

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

H.B. 825  
Apr 16, 2019  
HOUSE PRINCIPAL CLERK

H

D

HOUSE BILL DRH10462-MGa-50A

Short Title: Strengthen Child Fatality Prevention System. (Public)

Sponsors: Representatives Dobson, White, Potts, and Horn (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT ESTABLISHING A STATE OFFICE OF CHILD FATALITY PREVENTION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, TO SERVE AS THE LEAD AGENCY RESPONSIBLE FOR OVERSEEING COORDINATION OF STATE-LEVEL SUPPORT FUNCTIONS FOR THE ENTIRE NORTH CAROLINA CHILD FATALITY PREVENTION SYSTEM, AND APPROPRIATING FUNDS FOR THAT PURPOSE; DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEVELOP A TRANSITION PLAN FOR (I) CONSOLIDATING TEAMS THAT REVIEW CHILD FATALITIES AND (II) CREATING A CENTRALIZED DATA AND INFORMATION SYSTEM FOR THE STATEWIDE CHILD FATALITY PREVENTION SYSTEM; FORMALIZING THE NORTH CAROLINA CHILD FATALITY TASK FORCE COMMITTEE STRUCTURE AND CLARIFYING ITS FUNCTIONS; AND MAKING CONFORMING CHANGES TO CHILD FATALITY PREVENTION SYSTEM-RELATED STATUTES.

Whereas, North Carolina's Child Fatality Prevention System brings together multidisciplinary local and State-level groups consisting of government and agency leaders, as well as experts in child health and safety, to better understand the causes of child deaths in order to address systemic problems and implement strategies to prevent future child abuse, neglect, and death; and

Whereas, work within the Child Fatality Prevention System has contributed to a 47% decrease in North Carolina's child death rate since creation of the system in 1991; and

Whereas, there is a need to strengthen and update the system in order to address redundancy in team reviews of child fatalities; improve collection, analysis, and reporting of data and findings; streamline State-level coordination and support for the system; ensure that relevant and appropriate information and recommendations from team reviews reach appropriate local and State leaders; and strengthen the system's effectiveness to prevent future child abuse, neglect, and death; Now, therefore,

The General Assembly of North Carolina enacts:

**PART I. ESTABLISHMENT OF STATE OFFICE OF CHILD FATALITY PREVENTION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, AND APPROPRIATING FUNDS FOR THAT PURPOSE**

**SECTION 1.1.(a)** Article 3 of Chapter 143B of the General Statutes is amended by adding a new Part to read:

"Part 4C. State Office of Child Fatality Prevention.



\* D R H 1 0 4 6 2 - M G A - 5 0 A \*

**"§ 143B-150.25. Definitions.**

The following definitions apply in this Article:

- (1) Child death review team. – The collective term for a multidisciplinary team responsible for performing any type of child fatality review pursuant to this Article, the Juvenile Code of Article 14 of Chapter 7B of the General Statutes, or G.S. 143B-150.20.
- (2) State Office. – The State Office of Child Fatality Prevention established under this Article.
- (3) Child Fatality Prevention System. – The statewide system comprised of the following:
  - a. Child death review teams.
  - b. The North Carolina Child Fatality Task Force created in G.S. 7B-1402.
  - c. State and local staff who support the work of the groups described in sub-subdivisions a. and b.
  - d. Medical examiner child fatality staff.
- (4) Medical examiner child fatality staff. – Staff within the Office of the Chief Medical Examiner whose primary responsibilities involve addressing child fatalities.

**"§ 143B-150.26. Establishment and purpose of State Office.**

(a) The State Office of Child Fatality Prevention is established within the Department of Health and Human Services, Division of Public Health, to serve as the lead agency for child fatality prevention in North Carolina. The purpose of the State Office is to oversee the coordination of State-level support functions for the entire North Carolina Child Fatality Prevention System in a way that maximizes efficiency and effectiveness and expands system capacity. The Department shall determine the most appropriate placement for, and configuration of, State Office staff within the Department, subject to the following limitation: medical examiner child fatality staff shall continue to work under the direction of the Chief Medical Examiner and address child fatalities within the jurisdiction of the medical examiner pursuant to G.S. 130A-383, while working collaboratively with the State Office and child death review teams.

**"§ 143B-150.27. Powers and duties.**

- (1) To coordinate the work of the statewide Child Fatality Prevention System.
- (2) To implement and manage a centralized data and information system capable of gathering, analyzing, and reporting aggregate information from child death review teams with appropriate protocols for sharing information and protecting confidentiality.
- (3) To create and implement tools, guidelines, resources, and training, and provide technical assistance for child death review teams to enable the teams to do the following:
  - a. Conduct effective reviews.
  - b. Make effective recommendations about child fatality prevention.
  - c. Gather, analyze, and appropriately report on case data and findings while protecting confidentiality.
  - d. Facilitate the implementation of prevention strategies in their communities.
- (4) To convene and facilitate a multidisciplinary Fatality Review and Data Group to advise the State Office with respect to the submission of information and reports to the Child Fatality Task Force, child death review teams, and other relevant organizations.

- (5) To perform research, convene stakeholders and experts, and collaborate with other organizations and individuals for the purpose of understanding the direct and contributing causes of child deaths as well as evidence-driven strategies, programs, and policies to prevent child deaths, abuse, and neglect in order to inform the work of the Child Fatality Prevention System or as requested by the Child Fatality Task Force.
- (6) To educate State and local leaders, including the General Assembly, executive department heads, as well as stakeholders, advocates, and the public about the Child Fatality Prevention System and issues and prevention strategies addressed by the system.
- (7) To collaborate with State and local agencies, nonprofit organizations, academia, advocacy organizations, and others to facilitate the implementation of evidence-driven initiatives to prevent child abuse, neglect, and death, such as education and awareness initiatives.
- (8) To create and implement processes for evaluating the ability of the Child Fatality Prevention System to achieve outcomes sought to be accomplished by the system and to report to the Child Fatality Task Force on these evaluations and on statewide functioning of the Child Fatality Prevention System."

**SECTION 1.1.(b)** There is appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, the sum of one hundred fifty thousand dollars (\$150,000) in recurring funds for the 2019 2020 fiscal year and the sum of three hundred thousand dollars (\$300,000) in recurring funds for the 2020 2021 fiscal year, to be used to establish and operate the State Office of Child Fatality Prevention (State Office) established under Part 4C of Article 3 of Chapter 143B of the General Statutes, as enacted by this act. The Department of Health and Human Services shall not use funds appropriated in this section for any purpose other than the purpose specified in this subsection.

