

116TH CONGRESS
2D SESSION

S. 4811

To establish procedures related to the coronavirus disease 2019 (COVID–19) in correctional facilities.

IN THE SENATE OF THE UNITED STATES

OCTOBER 19, 2020

Ms. WARREN (for herself and Mr. BOOKER) introduced the following bill;
which was read twice and referred to the Committee on the Judiciary

A BILL

To establish procedures related to the coronavirus disease
2019 (COVID–19) in correctional facilities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the Federal Correctional
5 Facilities COVID–19 Response Act.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) CORRECTIONAL FACILITY.—The term “cor-
9 rectional facility” includes—

1 (A) Federal prisons, including all prison,
 2 correctional, and detention facilities run by the
 3 Bureau of Prisons; and

4 (B) privately owned or privately operated
 5 prison, correctional, and detention facilities con-
 6 tracted by Federal entities, including the Bu-
 7 reau of Prisons, to house Federal incarcerated
 8 persons.

9 (2) CORRECTIONAL FACILITY EMPLOYEE.—The
 10 term “correctional facility employee” means any in-
 11 dividual employed at a correctional facility housing
 12 Federal incarcerated persons, including—

13 (A) a Federal employee;

14 (B) an employee of a privately owned or
 15 privately operated prison, correctional, or deten-
 16 tion facility contracted by a Federal entity to
 17 house Federal incarcerated persons; and

18 (C) an employee of a private company con-
 19 tracted to provide goods and services at a cor-
 20 rectional facility.

21 (3) COVID-19 DIAGNOSTIC TEST.—The term
 22 “COVID-19 diagnostic test” mean a test—

23 (A) that is an in vitro diagnostic product
 24 (as defined in section 809.3 of title 21, Code of
 25 Federal Regulations, or any successor thereto)

1 for the detection of SARS-CoV-2 or the diag-
2 nosis of the virus that causes COVID-19; and

3 (B) the administration of which—

4 (i) is approved, cleared, or authorized
5 under section 510(k), 513, 515, or 564 of
6 the Federal Food, Drug, and Cosmetic Act
7 (21 U.S.C. 360(k), 360c, 360e, 360bbb-3);

8 (ii) the developer has requested, or in-
9 tends to request, emergency use authoriza-
10 tion under section 564 of the Federal
11 Food, Drug, and Cosmetic Act (21 U.S.C.
12 360bbb-3), unless and until the emergency
13 use authorization request under such sec-
14 tion 564 has been denied or the developer
15 of such test does not submit a request
16 under such section within a reasonable
17 timeframe;

18 (iii) is developed in and authorized by
19 a State that has notified the Secretary of
20 Health and Human Services of its inten-
21 tion to review tests intended to diagnose
22 COVID-19; or

23 (iv) is another test that the Secretary
24 determines appropriate in guidance.

1 (4) COVID-19 PANDEMIC.—The term
 2 “COVID-19 pandemic” means the period beginning
 3 on the date of enactment of this Act and ending on
 4 the date that is 1 year after the date on which the
 5 public health emergency declaration under section
 6 319 of the Public Health Service Act (42 U.S.C.
 7 247d) with respect to COVID-19 terminates.

8 (5) HIGH RISK INCARCERATED PERSON.—The
 9 term “high risk incarcerated person” means an indi-
 10 vidual who meets the definition of “incarcerated per-
 11 son” under this section who—

12 (A) is 50 years old or older;

13 (B) has chronic kidney disease;

14 (C) has chronic obstructive pulmonary dis-
 15 ease;

16 (D) is immunocompromised;

17 (E) has obesity;

18 (F) has a heart condition, such as coro-
 19 nary artery disease or cardiomyopathy;

20 (G) has sickle cell disease;

21 (H) has type 1 or type 2 diabetes mellitus;

22 (I) has moderate to severe asthma;

23 (J) has cerebrovascular disease;

24 (K) has cystic fibrosis;

1 (L) has hypertension or high blood pres-
 2 sure;

3 (M) has a neurological condition such as
 4 dementia or Parkinson’s Disease;

5 (N) has liver disease;

6 (O) is pregnant;

7 (P) has pulmonary fibrosis;

8 (Q) has thalassemia;

9 (R) is a smoker;

10 (S) has a disability; or

11 (T) meets any other characteristic identi-
 12 fied by the Centers for Disease Control and
 13 Prevention as putting individuals at increased
 14 risk of developing sever illness from COVID–
 15 19.

