

2019 HOUSE HUMAN SERVICES

HB 1285

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB1285
1/15/2019
30797

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

Attachments 1-8

Vice Chairman Rohr: Opened the Hearing on HB 1285

1:45 Representative Skroch, ND Safe Haven Law: (see attachment 1)

6:10 Representative Skroch: Looking at **attachment 2 Page 1**, you can see the number of babies actually abandoned and these are babies in good condition.

7:03 Testimony from Bette Grande attachment 3

Representative Skroch, continues (see attachment 4): There are Safe Haven laws in all 50 states, and it is also international.

Page 2 of attachment 2 This shows the number of children that have been removed from homes. **Page 3 of attachment 2** shows the number of children that didn't survive. In an attempt to address this and to ensure that more parents in crisis are aware that there is a place they can turn and walk away.

10:00 Representative Skroch: I've also included an email from Dr. Randal Cooper (**see attachment 5**)

12:10 Representative Porter: Page 3 subsection 10 of the bill, you are telling the department to provide public awareness campaign, I don't see any money or a fiscal note. Where is the money and how will this be accomplished inside the bill?

Representative Skroch: At the time we talked about this, it was said to me that they could probably do this under existing programs. If there is a concern, I could definitely get a fiscal note drawn up.

Vice Chairman Rohr: Further questions? Any more support for HB 1285

14:00-16:10 Linda Thorson: State Director of Concerned Woman. (see attachment 6)

16:45-18:30 Mark Jorritsma: Executive Director of Family Policy Alliance of ND. (see attachment 7)

19:00-21:40 Mylynn Tufte: ND State Health Officer (see attachment 8)

Representative Tveit: Are you prepared in your department for any fiscal note that hasn't been handled at this point?

Mylynn Tufte: We do a lot of campaigns for health and we think this is something we can support right now but would be happy to take a look at it again.

Representative Porter: Important to get it to a finite point inside the department, we should have funds planned for this area.

Mylynn Tufte: We probably should have some more discussion.

Representative Porter: The original bill was worded this way because the fire departments, police departments didn't want the responsibility, worried that they come back from a call in January and find a baby at the front door. With the discussion of this expansion was there an absolute mandate that they become an approved location? Was there any discussion with law enforcement? The original bill had this and the police departments and fire departments didn't want this responsibility if they are the only person on staff. narrowed down to hospital

Mylynn Tufte: I would have to refer to Representative Skroch about the law enforcement but I did have conversations with the Department of Health and Emergency Preparedness and asked if that was an option to leave with rural ambulance.

Representative Porter: It was narrowed down to hospitals because there was just nobody there to receive these babies.

25:45 Representative Kiefert: In the original bill; saying "unharmful condition" it's good intentions here but is this a deterrent from somebody getting surrendered into a safe haven.

Representative Skroch: They only have immunity if the baby is unharmed, meaning if the child is harmed there will be a follow up. The hope is that we get a child to safety before the child is harmed. Representative Porters question about locations; when this bill was first passed almost all communities had hospitals, now over the last 20 years a lot of those hospitals closed. I have spoken to some law enforcement and they no longer objected to this.

29:00 Mr. Christopher Dodson, North Dakota Catholic Conference: We supported the original and we support the expansion. The fundamental purpose of government is to take care and protect human life and the fundamental purpose of society is to continue to build a culture of life. That means revising and seeing how we can improve.

Representative Porter: Rural communities have only one person in law enforcement. Big cities are different they have more people in law enforcement. Why not pick a nursing home? They are staffed 24/7.

Mr. Dodson: That should be their job, to save human lives. If it's not possible maybe they can have that discussion but it seems reasonable that any agency that capable of doing it should.

35:00 Steve Rizer, Director of Social Services: I come in support of this bill but I would also like to make a few comments; social Services should be called right away. We have specialist that are trained and will care for the child. The experts that do this type of work are in the agency 20-30% of the time, they are out in the field and in people's homes. As long as the bill states that any staff person can except the child we will scramble and get there to take care of the child, we can't be there 24 hours a day.

Representative Devlin: How many hours are you open?

Mr. Steve Rizer: 8 hours

Representative Devlin: Every small town used to have a town cop and we don't even have that all the time any more.

Representative Dobervich: If an infant were dropped off at a law enforcement can't the SS be called?

Mr. Steve Rizer: absolutely

Vice Chairman Rohr: Anyone opposed? We will close this meeting.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB 1285
1/29/2019
31685

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature: Nicole Klamman by Donna Whetham
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Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

Attachment 1

Chairman Weisz: Opened meeting on HB 1285.

Rep. Skroch: Explained amendment, this was agreed upon the best ways to address issues that were raised. With that I make a motion to adopt the amendment. (See Attachment #1)

Rep. M. Ruby: Seconded.

Chairman Weisz: Any discussion? Seeing none. Voice Vote taken:
Motion carries.

Rep. Porter: I make a motion to further amend on line 15 after the word "station" we insert the word "participating".

Rep. Devlin: Seconded.

Chairman Weisz: Any discussion?

Rep. Skroch: One of the things that came up is that the Health Department would be able to use their web page to advertise this and they will also provide a sticker that will be a universal sticker that participants can put on their windows to announce that. I am hoping by adding that amendment it will be more palatable for some so I would accept that amendment.

Voice Vote taken. Motion Carried to adopt amendment.

Chairman Weisz: Any further discussion?

Rep Kiefert: I am not offering an amendment but am looking at line 11 the wording "in an unharmed condition" and I am just wondering if we have the best interest of the infant involved here?

Rep. Skroch: This is a formula that has been used world-wide and the whole idea behind this is to have immunity for a caregiver that presents an unharmed child. With my discussions with Child Protection Services there is always follow through. In the best interest of the child, if that child might be at risk, this gives them an avenue to relinquish the rights to that child before something happens to it. Then if they don't it is prosecutable.

Rep. Rohr: I move a Do Pass as amended on HB 1285.

Rep. Skroch: Seconded.

Chairman Weisz: Further discussion. Seeing none the clerk will call the roll.

Roll Call Vote: Yes 13 No 0 Absent 1. Motion passes on HB 1285 as amended.

Rep. Dobervich: Will carry the bill.

Hearing closed.

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PROPOSED AMENDMENTS TO HOUSE BILL NO. 1285

Page 1, line 13, after the underscored period insert "The term includes any other location within the county if approved by the board of county commissioners."

Page 1, line 15, after "station" insert ", campus police department."

Renumber accordingly

DA 1/29/19

19.0327.04002
Title.05000

Adopted by the Human Services Committee

January 29, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1285

Page 1, line 13, after "office" insert ", and includes any other location within a county which is approved by the board of county commissioners."

Page 1, line 15, after "a" insert "participating"

Page 1, line 15, after "station" insert ", campus police department."

Renumber accordingly

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1285**

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0327.04001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Skroch Seconded By Rep. M. Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote: Motion Carried.

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1285

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: on line 15 after the word station, insert
"participating"

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Porter Seconded By Rep. Devlin

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote: Motion Carried.

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1285**

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Rohr Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	A				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Representative Dobervich

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1285: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1285 was placed on the Sixth order on the calendar.

Page 1, line 13, after "office" insert ", and includes any other location within a county which is approved by the board of county commissioners."

Page 1, line 15, after "a" insert "participating"

Page 1, line 15, after "station" insert ", campus police department."

Renumber accordingly

2019 SENATE HUMAN SERVICES

HB 1285

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

HB 1285
3/13/2019
Job # 33621

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

Attachments #1-4

Madam Chair Lee opens the hearing on HB 1285.

(0:28-17:24) Representative Kathy Skroch, District 26. Introduces HB 1285 and provides testimony. Please see **Attachment #1** for written testimony and additional written testimony from **Mark Jorritsma: Executive Director of Family Policy Alliance of ND, Bette Grande: former Legislator and now private citizen, Shealynn Roller: Nursing Student of UND, Heather Burner: Executive Director and National Safe Haven Alliance Leadership, Dr. Randal Cooper: Center for Family Medicine with UND.**

(11:54) Senator Anderson: What difference does it make where they bring the child? Why should we restrict where they can do that?

Representative Skroch: That is the approach we intend to take with the work groups beginning that process. There has to be a protocol in place to ensure that child is immediately assessed and put through the proper channels for that child to be taken care of. The approach that we are looking at right now is when we talk about law enforcement, that can include a 911 call, it doesn't have to be a physical structure, EMS, or an ambulance. The hope is that we will be able to send help directly to that person for example, if they don't have a means of getting to an approved location. If you would look through the information from the website it will show you systems that are in place in other states and if you go to the web page, all the more. There are these in every state where these laws are in place and it's an international organization.

(14:29) Representative Skroch continues her testimony.

Madam Chair Lee: Why would we be moving it to a discussion with the health department when the Child Protective Services Division is the Department of Human Services?

Representative Skroch: The reason for that is because in our pre-introduction of the bill the conversations that we had, the Department of Health would be the best option to get all of the information out to the public and drive the public awareness campaign.

Senator Hogan: One of the complexities of abandoned children is the whole legal status of the parent so, I live my child at the hospital or law enforcement place and in two days I come back and say I would like my child back. It's the whole issue of then how do you establish for permanent termination of parental rights, what are the rights of both the father and the mother and all of those things get very complex in these cases. I am interested on how you researched the follow up legal status of that abandoned infant. Who has legal custody of the abandoned infant?

Representative Skroch: Typically, in the laws across the nation, when you abandon a child and walk away all custodial and legal authority to poses that child is vanquished.

Senator Hogan: That is not currently in the bill though.

Representative Skroch: That is correct. There is a mechanism to come back but that child goes into child protective services or to an adoption agency and that severing is pretty severe. In visiting with Heather Burner from the National Association, she said they have not experienced a parent coming back.

Madam Chair Lee: I sit here and think if we are able to provide services, that we might enable that family to stay together if they wish to and they are just in such a crisis they can't, to make that a permanently severed issue and not have it in the same department is a concern to me.

Representative Skroch: Those are possibilities with what I would envision again is based on the national administrator, we would utilize their hotline which will walk that parent through that crisis at no charge. What they do is; walk that person through their crisis and ask them if they have considered these various options with the understanding that when you abandon your child you are severing ties with that child. If Marlys Baker is in the room she may be able to answer your questions on that too. We still feel that overtime they may be some changes necessary in this law but we are not ready to make those changes at this time.

Senator Hogan: Right now, the federal policy is family reunification and family priorities. What would be the legal status of aunts, uncles, or grandparents who might want to care for that child? Did you consider all of those options?

Representative Skroch: Yes, they would be able to adopt and would be a high priority based on our adoption laws that allow for a family member to assume custody of that child.

Senator Hogan: All the other kind of protections for family relationships would be maintained for an abanded child.

Representative Skroch: They would remain intact and again, I would ask an expert maybe on that topic.

Senator Anderson: You talked about that I could call 911 but I don't see any of that in here. It seems to me that It would make sense if they wanted to get rid of the kid they call 911 and they would send someone to get the child.

Representative Skroch: That has come up in our conversations. In fact, one of the first conversations I had was with a police officer and I was talking about, if I add those locations as so many other states have. If I add that into the bill as an amendment what would be your response and, he said well what would we do if someone dropped a baby off.

Madam Chair Lee: Your talking to the wrong cop.

Representative Skroch: I was suggested, am I supposed to call up my wife and tell them to come and babysit because I have to make an emergency call. No, you are in a crisis right there and you would call and ambulance to transport that child to a hospital to be assessed. You can look at a child that appears to be sleeping and that child might have a concussion. That would be the first step if a law enforcement officer would take into consideration. This may be a little crass but, I said to that person who made the remark about his wife babysitting and said would you rather get the call from frantic mother who boyfriends have just killed her baby. That puts it in context.

Senator Anderson: I'm thinking of where I am in the rural area and most of the communities we don't have a hospital or an ambulance department being staffed, there is no real place to drop this kid off they do have deputy sheriffs that patrol the areas and they could get to that or if the person calls 911, they could send whatever is appropriate at the time to pick up the kid. It seems to me that would be a much broader solution than this narrow business of where you need to put them.

Representative Skroch: That is a concept that is utilized in other states for a mobile unit, a law enforcement officer and an on call social worker, and you want the law enforcement there if you are going into a home or an unprotected location because you don't know what you might walk into.

Madam Chair Lee: That is what mobile crisis units are for.

Representative Skroch: Those are options that can be considered. If we are talking about an unharmed infant, that should be an infant that is not in crisis but you don't know for sure. There are parents of children that know about the Safe Haven law and will access it online and begin by calling the 888 hotline and then be referred to the state. Our state is listed on the Safe Haven web page and it tells you what services we have available so, people can access that.

Senator K. Roers: I see in your packet you have proposed amendments?

Representative Skroch: Yes, and that is what I am referring to as to establishing this work group.

(27:56-29:10) Kim Mertz, Healthy and Safe Communities Section Chief and the State Maternal and Child Health Director with the Department of Health. Testifying in support

of HB 1285. Please see **Attachment #2** for written testimony. Also, please see **Attachment #3** for additional testimony from **Mylynne Tufte, State Health Officer for North Dakota**.

Senator Hogan: In terms of your role of these individual cases do you see that you would have a role with the actual abandoned infants?

Kim Mertz: I know the amendment was to have the health department do the public awareness and we are supportive of that. If it is decided to stay with DHS we still work together to make sure that gets accomplished.

(30:40-32:27) Christopher Dodson, Executive Director and General Counsel for the North Dakota Catholic Conference. Testifying in support of HB 1285. Testimony is as follows: We support the initial law and I encourage the committee to focus on the bill which is mostly just expanding the locations. The questions raised by Senator Anderson, we had then and they had them in the house and you get, why shouldn't it just be here and then we get pushed back. We developed at least something that works in trying to improve it. The only thing I would quickly add is when I studied roman law the professor explained how exposure of infants would go legal and not legal depending on the whims of the emperor and one of the consternations in the empire was that the Christians and the Jews began stealing those infants and then later on there were places where you could leave your infant and not be prosecuted under the roman law. It's a problem that has always existed and this is at least something we can do. It works and if we can save one child it is worth it. We encourage you to look at the law again to see how we can improve it. The bill itself looks pretty good and another step in the right direction.

Madam Chair Lee: I recall being in Italy visiting a very old convent, there were these rotating things where the baby could be placed in this stone tray so to speak and, you turn the wheel and the baby would be inside the convent and whoever left the baby could move on. That is hundreds of years old and it was an interesting part of visiting that place.

Christopher Dodson: Read Mylynn Tufte's testimony on how she was left.

Madam Chair Lee: Any questions for Mr. Dodson? If not, thank you.

(33:32-40:06) Marlys Baker, Child Protection Services Administrator with the Department of Human Services. Offering neutral testimony. Please see **Attachment #4** for written testimony.

Senator Anderson: Do we have any info on the ones who have been abandoned do they have generally a record of a live birth that we can go back to, to prove the paternity of these parents or are they born at home and we don't have any records anyplace?

Marlys Baker: Circumstances vary considerably; most cases they are born in a hospital so there is a birth certificate and we know who the parents are and we do a child protection assessment based on the abandonment under the current statute. In the case where the infant was released under the safe haven law, we had no information. It was known that the child was born in ND and had not received a birth certificate from another state. Through that experience I learned that vital records do have provision to issue a birth certificate, I believe

they call it a foundling birth and so then we were able to get services to the child such a Medicaid that requires a birth certificate.

Senator Hogan: In that situation do you even terminate parental rights? What is the legal status of the infant?

Marlys Baker: It becomes the county is the legal custodian, that is the procedure for taking any child into custody. There is a contact with the juvenile court to receive the custody order and then the child is placed in care. If there is a foster adoptive home available, the child is placed there. There is a requirement for a six-month period that the child would be in a perspective adoptive home and there are also provisions when a parent can be located to publish the upcoming court actions and then we proceed with the parental rights termination and legal adoption.

Senator Hogan: Even without knowing who the parents are?

Marlys Baker: Correct.

Senator K. Roers: Some of the scenarios you gave us the hospitals are the approved location right now but some scenarios in which the people in the hospital didn't understand the current law. While I was sitting here I texted the educator from the largest ER in the state and just asked what sort of training do you get on Safe Haven laws and procedures and she said none that I know of unless it is in a computer training module that no one reads. Im guessing that is part of the problem. I wonder if there is some standardized training that DHS could provide to the hospitals to create consistency.

Marlys Baker: The department currently offers mandated reporter training online for all mandated reporters of suspected abuse and neglect. That is a piece of that current training, we certainly could develop a similar training or expand the training that is currently online to include more information.

Senator K. Roers: As a nurse, am I a mandated reporter?

Marlys Baker: As a nurse, yes you are.

Senator K. Roers: Never seen the training. I think that there is a way for us to make this a little more robust.

Senator Clemens: It is pretty clear here in the law that this would pertain to children under one year of age. If they are older than that the parents would be subject to abandonment charges. Within that first year, the parents are probably going to decide if they want to keep the child or not, is that the thinking behind that or how does that work?

Marlys Baker: I believe that provision was based on the definition of an infant and I can't tell you exactly where it is in century code but there is a piece of century code that defines an infant under the age of one-year-old. I have been contacted many times over the years by other states because North Dakota is rather unique in allowing a full year, many states allow

seven days, ten days, thirty days, forty-five days etc. It is much shorter than what North Dakota allows.