**SECTION 1.1.(c)** Subsection (b) of this section becomes effective July 1, 2019.

**PART II. TRANSITION PLAN FOR RESTRUCTURING EXISTING TEAMS THAT REVIEW CHILD FATALITIES AND CREATING A CENTRALIZED DATA AND REPORTING SYSTEM**

**SECTION 2.1.(a)** It is the intent of the General Assembly to restructure North Carolina's Child Fatality Prevention System in order to eliminate the silos and redundancy that exist within the current system, implement centralized coordination of the system, streamline the system's State-level support functions, maximize the usefulness of data and information derived from teams that review child fatalities, ensure that relevant and appropriate information and recommendations from teams that review child fatalities reach appropriate local and State leaders, and strengthen the system's effectiveness in preventing child abuse, neglect, and death. To that end, by March 4, 2020, the Department of Health and Human Services, in consultation with individuals knowledgeable about child fatality review and prevention, shall develop and submit to the Joint Legislative Oversight Committee on Health and Human Services a detailed written proposal for restructuring the statewide Child Fatality Prevention System. The Department's plan shall, at a minimum, include recommendations for accomplishing all of the following:

- (1) Reducing the number and types of child death review teams by combining the functions of the Local Child Fatality Prevention Team, Community Child Protection Team, State Child Fatality Prevention Team, and State Child Fatality Review Team into a single local team with different procedures and required participants for different categories of child fatality reviews, with attention given to the following:

- 1 a. A plan that allows a local team to choose whether to be a single-county
- 2 or multi-county team.
- 3 b. An examination of the purpose, process, and function of child death
- 4 reviews related to abuse and neglect that are currently conducted by
- 5 the Child Fatality Review Team, State Child Fatality Prevention
- 6 Review Team, and Community Child Protection Teams, and a plan
- 7 that articulates the most appropriate purpose and functions for these
- 8 types of reviews, along with specialized procedures, team participants,
- 9 and State-level technical assistance necessary to fully address such
- 10 cases. This plan shall take into account the different methods of
- 11 information collection and sharing by these two teams as well as any
- 12 relevant federal laws, such as those related to State child abuse
- 13 prevention plans.
- 14 c. Whether there is a need for specialized procedures and required
- 15 participants for certain categories of infant deaths or other categories
- 16 of deaths.
- 17 d. Whether there are circumstances under which a State-level team
- 18 review of a child fatality would be occasionally, but not routinely,
- 19 necessary and if so, a description of those circumstances and a plan for
- 20 how the Fatality Review and Data Group should be structured to carry
- 21 out this function.
- 22 (2) Discontinuing the practices of using (i) Community Child Protection Teams
- 23 as citizen review panels to fulfill the requirements of the federal Child Abuse
- 24 Prevention and Treatment Act and (ii) child death review teams to review
- 25 active cases involving children and families involved with local departments
- 26 of social services child protective services. The Department's recommended
- 27 plan shall include a more effective framework for meeting federal
- 28 requirements for citizen review panels and for reviewing active cases
- 29 involving children and families involved with local departments of social
- 30 services child protective services.
- 31 (3) Reducing the volume of team fatality reviews by changing the types of deaths
- 32 requiring review based on specific categories of death most likely to yield
- 33 prevention opportunities, including deaths resulting from the following:
- 34 a. Undetermined causes.
- 35 b. Unintentional injury.
- 36 c. Violence.
- 37 d. Motor vehicle incidents.
- 38 e. Child abuse or neglect, suspected child abuse or neglect, or cases
- 39 involving children and families involved with local departments of
- 40 social services child protective services within the 12-month period
- 41 preceding the fatality.
- 42 f. Sudden unexpected infant death.
- 43 g. Suicide.
- 44 h. Deaths not expected in the next six months.
- 45 i. Infant deaths that meet criteria determined by the Department, in
- 46 consultation with child fatality review and prevention experts and
- 47 perinatal health experts, in order to optimize the identification of
- 48 prevention opportunities.
- 49 j. Any other category of death determined by the Department for which
- 50 team review would be likely to yield prevention opportunities.

- 1 (4) Implementing a centralized electronic data and information system for data  
 2 and information managed by the State Office that includes all of the following:  
 3 a. Participation in the National Child Death Review Case Reporting  
 4 System.  
 5 b. Creation, implementation, and support for procedures and tools  
 6 addressing data and reporting for child death review teams.  
 7 c. Development and implementation of policies and procedures for  
 8 appropriate sharing and protection of information and data with  
 9 respect to information used by or generated from child fatality reviews.  
 10 d. An evaluation of existing laws, rules, and policies addressing  
 11 information protection and sharing as it relates to child death reviews  
 12 in order to make recommendations concerning any changes needed to  
 13 support the effective functioning of the restructured statewide Child  
 14 Fatality Prevention System.
- 15 (5) Creating a multi-sector, multidisciplinary Fatality Review and Data Group to  
 16 be convened and facilitated by the State Office for the purpose of periodically  
 17 reviewing aggregate data and recommendations from child death review  
 18 teams and child death data from the Office of the Chief Medical Examiner in  
 19 order to advise State Office staff on relevant, appropriate information and  
 20 reports that should be submitted to the Child Fatality Task Force, distributed  
 21 among child death review teams, submitted directly to relevant organizations,  
 22 or a combination of these.

23 **SECTION 2.1.(b)** By December 1, 2019, the Department of Health and Human  
 24 Services shall execute any contractual agreements and interagency data sharing agreements  
 25 necessary for participation by child death review teams in the National Child Death Review Case  
 26 Reporting System. Once the necessary agreements are in place and appropriate policies and  
 27 protocols addressing utilization of this System have been adopted, local Child Fatality Prevention  
 28 Teams shall utilize the National Child Death Review Case Reporting System.

29 **SECTION 2.1.(c)** This section is effective when it becomes law.  
 30

31 **PART III. CONFORMING CHANGES TO CHILD FATALITY PREVENTION**  
 32 **SYSTEM STATUTES AND MODIFICATIONS TO FORMALIZE AND CLARIFY THE**  
 33 **FUNCTIONS OF THE NORTH CAROLINA CHILD FATALITY TASK FORCE**

34 **SECTION 3.1.(a)** Article 14 of Chapter 7B of the General Statutes reads as  
 35 rewritten:

36 "Article 14.