16 (6) INCARCERATED PERSON.—The term “incar-
 17 cerated person” means an individual involuntarily
 18 confined or detained in a correctional facility.

19 (7) SIGNS AND SYMPTOMS OF COVID–19.—The
 20 term “signs and symptoms of COVID–19” means
 21 fever or chills, cough, shortness of breath or dif-
 22 ficulty breathing, fatigue, muscle or body aches,
 23 headache, new loss of taste or smell, sore throat,
 24 congestion or runny nose, nausea or vomiting, diar-
 25 rhea, and any other medical condition or reaction

identified by the Centers for Disease Control and Prevention as being a physical reaction to the contraction of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

SEC. 3. MANDATED COVID-19 TESTING AT CORRECTIONAL FACILITIES.

(a) TESTING OF INCARCERATED PERSONS.—

(1) IN GENERAL.—Each correctional facility shall—

(A) not later than 15 days after the date of enactment of this Act—

(i) provide each incarcerated person in the facility with the option to take a COVID-19 diagnostic test, regardless of whether the incarcerated person exhibits symptoms of COVID-19, at no cost to the incarcerated person;

(ii) provide each incarcerated person with the results of the diagnostic test, regardless of the results, including an interpretation of what the test results mean in the incarcerated person's preferred language;

(iii) provide each incarcerated person who tests positive for COVID-19 with nec-

1 necessary medical care (as outlined in the Na-
 2 tional Institutes of Health COVID-19
 3 Treatment Guidelines), including COVID-
 4 19 tests to monitor recovery if indicated by
 5 the Centers for Disease Control and Pre-
 6 vention, and housing in a medical isolation
 7 unit under the care of medical profes-
 8 sionals, at no cost to the incarcerated per-
 9 son;

10 (iv) place each asymptomatic incarcer-
 11 ated person who is exposed to a positive
 12 case in quarantine until testing is com-
 13 pleted consistent with Centers for Disease
 14 Control and Prevention guidance; and

15 (v) place each symptomatic incarcer-
 16 ated person into medical isolation while
 17 awaiting test results; and

18 (B) during the period beginning not later
 19 than 45 days after the date of enactment of
 20 this Act and ending on the last day of the
 21 COVID-19 pandemic—

22 (i) conduct weekly COVID-19 diag-
 23 nostic testing of incarcerated persons in
 24 the facility in accordance with the guide-
 25 lines developed under section 6, regardless

1 of whether such incarcerated persons ex-
2 hibit symptoms of COVID–19, at no cost
3 to incarcerated persons;

4 (ii) conduct COVID–19 diagnostic
5 testing for any incarcerated person with
6 COVID–19 symptoms, or for any incarcer-
7 ated person who is a close contact of a
8 known COVID–19 case, in accordance with
9 the guidelines developed under section 6;

10 (iii) provide each incarcerated person
11 with the results of the diagnostic tests, re-
12 gardless of the results, including an inter-
13 pretation of what the test results mean in
14 the incarcerated person’s preferred lan-
15 guage;

16 (iv) provide each incarcerated person
17 who tests positive for COVID–19 with nec-
18 essary medical care (as outlined in the Na-
19 tional Institutes of Health COVID–19
20 Treatment Guidelines), including COVID–
21 19 tests to monitor recovery if indicated by
22 the Centers for Disease Control and Pre-
23 vention, and housing in a medical isolation
24 unit under the care of medical profes-
25 sionals, at no cost to the incarcerated per-

son, in accordance with the guidelines developed under section 6;

(v) quarantine each incarcerated person exposed to a positive COVID–19 case in accordance with the guidelines developed under section 6; and

(vi) establish a procedure through which incarcerated people can opt out of COVID–19 testing, in accordance with the guidelines developed under section 6.