Madam Chair Lee closes the hearing on HB 1285.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

HB 1285
3/13/2019
Job #33628 (2:00-04:56)

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

No Attachments

Madam Chair Lee opens the discussion on HB 1285.

Madam Chair Lee: Can I just say one thing about HB 1285. If you all agree, I would like to wait for the e-mailed testimony for Marlys Baker that she is going to provide for us soon so that we can have that in front of us because, I thought she had some very interesting information. I understand the concept here, I'm just a little concerned about the (inaudible). I may be the only one.

Senator K. Roers: Just so you know, the person who has been the supervisor in our ER also responded and said that if she had this happen she knows that we have a policy and would pull it up. The policy is verbatim the law. It is very clear and I said, our policies are right, the stories they told were not. I think we have some opportunities to improve. We can add all the places in the world that we want to it but if people don't know how to actually do the law it doesn't matter where the list is.

Madam Chair Lee: I don't want to pass legislation based on anecdotes, I want to pass it on what good policy is. An anecdote can bring it to our attention and maybe it needs to be done to fix that anecdote but if you think back to the medical marijuana bill hearings when I told the people providing testimony to tell us in a minute or two what the situation is that caused you to be concerned about this and then, give me three minutes on what we should do to make it better. I failed in monitoring that yesterday, and so did two people go for a while at the podium. Anyways, if sounds reasonable to you I don't think it will take forever to handle HB 1285 but I would like to have that additional data from Marlys. I have to say, the first time I heard somebody say that they thought that the Health Department would be speedier about putting forth this information so, I think we may want to chat about whether or not we have a partnership or more of a lead dog in one place or the other and how do we do that.

Senator K. Roers: The Health Department does have an expertise in public campaigns.

Madam Chair Lee: And that may be the place where we leave it.

Senator K. Roers: It makes some logical sense and I think that Mylynn's story was more about why I have a passion around this issue rather than it gets her any expertise.

Madam Chair Lee: Let me just make a note of this and we can move on.

Madam Chair Lee closes the discussion on HB 1285.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

HB 1285
3/13/2019
Job # 33671

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

No Attachments

Madam Chair Lee opens the discussion on HB 1285.

Madam Chair Lee: When we recessed before lunch we were kind of concerned about making this too complicated. Would you be willing to step up Marlys, a little bit of the feeling at the end of our discussion was sometimes we are making this too complicated or maybe we are not, so we are asking you. Recognizing some of the things that you said in your testimony, has anybody had a chance to look over her testimony and let me know what you think.

Senator Hogan: I think the data is important when you think that we have had only had a few cases that use the baby Moses Safe Haven Law but we have had 51 cases that have used the traditional child foster welfare system. I think that there are options under the current structure, so expanding the options, which I think this bill is about, I don't know how necessary it is.

Marlys Baker, Child Protective Services: In my testimony there isn't an indication that the current statute of releasing infants at a hospital isn't working. I know that Senator Anderson this morning mentioned, why not take them to the grocery store and my initial thought in response to that was that they need to assure that infants are released to people who know what to do appropriately afterward because we don't want to get into a situation where parents just give them to someone without any system involvement to ensure that they are going to a safe environment. I do have some concern about the open ended language in the bill about locations as approved by the county commission.

Madam Chair Lee: I thought we were going to have social service zones; I've already made a note to talk about that.

Marlys Baker: Well, there is that. A person in crisis, thinking about taking a very serious step of abandoning a baby to expect that they are going to research what location in their county

or the county they are in right now is approved and then, arrange somehow to get there is asking a lot from a person who is in crisis. A recent discussion about this bill and our Alliance for Children's Justice, the suggestion was made that there be some type of ability to reach out by phone rather than be, 911 or 211 because, not everyone has a car, not everyone has a driver's license. Almost all of them will have a cell phone and if they don't they will have a friend who does, so it seems that having the ability to reach out by phone would make a lot more sense to someone who is in crisis.

Madam Chair Lee: At noon today, I ended up sitting at the same table as Senator Clemens, Representative Strinden, and a private citizen from our home area. I mentioned 211 and none of the other three knew about it. The other parties were involved in a bill about child sex abuse and making sure there was a number for children to call if they were threatened. I put Representative Strinden in touch with the contact information for Cindy Miller at Firstlink. I sent a note to Cindy saying that Representative Strinden would call her and she said, we text now, you can text your zip code to 989-211 and I thought that was very simple compared to remembering a long 1-888 number. We need to focus on 211.

Senator Clemens: To me until 211 becomes more known, 911 would certainly be an easy way for people to get in contact and the comment was made during testimony that, the law enforcement person that they talked to said well what are we supposed to do with the child but, I think if it came into 911 whoever responded, is trained just as they would be if they were going to a fire or an accident. To me 911 makes perfect sense.

Marlys Baker: In doing some homework on this bill I spoke with our risk manager at the Department of Human Services. That was his initial response as well, that everyone knows 911 and what would have needed to happen after that would be a protocol in place because 911 dispatchers find out what the nature of the emergency is and turn to that protocol in their manuals and follow that. I think that is where the suggestion for a work group came, so that we could put in place a protocol that makes sense among those agencies that work with this issue.

Senator Hogan: What is your reaction to this proposed work group that was in the amendments from Representative Skroch? Do you think that is necessary?

Marlys Baker: I do believe that there needs to be people around the table who have knowledge about the various systems that would come into play to work out a protocol that would be workable and understandable for everyone. I know child protection and child welfare very well, I don't know the 911 system very well or the medical system but I think if we have people with that knowledge brought to a table and charged with a task to make a protocol for the state it could be done and it wouldn't take two years to do it.

Senator K. Roers: I received a few more answers from people that I had text at work about what kind of information, whether they were from the ER or OB floor. All of them knew that there was a policy but really couldn't tell you what it says without looking it up. I think the final subsection of the bill about the public awareness campaign are the two pieces of this that I feel like are ready to start moving. I would hesitate to add more approved locations until we have had an opportunity to talk to some of the stakeholders. When Senator Anderson talked about in rural areas, EMS might be that best person to come to you and so just that ability to

have that workgroup look through this and what are the reasons that this may or may not be able to happen etc., and how could we do this in the best way.

Senator O. Larsen: In the bill, if we leave it the way it is on page one lines 13-14, the county commissioners have the authority and ok to open it up, am I correct in that? Where if they want the police and the fire department in their county to do it because we are changing it from just the hospital to the approved location.

Senator Hogan: That is why I think a lot of us are uncomfortable with section one.

Senator K. Roers: I think the fact that people who are supposed to know how to do this already don't, adding multiple more locations and not consistent across the state opens us up to even more issues with it not being done the right way.

Senator Anderson: I kind of support the changes that we would have them call 911 and if EMS goes out there and if you are talking about these areas and 911 gets a call, they assess the situation and if they need the police or the sheriff to go with them then they can ask them to go along. I think that is a good alternative but I agree with Senator K. Roers that maybe we should let the workgroup figure this out over a period of time and see what would be the best approach.

Madam Chair Lee: If we are looking at 911, because I don't disagree at all with what Senator Clemens at all, they may end up referring it in a different way but think how many fewer people we have to train specifically if we are just talking about (inaudible) and directors in various areas. They would know what is going on and be able to transmit that to whomever whether that is an ambulance service in Senator Anderson's area or whether it is through the ER in Fargo. I could see why that would be a useful thing.

Senator Hogan: Are you suggesting that we take the hospitals out?

Madam Chair Lee: No, I just see a massive training job there because there is turnover in all of those positions but there is always an emergency management person somewhere in every county or region.

Senator Hogan: Regional dispatch 911 already knows what to do with a child, if they pick someone up for a DUI and there is a child in the backseat, they call the county. This is kind of a standard protocol; this is not going to be rocket science news to the people on the street. They know what to do with children because they do it today.

Madam Chair Lee: That is such a big group are they ever going to get anything done.

Senator Hogan: Should it in fact be under the Department of Health or under the Department of Human Services?

Madam Chair Lee: I would like to hear what Marlys thinks about that?

Marlys Baker: I would bow to the wisdom of the committee.

Madam Chair Lee: We need to recognize that Mrs. Baker is speaking from a neutral position and not putting her too much on the spot.

Senator Anderson: when I look at this list of people here, we are talking about a senator and a house member well, maybe we could find someone who introduced these bills and is interested I don't know. I really don't think that those are the people we need to have on it but I don't have a problem with starting a work group out like either. These work groups are always a matter of who is willing participate and what they can contribute and it's not so much of who the list is made up of.

Madam Chair Lee: I think we can cut the list down and whoever else that the executive committee can call in whoever they want but I agree with Senator Anderson. This is not one of those that needs to have a legislature on in order to bring the information back. I would actually like to see it say that it was going to be a year at the most and that it would all be implemented with a report to legislative management. I don't want to wait two years for this. This should be able to be done in six months but we will give you a time to get it all figured out, or do you think it would take more time than that? I don't want to put too much pressure on busy departments either, it just seems to me that two or three meetings at the most should be enough to get this figured out.

Marlys Baker: I would guess that if everybody comes to the table willing to work on a protocol and get it done, two or three meeting would be sufficient. If there are roadblocks in the way, it could stretch it some.

Senator Clemens: Maybe Dirk would have a comment he could give to us?

Dirk Wilke, Chief Operating Officer for the Department of Health: I agree with Marlys that if the people are invested and willing to take the time it would only take two to three meetings.

Madam Chair Lee: Do you see anybody that is not the list that you would like to have on there?

Dirk Wilke: I'm going to be as political as Marlys and say that I will leave that up to the will of the committee. I think that is a long list.

Madam Chair Lee: I think it's too many people, I think the fewer people you have the better results you will get.

Senator Hogan: I would put C, D, E, and I. The health department human services department emergency services and then anybody else that those three wanted to walk. Does that make more sense?

Madam Chair Lee: Yes.

Senator Anderson: Since you thought that this should be able to be done in six months, do we want to add something in here that they can go and implement what they come up with, can we write language like that?

Madam Chair Lee: Yes, this is developing rules is my opinion and you all ought to be able to figure it out. If we give you a year, you can sure do it in less time, to the health department and the human services department if it will be accomplished by a date and if you want we can put an emergency clause in this section so you can start right away rather than waiting until July 1st. Do you think that it would something that you would want to move forward to with administrative rules? I don't want to wait until the next legislative session so I'm asking you both about that.

Dirk Wilke: I think we could make it work.

Senator K. Roers: If we were move forward with that workgroup would we want the public campaign also in the bill so that when they are done they have that directive.

Senator Anderson: Yes, I would leave that in there.

Senator Hogan: And then they can supervise that.

Madam Chair Lee: And that might not all be done

Senator K. Roers: Right, the decision is in a year but the implementation.

Senator Hogan: So the only thing from the original bill we are keeping is section 10?

Senator K. Roers: There is one thing I like in section one.

Madam Chair Lee: Are we not going to leave the definitions in?

Senator K. Roers: Right I think we just want to keep it at hospital right?

Madam Chair Lee: Right, so we delete B right?

Senator K. Roers: The only thing I like about line 10, is with an on duty staff member, so you don't leave the kid in a bathroom and hope they are found, I do like that.

Madam Chair Lee: Let's just quickly ratchet it through here. In number one we would leave in A, that talks about the addition of the on duty staff member. We would delete B.

Senator K. Roers: In A we would need to keep it at a hospital and not an approved location since we don't define approved location.

Madam Chair Lee: Right. Then we would move down to D, law enforcement agency, we don't need that anymore right?

Senator Anderson: If you are going to let them do this by rules then I think you need the approved location and give them the authority by rules to adopt whatever approved locations they deem appropriate.

Madam Chair Lee: Okay so we will leave in A as it is. Do we want law enforcement agency in line 16-17 on page one?

Senator Hogan: I think it could happen right now, I think an infant could be left at a law enforcement agency.

Madam Chair Lee: Well I had a little feedback on the campus police thing who one said it was a good idea and the other one who said I don't think so.

Senator Anderson: If you're going to leave B then an approved location means a hospital or other location designated by rule.

Madam Chair Lee: There you go, at a hospital or an approved location designated by rule, right?

Senator Anderson: Yeah.

Madam Chair Lee: And then we don't need law enforcement agency there. Sub section two is okay. We have an approved location in three.

Senator Anderson: Subsection two looks okay, the changes there.

Madam Chair Lee: Four is okay.

Senator K. Roers: Can I ask if there is anyone in the room who understands the purpose of identification bracelet if they can't use it to regain custody, what is the point of it?

Marlys Baker: The purpose of the identification bracelet was simply to connect that person to that infant and then there would need to be DNA testing to prove paternity and all of those things. It would be an easy way to say that yes, this person is connected with this infant.

Senator K. Roers: Ok, if we allow other locations you won't have that same process?

Marlys Baker: That is correct, it a process that hospitals put bracelets on everybody so it's kind of a natural fit for them but that wouldn't happen in other locations.

Madam Chair Lee: So we will leave the committee to decide whether or not there is anything in addition to a hospital as a setting at this point and then they can decide what other settings there can be, everybody okay with that? In section five we are just changing approved location again, same thing in section six and seven except they crossed out "if it appears that the abandoned infant was not harmed".

Senator K. Roers: I wonder if that isn't because if you were leaving them with a non-medical staff how could you make that assessment of whether the child is harmed or unharmed.

Madam Chair Lee: Marlys do you have any questions or comments about taking out the line at the bottom of page two?

Marlys Baker: That is kind of a sticky question because on one hand if an infant is harmed we generally want to hold someone accountable for that and we don't want to open a front door for someone who harms a baby and then upon realizing they have done so, just drop them off and walk away. On the other hand, if someone harms a baby and then realizes they have done harm we probably don't want that baby to stay in the custody of that person so, there is a conundrum there.

Madam Chair Lee: What do you think folks?

Senator Anderson: It says if it appears the baby is not harmed and I guess you obviously can't determine every injury but I don't think it is. If it appears the infant has been harmed then you call law enforcement I guess but if it appears that they haven't been, if they have a concussion or something you're not going to find that our right away anyways, and the hospital probably wouldn't either.

Madam Chair Lee: So would you like to leave it to cross off or would you like to have the language remain.

Senator O. Larsen: I would like to leave it crossed off because I don't think we should be putting that on the shoulders of the fireman or whoever we determine. I have heard in prior testimony that there is some kind of skin blotching that the Native American kids get and its normal but the fireman or whoever sees that and they go well he's been abused. If someone is giving up that child and releasing that child, I just want to get the kid.

Senator Anderson: The important thing is to get the kid and to keep them safe, it is not to prosecute whoever might have hit the infant, that is a secondary consideration I think.

Madam Chair Lee: So you agree that the cross off should remain?

Senator Anderson: Correct.

Madam Chair Lee: Moving on to the last page on number nine, we are just changing verbiage and the last is the public awareness. We have to define the department in this too. It is DHS, okay I just needed to know.

Senator K. Roers: Would we want to insert the work group language prior to the public awareness campaign?

Madam Chair Lee: Probably, what do you think folks, it seems like that should be the last thing.

Senator K. Roers: It should be a whole new section.

Madam Chair Lee: Yes.

Senator K. Roers: If we did section two is the work group, and in section three could be the public awareness campaign.

Madam Chair Lee: In the amendment we would be including C, D, E, and I. We will figure how to put in the fact that we know that the health department does a good job.

Senator K. Roers: Maybe it is the Department of Human Service in conjunction with the Department of Health, seeing how it is in a kind of DHS section.

Madam Chair Lee: Somebody has to convene the work group.

Senator K. Roers: Right, even the public awareness campaign we can say the Department of Human Service in conjunction with the Department of Health.

Madam Chair Lee: Yes.

(31:55-34:00) The committee talks with Alex (Senate Human Services Intern) to go over the amendments that were just proposed in committee.

Madam Chair Lee and the committee move on to discuss HB 1119.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1285
3/18/2020
Job #33860

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

No Attachments

Madam Chair Lee opens the discussion on HB 1285

Marlys Baker, CPS Administrator: I have nothing really to offer I was asked to come down so I came down.

Madam Chair Lee: I thought you were helping us with some language for an amendment?

Marlys Baker: I'm more than happy to help with any language you would like.

Senator Hogan: It was on this amendment that we were looking at on the work group.

Senator K. Roers: We could have the amendment drafted and send it over to Marlys for review.

Marlys Baker: That would be fabulous.

Madam Chair Lee and the committee move on to discuss other bills

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

HB 1285
3/19/2019
Job #33955

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations.

Minutes:

Attachment #1

Madam Chair Lee opens the discussion on HB 1285.

Madam Chair Lee: Okay, I will get out the Christmas tree bill (**Attachment #1**). Why would the workgroup necessarily only have two members? We have two, Department of Human Services, Department of Emergency Services, and anybody else. There is going to be more than two.

Senator Hogan: I don't know if that we were providing (inaudible) a small work group.

Madam Chair Lee: No, we could just knock off those sentences, just have that they will convene the work group, they know how to do that. I'm okay with that part. Page 4, number 5, that kind of makes sense to send it to the Department of Human Services which may adopt rules, which we already have.

Senator K. Roers: Yes, but she is saying that we don't necessarily need to spell out there is any proposed legislation.

Madam Chair Lee: Any discussion by the committee members concerning Mrs. Bakers recommendations, those small changes on page 3 of the Christmas tree and page 4 of the Christmas tree version.

Senator K. Roers: I move to **ADOPT AMENDMENT** as outlined between the intern and Marlys Baker.

