Adventist Health Sciences Center and its Affiliated Entities  
Murrieta Police Officers' Association  
Newport Beach Police Association  
Palos Verdes Police Officers Association  
Peace Officers Research Association of California (PORAC)  
Placer County Deputy Sheriffs' Association  
Pomona Police Officers' Association  
Powerpac.org  
Rady Children's Hospital  
Riverside County Sheriff's Office  
Riverside Police Officers Association  
Riverside Sheriffs' Association  
San Bernardino County  
San Bernardino County Sheriff's Department  
San Diego County Sheriff's Office  
Scripps Health  
Sfv Alliance  
Sharp Healthcare  
Stanford Health Care  
Tri-city Medical Center

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