

State Laws on Access to Menstrual Products for People who are Pregnant while Incarcerated



UNIVERSITY OF MINNESOTA

CENTER FOR LEADERSHIP EDUCATION
IN MATERNAL & CHILD PUBLIC HEALTH

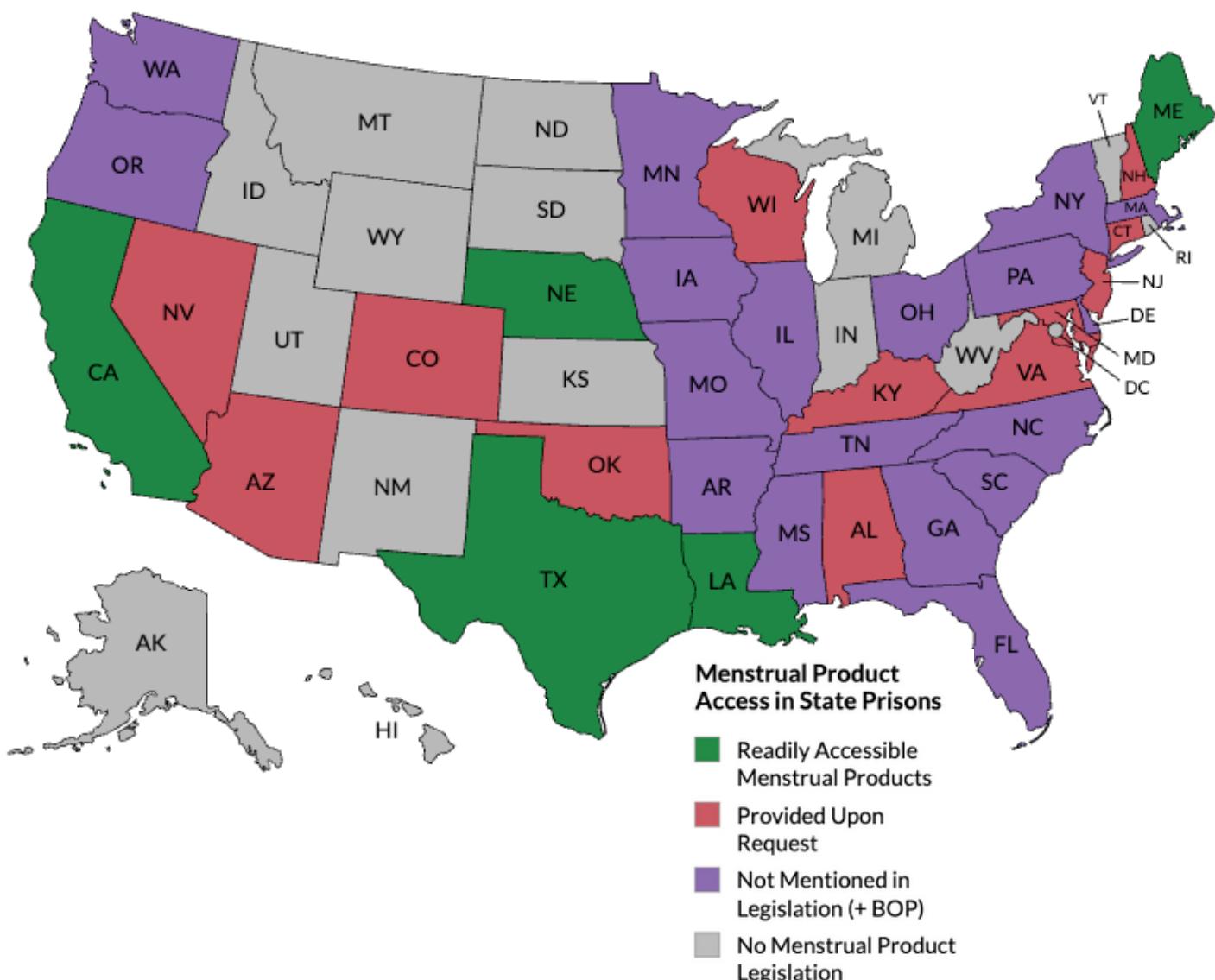
A STATE POLICY BRIEF FROM THE NATIONAL
UNIVERSITY-BASED COLLABORATIVE ON
JUSTICE-INVOLVED WOMEN & CHILDREN (JIWC)

