POLICY BRIEF

EIGHT POLICIES THAT PROMOTE HEALTH AND HEALTH EQUITY FOR PEOPLE IN CARCERAL FACILITIES

INTRODUCTION

Laws and policies that promote public health and health equity are designed to be effective for the broader population or specific demographics within the community, but one segment of the population is often overlooked. People who are incarcerated are our community members both when they are incarcerated and when they return to our neighborhoods. Laws and policies that impact the health of people who are incarcerated can address many of the same issues faced in the community and can work to reduce health inequities. Because of persistent structural racism within the criminal legal system, Black people and other racialized minorities and immigrants are disproportionately incarcerated and subject to poor carceral conditions. Because health behind bars matters, this Policy Brief explains eight legal levers that have been adopted to improve health outcomes for people who are incarcerated. These policies provide opportunities for federal, state, and local governments to improve the health of people who are incarcerated and reduce persistent health inequities.

POLICY	DESCRIPTION	EVIDENCE IN ACTION
Reducing Heat Related Illness and Death in Carceral Facilities	In carceral facilities that lack permanent cooling solutions, people who are incarcerated and staff are at high risk for heat related illness and death during extreme heat events. To reduce this risk, state laws can require utilization of cooling equipment, set indoor temperature maximums in carceral facilities, and/or require heat mitigation plans.	In 2025 New York adopted a law requiring the commissioner of corrections to evaluate the feasibility of permanent sustainable cooling solutions at each facility, and to develop annual mitigation plans to provide options for individuals to stay cool, hydrated, and safe from heat illness and death, with special focus on protections for susceptible individuals. Corrections departments in a number of states have developed heat mitigation strategies and policies for carceral facilities. While later vetoed by the governor, in 2025 Virginia adopted a law setting maximum temperatures in carceral facilities.
Expand Access to Medications for	Opioid use disorder is highly prevalent in jails and prisons, yet it often	States that enact MOUD-supportive policy for carceral settings have seen corresponding improvements in health outcomes. Following introduction of MOUD in California state prisons, overdose deaths among incarcerated people

POLICY	DESCRIPTION	EVIDENCE IN ACTION
Opioid Use Disorder (MOUD)	goes untreated, despite the availability of safe and effective treatment medications. As a result, opioid overdose is a leading cause of death during incarceration and upon reentry, especially among elder Black men. States and localities should fund programs providing medications for opioid use disorder in carceral settings and should enforce antidiscrimination law against noncompliant institutions.	dropped by 58%, and the state subsequently passed significant funding legislation for carceral MOUD programs. Similar mandates and/or funding policy have been enacted in several states, such as Colorado, Maine, and New York. Meanwhile, antidiscrimination litigation has successfully compelled carceral MOUD policy improvements in states like Illinois, Kentucky, Massachusetts, Michigan, New Mexico, and Pennsylvania.
Make Voting Easier for People Who Are Incarcerated or Formerly Incarcerated	Communities with more inclusive voting policies experience better health outcomes, but millions of U.S. citizens—disproportionately people of color—are denied voting rights due to past or present incarceration. Making voting available to and easier for people who are incarcerated or were formerly incarcerated is the type of inclusive voting policy that can lead to improved health outcomes, particularly for those marginalized by oppressive systems.	States are advancing political representation by dismantling laws that disenfranchise citizens convicted of felonies, reducing barriers to voting during confinement, and mobilizing eligible voters. For example, Maine, D.C., Vermont, and Puerto Rico do not disenfranchise voters based on felony convictions. Advocates in Virginia are also working to restrict felony disenfranchisement through litigation and a proposed constitutional amendment. Illinois and D.C. have established jails as in-person polling places, significantly improving voter turnout. And advocates in numerous states are exploring mobilization strategies to increase turnout post-release.
Provide nutritionally sufficient and culturally appropriate meals to incarcerated populations to improve health outcomes from a Food as Medicine approach	Introduce a “Food as Medicine” model in carceral settings to increase access to nutritionally sufficient and culturally appropriate food and improve the health of people who are incarcerated by preventing future health problems and mitigating current health problems.	In 2020, the Grady Hospital System in Atlanta initiated a pilot Food as Medicine program to serve the low-income community utilizing the safety-net health system. The case study showed promise in building health equity in this community through food security.[1] The Food Trust implemented a nutrition education program in Philadelphia prison facilities in 2019. This is a type of Food as Medicine approach that was successful in changing attitudes on nutrition and health among people who are incarcerated; however, a barrier to health improvement resulted from a lack of nutritionally appropriate and necessary foods in the carceral system. By implementing education and provision of Food as Medicine programs together, nutrition mindset, health, and health equity can improve.[2]

POLICY	DESCRIPTION	EVIDENCE IN ACTION
Expand Access to Reproductive Healthcare	Pregnancy, giving birth, and being postpartum while incarcerated are linked to negative health impacts. People who are incarcerated are not provided adequate prenatal and postpartum care, and experience trauma from the experience. States and local governments should mandate access to safe and effective abortion care for those who do not want to be pregnant or give birth while incarcerated.	Five states have policies that, in some respect, require abortion access for people who are incarcerated. For example, Illinois explicitly includes the right to abortion for people who are incarcerated.[3] This explicit right is important for public health outcomes because the experience of pregnancy exacerbates the existing inhumane conditions in jails and prisons such as poor bedding, improperly fitting clothing, and lack of privacy. California, New York, Colorado, and New Jersey have also established requirements to access abortion in the carceral space.
Expand Access to Hormones for Transgender People	Transgender and gender-diverse individuals are disproportionately incarcerated in the United States.[4] People who are incarcerated do not receive adequate access to gender-affirming care. Ensuring greater access would reduce security issues and improve health outcomes.[5]	33 states permit the continuation of hormone therapy for people who are incarcerated, and 28 states allow the initiation of therapy.[6] However, a directive from the federal Bureau of Prisons in February of 2026 will force many people incarcerated in federal facilities off hormones.[7] Washington State is a great example of reform that all states should consider. In Washington, the State Department of Corrections requires specialized staff, continued hormone access, and surgical pathways.[8]
Menstrual Health Equity for Incarcerated Individuals	While federal law requires the U.S. Bureau of Prisons to provide free menstrual products to people who are incarcerated, the vast majority of menstruators who are incarcerated are in state or local facilities subject to state law. Only a handful of states provide full access to menstrual products in carceral facilities; lack of access negatively impacts menstruator health.	Ohio House Bill 29 took effect March 20, 2026.[9] This new law requires Ohio correctional facilities to provide people who are incarcerated with free and adequate access to menstrual products based on individual need.[10] The mandate also includes anti-discrimination protections, explicitly prohibiting the withholding of menstrual products as a form of punishment or based on an individual's identity, and mandates the provision of appropriate hygiene disposal bins.[11]
Remove barriers to accessing medical records.	Removing barriers that prevent people who are incarcerated from reviewing their medical records allows proper	In 2026, the New Jersey Supreme Court ruled that barring people who are incarcerated from accessing their own medical records is unconstitutional.[12] The New Jersey Office of the Public Defender (OPD) filed a petition to revise a parole board regulation that unduly restricts access for individuals seeking review of the medical records the parole board may use to consider a parole

POLICY	DESCRIPTION	EVIDENCE IN ACTION
	evaluation of medical needs and enhanced self-advocacy. People who are incarcerated have higher rates of disease, trauma, and other factors that contribute to premature death.	request. The court sided with OPD, finding that the undue burden on access to records violates the due process rights of incarcerated individuals.

Reducing Preventable Deaths and Illness Due to Heat Exposure at Carceral Facilities

Extreme heat—one of the deadliest weather-related events—contributes to increased mortality, suicide rates, mental health crises, and exacerbation of chronic health conditions in carceral facilities lacking air conditioning.[13] Multiple factors compound the health and behavioral impacts of heat. Studies show heat exposure leads to higher incidence of mental health crises and chronic health conditions.[14] Many carceral facilities (federal and state prisons, jails, juvenile and immigration detention centers) in the U.S. lack adequate cooling infrastructure, making over one million individuals in these facilities disproportionately exposed to the health risks of extreme heat. These facilities are often built with materials that retain heat including metal, concrete, and closed windows prohibiting air circulation, creating even hotter indoor conditions.[15] From 1982-2020, out of 4,078 carceral facilities in the U.S., 1,739 (predominantly in the South) had increased hazardous heat exposure.[16] Data collected by Reuters across 29 states found that air conditioning was lacking or insufficient in almost ½ of state prisons.[17]

This failure to control extreme heat in carceral facilities has devastating consequences. With limited autonomy for incarcerated individuals, heat can have severe implications for dehydration, organ failure, and preventable deaths. One study in Texas prisons found that 13% of deaths during warm months between 2001 and 2019 may be attributable to extreme heat in non-air-conditioned facilities.[18] And extreme heat was associated with a 20% increased risk of severe violent incidents in Mississippi prisons.[19]

