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SB 1048: child fatality review teams; duties

Sponsor: Senator Shope, LD 16

Committee on Health & Human Services

Overview

Makes modifications to the membership and duties of the State Child Fatality Review Team (State CFR Team) and local child fatality review teams (local review teams). Provides the Chairperson of the State CFR Team or a local review team access to all information and records regarding a child fatality or near fatality under review.

History

The State CFR Team is established in the Arizona Department of Health Services (DHS). The CFR program was created to review all possible factors surrounding a child's death and identify ways of reducing preventable fatalities. Its duties include encouraging and assisting in the development of local review teams, conducting an annual statistical report on the incidence and causes of child fatalities in Arizona and evaluating the incidence and causes of maternal fatalities associated with pregnancy in Arizona. The State CFR Team consists of the head, or designee, of 11 various state offices and entities, as well as 10 additional members appointed by the DHS Director who serve staggered 3-year terms ([CFR Report 2023](#), and [A.R.S. § 36-3501](#)).

If local review teams are organized, they must abide by the standards and protocols developed by the State CFR Team and must have prior authorization from the State CFR Team to conduct fatality reviews. Local review teams must be composed of the head of applicable county medical examiner's office, county health department and the Department of Child Safety, or their designees, as well as six additional members from various professions appointed by the Chairperson of the State CFR Team ([A.R.S § 36-3502](#)).

On request of the Chairperson of the State CFR Team or local review team and as necessary to carry out team's duties, must be provided within five days excluding weekends and holidays with access to information and records regarding a child whose death is being reviewed by the team, or information and records regarding the child's family and records of a maternal fatality associated with pregnancy from a provider of medical, dental or mental health care and from this state or political subdivision that might assist a team to review a child fatality.

A member of the state CFR Team or local review team is prohibited from contacting, interviewing or obtaining information by request or subpoena from a member of a deceased child's family, unless the member is a public officer or employee who may contact, interview or obtain information as part of the public officers or employee's other official duties, if necessary ([A.R.S. § 36-3503](#)).

Provisions

State CFR Membership & Duties

1. Alters the membership of the State CFR Team, by:
 - a) removing the head of the DHS Office of Planning and Health Status Monitoring;
 - b) combining the heads of the Administrative Office of Courts (AOC) and the Parent Assistance Office of the Supreme Court into one position, the head of AOC's Parent Assistance Program;
 - c) updating the head of the Governor's Office for Children with the head of the Governor's Office of Youth, Faith and Family; and
 - d) replacing the DHS-appointed public member with a member of the local review team. (Sec. 1)
2. Removes the requirement that DHS-appointed members of the State CFR Team serve staggered three-year terms. (sec. 1)
3. Requires the State CFR Team's annual statistical report on the incidence and causes of child fatalities to include data from the past year instead of the fiscal year. (Sec. 1)
4. Requires the State CFR Team, beginning January 1, 2025, to conduct an annual statistical report on the incidence and causes of child fatalities and near fatalities identified by the Department of Child Safety within the past year and submit a copy of the report and its recommendations for action to the Governor, President of the Senate and the Speaker of the House of Representatives by November 15 of each year. (Sec. 1)
5. Requires the State CFR Team's annual statistical report on incident and causes of child fatalities to include available information regarding plans for or progress toward implementation of recommendations. (Sec. 1)
6. Instructs that the recommendations made to a state, agency, board or commission must require a written response indicating whether the agency is capable of implementing the recommendations within its existing authority and resources, including any applicable implementation plan to the Governor, President of the Senate, Speaker of the House of Representatives and the State CFR Team within 60 days after the report is submitted. (Sec. 1)
7. Directs the State CFR Team to inform the Governor and Legislature of the need for specific recommendations regarding sudden unexpected infant death, rather than unexplained infant death. (Sec. 1)

Access to Information

8. Requires local review teams to designate a chairperson to review the death certificates of all women who die within the team's jurisdiction and call meetings when necessary. (Sec. 2)
9. Provides the Chairperson of the State CFR Team or a local review team access to all information and records regarding a child fatality or near fatality under review from a person or institution providing medical, dental, nursing or mental health care. (Sec. 3)
10. Permits a member of the State CFR Team, a local review team or a member's designee to contact, interview or obtain information by request from a family member of a child or woman who dies within the team's jurisdiction pursuant to policies adopted by the State CFR Team. (Sec. 3)

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11. Directs the State CFR Team to establish a process for approving any contact, interview or request before any team member or designee contacts, interview or obtains information from a woman or a child's family member within the team's jurisdiction. (Sec. 3)
12. Mandates that any policies adopted must require any individual engaging with a family member to be trained in trauma informed interview techniques and educated on support services available to a family member. (Sec. 3)

Miscellaneous

13. Replaces the psychiatrist or psychologist member of a local review team with a mental health specialist. (Sec. 2)
14. Makes technical and conforming changes. (Sec. 1-3)