

AMENDED IN ASSEMBLY MARCH 26, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 372

Introduced by Assembly Member Ma

February 23, 2009

An act to ~~amend Section 102705 of, and to add Section 102704 to,~~ *add Sections 102704, 102704.5, and 102704.6 to the Health and Safety Code, relating to adoption records.*

LEGISLATIVE COUNSEL'S DIGEST

AB 372, as amended, Ma. Adoption records.

Existing law requires that a court report of adoption be filed with the original record of birth and that these records remain a part of the records of the State Registrar. Existing law provides that *vital* records related to adoptions, other than a newly issued birth certificate, shall be available only upon the order of the superior court of the county of residence of the adopted child or of the county granting the order of adoption. The order shall not be granted unless a verified petition setting forth facts showing the necessity of the order has been presented to the court and good and compelling cause is shown for granting the order.

~~This bill would expand the exception described above to also apply if an adoptee who is at least 18 years of age submits to the court a written, signed, and notarized request for a copy of the original record of his or her birth. The bill would make related and clarifying changes require the State Registrar, upon receipt of a written application from an adopted person who is 25 years of age or older and who was born in this state, to issue to the adopted person a certified information-only copy of the adopted person's original and unamended birth certificate if that record is in the custody of the State Registrar, as specified.~~

The bill would also authorize a birth parent of an adopted person to request a contact preference form, as specified, from the State Registrar. The bill would require the State Registrar to take specified action upon receipt of the request and to attach it to the birth certificate issued pursuant to the provision described above. The bill would also require the State Registrar to receive and file updated medical information from the birth parent of an adopted person, as specified, and to issue a certificate verifying the receipt of that updated medical history, as specified. The bill would prescribe the contents of an updated medical history form, which would be required to include specified information regarding medical conditions of the birth parents and their blood relatives, as described, use of drugs and alcohol during pregnancy, and general information on the birth parents and the pregnancy.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 102704 is added to the Health and Safety
- 2 Code, to read:
- 3 102704. Notwithstanding any other provision of law, including,
- 4 but not limited to, Section 102705, upon receipt of a written
- 5 application from an adopted person who is 25 years of age or
- 6 older and who was born in this state, the State Registrar shall
- 7 issue a certified information-only copy of the adopted person’s
- 8 original and unamended birth certificate if that record is in the
- 9 custody of the State Registrar. The procedures, filing fees, and
- 10 waiting periods shall be identical to those imposed for that service
- 11 upon residents of this state who were not adopted.
- 12 SEC. 2. Section 102704.5 is added to the Health and Safety
- 13 Code, to read:
- 14 102704.5. (a) (1) A birth parent of an adopted person may at
- 15 any time request from the State Registrar a contact preference
- 16 form that shall accompany a birth certificate issued pursuant to
- 17 Section 102704. The contact preference form shall provide the
- 18 following information to be completed at the option of the birth
- 19 parent:
- 20 (A) I would like to be contacted.
- 21 (B) I would prefer to be contacted only through an intermediary.

1 (C) *I prefer not to be contacted at this time. If I decide later that*
2 *I would like to be contacted, I will contact the State Registrar. I*
3 *have completed an updated medical history and have filed it with*
4 *the State Registrar. Attached is a certificate from the State*
5 *Registrar verifying receipt of the updated medical history.*

6 (2) *When the State Registrar receives a completed contact*
7 *preference form from the birth parent of an adopted person, the*
8 *State Registrar shall match the contact preference form with the*
9 *adopted person's record. A completed contact preference form*
10 *shall be confidential and shall be kept in a secure location until*
11 *the State Registrar matches it with the adopted person's record.*
12 *The contact preference form shall be placed in the adopted*
13 *person's record when a match is made.*

14 (b) *Upon receipt of an updated medical history from a birth*
15 *parent of an adopted person, the State Registrar shall place the*
16 *history in the adopted person's record and shall issue a certificate*
17 *to the birth parent verifying receipt of that updated medical history.*

18 (c) *Only those persons who are authorized to process*
19 *applications submitted pursuant to Section 102704 may process*
20 *contact preference forms and updated medical history information*
21 *pursuant to this section.*

22 (d) *The certificate verifying receipt of an updated medical*
23 *history shall be identical to receipts issued by the State Registrar*
24 *for other services.*

25 (e) *The form for a birth parent updated medical history shall*
26 *include, but not be limited to, the information specified in Section*
27 *102704.6.*

28 SEC. 3. *Section 102704.6 is added to the Health and Safety*
29 *Code, to read:*

30 102704.6. *A birth parent updated medical history form shall*
31 *include, but not be limited to, the information described in this*
32 *section. If the information is unknown or not available, the person*
33 *completing the form shall be requested to indicate "unk" or "N/A"*
34 *respectively.*

