

Committee on Children

JOINT FAVORABLE REPORT

Bill No: SB-156 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT ESTABLISHING A TASK FORCE TO STUDY THE VOLUNTARY

Title: SURRENDER OF INFANTS.

Vote Date: 2/24/2026

Vote Action: Joint Favorable

PH Date: 2/17/2026

File No.:

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CO-SPONSORS OF BILL:

Rep. Fishbein, 90th District
Rep. McGee, 116th District
Rep. Santiago, 84th District

SPONSORS OF BILL:

The Committee on Children

REASONS FOR BILL:

This bill establishes a task force to study the policy and procedures of the voluntary surrender of infants to identify areas in need of improvement to ensure the safety of surrendered infants. These include the anonymity of the person surrendering the infant and the proper staffing to promptly attend to any surrendered infants. It also seeks to gather information on any racial, ethnic, health, economic, and socioeconomic disparities amongst those who surrender their infants to better inform public policy on infant surrender.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

There is no substitute language for this bill.

RESPONSE FROM ADMINISTRATION/AGENCY:

[Office of Chief Public Defender \(OCPD\) - Division of Public Defender Services, Director of Delinquency Defense and Child Protection Renee Cimino](#): The Office of Chief Public Defender supports the bill, as it seeks to establish a task force that studies the voluntary surrender of infants and accounts for the needs of Connecticut's most vulnerable parent populations. The Office requests membership on the task force.

The Office of the Child Advocate, The Acting Child Advocate Christina Ghio: Ms. Ghio states the importance of the anonymity included in Connecticut’s current “Safe Haven” law, which prevents hospital staff from disclosing the name of the mother to the Department of Children and Families or any other person or organization without her explicit permission. This facilitates the process of providing the mother and infant with medical care and obtaining relevant medical history. The anonymity of the mother provides additional opportunities to discuss support that is available along with alternatives to surrender. She recommends that the task force includes research in its work on the risks to mothers and infants of giving birth outside a hospital or without an appropriate medical provider and how to mitigate those risks. Research on safe, anonymous birth with medical staff is an additional suggestion for the task force.

NATURE AND SOURCES OF SUPPORT:

The public showed general support for establishing a task force to study the voluntary surrender of infants and evaluate Connecticut’s current Safe Haven law. The speakers highlighted the importance of expanding public awareness and education efforts, particularly among youth, noting that student-led campaigns in schools have worked to inform peers about Safe Haven options and resources. Other speakers emphasized the need for additional research and data collection on infant surrender practices, including demographic information, public awareness of the law, and the circumstances that lead parents to surrender infants. Some speakers also encouraged the inclusion of a diverse group of stakeholders on the task force, such as healthcare professionals, first responders, and community representatives, to provide practical insight into how the law functions in real-world situations. Additional testimony raised concerns about transparency and accountability within Connecticut’s child welfare system and supported measures aimed at strengthening oversight, reporting practices, and protections intended to improve child safety.

Erin Paranzino

Caroline Magnan

Elizabeth Simonetti

Janice Fleming

Christina Bennett

Connecticut Children’s Medical Center, Division Head of Emergency Medicine Dr. John Brancato: Dr. Brancato testifies that the task force would be better informed regarding practical experience and multidisciplinary expertise if the task force included a pediatric physician, an emergency department registered nurse, and a licensed clinical social worker with pediatric experience. Pediatric physicians provide insight into newborn medical evaluation and standards of care, ER nurses specialize in the intake process, and pediatric social workers can contribute information on family crisis intervention.

The Connecticut Hospital Association: The association looks forward to the opportunity that the establishment of the task force will create regarding the review of hospitals’ policies related to the “warm handoff” process. This includes the assessment of the infant, attending to urgent medical needs, communication with the Department of Children and Families, and gathering medical and social history from the parent.

Lori Bruce, Doctorate in Bioethics at Yale University, MA, MBE, HEC-C: Ms. Bruce is a bioethicist at Yale who studies Safe Haven laws. She led an open letter to the United States Department of Health and Human Services, co-signed by 100 clinicians and child welfare experts, calling for federal oversight of infant abandonment boxes. She recommends that the task force focuses both on the needs of parents and families along with the infants, and this can include improved documentation regarding informed consent and awareness of options (i.e., temporary placement) for at-risk parents and families. She states that the needs of the birthing mother and the child during labor need more focus and resources in the establishment of Safe Haven laws. The task force should consider options for supported, confidential birth to ensure access to crisis counseling, options for at-risk women, and true informed consent so that women and families are aware of all the options available to them. Resources used by the state and its hospitals should be reviewed, especially regarding Safe Haven hotlines. She also requests to be included in the taskforce.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

**Reported by: Mia Giglietti, Zachary Robinson,
Frederica Dampson, and Alexandria Silva**

Date: 3/6/2026