37 "North Carolina Child Fatality Prevention System.

38 **"§ 7B-1400. Declaration of public policy.**

39 The General Assembly finds that it is the public policy of this State to prevent the abuse,  
 40 neglect, and death of juveniles. The General Assembly further finds that the prevention of the  
 41 abuse, neglect, and death of juveniles is a community responsibility; that professionals from  
 42 disparate disciplines have responsibilities for children or juveniles and have expertise that can  
 43 promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and  
 44 death of juveniles can lead to a greater understanding of the causes and methods of preventing  
 45 these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish  
 46 a statewide multidisciplinary, multiagency child fatality prevention system consisting of the State  
 47 ~~Team established in G.S. 7B-1404 and the Local Teams established in G.S. 7B-1406.~~ system.  
 48 The purpose of the system is to assess the records of ~~selected cases in which children are being~~  
 49 ~~served by child protective services and the records of all deaths of children~~ child deaths in North  
 50 Carolina from birth to age ~~18-18~~, and with respect to these cases, to study data and prevention  
 51 strategies related to child abuse, neglect, and death, and to utilize multidisciplinary team reviews

1 of deaths in order to (i) develop a communitywide approach to the problem of child abuse and  
 2 neglect, (ii) understand the direct and contributing causes of childhood deaths, (iii) identify any  
 3 gaps or deficiencies that may exist in the delivery of services to children and their families by  
 4 public agencies that are designed to prevent future child abuse, neglect, or death, ~~and~~ (iv) identify,  
 5 and aid in facilitating the implementation of, evidence-driven strategies to prevent child death  
 6 and promote child well-being, and (v) make and implement recommendations for changes to  
 7 laws, rules, and policies that will support the safe and healthy development of our children and  
 8 prevent future child abuse, neglect, and death.

9 **"§ 7B-1401. Definitions.**

10 The following definitions apply in this Article:

- 11 (1) Additional Child Fatality. – Any death of a child that did not result from  
 12 suspected abuse or neglect and about which no report of abuse or neglect had  
 13 been made to the county department of social services within the previous 12  
 14 months.
- 15 (1a) Child Death Review Team. – The collective term for any multidisciplinary  
 16 team responsible for performing any type of child fatality review pursuant to  
 17 this Article, G.S. 143B-150.20, or Part 4C of Article 3 of Chapter 143B of the  
 18 General Statutes.
- 19 (1b) Child Fatality Prevention System. – The statewide system comprised of child  
 20 death review teams, the North Carolina Child Fatality Task Force, State and  
 21 local staff who support the work of these groups, and the medical examiner  
 22 child fatality staff.
- 23 (2) Local Team. – A Community Child Protection Team or a Child Fatality  
 24 Prevention Team.
- 25 (2a) Medical Examiner Child Fatality Staff. – Staff within the Office of the Chief  
 26 Medical Examiner whose primary responsibilities involve addressing child  
 27 fatalities.
- 28 (2b) State Office. – The State Office of Child Fatality Prevention established under  
 29 Part 4C of Article 3 of Chapter 143B of the General Statutes that coordinates  
 30 the work of the Child Fatality Prevention System.
- 31 (3) State Team. – The North Carolina Child Fatality Prevention Team.
- 32 (4) Task Force. – The North Carolina Child Fatality Task Force.
- 33 (5) ~~Team Coordinator. Coordinators. – The Child Fatality Prevention Team~~  
 34 ~~Coordinator.~~ Any individual designated within the State Office to work as a  
 35 Child Fatality Prevention Team Coordinator.

36 **"§ 7B-1402. Task Force – creation; membership; vacancies.**

37 (a) There is created the North Carolina Child Fatality Task Force within the Department  
 38 of Health and Human Services for budgetary purposes only.

39 (b) The Task Force shall be composed of ~~35~~ 36 members, ~~11~~ 12 of whom shall be ex  
 40 officio members, four of whom shall be appointed by the Governor, 10 of whom shall be  
 41 appointed by the Speaker of the House of Representatives, and 10 of whom shall be appointed  
 42 by the President Pro Tempore of the Senate. The ex officio members other than the Chief Medical  
 43 Examiner ~~shall be nonvoting members and~~ may designate representatives from their particular  
 44 departments, divisions, or offices to represent them on the Task Force. In making appointments  
 45 or designating representatives, appointing authorities and ex officio members shall use best  
 46 efforts to select members or representatives with sufficient knowledge and experience to  
 47 effectively contribute to the issues examined by the Task Force and, to the extent possible, to  
 48 reflect the geographical, political, gender, and racial diversity of this State. The members shall  
 49 be as follows:

- 50 (1) The Chief Medical ~~Examiner;~~ Examiner.
- 51 (2) The Attorney ~~General;~~ General.

