HOUSE No. 4391

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, February 15, 2024.

The committee on Children, Families and Persons with Disabilities, to whom were referred the petition (accompanied by bill, Senate, No. 92) of Adam Gomez for legislation relative to child fatality review and the petition (accompanied by bill, House, No. 162) of Michael J. Finn and others for legislation to establish a child fatality review team within the Office of the Child Advocate, reports recommending that the accompanying bill (House, No. 4391) ought to pass.

For the committee,

JAY D. LIVINGSTONE.

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In the One Hundred and Ninety-Third General Court (2023-2024)

An Act relative to child fatality review.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1: Chapter 18C of the General Laws, as appearing in the 2020 Official

 Edition, is hereby amended by inserting after section 14 the following section:

 Section 15: (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:

 "Child", a person under the age of 18.

 "Fatality", a death of a child.
- 7 "Local team", a local child fatality review team established in subsection (c).
- 8 "Near fatality", an act that, as certified by a physician, places a child in serious or critical
- 9 condition.
- "State team", the state child fatality review team established in subsection (b).
- "Team", the state or a local team.

"Office", the office of the child advocate.

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(b) There shall be a state child fatality review team within the office. Notwithstanding section 172 of chapter 6, members of the state team shall be subject to criminal offender record checks to be conducted by the colonel of state police on behalf of the child advocate. All members shall serve without compensation for their duties associated with membership on the state team.

The state team shall consist of not less than: (i) the child advocate, or designee, who shall serve as co-chair; (ii) the commissioner of public health, or designee, who shall serve as cochair; (iii) the chief medical examiner, or designee; (iv) the attorney general, or designee; (v) the commissioner of children and families, or designee; (vi) the commissioner of elementary and secondary education, or designee; (vii) a representative selected by the Massachusetts District Attorneys Association; (viii) the colonel of state police, or designee; (ix) the commissioner of mental health, or designee; (x) the commissioner of developmental services, or designee; (xi) the director of the Massachusetts Center for Unexpected Infant and Child Death at Boston Medical Center, or designee; (xii) the commissioner of youth services, or designee; (xiii) the commissioner of early education and care, or designee; (xiv) a representative selected by the Massachusetts chapter of the American Academy of Pediatrics who has experience in diagnosing or treating child abuse and neglect; (xv) a representative selected by the Massachusetts Health and Hospital Association, Inc.; (xvi) the president of the Massachusetts Chiefs of Police Association Incorporated, or designee; and (xvii) any other person, selected by the co-chairs or by majority vote of the members of the state team, with expertise or information relevant to an individual case. The purpose of the state team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (1) developing an understanding of the causes and incidence of child fatalities and near fatalities; and (2) advising the governor, the general court and the public by recommending changes in law, policy and practice to prevent child fatalities and near fatalities. The state team may consult with the chief justice of the juvenile court department of the trial court of the commonwealth on issues with a direct bearing upon the business of the Massachusetts courts.

To achieve its purpose, the state team shall: (i) develop model investigative and data collection protocols for local teams; (ii) provide information to local teams and law enforcement agencies for the

purpose of protecting children; (iii) provide training and written materials to local teams to assist them in carrying out their duties; (iv) review reports from local teams; (v) study the incidence and causes of child fatalities and near fatalities in the commonwealth; (vi) analyze community, public and private agency involvement with the children and their families prior to and subsequent to fatalities or near fatalities; (vii) develop a protocol for the collection of data regarding fatalities and near fatalities and provide training to local teams on the protocol; (viii) develop and implement rules and procedures necessary for its own operation; and (ix) provide the governor, the general court and the public with annual written reports, subject to confidentiality restrictions, that shall include, but not be limited to, the state team's findings and recommendations.

(c) There shall be a local child fatality review team in each district established under section 13 of chapter 12. Notwithstanding section 172 of chapter 6, members of a local team shall be subject to criminal offender record checks to be conducted by the district attorney. All

members shall serve without compensation for their duties associated with membership on a local team.

