

Connecticut Funeral Directors Association, Inc.

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Written Testimony
Nicole Paquette, Legislative Co-Chair
Connecticut Funeral Directors Association, Inc.

**HB 6507 - An Act Concerning Maternal Choice in the Event of Stillbirth and
the Removal of Delivered Placentas from Hospitals**

Committee on Children
Public Hearing
Tuesday, March 2, 2021

Good Afternoon, Representative Linehan, Senator Anwar, Senator Martin, Representative Dauphinais, and the distinguished members of the Committee on Children. My name is Nicole Paquette, I am a licensed funeral director and the Legislative Co-Chair of the Connecticut Funeral Directors Association (CFDA), which represents 220 funeral homes throughout the state.

Thank you for raising HB 6507, "An Act Concerning Maternal Choice in the Event of Stillbirth and the Removal of Delivered Placentas from Hospitals." CFDA submits this testimony and attached amendment in **SUPPORT of HB 6507 Section 1.**

Section 1 of the proposed bill addresses the maternal right to arrange for burial or cremation of a stillborn fetus. However, the language excludes the paternal right for same. Connecticut General Statutes Sec. 45a-318 identifies a priority list of the persons who shall have custody and control of a decedent's remains: "(3) The deceased person's surviving parents;" The statute is listed on the back of the State of Connecticut Cremation Permit and is attached with this testimony.

The procedures and authorizations for a funeral director to arrange for burial or cremation include: obtaining, completing and filing a death certificate, disposition authorizations, and securing burial and cremation permits. The medical portion of a death certificate must be completed by a medical practitioner with a cause of death. The decedent's demographic/statistical information, funeral home information and name of cemetery or crematory for burial, cremation, or removal from state are also necessary. Fetal death certificates require much of the same, except the demographic/statistical information required is that of both the mother **and the father.**

We recognize the use of several different words that can be found in various statutes: “fetus”, “fetal”, “person”, “decedent” and “remains”. Since these different words can be associated with the word “died”, the statutory requirements of filing a death certificate and obtaining permit(s) however, are procedurally the same. Therefore, CFDA asks this committee to include “paternal choice” to also arrange for burial or cremation of a fetus. The terms maternal and paternal could reasonably be compared to “surviving parents”, and paternal inclusion will help to maintain consistency with the priority list of persons, who “shall have custody and control” already in statute.

In conclusion, as funeral directors, there are times when we are called upon to serve mothers, fathers, and their families for deaths occurring under a gestation period of twenty (20) weeks. In the case of a shorter gestation period of 20 weeks, a fetal death certificate is not issued. We ask you to incorporate our proposed language to be inclusive of these parents and their families who choose to memorialize and arrange for burial or cremation.

CFDA thanks you for what you do and for consideration of our testimony and amendment to HB 6507. I make myself available to questions or comments at this time, or at the convenience of this committee.

CT Funeral Directors Association
Amendment – 3.2.21

Raised Bill No. 6507

January Session, 2021

LCO No. 3405

Referred to Committee on COMMITTEE ON CHILDREN

Introduced by:
(KID)

AN ACT CONCERNING MATERNAL CHOICE IN THE EVENT OF STILLBIRTH AND THE REMOVAL OF DELIVERED PLACENTAS FROM HOSPITALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2021*) (a) As used in this section, "stillborn fetus" means a fetus that died after a gestation period of twenty weeks or more.

(b) The mother of a stillborn fetus and the father identified on the Certificate of Fetal Death shall have the right to arrange for burial or cremation of the fetus. When practicable, upon admission to a hospital in which a mother expects to deliver a stillborn fetus, such hospital shall notify the mother and father in writing of her their rights to arrange for burial or cremation of the fetus. If notification upon admission is not practicable, or the mother did not expect to deliver a stillborn fetus at the time of admission, such notification shall be made not later than twenty-four hours after admission. Not later than twenty-four hours after being notified by the hospital under this subsection, the mother and father may elect, in writing, to arrange for the burial or cremation of the stillborn fetus. **[The Department of Public Health shall prescribe the forms to be used for notifications and elections under this section].**

(c) A Certificate of Fetal Death shall be issued for a fetus that died before a gestation period of twenty weeks, upon the request of the mother and father, or the funeral director, to arrange for burial or cremation of the fetus. The Department of Public Health shall prescribe the forms to be used for notifications and elections under this section.