- 1 (3) The Director of the Division of Social ~~Services;~~Services.
- 2 (4) The Director of the State Bureau of ~~Investigation;~~Investigation.
- 3 (5) The Director of the ~~Division of Maternal and Child Health~~ Section of the
- 4 Department of Health and Human ~~Services;~~Services.
- 5 (6) The chair of the Council for Women and Youth ~~Involvement;~~Involvement.
- 6 (7) The Superintendent of Public ~~Instruction;~~Instruction.
- 7 (8) The Chairman of the State Board of ~~Education;~~Education.
- 8 (9) The Director of the Division of Mental Health, Developmental Disabilities,
- 9 and Substance Abuse ~~Services;~~Services.
- 10 (10) The Secretary of the Department of Health and Human ~~Services;~~Services.
- 11 (11) The Director of the Administrative Office of the ~~Courts;~~Courts.
- 12 (11a) The Director of the Juvenile Justice Section, Division of Adult Correction and
- 13 Juvenile Justice, Department of Public Safety.
- 14 (12) A director of a county department of social services, appointed by the
- 15 Governor upon recommendation of the President of the North Carolina
- 16 Association of County Directors of Social ~~Services;~~Services.
- 17 (13) A representative from a Sudden Infant Death Syndrome or safe infant sleep
- 18 counseling and education program, appointed by the Governor upon
- 19 recommendation of the Director of the ~~Division of Maternal and Child Health~~
- 20 Section of the Department of Health and Human ~~Services;~~Services.
- 21 (14) A representative from the ~~North Carolina Child Advocacy Institute, NC Child,~~
- 22 appointed by the Governor upon recommendation of the President of the
- 23 ~~Institute;~~organization.
- 24 (15) A director of a local department of health, appointed by the Governor upon
- 25 the recommendation of the President of the North Carolina Association of
- 26 Local Health ~~Directors;~~Directors.
- 27 (16) A representative from a private group, other than ~~the North Carolina Child~~
- 28 ~~Advocacy Institute, NC Child,~~ that advocates for children, appointed by the
- 29 Speaker of the House of Representatives upon recommendation of private
- 30 child advocacy ~~organizations;~~organizations.
- 31 (17) A pediatrician, licensed to practice medicine in North Carolina, appointed by
- 32 the Speaker of the House of Representatives upon recommendation of the
- 33 North Carolina Pediatric ~~Society;~~Society.
- 34 (18) A representative from the North Carolina League of Municipalities, appointed
- 35 by the Speaker of the House of Representatives upon recommendation of the
- 36 ~~League;~~League.
- 37 (18a) A representative from the North Carolina Domestic Violence Commission,
- 38 appointed by the Speaker of the House of Representatives upon
- 39 recommendation of the Director of the ~~Commission;~~Commission.
- 40 (19) One public member, appointed by the Speaker of the House of
- 41 ~~Representatives;~~Representatives.
- 42 (20) A county or municipal law enforcement officer, appointed by the President
- 43 Pro Tempore of the Senate upon recommendation of organizations that
- 44 represent local law enforcement ~~officers;~~officers.
- 45 (21) A district attorney, appointed by the President Pro Tempore of the Senate upon
- 46 recommendation of the President of the North Carolina Conference of District
- 47 ~~Attorneys;~~Attorneys.
- 48 (22) A representative from the North Carolina Association of County
- 49 Commissioners, appointed by the President Pro Tempore of the Senate upon
- 50 recommendation of the ~~Association;~~Association.

- 1 (22a) A representative from the North Carolina Coalition Against Domestic  
2 Violence, appointed by the President Pro Tempore of the Senate upon  
3 recommendation of the Executive Director of the ~~Coalition~~; Coalition.  
4 (23) One public member, appointed by the President Pro Tempore of the ~~Senate~~;  
5 and Senate.  
6 (24) Five members of the Senate, appointed by the President Pro Tempore of the  
7 Senate, and five members of the House of Representatives, appointed by the  
8 Speaker of the House of Representatives.

9 (c) All members of the Task Force are voting members. Vacancies in the appointed  
10 membership shall be filled by the appointing officer who made the initial appointment. Terms  
11 shall be two years. ~~The members shall elect a chair who shall preside for the duration of the~~  
12 ~~chair's term as member. In the event a vacancy occurs in the chair before the expiration of the~~  
13 ~~chair's term, the members shall elect an acting chair to serve for the remainder of the unexpired~~  
14 ~~term.~~

15 **"§ 7B-1402.1. Task Force – organization; committees, leadership, policies and procedures;**  
16 **public meetings.**

17 (a) Committees. – The Task Force shall carry out its duties through the work of the  
18 following three committees:

- 19 (1) A Perinatal Health Committee to address healthy pregnancies, births, and  
20 infants.  
21 (2) An Unintentional Death Prevention Committee to address the prevention of  
22 deaths resulting from unintentional causes such as motor vehicle or bicycle  
23 accidents, poisoning, burning, or drowning.  
24 (3) An Intentional Death Prevention Committee to address the prevention of  
25 deaths resulting from intentional causes such as homicide, suicide, abuse, or  
26 neglect.

27 Based on a process developed by the Executive Committee and approved by a majority vote  
28 of the Task Force pursuant to subsection (c)(2) of this section, Task Force members shall be  
29 assigned to the three committees, and volunteers with expertise in the subject matter of the  
30 committees shall be identified and selected to participate on, and contribute to the work of, the  
31 committees.

32 The Task Force or any of its committees may request assistance from the State Office in the  
33 performance of its duties, including assistance with administrative functions, research, or the  
34 convening and facilitation of special stakeholder groups or work groups to more fully address an  
35 issue of interest to the Task Force or any of its committees in order to better inform their work.

36 Each committee shall submit recommendations approved by a majority vote of the committee  
37 members to the Task Force for consideration. Committee recommendations shall not become  
38 final until approved by a majority vote of the Task Force.

39 (b) Leadership. – The leadership of the Task Force and its committees shall be organized  
40 as follows:

- 41 (1) Task Force chair or cochair. – Task Force members shall elect by a majority  
42 vote a chair or two cochair from among its membership, who shall preside  
43 for the duration of the chair's or cochair's term. In the event a vacancy occurs  
44 in a chair position before the expiration of the chair's term, the Task Force  
45 members shall elect an acting chair to serve for the remainder of the unexpired  
46 term or, if there are cochair, may elect not to fill the vacant cochair position  
47 and to be led by the remaining cochair.  
48 (2) Committee cochair. – Task Force members shall elect by a majority vote of  
49 the Task Force two cochair per committee, at least one of whom shall be a  
50 Task Force member and one of whom may be a nonmember with expertise in



1 the subject matter of the committee. Committee cochairs shall serve for a term  
2 of two years and are not subject to term limits.

3 (3) Executive Committee. – The Executive Committee shall be comprised of the  
4 Task Force chair or cochairs, the committee cochairs, and any current Task  
5 Force Coordinator or Director. The Executive Committee is responsible for  
6 all of the following:

7 a. Discussing and advising the Task Force with respect to its business  
8 and administration.

9 b. Advising Task Force staff on issues between meetings.

10 c. Developing recommended policies and procedures for consideration  
11 by the full Task Force as described in subsection (c) of this section.

12 d. Working to advance approved Task Force recommendations.

13 (4) Staff. – The Task Force Chairs shall work with the Secretary of the  
14 Department of Health and Human Services to hire or designate staff to  
15 coordinate the work of the Task Force; educate department heads, the General  
16 Assembly, and organizations whose work addresses child health and safety,  
17 and the public about Task Force findings and recommendations; serve as  
18 representatives of the Task Force; and assist the Task Force in any other way  
19 the Executive Committee deems necessary in carrying out the duties of the  
20 Task Force.

21 (c) Policies and Procedures. – The Executive Committee of the Task Force shall develop,  
22 and from time to time revise as necessary, policies and procedures to facilitate the efficient and  
23 effective operations of the Task Force. These policies and procedures and any recommended  
24 revisions become effective upon approval by a majority vote of the Task Force. The Executive  
25 Committee shall develop policies and procedures that, at a minimum, address the following:

26 (1) Nominations and elections of a Task Force chair or cochairs and committee  
27 cochairs.