35 (a) *The form shall include the following general information,*
36 *including:*

- 37 (1) *Name of child on the birth record.*
- 38 (2) *Date of birth.*
- 39 (3) *Sex of child.*
- 40 (4) *Hospital where birth occurred, if any.*

- 1 (5) *Mother’s name shown on birth certificate.*
2 (6) *Adoption agency involved with adoption, if known.*
3 (7) *The date the form is completed.*
4 (8) *A place to indicate whether the person completing the form*
5 *is the birth mother or birth father.*
6 (b) *The form shall include places to provide information on the*
7 *medical conditions listed in this subdivision. For each of the*
8 *medical conditions, the person completing the form shall be*
9 *provided a form with columns that indicate separately whether or*
10 *not that person or any blood relative has the condition listed, or*
11 *whether this information is unknown, and the person completing*
12 *the form shall be requested to fill in the appropriate box. The form*
13 *shall describe the term “blood relative” as including, by way of*
14 *example, the person’s mother, father, sisters, brothers,*
15 *grandparents, aunts, uncles, or any other child. The form shall*
16 *include a section for comments for each medical condition, to be*
17 *completed as needed, using a separate piece of paper if necessary.*
18 *The following medical conditions, at a minimum, shall be listed:*
19 (1) *Club foot.*
20 (2) *Cleft lip or cleft palate.*
21 (3) *Congenital heart defect.*
22 (4) *Any other malformations, such as scoliosis.*
23 (5) *Muscular dystrophy, including a request to comment on the*
24 *part of the body involved and the age at onset.*
25 (6) *Multiple sclerosis.*
26 (7) *Cerebral palsy.*
27 (8) *Other paralysis or crippling disorder.*
28 (9) *Seizures, convulsions, or epilepsy, including a request to*
29 *comment on the age at onset, the treatment, and the frequency of*
30 *occurrence.*
31 (10) *Blindness, glaucoma, or other visual problems, including*
32 *a request to comment on the age at onset, the cause, and any*
33 *special education provided.*
34 (11) *Deafness or other ear problems.*
35 (12) *Speech problem, including a request to comment on the*
36 *age at onset, the cause, and any special education provided.*
37 (13) *Learning disability.*
38 (14) *Mental or physical retardation, including a request to*
39 *comment on any diagnosis or cause, and if hospitalized.*

- 1 (15) *Diabetes, including a request to comment on the age at*
- 2 *onset and any treatment.*
- 3 (16) *Thyroid disorder.*
- 4 (17) *Other hormonal disorder.*
- 5 (18) *Bronchitis.*
- 6 (19) *Emphysema.*
- 7 (20) *Congestive heart failure.*
- 8 (21) *Atherosclerosis.*
- 9 (22) *Eczema or other skin conditions, including a request to*
- 10 *comment on any cause known, treatment provided, and medication*
- 11 *provided.*
- 12 (23) *Asthma.*
- 13 (24) *Hay fever or other allergy.*
- 14 (25) *Schizophrenia, including a request to comment on any*
- 15 *cause known, treatment provided, and if hospitalized.*
- 16 (26) *Depression or bipolar disorder.*
- 17 (27) *Other mental or emotional illness, such as anorexia or*
- 18 *bulimia.*
- 19 (28) *Hypertension, to be described parenthetically as high blood*
- 20 *pressure.*
- 21 (29) *Stroke.*
- 22 (30) *Heart attack, to be described parenthetically as coronary.*
- 23 (31) *Other cardiovascular problems.*
- 24 (32) *Cancer, including a request to comment on the type, the*
- 25 *age at onset, and the part of the body affected.*
- 26 (33) *Tumors.*
- 27 (34) *Cystic fibrosis.*
- 28 (35) *Huntington's Disease.*
- 29 (36) *Tuberculosis.*
- 30 (37) *Kidney disease, including a request to comment on age at*
- 31 *onset and treatment provided.*
- 32 (38) *Alcoholism or drug addiction, including a request to*
- 33 *comment on the kind, when taken, and amount.*
- 34 (39) *Any other conditions that the person completing the form*
- 35 *or others in the person's family might have.*
- 36 (c) *The form shall include places to provide information on*
- 37 *drug and alcohol use during pregnancy listed in this subdivision,*
- 38 *which shall be presented in the same manner as described in*
- 39 *subdivision (b). The information requested on drug and alcohol*
- 40 *use during pregnancy shall include, at a minimum, the following:*

