12/20/22 **REVISOR** EB/NS 23-00398 as introduced

## SENATE STATE OF MINNESOTA NINETY-THIRD SESSION

A bill for an act

relating to health; changing provisions in vital records for stillbirths; amending

S.F. No. 2212

(SENATE AUTHORS: WIKLUND)

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**DATE** 02/27/2023 D-PG **OFFICIAL STATUS** 

Introduction and first reading Referred to Health and Human Services

Minnesota Statutes 2022, sections 144.2151; 144.222. 1.3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA: 1.4 Section 1. Minnesota Statutes 2022, section 144.2151, is amended to read: 1.5 144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH 1.6 RESULTING IN STILLBIRTH. 1.7 Subdivision 1. Filing Registration. A fetal death record of birth for each birth resulting 1.8 in a stillbirth in this state, on or after August 1, 2005, must be established for which a each 1.9 fetal death report is required reported and registered under section 144.222, subdivision 1, 1.10 shall be filed with the state registrar within five days after the birth if the parent or parents 1.11 1.12 of the stillbirth request to have a record of birth resulting in stillbirth prepared. Subd. 2. **Information to parents.** The party responsible for filing a fetal death report 1.13 1.14 under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth: (1) that they may request preparation of a record of birth resulting in stillbirth; 1.15 1.16 (2) that preparation of the record is optional; and (3) how to obtain a certified copy of the record if one is requested and prepared. 1.17 1.18 (1) that the parent or parents may choose to provide a full name or provide only a last name for the record; 1.19 (2) that the parent or parents may request a certificate of birth resulting in stillbirth after 1.20 the fetal death record is established; 1.21

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(3) that the parent who gave birth may request an informational copy of the fetal death 2.1 record; and 2.2 (4) that the parent or parents named on the fetal death record and the party responsible 2.3 for reporting the fetal death may correct or amend the record to protect the integrity and 2.4 2.5 accuracy of vital records. Subd. 3. Preparation Responsibilities of the state registrar. (a) Within five days after 2.6 delivery of a stillbirth, the parent or parents of the stillbirth may prepare and file the record 27 with the state registrar if the parent or parents of the stillbirth, after being advised as provided 2.8 in subdivision 2, request to have a record of birth resulting in stillbirth prepared. 2.9 (b) If the parent or parents of the stillbirth do not choose to provide a full name for the 2.10 stillbirth, the parent or parents may choose to file only a last name. 2.11 (e) Either parent of the stillbirth or, if neither parent is available, another person with 2.12 knowledge of the facts of the stillbirth shall attest to the accuracy of the personal data entered 2.13 on the record in time to permit the filing of the record within five days after delivery. 2.14 The state registrar shall: 2.15 (1) prescribe the process to: 2.16 (i) register a fetal death; 2.17 (ii) request the certificate of birth resulting in stillbirth; and 2.18 (iii) request the informational copy of a fetal death record; 2.19 (2) prescribe a standardized format for the certificate of birth resulting in stillbirth, which 2.20 shall integrate security features and be as similar as possible to a birth certificate; 2.21 (3) issue a certificate of birth resulting in stillbirth or a statement of no vital record found 2.22 to the parent or parents named on the fetal death record upon the parent's proper completion 2.23 of an attestation provided by the commissioner and payment of the required fee; 2.24 (4) correct or amend the fetal death record upon a request from the parent who gave 2.25 2.26 birth, parents, or the person who registered the fetal death or filed the report; and (5) refuse to amend or correct the fetal death record when an applicant does not submit 2.27 the minimum documentation required to amend the record or when the state registrar has 2.28 cause to question the validity or completeness of the applicant's statements or any 2.29 documentary evidence and the deficiencies are not corrected. The state registrar shall advise 2.30 the applicant of the reason for this action and shall further advise the applicant of the right 2.31 of appeal to a court with competent jurisdiction over the Department of Health. 2.32

Section 1. 2

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**REVISOR** 

Subd. 4. Retroactive application Delayed registration. Notwithstanding subdivisions 1 to 3, If a birth that fetal death occurred in this state at any time resulted in a stillbirth for which a fetal death report was required under section 144.222, subdivision 1, but a record of birth resulting in stillbirth was not prepared under subdivision 3, a parent of the stillbirth may submit to the state registrar, on or after August 1, 2005, a written request for preparation of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the form and manner specified by the state registrar. The state registrar shall prepare and file the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence of the facts of the stillbirth. fetal death was not registered and a record was not established, a person responsible for registering the fetal death, the medical examiner or coroner with jurisdiction, or a parent may submit to the state registrar a written request to register the fetal death and submit the evidence to support the request.

## Subd. 5. Responsibilities of state registrar. The state registrar shall:

- (1) prescribe the form of and information to be included on a record of birth resulting in stillbirth, which shall be as similar as possible to the form of and information included on a record of birth;
- (2) prescribe the form of and information to be provided by the parent of a stillbirth requesting a record of birth resulting in stillbirth under subdivisions 3 and 4 and make this form available on the Department of Health's website;
- (3) issue a certified copy of a record of birth resulting in stillbirth to a parent of the stillbirth that is the subject of the record if:
- (i) a record of birth resulting in stillbirth has been prepared and filed under subdivision 3.22 3 or 4; and 3.23
- (ii) the parent requesting a certified copy of the record submits the request in writing; 3.24 and 3.25
  - (4) create and implement a process for entering, preparing, and handling stillbirth records identical or as close as possible to the processes for birth and fetal death records when feasible, but no later than the date on which the next reprogramming of the Department of Health's database for vital records is completed.

Section 1. 3 Sec. 2. Minnesota Statutes 2022, section 144.222, is amended to read:

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## 144.222 <u>FETAL DEATH REPORTS OF FETAL OR INFANT DEATH AND REGISTRATION.</u>

- Subdivision 1. **Fetal death report required.** A fetal death report must be filed registered or reported within five days of the death of a fetus for whom 20 or more weeks of gestation have elapsed, except for abortions defined under section 145.4241. A fetal death report must be prepared must be registered or reported in a format prescribed by the state registrar and filed in accordance with Minnesota Rules, parts 4601.0100 to 4601.2600 by:
- (1) a person in charge of an institution or that person's authorized designee if a fetus is delivered in the institution or en route to the institution;
  - (2) a physician, certified nurse midwife, or other licensed medical personnel in attendance at or immediately after the delivery if a fetus is delivered outside an institution; or
  - (3) a parent or other person in charge of the disposition of the remains if a fetal death occurred without medical attendance at or immediately after the delivery.
- Subd. 2. Sudden infant death Report to coroner or medical examiner. Each infant

  death which is diagnosed as sudden infant death syndrome shall be reported within five

  days to the state registrar. Fetal deaths of 20 weeks or longer gestation unattended by a

  physician, certified nurse midwife, or other licensed medical personnel under subdivision

  1, clause (2), shall be reported to the coroner or medical examiner as required under section

  390.11.

Sec. 2. 4