SENATE, No. 4595

STATE OF NEW JERSEY

222nd LEGISLATURE

INTRODUCED SEPTEMBER 28, 2026

Sponsored by:
Senator LINDA R. GREENSTEIN
District 14 (Mercer and Middlesex)

SYNOPSIS

Revises certain provisions of "Isolated Confinement Restriction Act."

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning isolated confinement and amending P.L.2019, c.160.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 3 of P.L.2019, c.160 (C.30:4-82.7) is amended to read as follows:

3. For the purposes of this act:

"Clinician" means a State licensed physician, except if the clinician makes mental health evaluations, the term shall mean a State licensed psychiatrist **[**or**]** , psychologist, licensed clinical social worker, or an advanced practice nurse or clinical nurse specialist with a specialty in psychiatric nursing.

"Commissioner" means the Commissioner of Corrections.

"Correctional facility" means any State correctional facility or county correctional facility, and any State, county, or private facility detaining persons pursuant to any intergovernmental service agreement or other contract with any State, county, or federal agency, including, but not limited to, United States Immigration and Customs Enforcement.

"County correctional facility" means a county jail, penitentiary, prison, or workhouse.

"Emergency confinement" means the segregation of an inmate in a correctional facility when there is reasonable cause to believe that this segregation is necessary for reducing a substantial risk of imminent serious harm to the inmate or others, as evidenced by recent conduct.

"Facility administrator" or "administrator" means the chief operating officer or senior administrative designee of a correctional facility.

"Inmate" means a person confined in a correctional facility.

"Isolated confinement" means confinement of an inmate in a correctional facility, pursuant to disciplinary, administrative, protective, investigative, medical, or other classification, in a cell **[**or similarly confined holding or living space, alone or with other inmates,**]** for approximately **[**20**]** 22 hours or more per day in a State **[**correctional facility**]** or **[**22 hours or more per day in a**]** county correctional facility, with severely restricted activity, movement, and social interaction. Isolated confinement shall not include confinement due to a facility-wide or unit-wide lockdown that is required to ensure the safety of inmates and staff.

"Less restrictive intervention" means a placement or conditions of confinement, or both, in the current or an alternative correctional facility, under conditions less restrictive of an inmate's movement, privileges, activities, or social interactions.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

"Medical isolation" means isolated confinement of an inmate for medical reasons, including a mental health emergency or when necessary for preventing the spread of a communicable disease.

"Medical staff" means State licensed physicians, physician assistants, advanced practice nurses or clinical nurse specialists or, for mental health evaluations or decisions, those registered nurses with a specialty in psychiatric nursing, or comparably credentialed employees or contractors employed to provide healthcare.

"Member of a vulnerable population" means any inmate who:

a. is under 21 years of age **[**or younger**]**;

b. is 65 years of age or older;

c. has a disability based on a mental illness, as defined in subsection r. of section 2 of P.L.1987, c.116 (C.30:4-27.2), **[**a history of psychiatric hospitalization,**]** or has recently exhibited conduct, including but not limited to serious self-mutilation, indicating the need for further observation or evaluation to determine the presence of mental illness;

d. has a developmental disability, as defined in subsection b. of section 3 of P.L.1985, c.145 (C.30:6D-25);

e. has a serious medical condition which cannot effectively be treated in isolated confinement;

f. is pregnant, is in the postpartum period, or has recently suffered a miscarriage or terminated a pregnancy;

g. has a significant auditory or visual impairment; or

h. (1) is **[**perceived**]** determined to be lesbian, gay, bisexual, transgender, or intersex based on a medical examination or mental health evaluation conducted by medical staff; or

(2) pursuant to a judicial determination, is deemed to be in imminent danger of being abused or harassed based on the perception of others that the inmate is lesbian, gay, bisexual, transgender, or intersex.

"Postpartum period" means the 45 days after childbirth.

"Protective custody" means confinement of an inmate in a cell **[**or similarly confined holding**]** or living space, under conditions necessary to protect the inmate or others.

“Repetitively violent inmate” means an inmate:

a. for whom there is reasonable cause to believe that the inmate would create a substantial risk of serious harm to the inmate’s self or another, including but not limited to a correctional police officer or other employee or volunteer in the facility, as evidenced by recent threats or conduct, and a less restrictive intervention would be insufficient to reduce this risk; and

b. was previously, on two or more prior occasions:

(1) classified as being under close custody status; or

(2) placed in isolated confinement.