Despite these evident risks, carceral settings fall short in being proactive with heat planning efforts. While there is limited investigation on the impact of heat prevention in carceral facilities, evidence from the general population illustrates the effectiveness of preventative measures to reduce risks associated with heat exposure. For example, the use of air conditioning or implementation of heat emergency plans have shown positive effects on the general population and a significant reduction in hospitalizations due to heat-related illness.[20] Education and behavioral adaptation have also proven to reduce heat-related injuries.[21]

Some states are working to address this risk at carceral facilities by adopting laws and policies that limit the health effects of extreme heat:

> *Temperature Maximums*: Virginia's legislature set maximum heat temperatures in correctional facilities, required response plans for state facilities without air conditioning, and mandated development of plans for installing cooling equipment in state correctional facilities.[22] However, that law was vetoed by the former Governor.[23]

Heat Mitigation Plans: As of December 2025, New York State law requires heat mitigation plans meant to ensure people who are incarcerated and correctional staff "have options to stay cool, hydrated and safe during high heat temperatures," including, where possible, access to fans and cool water; indoor temperature monitoring; identification and monitoring of individuals with medical conditions exacerbated by heat; increased wellness checks; shade in exercise yards; and evaluation and implementation of feasible permanent cooling solutions.[24] Corrections departments in a number of states - Vermont,[25] Arizona,[26] Washington,[27] and California[28] for example - have identified heat mitigation strategies or developed heat mitigation policies for correctional facilities.

These state policies demonstrate that legislatures have been considering the issue of extreme heat in the carceral setting. There are policy options that all states should consider for new and existing carceral structures. While states should ensure all new carceral facilities are equipped with cooling equipment, costs are often an identified barrier to retrofitting older buildings with cooling systems. For existing facilities that lack cooling, prioritizing cooling by population risk through phased infrastructure planning can help reduce health impacts, including deaths, violence, and chronic health exacerbation. At a minimum, states should adopt heat mitigation policies that can reduce health risks in the short-, medium- and long term:

Immediate Action - establish a plan for immediate implementation:

Prioritize Protections for High-Risk Individuals: Ensure that populations vulnerable to heat are protected from heat-related illnesses by identifying and categorizing people who are incarcerated and staff by heat vulnerability, including health conditions, medications affecting body temperature regulation when exposed to heat, mental health, and age.

Portable Cooling: Acquire and deploy portable cooling units and hydration stations for staff and high-risk populations.

Heat Action Plans: Develop and implement a heat action plan, including staff training to monitor and respond to emergencies during extreme heat events.

Accurate Monitoring Heat Conditions: Account for real-time indoor and outdoor heat and humidity, along with both acute and chronic heat exposure, to determine safe indoor temperatures and activity schedules, such as outdoor farming or cleanup.

Medium Term Action - prioritize facilities with the highest density of vulnerable populations:

Permanent Cooling: Retrofit higher priority areas with permanent cooling infrastructure.

Cooler Facilities: Replace heat retaining materials where feasible and improve ventilation.

Longer Term Action - expand cooling capacity at all carceral facilities:

Permanent Cooling: Install permanent cooling systems in all carceral facilities using energy-efficient technologies where possible.

Implement Monitoring Protocols: Track the impact of temperature regulation on health outcomes and inform necessary adjustments based on real-time temperature.

Statewide cooling policies, paired with well-designed heat action plans, can help protect physical and mental health during extreme heat in carceral facilities while reducing resources required to respond to extreme heat-related illnesses.

Written by:
Dr. Joanne Pérodin, Vice President of Programs at The CLEO Institute, jperodin@cleoinstitute.org and Betsy Lawton, J.D., Deputy Director, Climate and Health, at the Network for Public Health Law, blawton@networkforphl.org.

Expand Access to Medications for Opioid Use Disorder

Substance use disorder in carceral settings is a major public health concern. About half of people in jail and two-thirds of people in prison are estimated to meet the criteria for a substance use disorder.[29] Opioid use disorder (OUD) is especially prevalent and is estimated to impact around 15 to 20 percent of adults who are incarcerated.[30]

Yet treatment for OUD in carceral settings is severely inadequate.[31] People with OUD who are incarcerated are often subjected to untreated withdrawal, which can be both painful and dangerous. Opioid overdose is common during incarceration, and is a leading cause of death upon reentry.[32] Indeed, studies from multiple states have shown that people leaving incarceration are between 40 and 129 times more likely than the general population to die of an overdose in the first two weeks after being released.[33] Black men, especially elder Black men, are significantly more likely to have unmet OUD treatment needs while incarcerated and to have worse outcomes upon reentry, including higher rates of overdose death.[34]

Effective, evidence-based treatment exists to help prevent these harms: medication for OUD (MOUD), such as methadone and buprenorphine, is well established as the gold-standard treatment for OUD.[35] Research has found that, in the initial weeks of reentry following incarceration, MOUD can reduce the risk of death overall by 85% and reduce overdose death risk by 75%.[36] People who receive MOUD during incarceration also have lower rates of re-arrest and reincarceration.[37]

Access to MOUD in carceral settings, however, is dramatically insufficient.[38] A majority of jails and prisons do not provide MOUD and most incarcerated people with OUD do not receive it.[39] There are multiple, overlapping causes of this treatment gap: carceral institutions tend to respond to illegal drug use primarily as a disciplinary issue, not a basis for medical treatment; people who use drugs are stigmatized and their medical needs are regarded as illegitimate; the medications themselves are also stigmatized, incorrectly regarded as intoxicants or as “enabling” addiction; and the medications are often strictly regulated, imposing financial and logistical barriers for institutions providing access.[40]

State and local policy action has proven effective in remediating the OUD carceral treatment gap, but more action is needed. Research shows that mandating and funding MOUD programs in carceral settings reduces drug use-related harms and improves outcomes upon reentry.[41] For example, in 2018 Massachusetts was the first state to pass statewide legislation mandating MOUD programs in jails; subsequent research found that “[t]reatment in jail was strongly associated with better outcomes after release.”[42] Similarly, New York’s 2021 legislation to mandate and expand MOUD programs in state prisons resulted in massive improvements in access: a 552% increase in participation in the first year.[43] Following introduction of MOUD in California state prisons, overdose deaths among people who are incarcerated dropped by 58%, leading the state to enact

additional significant funding for carceral MOUD programs.[44] Several other states and localities have seen similar successes.[45]

In addition, federal guidance and litigation have increasingly established that failure to provide MOUD can violate constitutional rights and statutory antidiscrimination requirements.[46] For instance, antidiscrimination litigation has successfully compelled carceral MOUD policy improvements in states like Illinois, Kentucky, Massachusetts, Michigan, New Mexico, and[47] Despite the weight of authority, many carceral institutions still effectively deny access to MOUD across the board, which likely violates[48].[49] State and local governments can reduce the risk of costly litigation and improve the lives of individuals re-entering the community by requiring jails and prisons to screen for and effectively treat OUD. Policymakers should ensure that those institutions that have not already adopted this common-sense approach do so quickly.

Written by Michael Abrams, J.D., civil rights and harm reduction attorney, formerly Senior Attorney, Network for Public Health Law–Harm Reduction Legal Project

Make Voting Easier for People Who Are Incarcerated or Formerly Incarcerated

Communities with more inclusive voting policies and greater levels of civic participation experience better health outcomes.[50] This includes policies that increase access to voting for incarcerated or formerly incarcerated people. Civic engagement has also been linked to decreased rates of recidivism.[51] But across the U.S., about 4 million citizens are denied the right to vote due to their incarceration status or history of incarceration.[52] This disenfranchisement disproportionately harms people of color, particularly Black people, given racial disparities in the criminal legal system driven by structural racism.[53]

Within Constitutional limits, state law determines whether someone is denied the right to vote due to a felony conviction,[54] and states vary in their approaches.[55] Some states permanently disenfranchise people who are convicted of some or all felonies[56] while others restore voting rights after incarceration,[57] after probation or parole,[58] or upon payment of all financial obligations (e.g., restitution, fines, and fees).[59] Only Maine, Vermont, D.C., and Puerto Rico do not disenfranchise citizens for criminal convictions.[60]

Even for incarcerated citizens with a legal right to vote—for example, people in states without felony disenfranchisement and those incarcerated for misdemeanors or in pretrial detention[61]—incarceration still poses barriers to voting. This is known as “de facto disenfranchisement.” Prisons and jails may impede voting by, for example, failing to educate people on their voting rights and denying access to in-person polling places or absentee voting materials.[62] Additionally, for those whose voting rights are legally restored after release, limited coordination between carceral facilities and election agencies may delay restoration, further undermining access to the ballot box.

Public health outcomes can be improved and inequities reduced by removing barriers to voting.[63] Advocates in Illinois, for example, have advanced a bill, the Reintegration and Civic Empowerment Act, that would reinstate the right to vote within 14 days of conviction.[64] Steps toward re-enfranchisement can also be seen in states like Virginia, where voters—bolstered by a recent federal court decision finding that the state’s felony disenfranchisement scheme violates federal law[65]—will soon decide whether to approve a proposed constitutional amendment to automatically restore voting rights after release.[66] Advocates can exert reform pressure on other states through similar legal challenges and by joining the efforts of groups like Virginia’s Right to Vote Coalition[67] that advance inclusive legislation and constitutional amendments.