Created by the Center for Leadership Education in Maternal & Child Public Health, University of Minnesota-Twin Cities, School of Public Health

FALL 2025 | MCH.UMN.EDU/JIWC

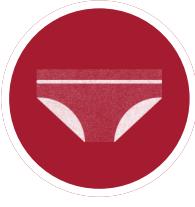
Executive Summary

Universal access to “affordable, safe, and clean” menstrual products is considered a fundamental human right by the World Health Organization¹ and ensuring consistent provision of these products within carceral facilities is essential to protect the health and well-being of incarcerated individuals. Thirty-five states and the Federal Bureau of Prisons (BOP) have passed legislation codifying the broad provision of menstrual products, however, the vast majority still fall short of consistently providing the appropriate amount of varied, quality menstrual products. We recommend that states expand legislation to require facilities to provide a wider variety of products free of cost and consistently stocked in a designated and convenient location.



Background

Access to menstrual products in prison and the consequences of a lack of access has gotten little attention until recent years. In 2015, the Correctional Association of New York (CANY) published a report publicly discussing the issue of menstrual products in prison. This report found that fewer than half of women in New York state facilities received sufficient menstrual products each month.² That same year, Chandra Bozelko, who had been incarcerated at York Correctional Institution in Connecticut, described her experience with pads that were so poorly made that they came out of her pants.³ Sentiments have been shared by other formerly incarcerated women across the country.



Problems accessing menstrual products are frequently overlooked by the general public, despite the fact that universal access to “affordable, safe, and clean” menstrual products is considered a fundamental human right by the World Health Organization.¹

Without access to affordable, safe, and clean products, individuals may be forced to use unsanitary alternatives that can cause vaginal infections.⁴

Ensuring consistent provision of these products within carceral facilities is essential to protect the health and well-being of incarcerated individuals.

While some states have reacted to this issue by passing legislation codifying access to menstrual products for incarcerated people, the wording and provisions of those statutes is critical. When significant details are vague, this leaves decisions up to individual guards and prison wardens.

Summary of State Laws

OVERALL

Thirty-five states and the BOP have legislation mandating provision of menstrual products in carceral facilities.



ACCESS

Products are available in accessible locations without request needed, in five states, while twelve states only provide menstrual products “upon request.”



COST

Menstrual products are specified as free of cost in twenty-eight states and the BOP. Seven states do not specify.



TYPES OF PRODUCTS

Pads and/or tampons are explicitly outlined in twenty-four states and the BOP. The remaining eleven states do not specify types of products provided.



POSTPARTUM PADS

Only two states (North Carolina, Oregon) have legislation that includes a provision for access to postpartum pads.

STANDARDS

Fifteen states have requirements that the quantity of menstrual products, with four (Connecticut, Louisiana, Missouri, Tennessee) specifying it must meet the “healthcare needs” of the individual. Only four states and the BOP include standards for product quality (Missouri, New York, Oregon, and Texas).



A Closer Look

Thirty-five states and the Federal BOP have laws requiring that prisons and/or jails must provide “feminine hygiene products.” We provide a breakdown of the specific provisions outlined in these statutes below with model language from specific state laws. A supplemental table with all state and federal legislation regarding the provision of menstrual products can be found [here](#).

Access



Menstrual products are readily accessible in **five states** (Louisiana, California, Maine, Nebraska, Texas).

However, in **twelve states** (Alabama, Arizona, Colorado, Connecticut, Kentucky, Maryland, New Hampshire, New Jersey, Nevada, Oklahoma, Virginia, Wisconsin), products are only available “upon request” from a staff member.



Twenty-eight states have language within their statute stating that menstrual products are provided free of charge, while this is not specified in the other seven states (Arkansas, Iowa, Massachusetts, Mississippi, Ohio, South Carolina, Wisconsin).



Four states (Maryland, North Carolina, New Jersey, Oklahoma) have laws that explicitly state that additional menstrual products are available for purchase, typically in the commissary.

North Carolina legislation states that “each jail shall make these items available either for inmate purchase or without charge, as determined by the jail.”⁵

STATE LAWS ON ACCESS TO MENSTRUAL PRODUCTS FOR PEOPLE WHO ARE PREGNANT WHILE INCARCERATED

Requirements for menstrual product quantity in prison and jail facilities were included in fifteen states (Arkansas, California, Connecticut, Kentucky, Louisiana, Minnesota, Missouri, North Carolina, New Hampshire, Nevada, New York, Oregon, South Carolina, Tennessee, Texas) and the Federal BOP. The majority of these policies use broad language for product quantity, stating that the number of products either be broadly sufficient or specifying they must be appropriate to meet the “healthcare needs” of the individual. New Hampshire defines sufficiency as “at minimum, a combination of 20 standard issue menstrual hygiene products per individual’s menstrual cycle.”⁶ Additional products are available at the discretion of correctional staff in two states (New Hampshire, New York).

