



Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals

December 1, 2015

The Honorable Scott M. Simon, Chairman
House Health and Welfare Committee
Louisiana State House of Representatives
P.O. Box 94486, Capital Station
Baton Rouge, LA 70804-4486

The Honorable David Heitmeier, Chairman
Senate Health and Welfare Committee
Louisiana State Senate
P.O. Box 94183, Capital Station
Baton Rouge, LA 70804-9183

Re: House Concurrent Resolution No. 166 of the 2015 Regular Session

Dear Chairman Simon and Chairman Heitmeier:

House Concurrent Resolution No. 166 (HCR 166) urged and requested the Department of Health and Hospitals (DHH) to submit a report to the House and Senate Committees on Health and Welfare regarding a means for which to allow for the burial of a fetus or fetal remains resulting from a loss of pregnancy at less than twenty weeks' gestation. In preparing this report, DHH engaged, collaborated with, and obtained information and perspective from stakeholder groups with appropriate expertise listed in HCR 166, including the Louisiana Conference of Catholic Bishops, Louisiana Funeral Directors Association, Louisiana State Coroners' Association, Louisiana Hospital Association, Louisiana Clerks of Court Association, Louisiana Interchurch Conference, the Franciscan Missionaries of Our Lady Health System, and the National Association of Social Workers, the Louisiana Chapter.

Study of Current Process

DHH Office of Public Health studied the means by which to allow for the burial of a fetus or fetal remains resulting from a loss of pregnancy at less than twenty weeks' gestation. Current statutes and regulations were examined and determined to allow a means to bury a fetus or fetal remains. A synopsis of applicable regulations and code include the following:

- RS 40.52: Parent(s) requesting fetal remains for burial must identify a funeral home to secure proper permit to ensure lawful transport and preparation of the remains prior to disposition.
- RS 13.5715: Parents unable to secure a funeral home will use the process for disposition of remains managed by the parish Coroner's Office.
- RS 8:652: Except in the case of cremated remains or as otherwise provided by law, it shall be unlawful for any person to dispose of any human remains, except fetal remains, without first obtaining certification of the of the cause of death by the treating physician, parish coroner, or the authorized representative of the parish coroner. Disposal of such remains shall not be in any place other than a cemetery or a building dedicated exclusively for such purposes, and the remains shall be decently interred within a reasonable time after death. *(Therefore: if the parents wish to have a funeral home involved in the disposition of fetal remains, the funeral home must abide by current statutes and regulations related to disposition of human remains).*

- Sanitary Code Title 51: Any human remains must be handled in accordance with regulations.

In summation, Louisiana statutes or regulations do not prohibit the burial of fetal remains less than twenty weeks of gestation. Louisiana parents may currently request to bury fetal remains for a fetus of any gestational age or weight under the current process in place; however, general knowledge of the current process may not be widely known among hospitals, providers, or parents. (A pictorial representation of the current process can be found in APPENDIX A.) In order for such burial to happen, a fetal death report would be completed by the funeral home and physician and filed with Louisiana Vital Records. An example of the fetal death record can be found in APPENDIX B. Louisiana Vital Records does not issue Certified Death Certificates for fetal remains less than twenty weeks gestation and burying fetal remains prior to this time does not affect any certified copies issued by Vital Records.

Engagement of Stakeholder Groups

In developing this report, DHH was required to engage, collaborate with, and obtain information and perspective from stakeholder groups with appropriate expertise, including but not limited to, the Louisiana Conference of Catholic Bishops, Louisiana Funeral Directors Association, Louisiana State Coroners' Association, Louisiana Hospital Association, Louisiana Clerks of Court Association, Louisiana Interchurch Conference, the Franciscan Missionaries of Our Lady Health System, and the National Association of Social Workers, the Louisiana Chapter.

A stakeholder meeting was held on Tuesday, September 15th from 1pm-3pm in Baton Rouge, DHH Bienville Building, Room 173, 628 North 4th Street Baton Rouge, LA 70802.