Where people who are incarcerated maintain a legal right to vote,[68] advocates can also work with state and local governments to reverse de facto disenfranchisement by facilitating voting from jail or prison.[69] In fact, jails with on-site polling have surpassed jurisdiction-wide turnout rates in places like D.C. and Cook County, Illinois, making in-person voting an effective recommendation.[70] Additionally, a recent 50-state review of laws governing jail-based voting identifies where (a) existing law already facilitates in-person jail voting, (b) legal barriers need changing, and (c) county or municipal leadership are empowered to act.[71] Advocacy guides by the Campaign Legal Center and The Sentencing Project also provide a menu of approaches and recommendations to advance voting rights for incarcerated residents.[72]

Finally, a range of mobilization strategies may be employed where voting rights are legally restored post-incarceration.[73] For example, New Jersey has pending legislation to provide people who are incarcerated with voter information packages upon release.[74]The Maryland legislature passed a bill to require the Department of Corrections to share names of people who are released with the State Board of Elections for automatic reinstatement of voting rights.[75] Additional strategies detailed by The Sentencing Project include researchers in Connecticut and North Carolina mobilizing voters post-incarceration through public and commercial datasets and outreach efforts in Minnesota and Texas that rely on trusted messengers.[76]

Written by Darlene Huang Briggs, J.D., Deputy Director of Special Projects for the Network for Public Health Law, and Emma Kaeser, J.D., Senior Staff Attorney—Network for Public Health Law.

Provide nutritionally sufficient and culturally appropriate meals to people who are incarcerated to improve health outcomes from a Food as Medicine approach

People who are incarcerated often lack access to adequate nutrition, with insufficient and unsafe food commonplace in the carceral setting across local, state, and federal institutions.[77] A national report from Impact Justice and reports across several state systems, including Maryland and Georgia, show that the food provided to people who are incarcerated is low-quality. The meals often lack necessary vitamins and do not meet nutritional recommendations for vegetables, protein, dairy, sugar, and sodium.[78] Spoiled food, food contaminated by foreign bodies, and the presence of pests like rodents present health concerns as well, especially considering people who are incarcerated are at a six times higher risk of contracting a foodborne illness.[79] In some cases, the serving sizes are insufficient and it is institutional policy to purposefully short servings in order to stretch the budget.[80] Commissary items provide an avenue for individuals to supplement their meals, but the foods that are offered are typically unhealthy and available only to those with access to funds.[81] This poor diet leads to long-term health effects, like increased rates of hypertension and even decreased life expectancy of two years per year spent in prison.[82] Prolonged stress due to food insecurity also has a long-term negative impact on health.

One way to transition to a Food as Medicine approach is to improve the quality of food and provide opportunities for people who are incarcerated to gain translatable skills. In Massachusetts, the Worcester County Sheriff's Office Organic Farm Program has operated for 12 years to provide produce for the incarcerated population, as well as the surrounding community.[83] Additionally the Maine Department of Corrections and other regional organizations in New England have received grants from the USDA to connect farm food producers and corrections departments to provide higher quality food to people who are incarcerated.[84] Farm-to-Prison sourcing systems are also functioning in San Diego, Montana, Washington, Michigan, and Oregon.[85] This not only reduces reliance on for-profit food supply corporations that have an

incentive to provide low quality, cheap food, it also improves opportunities for local farms and the quality of food available to people who are incarcerated. While this is not a panacea, it is a step in the right direction.

Food as Medicine is an approach that supports health promotion, disease prevention, and chronic and acute condition management through the use of sufficient, healthy, and culturally and regionally appropriate food.[86] This philosophy is meant to address the physical and mental strain of food insecurity as well as investing in the capacity of under-resourced communities through localized infrastructure, economic opportunity, and community stability.[87] Medically tailored meals and produce prescription is one way this has been utilized in communities disproportionately impacted by nutrition-related health problems, but programs simply making healthy and nutritious food accessible is also a way to achieve Food as Medicine.[88] By requiring food to be treated as medicine—a treatment and prevention strategy for illness—we can compel carceral administrations to take nutrition more seriously, and actually reach standards that are required that are likely not being met.[89] Additionally, by treating food as a necessary medicine, carceral facilities should not be allowed to restrict food as a punishment, as is currently allowed.[90]

The Food Trust implemented a nutrition education program in Philadelphia prison facilities in 2019. This approach was successful in changing attitudes on nutrition and health among people who are incarcerated, however a barrier to health improvement came with a lack of provision of nutritionally necessary foods in the prisons. Farm-to-Prison sourcing systems and prison-led farm programs are tangible ways that food as medicine could be promoted in the carceral setting by making fresh and healthy produce available while investing in surrounding communities.

Written by Alex Sadzewicz, J.D., M.P.H, a public health attorney who previously worked with the Network for Public Health Law—Eastern Region, as a student at the University of Maryland Carey School of Law Public Health Law Clinic.

Expand Access to Reproductive Healthcare

Pregnancy, giving birth, and being postpartum while incarcerated are linked to negative health impacts as people who are incarcerated are not provided adequate prenatal and postpartum care, and experience trauma from pregnancy.[91] Pregnancy intensifies the already harsh conditions of incarceration, contributing to higher rates of miscarriage, preterm birth, and infants born small for their gestational age.[92] Optimally, people who are pregnant should be released from incarceration for their wellbeing and that of their fetus. Some people who are incarcerated may choose abortion care for the same reason people in the community make that choice but also because of the added complications of being pregnant and delivering a baby while incarcerated, which is followed by separation from the newborn. States and local governments should mandate access to safe and effective abortion care for those who do not want to be pregnant or give birth while incarcerated. The choice of abortion for pregnant incarcerated individuals provides a safer option while preserving the dignity of bodily autonomy despite being incarcerated.

The short- and long-term negative health impacts, including psychological, social, and economic harms for pregnant individuals and their families, are greater with restrictive abortion laws or policies.[93] These negative health impacts are worse for women of color who, because of systemic racism, are incarcerated at higher rates because incarcerated pregnant women of color experience disproportionate health harms.[94] Black women, who are incarcerated at higher rates, experience increased stress and disparities in health and infant mortality.[95] The importance of protecting access to abortion following the overturning of *Roe v. Wade*,[96] is

crucial. In the aftermath of *Dobbs v. Jackson Women's Health*,[97] many states adopted constitutional amendments or statutes protecting abortion access. Other states relied on existing protections in their state constitution or statutes as well as state court decisions finding a right to abortion. However, only a few of these abortion-protective states have a policy that specifically provides access to abortion care for people who are incarcerated.[98] Even in states with policies, the gap in access is further complicated by the tension between statewide substantive protection and the degree of deference given to administrators at correctional facilities. For example, California, Colorado, Illinois, Minnesota, New Jersey, and New York have prison policies that are consistent with statewide abortion protections by either statute or other regulation, where individuals who are incarcerated have at least a presumptive right to abortion consistent with that of people in the community. In comparison, Maryland, Massachusetts, and Oregon, have inconsistent prison policies that inadequately reflect statewide abortion protections governing access to abortion for people who are incarcerated. This inconsistency highlights the need for uniform correctional policies to ensure statewide abortion protections meaningfully extend to pregnant incarcerated individuals.

Pregnant incarcerated individuals face significant circumstances that may contribute to seeking abortion care. However, states that protect access to abortion care may not guarantee the same right to abortion care for pregnant people who are incarcerated. It is important for public health professionals and advocates for reproductive justice to collaborate around developing and supporting polices that best protect pregnant individuals who are incarcerated.

Written by Dionne Misra and Danielle Basdekis, student attorneys, Public Health Law Clinic, University of Maryland Francis King Carey School of Law, and members of the Class of 2026, University of Maryland Francis King Carey School of Law. Reviewed by Kathleen Hoke, J.D., Director, Network for Public Health Law— Eastern Region and Professor, Maryland Francis King Carey School of Law.

