SENATE BILL   118

AN ACT   establishing a child fatality review committee.


COMMITTEE:   Health and Human Services

ANALYSIS

This bill establishes a standing child fatality review committee.

This bill is a request of the department of health and human services.

Explanation:   Matter added to current law appears in **bold italics.**
Matter removed from current law appears [in brackets and struckthrough.]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.
CHAPTER 302
SB 118 - FINAL VERSION

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT establishing a child fatality review committee.

Be it Enacted by the Senate and House of Representatives in General Court convened:

  302:1 New Subdivision; Child Fatality Review Committee. Amend RSA 132 by inserting after section 40 the following new subdivision:

      Child Fatality Review Committee

  132:41 Child Fatality Review Committee Established.

     I. The department of health and human services, in conjunction with the office of the chief medical examiner and in accordance with RSA 611-B, shall establish a child fatality review committee to conduct comprehensive, multidisciplinary reviews of preventable infant, child, and youth deaths in New Hampshire for the purpose of identifying factors associated with the deaths and to make recommendations for system changes to improve services for infants, children, and youth.

     II. The objectives of the child fatality review committee shall be to:

         (a) Describe trends and patterns of child deaths in New Hampshire, including sudden unexpected infant deaths (SUID) and sudden death in the young (SDY).

         (b) Identify and investigate the prevalence of risks and risk factors among the populations of deceased children.

         (c) Evaluate the service and system responses for children and families and to offer recommendations for improvement of those services.

         (d) Improve the sources of data collection by developing protocols for autopsies, death scene investigations, and complete recording of cause of death on all death certificates.

         (e) Enable state agencies, law enforcement, health care providers, and community-based organizations to more effectively prevent and investigate child fatalities.

     III. The child fatality review committee shall consist of the following members:

         (a) The attorney general, or designee.

         (b) The chief medical examiner, or designee.

         (c) The director of maternal and child health, division of public health services, department of health and human services, or designee.
(d) The director of the injury prevention program, division of public health
services, department of health and human services, or designee.

(e) The director of the division for children, youth and families, department of
health and human services, or designee.

(f) The director of the division for behavioral health, department of health
and human services, or designee.

(g) The director of the division of family assistance, department of health and
human services, or designee.

(h) The commissioner of the department of health and human services, or
designee.

(i) The commissioner of the department of safety, or designee.

(j) The commissioner of the department of education, or designee.

(k) One representative of the judicial branch, appointed by the chief justice of
the supreme court.

(l) The director of the office of the child advocate, or designee.

(m) The director of the women, infants, and children program, division of
public health services, department of health and human services, or designee.

(n) The director of the division of fire standards and training and emergency
medical services, department of safety, or designee.

(o) A member of the New Hampshire Pediatric Society, appointed by the
society.

(p) An early childhood education specialist, appointed by the commissioner of
the department of health and human services.

(q) A maternal and child health specialist, appointed by the commissioner of
the department of health and human services.

(r) A representative of a child advocacy center, appointed by the
commissioner of the department of health and human services.

(s) A representative of Court Appointed Special Advocates (CASA), appointed
by the director of CASA.

(t) A psychiatrist or psychologist licensed in this state, appointed by the
commissioner of the department of health and human services.

(u) A representative of a parent advocacy organization, appointed by the
commissioner of the department of health and human services.

(v) An epidemiologist from a New Hampshire college or university, appointed
by the commissioner of the department of health and human services.

(w) A domestic violence specialist, appointed by the commissioner of the
department of health and human services.
(x) A representative of a statewide law enforcement officers’ advisory council, appointed by the commissioner of the department of health and human services.

(y) A representative of a family resource center or home visiting program, appointed by the commissioner of the department of health and human services.

(z) A member of the public, appointed by the commissioner or the department of health and human services.

(aa) A representative of the New Hampshire Hospital Association, appointed by the association.

(bb) A representative of the New Hampshire Coalition Against Domestic and Sexual Violence, appointed by the coalition.

IV. Members of the child fatality review committee appointed under subparagraphs III(a)-(n) shall serve a term coterminous with their term in office. Members appointed under subparagraphs III(o)-(bb) shall serve a 6-year term, provided that initial appointments shall be for staggered terms of one to 6 years.

(a) The committee shall elect 2 chairpersons from among its members. The first meeting of the committee shall be called by the commissioner of the department of health and human services, or designee, and shall be held within 45 days of the effective date of this section.

(b) The committee may create additional subcommittees focused on specific populations such as for SUID and SDY. These subcommittees shall be subject to the same protections and responsibilities as the child fatality review committee. Membership of these subcommittees shall be determined by the co-chairpersons.

(c) Members of the committee shall sign confidentiality statements that prohibit any unauthorized dissemination of information except when disclosures may be necessary to enable the committee to carry out its duties under this subdivision. No material shall be used for reasons other than for which it was intended.

(d) The department of health and human services shall provide administrative support to the committee.

V. The child fatality review committee shall:

(a) Meet no fewer than 6 times per year to conduct reviews of child fatalities, including sudden unexpected infant deaths (SUID) and sudden death in the young (SDY). Subcommittees shall meet as determined by the co-chairpersons.

(b) Utilize case identification with the sole purpose of notification and data collection among state agencies. Each of the state agencies represented on the committee shall share relevant case information regarding decedents known to or enrolled in state agency programs or services. The review committee shall have access to all records of the division for children, youth and families, including case records,
third party records, which include the healthcare and education records of any child receiving services from a state agency, and court records. The committee may review existing records and other information regarding the child from relevant agencies, professionals, and providers of medical, dental, prenatal, and mental health care. The information shared shall include, but not limited to, reports from health care providers, social service providers, law enforcement, and the medical examiner’s office.

(c) Study the adequacy of statutes, rules, training, and services to determine what changes are needed to decrease the incidence of preventable child fatalities and, as appropriate, take steps to implement these changes.

(d) Educate the public regarding the incidence and causes of child fatalities and the public's role in preventing these deaths.

(e) Complete an annual statistical report on the incidence and causes of child fatalities in this state during the past fiscal year and submit a copy of this report, including its recommendations for action, to the governor, the senate president, the speaker of the house of representatives, and the health and human services oversight committee established in RSA 126-A:13. The committee shall submit the report on or before December 15 of each year.

VI. The committee may subpoena witnesses, records, documents, reports, reviews, recommendations, correspondence, data, and other evidence that the committee reasonably believes is relevant to the committee's objectives.

VII. (a) The committee shall maintain the confidentiality of all records pursuant to RSA 169-C:25, RSA 170-G:8-a, and all other related confidentiality laws.

(b) The information and records obtained and created in execution of the child fatality review committee’s official functions shall be exempt from disclosure pursuant to RSA 91-A and shall be privileged and exempt from use or disclosure in any criminal or civil matter or administrative proceeding. No person who participates in the official functions of the committee shall be compelled to testify or produce evidence in any judicial or administrative proceeding with respect to any matter involving exercise of his or her official duties.

(c) Meetings of the committee shall be exempt from RSA 91-A:3.

(d) Any person who knowingly discloses case records or other information obtained from committee proceedings shall be guilty of a misdemeanor.

302:2 Effective Date. This act shall take effect upon its passage.

Approved: July 29, 2019
Effective Date: July 29, 2019