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House BILL NO. 190

INTRODUCED BY DENNY Beale Mark Forbes McKee

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING THE POLICY OF THE STATE TO PREVENT THE DEATHS OF MINORS; ENCOURAGING CHILD MORTALITY REVIEW THROUGH THE CREATION OF VOLUNTARY CHILD MORTALITY REVIEW TEAMS; PROVIDING ACCESS TO INFORMATION NECESSARY TO THE WORK OF A CHILD MORTALITY REVIEW TEAM; AMENDING SECTIONS 44-5-303, 50-15-113, AND 50-16-525, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Short title.** [Sections 1 through 4] may be cited as the "Child Mortality Prevention Act".

NEW SECTION. **Section 2. Statement of policy -- access to information.** (1) The prevention of the deaths of minors is both the policy of the state of Montana and a community responsibility. Many community professionals have expertise that can be used to promote the health, safety, and welfare of minors. The use of these professionals in reviewing the deaths of minors can lead to a greater understanding of the causes of death and the methods of preventing deaths. It is the intent of the legislature to encourage local communities to establish voluntary, multidisciplinary child mortality review teams to study the incidence and causes of the deaths of minors.

(2) A designated member of a local child mortality review team may receive information from the department of health and environmental sciences as provided in 44-5-303(3) and from a health care provider as provided in 50-16-525. The review team shall maintain the confidentiality of the information received.

(3) The local child mortality review team may compile statistics of child mortality; analyze the preventable causes of deaths of minors, including child abuse and neglect; and recommend measures to prevent future infant and child deaths.

NEW SECTION. **Section 3. Local child mortality review team.** (1) If a local child mortality review



1 team is established, the team must include:

- 2 (a) the county attorney or a designee;
- 3 (b) a law enforcement officer;
- 4 (c) the medical examiner or coroner for the jurisdiction;
- 5 (d) a physician;
- 6 (e) a school district representative;
- 7 (f) a representative of the local health department; and
- 8 (g) a representative of the department of family services.

9 (2) A local child mortality review team may include:

- 10 (a) a forensic pathologist;
- 11 (b) a pediatrician;
- 12 (c) a family practice physician;
- 13 (d) an obstetrician;
- 14 (e) a nurse practitioner;
- 15 (f) a public health nurse;
- 16 (g) a mental health professional;
- 17 (h) a local trauma coordinator; and
- 18 (i) representatives of the following:
 - 19 (i) local emergency medical services;
 - 20 (ii) a local hospital;
 - 21 (iii) a local hospital medical records department;
 - 22 (iv) a local fire department; and
 - 23 (v) any other entity that the team considers appropriate.

24

25 **NEW SECTION. Section 4. Records -- confidentiality.** Material and information obtained by a local
26 child mortality review team are not subject to disclosure under the public records law. Material and
27 information obtained by a local child mortality review team are not subject to subpoena unless the material
28 and information are reviewed by a district court judge and ordered to be provided to the person seeking
29 access.

30

1 **Section 5.** Section 44-5-303, MCA, is amended to read:

2 **"44-5-303. Dissemination of confidential criminal justice information.** (1) Dissemination of
3 confidential criminal justice information is restricted to criminal justice agencies, to those authorized by law
4 to receive it, and to those authorized to receive it by a district court upon a written finding that the
5 demands of individual privacy do not clearly exceed the merits of public disclosure.

6 (2) A criminal justice agency that accepts confidential criminal justice information assumes equal
7 responsibility for the security of such information with the originating agency. Whenever confidential
8 criminal justice information is disseminated, it must be designated as confidential.

9 (3) The county attorney or the county attorney's designee is authorized to receive confidential
10 criminal justice information for the purpose of cooperating with local child mortality review teams. The
11 county attorney or the county attorney's designee may in that person's discretion disclose information
12 determined necessary to the goals of the review team. The county attorney or the designee and the review
13 team shall maintain the confidentiality of the information."

14

15 **Section 6.** Section 50-15-113, MCA, is amended to read:

16 **"50-15-113. Disclosure of information to governmental agencies.** ~~(1) The board may direct the~~
17 ~~department to disclose information from its records to federal~~ A federal, state, county, or municipal
18 agency may access vital statistic information for use only as prescribed by the board associated
19 with the agency's duties as long as individual privacy is protected.

20 (2) If no identification of individuals is made, the board may permit the use of data contained in
21 vital statistics records for research and statistical reporting purposes.

22 (3) The department may provide transcripts to the federal agency responsible for vital statistics if
23 it is reimbursed for costs."

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25 **Section 7.** Section 50-16-525, MCA, is amended to read:

26 **"50-16-525. Disclosure by health care provider.** (1) Except as authorized in 50-16-529, ~~and~~
27 50-16-530, and [section 2], or as otherwise specifically provided by law or the Montana Rules of Civil
28 Procedure, a health care provider, an individual who assists a health care provider in the delivery of health
29 care, or an agent or employee of a health care provider may not disclose health care information about a
30 patient to any other person without the patient's written authorization. A disclosure made under a patient's

1 written authorization must conform to the authorization.

2 (2) A health care provider shall maintain, in conjunction with a patient's recorded health care
3 information, a record of each person who has received or examined, in whole or in part, the recorded health
4 care information during the preceding 3 years, except for a person who has examined the recorded health
5 care information under 50-16-529(1) or (2). The record of disclosure must include the name, address, and
6 institutional affiliation, if any, of each person receiving or examining the recorded health care information,
7 the date of the receipt or examination, and to the extent practicable a description of the information
8 disclosed."

9

10 **NEW SECTION. Section 8. Codification instruction.** [Sections 1 through 4] are intended to be
11 codified as an integral part of Title 50, chapter 22, and the provisions of Title 50, chapter 22, apply to
12 [sections 1 through 4].

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14 **NEW SECTION. Section 9. Effective date.** [This act] is effective on passage and approval.

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