28 (2) Assignment of Task Force members to specific committees as well as the  
29 identification of volunteers to serve on committees with representation from  
30 relevant agencies and a relevant range of subject matter experts.

31 (3) Voting rules.

32 (4) The manner in which issues are identified for study by the Task Force.

33 (5) Expectations of members related to attendance.

34 (6) Conflicts of interest.

35 (d) Public Meetings. – Meetings of the Task Force and its three subject area committees  
36 are subject to the public meeting requirements of Article 33C of Chapter 143 of the General  
37 Statutes. Meetings of the Executive Committee, stakeholder groups, or work groups convened to  
38 more fully address an issue of interest to the Task Force or its subject area committees are not  
39 subject to these requirements.

40 **"§ 7B-1403. Task Force – duties.**

41 The Task Force ~~shall~~ shall do all of the following:

42 (1) Undertake a ~~statistical~~ study of the incidences and causes of child deaths in  
43 this State ~~and establish a profile of child deaths.~~ as well as evidence-driven  
44 strategies for preventing future child deaths, abuse, and neglect. The study  
45 shall include (i) ~~an analysis of all community and private and public agency~~  
46 involvement with the decedents and their families prior to death, and (ii) ~~an~~  
47 at least all of the following:

48 a. Aggregate information from child death reviews compiled by the State  
49 Office addressing data on child deaths, the identification of system  
50 problems, and team recommendations for prevention strategies.

- 1                    b. A data analysis of all child deaths by age, cause, race and ethnicity,  
 2                    socioeconomic status, and geographic distribution;  
 3                    c. Information from subject matter experts that can inform the  
 4                    understanding of the causes of child deaths; strategies to prevent child  
 5                    deaths, abuse, and neglect; or a combination of these.

- 6                    (2) ~~Develop a system for multidisciplinary review of child deaths. In developing~~  
 7                    ~~such a system, the Task Force shall study the operation of existing Local~~  
 8                    ~~Teams. The Task Force shall also consider the feasibility and desirability of~~  
 9                    ~~local or regional review teams and, should it determine such teams to be~~  
 10                    ~~feasible and desirable, develop guidelines for the operation of the teams. The~~  
 11                    ~~Task Force shall also examine the laws, rules, and policies relating to~~  
 12                    ~~confidentiality of and access to information that affect those agencies with~~  
 13                    ~~responsibilities for children, including State and local health, mental health,~~  
 14                    ~~social services, education, and law enforcement agencies, to determine~~  
 15                    ~~whether those laws, rules, and policies inappropriately impede the exchange~~  
 16                    ~~of information necessary to protect children from preventable deaths, and, if~~  
 17                    ~~so, recommend changes to them;~~ Advise the State Office of Child Fatality  
 18                    Prevention with respect to the operation of an effective statewide system for  
 19                    multidisciplinary review of child deaths and the implementation of  
 20                    evidence-driven strategies to prevent child deaths, abuse, and neglect.  
 21                    (3) ~~Receive and consider reports from the State Team; and~~ Team and the State  
 22                    Office.  
 23                    (4) Develop recommendations for changes in law, policy, rules, or the  
 24                    implementation of evidence-driven prevention strategies to be included in the  
 25                    annual report required by G.S. 7B-1412.  
 26                    (5) Perform any other studies, evaluations, or determinations the Task Force  
 27                    considers necessary to carry out its mandate.

28 **"§ 7B-1404. State Team – creation; membership; vacancies.**

29                    (a) There is created the North Carolina Child Fatality Prevention Team within the  
 30 Department of Health and Human Services for budgetary purposes only.

31                    (b) The State Team shall be composed of the following 11 members of whom nine  
 32 members are ex officio and two are appointed:

- 33                    (1) The Chief Medical Examiner, who shall chair the State Team;  
 34                    (2) The Attorney General;  
 35                    (3) The Director of the Division of Social Services, Department of Health and  
 36 Human Services;  
 37                    (4) The Director of the State Bureau of Investigation;  
 38                    (5) The Director of the Division of Maternal and Child Health of the Department  
 39 of Health and Human Services;  
 40                    (6) The Superintendent of Public Instruction;  
 41                    (7) The Director of the Division of Mental Health, Developmental Disabilities,  
 42 and Substance Abuse Services, Department of Health and Human Services;  
 43                    (8) The Director of the Administrative Office of the Courts;  
 44                    (9) The pediatrician appointed pursuant to G.S. 7B-1402(b) to the Task Force;  
 45                    (10) A public member, appointed by the Governor; and  
 46                    (11) ~~The Team Coordinator.~~ Coordinators.

47                    The ex officio members other than the Chief Medical Examiner may designate a  
 48 representative from their departments, divisions, or offices to represent them on the State Team.

49                    (c) All members of the State Team are voting members. Vacancies in the appointed  
 50 membership shall be filled by the appointing officer who made the initial appointment.

51 **"§ 7B-1405. State Team – duties.**

1 The State Team ~~shall~~ shall do all of the following:

- 2 (1) Review current deaths of children when those deaths are attributed to child  
3 abuse or neglect or when the decedent was reported as an abused or neglected  
4 juvenile pursuant to G.S. 7B-301 at any time before ~~death~~; death.
- 5 (2) Report to the Task Force ~~during the existence of the Task Force~~, in the format  
6 and at the time required by the Task Force, on the State Team's activities and  
7 its recommendations for changes to any law, rule, and policy that would  
8 promote the safety and well-being of ~~children~~; children.
- 9 (3) Upon request of a Local Team, provide technical assistance to the  
10 ~~Team~~; Team.
- 11 (4) ~~Periodically assess the operations of the multidisciplinary child fatality~~  
12 ~~prevention system and make recommendations for changes as needed;~~
- 13 (5) ~~Work with the Team Coordinator to develop guidelines for selecting child~~  
14 ~~deaths to receive detailed, multidisciplinary death reviews by Local Teams~~  
15 ~~that review cases of additional child fatalities; and~~
- 16 (6) Receive reports of findings and recommendations from Local Teams that  
17 review cases of additional child fatalities and work with the Team ~~Coordinator~~  
18 ~~Coordinators~~ to implement recommendations.

