
**Human Services, Youth, & Early
Learning Committee**

ESSB 6110

Brief Description: Modernizing the child fatality statute.

Sponsors: Senate Committee on Human Services (originally sponsored by Senators Keiser, Lovick, Nobles, Van De Wege, Wagoner and Wilson, C.).

Brief Summary of Engrossed Substitute 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.
- Prohibits information submitted in child fatality reviews from public disclosure, discovery, subpoena, or introduction into evidence in any administrative or civil proceeding.
- Allows local health department officials or employees to 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.

Hearing Date: 2/20/24

Staff: Luke Wickham

Background:

A "child mortality review" is a process authorized by a local health department for examining

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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 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.

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 death, autopsy reports, medical examiner reports, coroner reports, and school, the 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 or civil proceeding. The prohibition on witness statements or documents collected from witnesses for purposes of a child fatality review from being used in a criminal proceeding is removed.

The restriction on the DOH 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: Available.

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