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Each local team shall include, but not be limited to: (i) the district attorney of the county, who shall serve as chair; (ii) the chief medical examiner or, designee; (iii) the commissioner of children and families or, designee; (iv) a pediatrician with experience in diagnosing or treating child abuse and neglect, appointed by the state team; (v) a local police officer from a municipality where a child fatality or near fatality occurred, appointed by the chief of police of the municipality; (vi) a state law enforcement officer, appointed by the colonel of state police; (vii) the director of the Massachusetts Center for Unexpected Infant and Child Death located at Boston Medical Center or a designee; (viii) at least 1 representative from the department of public health (ix) at least one representative from the office of the child advocate; and (x) any other person with expertise or information relevant to an individual case who may attend meetings, on an ad hoc basis, by agreement of the permanent members of each local team; provided that such person may include, but shall not be limited to, a local or state law enforcement officer, a hospital representative, a medical specialist or subspecialist, or a designee of the commissioners of developmental services, mental health, youth services, education and early education and care.

The purpose of each local team shall be to decrease the incidence of preventable child fatalities and near fatalities by: (i) coordinating the collection of information on fatalities and near fatalities; (ii) promoting cooperation and coordination between agencies responding to fatalities and near fatalities and in providing services to family members; (iii) developing an understanding of the causes and incidence of child fatalities and near fatalities in the county; and

(iv) advising the state team on changes in law, policy or practice that may affect child fatalities and near fatalities.

To achieve its purpose, each local team shall: (i) review, establish and implement model protocols from the state team; (ii) review, subject to the approval of the local district attorney, all individual fatalities and near fatalities in accordance with the established protocols; (iii) meet periodically, not less than 2 times per calendar year, to review the status of fatality and near fatality cases and recommend methods of improving coordination of services between member agencies; (iv) collect, maintain and provide confidential data as required by the state team; and (v) provide law enforcement or other agencies with information to protect children.

At the request of the local district attorney, the local team shall be immediately provided with: (i) information and records relevant to the cause of the fatality or near fatality maintained by providers of medical or other care, treatment or services, including dental and mental health care; (ii) information and records relevant to the cause of the fatality or near fatality maintained by any state, county or local government agency including, but not limited to, birth certificates, medical examiner investigative data, parole and probation information records and law enforcement data post-disposition, except that certain law enforcement records may be exempted by the local district attorney; (iii) information and records of any provider of social services, including the department of children and families, relevant to the child or the child's family, that the local team deems relevant to the review; and (iv) demographic information relevant to the child and the child's immediate family, including, but not limited to, address, age, race, gender and economic status. The district attorney may enforce this paragraph by seeking an order of the superior court.

(d) Any privilege or restriction on disclosure established pursuant to chapter 66A, section 70 of chapter 111, section 11 of chapter 111B, section 18 of chapter 111E, chapter 112, chapter 123, section 20B, section 20J or section 20K of chapter 233 or any other law relating to confidential communications shall not prohibit the disclosure of this information to the chair of the state team or a local team. Any information considered to be confidential pursuant to the aforementioned statutes may be submitted for a team's review upon the determination of that team's chair that the review of this information is necessary. The chair shall ensure that no information submitted for a team's review is disseminated to parties outside the team. No member of a team shall violate the confidentiality provisions set forth in the aforementioned statutes.

Except as necessary to carry out a team's purpose and duties, members of a team and persons attending a team meeting shall not disclose any information relating to the team's business.

Team meetings shall be closed to the public. Information and records acquired by the state team or by a local team pursuant to this chapter shall be confidential, exempt from disclosure under chapter 66 and may only be disclosed as necessary to carry out a team's duties and purposes.

Statistical compilations of data that do not contain any information that would permit the identification of any person may be disclosed to the public.

(e) Members of a team, persons attending a team meeting and persons who present information to a team shall not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a team meeting.

(f) Information, documents and records of the state team or of a local team shall not be subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding; provided, however, that information, documents and records otherwise available from any other source shall not be immune from subpoena, discovery or introduction into evidence through these sources solely because they were presented during proceedings of a team or are maintained by a team.

- (g) Nothing in this section shall limit the powers and duties of the child advocate or district attorneys.
- SECTION 2. Section 2A of chapter 38 of the General Laws, as so appearing, is hereby repealed.