The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7121, An Act Concerning Revisions To The State’s Safe Haven Laws**.

Before commenting on the bill, it’s important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut’s healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Connecticut hospitals have been proud to partner with the State of Connecticut since 2000 on the Safe Haven Act. The law enables a parent to bring an infant 30 days or younger to a hospital Emergency Department (ED) and avoid prosecution for abandonment. Since October of 2000, at least 27 “Safe Haven” babies have been taken to Connecticut EDs and placed by the Department of Children and Families (DCF) with families that adopt the child or, in one instance, into a permanent home of a relative.

CHA and Connecticut hospitals are also proud to be part of the Safe Haven Work Group, which includes legislators, hospital clinicians, advocates, and representatives of several state agencies and other organizations. The Work Group’s mission is to promote the importance of the Safe Haven Act in saving the lives of newborns and offering an option to parents in distress. We proudly supported the enactment of Public Act 15-241, which established April 4 as Safe Haven Day in Connecticut.

**HB 7121** makes changes to Connecticut’s Safe Haven program. We have concerns about new language in Section 2 of HB 7121, which seeks to revise Subsection (b) of C.G.S. §17a-60.

Specifically, the new language may create confusion about what level of detail is permitted to be used or disclosed to DCF and, moreover, what information may be charted in the infant’s medical records. The bill as written could be interpreted to restrict the types of detailed information that hospital staff or personnel are permitted to chart or discuss, even if the information pertains to the infant’s medical condition.
We believe that it is essential for healthcare providers to be unrestricted in their ability to share information with other healthcare providers that will inform the care of the infant. To address our concerns, we respectfully request that the Section 2 be revised as follows:

In line 70, after the period, insert the following language: “Nothing in this subsection shall limit hospital personnel from entering medically relevant information into the infant’s medical record, or shall limit any discussion or disclosure that the hospital personnel may have with anyone to the extent that such discussion or disclosure pertains to care and treatment for the infant.”

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.