(2) NEW ENTRANTS.—During the period beginning not later than 45 days after the date of enactment of this Act and ending on the last day of the COVID–19 pandemic, each correctional facility shall—

(A) provide each incarcerated person newly admitted or transferred to the facility with an optional COVID–19 diagnostic test within 24 hours of entering the facility, regardless of whether the incarcerated person exhibits symptoms of COVID–19, at no cost to the incarcerated person; and

(B) immediately quarantine each incarcerated person newly admitted or transferred to the facility within 24 hours of entering the fa-

1 cility, consistent with Centers for Disease Con-
2 trol and Prevention guidance, until the incar-
3 cerated person has been confirmed to be nega-
4 tive for COVID-19, in accordance with the
5 guidelines developed under section 6.

6 (b) TESTING OF CORRECTIONAL FACILITY EMPLOY-

7 EES.—

8 (1) IN GENERAL.—Each correctional facility
9 shall—

10 (A) not later than 15 days after the date
11 of enactment of this Act—

12 (i) provide each correctional facility
13 employee with a required COVID-19 diag-
14 nostic test, regardless of the whether the
15 employee exhibits symptoms of COVID-19,
16 at no cost to the employee; and

17 (ii) provide each correctional facility
18 employee who tests positive for COVID-19
19 with unlimited paid administrative leave
20 for the purpose of recovering from
21 COVID-19, and no cost COVID-19 diag-
22 nostic testing for the purpose of moni-
23 toring recovery if indicated by the Centers
24 for Disease Control and Prevention, until

1 the employee tests negative for COVID–19;
2 and

3 (B) during the period beginning not later
4 than 45 days after the date of enactment of
5 this Act and ending on the last day of the
6 COVID–19 pandemic—

7 (i) conduct required weekly COVID–
8 19 diagnostic testing of each correctional
9 facility employee in the facility, in accord-
10 ance with the guidelines developed under
11 section 6, regardless of whether the em-
12 ployee exhibits symptoms of COVID–19, at
13 no cost to the employee;

14 (ii) provide each correctional facility
15 employee who tests positive for COVID–19
16 with unlimited paid leave for the purpose
17 of recovering from COVID–19, and no cost
18 COVID–19 diagnostic testing for the pur-
19 pose of monitoring recovery if indicated by
20 the Centers for Disease Control and Pre-
21 vention, until the employee tests negative
22 for COVID–19; and

23 (iii) provide each correctional facility
24 employee who is exposed to a positive
25 COVID–19 case with guaranteed paid

1 leave to quarantine, consistent with Cen-
2 ters for Disease Control and Prevention
3 guidance, or until the employee has been
4 confirmed to be negative for COVID–19.

5 (c) PRIVACY.—Any data collected, stored, received, or
6 published under this section shall—

7 (1) be so collected, stored, received, or pub-
8 lished in a manner that protects the privacy of indi-
9 viduals whose information is included in the data;

10 (2) be deidentified or anonymized in a manner
11 that protects the identity of all individuals whose in-
12 formation is included in the data;

13 (3) comply with privacy protections provided
14 under the regulations promulgated under section
15 264(c) of the Health Insurance Portability and Ac-
16 countability Act of 1996 (42 U.S.C. 1320d–2 note);
17 and

18 (4) be limited in use for the purpose of public
19 health and be protected from all other internal use
20 by any entity that collects, stores, or receives the
21 data, including use of the data in determinations of
22 eligibility (or continued eligibility) in health plans,
23 and from any other inappropriate uses.

24 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to relevant medical and pub-

1 lie officials such sums as are necessary to procure and ad-
 2 minister the COVID–19 diagnostic tests and provide the
 3 medical care required in this section.

4 **SEC. 4. COVID–19 DATA COLLECTION AT CORRECTIONAL**
 5 **FACILITIES.**

6 (a) DATA COLLECTION.—During the period begin-
 7 ning not later than 45 days after the date of enactment
 8 of this Act and ending on the last day of the COVID–
 9 19 pandemic, each correctional facility shall submit weekly
 10 reports to the Department of Justice, the Centers for Dis-
 11 ease Control and Prevention, and the public health author-
 12 ity of the State in which the facility is located on the fol-
 13 lowing:

14 (1) TESTING NUMBERS.—COVID–19 diagnostic
 15 testing, including cumulative and new (since the pre-
 16 vious report) counts of—

17 (A) the number of incarcerated persons
 18 tested for COVID–19, disaggregated by routine
 19 weekly testing, symptomatic testing, close con-
 20 tact testing, recovery monitoring testing, and
 21 new entrant testing;

22 (B) the number of correctional facility em-
 23 ployees tested for COVID–19, disaggregated by
 24 routine weekly testing, symptomatic testing,

1 close contact testing, and recovery monitoring
2 testing; and

3 (C) the COVID–19 diagnostic test devel-
4 oper, test name, and type of test (molecular,
5 antigen, or other) for each COVID–19 diag-
6 nostic test conducted.

