



# House of Representatives

General Assembly

**File No. 121**

January Session, 2025

Substitute House Bill No. 7049

*House of Representatives, March 18, 2025*

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE RECOMMENDATIONS OF THE OFFICE OF THE CHILD ADVOCATE REGARDING THE INFANT MORTALITY REVIEW PROGRAM.***

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

1 Section 1. Subsection (f) of section 19a-59j of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective October*  
3 *1, 2025*):

4 (f) All information obtained by the commissioner, or the  
5 commissioner's designee, for the infant mortality review program shall  
6 be confidential pursuant to section 19a-25, except the commissioner may  
7 disclose any information or data obtained for the infant mortality review  
8 program to the Child Advocate, if the commissioner deems such  
9 disclosure necessary for the Child Advocate to perform the duties set  
10 forth in section 46a-13l. Any information or data disclosed to the Child  
11 Advocate shall be confidential in accordance with section 46a-13n, as  
12 amended by this act.

13 Sec. 2. Subsection (a) of section 46a-13n of the general statutes is  
14 repealed and the following is substituted in lieu thereof (*Effective October*  
15 *1, 2025*):

16 (a) The name, address and other personally identifiable information  
17 of a person who makes a complaint to the Child Advocate as provided  
18 in section 46a-13l, all information obtained or generated by the office in  
19 the course of an investigation and all confidential records obtained by  
20 the Child Advocate or a designee shall be confidential and shall not be  
21 subject to disclosure under the Freedom of Information Act or  
22 otherwise, except that such information and records, other than  
23 confidential information concerning a pending law enforcement  
24 investigation or a pending prosecution, may be disclosed if the Child  
25 Advocate determines that disclosure is (1) in the general public interest  
26 or (2) necessary to enable the Child Advocate to perform his  
27 responsibilities under subsection (a) of section 46a-13l. If the Child  
28 Advocate determines that disclosure of confidential information is not  
29 in the public interest but is necessary to enable the Child Advocate to  
30 perform responsibilities under subsection (a) of section 46a-13l, or to  
31 identify, prevent or treat the abuse or neglect of a child, the Child  
32 Advocate may disclose such information to the appropriate agency  
33 responsible for the welfare of such child or the legal representative for  
34 such child. The Child Advocate may disclose information or data  
35 regarding fatalities of infants less than one year of age to the  
36 Commissioner of Public Health if the Child Advocate determines such  
37 disclosure is necessary for the purposes of the infant mortality review  
38 program established pursuant to section 19a-59j, as amended by this act.  
39 Any information or data disclosed to the Commissioner of Public Health  
40 shall be confidential in accordance with the provisions of section 19a-25.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2025	19a-59j(f)
Sec. 2	October 1, 2025	46a-13n(a)

**PH**      *Joint Favorable Subst.*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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**OFA Fiscal Note****State Impact:** None**Municipal Impact:** None**Explanation**

The bill authorizes the Commissioner of Public Health to disclose information and data from the Infant Mortality Review Program to the Child Advocate, as well as authorizes the Child Advocate to share information with the Commissioner about infant deaths as related to the program. The bill has no fiscal impact, as it allows for the exchange of data between the two agencies to better inform their existing work.

**OLR Bill Analysis****sHB 7049*****AN ACT CONCERNING THE RECOMMENDATIONS OF THE OFFICE OF THE CHILD ADVOCATE REGARDING THE INFANT MORTALITY REVIEW PROGRAM.*****SUMMARY**

This bill allows the Department of Public Health (DPH) commissioner to disclose information and data from the Infant Mortality Review Program (see BACKGROUND) to the Child Advocate, if the commissioner deems it necessary for the Child Advocate to perform her statutory duties.

In turn, the bill allows the Child Advocate to share information with the DPH commissioner about infant deaths (i.e. those occurring between birth and one year of age) if the Child Advocate determines it is necessary for the purpose of the Infant Mortality Review Program.

Under the bill, any data disclosed for these purposes (1) is confidential and not subject to further disclosure, (2) is not admissible as evidence in a court or agency proceeding, and (3) must be used solely for medical or scientific research purposes (CGS § 19a-25).

EFFECTIVE DATE: October 1, 2025

**BACKGROUND*****Infant Mortality Review Program***

A 2023 law established an Infant Mortality Review Program within DPH to review medical records and other relevant data on infant deaths. This review is conducted by an Infant Mortality Review Committee and must include information from birth and death records and medical records from health care providers and facilities to make recommendations on reducing health care disparities and identify gaps

in, or problems with, health care or service delivery to reduce infant deaths.

By law, pharmacies and health care providers and facilities must give DPH, upon request, access to all medical or other records, including prenatal records, associated with infant death cases under the program's review.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/05/2025)