19 **"§ 7B-1406. Community Child Protection Teams; Child Fatality Prevention Teams;  
20 creation and duties.**

21 (a) Community Child Protection Teams are established in every county of the State. Each  
22 Community Child Protection Team shall:

- 23 (1) Review, in accordance with the procedures established by the director of the  
24 county department of social services under G.S. 7B-1409:
  - 25 a. Selected active cases in which children are being served by child  
26 protective services; and
  - 27 b. Cases in which a child died as a result of suspected abuse or neglect,  
28 and
    - 29 1. A report of abuse or neglect has been made about the child or  
30 the child's family to the county department of social services  
31 within the previous 12 months, or
    - 32 2. The child or the child's family was a recipient of child  
33 protective services within the previous 12 months.
- 34 (2) Submit annually to the board of county commissioners recommendations, if  
35 any, and advocate for system improvements and needed resources where gaps  
36 and deficiencies may exist.

37 In addition, each Community Child Protection Team may review the records of all additional  
38 child fatalities and report findings in connection with these reviews to the Team  
39 ~~Coordinator~~; Coordinators.

40 (b) Any Community Child Protection Team that determines it will not review additional  
41 child fatalities shall notify the Team ~~Coordinator~~; Coordinators. In accordance with the plan  
42 established under G.S. 7B-1408(1), a separate Child Fatality Prevention Team shall be  
43 established in that county to conduct these reviews. Each Child Fatality Prevention Team shall:

- 44 (1) Review the records of all cases of additional child fatalities.
- 45 (2) Submit annually to the board of county commissioners recommendations, if  
46 any, and advocate for system improvements and needed resources where gaps  
47 and deficiencies may exist.
- 48 (3) Report findings in connection with these reviews to the Team  
49 ~~Coordinator~~; Coordinators.

50 (c) All reports to the Team ~~Coordinator~~; Coordinators under this section shall include:

- 1 (1) A listing of the system problems identified through the review process and  
2 recommendations for preventive actions;
- 3 (2) Any changes that resulted from the recommendations made by the Local  
4 Team;
- 5 (3) Information about each death reviewed; and
- 6 (4) Any additional information requested by the Team ~~Coordinator~~, Coordinators.

7 **"§ 7B-1407. Local Teams; composition.**

8 (a) Each Local Team shall consist of representatives of public and nonpublic agencies in  
9 the community that provide services to children and their families and other individuals who  
10 represent the community. No single team shall encompass a geographic or governmental area  
11 larger than one county.

12 (b) Each Local Team shall consist of the following persons:

- 13 (1) The director of the county department of social services and a member of the  
14 director's staff;
- 15 (2) A local law enforcement officer, appointed by the board of county  
16 commissioners;
- 17 (3) An attorney from the district attorney's office, appointed by the district  
18 attorney;
- 19 (4) The executive director of the local community action agency, as defined by  
20 the Department of Health and Human Services, or the executive director's  
21 designee;
- 22 (5) The superintendent of each local school administrative unit located in the  
23 county, or the superintendent's designee;
- 24 (6) A member of the county board of social services, appointed by the chair of  
25 that board;
- 26 (7) A local mental health professional, appointed by the director of the area  
27 authority established under Chapter 122C of the General Statutes;
- 28 (8) The local guardian ad litem coordinator, or the coordinator's designee;
- 29 (9) The director of the local department of public health; and
- 30 (10) A local health care provider, appointed by the local board of health.

31 (c) In addition, a Local Team that reviews the records of additional child fatalities shall  
32 include the following five additional members:

- 33 (1) An emergency medical services provider or firefighter, appointed by the board  
34 of county commissioners;
- 35 (2) A district court judge, appointed by the chief district court judge in that  
36 district;
- 37 (3) A county medical examiner, appointed by the Chief Medical Examiner;
- 38 (4) A representative of a local child care facility or Head Start program, appointed  
39 by the director of the county department of social services; and
- 40 (5) A parent of a child who died before reaching the child's eighteenth birthday,  
41 to be appointed by the board of county commissioners.

42 (d) The Team ~~Coordinator~~, Coordinators shall serve as an ex officio member of each  
43 Local Team that reviews the records of additional child fatalities. The board of county  
44 commissioners may appoint a maximum of five additional members to represent county agencies  
45 or the community at large to serve on any Local Team. Vacancies on a Local Team shall be filled  
46 by the original appointing authority.

47 (e) Each Local Team shall elect a member to serve as chair at the Team's pleasure.

48 (f) Each Local Team shall meet at least four times each year.

49 (g) The director of the local department of social services shall call the first meeting of  
50 the Community Child Protection Team. The director of the local department of health, upon  
51 consultation with the Team ~~Coordinator~~, Coordinators shall call the first meeting of the Child

1 Fatality Prevention Team. Thereafter, the chair of each Local Team shall schedule the time and  
2 place of meetings, in consultation with these directors, and shall prepare the agenda. The chair  
3 shall schedule Team meetings no less often than once per quarter and often enough to allow  
4 adequate review of the cases selected for review. Within three months of election, the chair shall  
5 participate in the appropriate training developed under this Article.

6 **"§ 7B-1408. Child Fatality Prevention Team ~~Coordinator~~; Coordinators; duties.**

7 ~~The One or more~~ Child Fatality Prevention Team ~~Coordinator~~ Coordinators shall serve as  
8 liaison between the State Team and the Local Teams that review records of additional child  
9 fatalities and shall provide technical assistance to these Local Teams. The Team ~~Coordinator~~  
10 Coordinators shall:

- 11 (1) Develop a plan to establish Local Teams that review the records of additional  
12 child fatalities in each county.
- 13 (2) Develop model operating procedures for these Local Teams that address when  
14 public meetings should be held, what items should be addressed in public  
15 meetings, what information may be released in written reports, and any other  
16 information the Team ~~Coordinator~~ Coordinators ~~considers~~ consider necessary.
- 17 (3) Provide structured training for these Local Teams at the time of their  
18 establishment, and continuing technical assistance thereafter.
- 19 (4) Provide statistical information on all child deaths occurring in each county to  
20 the appropriate Local Team, and assure that all child deaths in a county are  
21 assessed through the multidisciplinary system.
- 22 (5) Monitor the work of these Local Teams.
- 23 (6) Receive reports of findings, and other reports that the Team ~~Coordinator~~  
24 Coordinators may require, from these Local Teams.
- 25 (7) Report the aggregated findings of these Local Teams to each Local Team that  
26 reviews the records of additional child fatalities and to the State Team.
- 27 (8) Evaluate the impact of local efforts to identify problems and make changes.