During the stakeholder meeting, DHH presented a review of the current process and applicable statutes and regulations. Additionally, DHH posed the following questions for consideration and gained consensus from those present that these topics for discussion would cover key areas:

- Were you aware of the means which currently exist to bury fetal remains?
- What considerations are there for parents in implementing the current (as is) process?
- What considerations are there for providers in implementing the current (as is) process?

A summary of the stakeholder conversation is attached in APPENDIX C, however major discussion points are summarized here:

- A process exists for the burial of fetal remains of gestational age less than twenty weeks but some stakeholders on the committee were not aware of the steps.
- The main intent of HCR 166, as explained by the representative from the Louisiana Conference of Catholic Bishops was to make sure parents had an option and that providers were aware of this option.
- All agreed that providers and parents are most likely not aware of the ability to bury fetal remains of any gestational age.
- Given the breadth of laws that govern the burial of any human remains and the laws governing the registration of death and fetal death, there could be confusion around the less than twenty weeks gestation and 350 grams weight issue. This issue only applies to registration of fetal death records with Louisiana Vital Records, not burial or disposition. Per RS 40:49 Preparation and filing of death and spontaneous fetal death certificate

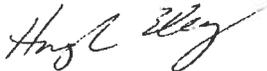
(stillbirth) Section (B) (9): Each spontaneous death of twenty complete weeks gestation or more, calculated from the date of last menstrual period began to date of delivery, or a weight of three hundred fifty grams or more, which occurs in this state shall be reported within five days after delivery to the vital records registry or as otherwise directed by the state registrar.

- The study group concluded the current process for burial of fetal remains is sufficient; the issue is the need for provider and parent education.
- Group consensus favored an education-focused approach rather than looking to change legislation.
- All wanted to make sure that the process is presented to parents in a dignified way that respects those who may want to bury, as well as those who may not want to bury, their fetal remains.
- Hospitals should not be releasing fetal remains in biohazard containers directly to parents as this is in violation of several regulations and the process may be traumatic to some parents.
- Work will need to be done to educate hospitals, coroners and funeral directors to work with parents on their options.

Attendees were told that their summarized comments from the meeting as well as any additional information they wanted to submit following the meeting would be submitted as part of this report. At the time this report was drafted, no additional materials had been provided to DHH.

Thank you for allowing us to present information that shows the efforts DHH has made in studying means by which to allow for the burial of a fetus or fetal remains resulting from a loss of pregnancy at less than 20 weeks gestation. Should you have any questions about this correspondence, please contact Michelle Alletto, Office of Public Health at michelle.alletto@la.gov or 504-568-3504.

Sincerely,



Hugh Eley
Deputy Secretary

cc: The Honorable Members of the Senate Health and Welfare Committee
The Honorable Members of the House Health and Welfare Committee
David R. Poynter Legislative Research Library

APPENDIX A – Powerpoint presentation from September 15th Stakeholder Meeting
APPENDIX B – Fetal Death Report Exemplar
APPENDIX C – Summary of Comments and Input from September 15th Stakeholder Meeting

House Concurrent Resolution 166
2015 Regular Legislative Session
Appendix A

Louisiana House Concurrent Resolution 166 Study Group

Facilitator: Louisiana Department of Health and Hospitals
Stakeholder Meeting - September 15, 2015



HCR 166 Resolution

- The Legislature of Louisiana does hereby urge and request the DHH to study means by which to allow for the burial of a fetus or fetal remains resulting from a loss of pregnancy at less than 20 weeks gestation
- In developing the study, DHH shall engage, collaborate with, and obtain information and perspective from stakeholder groups with appropriate expertise including, but not limited to the following organizations:
 - LA Conference of Catholic Bishops
 - LA Funeral Directors Association
 - LA State Coroners' Association
 - LA Hospital Association
 - LA Clerks of Court Association
 - LA Interchurch Conference
 - The Franciscan Missionaries of Our Lady Health System
 - The National Association of Social Workers, the Louisiana Chapter

Our Charge

- Examination of current process
- Engagement of stakeholders
- Report findings to the Secretary of the Louisiana Department of Health and Hospitals by October 15, 2015 (*Internal Deadline*)
- Report to House and Senate Committees on Health and Welfare by December 31, 2015

Current Process and Regulations

- Louisiana parents may currently request to bury their fetal remains for a fetus of any gestational age or weight
- Louisiana does not specifically prohibit the burial of fetal remains less than 20 weeks of gestation.
- General knowledge of the current means may not be widely known.