Seconded by Senator Hogan

Madam Chair Lee: Moved by Senator K. Roers and seconded by Senator Hogan that we pass the amendments that were originally proposed with the changes that were suggested by Marlys Baker today. Any discussion on those amendments? If not, please call the roll

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENT

Senator K. Roers: I move a **DO PASS, AS AMENDED.**
Seconded by Senator Hogan

Senator O. Larsen: We cut out the law enforcement piece?

Senator K. Roers: I believe the discussion was that, it wasn't that couldn't be a place but we didn't necessarily want to put in law that they can do it by rule.

Senator O. Larsen: Oh okay, I remember.

Madam Chair Lee: It depends on the place, there may be one place where a police office is maintained all the time and others where the deputy is out of the office, you know.

Senator O. Larsen: I remember that now.

Madam Chair Lee: Anything further? If not, please call the roll.

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES DO PASS, AS AMENDED
Senator K. Roers will carry HB 1285 to the floor.

Madam Chair Lee closes the discussion on HB 1285.

March 19, 2019

SK 2/1/19
10/1

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1285

Page 1, line 2, after "locations" insert "; to provide for the creation of a workgroup on abandoned infants; and to provide for a report to the department of human services"

Page 1, line 12, remove ", law enforcement agency, or county social"

Page 1, remove line 13

Page 1, line 14, replace "by the board of county commissioners" with "or other location as designated by rule adopted by the department"

Page 1, remove lines 16 and 17

Page 2, line 28, remove the overstrike over "~~if it appears that the~~"

Page 2, line 29, remove the overstrike over "~~abandoned infant was not harmed~~"

Page 3, line 11, after "department" insert ", in coordination with the state department of health,"

Page 3, after line 14, insert:

**"SECTION 2. WORKGROUP ON ABANDONED INFANTS - REPORT TO THE
DEPARTMENT OF HUMAN SERVICES.**

1. During the 2019-20 interim, a workgroup on abandoned infants shall gather information and develop recommendations to design the optimal response to abandoned infants within existing systems and resources.
2. The workgroup consists of the following:
 - a. The director of the department of human services, or the executive director's designee;
 - b. The director of the department of emergency services, or the director's designee; and
 - c. Any person or public agency representative the workgroup determines is necessary to accomplish protocol development.
3. The department of human services shall convene the workgroup.
4. The workgroup shall:
 - a. Gather information concerning abandoned infants and protocols established by approved locations.
 - b. Receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations.
 - c. Design and implement a cross-systems protocol within existing systems and resources for an optimal response to a report of an abandoned infant at an approved location.

282

5. The department of human services may adopt any rules necessary to support the workgroup.
6. Before July 1, 2020, the workgroup shall submit a final report with the workgroup's recommendations to the department of human services."

Renumber accordingly

Date: 3/19/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1285

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0327.05002

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3/14/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1285

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. K. Roers

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1285, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1285 was placed on the Sixth order on the calendar.

Page 1, line 2, after "locations" insert "; to provide for the creation of a workgroup on abandoned infants; and to provide for a report to the department of human services"

Page 1, line 12, remove ", law enforcement agency, or county social"

Page 1, remove line 13

Page 1, line 14, replace "by the board of county commissioners" with "or other location as designated by rule adopted by the department"

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5. The department of human services may adopt any rules necessary to support the workgroup.
6. Before July 1, 2020, the workgroup shall submit a final report with the workgroup's recommendations to the department of human services."

Renumber accordingly

2019 CONFERENCE COMMITTEE

HB 1285

2019 HOUSE STANDING COMMITTEE MINUTES

Human Service Committee Fort Union Room, State Capitol

HB 1285
4/8/2019
34592

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Nicole Klamann
--

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations; to provide for the creation of a workgroup on abandoned infants; and to provide for a report to the department of human services

Minutes:

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Chair Rohr: Opened conference on HB 1285. If the Senate could explain the amendments please.

Senator Roers: I carried this so I can walk through this. When it talks about an approved location, one of the things discussed.

Chair Rohr: What is the number of the version?

Senator Roers: I have the 5000 version.

Approved location, instead of defining where those places were, we wanted to leave it open as they may have different options in different communities based on what is important to them. So instead of listing law enforcement agency, county social services office which would then be called a Human services zone anyway in the new world. To just say or other location as approved by rule. That would allow the department to do some investigation and figure out what works based on community. The question they can have, as a conversation for them is does it need to be consistent from community to community or can it be different based on what is available in the community. That was something we didn't feel comfortable making the decision for them but wanted to allow them that opportunity. Then we did not need to define law enforcement agency because it was no longer in the list above it. I've got to remember why we removed the overstrike on Page 2. It's not coming to me off the top of my head.

Subsection 10, about the department, we wanted to be clear about which department, DHS with Dept. of Health and added a work group to help define that. Also trying to figure out how they can figure out the public service campaign.

Chair Rohr: I'm not clear on page 2, why the overstrike was removed?

Rep. Skroch: Line 30 and 31?

Chair Rohr: Yes

Senator Hogan: I believe the thinking was when a family would bring a child into a county office stating they cannot care for it, we are not calling that an abandoned infant because it is the responsible thing to do. This I believe was our thought process. The complicated piece is if somebody drops a child off and 2 days later comes back and says they made the wrong decision and want the baby back.

Senator Roers: You are asking about the “not harmed part”, right?

Chair Rohr: Yes

Senator Hogan: Oh, the not harmed part.

Chair Rohr: We had it overstruck.

Rep. Skroch: Page 1 and line 12, It states, “an approved location in an unharmed condition”. So you are just restating it more clearly?

Senator Roers: Yes, to avoid duplication and more clarity.

Chair Rohr: I just wanted to confirm the intent.

Rep. Skroch: Since introducing this bill, I understood the Health Dept. would be the responsible agency for enacting these provisions. In conversations with the health officer I understood they would be able to provide the public awareness campaign at no extra cost and at no need of FTEs. My understanding now, if we incorporate a work group it may kill this bill. There’s a strong indication of this. I’m thinking we will have to back pedal this, to achieve the original intent with the Health Dept. back in charge of this. Also any policy issues would need to be ironed out by them.

Senator Roers: That was not information we received when amending this bill, that that had any impact. I’d be curious to have that conversation with the source. I think the reason we want the two departments to work together is because DHS carries out what happens to the abandon infant once in custody and Dept. of Health is wonderful at public awareness campaigns. With the content experts on one side and the public awareness experts on the other would result in a marriage of knowledge base and skills. Is it the Dept. of Health, Human Services or legislators leaving you feeling skeptical about the survival of the bill if we add the workgroup?

Rep. Skroch: It’s from legislators, not the department itself. I want to see the education campaign, and maybe that conversation needs to open up as to how we can proceed within the departments themselves. I still would like the Dept. of Health to be primary not secondary, which may be put in place through administration rule. That is a question I have on Page 1 line 15; Is that going to be administrative rule? So there would be legislative oversight.

If I go through the rest of the bill, I'm ok with page 2 lines 30 and 31. Page 3 with the department in coordination with the State Dept. of Health; I would rather that intend the Dept. of Health in coordination with the Dept. of Human Services. I want them able to access all the resources through Safe Haven, without a work group and bring it back through the interim committee work, thru Human Services or Dept. of Health, which ever would be most appropriate.

Senator Hogan: We used workgroup but in some sense we are saying the same thing. It's not a formal issue, but thought it was important to identify the key partners. We wanted to make sure we had all the right people in the room.

Chair Rohr: You think that could still happen, Section 2, if it weren't in there?

Senator Hogan: If it's clear that is legislative intent matters, that is what matters and that is why the minutes of this meeting are important. This really does impact a lot of different pieces of communities and government and we want to insure we have everyone at the table. That is why we did the work group.

Rep. Skroch: The Health Dept. was not included in the work group.

Senator Roers: That was an oversight by us.

Rep. Skroch: In conjunction with that, if I may go on to page 29 it states the Dept. of Human Services shall convene the workgroup. Again, I would prefer the Dept. of Health be in charge. There's a very specific link that the health officer has with this process.

Senator Hogan: Yes, I understand.

Rep. Schneider: Would there be objection, if the work group language remains, flipping those two? I don't get any sense that you'd be opposed going back to the Health Dept. taking the lead and then incorporating Human Service Dept. Is that right?

Senator Roers: I don't an objection philosophically, I'm not tied to this I'm not seeing the link with the Health Dept. taking the lead. To me, Human Services seems more logical because it becomes a DHS case once the infant has been recovered, for lack of a better word.

Rep. Skroch: The Dept. of Human Services would automatically become involved at the point of child protective services. I want the Health Dept. in charge, if all else fails, for the public awareness campaign, as I see it as the most important piece. They would insure we get information out there because of the botched cases.

Many of the babies. who are abandoned, are left at the hospital as mom walks away. The way law is understood right now, that situation does not qualify as an abandoned infant. I think it is a matter of interpretation. It is so much safer, and I hope we can work it out so that this would be an abandoned infant situation, as it keeps the baby so much safer. For instance, if mom has to check out of the hospital with the baby and then bring it back, we are placing that child in jeopardy. So to simply say, "a baby abandoned at a hospital, at the time of birth, the mother cannot be charged with neglect of an infant. This was a suggestion from

Marlys Baker who thought it would save on some red tape. I'm not certain if that can be worked in as it was one other component I was interested in.

(0:15:36)

Senator Hogan: In terms of that issue, that is a child protection law issue, those are the details of all of that. It has to be a partnership, to make sure the laws and administrative rules on child protection are consistent. This is why DHS. In terms of the public awareness campaign, we want to make sure to provide law abiding information.

The devil is in the details. This is why we thought there were enough details in this project to support our decision of a workgroup.

Rep. Skroch: In reference to that, my thoughts are that we will have to roll this out slow so the entities involved will be aware how this will work. I'm amazed it's been on the books since 2001 and very little public information is available. I think if we start slow, we can still address any issues that may arise in the next legislative session. I think you are right as far as administrative rules. I believe with the administrative rules ability, we can create the understanding of what qualifies as infant abandonment, including an infant left by mother at a hospital.

(0:17:23)

Senator Roers: Just a piece of information for you. When we had this discussion on the Senate side, I texted inquiry to an Emergency Room educator as well as the Family Birth Center's manager as to what education/information they've received on the Safe Haven Law. I also asked if they would know what to do if the situation arose. They replied saying they've received nothing. They were aware there is a law but not details of it. Due to this, I wanted to make sure that health care providers were included in the awareness campaign so they could be trained how to do it by law.

Rep. Skroch: Safe haven has so much information available online including podcasts that they can access to make this work. A lot of it is at no charge. It will be a workable situation and would bring in speakers, if there's an interest. I don't want to see this killed, for those reasons I'm going to argue to remove the workgroup.

Senator Hogan: I agree with you entirely and that is why we added the work group. We think it's a big job and we want it to be spread across all various players and that was our intent.

Rep. Skroch: And I'm hoping that can still happen within the departments, as is, without section 2.

(0:19:37)

Rep. Schneider: I think we are all being clear on the legislative intent; to have this work, described in the work group, be done by the appropriate parties and to be led by the Health Department, which is critical.

Can we agree on that for legislative intent? If the workgroup is taken out, it is because it's presence posed a threat to the bill's survival. We clearly want the work done and done by the appropriate parties.

Senator Hogan: I'm glad Chris is here for the Dept. of Human Services. It might be helpful for us to have one more meeting to have the Dept. of Health and Human Services discuss who should be in the lead.

Chair Rohr: Are you ok with that too?

Rep. Skroch: I do not want to jeopardize having the Dept. of Health in charge that's critical for me.

Chair Rohr: They are already working together per the bill.

Rep. Skroch: I think they will be anyway. Yes, I'm okay with that.

Senator Hogan: Are you okay with that? (Directed at Chris Jones, Dept. of Human Services)

Rep. Schneider: I would like the record to show that Chris Jones is in the room and agreed to the question posed by Senator Hogan.

Chair Rohr: Rep. Skroch will you please summarize the amendments to bring the bill into alignment with the conversation?

Rep. Skroch: The intent I would like to bring with amendments is that the Dept. of Health would be placed back in the primary position to deal with the safe haven law and education campaign
Page 1, line 2 and 3; overstrike the green part.

(0:22:20)

Senator Hogan: Do we want a report from Dept. of Health?

Chair Rohr: Up to certain locations; and provide for report to the Dept. of Health. Is that what I'm hearing?

Senator Hogan: "The Dept. of Health shall provide a report for the next legislative session"

Chair Rohr: Yes

Rep. Skroch: Line 15 and 16, we agreed that was language ok?

Senator Roers: Do we want to say administrative rule?

Rep. Skroch: Yes, you are correct. Page 1; is ok.

Page 2 lines 30 and 31; about an infant being unharmed. We will accept that.

Page 3 Line 10; "in coordination with the Dept. of Human Services."

Remove Section 2

Page 4, we did not discuss the gathering of information. I'm thinking the gathering of information can occur but we didn't discuss it.

Senator Hogan: We need that section so we have a report.

Senator Roers: Put it in part of subsection 10.

Chair Rohr: That's what I'm thinking or even number 11.

Senator Hogan: Number 11, I think you're right.

Chair Rohr: So we will make it number 11 letter a, "gather information concerning abandoned infants and protocols established by approved locations".

Senator Roers: Subsection 6 would become 12 and that would change it to Dept. of Health?

Chair Rohr: I don't think we need that part.

Senator Hogan: "The Dept. of health shall submit a report."

Rep. Skroch: C states "design and implement across existing systems and resources for an optimal response", Is that too much?

Senator Hogan: We are taking it out.

Chair Rohr: Yes, we are taking it out.

Rep. Skroch: Ok

Rep. Schneider We have also said as part of our legislative intent that work described in here take place without a workgroup.

Chair Rohr: Letter "A" will become number 11. Number 12, was number 6. What did you say Senator Hogan?

Senator Hogan: "By July 1st 2020, The Dept. of Health shall submit a report to legislative management."

Senator Hogan: Do we want to reconvene after we have the amendments drafted?

Chair Rohr: Yes, we will wait to be scheduled for another meeting.

Closes meeting.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

HB 1285
4/10/2019
34654

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Nicole Klamann

Explanation or reason for introduction of bill/resolution:

Relating to abandoned infants at certain locations; to provide for the creation of a workgroup on abandoned infants; and to provide for a report to the department of human services

Minutes:

Chair Rohr: Opened meeting

Rep. Skroch: Line 2 page 1; struck language to provide for abandoned infants. Add provide for a progress report. Report given to Legislative management would be added in after

the word the on line three. On line 10 on page one, we are overstriking abandoned infant means and abandoned infant as defined in section 27-20-02 and following that with an infant who has been abandoned at birth in a hospital before reaching the age of one year regardless of the location of birth and who has been left with an on duty person.

Line 13 we simply add after the word by administrators. On line one on page 2, we are inserting after the word address if a hospital has the infant's medical history, the hospital is not required to provide the parent or the agent with a medical history form.

Page 2 line after infant insert unless due to birth of the infant, the infant and parent currently have an identification bracelet.

Page 3 line 8, clarifying the department of health overstrike with the state
Line 11 asks for a progress report to be provided 7/11/2020 to the department of legislative management.

Strike the language from section 2. Removing the work group and the language from line 12 to 29 on page 3 and line 1 through 7 on page 4.

I would just explain some of the new language that was put in on page 2, incorporate an amendment that was drawn up by Jonathan Alm that would allow for babies that are abandoned in the hospital to not have to be discharged and then returned. It simply allows them to qualify as abandoned infant coverage. There is a proposed

amendment.

Chairman Rohr: Senator Roers, you had a question?

Senator Roers: As I am reading that on Page 2 line 1, it just a language thing it is not the intent of it. We have changed everything to an approved location, do we have to say something to the effect of if left at a hospital and the hospital has or is that assumed?

Chairman Rohr: It should say parent or the agent not parent of the agent.

Senator Roers: Did we just decide that we did not need Page 3 line 26 that sub A?

Chairman Rohr: The way the language was at our first meeting, that means that would have to survey everyone; hospitals, nursing homes, fire stations, and it would be a killer for this bill, so that's why we thought the big focus that Rep. Skroch went with the education piece. So that's why that would be the updated progress report to the health department.

Senator Hogan: I am interested in line 8 to 10 about the coordinated campaign. Originally, I thought we were just switching the leadership roles and we were keeping both the department of health and the department of human services, but the way I read the amendment we are taking the human service department totally out? I thought we were going to have it be the department of health in cooperation with the department of human services.

Rep. Skroch: My understanding is that they have a cooperative relationship already.

Senator Hogan: The reason I think we should put it in is because the department would still have rules. With every relationship campaign they have the technical expertise on what happens to the child.

Rep. Schneider: The department of health was to take the lead, with references to the human services.

Rep. Skroch: Motion to Recede and amend.

Rep. Schneider: Second.

Roll Call Vote Yes 6 No 0

Rep. Rohr is house carrier. **Sen. Clemens** is senate carrier.