Expand Access to Hormones for Transgender People

Although transgender and gender-diverse individuals only represent about 0.05% of the adult population in the United States, they are disproportionately incarcerated.[99] Transgender individuals of color, who, because of systemic racism, are incarcerated at higher rates and experience disproportionate health harms, are incarcerated at ten times the rate of the general population.[100] "Among transgender individuals, one in six have been incarcerated at some point in their lives, with nearly half of these individuals being Black transgender people."[101] During incarceration, trans individuals experience a wide range of challenges and violence.[102] To be clear, not having access to healthcare *is* violence.[103] Trans folks experience a heightened rate of sexual violence in prison. The Vera Institute of Justice reported more than half of trans folks have experienced sexual assault at some point during their prison sentence.[104]

Access to gender-affirming reforms reduces security issues and improves health outcomes, a mutually beneficial result for correctional staff and gender minority populations.[105] However, a study published by Epidemiologic Reviews notes that 44% of transgender individuals who requested hormone therapy in prison were denied access.[106] Furthermore, according to a 2024 study by the Vera Institute of Justice, only about 47% of respondents who requested medication to support gender transition at some point in prison actually received it.[107] Ideally, reforms would require a "whole-setting" approach that could work with gender minority populations to rethink the incarceration experience.[108] Something as simple as correctional staff making an effort to use correct names and pronouns would minimize potential discrimination by other incarcerated individuals.[109] A universal mandate guaranteeing access to hormone replacement therapy, an approach already adopted by

many states, would play a crucial role in promoting safety and reducing harm within the carceral system.[110] Beyond that, staff competency, staff training, and updated institutional polices are necessary for this change to have a greater impact.[111] This is necessary because of the structural change that needs to occur so that these barriers no longer exist. Washington State Department of Corrections reached a settlement agreement with the Department of Corrections that ensures gender-affirming healthcare and services will be provided consistent with the Washington Health Care Authority's Transhealth Program for people living in the community.[112] This agreement provides a "whole-setting" approach that is transformative for trans individuals who are incarcerated in Washington. It includes access to medication, evaluations, mental health care, clothing options, private bathroom options, and more.[113] This settlement was reached in collaboration with currently and formerly incarcerated trans people.[114]

Overall, there are various outcomes in requesting access to care as a trans or gender-diverse person who is incarcerated. However, prisons have a legal obligation to provide medically necessary treatment, and gender dysphoria requires access to treatment.[115]

Written by Dionne Misra and Danielle Basdekis, student attorneys, Public Health Law Clinic, University of Maryland Francis King Carey School of Law, and members of the Class of 2026, University of Maryland Francis King Carey School of Law. Reviewed by Kathleen Hoke, J.D., Director, Network for Public Health Law— Eastern Region and Professor, Maryland Francis King Carey School of Law.

Provide Accessible Menstrual Care Products for Incarcerated Individuals

Reproductive rights have been an acute central concern in public health over the last few years, with much of the discussion focusing on abortion and contraception. Yet an important aspect within the scope reproductive health is often overlooked, one that directly affects the daily lives of millions of people in the United States: Menstruation. The goal of menstruation equity is ensuring that menstrual products are affordable, available, and safe for all who menstruate.[116] Nearly 80 percent of people who are incarcerated in federal facilities are at reproductive age, meaning many menstruate behind bars.[117] Those who menstruate behind bars often face barriers when it comes to accessing adequate menstrual products, a condition that undermines health, dignity, and basic human rights.

The First Step Act, enacted in 2018, directs the U.S. Bureau of Prisons (BOP) to provide menstrual products free of charge to people incarcerated in federal facilities.[118] Approximately 190,600 women and girls are incarcerated in the U.S; 77,000 are held in state facilities, 84,000 in local facilities, and 16,000 in federal facilities.[119] These numbers illustrate that 161,000 women and girls are not protected under the First Step Act and must rely on state or local laws for access to menstrual products. As of July 2025, only 26 states have laws that relate to provision of menstrual products to menstruators.[120] These laws vary in different ways; for example, some explicitly mandate that menstrual products be provided for free versus others only require correctional facilities to have a policy in place.[121] With few states with genuine mandates for full access, some with vague and minimal access provisions, and others with no laws on access, it is apparent that there are significant barriers in access to basic menstrual care for those incarcerated.

Advocates like the National Coalition to End Period Poverty (NCEPP), support the reintroduction of New York Representative Grace Meng's H.R. 3644- Menstrual Equity for All Act, a bill that will ensure access to period products in correctional facilities nationwide, applicable to state and local facilities if the state receives certain federal funding.[122] While this would be a nice complement to the First Step Act, the bill is stalled in Congress. Moreover, passing legislation may not be sufficient. When policies rely on broad or vague language, they can leave room for interpretation that ultimately creates barriers to access. Rather than waiting on federal law,

states should take action. Ohio's House Bill 29 offers an example of how explicit statutory language reduces ambiguity.[123] The law instructs correctional facilities to provide menstruating individuals with a variety of pad and tampons sizes, establishes proper disposal methods, and implements sanitary procedures for handling these products.[124] Additionally, the law requires written policies that protect menstruators from discrimination in accessing these products.[125]

Enacting clear, comprehensive menstrual equity legislation across all levels of the carceral system would help promote equity, dignity, and basic standards of care for people who are incarcerated. While recent efforts single progress, the uneven patchwork of state laws continue to leave far too many without reliable access to basic menstrual care.

Written by Naisha Mercury, J.D., Equal Justice Works Fellow, Network for Public Health Law—Mid-States Region

Remove Barriers to Access Medical Records

Incarceration is associated with higher rates of infections, diseases, injuries, and impacts on mental health.[126] Medical and psychological records documenting these disparate health impacts are held in carceral institutions that typically lack clear, standard procedures for how a person who is incarcerated may access and review their own records. In 2021, records from New York City jails indicated that 16 people died while incarcerated.[127] In the same year, records indicated delays, errors, and neglect in medical care for individuals in these facilities.[128] Medical records are essential in seeking recourse for medical abuse and neglect, but barriers to obtaining records can prevent incarcerated and formerly incarcerated individuals from attempting to request these documents. Outside of carceral facilities, instant access to medical records has become the norm and an important patient right.[129] Removing barriers to access inside carceral facilities should be a priority to ensure this same level of access to medical records. Making access to these records easier also promotes self-advocacy in cases of medical neglect and puts pressure on institutions to ensure adequate care before neglect occurs.[130]

In addition, access to the medical and psychological records used in parole decisions is essential to prepare for parole proceedings.[131] Medical history, mental health history, and drug test results are used to make parole decisions, even when this practice undermines care for incarcerated people.[132] Knowing what information will be considered during a parole hearing is essential for individuals to be able to bring their own documentation, context, and corrections in support of their parole decisions.[133] As indicated by the New Jersey Supreme Court, barriers to accessing records used in parole decisions also impede due process.[134] In New Jersey, the proposed rule change provides individuals seeking parole access to any psychological reports and other medical records that the parole board may consider when making its decisions.[135] The rule previously classified medical and psychological history as confidential, and only granted access to materials used in parole hearings that were *not* confidential.[136] Despite parole board claims of how the request process works in practice, the court found that the clear conflict in these provisions may dissuade individuals from attempting to access their records at all.[137] This recently litigated example is just one demonstrated barrier to access. Creating clear, publicly available policies on accessing facility medical records -especially for individuals to access their own records- is essential in protecting health and due process rights in carceral settings.

Written by Katherine Schutes, J.D., Staff Attorney, Network for Public Health Law—Eastern Region

CONCLUSION

This policy brief explored a non-exhaustive selection of policies that can improve the health of people who are incarcerated, which in turn promotes the health of the broader community. Beyond important efforts to reduce mass incarceration, there is much more that can and should be done to improve the health of people who are incarcerated. This brief is intended as a start, not an end. We invite you to reach out to the Network contributors with any questions, comments, or ideas to further support your efforts.

*Authors who contributed to this article include **Dr. Joanne Pérodin**, Vice President of Programs at The CLEO Institute; **Michael Abrams**, **J.D.**, civil rights and harm reduction attorney, formerly Senior Attorney, Network for Public Health Law – Harm Reduction Legal Project; **Alex Sadzewicz, J.D.**, **M.P.H**, public health attorney; **Dionne Misra, student attorney** and **Danielle Basdekis**, **student attorney**, Public Health Law Clinic, and members of the Class of 2026, University of Maryland Francis King Carey School of Law; and **Betsy Lawton, J.D.**, Deputy Director, Climate and Health; **Darlene Huang Briggs, J.D., Deputy Director of Special Projects**; **Emma Kaeser, J.D.**, Senior Staff Attorney; **Naisha Mercury, J.D.**, Equal Justice Works Fellow, Network for Public Health Law.*

The Network promotes public health and health equity through non-partisan educational resources and technical assistance. These materials provided are provided solely for educational purposes and do not constitute legal advice. The Network's provision of these materials does not create an attorney-client relationship with you or any other person and is subject to the Network's Disclaimer.

SUPPORT

Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.

