Abandoned/Unwanted Infants - Safe Haven Bill

I) The Tennessee Legislature passed the Safe Haven Bill during the 2001 session. The bill was signed by Governor Sundquist and became effective on July 1, 2001 as Public Chapter 388.

A) This law establishes:

1) Procedures for parents to surrender unwanted infants to hospital or emergency care providers;
2) Ensures immunity from criminal prosecution to parents acting in accord with this act;
3) Ensures immediate medical treatment for surrendered newborns;
4) Begins termination of parental rights within 24 hours; and
5) Places the child for adoption upon termination of parental rights.

II) Definitions: § 68-11-255

A) "Facility" means any hospital as defined by § 68-11-201(29), birthing center as defined by § 68-11-201(10), community health clinic, and any out-patient "walk-in" clinic; and

1) §68-11-201(29) - "Hospital" means any institution, place, building or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and equipment for the use, in connection with the services of a physician or dentist, of one (1) or more nonrelated persons who may be suffering from deformity, injury or disease or from any other condition for which nursing, medical or surgical services would be appropriate for care, diagnosis or treatment

2) § 68-11-201(10) - “Birthing center” means any institution, facility, place or building devoted exclusively or primarily to the provision of routine delivery services and postpartum care for mothers and their newborn infants

B) “Member of the professional medical community" has the meaning provided in § 68-140-202(9); provided that such member of the professional medical community is on the premises at the time of such voluntary delivery;

1) § 68-140-202(9) - "Professional medical community" means those licensed, or permitted, individuals or institutions capable of rendering corrective action to human life threatening illness or injury;

C) "Voluntary delivery" means the action of a mother in leaving an unharmed infant aged 72 hours or younger on the premises of a facility, as defined by this section, with any facility employee or member of the professional medical community at such facility without expressing any intention to return for such infant, and failing to visit or seek contact with such infant for a period of 30 days thereafter.

1) Any facility shall receive possession of the newborn, if the infant:
(a) Was born within the preceding 72 hours;
(b) Is in an unharmed condition;
(c) Is voluntarily left by someone asserting to be the mother of the infant and does not express any intention to return for the infant

2) If possible, the following information should be obtained (the mother is not required to respond, but the information will help facilitate the adoption):

(a) Medical history of the mother and the newborn
(b) Identity of mother, father and newborn
(c) Note: this information shall be kept confidential and may only be disclosed to the Department of Children’s Services for use consistent with the purposes of this act

3) The facility:

(a) May provide to the parent contact information for the relevant social service agency
(b) Shall provide the mother with the name, address and phone number of the department contact person (the mother shall be encouraged to involve the Department of Children’s Services in the relinquishment), and
(c) If feasible, the mother should be provided with oral and written information concerning the requirements of this law relating to recovery of the child and abandonment of the child
   (i) see Section 2 of Public Chapter 388 or § 36-1-142, § 37-1-157, § 36-1-102(1)(A), § 37-2-402(10)(A) and § 36-2-318.

4) As soon as possible, but no later than 24 hours of receiving the newborn, the facility shall contact the Department of Children’s Services.

(a) This can only be done after the mother leaves the premises.
(b) The department shall immediately assume care, custody and control of the infant.

5) The facility or any employee or member of the professional medical community shall do what is necessary to protect the physical health or safety of the infant.

6) Any facility, facility employee and member of the professional medical community shall be immune from any criminal or civil liability for damages as a result of any actions taken pursuant the requirements of this law. Nothing in this law shall be construed to abrogate any existing standard of care for medical treatment or to preclude a cause of action based upon violation of such existing standard of care for medical treatment.