Louisiana

Regulations

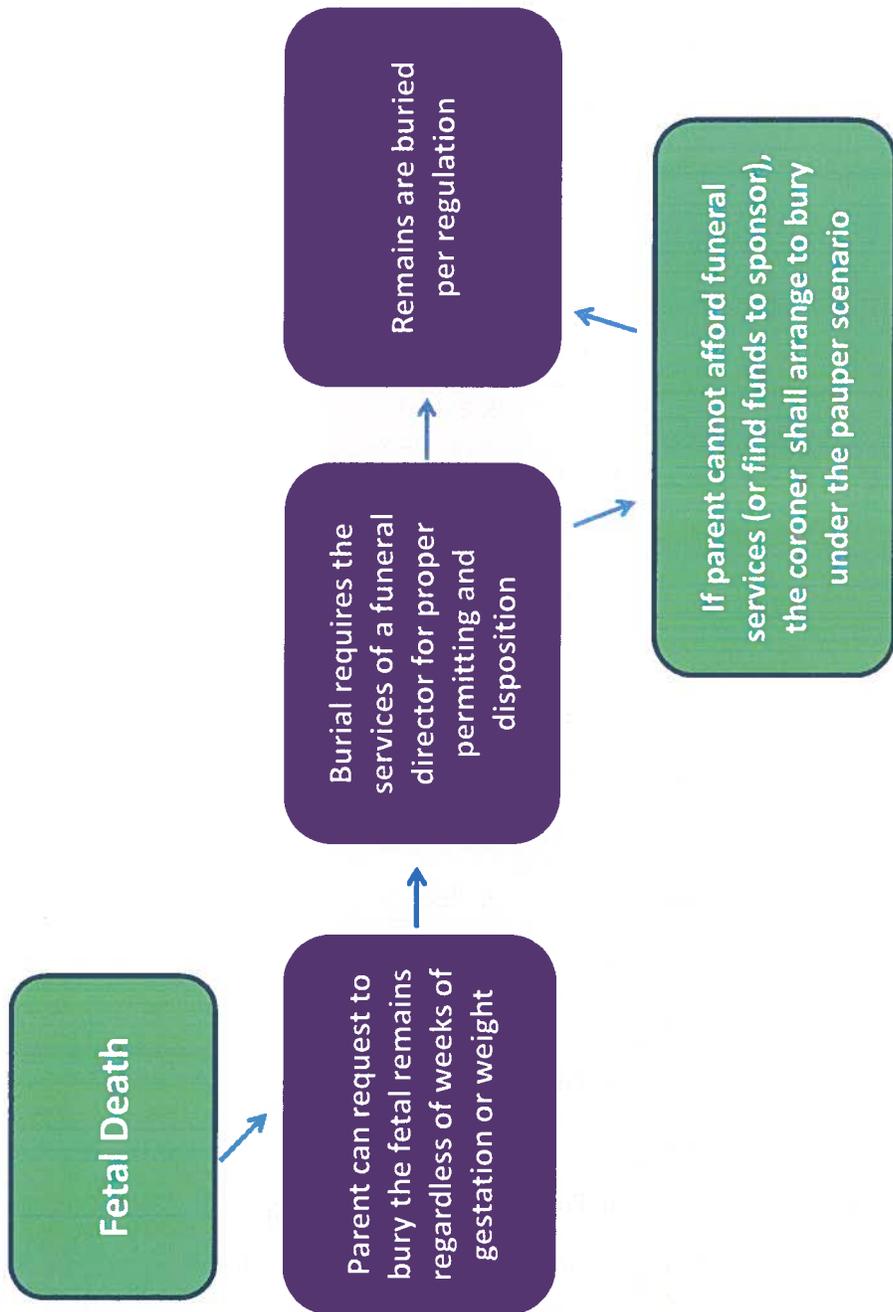
- Parent(s) requesting remains for burial must identify a funeral home to secure proper permit to ensure lawful transport and preparation of the remains prior to burial (RS 40.52)
- Parents unable to secure a funeral home to handle the arrangements will use the process for burial of remains managed by the parish Coroner's Office. (RS 13.5715)
- Per Sanitary Code Title 51 – any human remains must be handled in accordance with regulations
- RS 8:652 (next slide)

