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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To require the Secretary of Homeland Security to establish a system for detainees to submit complaints with respect to medical neglect, and for other purposes

IN THE HOUSE OF REPRESENTATIVES

Ms. KAMLAGER-DOVE introduced the following bill; which was referred to the Committee on _____

A BILL

To require the Secretary of Homeland Security to establish a system for detainees to submit complaints with respect to medical neglect, and for other purposes

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stop ICE’s Medical
5 Neglect Act of 2026”.

6 **SEC. 2. COMPLAINT SUBMISSION PLATFORM.**

7 (a) IN GENERAL.—The Secretary of Homeland Secu-
8 rity shall establish a publicly accessible, online platform

1 that any individual detained by U.S. Immigration and
2 Customs Enforcement or U.S. Customs and Border Pro-
3 tection may use to submit a complaint alleging medical
4 neglect at the covered facility in which such individual is
5 being held.

6 (b) COMPLAINT.—

7 (1) FILING.—Individuals who may file a com-
8 plaint described under subsection (a) include—

9 (A) an individual detained by U.S. Immi-
10 gration and Customs Enforcement or U.S. Cus-
11 toms and Border Protection who is being held
12 in a covered facility;

13 (B) legal counsel filing on behalf of an in-
14 dividual described under subparagraph (A); or

15 (C) a family member filing on behalf of an
16 individual described under such subparagraph.

17 (2) REQUIRED INFORMATION.—A complaint de-
18 scribed under subsection (a) shall include the fol-
19 lowing information:

20 (A) The name of the individual detained by
21 U.S. Immigration and Customs Enforcement or
22 U.S. Customs and Border Protection who is
23 being held in a covered facility.

24 (B) The alien registration number of such
25 individual.

1 (C) The name of the covered facility in
2 which such individual is being held.

3 (D) A description of the medical neglect
4 such individual experienced at such cover facil-
5 ity.

6 (3) CONFIDENTIALITY.—Any complaint sub-
7 mitted by an individual described under paragraph
8 (1)—

9 (A) shall be confidential; and

10 (B) may not be shared without the consent
11 of the individual who is the subject of such
12 complaint.

13 (c) REVIEW.—

14 (1) REVIEW BY MEDICAL EXPERT.—Any com-
15 plaint submitted to the online platform established
16 under this section shall be reviewed by a contracted
17 medical expert to determine if the medical neglect
18 alleged in the complaint occurred.

19 (2) REFERRAL.—

20 (A) DETERMINATION.—If a contracted
21 medical expert determines medical neglect oc-
22 curred after conducting a review pursuant to
23 paragraph (1), the Secretary of Homeland Se-
24 curity shall ensure the individual who experi-

1 enced such neglect in a covered facility receives
2 necessary medical treatment.

3 (B) APPEAL.—If a contracted medical ex-
4 pert determines no medical neglect occurred
5 after conducting a review pursuant to para-
6 graph (1), an individual described under sub-
7 section (b)(1) may appeal such determination
8 for further review to the Office for Civil Rights
9 and Civil Liberties of the Department of Home-
10 land Security.

11 (3) UPDATES.—The Secretary of Homeland Se-
12 curity shall provide updates on the status of any
13 complaint submitted under this section on the plat-
14 form established under this section.

15 (d) RETALIATION.—Any individual being held in a
16 covered facility may not be subject to retaliation or ad-
17 verse treatment for submitting a complaint pursuant to
18 this section, communicating with legal counsel, or cor-
19 responding with Congressional offices with respect to—

20 (1) the conditions of their detention in such
21 covered facility; or

22 (2) access to appropriate and timely medical
23 care in such covered facility.

24 (e) INTERPRETATION SERVICES.—The Secretary of
25 Homeland Security shall ensure language translation serv-

ices are made available to any individual being held in a covered facility.

(f) DEFINITIONS.—In this section:

(1) COVERED FACILITY.—The term “covered facility” means a facility where noncitizens are being held by the Secretary of Homeland Security pursuant to the immigration laws (as such term is defined under section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a))), including—

(A) any facility that provides detention services under a competitive bid contract awarded by the Secretary of Homeland Security;

(B) any facility operated by or for the Department of Homeland Security used to hold or otherwise house noncitizens; and

(C) any additional space that may be utilized for the purposes of temporarily detaining a noncitizen for a period longer than 4 hours.

(2) CONTRACTED MEDICAL EXPERT.—The term “contracted medical expert” means an academic, licensed, and board-certified medical clinician, academic, doctor, provider, physician assistant, nurse practitioner, or mental health professional that—

1 (A) maintains an active medical license in
2 at least one State;

3 (B) is board certified in family medicine,
4 internal medicine, emergency medicine, obstet-
5 rics, gynecology, or behavioral medicine;

6 (C) is in compliance with any other appli-
7 cable State and Federal requirements or certifi-
8 cations;

9 (D) has certifications or special training
10 related to providing medical care in a detention
11 facility or setting;

12 (E) has at least 5 to 10 years of experi-
13 ence providing medical care in a detention facil-
14 ity or setting;

15 (F) has experience objectively critiquing
16 the treatment provided by other medical practi-
17 tioners in a detention facility or setting;

18 (G) has experience formulating rec-
19 ommendations or other steps to address issues,
20 violations or concerns identified as part of a
21 complaint submitted to the platform established
22 under this section; and

23 (H) has the ability to travel to any covered
24 facility to perform onsite medical care or ad-

1 minister aid through video telehealth conference
2 call.

3 (3) MEDICAL NEGLECT.—The term “medical
4 neglect” means the failure to provide timely access
5 to—

6 (A) medically necessary care or follow-up;

7 (B) continuity of treatment and medica-
8 tion;

9 (C) specialty referrals when clinically indi-
10 cated;

11 (D) medication management; or

12 (E) processes that identify deficiencies in
13 patient care for any illness, medical or mental
14 health condition, or physical injury.