

RÉSUMÉ DIGEST

ACT 134 (HB 527)

2018 Regular Session

Stagni

Existing law comprising the Safe Haven Law, Ch. C. Art. 1149 et seq., provides a mechanism whereby any parent may relinquish the care of an infant who is not more than 60 days old to the state at a designated emergency care facility in safety and anonymity, and without fear of prosecution.

Prior law designated as an "emergency care facility" any state-licensed hospital, any public health unit, any emergency medical service provider, any medical clinic, any fire station, any police station, any crisis pregnancy center, or any child advocacy center.

New law revises prior law to designate as an emergency care facility all of the following:

- (1) Any state-licensed hospital.
- (2) Any of the following medical clinics during normal and customary hours of operation:
 - (a) Local or parish public health units.
 - (b) Licensed rural health clinics.
 - (c) Licensed ambulatory surgical centers.
 - (d) Federally qualified health centers.
- (3) Any manned fire station.
- (4) Any manned law enforcement station.
- (5) Any Child Advocacy Center accredited by the National Children's Alliance, during normal and customary hours of operation.

New law defines "emergency medical service provider", for purposes of the Safe Haven Law, as a licensed emergency medical service provider, when dispatched as a result of a "911" call from a parent who wishes to relinquish his infant.

Existing law provides for the relinquishment of an infant if a parent cannot travel to a designated emergency care facility. Prior law provided that such parent may call 911 and a law enforcement officer or emergency medical service provider will be dispatched to receive the child.

New law adds firefighter to the list of persons who may be dispatched in the event a parent communicates via a "911" call that he or she wishes to relinquish an infant but does not have transportation.

Existing law lists responsibilities of designated emergency care facilities relative to infant relinquishments. Existing law required designated emergency care facilities to appoint representatives who are knowledgeable about the requirements of existing law. Prior law required such facilities to designate a representative who can be reached by emergency telephone service.

New law changes prior law by further requiring that such facilities also post instructions to contact 911 for a relinquishment if it is outside of normal operating hours.

Prior law required that all of the following occur:

- (1) Dept. of Children and Family Services (DCFS) create a card to be supplied to emergency care facilities to be given to an individual who relinquishes an infant. The card must provide a toll-free number to DCFS and contact information for the emergency care facility.

- (2) If the relinquishing parent makes contact with DCFS or a designated emergency care facility, the relinquishing parent be asked to voluntarily provide prenatal care information and the name of the other parent.
- (3) If the relinquishment is made to a designated emergency care facility other than a hospital, the staff of the facility immediately transfer the infant to a hospital.
- (4) The representative immediately notify DCFS of the relinquishment.

New law applies all such responsibilities to emergency medical service providers, fire stations, and law enforcement stations.

Existing law provides immunity from civil and criminal liability for representatives and staff of designated emergency care facilities.

New law provides immunity from civil and criminal liability to employees and volunteers of a designated emergency care facility or emergency medical service provider, firefighters, and law enforcement officers.

New law makes technical changes.

Effective August 1, 2018.

(Amends Ch. C. Arts. 1150(2)-(4), 1151(A), and 1152(A), (B), (D), (E), (F)(intro. para.), and (G)-(I); Adds Ch. C. Art. 1150(5))