Robert Wood Johnson Foundation

[1] Caroline Owens, Miranda Cook, Joy Goetz, et al., *Food is medicine intervention shows promise for engaging patients attending a safety-net hospital in the Southeast United States*, FRONTIERS IN PUBLIC HEALTH, 11: 1251912. (Oct. 2, 2023), https://doi.org/10.3389/fpubh.2023.1251912.
[2] THE FOOD TRUST, *Returning to Health: Empowering Individuals with Nutrition Knowledge and the Need to Improve the Prison Food Environment: Special Report*, (last visited Feb 27, 2026), https://thefoodtrust.org/wp-content/uploads/2026/02/InsideOut_reportFINAL.pdf.
[3] 775 ILL. COMP. STAT. 55/1-15, 55/1-20 (2019).
[4] Matthew Murphy, Jaclyn White-Hughto & Josiah D. Rich, *Cruel and Unusual: Reforming Carceral Systems to Protect and Affirm Transgender and Gender-Diverse Communities*, JOURNAL OF URBAN HEALTH (Oct. 2, 2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10728421/.
[5] *Id.*
[6] Sydney Brownstone, *Wash. DoC Agrees to Provide Gender Affirming Care in State Prisons*, SEATTLE TIMES (Oct. 12, 2023), https://www.corrections1.com/transgender-inmates/articles/wash-doc-agrees-to-provide-gender-affirming-care-in-state-prisons-5NdNnZrXMj0frCe3/.
[7] FEDERAL BUREAU OF PRISONS, *Program Statement: Management of Inmates with Gender Dysphoria*, (Feb. 19, 2026), https://www.documentcloud.org/documents/27279642-526001-management-of-inmates-with-gender-dysphoria/.
[8] DISABILITY RIGHTS WASHINGTON, *DRW Reaches Agreement with DOC to Improve Care for Transgender People with Disabilities*, (Oct. 11, 2023), https://disabilityrightswa.org/drw-reaches-agreement-with-doc-to-improve-care-for-transgender-people-with-disabilities/ (hereinafter DISABILITY RIGHTS WASHINGTON).

[9] Ohio Rev. Code §§§ 341.261,753.321, 5120.631 (2026).
[10] Eric Gottsacker, *A new state law will ensure women incarcerated in Ohio get free period products,* THE OHIO NEWSROOM (Mar. 2, 2026), https://www.statenews.org/section/the-ohio-newsroom/2026-03-02/a-new-state-law-will-ensure-women-incarcerated-in-ohio-get-free-period-products?_amp=true.
[11] Megan Henry, *A new law will soon require Ohio correctional facilities to provide free menstrual products*, OHIO CAPITAL JOURNAL (Jan 30, 2026), https://ohiocapitaljournal.com/2026/01/30/a-new-law-will-soon-require-ohio-correctional-facilities-to-provide-free-menstrual-products/.

[12] *In the Matter of Petition for Rulemaking to Amend N.J.A.C. 10A:71-3.11*, 262 N.J. 428 (N.J. 2026).
[13] Julianne Skarha, Keith Spangler, David Dosa, et al., *Heat-related mortality in US state and private prisons: a case-crossover analysis*, PLOS (Mar. 1, 2023), https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0281389; David H. Cloud, Brie Williams, Regine Haardörfer, et al., *Extreme heat and suicide watch incidents among incarcerated men*, JAMA NETWORK OPEN (Aug. 11, 2023), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2808211; Cascade Tuholske, Victoria D. Lynch, Raenita Spriggs, et al., *Hazardous heat exposure among incarcerated people in the United States*, NATURE SUSTAINABILITY (Mar. 5, 2024), https://www.nature.com/articles/s41893-024-01293-y.
[14] Adam Mahoney, *The Growing Crisis of Heatwave Deaths in America's Prisons*, CAPITAL B NEWS (June 27, 2024),https://capitalbnews.org/michael-broadway-prison-heat-wave-deaths/ https://capitalbnews.org/michael-broadway-prison-heat-wave-deaths/.
[15] Julianne Skarha, Meghan Peterson, Josiah D. Rich, et al., *An overlooked crisis: extreme temperature exposures in incarceration settings*, AMERICAN JOURNAL OF PUBLIC HEALTH (Sept. 9, 2020), https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305882.
[16] Cascade Tuholske, Victoria D. Lynch, Raenita Spriggs, et al., *Hazardous heat exposure among incarcerated people in the United States*, NATURE SUSTAINABILITY (Mar. 5, 2024), https://www.nature.com/articles/s41893-024-01293-y.
[17] Disha Raychaudhuri, Clare Farley, Travis Hartman, et al., *Scorching cells: How heat threatens lives in America's prisons*, REUTERS (July 30, 2025), https://www.reuters.com/graphics/USA-TEMPERATURE/PRISONS/jnpwbejwlvw/.
[18] Julianne Skarha, Amite Dominick, Keith Spangler, et al., *Provision of air conditioning and heat-related mortality in Texas prisons*, JAMA NETWORK OPEN (Nov. 22, 2022), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2798097.
[19] Anita Mukherjee & Nicholas J. Sanders, *The Causal Effect of Heat on Violence: Social Implications of Unmitigated Heat among the Incarcerated*, NATIONAL BUREAU OF ECONOMIC RESEARCH (July 2021), https://www.nber.org/papers/w28987.
[20] S M Bernard, J M Samet, A Grambsch, et al., *The Potential Impacts of Climate Variability and Change on Temperature-Related Morbidity and Mortality in the United States*, ENVIRONMENTAL HEALTH PERSPECTIVES (May 2001), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1240667/; Bart Ostro, Stephen Rauch, Rochelle Green, et al., *The Effects of Temperature and Use of Air Conditioning on Hospitalizations*, AMERICAN JOURNAL OF EPIDEMIOLOGY (Sept. 9, 2010), https://academic.oup.com/aje/article/172/9/1053/110352.
[21] Yoram Epstein, Amit Druyan, & Yuval Heled, *Heat Injury Prevention—A Military Perspective*, THE JOURNAL OF STRENGTH & CONDITIONING RESEARCH (July 2012), https://journals.lww.com/nsca-jscr/Fulltext/2012/26021/Heat_Injury_Prevention_A_Military_Perspective.21.aspx.
[22] Va. H.B.1894ER, (Va. 2025) (enrolled and vetoed).
[23] Governor's Veto, HB 1894, 2025 Regular Sess., The Governor's stated reasons for the veto are that the "bill imposes a costly mandate without assessing the financial and operational burdens on the Department of Corrections" and "existing Department of Corrections data does not substantiate the claims of extreme temperatures or health risks used to justify this legislation."
[24] N.Y. Correct. Law § 112.
[25] STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS, *Policy #322 Heat Mitigation* (May 15, 2025), https://outside.vermont.gov/dept/DOC/Policies/Heat%20Mitigation%20Policy.pdf.
[26] ARIZONA DEPARTMENT OF CORRECTIONS, Rehabilitation & Reentry, *2026 Extreme Heat Safety and Relief Strategy,* (last visited Apr. 13, 2026), https://corrections.az.gov/extreme-heat-safety-and-relief-strategy.
[27] STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS, *Memo to All Superintendents re Heat Mitigation Efforts*, (May 14, 2025), https://doc.wa.gov/sites/default/files/2025-06/2025-heat-mitigation-efforts-6-18-25.pdf.
[28] CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, *Extreme heat prevention and response,* (last visited April 13, 2026), https://www.cdcr.ca.gov/family-resources/2022/09/02/cdcr-and-cchcs-extreme-heat-prevention-and-response-efforts/.
[29] Victor St John, Tasha Perdue, Jason Szkola, et al., *U.S. Jails and Fatal Drug Overdoses: Patterns, Predictors and the Role of Rehabilitative Contexts*, HEALTH JUSTICE (Sept. 30, 2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC12486514; NATIONAL INSTITUTE OF HEALTH, NATIONAL INSTITUTE ON DRUG ABUSE, *Criminal Justice DrugFacts* (June 2020), https://nida.nih.gov/publications/drugfacts/criminal-justice.