28 **"§ 7B-1409. Community Child Protection Teams; duties of the director of the county  
29 department of social services.**

30 In addition to any other duties as a member of the Community Child Protection Team, and in  
31 connection with the reviews under G.S. 7B-1406(a)(1), the director of the county department of  
32 social services shall:

- 33 (1) Assure the development of written operating procedures in connection with  
34 these reviews, including frequency of meetings, confidentiality policies,  
35 training of members, and duties and responsibilities of members;
- 36 (2) Assure that the Team defines the categories of cases that are subject to its  
37 review;
- 38 (3) Determine and initiate the cases for review;
- 39 (4) Bring for review any case requested by a Team member;
- 40 (5) Provide staff support for these reviews;
- 41 (6) Maintain records, including minutes of all official meetings, lists of  
42 participants for each meeting of the Team, and signed confidentiality  
43 statements required under G.S. 7B-1413, in compliance with applicable rules  
44 and law; and
- 45 (7) Report quarterly to the county board of social services, or as required by the  
46 board, on the activities of the Team.

47 **"§ 7B-1410. Local Teams; duties of the director of the local department of health.**

48 In addition to any other duties as a member of the Local Team and in connection with reviews  
49 of additional child fatalities, the director of the local department of health shall:

- 50 (1) Distribute copies of the written procedures developed by the Team  
51 ~~Coordinator~~ Coordinators under G.S. 7B-1408 to the administrators of all

1 agencies represented on the Local Team and to all members of the Local  
2 Team;

3 (2) Maintain records, including minutes of all official meetings, lists of  
4 participants for each meeting of the Local Team, and signed confidentiality  
5 statements required under G.S. 7B-1413, in compliance with applicable rules  
6 and law;

7 (3) Provide staff support for these reviews; and

8 (4) Report quarterly to the local board of health, or as required by the board, on  
9 the activities of the Local Team.

10 **"§ 7B-1411. Community Child Protection Teams; responsibility for training of team**  
11 **members.**

12 ~~The Division of Social Services, Department of Health and Human Services, Services~~ shall  
13 develop and make available, on an ongoing basis, for the members of Local Teams that review  
14 active cases in which children are being served by child protective services, training materials  
15 that address the role and function of the Local Team, confidentiality requirements, an overview  
16 of child protective services law and policy, and Team record keeping.

17 **"§ 7B-1412. Task Force – reports.**

18 ~~The~~ Within the first week of the convening or reconvening of the General Assembly, the Task  
19 Force shall report annually to the Governor and General Assembly, within the first week of the  
20 convening or reconvening of the General Assembly. Governor, the General Assembly, the Chairs  
21 of the House and Senate Appropriations Committees on Health and Human Services, the Chairs  
22 of the Joint Legislative Oversight Committee on Health and Human Services, and the Secretary  
23 of the Department of Health and Human Services. The report shall contain at least a  
24 following:

25 (1) A summary of the conclusions and recommendations for each of the Task  
26 Force's duties, as well as any duties.

27 (2) A summary of activities and functioning of the Child Fatality Prevention  
28 System as a whole.

29 (3) Any other recommendations for changes to any law, rule, or policy, or  
30 for the implementation of evidence-driven prevention strategies that it has  
31 determined will promote the safety and well-being of children. Any  
32 recommendations of changes to law, rule, or policy shall be accompanied by  
33 specific legislative or policy proposals and detailed fiscal notes setting forth  
34 the costs to the State. proposals. The Task Force may request assistance from  
35 the Fiscal Research Division of the General Assembly in developing fiscal  
36 notes or other fiscal information to accompany these recommendations.

37 **"§ 7B-1413. Access to records.**

38 (a) The State Team, the Local Teams, and the Task Force ~~during its existence,~~ shall have  
39 access to all medical records, hospital records, and records maintained by this State, any county,  
40 or any local agency as necessary to carry out the purposes of this Article, including police  
41 investigations data, medical examiner investigative data, health records, mental health records,  
42 and social services records. The State Team, the Task Force, and the Local Teams shall not, as  
43 part of the reviews authorized under this Article, contact, question, or interview the child, the  
44 parent of the child, or any other family member of the child whose record is being reviewed. Any  
45 member of a Local Team may share, only in an official meeting of that Local Team, any  
46 information available to that member that the Local Team needs to carry out its duties.

47 The State Office shall have access to all medical records, hospital records, and records  
48 maintained by this State, any county, or any local agency as necessary to carry out the purposes  
49 of Part 4C of Article 3 of Chapter 143B of the General Statutes.

50 (b) Meetings of the State Team and the Local Teams are not subject to the provisions of  
51 Article 33C of Chapter 143 of the General Statutes. However, the Local Teams may hold periodic

1 public meetings to discuss, in a general manner not revealing confidential information about  
2 children and families, the findings of their reviews and their recommendations for preventive  
3 actions. Minutes of all public meetings, excluding those of executive sessions, shall be kept in  
4 compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other  
5 information generated during any closed session shall be sealed from public inspection.

6 (c) All otherwise confidential information and records acquired by the State Office, State  
7 Team, the Local Teams, and the Task Force during its existence, in the exercise of their duties  
8 are confidential; are not subject to discovery or introduction into evidence in any proceedings;  
9 and may only be disclosed as necessary to carry out the purposes of the State Office, State Team,  
10 the Local Teams, and the Task Force. In addition, all otherwise confidential information and  
11 records created by a Local Team in the exercise of its duties are confidential; are not subject to  
12 discovery or introduction into evidence in any proceedings; and may only be disclosed as  
13 necessary to carry out the purposes of the Local Team. No member of the State Team, a Local  
14 Team, nor any person who attends a meeting of the State Team or a Local Team, may testify in  
15 any proceeding about what transpired at the meeting, about information presented at the meeting,  
16 or about opinions formed by the person as a result of the meetings. This subsection shall not,  
17 however, prohibit a person from testifying in a civil or criminal action about matters within that  
18 person's independent knowledge.

19 (d) Each member of a Local Team and invited participant shall sign a statement indicating  
20 an understanding of and adherence to confidentiality requirements, including the possible civil  
21 or criminal consequences of any breach of confidentiality.