7 (2) TEST RESULTS.—COVID–19 diagnostic
8 testing outcomes, including cumulative and new
9 (since the previous report) counts of—

10 (A) the number of confirmed active cases
11 of COVID–19 among incarcerated persons,
12 disaggregated by routine weekly testing, symp-
13 tomatic testing, close contact testing, recovery
14 monitoring testing, and new entrant testing;

15 (B) the number of confirmed negative
16 cases of COVID–19 among incarcerated per-
17 sons, disaggregated by routine weekly testing,
18 symptomatic testing, close contact testing, re-
19 covery monitoring testing, and new entrant
20 testing;

21 (C) the number of confirmed active cases
22 of COVID–19 among correctional facility em-
23 ployees, disaggregated by routine weekly test-
24 ing, symptomatic testing, close contact testing,
25 and recovery monitoring testing;

1 (D) the number of confirmed negative
2 cases of COVID–19 among correctional facility
3 employees, disaggregated by routine weekly
4 testing, symptomatic testing, close contact test-
5 ing, and recovery monitoring testing;

6 (E) the number of tests pending results,
7 disaggregated by incarcerated persons and cor-
8 rectional facility employees;

9 (F) the average time between testing an
10 incarcerated person for COVID–19 and receiv-
11 ing the results of the test; and

12 (G) the average time between testing a
13 correctional facility employee for COVID–19
14 and receiving the results of the test.

15 (3) CASE OUTCOMES.—COVID–19 case out-
16 comes, including cumulative and new (since the pre-
17 vious report) counts of—

18 (A) the number of incarcerated persons
19 hospitalized for a case of COVID–19;

20 (B) the number of incarcerated persons
21 who have recovered from COVID–19;

22 (C) the number of incarcerated persons
23 currently in quarantine or medical isolation for
24 COVID–19, respectively;

1 (D) the number of incarcerated persons
 2 who have completed quarantine or been released
 3 from medical isolation, respectively;

4 (E) the number of incarcerated persons
 5 who have died from a confirmed or suspected
 6 case of COVID-19;

7 (F) the number of correctional facility em-
 8 ployees hospitalized for a case of COVID-19;

9 (G) the number of correctional facility em-
 10 ployees who have recovered from COVID-19;
 11 and

12 (H) the number of correctional facility em-
 13 ployees who have died from a case of COVID-
 14 19.

15 (4) RELEASE OF INCARCERATED PERSONS.—
 16 Data related to the release of incarcerated persons,
 17 including individuals released to home confinement
 18 and pursuant to compassionate release, as a result
 19 of the COVID-19 public health emergency.

20 (5) DAILY POPULATION.—Average daily popu-
 21 lation, disaggregated by incarcerated persons and
 22 correctional facility employees.

23 (b) DISAGGREGATION OF DATA.—The data described
 24 in this section shall be disaggregated by sex, sexual ori-

1 entation, gender identity, age, race, ethnicity, disability,
2 and geography (including county and State).

3 (c) PUBLIC REPORTING.—The Secretary of Health
4 and Human Services, acting through the Director of the
5 Centers for Disease Control and Prevention, shall make
6 publicly available on the internet the most recent and his-
7 toric information reported weekly under subsection (a) in
8 a machine-readable format.

9 (d) COVID-19 SYMPTOM TRACKING AND MEDICAL
10 RECORD RETENTION.—During the period beginning not
11 later than 45 days after the date of enactment of this Act
12 and ending on the last day of the COVID-19 pandemic,
13 each correctional facility shall systemically track and
14 record of the signs and symptoms of COVID-19 among
15 incarcerated persons and correctional center employees.
16 As part of the tracking system, correctional facilities
17 shall—

18 (1) document and retain a record of each re-
19 quest from incarcerated persons for medical care, in-
20 cluding medical care for the signs and symptoms of
21 COVID-19;

22 (2) conduct weekly screenings, in conjunction
23 with the testing requirements described in section 3,
24 of incarcerated persons for signs and symptoms of

1 COVID–19 and maintain records of the results of
2 such screenings for each incarcerated person; and

3 (3) present for review, as requested at any time
4 by the Secretary of Health and Human Services or
5 the Attorney General, records collected under para-
6 graphs (1) and (2).

