

HOUSE BILL REPORT

HB 1459

As Reported by House Committee On:

Early Learning & Human Services

Title: An act relating to modernizing the child fatality statute.

Brief Description: Modernizing the child fatality statute.

Sponsors: Representatives Bernbaum, Fey, Leavitt, Stonier, Wylie, Davis, Reed and Parshley.

Brief History:

Committee Activity:

Early Learning & Human Services: 1/28/25, 1/31/25 [DP].

Brief Summary of Bill

- Modifies various provisions related to child mortality reviews, including renaming these as child fatality reviews, expanding these reviews to include children up to age 19, and requiring various entities to provide records and data requested for specific child fatality reviews to the local health department.
- Allows witness statements or documents collected from witnesses, or summaries of these records prepared for child fatality reviews, to be introduced into evidence in a criminal proceeding relating to the death of the child reviewed.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: Do pass. Signed by 8 members: Representatives Bergquist, Chair; Cortes, Vice Chair; Eslick, Ranking Minority Member; Bernbaum, Goodman, Hill, Ortiz-Self and Taylor.

Minority Report: Without recommendation. Signed by 3 members: Representatives Burnett, Assistant Ranking Minority Member; Dent and Penner.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Luke Wickham (786-7146).

Background:

A "child mortality review" is a process authorized by a local health department for examining factors that contribute to the death of children less than 18 years of age. The process may include a systematic review of medical, clinical, and hospital records; home interviews of parents and caretakers of children who have died; analysis of individual case information; and review of this information by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death.

The purpose of child mortality reviews is to identify and address preventable causes of child mortality. All health care information collected as part of these child mortality reviews is confidential. No identifying information related to the deceased child, the deceased child's guardians, or anyone interviewed as part of the review may be disclosed.

The Department of Health (DOH) must assist local health departments to collect the reports of any child mortality reviews conducted by local health departments and assist with entering those reports into a database. In addition, the DOH must provide technical assistance to local health departments and encourage communication among child death review teams.

The DOH or local health departments may publish statistical compilations and reports related to a child mortality review, but identifying information must be redacted.

Local health department officials or employees may not be examined in an administrative, civil, or criminal proceeding as to the existence or contents of documents assembled, prepared, or maintained for purposes of a child mortality review.

Summary of Bill:

Local health department "child mortality reviews" are changed to "child fatality reviews." The scope of these reviews is expanded to include examining factors that contribute to deaths of children up to 19 years of age, instead of children under the age of 18.

Local health departments and the Department of Health (DOH) are authorized to retain identifiable information and geographic information on each case for the purpose of determining trends, performing analysis over time, and for quality improvement efforts.

Information and records prepared, owned, used, or retained by the local health departments, their respective offices, or staff that reveals the identification and location of the subject of a review may not be made public.

Witness statements or documents collected from witnesses, or summaries of these records prepared for child fatality reviews may be introduced into evidence in a criminal proceeding relating to the death of the child reviewed.

Local health department officials or employees may be examined in a criminal proceeding as to the existence or contents of documents assembled, prepared, or maintained for purposes of a child fatality review.

If the team of professionals involved in the child fatality review process identifies a current, reportable, and unresolved concern about child abuse or neglect, it may designate one member to make a report to the child abuse hotline, but these individuals are not mandated reporters of child abuse and neglect.

To aid in a child fatality review, the local health department may:

- request and receive data for specific fatalities including, but not limited to, all medical records related to the child's death; autopsy reports; medical examiner reports; coroner reports; and school, criminal justice system, law enforcement, and social services records; and
- request and receive data described above from health care providers, health care facilities, clinics, schools, the criminal justice system, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the DOH, local health departments, the Health Care Authority (HCA) and its licensees and providers, the Department of Social and Health Services (DSHS) and its licensees and providers, and the Department of Children, Youth, and Families (DCYF) and its licensees and providers.

Upon request by the local health department, health care providers, health care facilities, clinics, schools, the criminal justice system, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the DOH, local health departments, the HCA and its licensees and providers, the DSHS and its licensees and providers, and the DCYF and its licensees and providers must provide all medical records related to the child, autopsy reports, medical examiner reports, coroner reports, social services records, and other data requested for specific child fatality reviews to the local health department. Data described in certifications and informational copies of birth and death records issued from the state vital records system must be provided at no charge.

All information submitted to the DOH and local health departments as part of a child fatality review is not subject to public disclosure, discovery, subpoena, or introduction into evidence in any administrative, criminal, or civil proceeding.

The restriction on the DOH of only using federal and private funding to assist local health departments to collect the reports of child fatality reviews and enter those into a database is removed.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill makes small but important changes to child mortality reviews. These child mortality reviews are important tools that are used by our local health jurisdictions to reduce preventable deaths. It is important to identify changes to policy or practice that can result in preventing future child deaths.

The current version of this bill is supported by both the prosecutors as well as the local health authorities.

Through foundational public health services funding 17 local child fatality reviews have been created. A local review team examines the circumstances involved when a child dies from non-natural causes, so think injuries, accidents, violence.

The review's purpose is to identify protective and risk factors that our communities need to address to prevent future deaths and injuries from occurring.

This bill clarifies the age to cover children up to age 19, which covers the high school age population.

The bill also creates a process for reporting child abuse and neglect. The bill also provides updates to data privacy and confidentiality.

Finally, this bill doubles down on state and local partnership for prevention strategies that need to be implemented statewide.

This bill formalizes the coordination between local public health, the Department of Health (DOH), and the Department of Children, Youth, and Families (DCYF).

Reviews can take some time. These reviews tend to happen after a criminal case is complete. This can take around six months or long to longer gathering data, but the actual review just takes a day.

This bill now mirrors much of the protection included in the DCYF child fatality review process where information from these reviews are not.

This bill threads the needle to limit introduction of child fatality review information in civil

and administrative hearings while allowing post-case review for prosecutors, the ability to have access to information, the ability to call witnesses, and the ability for defense to talk to a witness about information they reviewed.

(Opposed) None.

(Other) The purpose of child fatality reviews is to identify ways that we can prevent future deaths through policy and systems changes. And this bill really does strengthen the ability of local health to implement child fatality reviews and the ability of our agency, the DOH, to accomplish our role in this work.

The DOH fulfills data requests and provides technical assistance to the local fatality review teams. We also liaise with the National Center for Fatality Review and Prevention to assure that the Washington data is captured and analyzed. Then these findings from the local child fatality reviews are used to inform data driven statewide prevention initiatives.

The DOH provides technical assistance to local public health departments.

Persons Testifying: (In support) Representative Adam Bernbaum, prime sponsor; Jaime Bodden, WSALPHO; and Russell Brown, WA Association of Prosecuting Attorneys.

(Other) Katie Eilers, Washington State Department of Health.

Persons Signed In To Testify But Not Testifying: None.