1 (1) *Prescription drugs taken during pregnancy, including a*
2 *request to comment on the kind, when taken, the amount, and*
3 *frequency of use.*

4 (2) *Nonprescription drugs taken during pregnancy, including*
5 *a request to comment on the kind, when taken, the amount, and*
6 *frequency of use.*

7 (3) *Use of alcohol during pregnancy, including a request to*
8 *comment on the amount and frequency.*

9 (4) *Use of amphetamines during pregnancy, including a request*
10 *to comment on the kind, when taken, the amount, and frequency*
11 *of use.*

12 (5) *Use of barbiturates during pregnancy, including a request*
13 *to comment on the kind, when taken, the amount, and frequency*
14 *of use.*

15 (d) *The form shall include places to provide other information*
16 *on the birth parents to be given at time of the child's birth and*
17 *should instruct the person completing the form to not provide*
18 *personally identifying information. The other information requested*
19 *on the birth parents shall include, at a minimum, the following:*

20 (1) *Height and weight.*

21 (2) *Body build.*

22 (3) *Eye, hair, and skin color.*

23 (4) *Age.*

24 (5) *Race.*

25 (6) *Nationality, to be described parenthetically as citizenship.*

26 (7) *Ethnic background.*

27 (8) *Religion.*

28 (9) *Number of school years completed.*

29 (10) *Mother's blood type.*

30 (11) *RH factor.*

31 (12) *Baby's blood type.*

32 (e) *The form shall include a place for the person completing*
33 *the form to give the age at death and cause of death of the child's*
34 *grandparent, aunt, uncle, and sibling, if any.*

35 (f) *The form shall include places for the person completing the*
36 *form to provide the following information on the pregnancy:*

37 (1) *Whether the baby's father is aware of the pregnancy.*

38 (2) *The month prenatal care began for the pregnancy.*

39 (3) *Any complications during the pregnancy.*

40 (4) *Exposure during pregnancy to:*

- 1 (A) X-ray.
- 2 (B) Electrocardiogram.
- 3 (C) Radiation.
- 4 (g) The form shall include a place for the person completing
- 5 the form to give other comments regarding the child's birth history.

6 SECTION 1. ~~Section 102704 is added to the Health and Safety~~
7 ~~Code, to read:~~

8 102704. ~~A copy of the original record of birth shall be made~~
9 ~~available to a person who is the subject of that record if all of the~~
10 ~~following criteria are met:~~

- 11 ~~(a) The person is at least 18 years of age.~~
- 12 ~~(b) The person was adopted.~~
- 13 ~~(c) The person submits to the court a written request for a copy~~
14 ~~of his or her original record of birth. The request shall be signed~~
15 ~~by the person and notarized.~~

16 SEC. 2. ~~Section 102705 of the Health and Safety Code is~~
17 ~~amended to read:~~

18 102705. ~~(a) All records and information specified in this~~
19 ~~article, other than the newly issued birth certificate, shall be~~
20 ~~available only upon the order of the superior court of the county~~
21 ~~of residence of the adopted child or the superior court of the county~~
22 ~~granting the order of adoption.~~

23 ~~(b) An order described in subdivision (a) shall not be granted~~
24 ~~by the superior court, except under either of the following~~
25 ~~circumstances:~~

26 ~~(1) An order making available all records and information~~
27 ~~specified in this article, other than the newly issued birth certificate,~~
28 ~~may be granted if a verified petition setting forth facts showing~~
29 ~~the necessity of the order has been presented to the court and good~~
30 ~~and compelling cause is shown for the granting of the order.~~

31 ~~(2) An order making available a copy of the original record of~~
32 ~~birth to a person who was adopted and who is 18 years of age or~~
33 ~~older may be granted if a written request has been submitted to~~
34 ~~the court pursuant to Section 102704.~~

35 ~~(c) The clerk of the superior court shall send a copy of the~~
36 ~~petition or written request to the State Department of Social~~
37 ~~Services and the department shall send to the court a copy of all~~
38 ~~records and information it has concerning the adopted person, or~~
39 ~~a copy of the original certificate of birth, as applicable. The court~~
40 ~~shall review these records before making an order and the order~~

1 may state that the court has conducted that review. If the petition
2 is by or on behalf of an adopted child who is 18 years of age or
3 older, these facts shall be given great weight, but the granting of
4 any petition is solely within the sound discretion of the court.
5 (d) The name and address of the natural parents shall be given
6 to the petitioner or requester only if he or she can demonstrate that
7 the name and address, or either of them, are necessary to assist
8 him or her in establishing a legal right. In all other cases, that
9 information shall be redacted from all records and information
10 provided, including a copy of an original record of birth.