Regulations (con't)

Revised Statute 8:652

- RS 8:652: Except in the case of cremated remains or as otherwise provided by law, it shall be unlawful for any person to dispose of any human remains without first obtaining certification of the cause of death (the law excepts fetal remains from the certification requirement) by the treating physician, parish coroner, or the authorized representative of the parish coroner. Disposal of such remains shall not be in any place other than a cemetery or a building dedicated exclusively for such purposes, and the remains shall be decently interred within a reasonable time after death.

Current Means for Burial of Fetal Remains in Louisiana



Questions & Considerations

- **Were you aware of the means which currently exist to bury fetal remains?**
- **What considerations are there for parents in implementing the current (as is) process?**
- **What considerations are there for providers in implementing the current (as is) process?**

Next Steps

- Summarize stakeholder input
- Draft study will be sent to the Secretary of the Louisiana Department of Health and Hospitals by October 15, 2015 (*Internal Deadline*)
- DHH required to submit findings to House and Senate Committees on Health and Welfare by December 31, 2015

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Appendix B

Certificate of Fetal Death

Fetus	
Name of Fetus (optional at the discretion of the parents)	Time of Delivery
Place where Delivery occurred	Gender
Address of Delivery	Date of Delivery
Facility Name	Facility NPI
Parish of Delivery	

Mother	
Mother's Current Legal Name	Date of Birth
Mother's Name Prior to First Marriage	Age
Birth Place	
Was mother ever married?	Married at conception or anytime in between?
Was AOP signed at the facility?	

Mother Residence			
Country	State	Parish	City
Address	Apartment No.	ZIP Code	Inside City Limits?

Father			
Father's Current Legal Name	Date of Birth	Age	Birth Place

Medical Health Information			
<p>Congenital Anomalies of Fetus</p> <p>01 ANENCEPHALY 02 MENINGOMYELOCELE/SPINA BIFIDA 03 CYANOTIC CONGENITAL HEART DISEASE 04 CONGENITAL DIAPHRAGMATIC HERNIA 05 OMPHALOCELE 06 GASTROSCHISIS 07 LIMB REDUCTION DEFECT (EXCLUDING CONGENITAL 08 CLEFT LIP WITH OR WITHOUT CLEFT PALATE 09 CLEFT PALATE ALONE 11 KARYOTYPE CONFIRMED 12 KARYOTYPE PENDING 14 KARYOTYPE CONFIRMED 15 KARYOTYPE PENDING 16 HYPOSPADIAS</p>	<p>Risk Factors</p> <p>02 PRE-PREGNANCY (DIAGNOSIS PRIOR TO PREGNANCY) 03 GESTATIONAL (DIAGNOSIS IN THIS PREGNANCY) 05 PREPREGNANCY (CHRONIC) 06 GESTATIONAL (PIH, PRECLAMPSIA) 07 ECLAMPSIA 08 PREVIOUS PRETERM BIRTH 09 OTHER PREVIOUS POOR PREGANANCY OUTCOME (INCLUDES 10 PREGNANCY RESULTED FROM INFERTILITY TREATMENT 11 FERTILITY-ENHANCING DRUGS. ARTIFICIAL INSEMINATION OR 12 ASSISTED REPRODUCTIVE TECHONOLOGY (E.G. INVITRO 13 MOTHER HAD A PREVIOUS CESAREAN DELIVERY</p>		
<p>Method of delivery</p> <p>08 CEPHALIC 09 BREECH 10 OTHER 12 VAGINAL/SPONTANEOUS 13 VAGINAL/FORCEPS 14 VAGINAL/VACUUM 15 CESAREAN 17 YES 20 YES</p>	<p>Infections Present</p> <p>08 CYTOMEGALO VIRUS 01 GONORRHEA 02 SYPHILIS 03 CHLAMYDIA 04 LISTERIA 05 GROUP B STREPTOCOCCUS 07 PAROVIRUS 08 TOXOPLASMOSIS 09 OTHER</p>	<p>Maternal Morbidity</p> <p>01 MATERNAL TRANSFUSION 02 THIRD OR FOURTH DEGREE PERINEAL LACERATION 03 RUPTURED UTERUS 04 UNPLANNED HYSTERECTOMY 05 ADMISSION TO INTENSIVE CARE UNIT 06 UNPLANNED OPERATING ROOM PROCEDURE FOLLOWING DELIVERY</p>	