DP 4/10/19

April 10, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1285

That the Senate recede from its amendments as printed on pages 1307 and 1308 of the House Journal and pages 1002 and 1003 of the Senate Journal and that Engrossed House Bill No. 1285 be amended as follows:

Page 1, line 2, after "locations" insert "; and to provide for a report to the legislative management"

Page 1, line 9, overstrike "abandoned"

Page 1, line 9, overstrike "as defined in section 27-20-02"

Page 1, line 10, after "~~which~~" insert "who has been abandoned at birth in a hospital or before reaching the age of one year regardless of the location of birth and"

Page 1, line 12, remove ", law enforcement agency, or county social"

Page 1, remove line 13

Page 1, line 14, replace "by the board of county commissioners" with "or other location as designated by administrative rule adopted by the department"

Page 1, remove lines 16 and 17

Page 2, line 4, after "address" insert ". If a hospital accepting the infant has the infant's medical history, the hospital is not required to provide the parent or the agent with a medical history form"

Page 2, line 8, after "infant" insert ", unless due to birth of the infant, the infant and parent currently have an identification bracelet"

Page 2, line 28, remove the overstrike over "~~if it appears that the~~"

Page 2, line 29, remove the overstrike over "~~abandoned infant was not harmed~~"

Page 3, line 11, after "The" insert "state"

Page 3, line 11, after "department" insert "of health, in coordination with the department of human services,"

Page 3, after line 14, insert:

"SECTION 2. REPORT TO LEGISLATIVE MANAGEMENT - ABANDONED INFANTS. Before July 1, 2020, the state department of health shall report to the legislative management the status and progress of implementing section 1 of this Act."

Renumber accordingly

**2019 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES**

HB 1285 as (re) engrossed

House Human Services Committee

- Action Taken** ☐ **HOUSE accede to Senate Amendments**
 ☐ **HOUSE accede to Senate Amendments and further amend**
 ☐ **SENATE recede from Senate amendments**
 ☒ **SENATE recede from Senate amendments and amend as follows**
- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Skroch Seconded by: Rep. Schneider

Representatives	4/8	4/10		Yes	No		Senators	4/8	4/10		Yes	No
Rep. Rohr, Chairman	H	H		X			Senator Clemens, Chairman	H	H		X	
Rep. Skroch	H	H		X			Senator Roers	H	H		X	
Rep. Schneider	H	H		X			Senator Hogan	H	H		X	
Total Rep. Vote				3			Total Senate Vote				3	

Vote Count Yes: 6 No: 0 Absent:

House Carrier Rep. Rohr Senate Carrier Sen. Clemens

LC Number 19.0327 . 05003 of amendment

LC Number 19.0327 . 07000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 19.0327.05003
House Carrier: Rohr
Senate Carrier: Clemens

REPORT OF CONFERENCE COMMITTEE

HB 1285, as engrossed: Your conference committee (Sens. Clemens, K. Roers, Hogan and Reps. Rohr, Skroch, Schneider) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1307-1308, adopt amendments as follows, and place HB 1285 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1307 and 1308 of the House Journal and pages 1002 and 1003 of the Senate Journal and that Engrossed House Bill No. 1285 be amended as follows:

Page 1, line 2, after "locations" insert "; and to provide for a report to the legislative management"

Page 1, line 9, overstrike "abandoned"

Page 1, line 9, overstrike "as defined in section 27-20-02"

Page 1, line 10, after "~~which~~" insert "who has been abandoned at birth in a hospital or before reaching the age of one year regardless of the location of birth and"

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Page 1, remove line 13

Page 1, line 14, replace "by the board of county commissioners" with "or other location as designated by administrative rule adopted by the department"

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Page 3, after line 14, insert:

"SECTION 2. REPORT TO LEGISLATIVE MANAGEMENT - ABANDONED INFANTS. Before July 1, 2020, the state department of health shall report to the legislative management the status and progress of implementing section 1 of this Act."

Renumber accordingly

Engrossed HB 1285 was placed on the Seventh order of business on the calendar.

2019 TESTIMONY

HB 1285

Testimony for HB 1285

Abandoned Infant Immunity, Safe Haven Law

House Human Services Committee

January 15, 2019

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Representative Kathy Skroch. I come before you to speak about the North Dakota Safe Haven law. What this law does allows a parent in crisis (or an agent with the parent's consent) to abandon their unharmed child under the age of 1 at an approved drop off location. The baby can be abandoned, no questions asked.

I first became aware of an issue with the Safe Haven law when a news story broke about a new born infant that had been dropped off at a fire station in Grand Forks, ND. The infant was wrapped in a towel, placed in a box and left at the back door on an 18-degree wintery December day. By the grace of God, the child was found soon after abandoned and was unharmed. (On a side note, one year later the little girl was adopted by loving parents).

A second incident was brought to my attention by a constituent. According to the complaint, a mother dropped her infant at a North Dakota hospital to abandon it. Law enforcement was promptly called resulting in the mother being arrested and jailed. The Abandoned Infant Immunity laws were not properly followed for whatever reason. It may have been for lack of proper understanding of the law and how the right of immunity is applied. I draw your attention lines 19 and 20 of the bill. "Neither the parent nor the agent is subject to prosecution for leaving an abandoned infant at a hospital".

Also, see Subsection 6, page 2, lines-17-21. A report of the abandoned infant is not to be made while the parent or agent has left the approved location.

HB 1285 is being introduced to address these issues with the existing law.

HB 1285 does these three things:

1. To prevent situations like what happened in Grand Forks, in Section 1, line 10, the words are added to ensure that an infant is delivered to an on-duty staff person. After visiting with several agency representatives, this change was suggested to address risks due to North Dakota's extreme weather conditions.
2. Because hospitals may not be located near or accessible to parents in crisis, Law Enforcement Centers and County Social Service offices are added to the approved drop-off locations. These additions replicate similar approved locations in other states.
3. Because the ND Safe Haven provisions are being expanded, the method and availability is changed and in a direct response to the lack of public knowledge about this law, a public awareness campaign is much in order.

The new subsection 10, page 3, requires a public awareness campaign. Agencies as well as the public need information about this law. The ND Department of Health would be the most capable agency to carry out a state wide public awareness campaign about the ND Safe Haven law.

Do Safe Haven Laws work? See the data provided from the ND Department of Health.

How many babies have been saved in the previous 5 years?

Page 1. Data: Infants abandoned: 2014-2018

How many abused babies might have been delivered into safe hands?

Page 2. Data: Infants under the age of 1 year placed in foster care due to abuse: 2012-2018

How many babies died that might have been saved if parents in crisis had been aware that they could have taken their baby to a Safe Haven location?

Page 3. Data: Infant fatalities and causes of death: 2012-2017

Thank you for the opportunity to introduce HB 1285 before this committee.

I will stand for any questions.

HB 1285 AH2
1/15/19 pg 1

Foster Care Clients Younger than Age 1 with Foster Care Entry Reason of Parental Abandonment; by Region, County, & Custodian (CYs 2014-2018)

This report shows the number of Foster Care clients younger than age 1 with an Entry Reason of Parental Abandonment (Reason Code = PA) for calendar years 2014-2018, based on Foster Care Program Start Date. Age is calculated based on client Date of Birth and Placement Start Date.

Region - County		2014	2015	2016	2017	2018
I - Northwest	WILLIAMS		2			1
	Region Total		2			1
II - North Central	MOUNTRAIL			4		
	WARD				3	
	Region Total			4	3	
III - Lake Region	BENSON			1	1	
	RAMSEY			5		
	ROLETTE		4			1
	Region Total		4	6	1	1
IV - Northeast	WALSH			1		
	Region Total			1		
V - Southeast	CASS			2	4	3
	TRAILL		1			
	Region Total		1	2	4	3
VI - South Central	BARNES					1
	STUTSMAN			1		
	Region Total			1		1
VII - West Central	BURLEIGH	3		1		2
	MC LEAN				4	
	MORTON				2	
	SIOUX		1		3	
	Region Total	3	1	1	9	2
Statewide Total		3	8	15	17	8

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1/15/19 AH2

**TOTAL NUMBER OF CHILDREN UNDER THE AGE OF 1 YEAR AND THE NUMBER OF CHILDREN AGE 1 YEAR
WITH A PRIMARY ENTRY TO FOSTER CARE REASON OF NEGLECT, PHYSICAL ABUSE, OR SEXUAL ABUSE BY REGION
CALENDAR YEAR 2012 THROUGH CALENDAR YEAR 2018**

Region	Primary Entry Reason	CY 2012		CY 2013		CY 2014		CY 2015		CY 2016		CY 2017		CY 2018	
		Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year
I - Northwest	Neglect	2	0	13	3	0	0	0	0	4	6	11	9	0	0
	Physical Abuse	3	5	0	0	0	0	8	2	2	1	0	0	2	5
	Sexual Abuse	0	3	0	0	0	2	0	0	0	0	0	0	0	0
II - North Central	Neglect	3	2	5	5	4	2	5	11	3	10	2	10	6	5
	Physical Abuse	0	0	0	4	5	1	5	4	9	6	0	0	0	4
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
III - Lake Region	Neglect	16	5	1	7	0	7	1	0	6	12	1	8	14	3
	Physical Abuse	0	0	0	0	2	0	0	0	4	0	0	0	13	7
	Sexual Abuse	2	0	0	0	0	0	0	0	0	0	0	0	0	0
IV - Northeast	Neglect	7	8	11	12	15	7	29	19	9	3	16	21	8	2
	Physical Abuse	4	0	8	8	3	0	0	0	0	0	0	0	4	4
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V - Southeast	Neglect	14	19	5	11	7	3	12	9	3	6	14	14	8	2
	Physical Abuse	5	0	2	0	2	3	8	5	9	1	1	1	3	2
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VI - South Central	Neglect	7	6	3	6	3	4	0	5	5	3	5	0	1	0
	Physical Abuse	0	0	0	0	0	0	0	0	0	0	2	1	0	1
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VII - West Central	Neglect	2	2	4	4	3	1	8	5	8	5	4	6	9	14
	Physical Abuse	4	2	2	0	6	4	3	3	5	0	7	2	14	1
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	1	0	0	0
VIII - Badlands	Neglect	1	1	8	2	0	1	0	0	3	2	1	0	1	2
	Physical Abuse	0	0	1	1	0	0	7	0	0	0	5	0	0	0
	Sexual Abuse	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Statewide	Neglect	52	43	50	50	32	25	55	49	41	47	54	68	47	28
	Physical Abuse	16	7	13	13	18	8	31	14	29	8	15	4	36	24
	Sexual Abuse	2	3	1	1	0	2	0	0	0	0	1	0	0	0

Source: FRAME Data System

Ag. 2

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Calendar Year	Number of Children	Cause of Death
CY 2012	1	Homicide due to Blunt Head Injury in Battered Child Syndrome
CY 2013	0	
CY 2014	0	
CY 2015	2	Positional Asphyxia during unsafe sleep (1 child). Homicide due to Asphyxia by Strangulation (1 child).
CY 2016	2	Homicide from complications of Blunt Force Craniocerebral Injury (1 child). Homicide due to Blunt Force Head and Cervical Spine Trauma (1 child).
CY 2017	1	In utero substance exposure.
TOTAL NUMBER AND CAUSE OF DEATHS OF CHILDREN UNDER THE AGE OF 1 YEAR DUE TO ABUSE AND/OR NEGLECT IN NORTH DAKOTA CY 2012 – CY 2016		

This report shows the number of children under the age of 1 year identified by the North Dakota Child Fatality Review Panel as having died due to abuse and/or neglect for calendar years 2012-2016, as reported in the Review Panel's detailed annual report for each year. Data for CY 2018 have not been reported as of this writing.

Source: North Dakota Child Fatality Review Panel Detailed Annual Report 2012, 2013, and 2014. Published February 2017, accessed at <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2012-2013-2014.pdf>.

North Dakota Child Fatality Review Panel Detailed Annual Report 2012, 2013, and 2014. Published May 2018, accessed at <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>.

Chairman Weisz, Vice Chair Rohr, and members of the House Human Service committee,

My name is Bette Grande, I live in district 41 in Fargo ND. I come in front of the committee today as a private citizen and also as a former legislator who work on the original legislation that is before you. Thank you for allowing me to submit written testimony on HB 1285.

I stand in support of this legislation and encourage a do pass. This legislation is often referred to as the safe haven law. The locations, time frame and other particulars vary from state to state but in every case the results are the same, lives are saved.

Some history of the "Safe Haven" laws: The enactment of legislation has been remarkable and precedent setting. Texas passed a "Safe Haven" bill in 1999, two years later North Dakota became the 2nd state (2001 Legislative Session), thirty-four more states passed "safe haven" statutes between 2002 and 2004, in 2005 thirteen more states followed, last were Alaska, Vermont, and Nebraska. Not one vote was cast against the laws in at least ten states, and opposition in the remaining states was scant. The vast majority of Legislators in each of these states saw the value and importance of these laws.

Safe Haven locations vary across the nation depending on the demographics of each state. Hospitals, fire stations, and police stations are the most common sites. All are associated with emergencies and are open and staffed most the time, typically with medically trained personnel. They are also usually prominently located in each community and can be easily identified so that mothers will know where to turn. A few states have designated other intuitive locations, such as adoption agencies or churches. Some states are now recognizing that infants are found near college dorms, so "police station" includes campus police. If this is not the interpretation in North Dakota I would like to suggest that these facilities be included as safe haven locations.

We have all read or heard the stories of babies being abandon at various locations for various reasons. If we can save the child's life and save the mother from a life of heartache and guilt it is worth making this program more visible in our State. Most states have programs and outreach that offer information about locations and information regarding the laws. Some examples follow:

<http://safehaven.tv/states/>

<http://www.babymosesproject.org/index.html>

<http://saveabandonedbabies.org/about.shtml>

<http://secretsafeplaceln.org/>

I believe the asking of more information and PSA be increased awareness in the state of ND is a very beneficial thing to do and will help in the assistance of making this a blessing for all involved.

Thank you for your time,

Bette Grande

HB 1285
AH 4
1/15/19
pl.



Baby Safe Haven™

CONFIDENTIAL TOLL FREE HOTLINE

1-888-510-BABY

home

about the law

states

spots

testimonials

support the cause

LOCATIONS

CHOOSE YOUR STATE FOR MORE INFORMATION

[Get Adobe Reader](#)

NSHA LAWS

Mouse over the icon for the location name, or click the link for full details of each state's Safe Haven program.

Alabama	(3 Days)	H*	Title 26, Ch. 25, Sect. 26-25-1, 2, 3, 4, 5
Alaska	(21 Days)	H ♡ *	Senate Bill No. 44, Section 11.81.500
Arizona	(3 Days)	H* ♡ ♡	Revised Statute 13-3623.01
Arkansas	(30 Days)	♡ ♡ + ♡	Arkansas Code Title 9, Ch. 34, Sect. 202, 203 & Ann. Code 5-27 205(c)
California	(3 Days)	H	California Penal Code 271.5; Health & Safety Code 1255.7
Colorado	(3 Days)	H ♡	Revised Statute 19-3 304.5
Connecticut	(30 Days)	H*	General Statutes 17a-57, 58, 59, 60
Delaware	(14 Days)	H*	Title 16, Ch. 9, 907A & Title 11, 1102A
Florida	(7 Days)	H* ♡	Ann. Statute 383.50
Georgia	(7 Days)	+ H +	Ann. Code 19-10A-1, 2, 3, 4, 5, 6, 7
Hawaii	(3 Days)	H ♡ ♡	Hawaii Revised Statute 709.902
Idaho	(30 Days)	H + *	Idaho Codes 39-8202, 3, 4, 5, 6
Illinois	(30 Days)	H ♡ ♡ *	Illinois Compiled Statutes Ch. 325, 2/10 2/20-2/40
Indiana	(45 Days)	H* ♡ ♡	Title 31, Article 34 Ch. 2.5
Iowa	(14 Days)	+ H *	Ann. Stat. 233 1.2, 3, 4
Kansas	(45 Days)	+ ♡ +	Ann. Statutes 38-2282; 21-3604 & 38-2269(d)
Kentucky	(3 Days)	H* ♡ ♡	Revised Statutes 216B.190; 405.075 & 620.350
Louisiana	(30 Days)	H ♡ ♡	Louisiana Code Articles 1149-1159
Maine	(31 Days)	H* ♡ ♡ *	Ann. Stat. Title 17-A, 553(3) & Title 22, 4018
Maryland	(10 Days)	H ♡	Maryland Statutes, Courts & Judicial Proceedings 5-641