[30] Paul J. Joudrey, Maria R. Khan, Emily A. Wang, et al., *A Conceptual Model for Understanding Post-Release Opioid-Related Overdose Risk*, 14 ADDICTION SCIENCE & CLINICAL PRACTICE (Apr. 15, 2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC6463640; Ashish P. Thakrar, G. Caleb Alexander, & Brendan Saloner, *Trends in Buprenorphine Use in U.S. Jails and Prisons from 2016 to 2021*, 4 JAMA NETWORK OPEN (Dec. 14, 2021), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787100.
[31] *See generally* Elizabeth Needham Waddell, Expert Q&A, *Opioid Use Disorder in Correctional Facilities*, CARLAT PUBLISHING (July 1, 2024), https://www.thecarlatreport.com/articles/4762-opioid-use-disorder-in-correctional-facilities; Emily Widra, *Addicted to Punishment: Jails and Prisons Punish Drug Use Far More than they Treat It*, PRISON POLICY INITIATIVE (Jan. 30, 2024), https://www.prisonpolicy.org/blog/2024/01/30/punishing-drug-use; Samuel J. Chen, Harold A. Pollack, Elizabeth M. Salisbury-Afshar, et al., *Access to and Predictors of Substance Use Disorder Treatment and Support among People Experiencing Incarceration in the United States*, 15 DRUG & ALCOHOL DEPENDENCE REPORTS 100343 (June 2025), https://www.sciencedirect.com/science/article/pii/S2772724625000265.
[32] *Id.*
[33] O'NEILL INSTITUTE FOR NATIONAL & GLOBAL HEALTH LAW, *Access to Medications for Opioid Use Disorder in U.S. Jails and Prisons: A National Snapshot Update* (Feb. 2023), https://oneill.law.georgetown.edu/wp-content/uploads/2023/02/ONL_Revised_50_State_P5.pdf (citing Ingrid A. Binswanger et al., *Release From Prison — A High Risk of Death for Former Inmates*, 356 NEW ENGLAND JOURNAL OF MEDICINE 157 (Jan. 11, 2007), https://doi.org/10.1056/nejmsa064115; MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, *Data Brief: An Assessment of Opioid-Related Deaths in Massachusetts 2013-2014* (Sept. 2016), https://www.mass.gov/doc/data-brief-chapter-55-opioid-overdose-study-september-2016/download).
[34] Rebecca Arden Harris, *Drug Overdose Deaths among Non-Hispanic Black Men in the U.S.: Age-Specific Projections through 2025*, 2 AMERICAN JOURNAL PREVENTIVE MEDICINE 100063 (Mar. 2023), https://www.sciencedirect.com/science/article/pii/S277306542200061X; NATIONAL INSTITUTE OF HEALTH, NATIONAL INSTITUTE ON DRUG ABUSE, *Older Black Men Are Disproportionately Affected by the Overdose Crisis* (Aug. 30, 2024), https://nida.nih.gov/about-nida/noras-blog/2024/08/older-black-men-are-disproportionately-affected-by-overdose-crisis.
[35] *See* O'NEILL INSTITUTE, *supra* note 33, at 1.
[36] *Id.* (citing John Marsden et al., *Does Exposure to Opioid Substitution Treatment in Prison Reduce the Risk of Death After Release?*, 112 ADDICTION 1408 (Feb. 4, 2017), https://onlinelibrary.wiley.com/doi/10.1111/add.13779).
[37] LEGAL ACTION CENTER, *Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic*, Ch. 4, at 36, (October 2020), https://www.lac.org/assets/files/TheOpioidEbatement-v3.pdf.
[38] ACLU, *Over-Jailed and Un-Treated,* (2021), https://www.aclu.org/wp-content/uploads/publications/20210625-mat-prison_1.pdf.
[39] LEGAL ACTION CENTER., *supra* note 37, (citing NATIONAL ACADEMIES OF SCIENCE, ENGINEERING, MEDICINE, Consensus Study Report, *Medications for Opioid Use Disorder Save Lives* (2019), https://www.nationalacademies.org/projects/HMD-HSP-18-14/publication/25310; HHS, SAMHSA, No. PEP19-MATUSECJS, *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings* (2019), *available at* https://www.prisonpolicy.org/scans/samhsa/mat_cj_system.pdf; HHS, OFFICE OF THE SURGEON GENERAL, *Facing Addiction in America* (Nov. 2016), https://www.hhs.gov/sites/default/files/facing-addiction-in-america-surgeon-generals-report.pdf; WHITE HOUSE, *President's Commission on Combating Drug Addiction and the Opioid Crisis* (2017), https://trumpwhitehouse.archives.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf); O'NEILL INSTITUTE, *supra* note 33, at 1 (citing Opioid Use Disorder Treatment in Jails and Prisons, PEW CHARITABLE TRUSTS (Apr. 23, 2020), https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/04/opioid-use-disorder-treatment-in-jails-and-prisons).
[40] *See generally* Christine E. Grella, Erika Ostile, Christy K Scott, et al., *A Scoping Review of Barriers and Facilitators to Implementation of Medications for Treatment of Opioid Use Disorder within the Criminal Justice System*, 81 INTERNATIONAL JOURNAL OF DRUG POLICY 102768 (July 2020), https://www.sciencedirect.com/science/article/abs/pii/S0955395920301092?via%3Dihub (collecting studies and surveying "institutional," "programmatic," "attitudinal," and "systemic" factors causing MOUD treatment gap).
[41] Justin Berk, Anna-Maria South, Megan Martin, et al., *Medication for Opioid Use Disorder Service Delivery in Carceral Facilities*, 13 HEALTH & JUSTICE (Feb. 1, 2025), https://link.springer.com/article/10.1186/s40352-025-00317-9 (finding, in metastudy analysis, that implementation of MOUD is associated with "lower rates of mortality, illicit opioid use, HIV transmission, criminal behavior, and recidivism").
[42] NATIONAL INSTITUTE OF HEALTH, News Release, *Treating Opioid Addiction in Jails Improves Treatment Engagement, Reduces Overdose Deaths and Reincarceration* (Sept. 10, 2025), https://www.nih.gov/news-events/news-releases/treating-opioid-addiction-jails-improves-treatment-engagement-reduces-overdose-deaths-reincarceration (citing Peter D. Friedmann et al., *Medications for Opioid Use Disorder in County Jails—Outcomes after Release*, 393 NEW

ENGLAND JOURNAL OF MEDICINE 994 (2025), https://www.nejm.org/doi/full/10.1056/NEJMsa2415987) (""Within the first 30 days, 60.2% of those who received MOUD in jail, initiated treatment in the community, compared to only 17.6% of individuals who weren't treated. . . . Six months after release, 57.5% of those who received treatment in jail continued receiving MOUD, compared to just 22.8% of those who did not.").

[43] Emily Widra, *New Report Reveals Successes and Limitations of Medications for Opioid Use Disorder in New York State Prisons*, PRISON POLICY INITIATIVE (Mar. 5, 2025), https://www.prisonpolicy.org/blog/2025/03/05/cany_moud_report.

[44] CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION, *Transforming Substance Use Disorder Treatment in California's State Prison System*, at 15 (Apr. 2022), https://cchcs.ca.gov/wp-content/uploads/sites/60/ISUDT/Impacts-ISUDT-Program2019-22.pdf; CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION, *Cal. State Budget (2022–2023)*, https://www.ebudget.ca.gov/2022-23/pdf/Enacted/GovernorsBudget/5210.pdf; A.B. 653, 2021 Leg., Reg. Sess. (Cal. 2021), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB653.

[45] O'NEILL INSTITUTE, *supra* note 33, at 3–6 (collecting examples).

[46] Joseph K. Longley, *Expanding Access to Medications for Opioid Use Disorder in the Criminal Legal System Beyond Prisons and Jails*, 62 AMERICAN CRIMINAL LAW REVIEW 1213, 1220–25 (2025) (collecting cases), https://www.law.georgetown.edu/american-criminal-law-review/wp-content/uploads/sites/15/2025/08/GT-ACLR250047.pdf.

[47] O'NEILL INSTITUTE, *supra* note 33, at 3–6 (collecting examples); *see also* Longley, 62 AMERICAN CRIMINAL LAW REVIEW at 1222–24.

[49] Longley, 62 AMERICAN CRIMINAL LAW REVIEW at 1225–27 ("Despite the clear language of the ADA, the guidance from the DOJ, and the DOJ's enforcement actions, compliance on the ground is uneven at best.").

[50] Dawn Hunter, Jeanne Ayers, Gnora R.G. Mahs, et al., *Health and Democracy Index*, HEALTHY DEMOCRACY HEALTHY PEOPLE (2023), https://democracyindex.responsivegov.org/.

[51] Christopher Uggen & Jeff Manza, *Voting and Subsequent Crime and Arrest: Evidence from a Community Sample*, 36 COLUMBIA HUMAN RIGHTS LAW REVIEW 193 (2004), http://users.soc.umn.edu/~uggen/Uggen_Manza_04_CHRLR2.pdf.

[52] Nicole D. Porter & Jean Chung, *Voting Rights in the Era of Mass Incarceration: A Primer*, THE SENTENCING PROJECT (Nov. 1, 2024), https://www.sentencingproject.org/policy-brief/voting-rights-in-the-era-of-mass-incarceration-a-primer/.

[53] Christopher Uggen, Ryan Larson, Sarah Shannon, et al., *Locked Out 2024: Four Million Denied Voting Rights Due to a Felony Conviction*, THE SENTENCING PROJECT (Oct. 10, 2024), https://www.sentencingproject.org/reports/locked-out-2024-four-million-denied-voting-rights-due-to-a-felony-conviction/; Dawn Hunter, *Restoring the Right to Vote is a Pathway to Better Health – A Look at Felon Re-enfranchisement and the 2020 Election*, THE NETWORK FOR PUBLIC HEALTH LAW (Sept. 23, 2020), https://www.networkforphl.org/news-insights/restoring-the-right-to-vote-is-a-pathway-to-better-health-a-look-at-felon-re-enfranchisement-and-the-2020-election/.

[54] U.S. CONST. amend. XIV, § 1.

[55] *Disenfranchisement & Rights Restoration*, VOTING RIGHTS LAB (last visited Feb. 13, 2026), https://tracker.votingrightslab.org/issues/disenfranchisement-and-rights-restoration?law=62.

[56] *See, e.g.*, Va. Const. art. II, § 1.

[57] *See, e.g.*, Minn. Stat. § 201.014 (2025).