(d) In the event of a dispute between the mother and the father regarding the disposition of the fetal remains, the Probate Court for the district of the domicile or residence of the mother shall have the jurisdiction to hear and decide any issue regarding the disposition of the fetal remains upon the petition of the mother, father, or a funeral director involved with the disposition.

Sec. 2. Section 19a-490v of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(a) Except for the portion of a delivered placenta that is necessary for an examination described in subsection (d) of this section, a hospital **[may] shall** allow a woman who has given birth in the hospital, or a spouse of the woman if the woman is incapacitated or deceased, to take possession of and remove from the hospital the placenta if:

(1) The woman tests negative for infectious diseases; and

(2) The person taking possession of the placenta provides a written acknowledgment that (A) the person received from the hospital educational information concerning the spread of blood-borne diseases from a placenta, the danger of ingesting formalin and the proper handling of the placenta, and (B) the placenta is for personal use.

(b) A person removing a placenta from a hospital under this section **[may] shall** only retain the placenta for personal use and **[may] shall** not sell the placenta.

(c) The hospital shall retain the signed acknowledgment described in subsection (a) with the woman's medical records.

(d) This section does not (1) prohibit a pathological examination of

the delivered placenta that is ordered by a physician or required by a policy of the hospital, or (2) authorize a woman or the woman's spouse to interfere with a pathological examination of the delivered placenta that is ordered by a physician or required by a policy of the hospital.

(e) A hospital that allows a person to take possession of and remove from the hospital a delivered placenta in accordance with the provisions of this section is not required to dispose of the placenta as biomedical waste.

(f) A hospital that acts in accordance with the provisions of this section shall not be liable for allowing the removal of a placenta from the hospital in a civil action, a criminal prosecution or an administrative proceeding.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2021	New section
Sec. 2	July 1, 2021	19a-490v

Statement of Purpose:

To require hospitals to (1) inform mothers and fathers of stillborn fetuses of the right to arrange for burial or cremation of such fetuses, and (2) permit the removal of a delivered placenta from the hospital.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

Definitions - For the purposes of cremating the cremation permit the following definitions shall apply:

“Conservator” means conservator of the person as authorized pursuant to subdivision (5) of subsection (a) of section 45a-656 to take reasonable care of the conserved person’s personal effects.

“Agent” means a person authorized under the provisions of Connecticut General Statutes section 1-43 to carry out matters related to the personal relationships and affairs of the person to be cremated.

Part I

Completed by the funeral director, or in the case of a pre-authorized cremation, the person to be cremated or such person’s conservator or agent.

Part II

Completed and signed by the Funeral Director. The item regarding notification is completed only for pre-authorized cremations.

Part III

Completed and signed by the custodian of the body. The custodian of the body may be a person designated prior to death, or if no person has been designated, a person in accord with § 45a-318. (See below)

Part IV – (Completed for Pre-Authorized cremations only)

Any person, 18 years of age or older, and of sound mind, may authorize in a written document, the cremation of such person’s remains. A cremation may also be pre-authorized by a conservator of the person, or agent as defined above. The person, conservator or agent may also designate an individual to have custody and control of the body, and to act as agent to carry out the cremation.

Part V

In the case of a pre-authorized cremation, the person to be cremated, or such person’s conservator or agent, may indicate the intended disposition of the cremated remains. If not already completed for a pre-authorized cremation, this section shall be completed by the custodian of the body.

Part VI

Completed and signed by the issuing Registrar of Vital Statistics.

Part VII

Completed and signed by the person in charge of the crematory.

Please Note: To pre-authorize a cremation, Parts I and IV must be completed. Part V may also be completed. Parts II, III, V, (if not already completed), VI, and VII will be completed at the time of death.