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Kentucky	(3 Days)	H*👤👤	Revised Statutes 216B.190, 405.075 & 620.350 LINK
Louisiana	(30 Days)	H👤👤	Louisiana Code Articles 1149-1159 LINK
Maine	(31 Days)	H*👤👤*	Ann. Stat. Title 17-A: 553(3) & Title 22. 4018 LINK
Maryland	(10 Days)	H👤	Maryland Statutes, Courts & Judicial Proceedings 5-641 LINK
Massachusetts	(7 Days)	H👤👤	Ann. Laws Chapter 119, 391/2 LINK
Michigan	(3 Days)	H👤👤*	Michigan Compiled Laws 712.1,2,3,5,7,10,11,12,13,14,15,17,20 LINK
Minnesota	(3 Days)	H	Ann. Statutes 145.902; 609.3785 & 260C.217 LINK
Mississippi	(3 Days)	H*👤*	Ann. Code 43-15-201; 43-15-207 LINK
Missouri	(1 Year)	H*👤👤	Ann. Statute 210.950 LINK
Montana	(30 Days)	H👤👤	Ann. Code 40-6-402,403,404,405,406 LINK
Nebraska	(30 Days)	H	Nebraska Revised Statute 28-705 LINK
Nevada	(30 Days)	H*👤👤	Revised Statute 432B.630; 200.508 & 201.110 LINK
New Hampshire	(7 Days)	H*👤	New Hampshire Revised Statutes Chapter 132 - A:1,2,3,4 LINK
New Jersey	(30 Days)	👤👤👤	Ann. Statutes 30:4C-15.7 8 LINK
New Mexico	(90 Days)	H+	Ann. Statutes Chapter 24, Article 22 1-8 LINK
New York	(30 Days)	👤	Penal Code 260.03; 260.15 & Soc. Serv. Law 358-a LINK
North Carolina	(7 Days)	+*👤	North Carolina Statutes 7B-500 LINK
North Dakota	(1 Year)	H	North Dakota Century Codes 27-20-02; 50-25.1-15 LINK
Ohio	(30 Days)	H*👤	Ohio Revised Statutes 2151.3523; 2151.3424 LINK
Oklahoma	(7 Days)	H+👤	Ann. Statute Title 10, 7115.1 LINK
Oregon	(30 Days)	H+👤	Revised Statute 418.017 LINK
Pennsylvania	(28 Days)	👤👤	Cons. Statute Title 23, 6502; 6503 LINK
Rhode Island	(30 Days)	H*👤👤	General Laws 23-13.1-3,4,5 LINK
South Carolina	(30 Days)	H*👤	Ann. Code 20-7-85 LINK
South Dakota	(60 Days)	+*👤	Ann. Laws 25-5A-27 28,29,30,31,32,33,34,35,36 LINK
Tennessee	(3 Days)	👤+	Ann. Code 68-11-255; 36-1-142 LINK
Texas	(60 Days)	H*👤	Fam. Code 262.301,2,3,4,5,6,7,8,9; 262.105 & Penal Code 22.041(h) LINK
Utah	(3 Days)	H*	Ann. Code 62A-4a-801; 62A-4a-802 LINK
Vermont	(3 Days)	H+*👤	Ann. Stat Title 13, 1303 LINK
Virginia	(14 Days)	👤👤👤	Ann. Code 18.2-371.1; 40.1-103; 8.01-226.5;2 & 63.2-910.1 LINK
Washington	(3 Days)	H*👤	Revised Code 13.34.3601 LINK
West Virginia	(30 Days)	H+	Ann. Code 49-6E-1,2,3,4,5 LINK
Wisconsin	(3 Days)	H👤👤	Ann. Stat. 48.195 LINK
Wyoming	(14 Days)	*👤	Ann. Statutes 14-11-101,102,103,104,105,106,107,108,109 LINK
Washington DC	(7 Days)	H*👤👤	Washington D.C. Newborn Safe Haven Act of 2009 LINK



SOUTH DAKOTA



ABOUT THE SOUTH DAKOTA SAFE HAVEN LAW



MEDICAL
FACILITY



EMS
PROVIDER



FIRE
STATION



LAW
ENFORCEMENT
AGENCY



CLINIC



DAYS

South Dakota Safe Haven Law:

[Ann. Laws 25-5A-27,28,29,30,31,32,33,34,35,36](#)

You can leave your baby, up to 60 days old, with an emergency medical services provider, or employee at any fire department, law enforcement agency, clinic or medical facility in South Dakota.

In South Dakota no one ever has to abandon a child again 3

About the Law

[\(click for details\)](#)

- ▶ **How does it work?**
- ▶ **What's the difference between Safe Haven and Adoption?**
- ▶ **Can only a parent bring in the baby?**
- ▶ **Can you help a parent decide where to bring the baby?**
- ▶ **Does a parent have to call before bringing in the baby?**
- ▶ **Does a parent have to tell anything to the people taking the baby?**
- ▶ **What happens to the baby?**

HB 1285
AH #4
1-15-19



Baby Safe Haven™

CONFIDENTIAL TOLL FREE HOTLINE

1-888-510-BABY

home

about the law

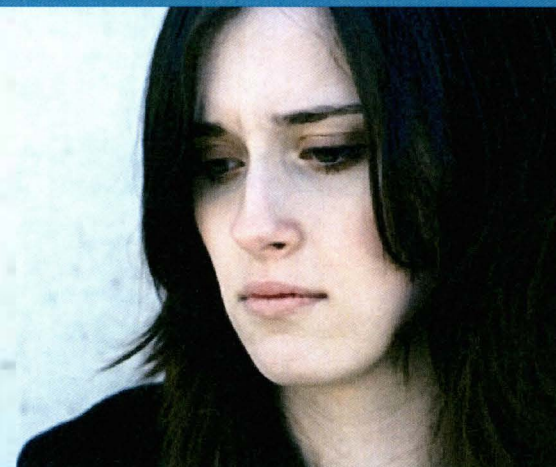
states

spots

testimonials

support the cause

MISSOURI



ABOUT THE MISSOURI SAFE HAVEN LAW



HOSPITAL



EMS
PROFESSIONAL



FIRE
STATION



LAW
ENFORCEMENT
AGENCY



1
YEAR

Missouri Safe Haven Law:

[Ann. Statute 210.950](#) 

You can leave your baby, up to 1 year old, with an on duty employee at any hospital, fire department, emergency medical professional or law enforcement agency in Missouri.

In Missouri, no one ever has to abandon a child again.

4

About the Law

(click for details)

- ▶ **How does it work?**
- ▶ **What's the difference between Safe Haven and Adoption?**
- ▶ **Can only a parent bring in the baby?**
- ▶ **Can you help a parent decide where to bring the baby?**
- ▶ **Does a parent have to call before bringing in the baby?**
- ▶ **Does a parent have to tell anything to the people taking**

CONFIDENTIAL TOLL FREE HOTLINE

1-888-510-BABY

Baby Safe Haven™

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MAINE

ABOUT THE MAINE SAFE HAVEN LAW



HOSPITAL

EMERGENCY
ROOMLAW
ENFORCEMENT
AGENCYEMS
PROVIDERFIRE
STATION

DAYS

Maine Safe Haven Law:

[Ann. Stat. Title 17-A: 553\(3\) & Title 22, 4018](#) PDF

You can leave your baby, up to 31 days old, with an employee at any law enforcement agency, medical emergency room or medical services provider, including, but not limited to a: physician, 5

About the Law

[\(click for details\)](#)

- ▶ How does it work?
- ▶ What's the difference between Safe Haven and Adoption?
- ▶ Can only a parent bring in the baby?
- ▶ Can you help a parent decide where to bring the baby?
- ▶ Does a parent have to call before bringing in the baby?
- ▶ Does a parent have to tell anything to the people taking the baby?

NEW HAMPSHIRE



ABOUT THE NEW HAMPSHIRE SAFE HAVEN LAW



HOSPITAL



911
RESPONDER



POLICE
DEPARTMENT



FIRE
STATION



CHURCH



DAYS

New Hampshire Safe Haven Law:

[New Hampshire Revised Statutes Chapter 132 - A:1,2,3,4](#) 

You can leave your baby, up to 7 days old, with an employee that is on duty at any hospital, fire station, police station, church or with any 911 responder at an agreed transfer location in New Hampshire.

In New Hampshire, no one ever has to abandon a child again.

About the Law

[\(click for details\)](#)

- ▶ How does it work?
- ▶ What's the difference between Safe Haven and Adoption?
- ▶ Can only a parent bring in the baby?
- ▶ Can you help a parent decide where to bring the baby?
- ▶ Does a parent have to call before bringing in the baby?
- ▶ Does a parent have to tell anything to the people taking the baby?
- ▶ What happens to the baby?
- ▶ Does my state have a Baby Safe Haven law?
- ▶ What is a Baby Safe Haven Law?

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A#5

From: Cooper, Randal randal.cooper@und.edu
Subject: HB 1285
Date: Jan 14, 2019 at 9:54:15 PM
To: Skroch, Kathy kskroch@nd.gov

CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe.

Hello Representatives,

My name is Dr. Randal Cooper. I have a Bachelor of Medical Sciences, a Doctorate in Chiropractic, and a Medical Degree. I am currently a third year resident at the Center for Family Medicine with the University of North Dakota in Bismarck, ND.

I regret that due to my schedule I am unable to attend today's hearing but I wanted to forward my testimony in favor of Bill HB 1285.

In April 2018 I was working in the NICU for four weeks at St. Alexius hospital. During this time I observed multiple neonates that were born to parents who were unable to provide adequate care for their infants due to a variety of life circumstances. In the best interest of these children more education and resources need to be provided to mothers going through difficult times. They need to know that there is a safe place to turn their children in at the state level without reprimand allowing their children to be given the best chance at a better life.

Unfortunately, my experience has been that these mothers are often victims of domestic violence and tragically the infant becomes caught in the crossfire. I've personally witnessed five separate cases in which infants have sustained significant injuries related to these volatile situations one resulting in death.

I feel strongly that no matter the circumstance the welfare of the child should always come first. There needs to be more places for these mothers to turn, especially in smaller communities where hospitals and police services are not available. Bill HB 1285 will ensure there are more advocates for these children. Even if we can help one child it will be worth it.

I appreciate your consideration in this matter.

Sincerely,

Dr. Randal Cooper

WOMEN for AMERICA

OF NORTH DAKOTA

January 15, 2019
House Human Services Committee
Testimony in Support of HB 1285

Mr. Chairman and Members of the Committee, my name is Linda Thorson. I am the State Director for Concerned Women for America (CWA) of North Dakota. I am here today on behalf of our North Dakota members **in support of HB 1285.**

There are several reasons we support this legislation. The changes to the Safe Haven law will help to further prevent tragic scenarios like those which occurred before parents were given immunity from being charged with child neglect.

As you may know, there are two cases in late 1990s that inspired North Dakota's Save Haven Law. In 1998 a North Dakota State University student gave birth in a sorority house bathroom; she wrapped her child in a towel and left the baby under her bed where her baby died. When she returned from class, she put her dead baby in a campus trash bin.

The student entered an Alford plea to negligent homicide, though her baby's body was never found. She was sentenced to three years of supervised probation under a plea agreement between her attorney and the Cass County State's Attorney's office.

In 1999 an infant, "Baby Moses" was found dead in a suitcase on the Fort Berthold Reservation.^[1]

Data from the North Dakota Health Department identifies 17 babies were given Safe Haven in 2017. This law, dedicated to eliminating harm and death to infants, also includes a public awareness campaign to provide information, public service announcements and educational materials to the public including medical providers, law enforcement and social service agencies.

When government and medical personnel are given the opportunity to offer a haven to a child in need of help, tragedies, as described from the late 1990s, are reduced, as is made clear from statistics that show these harbors are being used in our state. Increasing the number of harbors and providing awareness to the public is a law that protects human life.

As the state director for CWA of North Dakota I urge a "do pass" on HB1285.

^[1] Michael, Jenny. "Case Helped Inspire ND Safe Haven Law." *Bismarck Tribune*, May 17, 2007.

https://bismarcktribune.com/news/local/case-helped-inspire-n-d-safe-haven-law/article_7fdc3a9f-4115-59e9-9f34-0eb67fbc1e41.html

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AH 7
1/15/19 pg 1



Testimony in favor of House Bill 1285

**Mark Jorritsma, Executive Director
Family Policy Alliance of North Dakota
January 15, 2019**

Good morning Chairman Weisz and honorable members of the House Human Services Committee. My name is Mark Jorritsma and I am the Executive Director of Family Policy Alliance of North Dakota. I am testifying in favor of House Bill 1285 and respectfully request that you recommend a "DO PASS" on this bill.

This bill poignantly highlights our need to address the results of our pervasive culture that continues to devalue life. It saddens me that such a bill is even necessary, but those of us with an abiding belief in the worth and dignity of every human being must protect those who cannot protect themselves.

House Bill 1285 increases the likelihood of a baby being successfully dropped off and receive proper care, which Family Policy Alliance of North Dakota strongly supports. We believe in protecting life from conception and it is the responsibility of those who believe in protecting life to do everything in our power to save and protect our infants.

This bill provides a compassionate opportunity for saving the lives of children abandoned by parents who often are young, desperate, and even unaware of financial and other supportive resources. If this bill helps rescue the life of even one child, the effort will be entirely worthwhile and certainly worth the support of this Committee and the Legislature. Please vote House Bill 1285 out of committee with a "DO PASS" recommendation.

Thank you for the opportunity to testify, and I stand for any questions you may have.

1515 Burnt Boat Drive, Suite C148
Bismark, ND 58530

P 866.655.4545

UNLEASHING CITIZENSHIP

FamilyPolicyAlliance.com/NorthDakota

A Public Policy Partner of Focus on the Family

Good morning Chairman Weisz and members of the Human Services Committee. My name is Mylynn Tufte and I have the honor to serve North Dakota as the State Health Officer. I am here to support House Bill 1285 that would amend and reenact sections of the ND Century Code related to abandoned infants at certain locations.

I stand before you as an example of what might happen should this law be passed. I was born in Seoul, South Korea, and was an abandoned infant at a police station. Was it my mother, father or a grandparent that decided I might be able to have a better life than the one they could provide? I don't think I'll ever know but I'm grateful and have been blessed in so many ways by that decision.

Society norms and culture include traditions that are celebrated and some that we are trying to change. At that time, the Korean patrilineal culture and society stigmatized and discriminated against unwed Korean mothers and their children making it so an unwed mother might not be able to get a job or get a husband. Today, in North Dakota, we have become more open to families of all make-ups. However, we're still battling the shame and stigma that discourages people from getting help for behavioral health conditions and substance use addiction. Infants born under these conditions are truly the most vulnerable citizens that we have pledged to protect.

By expanding the number of approved locations and intake personnel, infants can be left unharmed and you will have created **more safe places** for

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p2.

those babies whose mother, father, grandparent have hoped for a better life than the one they were able to provide.

Gratefully, we acknowledge that children being surrendered anonymously isn't a huge issue in North Dakota, but families, communities, and our State will benefit when there is a process in place that the public is aware of and prepared to act upon. Lives can be saved. Resources and time can be focused where needed because we have a plan in place. The anxiety, pain and grief of a tragic event could be avoided.

At the Department of Health, our mission is to improve the length and quality of life for all North Dakotans. Thank you for helping us do this.

19.0327.04001
Title.

Prepared by the Legislative Council staff for
Representative Skroch
January 17, 2019

#1
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1-29-19
p1-

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1285

Page 1, line 13, after the underscored period insert "The term includes any other location within the county if approved by the board of county commissioners."

Page 1, line 15, after "station" insert ", campus police department."

Renumber accordingly

Testimony for HB 1285, March 13, 2019
Abandoned Infant Immunity, Safe Haven Law

Senate Human Services Committee

Good morning Madam Chair Lee and members of the Senate Human Services Committee. For the record, I am Kathy Skroch from Lidgerwood, representing District 26, serving portions of Dickey, Ransom, Richland and all of Sargent counties of North Dakota. I come before you to introduce HB 1285 and speak with you about the abandoned infant immunity law in Section 50-25.1-15 of North Dakota . What this law does is allow a parent in crisis (or an agent with the parent's consent) to abandon their unharmed infant, at an approved drop off location and the parent is allowed to walk away, no questions asked.

Among your handouts I have provided copies of:

- information about the National Safe Haven Alliance
- Baby Safe Haven and samples of their web page information
- the story of Baby Moses which was the case that help inspire the original passage of the ND Safe Haven Law now in NDCC
- ND data provided by Child Protective Services about infants abandoned from 2014-18; totals of infants age 1 and younger placed in foster care for reasons of neglect, physical abuse or sexual abuse in ND from 2012-18; infant deaths by reason of homicide 2012-17 and cause
- Letters of support from Dr. Randall Cooper and Shealynn Roller

I first became aware of an issue with the current Safe Haven law when a news story broke about a newborn infant that had been dropped off at a fire station in Grand Forks, ND. The infant was wrapped in a towel, placed in a box and left on the doorstep on a wintery, 18-degree, December day. By the grace of God, the child was found soon after abandoned and was unharmed. (On a side note, one year later the little girl was adopted by loving parents).

A second incident was brought to my attention by a constituent. According to the complaint, a parent dropped his infant at a North Dakota hospital to abandon it. Law enforcement was promptly called resulting in the father being arrested and jailed.

I draw your attention to lines 19 and 20 of the bill, "Neither the parent nor the agent is subject to prosecution for leaving an abandoned infant at a hospital". The Abandoned Infant Immunity laws were not properly followed. Since introducing HB 1285 I have continued researching the law and its implementation. After lengthy discussions with department staff it was realized that the law had not been fully implemented. Uniform training and education state wide are not in place. There exists lack of proper understanding of the law by those involved with these cases and of how the right of immunity is applied.

Also, see Subsection 6, page 2, lines-17-21. A report of the abandoned infant is not to be made before the parent or agent has left the approved location. HB 1285 is being introduced to address these issues related to the existing law.

HB 1285 does these three things:

1. To prevent situations similar to what happened in Grand Forks, in Section 1, line 10, the words are added to ensure that an infant is delivered to an on-duty staff person. After visiting with several stake-holders and agencies representatives, this change was suggested to address risks due to North Dakota extreme weather conditions.
2. Because hospitals may not be located near or accessible to parents in crisis, law enforcement agencies, county social service offices and alternate locations as approved by the county commissioners have been added as approved drop-off locations. These additions replicate similar approved locations in other states.
3. Because the ND Safe Haven provisions are being expanded, the method and availability is changed and in a direct response to the lack of public knowledge about this law, a public awareness campaign is put in place.