[58] *See, e.g.*, Idaho Const. art. VI, § 3; I.C. § 18-310 (2025).

[59] *See, e.g.*, Fla. Stat. § 98.0751 (2025).

[60] *Disenfranchisement & Rights Restoration*, VOTING RIGHTS LAB (last visited Feb. 13, 2026), https://tracker.votingrightslab.org/issues/disenfranchisement-and-rights-restoration?law=62.

[61] For example, people convicted of felonies in Maine, Vermont, D.C., and Puerto Rico do not lose the right to vote. In other states, people held in jail without felony convictions—including people held during pretrial detention or convicted of misdemeanors—remain eligible to vote. Kristen M. Budd & Rachel Didner-Jollie, *Voting from Prison: Lessons from Maine and Vermont*, The Sentencing Project (July 9, 2025), https://www.sentencingproject.org/reports/voting-from-prison-lessons-from-maine-and-vermont/.

[62] Erica Bryant, *About Half a Million People in Jail Have Legal Right to Vote, But Don't Get to Cast Ballots*, VERA INSTITUTE OF JUSTICE (Sept. 24, 2024), https://www.vera.org/news/about-half-a-million-people-in-jail-have-a-legal-right-to-vote-but-dont-get-to-cast-ballots; Kristen M. Budd & Rachel Didner-Jollie, *Voting from Prison: Lessons from Maine and Vermont*, THE SENTENCING PROJECT (July 9, 2025), https://www.sentencingproject.org/reports/voting-from-prison-lessons-from-maine-and-vermont/; Aaron Rosewood & Tova Wang, *Laws that Govern Jail-Based Voting: A 50-State Legal Review*, ASH CENTER FOR DEMOCRATIC GOVERNANCE AND INNOVATION AT HARVARD KENNEDY SCHOOL (June 2024), https://ash.harvard.edu/wp-content/uploads/2024/06/Laws-That-Govern-Jail-Based-Voting.pdf.

[63] Scot Schraufnagel, *Voting Restrictions and Public Health: An Analysis of State Variation 1996-2020*, 56 STATE & LOCAL GOVERNMENT REVIEW 60 (2024), https://doi.org/10.1177/0160323X231202421.

[64] *Reintegration and Civic Empowerment Act*, S.B. 1733, 104th Gen. Assemb., Reg. Sess. (Ill. 2025-2026).
[65] *King v. O'Bannon*, No. 3:23-cv-00408-JAG, Dkt. 222 (E.D. Va. Jan. 22, 2026), https://www.democracydocket.com/wp-content/uploads/2023/06/222-2026-01-22-Opinion.pdf; *see also* Yunior Rivas, *Virginia Takes Key Step to End 'Overt and Intended Effort to Block Black People from Voting'*, DEMOCRACY DOCKET (Jan. 16, 2026), https://www.democracydocket.com/news-alerts/virginia-takes-key-step-to-end-effort-to-block-black-people-from-voting/.

[66] H.J. 2, 164th Gen. Assemb., Reg. Sess. (Va. 2026).
[67] *Virginia Right to Vote Coalition Will Work to Amend Virginia's Constitution to Protect Voting Rights*, ACLU VIRGINIA (Jan. 13, 2025), https://www.acluva.org/press-releases/virginia-right-vote-coalition-will-work-amend-virginias-constitution-protect-voting/.
[68] Maine, Vermont, D.C., and Puerto Rico do not restrict voting based on felony convictions, and in jails across the nation, people being held for pretrial detention or misdemeanor offenses remain eligible voters. Kristen M. Budd & Rachel Didner-Jollie, *Voting from Prison: Lessons from Maine and Vermont*, THE SENTENCING PROJECT (July 9, 2025), https://www.sentencingproject.org/reports/voting-from-prison-lessons-from-maine-and-vermont/.

[69] As of March 12, 2026, 26 bills across 12 states have been introduced to improve voting by residents who are incarcerated. *Incarcerated Voting, Election Policy Tracker*, VOTING RIGHTS LAB (last visited Mar. 12, 2026), https://tracker.votingrightslab.org/issues/incarcerated-voting.
[70] *Id.*
[71] Aaron Rosewood & Tova Wang, *Laws that Govern Jail-Based Voting: A 50-State Legal Review*, ASH CENTER FOR DEMOCRATIC GOVERNANCE AND INNOVATION AT HARVARD KENNEDY SCHOOL (June 2024), https://ash.harvard.edu/wp-content/uploads/2024/06/Laws-That-Govern-Jail-Based-Voting.pdf.

[72] *Challenging Jail-Based Disenfranchisement: A Resource Guide for Advocates*, CAMPAIGN LEGAL CENTER (Dec. 2019), https://campaignlegal.org/sites/default/files/2019-12/Jail%20Voting%20Advocacy%20Manual.pdf; Kristen M. Budd & Rachel Didner-Jollie, *Voting from Prison: Lessons from Maine and Vermont*, THE SENTENCING PROJECT (July 9, 2025), https://www.sentencingproject.org/reports/voting-from-prison-lessons-from-maine-and-vermont/.

[73] All states except Alabama, Mississippi, Tennessee, and Virginia restore eligibility, and restoration is not applicable in Maine, Vermont, or D.C. where voting rights are not restricted based on felony convictions. *Disenfranchisement & Rights Restoration*, VOTING RIGHTS LAB (last visited Feb. 13, 2026), https://tracker.votingrightslab.org/issues/disenfranchisement-and-rights-restoration?law=62.

[74] S. 2908, 222d Leg. (N.J. 2026).
[75] HB 115, 449th Gen. Assemb., Reg. Sess. (Md. 2026).
[76] Hannah Walker, Robert Stewart, & Bob Libal, *Expanding Electoral Engagement Among Justice-Impacted People*, THE SENTENCING PROJECT (Oct. 29, 2025), https://www.sentencingproject.org/policy-brief/expanding-electoral-engagement-among-justice-impacted-people/.

[77] Leslie Soble, Kathryn Stroud, & Marika Weinstein, *Eating Behind Bars: Ending the Hidden Punishment of Food in Prison*, IMPACT JUSTICE (Nov. 2020), https://impactjustice.org/impact/food-in-prison/#report.
[78] *Id.*; Kanav Kathuria, *'I Refuse to Let Them Kill Me': Food Violence, and the Maryland Correctional Food System*, MARYLAND FOOD & PRISON ABOLITION PROJECT (2021), https://static1.squarespace.com/static/5cfbd4669f33530001eeeb1e/t/614a994382003d4b88ba44d9/1632278867753/Food%2C+Violence%2C+and+the+Maryland+Correctional+Food+System+%E2%80%94+Full+Report.pdf; Leo Alexander, *Starved and Silenced: The Hidden Crisis Inside Georgia Prisons*, GEORGIA PRISONERS SPEAK: PRESS (Oct. 5, 2025), https://gps.press/starved-and-silenced-the-hidden-crisis-inside-georgia-prisons/.
[79] Elizabeth Allen, *Cheap Jail and Prison Food is Making People Sick. It Doesn't Have to*, VERA (Feb. 27, 2024), https://www.vera.org/news/cheap-jail-and-prison-food-is-making-people-sick-it-doesnt-have-to.

[80] Leo Alexander, *Starved and Silenced: The Hidden Crisis Inside Georgia Prisons*, GEORGIA PRISONERS SPEAK: PRESS (Oct. 5, 2025), https://gps.press/starved-and-silenced-the-hidden-crisis-inside-georgia-prisons/.

[81] Leslie Soble, Kathryn Stroud, & Marika Weinstein. *Eating Behind Bars: Ending the Hidden Punishment of Food in Prison*, IMPACT JUSTICE (Nov. 2020), https://impactjustice.org/impact/food-in-prison/#report.
[82] The US Burden of Disease Collaborators, *The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States*, JAMA, 319(14):1444-1472, (Apr. 10, 2018), https://jamanetwork.com/journals/jama/fullarticle/2678018; Evelyn J. Patterson, *The Dose-Response of Time Served in Prison on Mortality: New York State 1989-2003*, 103 AMERICAN JOURNAL OF PUBLIC HEALTH 523–28 (Mar. 2013), https://doi.org/10.2105/AJPH.2012.301148.
[83] MASSACHUSETTS SHERIFFS' ASSOCIATION, *Sheriff Spotlight: WCSO Organic Farm Program*, (Oct. 30, 2023), https://www.mass.gov/news/sheriff-spotlight-wcso-organic-farm-program.
[84] IMPACT JUSTICE, *USDA Grant Funds Innovation in New England Farm to Corrections Work*, (Nov. 10, 2022), https://impactjustice.org/usda-grant-farm-corrections/.
[85] Morgan Bugler, *Six U.S. Correctional Facilities With 'Farm to Prison' Local Food Sourcing Programs,* SMART CITIES DIVE (last visited Feb. 27, 2026), https://www.smartcitiesdive.com/ex/sustainablecitiescollective/six-us-correctional-facilities-farm-prison-local-food-sourcing-programs/1033746/.
[86] OFFICE OF DISEASE PREVENTIONS AND HEALTH PROMOTION, *Our Principles for Food Is Medicine,* (last visited Feb. 27, 2026), https://odphp.health.gov/foodismedicine/understanding-food-medicine/our-principles-food-medicine-principles.
[87] *Id*.
[88] Thijs Defraeye, Flora Bahrami, Tobias Kowatsch, et al., *Advances in Food-As-Medicine Interventions and Their Impact on Future Food Production, Processing, and Supply Chains*, ADVANCES IN NUTRITION, 16: 100421, (June 2025), https://doi.org/10.1016/j.advnut.2025.100421; ACADEMY OF NUTRITION AND DIETETICS, *A Guide to Food as Medicine*, (last visited February 27, 2026), https://www.eatrightpro.org/news-center/practice-trends/a-guide-to-food-as-medicine.