"State correctional facility" means a State prison or other penal institution or an institution or facility designated by the

commissioner as a place of confinement under section 2 of P.L.1969, c.22 (C.30:4-91.2).
(cf: P.L.2019, c.160, s.3)

2. Section 4 of P.L.2019, c.160 (C.30:4-82.8) is amended to read as follows:

4. a. The use of isolated confinement in correctional facilities in this State shall be limited as follows:

(1) Except as otherwise provided in paragraphs (1), (3), and (4) of subsection d. of this section, an inmate shall not be placed in isolated confinement unless there is reasonable cause to believe that the inmate would create a substantial risk of serious harm to **[**himself**]** the inmate's self or another, including but not limited to a correctional police officer or other employee or volunteer in the facility, as evidenced by recent threats or conduct, and a less restrictive intervention would be insufficient to reduce this risk. Except as otherwise provided in paragraphs (1), (3), and (4) of subsection d. of this section, the correctional facility shall bear the burden of establishing this standard by clear and convincing evidence.

(2) Except as otherwise provided in paragraphs (1), (3), and (4) of subsection d. of this section, an inmate shall not be placed in isolated confinement for non-disciplinary reasons.

(3) Except as otherwise provided in paragraph (1) of subsection d. of this section, an inmate shall not be placed in isolated confinement before receiving a personal and comprehensive medical and mental health examination conducted by a clinician; however, in a county correctional facility, a preliminary examination shall be conducted by a member of the medical staff within 12 hours of confinement and the clinical examination shall be conducted within 48 hours of confinement, but if staffing levels require, the period for conducting a clinical examination may be extended to 72 hours of confinement.

(4) Except as otherwise provided in paragraph (1) of subsection d. of this section, an inmate shall only be held in isolated confinement pursuant to initial procedures and reviews which provide timely, fair and meaningful opportunities for the inmate to contest the confinement. These procedures shall include the right to an initial hearing within 72 hours of placement absent exigent circumstances, and a review every 30 days thereafter, in the absence of exceptional circumstances, unavoidable delays, or reasonable postponements; the right to appear at the hearing; the right to be represented at the hearing; an independent hearing officer; and a written statement of reasons for the decision made at the hearing.

(5) Except as otherwise provided in paragraph (3) of subsection d. of this section, the final decision to place an inmate in isolated confinement shall be made by the facility administrator.

(6) Except as otherwise provided in paragraph (7) of subsection a. of this section and paragraph (3) of subsection d. of this section, an inmate shall not be placed or retained in isolated confinement if the facility administrator determines that the inmate no longer meets the standard for the confinement.

(7) A clinician shall conduct a mental health and physical health status examination for each inmate placed in isolated confinement **[**on a daily basis,**]** as frequently as clinically indicated, but at least once per week. The examination shall be conducted in a confidential setting outside of the cell whenever possible, to determine whether the inmate is a member of a vulnerable population**[**; however, in a county correctional facility, an inmate in isolated confinement shall be evaluated by a member of the medical staff as frequently as clinically indicated, but at least once per week**]**. Except as otherwise provided in subsection d. of this section, an inmate determined to be a member of a vulnerable population shall be immediately removed from isolated confinement and moved to an appropriate placement.

(8) A disciplinary sanction of isolated confinement which has been imposed on an inmate who is removed from isolated confinement pursuant to paragraph (7) of subsection a. of this section shall be deemed to be satisfied.

(9) Except as otherwise provided in this paragraph, or paragraph (1) of subsection d. of this section during a facility-wide **[**lock down**]** or unit-wide lockdown , an inmate shall not be placed in isolated confinement for more than 20 consecutive days, or for more than 30 days during any 60-day period. The limitations in this paragraph shall not apply to a repetitively violent inmate, as defined pursuant to section 3 of P.L.2019, c.160 (C.30:4-82.7).

(10) Cells or other holding or living space used for isolated confinement are to be properly ventilated, lit, temperature-monitored, clean, and equipped with properly functioning sanitary fixtures.

(11) A correctional facility shall maximize the amount of time that an inmate held in isolated confinement spends outside of the cell by providing, as appropriate, access to recreation, education, clinically appropriate treatment therapies, skill-building activities, and social interaction with staff and other inmates.

(12) An inmate held in isolated confinement shall not be denied access to food, water, or any other basic necessity.

(13) An inmate held in isolated confinement shall not be denied access to appropriate medical care, including emergency medical care.