The new subsection 10, page 3, requires a public awareness campaign. Agencies as well as the public need information about this law. The ND Department of Health would be the most capable agency to carry out a state-wide public awareness campaign about the ND Safe Haven law. They have agreed to assume this responsibility.

After hearing the testimony Mylynn Tufte, ND State Health Officer, we can now understand why she has such a passion for the Safe Haven provisions.

The House Human Services Committee members were blown away by her revelation. Mylynn is away on official duties and unable to be present in person. Though her oral testimony would be far more powerful, she has provided her written testimony which I encourage you to read.

Are there cases of abandoned infants in North Dakota? (See the data provided from the ND Department of Health)

How many babies have been abandoned in the previous 5 years?

Data: Infants abandoned: 2014-2018

How many abused babies might have been delivered into safe hands if the people of North Dakota were made aware of abandoned infant locations and immunity from charges of neglect when turning over an infant?

Page 2. Data: Infants under the age of 1 year placed in foster care due to abuse: 2012-2018

How many babies died that might have been saved if parents in crisis had been aware that they could have taken their baby to an approved location?

Page 3. Data: Infant fatalities and causes of death: 2012-2017

Might we have been able to save even 1 infant and prevented their suffering.

Since introducing HB 1285, I have continued researching options for the implementation of the ND Safe Haven law. I have had lengthy discussions with Heather Burner, National Safe Haven Alliance Administrator. She has prepared her personal testimony for the committee which is provided in your handout. She can provide advisement as well as a wealth of materials about programs and training related to the nation-wide system and Hot-line. In discussions with her and others, I realized how much more work is ahead to help parents and their babies in abandonment situation.

The first step needed is the putting together of a working group to research options followed by put together a plan going forward. The amendment I have included provides for the formation of that working group. I encourage your acceptance of the amendment.

I have been assured that no fiscal not is necessary in passage of this bill.
Thank you for the opportunity to introduce HB 1285 before the committee.
I will stand for any questions.

Kathy Skroch

Case helped inspire N.D. Safe Haven Law

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3/13/19
#1 Pg. 3

The 1999 case of "Baby Moses," the infant found dead in a suitcase on the Fort Berthold Reservation, was one of two cases of abandoned infants in the late 1990s that helped inspire North Dakota's Safe Haven Law.

The first was a 1998 case of a North Dakota State University student who gave birth in a sorority house bathroom, wrapped the baby in a towel and put it under her bed. The baby was dead when the woman returned from class, and she dumped the baby in a campus trash bin.

Laura Rafferty later entered an Alford plea to negligent homicide, though her baby's body was never found. She was sentenced to three years of supervised probation under a plea agreement between her attorney and the Cass County State's Attorney's Office.

The Safe Haven Law passed by the 2001 North Dakota Legislature allows a parent, or someone acting on behalf of a parent, to leave an infant, defined as a child younger than 1 year old by North Dakota law, at a hospital without facing prosecution for abandoning the child. Nearly every state in the United States has passed a similar law since Texas did so in 1999.

Marlys Baker, administrator for child maltreatment prevention at the state human services department's division of children and family services, said the law has been used only once since it took effect, to her knowledge.

In August 2006, a man dropped off his daughter at Innovis Hospital in Fargo a day shy of her first birthday. The man gave the girl to the emergency room receptionist, along with a diaper bag, a bottle and a note that included his name, his daughter's name and the name of a social services worker who had been working with him.

Baker said a mother left a hospital without taking her newborn baby with her in another similar incident in North Dakota. She said the human services department does not see that as a use of the Safe Haven Law.

"We consider that to be a 'boarder baby,'" she said, explaining that "boarder baby" is a term for a baby left at a hospital at birth.

Baker said the state's Safe Haven Law has not been widely publicized, which may be why it has been used so rarely. However, she said she does not believe any babies have been found abandoned since the law took effect.

Other states have had more problems with people abandoning infants, Baker said. When a baby is abandoned in North Dakota, people find it shocking, she said.

"I like to think that in North Dakota we have a number of supports, both public and private ... for mothers who are having an unexpected pregnancy," she said.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1285

Page 1, line 2, after "locations" insert "; to provide for the creation of a work group on abandoned infants; and to provide for a report to the legislative management"

Page 3, after line 14, insert:

**"SECTION 2. WORK GROUP ON ABANDONED INFANTS - REPORT TO
LEGISLATIVE MANAGEMENT.**

1. During the 2019-20 interim, a work group on abandoned infants shall gather information and develop recommendations to design the optimal response to abandoned infants within existing systems and resources.
2. The work group consists of the following:
 - a. One member of the senate appointed by the chairman of the legislative management;
 - b. One member of the house of representatives appointed by the chairman of the legislative management;
 - c. The state health officer, or the state health officer's designee;
 - d. The executive director of the department of human services, or the executive director's designee;
 - e. The director of the department of emergency services, or the director's designee;
 - f. The attorney general, or the attorney general's designee;
 - g. Three representatives of state, county, or local law enforcement agencies appointed by the attorney general;
 - h. A county social services director, appointed by the executive director of the department of human services; and
 - i. Any person or public agency representative the work group determines is necessary to accomplish protocol development.
3. The state department of health shall convene the work group. The work group shall elect a presiding officer by a majority vote of the membership of the work group. The work group shall meet at the call of the presiding officer.
4. The work group shall:
 - a. Gather information concerning abandoned infants and protocols established by approved locations.
 - b. Receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations.

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- c. Design and implement a cross-systems protocol within existing systems and resources for an optimal response to a report of an abandoned infant at an approved location.
5. Before July 1, 2020, the work group shall submit a final report with the work group's recommendations, along with any proposed legislation necessary to implement the recommendations, to the legislative management."

Renumber accordingly

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Testimony in favor of House Bill 1285

**Mark Jorritsma, Executive Director
Family Policy Alliance of North Dakota
March 13, 2019**

Good morning Madam Chair Lee and honorable members of the Senate Human Services Committee. My name is Mark Jorritsma and I am the Executive Director of Family Policy Alliance of North Dakota. I am testifying in favor of House Bill 1285 and respectfully request that you recommend a "DO PASS" on this bill.

This bill poignantly highlights our need to address the results of our pervasive culture that continues to devalue life. It saddens me that such a bill is even necessary, but those of us with an abiding belief in the worth and dignity of every human being must protect those who cannot protect themselves.

House Bill 1285 increases the likelihood of a baby being successfully dropped off and receiving proper care, which Family Policy Alliance of North Dakota strongly supports. We believe in protecting life from conception to natural death and it is the responsibility of those who believe in protecting life to do everything in our power to save and protect our infants.

This bill provides a compassionate opportunity for saving the lives of children abandoned by parents who often are young, desperate, and even unaware of financial and other supportive resources. If this bill helps rescue the lives of additional children, the effort will be entirely worthwhile and certainly worth the support of this Committee and the Legislature. Please vote House Bill 1285 out of committee with a "DO PASS" recommendation.

Thank you for the opportunity to testify and I stand for any questions you may have.

1515 Burnt Boat Drive, Suite C148
Bismark, ND 58530

P 866.655.4545

UNLEASHING CITIZENSHIP

FamilyPolicyAlliance.com/NorthDakota




Bette Grande

HB 1285
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#1 pg. 8

Chairman J Lee, Vice Chair O. Larsen, and members of the Senate Human Service committee, My name is Bette Grande. I live in district 41 in Fargo ND. I come in front of the committee today as a private citizen and also as a former legislator who work on the original legislation that is before you. Thank you for allowing me to submit written testimony on HB 1285.

I stand in support of this legislation and encourage a do pass. This legislation is often referred to as the safe haven law. The locations, time frame and other particulars vary from state to state but in every case the results are the same, lives are saved.

Some history of the "Safe Haven" laws: The enactment of legislation has been remarkable and precedent setting. Texas passed a "Safe Haven" bill in 1999, two years later North Dakota became the 2nd state (2001 Legislative Session), thirty-four more states passed "safe haven" statutes between 2002 and 2004, in 2005 thirteen more states followed, last were Alaska, Vermont, and Nebraska. Not one vote was cast against the laws in at least ten states, and opposition in the remaining states was scant. The vast majority of Legislators in each of these states saw the value and importance of these laws.




Safe Haven locations vary across the nation depending on the demographics of each state. Hospitals, fire stations, and police stations are the most common sites. All are associated with emergencies and are open and staffed most the time, typically with medically trained personnel. They are also usually prominently located in each community and can be easily identified so that mothers will know where to turn. A few states have designated other intuitive locations, such as adoption agencies or churches. Some states are now recognizing that infants are found near college dorms, so "police station" includes campus police. If this is not the interpretation in North Dakota I would like to suggest that these facilities be included as safe haven locations.

We have all read or heard the stories of babies being abandon at various locations for various reasons. If we can save the child's life and save the mother from a life of heartache and guilt it is worth making this program more visible in our State. Most states have programs and outreach that offer information about locations and information regarding the laws. Some examples follow:

<http://safehaven.tv/states/>
<http://www.babymosesproject.org/index.html>
<http://saveabandonedbabies.org/about.shtml>
<http://secretsafeplaceln.org/>

I believe the asking of more information and PSA will increase awareness in the state of ND, is a very beneficial thing to do and will help in the assistance of making this a blessing for all involved.

Thank you for your time,
Bette Grande



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01/27/2019

The Honorable Kathy Skroch
House Representative
10105 155th Avenue SE
Lidgerwood, ND 58053

Dear Representative Skroch:

I am writing to you in regard to the bill you introduced about infant abandonment locations. I am a nursing student at the at the University of North Dakota and through my clinical experiences, I have cared for clients that may be unable to support their infant financially or emotionally and feel that there only option is to give up their child. Due to this, I feel it's important to educate every parent on resources and options they have regarding their children.

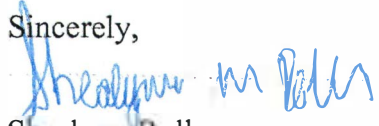
I am supportive of the changes in the child abandonment bill because I feel that it provides better clarification and understanding of the process. By changing the wording from "hospitals" to "approved locations", I feel that it allows better accessibility to those in the community to reach these locations. Also, due to North Dakota being a rural area some people may not have the access to only a hospital and may leave the infant in unsafe conditions. It is often known in rural communities that everyone knows everyone and by changing the wording and adding more approved locations, a person may feel they can go to these places without being seen or judged.

Child abuse and neglect has remained stable at 3,700-4,000 kids/year for the last 10 years (The Annie E. Casey Foundation, 2019). As an expecting mother, I am horrified by the thought of children being left in blizzarding conditions due to lack of knowledge related to abandonment laws. This is what has motivated me to write to you.

I strongly urge you to continue to push this bill forward as well as making this law known to the public. This will ensure that the children of North Dakota are provided safe living conditions. I look forward to seeing more public service announcements and educational opportunities about the changes to the child abandonment laws.

If there is any way I may be able to assist, please feel free to contact me. Thank you for your support.

Sincerely,


Shealynn Roller
3655 Ruemmele Rd
Apt # 205
Grand Forks, ND 58201
(701) 290-2774
Shealynn.roller@und.edu

The Annie E. Casey Foundation. (2019). *Child abuse and neglect reports*. Retrieved from <https://datacenter.kidscount.org/data/tables/2443-child-abuse-and-neglect-reports?loc=36&loct=2#detailed/2/any/false/871,870,573,869,36,868,867,133,38,35/any/5090>

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Dear State Legislator;

National Safe Haven Alliance (NSHA) and state Safe Haven organizations have taken extreme measures to promote life and safe alternatives for parents in a crisis situation. NSHA works with state agencies and Safe Haven organizations nationally, assisting providers and parents as subject matter experts. NSHA recognizes that each state in the U.S. has a Safe Haven law and to continue the advancement of the mission to prevent infant abandonment in this country changes need to be implemented.

All states include a hospital as a designated Safe Haven site in the Baby Safe Haven statute. NSHA recommends that amendments be made to the existing Safe Haven law to meet national standards in your state. The addition of designated providers increases awareness and safe locations for a parent in crisis. Locations include on duty; Fire, EMS and Law Enforcement personnel, pregnancy resource center staff, adoption agency staff, participating churches and may also include child welfare agency staff. These locations meet the national standards found to be in alignment with best practice, and the safety and security of a surrendered infant and mother. We know that relinquishing an infant to an actual Safe Haven provider (person) will NEVER fail a parent or infant.

HB1285 shall consider following recommendations to align with best practice statutes and the intent of Safe Haven laws:

1. Development of comprehensive Safe Haven training for CPS, Department of Public Health, and all Safe Haven providers to provide higher level of care and practice in alignment with state law.
2. Safe Haven awareness campaign funding.
3. All Safe Haven posting at agencies. Sites without 24/7 staff shall include the National Safe Haven Alliance hotline number for confidential and safe direction including but is not limited to; direction to nearest Safe Haven location, direction to remain at current or stated location while NSHA staff contact nearest Fire, EMS or Law Enforcement personnel for immediate response to designated location to receive child.
4. The bill currently proposes to approve additional Safe Haven providers, this recommendation is to include on duty Fire and EMS personnel as well as social service staff and Law Enforcement personnel.

Future recommended amendments to current Safe Haven statute in accordance with national model legislation:

1. Parent or responsible person may relinquish an infant up to 30 days of age to a Safe Haven provider.
2. Safe Haven education added to Health Education classes for junior high and or high school curriculum.
3. Mother may deliver an infant in the hospital and relinquish infant to hospital staff when the mother or parent has verbalized no intent to return for the child without fear of prosecution. This is not considered abandonment.
4. The state oversight agency (Child Protective Services) shall designate an approved adoption agency from approved rotating agency list, to facilitate placement of the child with an adoptive family upon medical discharge from a hospital.
5. An infant that is proven to have been exposed to substances is NOT excluded from the Safe Haven law or found to be a "harmful" infant in specific to Safe Haven relinquishment to a designated Safe Haven provider.
6. Other Safe Haven providers may include approved adoption agency locations, pregnancy resource centers and participating churches.

*The National Safe Haven Alliance supports all Safe Haven efforts. NSHA is not affiliated with Safe Haven Baby Boxes and does not promote the installation of these boxes at fire stations or other locations in a community, NSHA is also not affiliated with Michael Morrissey and Baby Safe Haven of Massachusetts.

Sincerely,
Heather Burner Executive Director and National Safe Haven Alliance Leadership

National Safe Haven Alliance - P.O. Box 12631 Glendale, AZ 85318 - 623-428-1308 - www.nationalsafehavenalliance.org



Additional Safe Haven information to consider:

1. National Safe Haven Alliance hotline has an existing partnership with Option Line. Option Line staff provide trusted crisis pregnancy support, resources, counseling referrals based on organizational training and direct contact with Safe Haven subject matter expert 24/7 on call staff. Option Line and NSHA have partnered in offering this service nationally for 20 years. NSHA has three on call staff members utilizing a rotating call calendar, that provide

24/7 assistance to clients, these staff members have completed online crisis response training, Safe Haven education and leadership training and provide direction based on best and safe practice. All NSHA staff receive in depth education regarding Safe Haven law and state based training in accordance to specific state law.

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- NSHA hotline receives over 400 calls per year nationally
- Calls consist of parents facing crisis pregnancy situations and receive support for parenting, temporary placement, adoption and Safe Haven direction if needed.
- 2018 National Safe Haven Alliance hotline statistics include:
 - 27 Safe Haven relinquishments
 - 14 babies placed for adoption
 - 1 newborn placed with Safe Families program for temporary placement
 - 5 children placed in temporary care with Department of Child and Family Services

2. The U.S. government has not developed a federal oversight program to accurately monitor Safe Haven relinquishments or infant abandonment. The ages of surrendered children are unknown as the law provides anonymity and age limit is different for each state. Unofficial statistics monitored by state and national resources since 1999 are as follows:

- 3951 infants have been safely relinquished using the Safe Haven law
- 1443 illegal abandonment of infants
 - 476 found alive
 - 805 found deceased
- Safe Haven relinquishments for North Dakota- 1, 3 illegal abandonments; 2 deceased, 1 alive
- Safe Haven relinquishments for South Dakota- 3, 4 illegal abandonments; 3 deceased, 1 alive
- Safe Haven relinquishments for Montana- 4, 1 illegal abandonment; 1 deceased
- Safe Haven relinquishments for Minnesota- 37, 17 illegal abandonments; 12 deceased, 5 alive
- 2019 total reported Safe Haven relinquishments totals 24 as of March, 2019

3. National Safe Haven Alliance provides expert comprehensive training for Safe Haven providers including state agencies such as Department of Public Health and Child Protective Services. Our consultants develop webinar training in alignment with state law, policy and procedure development, process implementation, Safe Haven provider training, proper posting in accordance with statute, and provide subject matter expert support. Information sheet attached to this letter

- NSHA also provides national awareness campaigns such as Project Adopt A Safe Haven, allowing community member to sponsor a Safe Haven location to receive up to date training, signs and an infant care package. With this training the location then receives official recognition as a National Safe Haven site. Flyer attached to this letter.

- Signs and decals with national logo available in english and spanish and version including national Safe Haven helpline are also available to order. These are provided as attachment to this information.

4. Safe Haven cases in the last 12 months:

- 3/2019 Hospital staff called hotline for Safe Haven information and process for a mother requesting to surrender the baby using Safe Haven law. State law information and direction provided to social worker and process for in hospital delivery. Mother given all information and chose to relinquish infant after both discharged from hospital. NSHA assisted with documentation, process, and support for staff and mother.