Maine: “Any person who is incarcerated in a jail or other county correctional facility who menstruates has a right to comprehensive access to menstrual products, including, but not limited to, sanitary pads and tampons, provided and available at all times and without inconvenience or charge to the incarcerated person.”⁷



Three states (Louisiana, Tennessee, Texas) described a specific location where residents could access menstrual products. In Louisiana, for instance, the location included housing units and “the medical area of a correctional facility.”⁸ The majority of statutes did not specify whether products could be stored in personal spaces, like dorms.

Tennessee: “Custodians shall make healthcare products available in housing units and in the medical area of a state correctional facility.”⁹

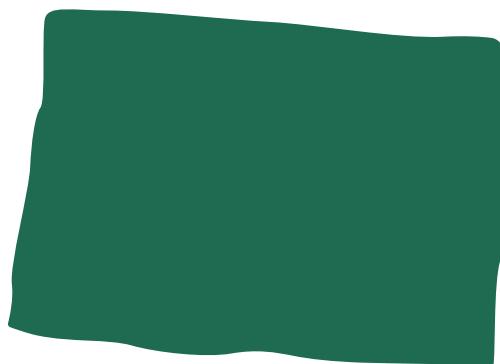


Three states (Colorado, Florida, New Jersey) have laws that specify that menstrual products cannot be withheld or restricted from the individual, including for punitive reasons. Among these states (Colorado, Florida, and New Jersey) only Florida identified enforcement mechanisms for staff should they violate these statutes: “any action taken shall be recorded on Form DC6-229, Daily Record of Special Housing, which must be reviewed by the Chief of Security.”¹⁰

Model State Examples



Connecticut: “Correctional staff shall provide such menstrual products for free, in a quantity that is appropriate to the health care needs of the inmate and, on and after July 1, 2023, in a manner that does not stigmatize any inmate seeking such products.”¹¹



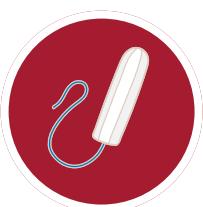
Colorado: “The facility shall not impose any condition or restriction on a person in custody’s access to menstrual hygiene products.”¹²



Oregon: “Facilities shall maintain a sufficient supply, which shall be stored, dispensed and disposed of in a sanitary manner. The supply of products available shall include at least the following: (a) Regular absorbent and super absorbent tampons; (b) Regular absorbent and super absorbent sanitary pads; (c) Postpartum pads; and (d) Regular absorbent panty liners.”¹³



Pads, or sanitary napkins, use adhesive to stick to underwear, and can be less effective with significant movement.



Tampons are inserted internally and are less impacted by movement.



Pantiliners are thin sanitary napkins primarily meant to catch menstrual spotting in between periods or vaginal discharge.

Types of Products Available

Not all menstrual products are the same, and there is no single product that works for every individual; yet few facilities recognize this in official statutes. Many only mention “feminine hygiene products” generally without defining what that means. Overall, eleven jurisdictions do not explicitly mention whether pads and/or tampons are available.

Twenty-three states and the federal government explicitly mention pads, with the same number explicitly discussing tampons. Six jurisdictions mention access to pantiliners (California, Colorado, New Hampshire, New York, Oregon, and Texas). It is also important to note that only three jurisdictions—Oregon, Pennsylvania, and Texas—say anything about providing a variety of sizes of menstrual products.

The most infrequently mentioned product was postpartum menstrual pads, discussed in just four statutes in two states—North Carolina and Oregon. Only four states (Missouri, New York, Oregon and Texas) and the Federal BOP include quality requirements for menstrual products. These standards focus either on sanitary storage (New York and Oregon) or compliance with industry (Missouri, BOP) or federal (Texas) standards.