7 (e) INCARCERATED PERSONS DATA.—The data de-
8 scribed in this section with respect to incarcerated persons
9 who are serving a term of imprisonment and who are in-
10 fected with COVID–19 shall include, to the extent prac-
11 ticable, the term of imprisonment imposed on the incarcer-
12 ated persons, the time served, and the release date.

13 (f) PRIVACY.—Any data collected, stored, received, or
14 published under this section shall—

15 (1) be so collected, stored, received, or pub-
16 lished in a manner that protects the privacy of indi-
17 viduals whose information is included in the data;

18 (2) be de-identified or anonymized in a manner
19 that protects the identity of all individuals whose in-
20 formation is included in the data;

21 (3) comply with privacy protections provided
22 under the regulations promulgated under section
23 264(c) of the Health Insurance Portability and Ac-
24 countability Act of 1996 (42 U.S.C. 1320d–2 note);
25 and

1 (4) be limited in use for the purpose of public
2 health and be protected from all other internal use
3 by any entity that collects, stores, or receives the
4 data, including use of such data in determinations of
5 eligibility (or continued eligibility) in health plans,
6 and from any other inappropriate uses.

7 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated to the Centers for Disease
9 Control and Prevention such sums as are necessary to
10 publicize the data as described in this section.

11 **SEC. 5. CENTERS FOR DISEASE CONTROL AND INVESTIGA-**
12 **TION DEPLOYMENT.**

13 (a) IN GENERAL.—Correctional facilities shall report
14 to the Centers for Disease Control and Prevention in-
15 stances when 3 or more incarcerated persons or correc-
16 tional facility employees present new COVID–19 cases
17 within 72 hours of each other, within 24 hours of identi-
18 fying the third case.

19 (b) DEPLOYMENT OF STAFF.—In such instances, the
20 Centers for Disease Control and Prevention shall deploy
21 staff with experience in preventing the spread of infectious
22 diseases in congregate settings to the facility for the pur-
23 pose of mitigating and preventing the spread of COVID–
24 19 at the facility.

1 **SEC. 6. UPDATED BUREAU OF PRISONS GUIDELINES ON**
2 **HANDLING COVID-19 IN CORRECTIONAL FA-**
3 **CILITIES.**

4 (a) UPDATED COVID-19 GUIDELINES.—Not later
5 than 30 days after the date of enactment of this Act, the
6 Department of Justice, acting through the Bureau of Pris-
7 ons and in consultation with the Centers for Disease Con-
8 trol and Prevention, shall release updated guidelines on
9 the management of COVID-19 in correctional facilities.

10 (b) EXPERT CONSULTATION.—

11 (1) IN GENERAL.—In developing the guidelines
12 described in subsection (a), the Department of Jus-
13 tice shall consult with no fewer than 10 experts in
14 public health and correctional facility management,
15 which shall include—

16 (A) academics with medical and public
17 health expertise;

18 (B) advocates for imprisoned populations;

19 (C) public health officials;

20 (D) tribal leaders or their representatives;

21 and

22 (E) labor representatives of correctional fa-
23 cility employees.

24 (2) PUBLICLY AVAILABLE.—Recommendations
25 from and correspondence with individuals described
26 in paragraph (1) shall be made publicly available.

1 (c) CONTENTS.—The guidelines described in sub-
2 section (a) shall, at a minimum, include—

3 (1) requirements that correctional facilities con-
4 duct voluntary COVID–19 diagnostic tests on, and
5 quarantine consistent with Centers for Disease Con-
6 trol and Prevention guidance all new incarcerated
7 persons who enter the facility during the COVID–19
8 pandemic, including incarcerated persons being held
9 at the facility while in transit between other facili-
10 ties;

11 (2) guidance on how facilities should conduct
12 weekly testing of incarcerated persons and correc-
13 tional facility employees, including guidance on how
14 to conduct pooled sample testing in lieu of individual
15 testing, if appropriate, and guidance on how to iden-
16 tify the appropriate type of diagnostic test to use,
17 consistent with the most up-to-date public health in-
18 formation and guidance on preventing the spread of
19 COVID–19;