(14) An inmate in a State correctional facility shall not be directly released from isolated confinement to the community during the final 180 days of the inmate's term of incarceration, unless it is necessary for the safety of the inmate, staff, other inmates, or the public. An inmate in a county correctional facility

shall not be directly released from isolated confinement to the community during the final 30 days of the inmate's term of incarceration, unless it is necessary for the safety of the inmate, staff, other inmates, or the public.

(15) An inmate shall not be held in isolated confinement based on the inmate's race, creed, color, national origin, nationality, ancestry, age, marital status, domestic partnership or civil union status, affectional or sexual orientation, genetic information, pregnancy or breastfeeding status, sex, gender identity or expression, disability or atypical hereditary cellular or blood trait.

b. Except as otherwise provided in subsection d. of this section, an inmate who is a member of a vulnerable population shall not be placed in isolated confinement.

c. An inmate shall not be placed in isolated confinement or in any other cell or other holding or living space, in any facility, with one or more inmates if there is reasonable cause to believe that there is a risk of harm or harassment, intimidation, extortion, or other physical or emotional abuse to that inmate or another inmate in that placement.

d. Isolated confinement shall be permitted under limited circumstances as follows:

(1) The facility administrator or designated shift commander determines that a facility-wide **[**lock down**]** <u>or unit-wide lockdown</u> is required to ensure the safety of inmates in the facility until the administrator or shift commander determines that these circumstances no longer exist. The facility administrator or shift commander shall document specific reasons why any lockdown is necessary for more than 24 hours, and why less restrictive interventions are insufficient to accomplish the facility's safety goals. Within 15 days the commissioner shall publish the reasons on the Department of Corrections website and provide meaningful notice of the reasons for the lockdown to the Legislature.

(2) The facility administrator determines that an inmate should be placed in emergency confinement, provided that:

(a) an inmate shall not be held in emergency confinement for more than 24 hours; and

(b) an inmate held in emergency confinement in a State correctional facility shall receive an initial medical and mental health evaluation immediately prior to placement in emergency confinement and a personal and comprehensive medical and mental health evaluation within 24 hours. The examination shall be conducted by a member of the medical staff within 12 hours of confinement and the comprehensive medical and mental health evaluation within 72 hours. Reports of these evaluations shall be immediately provided to the facility administrator.

(3) A clinician, based on a personal examination, determines that an inmate should be placed or retained in medical isolation.

The decision to place and retain an inmate in medical isolation due to a mental health emergency shall be made by a clinician based on a personal examination. In any case of isolation under this paragraph, a clinical review shall be conducted at least every eight hours and as clinically indicated. An inmate in medical isolation pursuant to this paragraph may be placed in a mental health unit as designated by the commissioner. In the case of a county correctional facility, a decision to place an inmate in medical isolation shall be made by a member of the medical staff and be based on a personal examination; clinical reviews shall be conducted within 72 hours and then as clinically indicated.

(4) The facility administrator determines that an inmate should be placed in protective custody as follows:

(a) The facility shall keep a written record of a request by an inmate to be placed in voluntary protective custody. The inmate may be placed in voluntary protective custody only with informed, voluntary consent and when there is reasonable cause to believe that confinement is necessary to prevent reasonably foreseeable harm. When an inmate makes an informed voluntary request for protective custody, the correctional facility shall bear the burden of establishing a basis for refusing the request.

(b) The inmate may be placed in involuntary protective custody only when there is clear and convincing evidence that confinement is necessary to prevent reasonably foreseeable harm and that a less restrictive intervention would not be sufficient to prevent the harm.

(c) An inmate placed in protective custody shall receive similar opportunities for activities, movement, and social interaction, consistent with their safety and the safety of others, as are inmates in the general population of the facility.

(d) An inmate subject to removal from protective custody shall be provided with a timely, fair, and meaningful opportunity to contest the removal.

(e) An inmate who may be placed or currently is in voluntary protective custody may opt out of that status by providing informed, voluntary, written refusal of that status.

(f) The facility administrator shall place an inmate in a less restrictive intervention, including transfer to the general population of another institution or to a special-purpose housing unit for inmates who face similar threats, before placing the inmate in isolated confinement for protection unless the inmate poses a security risk so great that transferring the inmate would be insufficient to ensure the inmate's safety.

(5) An inmate who is a member of a vulnerable population shall not be placed in isolated confinement, unless:

(a) the inmate has given the inmate’s informed, voluntary, written consent; or

(b) there is reasonable cause to believe that the inmate would create a substantial risk of serious harm to the inmate’s self or

another, including but not limited to a correctional police officer or other employee or volunteer in the facility, as evidenced by recent threats or conduct, and a less restrictive intervention would be insufficient to reduce this risk.