Mothers Medical	
Date of First Prenatal Care Visit	Date of Last Prenatal Care Visit
Height	Total Number of Prenatal Care Visits
Pre-pregnancy Weight	Weight at Delivery
Did Mother receive WIC	
Number of Previous Live Births	Number of Other Pregnancy Outcomes
Now Living	Other Outcomes
Now Dead	Date of Last Other Outcomes
Date of Last Live Birth	
Cigarette Smoking Before & During Pregnancy	
	# of Cigarettes
	# of Packs
Number of Cigarettes 3 Months before Pregnancy	
Number of Cigarettes First 3 Months of Pregnancy	
Number of Cigarettes Second 3 Months of Pregnancy	
Number of Cigarettes Final 3 Months of Pregnancy	

Certificate of Fetal Death

Cause of Fetal Death

Fetal Weight (grams)		Estimated Time of Fetal Death (choose only one option)	
Obstetric Estimate of Gestation (weeks)		Dead at time of first assessment, no labor ongoing	
Was an Autopsy Performed?		Dead at time of first assessment, labor ongoing	
Was a Histological Placental Examination Performed?		Died during labor, after first assessment	
Were Autopsy or Histological Placental Examination results used in determining the cause of Fetal Death?		Unknown time of fetal death	
Plurality			
Set Order (if not single)			
INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)		OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH OF THE FETUS)	
<input type="checkbox"/>	RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR	<input type="checkbox"/>	RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR
<input type="checkbox"/>	ABRUPTIO PLACENTA	<input type="checkbox"/>	ABRUPTIO PLACENTA
<input type="checkbox"/>	PLACENTAL INSUFFICIENCY	<input type="checkbox"/>	PLACENTAL INSUFFICIENCY
<input type="checkbox"/>	PROLAPSED CORD	<input type="checkbox"/>	PROLAPSED CORD
<input type="checkbox"/>	CHORIOAMNIONITIS	<input type="checkbox"/>	CHORIOAMNIONITIS
<input type="checkbox"/>	OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES	<input type="checkbox"/>	OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	MATERNAL CONDITIONS/ DISEASES --- Specify:	<input type="checkbox"/>	MATERNAL CONDITIONS/ DISEASES --- Specify:
<input type="checkbox"/>	OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES --- Specify:	<input type="checkbox"/>	OTHER COMPLICATIONS OF PLACENTA, CORD OR MEMBRANES --- Specify:
<input type="checkbox"/>	OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS --- Specify:	<input type="checkbox"/>	OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS --- Specify:
<input type="checkbox"/>	FETAL ANOMALY --- Specify:	<input type="checkbox"/>	FETAL ANOMALY --- Specify:
<input type="checkbox"/>	FETAL INJURY --- Specify:	<input type="checkbox"/>	FETAL INJURY --- Specify:
<input type="checkbox"/>	FETAL INFECTION --- Specify:	<input type="checkbox"/>	FETAL INFECTION --- Specify:
<input type="checkbox"/>	OTHER FETAL CONDITIONS/ DISORDERS --- Specify:	<input type="checkbox"/>	OTHER FETAL CONDITIONS/ DISORDERS --- Specify:

Certifier

Attendant

Certifier's Name (Signature)	Title	Date Certified	Attendant Name	Title
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Disposition

Method of Disposition	Funeral Facility Name	
<input type="checkbox"/> Burial	Funeral Facility Address	
<input type="checkbox"/> Cremation		
<input type="checkbox"/> Donation		
<input type="checkbox"/> Entombment		
<input type="checkbox"/> Removal from State		
<input type="checkbox"/> Other		
BTP #	BTP Issue Date	BTP Issue Parish

Approver

Approver's Name (Signature)	Date Approved	Date Registered
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Appendix C

HCR 166 Meeting Notes
Bienville Building, Room 173
Baton Rouge, LA
September 15, 2015
1 PM – 3PM

Attendees:

Shane Evans, Investigator, EBR Coroner, representing Louisiana Coroners' Association and EBR Coroner
Gene Pellerin, LA Association of Funeral Directors
Kathleen O'Regan, LA Association of Funeral Directors
Jane Hyde, Louisiana Chapter of NASW
Cecilia Castillo, DHH Health Standards
Greg Waddell, Louisiana Hospital Association
Rob Tasman, Louisiana Conference of Catholic Bishops
Dr. Takeisha Davis, Louisiana DHH, OPH Medical Director and Director for the Center for Community and Preventive Health
Devin George, Louisiana DHH OPH, Center for Records and Statistics, State Registrar and Center Director
Michelle Alletto, Louisiana DHH OPH, Bureau of Family Health
Jane Herwehe, Louisiana DHH OPH, Bureau of Family Health

Notes:

Meeting was called to order by Michelle Alletto and followed with group introductions. A presentation (attached) was given summarizing HCR 166 and the charge of the workgroup and the current process now and supporting legislation for the burial of fetal remains. Current law does not prohibit the burial of any fetal remains regardless of gestational age or weight of remains. Michelle opened the discussion with considerations for providers, parent and next steps. The following are summary comments from attendees.

Shane Evans: Shane pointed out that sometimes it is best to leave legislation alone because if you change you might get something worse. He brought a list of other legislation specific to considerations for coroners when they are faced with unclaimed human or fetal remains. He raised the concern that in his interpretation of the law, (the Anatomical Act – R.S. 8:655) coroners may be forced to give unclaimed remains under the pauper burial scenario to any interested party which may include some groups that may have what he considered to be a use some may not agree with. There could also be issues related to the handling of next of kin under custody and control with the father's vs. mother's wishes. He also stated that in his experience, most families experiencing what he refers to as a "20/350" (meaning the 20 weeks of gestation and 350 grams weight) loss choose to leave the remains with the hospital. Another issue is cremation – some coroners and funeral directors will not cremate fetal remains less than 20 weeks without a signed death certificate. He needs to let people know that a signed death certificate is not required for cremation of fetal remains less than 20 weeks.

Devin George: A family can get a signed death certificate for less than 20 weeks if they want, but current law does not require registration for fetal deaths less than 20 weeks.

Gene Pellerin: What was the problem? What brought about HCR 166?

Rob Tasman: Senator Burford wanted a new type of certificate acknowledging the loss. Catholic Bishops became involved when New Orleans Catholic medical professionals said they were not being allowed to release remains to families

Given the fact that there is a process by which families can bury their fetal remains less than 20 weeks, it might just be an issue of education. Woman came to the capitol to request this and he knows of a family recently who was able to get their remains from the hospital after much back and forth. This family was given remains in a biohazard bag which was a "second trauma" for the family.