20 (3) guidance on how correctional facilities
21 should handle incarcerated persons who refuse to re-
22 ceive COVID–19 tests, such as through imple-
23 menting time-based or symptom-based isolation and
24 quarantine strategies;

1 (4) requirements that correctional facilities,
2 once a single case of COVID–19 is detected within
3 the facility, screen every incarcerated person and
4 correctional facility employee for signs and symp-
5 toms of COVID–19 within 24 hours;

6 (5) guidance for correctional facilities on max-
7 imum occupational capacity, social distancing best
8 practices, and how to reduce the incarcerated person
9 population within the facility, including updated
10 guidance on the proactive release of incarcerated
11 persons, with special consideration given to high-risk
12 incarcerated persons;

13 (6) guidance for correctional facilities on how to
14 establish and implement cohorting strategies to min-
15 imize the spread of COVID–19 in facilities, with
16 special consideration given to the cohorting of high-
17 risk incarcerated persons;

18 (7) guidance for correctional facilities on how to
19 establish and implement contact tracing efforts to
20 identify, track, and prevent the spread of COVID–
21 19 among the contacts of incarcerated persons and
22 correctional facility employees who test positive for
23 COVID–19;

24 (8) guidance for correctional facilities on how
25 to—

1 (A) humanely and effectively quarantine
2 incarcerated persons exposed to COVID–19 and
3 humanely and effectively medically isolate and
4 provide medical care to incarcerated persons
5 who contract COVID–19, including a prohibi-
6 tion on the use of punitive solitary confinement
7 and other punitive measures as a means of
8 treating and medically isolating incarcerated
9 persons, with special consideration given to the
10 quarantining and medical isolation and treat-
11 ment of high-risk incarcerated persons;

12 (B) authorize the provision of materials,
13 such as books, television shows, magazines, and
14 movies to, increase recreation hours for, and ex-
15 pand programming and phone and email com-
16 munication privileges for incarcerated persons
17 in medical isolation to minimize the similarity
18 of punitive solitary confinement and other puni-
19 tive measures with medical quarantine; and

20 (C) confirm that incarcerated persons and
21 correctional facility employees who have con-
22 tracted COVID–19 have recovered for the pur-
23 pose of releasing them from medical isolation;

1 (9) guidance for correctional facilities on the
2 proper cleaning and disinfecting of the facility to
3 prevent the spread of COVID–19;

4 (10) guidance for correctional facilities on prop-
5 er ventilation and air filtration strategies to prevent
6 the spread of COVID–19;

7 (11) guidance on the proper daily, weekly, and
8 monthly allowance for incarcerated persons of per-
9 sonal protective equipment and face coverings, hand
10 sanitizer, soap, cleaning items, and other materials
11 that could reduce the spread of COVID–19 in facili-
12 ties, which shall be provided to incarcerated persons
13 at no cost, including information on how to update
14 existing guidelines within facilities on the limitation
15 of incarcerated persons’ access to such materials;

16 (12) guidance for correctional facilities on how
17 to educate incarcerated persons, and the medical fa-
18 cilities treating those incarcerated persons for
19 COVID–19, on the healthcare rights of the incarcer-
20 ated persons under Federal and State law and the
21 minimum ethical standards of care, including the
22 use of medical isolation that does not include soli-
23 tary confinement;

24 (13) recommendations for correctional facilities
25 on how to increase communication between incarcer-

1 ated persons and friends and family outside of the
2 facility during the COVID–19 pandemic, including
3 guidance on how to suspend fees for phone calls and
4 electronic communications and expand visitation (in-
5 cluding virtual visitation) options;

6 (14) requirements that correctional facilities
7 communicate, not less frequently than biweekly, and
8 in such a manner that permits for feedback from in-
9 carcerated persons, to incarcerated persons the steps
10 being taken to address the COVID–19 pandemic in
11 the facility; and

12 (15) guidance for correctional facilities on how
13 to connect incarcerated persons released from con-
14 finement as a result of the COVID–19 pandemic
15 with post-release resources, such as health insur-
16 ance, primary care providers, other health profes-
17 sionals, and quarantine facilities, with sensitivity to
18 the immigration status of incarcerated persons.

