



COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

Report and Recommendations Regarding House Enrolled Act 1016

Commission on Improving the Status of Children in Indiana

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I. DIRECTIVES

Under House Enrolled Act (HEA) 1016, the Commission on Improving the Status of Children in Indiana, shall, before January 1, 2016, submit to the general assembly and the governor's office recommendations concerning the following:

- (1) New methods or mechanisms for carrying out policies relating to abandoned children, including the use of newborn safety incubators (as defined in IC 16-35-9-4).
- (2) The production and distribution of information concerning the laws regarding emergency custody of abandoned children under IC 31-34-2.5.
- (3) The advisability of establishing and posting uniform signs regarding locations at which children may be voluntarily left with an emergency medical services provider under IC 31-34-2.5.

II. SUMMARY OF WORK

On May 20, 2015, the Commission on Improving the Status of Children in Indiana (CISC) unanimously voted to refer the duties required of the CISC under HEA 1016 to the CISC's Infant Mortality and Child Health Task Force (Task Force) for study and recommendations.

On November 18, 2015, the CISC received presentations from Representative Casey Cox and the Task Force regarding HEA 1016. Representative Cox, author of the legislation, reported the initial version of the bill authorized the voluntary use of newborn safety incubators at hospitals, 24-hour police and fire stations and certain eligible nonprofit agencies. Eligible entities who installed the newborn safety incubators would be held harmless from any liability from their use, while non-eligible entities who installed the newborn safety incubators could be exposed to liability and subject to fines and other civil penalties.

Once the bill went to the Senate, a number of questions were raised which resulted in the bill being amended to require the CISC to study some of these questions. The bill also required the Indiana State Department of Health (ISDH) to make recommendations concerning standards and protocols for the installation and operation of newborn safety incubators.

Existing laws do not specifically prohibit newborn safety incubators, but there are no current polices or standards in place for their use, and the potential for liability is currently unknown. The intent of HEA 1016 is to allow these issues to be studied so that the legislature can be in a position to make informed decisions regarding the use of newborn safety incubators in the future.

Dr. Jennifer Walthall presented the report and recommendations of the Task Force. The Task Force reviewed Safe Haven laws and medical literature and outcome information on the use of newborn safety incubator type devices in other countries. All 50 states have a Safe Haven law, which provides a mechanism for legal amnesty for persons who are unable to care for newborn infants. Each state's law is different, and Indiana has a thoughtful and generous version of the law. Indiana's Safe Haven law has been in effect since 2001 and allows persons to leave an infant

to the care of a designated Safe Haven location, which is a hospital emergency department, fire station, or law enforcement agency with 24/7 staffing until the infant is or appears to be 30 days old and has no signs of intentional abuse. Despite the provisions of Indiana's Safe Haven law, there have been tragic cases of infants who have been abandoned outside of these designated locations.

As of 2012, there are baby boxes in 10 of the 27 European Union countries, with a movement to decrease their use. In contrast, the anonymous birth policy implemented in Austria demonstrated a significant decrease in neonaticide post-policy implementation as compared to baby box deposits of infants, which was minimal in that country. Germany is currently exploring the feasibility of anonymous birth at health care facilities as well based on the findings of their 10-year review.

The United Nations Committee on the Rights of the Child has called for a ban on baby boxes across Europe due to emerging evidence that the expansion of supportive programs for pregnant mothers and new mothers that addresses social determinants of health is far more effective for proactive placement of infants or continued parenting if desired. In fact, the single study on the features of mothers who surrender infants suggest underlying mental health barriers that preclude problem solving.

Through the Task Force's study, several logistical issues were raised concerning widespread use of baby boxes. The first is the impact on existing Safe Haven law. Indiana currently has a robust Safe Haven law that provides a 30-day window following birth. Many other states only allow a 24 to 48 hour window. The second issue was cost and liability. When a baby box is installed at a facility, there are short-term and long-term costs that must be taken into account.

Specifically, the Task Force noted several concerns: the risk of extreme weather causing power outages; the cost of 24/7 monitoring; reliability associated with a worker calling off; and the effectiveness of devices in urban versus rural settings.

The next issue raised was education. Is the public aware of Indiana's Safe Haven law? Do individuals know where to locate a Safe Haven facility? Are the Safe Haven locations discoverable online or at the local level? Do those staffing a hospital emergency room, fire station, or police station know how to properly respond to an infant being abandoned? Is additional education necessary to ensure consistency at each facility? Finally, the Task Force addressed the target audience. Identifying individuals who would be more inclined to use a baby box as opposed to dropping off an infant to an approved facility is extremely difficult, if not impossible, and the Task Force would like to have more research around how we identify these high-risk families.

Following the Task Force's review of Safe Haven Laws and the history and medical effectiveness of baby box installation in other countries, the data suggests that baby boxes are not effective and that countries who have led that charge are now moving to phase them out. Additionally, multiple concerns were raised about implementation and whether the cost associated with that installation was the most effective use of those dollars. The world's literature suggests that policy and programming for pregnant women and their support systems is more effective at a lower cost. Consequently, the Task Force on Infant Mortality and Child Health recommended that Indiana focus additional resources on improving awareness of the existing Safe Haven law through

intergovernmental cooperation and marketing efforts. Additional training and education should also be available to those staffing a hospital emergency room, fire station, or police station to ensure consistency if, and when, an infant is abandoned at a facility. Uniform signage at Safe Haven facilities is also strongly encouraged. The public would also be well served with an easily accessible online resource directory that lists all Safe Haven locations in their area.

The Task Force noted there is already an ongoing effort between multiple public and private organizations regarding how to launch a Safe Haven education campaign, and how to do ongoing training at the local level for those who are receiving infants.

RECOMMENDATIONS

The CISC unanimously voted not to endorse HEA 1016.

The CISC unanimously voted to support the promotion of the existing Safe Haven Law and to continue dialogue on how to reduce infant mortality.

The CISC unanimously voted to ask the Infant Mortality and Child Health Task Force to consider studying liability issues and immunity associated with the Safe Haven law in general.

A copy of the Infant Mortality and Child Health Task Force Report and Recommendations regarding HEA 1016 is attached. The report can also be found online at http://www.in.gov/children/files/infant-mortality-and-child-health-task-force_report-and-recommendations-newborn-safety-incubators.pdf. Meeting minutes and other information concerning the work of the Commission can be found on the CISC website <http://www.in.gov/children>.