22 (e) Cases receiving child protective services at the time of review by a Local Team shall  
23 have an entry in the child's protective services record to indicate that the case was received by  
24 that Team. Additional entry into the record shall be at the discretion of the director of the county  
25 department of social services.

26 (f) The Social Services Commission shall adopt rules to implement this section in  
27 connection with reviews conducted by Community Child Protection Teams. The Commission  
28 for Public Health shall adopt rules to implement this section in connection with Local Teams that  
29 review additional child fatalities. In particular, these rules shall allow information generated by  
30 an executive session of a Local Team to be accessible for administrative or research purposes  
31 only.

32 **"§ 7B-1414. Administration; funding.**

33 (a) To the extent of funds available, the chairs of the ~~Task Force and State Team~~ may  
34 hire staff or consultants to assist ~~the Task Force and the State Team~~ in completing ~~their~~ its duties.

35 (a1) To the extent of funds available and consistent with G.S. 7B-1402.1(b)(4), the chairs  
36 of the Task Force shall work with the Secretary of the Department of Health and Human Services  
37 to hire or designate staff or consultants to assist the Task Force and its subject matter committees  
38 in completing their duties.

39 (b) Members, staff, and consultants of the Task Force or State Team shall receive travel  
40 and subsistence expenses in accordance with the provisions of G.S. 138-5 or G.S. 138-6, as the  
41 case may be, paid from funds appropriated to implement this Article and within the limits of  
42 those funds.

43 (c) With the approval of the Legislative Services Commission, legislative staff and space  
44 in the Legislative Building and the Legislative Office Building may be made available to the  
45 Task Force."

46 **SECTION 3.1.(b)** G.S. 143B-150.20 reads as rewritten:

47 **"§ 143B-150.20. State Child Fatality Review Team; establishment; purpose; powers;**  
48 **duties; report by ~~Division of Social~~ Department of Health and Human Services.**

49 (a) There is established in the Department of Health and Human ~~Services, Division of~~  
50 ~~Social Services, Services~~ a State Child Fatality Review Team to conduct in-depth reviews of any  
51 child fatalities which have occurred involving children and families involved with local

1 departments of social services child protective services in the 12 months preceding the fatality.  
2 Steps in this in-depth review shall include interviews with any individuals determined to have  
3 pertinent information as well as examination of any written materials containing pertinent  
4 information.

5 (b) The purpose of these reviews shall be to implement a team approach to identifying  
6 factors which may have contributed to conditions leading to the fatality and to develop  
7 recommendations for improving coordination between local and State entities which might have  
8 avoided the threat of injury or fatality and to identify appropriate remedies. The ~~Division of~~  
9 ~~Social Services Department~~ shall make public the findings and recommendations developed for  
10 each fatality reviewed relating to improving coordination between local and State entities. These  
11 findings shall not be admissible as evidence in any civil or administrative proceedings against  
12 individuals or entities that participate in child fatality reviews conducted pursuant to this section.  
13 The State Child Fatality Review Team shall consult with the appropriate district attorney in  
14 accordance with G.S. 7B-2902(d) prior to the public release of the findings and  
15 recommendations.

16 (c) The State Child Fatality Review Team shall include representatives of the local  
17 departments of social services and the Division of Social Services, a member of the local  
18 Community Child Protection Team, a member of the local child fatality prevention team, a  
19 representative from local law enforcement, a prevention specialist, and a medical professional.

20 (d) The State Child Fatality Review Team shall have access to all medical records,  
21 hospital records, and records maintained by this State, any county, or any local agency as  
22 necessary to carry out the purposes of this subsection, including police investigative data, medical  
23 examiner investigative data, health records, mental health records, and social services records.  
24 The State Child Fatality Review Team may receive a copy of any reviewed materials necessary  
25 to the conduct of the fatality review. Any member of the State Child Fatality Review Team may  
26 share, only in an official meeting of the State Child Fatality Review Team, any information  
27 available to that member that the State Child Fatality Review Team needs to carry out its duties.

28 If the State Child Fatality Review Team does not receive information requested under this  
29 subsection within 30 days after making the request, the State Child Fatality Review Team may  
30 apply for an order compelling disclosure. The application shall state the factors supporting the  
31 need for an order compelling disclosure. The State Child Fatality Review Team shall file the  
32 application in the district court of the county where the investigation is being conducted, and the  
33 court shall have jurisdiction to issue any orders compelling disclosure. Actions brought under  
34 this section shall be scheduled for immediate hearing, and subsequent proceedings in these  
35 actions shall be given priority by the appellate courts.

36 (e) Meetings of the State Child Fatality Review Team are not subject to the provisions of  
37 Article 33C of Chapter 143 of the General Statutes. However, the State Child Fatality Review  
38 Team may hold periodic public meetings to discuss, in a general manner not revealing  
39 confidential information about children and families, the findings of their reviews and their  
40 recommendations for preventive actions. Minutes of all public meetings, excluding those of  
41 closed sessions, shall be kept in compliance with Article 33C of Chapter 143 of the General  
42 Statutes. Any minutes or any other information generated during any executive session shall be  
43 sealed from public inspection.

44 (f) All otherwise confidential information and records acquired by the State Child  
45 Fatality Review Team, in the exercise of its duties are confidential; are not subject to discovery  
46 or introduction into evidence in any proceedings except pursuant to an order of the court; and  
47 may only be disclosed as necessary to carry out the purposes of the State Child Fatality Review  
48 Team. In addition, all otherwise confidential information and records created by the State Child  
49 Fatality Review Team in the exercise of its duties are confidential; are not subject to discovery  
50 or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry  
51 out the purposes of the State Child Fatality Review Team. No member of the State Child Fatality



1 Review Team, nor any person who attends a meeting of the State Child Fatality Review Team,  
2 may testify in any proceeding about what transpired at the meeting, about information presented  
3 at the meeting, or about opinions formed by the person as a result of the meetings. This subsection  
4 shall not, however, prohibit a person from testifying in a civil or criminal action about matters  
5 within that person's independent knowledge.

6 (g) Each member of the State Child Fatality Review Team and invited participant shall  
7 sign a statement indicating an understanding of and adherence to confidentiality requirements,  
8 including the possible civil or criminal consequences of any breach of confidentiality.

9 (h) Repealed by Session Laws 2013-360, s. 12A.8(f), effective July 1, 2013."

10  
11 **PART IV. EFFECTIVE DATE**

12 **SECTION 4.1.** Except as otherwise provided, this act becomes effective December  
13 1, 2019.