19 **SEC. 7. REPORT TO CONGRESS.**

20 Not later than 60 days after the date of enactment
21 of this Act, the Attorney General shall submit to Congress
22 a report on prevention, mitigation, and control activities
23 relating to the spread of COVID–19 in prisons conducted
24 by the Department of Justice and the Bureau of Prisons,

1 disaggregated by facility when applicable, that includes in-
2 formation on—

3 (1) efforts of correctional facilities to comply
4 with the Interim Guidance on Management of
5 Coronavirus Disease 2019 (COVID–19) in Correc-
6 tional and Detention Facilities issued by the Centers
7 for Disease Control and Prevention (referred to in
8 this section as the “Interim Guidelines”), includ-
9 ing—

10 (A) information on steps that have been
11 and continue to be taken with respect to oper-
12 ational preparedness, including—

13 (i) with respect to communication and
14 coordination—

15 (I) developing information shar-
16 ing systems with partners;

17 (II) reviewing and revising for
18 COVID–19 existing influenza, all-haz-
19 ards, and disaster plans;

20 (III) coordinating with local law
21 enforcement and court officials as
22 necessary; and

23 (IV) encouraging all persons in
24 the facility, including through posting

1 signs, to take action to protect them-
2 selves from COVID–19;

3 (ii) with respect to personnel prac-
4 tices—

5 (I) reviewing sick leave policies of
6 each employer that operates within
7 the facility;

8 (II) identifying duties that can be
9 performed remotely;

10 (III) planning for staff absences;

11 (IV) offering revised duties to
12 staff at increased risk for severe ill-
13 ness from COVID–19;

14 (V) making plans to change staff
15 duty assignments to prevent unneces-
16 sary movement between housing units
17 during a COVID–19 outbreak; and

18 (VI) offering the seasonal influ-
19 enza vaccines to all incarcerated per-
20 sons and correctional facility staff;
21 and

22 (iii) with respect to operations, sup-
23 plies, and personal protective equipment
24 (referred to in this clause as “PPE”) prep-
25 arations—

1 (I) ensuring that sufficient stocks
2 of hygiene supplies, cleaning supplies,
3 PPE, and medical supplies (consistent
4 with the healthcare capabilities of the
5 facility) are on hand and available,
6 and having a plan in place to restock
7 as needed;

8 (II) making contingency plans for
9 possible PPE shortages during the
10 COVID–19 pandemic;

11 (III) relaxing restrictions on al-
12 lowing alcohol-based hand sanitizer;

13 (IV) providing a no-cost supply
14 of soap to incarcerated persons suffi-
15 cient to allow frequent hand washing;

16 (V) establishing a respiratory
17 protection program, if not already in
18 place;

19 (VI) ensuring that correctional
20 facility staff and incarcerated persons
21 are trained to correctly don, doff, and
22 dispose of PPE that they will need to
23 use within the scope of their respon-
24 sibilities; and

1 (VII) setting up designated PPE
2 donning and doffing areas outside all
3 spaces where PPE will be used;

4 (B) information on steps that have been
5 and continue to be taken with respect to pre-
6 vention, including—

7 (i) to prevent COVID–19 cases among
8 incarcerated persons—

9 (I) implementing social distanc-
10 ing strategies to increase the physical
11 space between incarcerated persons,
12 which, to the extent practicable, shall
13 be 6 feet between all individuals, re-
14 gardless of symptoms;

15 (II) minimizing the mixing of in-
16 dividuals from different housing units;
17 and

18 (III) providing up-to-date infor-
19 mation about COVID–19 to incarcer-
20 ated persons;

21 (ii) to prevent COVID–19 cases
22 among correctional facility staff—

23 (I) reminding staff to stay at
24 home if they are sick;

1 (II) performing verbal screening
2 and temperature checks for all staff
3 daily upon entry; and

4 (III) providing up-to-date infor-
5 mation about COVID–19 to staff, in-
6 cluding information about sick leave
7 policies; and

8 (iii) to prevent COVID–19 cases
9 among visitors—

10 (I) communicating with potential
11 visitors to discourage contact visits;

12 (II) conducting verbal screenings
13 and temperature checks for visitors,
14 and requiring face coverings; and

15 (III) promoting non-contact visits
16 and providing access to free virtual
17 visitation options;