- 2/2019 Mother called after delivering at home, googled at home delivery and then adoption agency, the agency she contacted provided incorrect direction when she arrived at hospital with baby providing all information, staff were unsure what to do and reported this as Safe Haven to DCFS. Mother then was not allowed to see baby or receive direction for adoption proceedings with hospital social worker. She called NSHA hotline explained situation and mother was referred to reliable adoption agency for information, she chose to not work with previous agency and agreed to work with supporting and local agency in her state. This mother was then able to see her infant, choose an adoptive family and chose an open adoption so that she has contact and pictures of her baby. NSHA staff has continued contact with this client and provides ongoing support and communication.

- 11/2018 Woman called NSHA hotline, stated she just found out she was pregnant and was searching for late term abortion options and found Safe Haven information online. She asked many questions regarding Safe Haven law and did agree to discuss adoption options as well. This woman was connected with an adoption agency case worker on rotating resource list and said she wanted to surrender baby using Safe Haven law. A few weeks later, NSHA crisis responder received a text message at 5 a.m. this woman was hiding in bathroom after hiding pregnancy from mother whom she lived with, she stated her water broke and was waiting for her mother to go to work to call 9-1-1 to be transported to hospital, contractions were 4 minutes apart at time of text. NSHA staffed continued to text with mother until arrived at hospital where she delivered baby 1 hour after arriving. After seeing the baby mother began to ask about adoption and was interested in an open adoption, she was connected to adoption

agency case worker and after discussing options she chose to place newborn with an adoptive family and receive updates.

- 10/2018 Woman called hotline crying, Option Line staffed contacted Safe Haven staff for mother requesting help. Caller would not give much information initially, caller stayed on phone for 2 hours asking staff to stay on phone. Caller did finally say she was pregnant and in a very bad situation and locked in house. Caller said she needed to get off of the phone and would call back later. Woman did call back at 11 p.m. crying, said she was having pain in lower back and Safe Haven crisis responder was able to assess the pain occurring intermittently and at that time was approximately 3 minutes apart, deducing woman was in labor. She refused to call 9-1-1 for medical response, searched house for car keys and found them hidden in a drawer, she wanted to drive self to hospital approximately 5 minutes from house. Hotline staff stayed on phone while driving timing contractions for woman while driving so she could pull over during contractions, continued to stay on the call while woman delivered her baby. Over the next few days mother changed her mind about relinquishing baby using Safe Haven, mother was fearful and slowly began to explain her circumstances. This young woman had been trafficked from one state to another and kept in a home initially with other women and eventually alone with her trafficker, she was instructed to "work" 5-7 times per day. NSHA staff connected this woman to her home state anti-trafficking agencies that provide counseling and direction. She called family and friends with the support of NSHA staff, the family flew to her and drove her and newborn infant back to her home state. Local police were notified and an investigation was initiated as well. Mother did choose to parent her baby girl and continues to contact NSHA staff member to provide pictures and updates and both mother and baby are doing well. Mother continues to receive counseling services and support.

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Foster Care Clients Younger than Age 1 with Foster Care Entry Reason of Parental Abandonment; by Region, County, & Custodian (CYs 2014-2018)

This report shows the number of Foster Care clients younger than age 1 with an Entry Reason of Parental Abandonment (Reason Code = PA) for calendar years 2014-2018, based on Foster Care Program Start Date. Age is calculated based on client Date of Birth and Placement Start Date.

Region - County		2014	2015	2016	2017	2018
I - Northwest	WILLIAMS		2			1
	Region Total		2			1
II - North Central	MOUNTRAIL			4		
	WARD				3	
	Region Total			4	3	
III - Lake Region	BENSON			1	1	
	RAMSEY			5		
	ROLETTE		4			1
	Region Total		4	6	1	1
IV - Northeast	WALSH			1		
	Region Total			1		
V - Southeast	CASS			2	4	3
	TRAILL		1			
	Region Total		1	2	4	3
VI - South Central	BARNES					1
	STUTSMAN			1		
	Region Total			1		1
VII - West Central	BURLEIGH	3		1		2
	MC LEAN				4	
	MORTON				2	
	SIOUX		1		3	
	Region Total	3	1	1	9	2
Statewide Total		3	8	15	17	8

**TOTAL NUMBER OF CHILDREN UNDER THE AGE OF 1 YEAR AND THE NUMBER OF CHILDREN AGE 1 YEAR
WITH A PRIMARY ENTRY TO FOSTER CARE REASON OF NEGLECT, PHYSICAL ABUSE, OR SEXUAL ABUSE BY REGION
CALENDAR YEAR 2012 THROUGH CALENDAR YEAR 2018**

Region	Primary Entry Reason	CY 2012		CY 2013		CY 2014		CY 2015		CY 2016		CY 2017		CY 2018	
		Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year	Under Age 1 Year	Age 1 Year
I - Northwest	Neglect	2	0	13	3	0	0	0	0	4	6	11	9	0	0
	Physical Abuse	3	5	0	0	0	0	8	2	2	1	0	0	2	5
	Sexual Abuse	0	3	0	0	0	2	0	0	0	0	0	0	0	0
II - North Central	Neglect	3	2	5	5	4	2	5	11	3	10	2	10	6	5
	Physical Abuse	0	0	0	4	5	1	5	4	9	6	0	0	0	4
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
III - Lake Region	Neglect	16	5	1	7	0	7	1	0	6	12	1	8	14	3
	Physical Abuse	0	0	0	0	2	0	0	0	4	0	0	0	13	7
	Sexual Abuse	2	0	0	0	0	0	0	0	0	0	0	0	0	0
IV - Northeast	Neglect	7	8	11	12	15	7	29	19	9	3	16	21	8	2
	Physical Abuse	4	0	8	8	3	0	0	0	0	0	0	0	4	4
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V - Southeast	Neglect	14	19	5	11	7	3	12	9	3	6	14	14	8	2
	Physical Abuse	5	0	2	0	2	3	8	5	9	1	1	1	3	2
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VI - South Central	Neglect	7	6	3	6	3	4	0	5	5	3	5	0	1	0
	Physical Abuse	0	0	0	0	0	0	0	0	0	0	2	1	0	1
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VII - West Central	Neglect	2	2	4	4	3	1	8	5	8	5	4	6	9	14
	Physical Abuse	4	2	2	0	6	4	3	3	5	0	7	2	14	1
	Sexual Abuse	0	0	0	0	0	0	0	0	0	0	1	0	0	0
VIII - Badlands	Neglect	1	1	8	2	0	1	0	0	3	2	1	0	1	2
	Physical Abuse	0	0	1	1	0	0	7	0	0	0	5	0	0	0
	Sexual Abuse	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Statewide	Neglect	52	43	50	50	32	25	55	49	41	47	54	68	47	28
	Physical Abuse	16	7	13	13	18	8	31	14	29	8	15	4	36	24
	Sexual Abuse	2	3	1	1	0	2	0	0	0	0	1	0	0	0

Source: FRAME Data System

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Calendar Year	Number of Children	Cause of Death
CY 2012	1	Homicide due to Blunt Head Injury in Battered Child Syndrome
CY 2013	0	
CY 2014	0	
CY 2015	2	Positional Asphyxia during unsafe sleep (1 child). Homicide due to Asphyxia by Strangulation (1 child).
CY 2016	2	Homicide from complications of Blunt Force Craniocerebral Injury (1 child). Homicide due to Blunt Force Head and Cervical Spine Trauma (1 child).
CY 2017	1	In utero substance exposure.
TOTAL NUMBER AND CAUSE OF DEATHS OF CHILDREN UNDER THE AGE OF 1 YEAR DUE TO ABUSE AND/OR NEGLECT IN NORTH DAKOTA CY 2012 – CY 2016		

This report shows the number of children under the age of 1 year identified by the North Dakota Child Fatality Review Panel as having died due to abuse and/or neglect for calendar years 2012-2016, as reported in the Review Panel's detailed annual report for each year. Data for CY 2018 have not been reported as of this writing.

Source: North Dakota Child Fatality Review Panel Detailed Annual Report 2012, 2013, and 2014. Published February 2017, accessed at <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2012-2013-2014.pdf>.

North Dakota Child Fatality Review Panel Detailed Annual Report 2012, 2013, and 2014. Published May 2018, accessed at <http://www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2015-2016.pdf>.

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From: Cooper, Randal randal.cooper@und.edu
Subject: HB 1285
Date: Jan 14, 2019 at 9:54:15 PM
To: Skroch, Kathy kskroch@nd.gov

CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe.

Hello Representatives,

My name is Dr. Randal Cooper. I have a Bachelor of Medical Sciences, a Doctorate in Chiropractic, and a Medical Degree. I am currently a third year resident at the Center for Family Medicine with the University of North Dakota in Bismarck, ND.

I regret that due to my schedule I am unable to attend today's hearing but I wanted to forward my testimony in favor of Bill HB 1285.

In April 2018 I was working in the NICU for four weeks at St. Alexius hospital. During this time I observed multiple neonates that were born to parents who were unable to provide adequate care for their infants due to a variety of life circumstances. In the best interest of these children more education and resources need to be provided to mothers going through difficult times. They need to know that there is a safe place to turn their children in at the state level without reprimand allowing their children to be given the best chance at a better life.

Unfortunately, my experience has been that these mothers are often victims of domestic violence and tragically the infant becomes caught in the crossfire. I've personally witnessed five separate cases in which infants have sustained significant injuries related to these volatile situations one resulting in death.

I feel strongly that no matter the circumstance the welfare of the child should always come first. There needs to be more places for these mothers to turn, especially in smaller communities where hospitals and police services are not available. Bill HB 1285 will ensure there are more advocates for these children. Even if we can help one child it will be worth it.

I appreciate your consideration in this matter.

Sincerely,

Dr. Randal Cooper

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#1 pg. 17CONFIDENTIAL TOLL FREE HOTLINE
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LOCATIONS

CHOOSE YOUR STATE FOR MORE INFORMATION

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NSHA LAWS

Mouse over the icon for the location name, or click the link for full details of each state's Safe Haven program.

Alabama	(3 Days)	H*	Title 26, Ch. 25, Sect. 26-25-1, 2, 3, 4, 5 LINK
Alaska	(21 Days)	H ↓ *	Senate Bill No. 44, Section 11.81.500 LINK
Arizona	(3 Days)	H* ↓ ↓	Revised Statute 13-3623.01 LINK
Arkansas	(30 Days)	↓ ↓ + *	Arkansas Code Title 9, Ch. 34, Sect. 202.203 & Ann. Code 5-27-205(c) LINK
California	(3 Days)	H	California Penal Code 271.5; Health & Safety Code 1255.7 LINK
Colorado	(3 Days)	H ↓	Revised Statute 19-3-304.5 LINK
Connecticut	(30 Days)	H*	General Statutes 17a-57, 58, 59, 60 LINK
Delaware	(14 Days)	H*	Title 16, Ch. 9, 907A & Title 11, 1102A LINK
Florida	(7 Days)	H* ↓	Ann. Statute 383.50 LINK
Georgia	(7 Days)	+ H +	Ann. Code 19-10A-1, 2, 3, 4, 5, 6, 7 LINK
Hawaii	(3 Days)	H ↓ ↓	Hawaii Revised Statute 709.902 LINK
Idaho	(30 Days)	H + *	Idaho Codes 39-8202, 3, 4, 5, 6 LINK
Illinois	(30 Days)	H ↓ ↓ *	Illinois Compiled Statutes Ch. 325, 2/10, 2/20-2/40 LINK
Indiana	(45 Days)	H* ↓ ↓	Title 31, Article 34, Ch. 2.5 LINK
Iowa	(14 Days)	+ H *	Ann. Stat. 233.1, 2, 3, 4 LINK
Kansas	(45 Days)	+ ↓ +	Ann. Statutes 38-2282; 21-3604 & 38-2289(d) LINK
Kentucky	(3 Days)	H* ↓ ↓	Revised Statutes 216B.190; 405.075 & 620.350 LINK
Louisiana	(30 Days)	H ↓ ↓	Louisiana Code Articles 1149-1159 LINK
Maine	(31 Days)	H* ↓ ↓ *	Ann. Stat. Title 17-A, 553(3) & Title 22, 4018 LINK
Maryland	(10 Days)	H ↓	Maryland Statutes, Courts & Judicial Proceedings 5-64 LINK

Kentucky	(3 Days)	H*  	Revised Statutes 216B.190, 405.075 & 620.350 
Louisiana	(30 Days)	H  	Louisiana Code Articles 1149-1159 
Maine	(31 Days)	H*   	Ann. Stat. Title 17-A: 553(3) & Title 22, 4018 
Maryland	(10 Days)	H 	Maryland Statutes, Courts & Judicial Proceedings, 5-641 
Massachusetts	(7 Days)	H  	Ann. Laws Chapter 119, 391/2 
Michigan	(3 Days)	H   	Michigan Compiled Laws 712.1, 2, 3, 5, 7, 10, 11, 12, 13, 14, 15, 17, 20 
Minnesota	(3 Days)	H	Ann. Statutes 145.902; 609.3785 & 260C.217 
Mississippi	(3 Days)	H*  	Ann. Code 43-15-201; 43-15-207 
Missouri	(1 Year)	H*  	Ann. Statute 210.950 
Montana	(30 Days)	H  	Ann. Code 40-6-402, 403, 404, 405, 406 
Nebraska	(30 Days)	H	Nebraska Revised Statute 28-705 
Nevada	(30 Days)	H*  	Revised Statute 432B.630; 200.508 & 201.110 
New Hampshire	(7 Days)	H*  	New Hampshire Revised Statutes Chapter 132 - A:1, 2, 3, 4 
New Jersey	(30 Days)	H*  	Ann. Statutes 30:4C, 15, 7, 8 
New Mexico	(90 Days)	H+	Ann. Statutes Chapter 24, Article 22 1-8 
New York	(30 Days)		Penal Code 260.03; 260.15 & Soc. Serv. Law 358-a 
North Carolina	(7 Days)	+* 	North Carolina Statutes 7B-500 
North Dakota	(1 Year)	H	North Dakota Century Codes 27-20-02; 50-25.1-15 
Ohio	(30 Days)	H* 	Ohio Revised Statutes 2151.3523; 2151.3424 
Oklahoma	(7 Days)	H+ 	Ann. Statute Title 10, 7115.1 
Oregon	(30 Days)	H+ 	Revised Statute 418.017 
Pennsylvania	(28 Days)	H 	Cons. Statute Title 23, 6502, 6503 
Rhode Island	(30 Days)	H*  	General Laws 23-13.1-3, 4, 5 
South Carolina	(30 Days)	H* 	Ann. Code 20-7-85 
South Dakota	(60 Days)	+*  	Ann. Laws 25-5A-27, 28, 29, 30, 31, 32, 33, 34, 35, 36 
Tennessee	(3 Days)	H+  	Ann. Code 68-11-255; 36-1-142 
Texas	(60 Days)	H*  	Fam. Code 262.301, 2, 3, 4, 5, 6, 7, 8, 9; 262.105 & Penal Code 22.041(h) 
Utah	(3 Days)	H*	Ann. Code 62A-4a-801; 62A-4a-802 
Vermont	(3 Days)	H+*  	Ann. Stat. Title 13, 1303 
Virginia	(14 Days)	H*   	Ann. Code 18.2-371.1; 40.1-103; 8.01-226.5/2 & 63.2-910.1 
Washington	(3 Days)	H* 	Revised Code 13.34.3601 
West Virginia	(30 Days)	H+	Ann. Code 49-6E-1, 2, 3, 4, 5 
Wisconsin	(3 Days)	H  	Ann. Stat. 48.195 
Wyoming	(14 Days)	H*  	Ann. Statutes 14-11-101, 102, 103, 104, 105, 106, 107, 108, 109 
Washington DC	(7 Days)	H*  	Washington D.C. Newborn Safe Haven Act of 2009 

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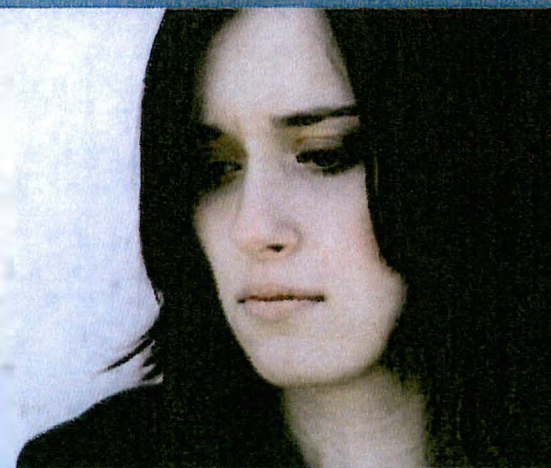
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SOUTH DAKOTA



ABOUT THE SOUTH DAKOTA SAFE HAVEN LAW



MEDICAL
FACILITY



EMS
PROVIDER



FIRE
STATION



LAW
ENFORCEMENT
AGENCY



CLINIC



DAYS

South Dakota Safe Haven Law:

[Ann. Laws 25-5A-27,28,29,30,31,32,33,34,35,36](#) PDF

You can leave your baby, up to 60 days old, with an emergency medical services provider, or employee at any fire department, law enforcement agency, clinic or medical facility in South Dakota.