The Louisiana Conference of Catholic Bishops wants the HCR study to be a good faith effort to make sure that families can bury their remains if they wish. It was never the intent of the Catholic Bishops to get into the debate or policy question around when life begins. Their approach was "we think there is a problem, but maybe there is not."

Jane Hyde: She works with Women and Children's in Lafayette and families will request remains and be given them if they request. Many families choose to leave early fetal loss remains with the hospital. But Women's will allow any family who request to see their remains and if there is a request to bury, the hospital will work with the family.

Greg Waddell- If hospitals are releasing remains, what kind of paperwork are they using – expressing concern for liability.

Group: reiterated the process: If a fetus is born alive there is a mandatory burial. If the fetus is delivered prior to 20 , the option for the parents is to opt for the hospital to manage the remains or to enlist the services of a funeral parlor.

Greg Waddell: What will be the paperwork if parents choose to take?

Group: The parents should not be allowed to leave a hospital with the remains under the current regulations. The process is for the hospital to manage or for the parent to enlist the services of funeral director in which case the hospital would release to the funeral home.

Gene Pellerin: The parent gives the permission to the funeral home who manages release with the hospital. There have been 2 recent cases in Baton Rouge where parents showed up at funeral homes with biohazard bags with remains requesting burial.

Group: This is against regulations.

Jane Hyde: Years ago she heard of families taking remains <20 weeks home to bury in the yard's family cemetery, but not recently.

Cecilia Castillo (to Greg Waddell concern): Wouldn't the doctor's order or note documented in the chart on the parent's decision suffice as the proof Greg is looking for to manage the liability.

Shane Evans: If this changes and all remains less than 20 weeks are required to be buried this will be much work for the larger coroners, especially for cases where families leave remains at the hospital without claiming or indicating what they want to do.

Greg Waddell: We need to make sure we protect hospital liability.

Gene Pellerin: Hospitals need to be educated on the current process and what is allowed and not allowed.

Greg Waddell: There might be hesitancy from some facilities. Hospitals worry about letting medical waste out of the door.

Jane Herwehe: But if the current process is followed per R.S 40:52 remains should only be released to a funeral home if the parent chooses to bury.

Shane Evans: Hospitals need education

Jane Hyde: On occasion, moms return wanting their babies back after they are long gone. (How often does this really happen?) This speaks to need for parent education on their options.

Shane Evans: If parent doesn't indicate then leaves, the hospital tries to contact and if it can't reach parents, hospital refers case to the coroner's office.

Rob Tasman: Instance where hospital released in biohazard bag a "second trauma" for the family. There seems to be inconsistencies across hospitals. We need to prevent trauma to families.

Jane Hyde: Women's in Lafayette will show any mother any remains of any gestational age if she wants to see.

Rob Tasman: What is the process in any death? For example, a 60 year old?

Group (Shane/Gene/Devin): Doctor pronounces. Hospital asks family what funeral home they are using and then funeral home steps in. However, if it is a death of potential suspicious circumstances, the coroner's office will open a coroner's case.

Shane Evans: In Baton Rouge, Women's (Hospital) calls on every case of fetal loss if they are not sure of the contributing factors just to hear the coroner say it is not a coroner case.

Jane Hyde: What about moms who do drugs and suffer a fetal loss?

Shane Evans: LA feticide law doesn't apply to the mother, mothers are protected – i.e. if a mother does cocaine and has a placental abruption she is protected.

Greg Waddell: Hospitals need to understand the process and need additional protection around release of remains.

Dr. Davis: Are parents aware? If providers are unaware, most likely parents are as well.

Greg Waddell: We need documentation to make sure everyone is covered.

Devin George: If fetus is released, the funeral home would start a fetal stillbirth certificate.

Cecilia Castillo: What is the definition of still birth?

Greg Waddell: How are abortion statutes affected by this?

Cecilia Castillo: Current rule for abortion allows for disposal in accordance with current federal and/or state rules and regulations.