18 (C) information on steps that have been
19 and continue to be taken with respect to
20 COVID–19 case management, including—

21 (i) with respect to infection control,
22 ensuring proper infection control protocols
23 are in place;

24 (ii) with respect to medical isolation—

1 (I) placing incarcerated individ-
 2 uals with confirmed or suspected
 3 cases of COVID-19 in medical isola-
 4 tion;

5 (II) ensuring that medical isola-
 6 tion for COVID-19 is distinct from
 7 punitive solitary confinement;

8 (III) keeping to an absolute min-
 9 imum the movement outside the med-
 10 ical isolation space of incarcerated in-
 11 dividuals with confirmed or suspected
 12 cases of COVID-19; and

13 (IV) safely cohorting, if nec-
 14 essary, COVID-19-infected incarcer-
 15 ated individuals; and

16 (iii) with respect to provision of
 17 care—

18 (I) ensuring that incarcerated
 19 persons receive medical evaluation and
 20 treatment at the first signs of
 21 COVID-19 symptoms, including in
 22 cases where a facility is not able to
 23 provide such evaluation and treatment
 24 onsite;

1 (II) providing incarcerated indi-
2 viduals with onsite healthcare; and

3 (III) providing incarcerated indi-
4 viduals with healthcare services in the
5 community, as necessary; and

6 (D) all other aspects of the Interim Guid-
7 ance;

8 (2) the process for determining which incarcer-
9 ated persons qualify for home confinement, including
10 listing every factor that is taken into consideration,
11 and how the factors are weighed to determine quali-
12 fication, including—

13 (A) how many incarcerated persons have
14 been reviewed for home confinement;

15 (B) how many incarcerated persons have
16 qualified for and have been moved into home
17 confinement, and the average length of time be-
18 tween review, approval, and transfer;

19 (C) how the prior convictions of an incar-
20 cerated person are used to determine who quali-
21 fies for home confinement, including whether
22 certain convictions are weighed more heavily
23 than others, and whether a prior conviction re-
24 gardless of severity automatically bars an incar-

1 cerated person from qualifying for home con-
2 finement; and

3 (D) demographic data of the incarcerated
4 persons who are considered for home confine-
5 ment and of the incarcerated persons who are
6 ultimately chosen for home confinement, disag-
7 gregated by age, race, gender, ethnicity, level of
8 offense, how much time remains on their sen-
9 tence, and whether the individual is high risk
10 for COVID-19;

11 (3) the process for determining which incarcer-
12 ated persons qualify for compassionate release, in-
13 cluding listing every factor that is taken into consid-
14 eration, and how the factors are weighed to deter-
15 mine qualification, including—

16 (A) how many incarcerated persons have
17 been reviewed for compassionate release;

18 (B) how many incarcerated persons have
19 qualified for compassionate release, disaggre-
20 gated by compassionate releases approved by
21 the Bureau of Prisons and compassionate re-
22 leases granted by courts, and the average
23 length of time between review, approval, and re-
24 lease;

1 (C) how the prior convictions of an incar-
2 cerated person are used to determine who quali-
3 fies for compassionate release, including wheth-
4 er certain convictions are weighed more heavily
5 than others, and whether a prior conviction re-
6 gardless of severity automatically bars an incar-
7 cerated person from qualifying for compas-
8 sionate release; and

9 (D) demographic data of the incarcerated
10 persons who are considered for compassionate
11 release and of the incarcerated persons who are
12 ultimately chosen for compassionate release,
13 disaggregated by age, race, gender, ethnicity,
14 level of offense, and how much time remains on
15 their sentence;

16 (4) the process of providing information to fam-
17 ilies and emergency contacts of incarcerated persons
18 who have tested positive for COVID–19, including
19 how long it takes on average for families and emer-
20 gency contacts to be notified after initial diagnosis,
21 and how often facilities follow up with families and
22 emergency contacts to update them on the health
23 condition of the incarcerated person;

24 (5) resource limitations, if any, that have inhib-
25 ited the ability of the Department of Justice and

1 Bureau of Prisons to fully implement the Centers
2 for Disease Control and Prevention's Interim Guide-
3 lines; and

4 (6) what actions are being taken to modernize
5 the electronic health records systems of the Bureau
6 of Prisons.

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