[89] Alexis S. Gabel, *Rotting in Prison: Exploring the Food-Driven Health Epidemic in Our Correctional System*, MARYLAND JOURNAL OF HEALTH CARE LAW AND POLICY, 29(95), (2026), https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1464&context=jhclp.
[90] *See, e.g., Breazil v. Bartlett*, 998 F. Supp. 236 (W.D.N.Y. 1997).
[91] Leah Wong, *Unsupportive Environments and Limited Policies: Pregnancy, Postpartum, and Birth During Incarceration*, PRISON POLICY INITIATIVE (Aug. 19, 2021), https://www.prisonpolicy.org/blog/2021/08/19/pregnancy_studies. Policy levers can improve the experience; for example, most states prohibit or limit the use of shackles on pregnant women, particularly during the birthing process. Renuka Rayasam, *Most States Ban Shackling Pregnant Women in Custody, Yet Many Report Being Restrained*, KFF HEALTH NEWS (Nov. 17, 2023), https://kffhealthnews.org/news/article/pregnant-women-prison-handcuffs-restraints-laws/.
[92] Anna Roh, *Forced to Give Birth Alone: How Prisons and Jails Neglect Pregnant People Who are Incarcerated*, COLUMBIA MAILMAN SCHOOL OF PUBLIC HEALTH (Feb. 28, 2022), https://www.publichealth.columbia.edu/news/forced-give-birth-alone-how-prisons-jails-neglect-pregnant-people-who-are-incarcerated; Laura Abbott, Tricia Scott, & Hilary Thomas, *Institutional Thoughtlessness and the Incarcerated Pregnancy*, CRIMINOLOGY & CRIMINAL JUSTICE (2024), https://journals.sagepub.com/doi/epub/10.1177/17488958241228995.
[93] U.C. S.F.: ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH, *The Turnaway Study,* (last visited Mar. 9, 2026), https://www.ansirh.org/research/ongoing/turnaway-study.
[94] U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, *Healthy People 2030: Incarceration*, (last visited Mar. 11, 2026), https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration .
[95] Connor Maxwell & Danyelle Solomon, *Mass Incarceration, Stress, and Black Infant Mortality*, CENTER FOR AMERICAN PROGRESS (June 5, 2018), https://www.americanprogress.org/article/mass-incarceration-stress-black-infant-mortality/.
[96] 410 U.S. 113 (1973).
[97] 597 U.S. 215 (2022).
[98] The nine states where abortion is generally available by law that also have some sort of prison policy that controls abortion access for people who are incarcerated are California, Colorado, Illinois, Maryland, Massachusetts, Minnesota, New Jersey, New York, and Oregon.
[99] Murphy, *supra* note 4.
[100] Murphy, *supra* note 4.
[101] Christina B. Williams & Michele D. Hall, *Pride Inside: Ensuring Access to Gender-Affirming Medical Care for LGBTQ+ Incarcerated Persons*, BROWN, GOLDSTEIN & LEVY (July 25, 2024), https://browngold.com/blog/pride-inside-ensuring-access-to-gender-affirming-medical-care-for-lgbtq-incarcerated-persons/.
[102] Murphy, *supra* note 4.
[103] Murphy, *supra* note 4.

[104] VERA INSTITUTE OF JUSTICE & BLACK & PINK NATIONAL, *Advancing Transgender Justice: Illuminating Trans Lives Behind and Beyond Bars* (Feb. 20, 2024) https://www.vera.org/advancing-transgender-justice.
[105] Brownstone, *supra* note 100.
[106] Tonia C. Poteat, Mannat Malik, & Chris Beyrer, *Epidemiology of HIV, Sexually Transmitted Infections, Viral Hepatitis, and Tuberculosis Among Incarcerated Transgender People: A Case of Limited Data*, 40 EPIDEMIOLOGIC REVIEWS 27 (Mar. 15, 2018) https://academic.oup.com/epirev/article/40/1/27/4937889.

[107] Williams, supra note 100.
[108] Murphy, *supra* note 4.
[109] Murphy, *supra* note 4.
[110] Murphy, *supra* note 4.
[111] Murphy, *supra* note 4.
[112] DISABILITY RIGHTS WASHINGTON, *supra* note 8.
[113] DISABILITY RIGHTS WASHINGTON, *supra* note 8.
[114] DISABILITY RIGHTS WASHINGTON, *supra* note 8.
[115] Williams, supra note 100.
[116] UC DAVIS STUDENT HEALTH AND COUNSELING SERVICES, *Menstrual Health*, (last visited Apr. 13, 2026), https://shcs.ucdavis.edu/health-and-wellness/sexual-health/menstrualhealth.
[117] Naisha Mercury, *Bleeding Behind Bars: Addressing Menstrual Equity in Carceral Facilities*, THE NETWORK FOR PUBLIC HEALTH LAW (Aug. 5, 2025), https://www.networkforphl.org/news-insights/bleeding-behind-bars-addressing-menstrual-equity-in-carceral-facilities/.
[118] *First Step Act of 2018*, S.756, 115th Cong. (2018), https://www.congress.gov/bill/115th-congress/senate-bill/756.
[119] Aleks Kajstura & Wendy Sawyer, *Women's Mass Incarceration: The Whole Pie 2024*, PRISON POLICY INITIATIVE (Mar. 5, 2024), https://www.prisonpolicy.org/reports/pie2024women.html#:~:text=2,prisons%20in%20the%20U.S.%20territories.
[120] Rosemary Edwards, *Menstrual Product depravation in Prisons: An Eighth Amendment Violation*, JOURNAL OF GENDER, SOCIAL POLICY, & THE LAW (Nov 15, 2025), https://jgspl.org/menstrual-product-depravation-in-prisons-an-eighth-amendment-violation/#:~:text=As%20of%20July%202025%2C%20only,infections%20and%20even%20infertility.%E2%80%9D%5B.
[121] *Id*.
[122] ALLIANCE FOR PERIOD SUPPLIES, *National Coalition to End Period Poverty Applauds Reintroduction on the Menstrual Equity for All Act*, (June 2, 2025), https://allianceforperiodsupplies.org/national-coalition-to-end-period-poverty-news-releases/ The bill would also mandate access in certain schools, shelters for the unhoused, and workplaces.

[123] Ohio Rev. Code §§§ 341.261,753.321, 5120.631.
[124] *Id*.
[125] *Id*.
[126] Jacob Kang-Brown, *New research: More evidence that county jail incarceration harms health, raising death rates*, PRISON POLICY INITIATIVE (June 24, 2025), https://www.prisonpolicy.org/blog/2025/06/24/jail_expansion_deaths/.
[127] Jonah E. Bromwich, *Medical Care at Rikers Is Delayed for Thousands, Records Show*, NEW YORK TIMES (Feb. 1, 2022), https://www.nytimes.com/2022/02/01/nyregion/rikers-island-medical-care.html.

[128] *Id*.
[129] Oreoluwa E. Olakunle, Amritha V. Gourisankar, Mark L. Spencer, et al., *Like The Rest Of Us, Incarcerated People Should Have Access To Their Medical Records*, HEALTH AFFAIRS FOREFRONT (June 7, 2024), https://www.healthaffairs.org/content/forefront/like-rest-us-incarcerated-people-should-have-access-their-medical-records.
[130] *Id*.
[131] Jorge Renaud, *Grading the parole release systems of all 50 states*, PRISON POLICY INITIATIVE (Feb. 26, 2019), https://www.prisonpolicy.org/reports/grading_parole.html.
[132] Cayla Mihalovich, *California prisons have life-saving addiction treatment. Doctors say the parole board is undermining it*, CALMATTERS (Feb. 19, 2026), https://calmatters.org/justice/2026/02/california-prisons-parole-board-drug-tests/.
[133] RODERICK & SOLANGE MACARTHUR JUSTICE CENTER, *Principles for Parole Reform* (2026), https://www.macarthurjustice.org/principles-for-parole-reform/.
[134] *In the Matter of Petition for Rulemaking to Amend N.J.A.C. 10A:71-3.11*, 262 N.J. 428 (N.J. 2026).
[135] *Id*.
[136] *Id*.
[137] *Id*.