**THE MOST INFREQUENTLY
MENTIONED PRODUCT WAS
POSTPARTUM MENSTRUAL PADS,
DISCUSSED IN JUST FOUR STATUTES
IN TWO STATES—NORTH CAROLINA
AND OREGON.**

Recommendations

State laws requiring correctional facilities to provide a variety of free menstrual products are one necessary mechanism, but not sufficient to ensure that carceral facilities provide access to safe and sufficient products. Changes to state laws and expansion of facility regulations can help to break down the stigma associated with accessing menstrual products in carceral settings.

We recommend the following:

- 1** **Require that products are made “freely available” instead of “upon request,” removing the burden of access from the individual.**
- 2** **Include specifications for the breadth of products that should be made available.**
- 3** **Designate specific and convenient locations within the facility for menstrual products to ensure they are accessible, consistently available, and stocked.**
- 4** **Mandate training for all correctional staff on the importance of product provision.**
- 5** **Prohibit withholding menstrual products as punishment and implement consequences for staff who engage in these practices with public-facing accountability mechanisms.**

Inform all incarcerated individuals of the state policies and their rights to menstrual product access.

Conclusion



Menstruation is a basic biological function, requiring maintenance by menstruators across the lifecourse (i.e., ages 10-50). Individuals who are incarcerated face significant obstacles to accessing sufficient and safe menstrual products, resulting in humiliation, abuse, infections, and poor mental health outcomes. As these products are tied to biological, psychological, and social well-being, facilities should ensure all residents have consistent, reliable access to their supply.

Current policies are non-existent at worst and ambiguous at best, underscoring inadequate attention to menstruation and opportunities for states and carceral facilities to outline institutional processes to meet menstrual health needs. State laws must guarantee access to these products in order to work towards optimal menstrual health for anyone who is incarcerated.

References

1. World Health Organization (2024, August 15). Menstrual health is a fundamental human right. [Press Release].
<https://www.who.int/europe/news/item/15-08-2024-menstrual-health-is-a-fundamental-human-right>
2. Kraft-Stolar, T. (2015). Reproductive injustice: The state of reproductive health care for women in New York state prisons. Correctional Association of New York.
https://www.correctionalassociation.org/s/2015_ReproductiveInjustice.pdf
3. Bozelko, C. (2015, June 12). Prisons that withhold menstrual pads humiliate women and violate basic rights. The Guardian.
<https://www.theguardian.com/commentisfree/2015/jun/12/prisons-menstrual-pads-humiliate-women-violate-rights>
4. Missouri Appleseed. (2023). Access to menstrual hygiene products in Missouri prisons. https://missouriappleseed.org/wp-content/uploads/2023/06/23_MoApp_Menstrual-Hyg-Research.pdf
5. Personal Hygiene Items, 10A NCAC 14J.0705 (2020)
6. Provision of Menstrual Hygiene Products, N.H. Revised Statute § 30-B:27 (2023)
7. Menstrual products, 30-A.M.R.S.A. § 1565 (2019)
8. Standards and requirements for the incarceration of women, LSA - R.S. 15 § 892.1 (2018)
9. Availability of healthcare products to incarcerated women, T.C.A. § 41-21-206 (2019)
10. Administrative Confinement, Florida Administrative Code 33-602.220 (2022)
11. Provision of menstrual products, C.G.S.A. § 18-69e (2022)
12. Menstrual hygiene products for a person in custody - definitions, C.R.S.A § 17-26-104.3 (2019)
13. Availability of women's sanitary supplies in regional correctional facilities, O.R.S. § 169.635 (2020)

This brief is a joint publication by authors from: the University of Minnesota's (UMN) Department of Pediatrics and the Center for Leadership Education in Maternal and Child Public Health, School of Public Health; the Tulane Center of Excellence in Maternal and Child Health Education, Science, and Practice; and the Prison Flow Project. Design by Mary Kenny with previous design elements from Cassie Mohawk and Jordan Addison, the Center for Leadership Education in Maternal and Child Public Health.

Suggested citation: Thomas, K., Moss, R., Vishniac, M., Shlafer, R.J. (2025). State Laws on Access to Menstrual Products while Incarcerated. Center for Leadership Education in Maternal and Child Public Health, University of Minnesota.

Acknowledgments: Funding for this effort was provided by the Center for Leadership Education in Maternal and Child Public Health at the University of Minnesota. The Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T76MC00005-67-00 for Leadership Education in Maternal and Child Public Health in the amount of \$1,750,000. This information or content and conclusions of related outreach products are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Questions? Contact jiwc@umn.edu.