About the Law

(click for details)

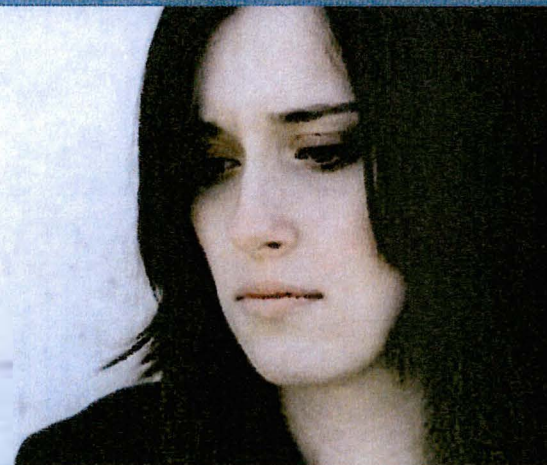
- ▶ How does it work?
- ▶ What's the difference between Safe Haven and Adoption?
- ▶ Can only a parent bring in the baby?
- ▶ Can you help a parent decide where to bring the baby?
- ▶ Does a parent have to call before bringing in the baby?
- ▶ Does a parent have to tell anything to the people taking the baby?
- ▶ What happens to the baby?

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MISSOURI

ABOUT THE MISSOURI SAFE HAVEN LAW



Missouri Safe Haven Law:

[Ann. Statute 210.950](#) PDF

You can leave your baby, up to 1 year old, with an on duty employee at any hospital, fire department, emergency medical professional or law enforcement agency in Missouri.

In Missouri, no one ever has to abandon a child again

About the Law

(click for details)

- ▶ How does it work?
- ▶ What's the difference between Safe Haven and Adoption?
- ▶ Can only a parent bring in the baby?
- ▶ Can you help a parent decide where to bring the baby?
- ▶ Does a parent have to call before bringing in the baby?
- ▶ Does a parent have to tell

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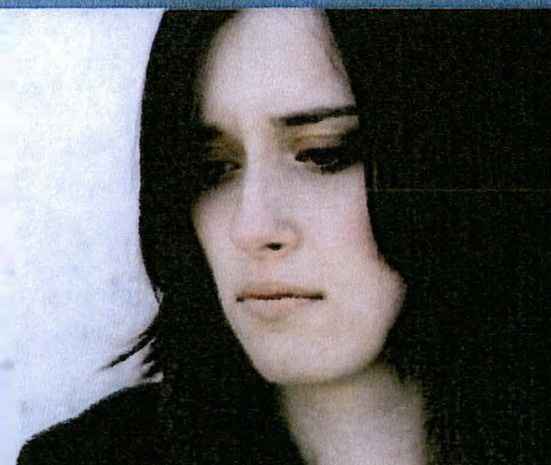
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MAINE



ABOUT THE MAINE SAFE HAVEN LAW



HOSPITAL



EMERGENCY
ROOM



LAW
ENFORCEMENT
AGENCY



EMS
PROVIDER



FIRE
STATION



DAYS

Maine Safe Haven Law:

[Ann. Stat. Title 17-A; 553\(3\) & Title 22, 4018](#)

You can leave your baby, up to 31 days old, with an employee at any law enforcement agency, medical emergency room or medical services provider, including, but not limited to a: physician,

About the Law

(click for details)

- ▶ How does it work?
- ▶ What's the difference between Safe Haven and Adoption?
- ▶ Can only a parent bring in the baby?
- ▶ Can you help a parent decide where to bring the baby?
- ▶ Does a parent have to call before bringing in the baby?
- ▶ Does a parent have to tell anything to the people taking the baby?

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NEW HAMPSHIRE

ABOUT THE NEW HAMPSHIRE SAFE HAVEN LAW



HOSPITAL

911
RESPONDERPOLICE
DEPARTMENTFIRE
STATION

CHURCH



DAYS

New Hampshire Safe Haven Law:

[New Hampshire Revised Statutes Chapter 132 - A:1,2,3,4](#) 

You can leave your baby, up to 7 days old, with an employee that is on duty at any hospital, fire station, police station, church or with any 911 responder at an agreed transfer location in New Hampshire.

In New Hampshire, no one ever has to abandon a child again.

About the Law

(click for details)

- ▶ How does it work?
- ▶ What's the difference between Safe Haven and Adoption?
- ▶ Can only a parent bring in the baby?
- ▶ Can you help a parent decide where to bring the baby?
- ▶ Does a parent have to call before bringing in the baby?
- ▶ Does a parent have to tell anything to the people taking the baby?
- ▶ What happens to the baby?
- ▶ Does my state have a Baby Safe Haven law?
- ▶ What is a Baby Safe Haven

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SAMPLE

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Safe Babies • Safe Place

Safe Haven

ONLY WHEN STAFF ARE PRESENT

1-888-510-2229

Good morning Madam Chair Lee and members of the Senate Human Services Committee. My name is Kim Mertz and I am the Healthy and Safe Communities Section Chief and the State Maternal and Child Health Director for the North Dakota Department of Health. I am here today to provide testimony in support of House Bill 1285.

I am providing written testimony from Mylynn Tufte, the State Health Officer for the North Dakota Department of Health. In her written testimony, Mylynn shares her personal story of being an abandoned infant and the gratitude she has for her birth family for giving her a better life.

The North Dakota Department of Health's mission is to improve the length and quality of life for all North Dakotans. Implementing policies, practices and strategies designed to provide for the health and safety of infants are important and critical approaches to help achieve this mission.

This concludes my testimony. I am happy to answer any questions you may have.

Good morning Madam Chair Lee and members of the Senate Human Services Committee. My name is Mylynn Tufte and I have the honor to serve North Dakota as the State Health Officer. I would like to provide support for House Bill 1285 which would amend and reenact sections of the ND Century Code related to abandoned infants at certain locations.

I am one example of a life that has been blessed should this law be passed. I was born in Seoul, South Korea, and was an abandoned infant at a police station. Was it my mother, father or a grandparent that decided I might be able to have a better life than the one they could provide? I don't think I'll ever know but I'm grateful for the many opportunities that decision has afforded me for life.

Society norms and culture include traditions that are celebrated and some that we are trying to change. At that time, the Korean patrilineal culture and society stigmatized and discriminated against unwed Korean mothers and their children making it so an unwed mother might not be able to get a job or get a husband. Today, in North Dakota, we have become more open to families of all make-ups. However, we're still battling the shame and stigma that discourages people from getting help for behavioral health conditions and substance use addiction. Infants born under these conditions are some of the most vulnerable citizens and those that we have pledged to protect.

By expanding the options for parents to surrender an infant whether by number of approved locations or intake personnel, infants can be left unharmed and you will have created **more safe places** for those babies whose

mother, father, grandparent have hoped for a better life than the one they were able to provide.

Gratefully, we acknowledge that children being surrendered anonymously isn't a huge issue in North Dakota, but families, communities, and our State will benefit when there is a process in place that the public is aware of and prepared to act upon. Lives can be saved. Resources and time can be focused where needed because we have a plan in place. The anxiety, pain and grief of a tragic event could be avoided.

At the Department of Health, our mission is to improve the length and quality of life for all North Dakotans. Thank you for helping us do this.

Testimony
House Bill 1285 - Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman

March 13, 2019

Chairman Lee and members of the Senate Human Services Committee, I am Marlys Baker, Child Protection Services Administrator for the Department of Human Services (Department). I appear today to provide information related to House Bill 1285.

Since enactment of the current "safe haven" law in 2001, it has been the Department's belief that a hospital is the most appropriate location for relinquishment of an infant by a desperate parent. Hospitals are uniquely suited to conduct immediate medical assessment of an infant to determine whether an infant is unharmed, to provide the parent, or agent of the parent, an identifying bracelet and to serve as a safe place where citizens are accustomed to seeking help. There has not been an indication that the current statute is ineffective.

Reviews of infant deaths by the Child Fatality Review Panel over the past 21 years have not revealed instances where an infant was abandoned and died or any case where it was felt a baby could have been saved by expanding available locations where an infant could be relinquished. There have been 6 child abuse or neglect deaths of infants from calendar year 2012 through calendar year 2017. Of these six deaths, four were determined to be homicides. These infant deaths were due to child physical abuse, which research confirms is the most common form of filicide, or the killing of one's own children. One of the six deaths was from positional asphyxia and one was due to in-utero substance exposure.

Reviews of infant deaths by the Child Fatality Review Panel indicate that most of the infant deaths that occur shortly after birth have been to women whose mental condition is so impaired in their thinking that they likely would not have been

organized enough to determine, nor travel to, an approved location to release the infant - even if they have access to transportation. A solution that sends immediate help to a desperate parent in need would seem to be a better option

There are only two instances under the current safe haven law that have come to the attention of Child Protection Services since the inception of the current law, which involved a parent taking an infant to a hospital to be relinquished; one in 2005 and one in 2017. In the 2005 case, a father had been working with a social service agency in his home county, but had traveled to Fargo, became overwhelmed trying to care for his infant and called his social services caseworker. The case worker instructed the father to surrender the infant at a hospital, but when he followed the instruction, he was met with alarm by hospital staff, a call was made to law enforcement and the county's State's Attorney charged the father with abandonment. It was only after the episode was publicized in the media and public outcry ensued to call attention to statute that the charges were dropped. There was no anonymity for the father who tried to do the right thing. In the 2017 case, a woman presented to the hospital to abandon an infant but gave an account of having found the infant alongside the road. Again, law enforcement was called and the State's Attorney notified. I

There was one additional infant left outside a fire station in 2009, which would not have been within the provisions of the current law. The Department does not keep data on safe haven infants, since they don't enter the child protection system when they are voluntarily surrendered under the current statute. The data DHS does have indicates only a reason for entry into the foster care system, not the circumstances of foster care entry.

State foster care data indicates that 51 infants were placed in foster care between 2014 and 2018 for a reason of abandonment. This, however, does not indicate that the infants were abandoned under the "safe haven law". In consultation with county social service offices, the most common scenario under which infants enter foster

care for abandonment include infants born in a hospital, where the mother leaves the hospital without the infant. A reading of the current statute indicates that infants abandoned under the “safe haven” law are brought to a hospital after birth rather than born in the facility, given the language in the law that addresses anonymity, the provision of bracelets to the infant and parent or agent by the hospital and the prohibition of attempts to identify the person surrendering the infant or any follow up unless an infant has been harmed. When an infant is born in a hospital, the facility already possesses identifying information, medical history, insurance or Medicaid information, and so forth. The second most common scenario is when a parent arranges with a friend or family member to care for an infant for a short time, but the parent doesn’t return for days or weeks and the substitute caregiver can no longer care for the infant. Again, it is not a parent nor agent of the parent requesting to surrender the infant permanently and would not fall within the parameters of the current statute. Neither of these scenarios would be impacted by expanding “approved locations” for abandoning an infant. Both scenarios are currently reported the county social service agencies and are assessed by child protection services.

This concludes my testimony, and I am happy to answer any questions you may have.

NDLA, Intern 02 - Carthew, Alexandra

From: Baker, Marlys A.
Sent: Monday, March 18, 2019 5:01 PM
To: NDLA, Intern 02 - Carthew, Alexandra
Subject: RE: HB 1285

Alex,
Here are a couple of comments:

Page 3 # 3:

3. The state department of human services shall convene the work group. ~~The work group shall elect a presiding officer by a majority vote of the membership of the work group. The work group shall meet at the call of the presiding officer.~~

Rationale: If there are really only 2 members, there shouldn't be a need to elect a presiding officer.

Page 4 #5:

Before July 1, 2020, the work group shall submit a final report with the work group's recommendations, ~~along with any proposed legislation necessary to implement the recommendations, to the legislative management~~ department of human services, which may adopt rules.

Rationale: If the report goes only to DHS, there isn't a mechanism for legislation except through an agency bill or request to a bill sponsor. I'm not sure there needs to be language addressing further legislation.

Marlys Baker,
Administrator,
Child Protection Services,
Children and Family Services Division
North Dakota Department of Human Services
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Bismarck ND 58505
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From: NDLA, Intern 02 - Carthew, Alexandra <intern2@nd.gov>
Sent: Monday, March 18, 2019 4:44 PM
To: Baker, Marlys A. <mbaker@nd.gov>
Subject: RE: HB 1285

Sixty-sixth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1285

Introduced by

- 1 A BILL for an Act to amend and reenact section 50-25.1-15 of the North Dakota Century Code,
2 relating to abandoned infants at certain locations; to provide for the creation of a work group on
abandoned infants; and to provide for a report to the legislative management.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

- 4 **SECTION 1. AMENDMENT.** Section 50-25.1-15 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **50-25.1-15. Abandoned infant - ~~Hospital~~Approved location procedure - Reporting**
7 **immunity.**

- 8 1. As used in this section:

- 9 a. "Abandoned infant" means an abandoned infant as defined in section 27-20-02
10 and ~~which~~who has been left with an on-duty staff member at a hospital
11 approved location in an unharmed condition.

- 12 b. "Approved location" means a hospital, law enforcement agency, or county social
13 services office, and includes any other location within a county which is approved
14 by the board of county commissioners or other location designated by rule.

- 15 c. "Hospital" means a facility licensed under chapter 23-16.

- 16 d. "Law enforcement agency" means a participating police station, campus police
17 department, or sheriff's office.

- 18 2. A parent of an infant under the age of one year, or an agent of the parent with the
19 parent's consent, may ~~abandon~~leave the infant with an on-duty staff member at any
20 hospital. An agent of the parent may leave an abandoned infant at a hospital with the
21 parent's consentan approved location. Neither the parent nor the agent is subject to
22 prosecution under sections 14-07-15 and 14-09-22 for leaving ~~the~~an abandoned infant
23 at a hospital.

- 1 3. ~~A hospital~~An approved location shall accept an infant ~~abandoned~~ or left under this
2 section. The ~~hospital~~approved location may request information regarding the parents
3 and shall provide the parent or the agent with a medical history form and an envelope
4 with the ~~hospital's~~approved location's return address. Neither the parent nor the agent
5 is required to provide any information.
- 6 4. ~~The~~If an infant is left at a hospital, the hospital shall provide the parent or the agent
7 with a numbered identification bracelet to link the parent or the agent to the
8 ~~abandoned~~ infant. Possession of an identification bracelet does not entitle the bracelet
9 holder to take custody of the ~~abandoned~~ infant on demand. If an individual possesses
10 a bracelet linking the individual to an ~~abandoned~~ infant left at a hospital under this
11 section and parental rights have not been terminated, possession of the bracelet
12 creates a presumption that the individual has standing to participate in a protection
13 services action brought under this chapter or chapter 27-20. Possession of the
14 bracelet does not create a presumption of maternity, paternity, or custody.
- 15 5. The ~~hospital~~approved location may provide the parent or the agent with any relevant
16 information, including:
 - 17 a. Information about the safe place for abandoned infant programs;
 - 18 b. Information about adoption and counseling services; and
 - 19 c. Information about whom to contact if reunification is sought.
- 20 6. Within twenty-four hours of receiving an ~~abandoned~~ infant under this section, the
21 ~~hospital~~approved location shall report to the department, as required by section
22 50-25.1-03, that an ~~abandoned~~ infant has been left at the ~~hospital~~approved location.
23 The report may not be made before the parent or the agent leaves the
24 ~~hospital~~approved location.
- 25 7. The ~~hospital~~approved location and its employees and agents are immune from any
26 criminal or civil liability for accepting an ~~abandoned~~ infant under this section.
- 27 8. Upon receiving a report of an abandoned infant ~~left at a hospital~~ under this section, the
28 department shall proceed as required under this **chapter if it appears that the**
29 **abandoned infant was not harmed**, except the department may not attempt to identify
30 or contact the parent or the agent. If it appears the ~~abandoned~~ infant who was left was
31 harmed, the department shall initiate an assessment of the matter as required by law.

9. If an individual claiming to be the parent or the agent contacts the department and requests to be reunited with the ~~abandoned~~ infant who was left, the department may identify or contact the individual as required under this chapter and all other applicable laws. If an individual contacts the department seeking information only, the department may attempt to obtain information regarding the identity and medical history of the parents and may provide information regarding the procedures in ~~an abandoned~~ a case involving an infant ~~case~~ who was left at an approved location. The individual is under no obligation to respond to the request for information, and the department may not attempt to compel response to investigate the identity or background of the individual.

10. The department of human services in conjunction with the department of health shall develop and implement a public awareness campaign to provide information, public service announcements, and educational materials regarding this section to the public, including medical providers, law enforcement, and social service agencies.

SECTION 2. WORK GROUP ON ABANDONED INFANTS – REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2019-20 interim, a work group on abandoned infants shall gather information and develop recommendations to design the optimal response to abandoned infants within existing systems and resources.

2. The work group consists of the following:

- a. The director of the department of human services, or the executive director's designee;
- b. The director of the department of emergency services, or the director's designee;
- c. Any person or public agency representative the work group determines is necessary to accomplish protocol development.

3. The state department of human services shall convene the work group. The work group shall elect a presiding officer by a majority vote of the membership of the work group. The work group shall meet at the call of the presiding officer.

4. The work group shall:

- a. Gather information concerning abandoned infants and protocols established by approved locations.
- b. Receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations.
- c. Design and implement a cross systems protocol within existing systems and resources for an optimal response to a report of an abandoned infant at an approved location.

5. Before July 1, 2020, the work group shall submit a final report with the work group's recommendations, along with any proposed legislation necessary to implement the recommendations, to the ~~legislative management~~ department of human services, which may adopt rules.

Renumber accordingly