Connecticut General Statute Section 45a-318

Connecticut General Statute §45a-318 allows a person, conservator of the person appointed for such person, or an agent authorized to carry out matters related to the personal relationships or affairs of a person, to execute in advance of death, an authorization for the cremation of such person’s remains. If a pre-authorized cremation is executed, it must be attested in writing by two witnesses that the person pre-authorizing the cremation is of sound mind and capacity at the time the authorization is executed. Section 45a-318 also allows a person, conservator of the person, or agent to designate a custodian of such person’s remains, and to direct the disposition of the cremated remains. The funeral director must make reasonable efforts to contact the designated custodian within 48 hours after death. If there is no designated custodian, or if the designated custodian is unavailable to take charge of the remains of the decedent, other persons, in the priority listed, shall have custody and control of the decedent’s remains:

- (1) The deceased person's spouse, unless such spouse abandoned the deceased person prior to the deceased person's death or has been adjudged incapable by a court of competent jurisdiction;
- (2) The deceased person’s surviving adult children;
- (3) The deceased person’s surviving parents;
- (4) The deceased person’s surviving siblings;
- (5) Any adult person in the next degree of kinship in the order named by law to inherit the deceased person’s estate, provided such adult person shall be of the third degree of kinship or higher;
- (6) Such adult person as the Probate Court shall determine.

CREMATION PERMIT

VS-48 Revised 3/01/15

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION**

IMPORTANT! READ INSTRUCTIONS ON BACK OF FORM. TYPE OR PRINT LEGIBLY.

Part I: Person to be Cremated	Name _____	Sex _____	Date of Birth _____
	Resident Address _____		
Part II: Funeral Director	Town Where Death Occurred _____	Date of Death _____	Time of Death <input type="checkbox"/> AM <input type="checkbox"/> PM
	Signature (Funeral Director) _____	Date Signed _____	Funeral Home-Name _____
	COMPLETE FOR PRE-AUTHORIZED CREMATION ONLY <input type="checkbox"/> Notified designated custodian #1 or #2 named in Part IV. <input type="checkbox"/> Unable to notify designated custodians named in Part IV. List name of other person notified in accordance with Probate law: _____		
Part III: Custodian of Body	Name of Custodian of Body (Please Print) _____	Custodian's Tel. # (Include Area Code) _____	Relationship to Decedent _____
	Signature of Custodian _____	Date Signed _____	
	Resident Address of Custodian _____		
Part IV: Pre-Authorized Cremation	<input type="checkbox"/> I am of sound mind and capacity and authorize the cremation of my remains upon my death. <input type="checkbox"/> I have been designated as the conservator or agent of the person named in this cremation permit, with the authority to authorize in advance of such person's death, cremation of his or her body upon death, designate a custodian of the person's remains, and to authorized the intended disposition of the cremated remains. I am of sound mind and capacity and authorize the cremation of the conserved person or agent.		
	Signature _____		Date _____
	We attest that the individual named above is of sound mind and capacity at the time of this authorization.		
	Name of Witness #1 _____		Name of Witness #2 _____
	Address of Witness #1 _____		Address of Witness #2 _____
	Signature of Witness #1 _____ Date _____		Signature of Witness #2 _____ Date _____
I authorize the following individual(s) as custodian of my/conserved person's/ principal's remains. If the named individual(s) cannot be contacted at the time of death, then other persons may be contacted in accordance with Probate Law.			
Name of Designated Custodian #1 _____		Name of Designated Custodian #2 _____	
Resident Address of Designated Custodian #1 _____		Resident Address of Designated Custodian #2 _____	
Relationship to Person to be Cremated _____ Custodian #1 Tel. No. _____		Relationship to Person to be Cremated _____ Custodian #2 Tel. No. _____	
Part V: Intended Disposition of Cremated Remains	Intended Disposition of Cremated Remains: <input type="checkbox"/> Burial (Specify Location): _____ <input type="checkbox"/> Entombment (Specify Location): _____ <input type="checkbox"/> Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ <input type="checkbox"/> Other (Specify): _____		
Part VI: Registrar of Vital Statistics	A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.	Signature (Registrar of Vital Statistics) _____	City/Town _____ Date Signed _____
Part VII: Certification by the Crematory	This is to certify that the remains of the deceased named above was cremated.	Date Cremated _____	Time of Cremation <input type="checkbox"/> AM <input type="checkbox"/> PM
	Name of Crematory _____	Signature (Superintendent or person in charge of crematory) _____ Date Signed _____	

CREMATION PERMIT MUST BE RETURNED TO THE REGISTRAR OF VITAL STATISTICS OF THE TOWN WHERE DEATH OCCURRED.