Greg Waddell: We shouldn't rely on absence of a state law prohibiting the burial of fetal remains.

Group: consensus - leery of changing statutes.

Greg Waddell: Hospitals need education and can we do something better than a biohazard bag.

Rob Tasman: He received the "Miscarriage of Justice" report from Rocky Thompson at DHH and states that Louisiana is a "Silent State" – meaning it doesn't educate families on their options.

Jane Hyde – Can we have hospital ceremonies to honor loss?

Rob Tasman: We don't want the onus to be on parents to request; can providers say they have the option?

Shane Evans: His concern is if all parents want to bury but have no money- this is a budget issue for parishes with underfunded coroners' offices and there is also the concern of an interested party calling wanting any unclaimed remains. Also need to codify that you do not need a fetal death certificate for less than "20/350" as it confuses the burial and cremation process.

Jane Herwehe – We cannot confuse the Vital Records registration requirements and the burial requirements.

Devin George: If a funeral home is not involved, the hospital would need to issue the certificate for a fetus less than 20 weeks gestation or 350 grams, but hospitals are not consistent.

Gene Pellerin: Most parents want a death certificate so funeral directors are requesting stillbirth death certificates.

Devin George: If they request, families get a complimentary copy.

Greg Waddell: He will survey his membership on who is doing what.

Shane Evans: He will email all Coroners' Association members to please work with funeral homes on this process and that if the remains are under "20/350" no death certificate is coming so do not hold up burial or cremation.

Group: Need to make sure the process is known and least traumatic to families.

Shane Evans: A big issue is religious consideration – should hospitals turn over remains to parents if they are persistent.

Group: Per regulations, remains should only be released to a licensed funeral home.

Shane Evans: The smart conservative approach to this process is to say to parents, (not these words exactly) “We are sorry for your loss. You have 2 options for the remains. You can choose for the hospital to dispose of them or you could arrange for a funeral.” (in which case they let hospital know which funeral home). Either way they could get a certificate. This would allow for parents who want to bury remains and those who do not. That way it keeps the remains out of the coroner’s pauper process and the hands of any “immoral” providers who may want them.

Rob Tasman: Sen. Burford’s chief aid was hearing from a number of women who were not allowed to access their babies from facilities. And then Archbishop Aymond in New Orleans called the conference with the concern from Catholic medical professionals who said the process needs to change. From the report Rocky sent they realized LA was “silent” on the issue so they thought it warranted a study. He thanked everyone in the room for their openness and willingness to solve the problem. It is a major priority for the Bishops. He again clarified that Bishops intentionally left out certain groups to include in the study group in the legislation so as not to link this to the abortion issue. The main concern was to help families.

Conclusions:

Michelle Alletto thanked everyone for the thoughtful discussion and explained next steps. She would summarize all comments in a report and forward to the Secretary of DHH by an internal deadline of October 15, 2015 and the Secretary will submit a report to the House and Senate Health and Welfare Committees by December 31, 2015. If any participants had anything they wanted to send to please forward to Michelle.

Major Discussion Points:

- A process exists but those on the committee weren’t aware of it and some wondered where the need for HCR 166 arose.
- Main intent of HCR 166 was to make sure parents had an option.
- Providers and parents are most likely not aware of the ability to bury fetal remains of any gestational age.
- Given the breath of laws that govern the burial of any human remains and the laws governing the registration of death and fetal death, there could be confusion around the less than 20 weeks and 350 grams issue. The 20/350 issue only applies to registration.
- The current process for burial of fetal remains is sufficient; the issue is the need for provider and parent education.
- Group consensus favored a conservative approach rather than looking to change legislation.
- All wanted to make sure that the process is presented to parents in a dignified way that respects those who may want to bury as well as those who may not want to bury their fetal remains.
- Hospitals should not be releasing fetal remains in biohazard containers directly to parents as this is in violation of several regulations, not to mention the process may be traumatic to some parents.
- Work will need to be done to educate hospitals, coroners and funeral directors to work with parents on their options.