(cf: P.L.2019, c.160, s.4)

3. This act shall take effect immediately.

STATEMENT

This bill revises certain provisions of the Isolated Confinement Restriction Act (ICRA). Specifically, this bill revises the definitions of "member of a vulnerable population" and "isolated confinement," and provides that certain restrictions on the maximum terms of confinement do not apply to repetitively violent inmates. The bill further provides that an inmate who is a member of a vulnerable population may be placed in isolated confinement under certain circumstances.

Under ICRA, a "member of a vulnerable population" means any inmate who:

- is 21 years of age or younger;
- is 65 years of age or older;
- has a disability based on a mental illness, as defined in current law, a history of psychiatric hospitalization, or has recently exhibited conduct, including but not limited to serious self-mutilation, indicating the need for further observation or evaluation to determine the presence of mental illness;
- has a developmental disability;
- has a serious medical condition which cannot effectively be treated in isolated confinement;
- is pregnant, is in the postpartum period, or has recently suffered a miscarriage or terminated a pregnancy;
- has a significant auditory or visual impairment; or
- is perceived to be lesbian, gay, bisexual, transgender, or intersex.

The bill provides that a member of a vulnerable population is a person who is under 21 years of age, and amends the definition of "clinician" to include a licensed clinical social worker. The bill also removes references to whether an inmate has a prior history of psychiatric hospitalization from the provisions of the definition involving a person who has a disability based on mental illness. As applied to an inmate who is lesbian, gay, bisexual, transgender, or intersex, the bill requires a medical examination or mental health evaluation conducted by medical staff, or a judicial determination that the inmate is deemed to be in imminent danger of being abused

or harassed based on the perception of others that the inmate is lesbian, gay, bisexual, transgender, or intersex.

Under current law, an inmate who is a member of a vulnerable may not be placed in isolated confinement. Under the bill, an inmate who is a member of a vulnerable population may only be placed in isolated confinement if the inmate has given the inmate's informed, voluntary, written consent; or there is reasonable cause to believe that the inmate would create a substantial risk of serious harm to the inmate's self or another, including but not limited to a correctional police officer or other employee or volunteer in the facility, as evidenced by recent threats or conduct, and a less restrictive intervention would be insufficient to reduce this risk.

The bill also creates a new definition of "repetitively violent inmate." "Repetitively violent inmate" is defined as: (1) an inmate for whom there is reasonable cause to believe that the inmate would create a substantial risk of serious harm to the inmate's self or another, including but not limited to a correctional police officer or other employee or volunteer in the facility, as evidenced by recent threats or conduct, and a less restrictive intervention would be insufficient to reduce this risk; and (2) the inmate has been previously, on two or more separate occasions, either been classified as being under close custody status or placed in isolated confinement. In addition, the ICRA currently prohibits an inmate from being placed in isolated confinement for more than 20 consecutive days, or more than 30 days during any 60-day period, unless there is a facility-wide or unit-wide lockdown in place. Under the bill, these restrictions on the number of days in isolated confinement would not apply to a repetitively violent inmate.

Under current law, an inmate may be placed in isolated confinement for 20 hours or more per day in a State correctional facility, or 22 hours per day in a county correctional facility. This bill makes consistent the length of time that an inmate may be placed in isolated confinement to 22 hours a day, regardless of whether the inmate is confined in a State correctional facility or county jail.

ICRA was enacted in 2019 to impose limits the use of isolated confinement in correctional facilities in this State. According to data provided by the New Jersey Commissioner of Corrections (DOC) in 2024, since 2018, assaults on correctional facility staff increased by 328 percent, and bodily fluid assaults on staff increased by 722 percent.

Representatives from the State Troopers Fraternal Association and New Jersey Policemen's Benevolent Association Local 105, which represent state troopers and correctional and parole officers, also reported on the increase in assaults, noting that the DOC reported that attacks on personnel rose from 200 in 2021 to 424 in 2022, with nearly half of those attacks involving body fluids. These representatives also reported that in 2024, more than 10 percent of

its 4,500-member workforce was out on leave due to assaults that year.

While the DOC has indicated that certain changes to the infrastructure in correctional facilities, such as the use of security food ports, have helped remediate the increase in assaults, it is the sponsor's belief that certain restrictions on the implementation of isolated confinement have significantly contributed to the increase in assaults. It is the sponsor's intent to reduce restrictions on isolated confinement for certain repetitively violent inmates, and certain inmates who are members of a vulnerable population and pose a substantial risk of harm to other inmates or correctional officers and employees.