

HB 5751 – Safe Haven Devices

Opposing Testimony

Thank you, Mr./Madam Chair, my name is _____ and I am here today to speak to you in opposition of HB 5751. I'd like to share several concerns about this bill and why I believe it raises more questions than it answers.

HB 5751 would allow parents to anonymously surrender a newborn using a “newborn safety device” installed at hospitals, fire stations, and police stations. While the bill outlines requirements for sanitation, design, and emergency notification—and directs the Department of Health and Human Services to develop rules within 180 days—it still leaves us asking three main questions:

- Do these devices reduce unsafe abandonment, or do they simply shift the method?
- Are they used often enough to justify the cost and infrastructure?
- Does the ability to remain completely anonymous outweigh the complete wellbeing of the infant?

One of the biggest uncertainties is whether these devices actually accomplish what people hope they will. A nationwide 2023 report from UNC Media Hub shows that safe haven laws in general have been associated with a decline in infanticide from 2008 to 2017, but importantly, the report does not demonstrate that newborn safety devices themselves are responsible for that decline.¹

A related issue is how many of these devices are even in use across the country. According to national reporting, more than 300 newborn safety devices are installed across about 20 states today². But each device comes with a cost.

For example, a 2023 report on Texas's baby-box law noted that each device costs around \$11,000, and it can only be placed at facilities with staff available around the clock³. HB 5751 mentions general operational requirements, but it never really answers key logistical questions:

- Who is responsible for the ongoing costs?
- How do we guarantee adequate staffing at all hours?
- What happens if a device malfunctions or maintenance falls behind?

These gaps matter, because Michigan already has a functioning safe surrender system. Before we introduce a new mechanism, we need clear evidence that it's both effective and sustainable.

I'd also like to raise one more concern that hasn't been discussed enough: the baby's medical history. When a surrender happens face-to-face, even briefly, emergency personnel can sometimes gather critical information—prenatal exposures, complications during birth, or medical risks that need immediate attention. But with a newborn safety device, that opportunity is gone³. Anonymously surrendered infants often arrive with little to no medical background, leaving clinicians to make urgent medical decisions without knowing what the baby was exposed to before birth. While anonymous surrender is already allowed in Michigan, these devices increase the likelihood that no information will accompany the infant at all, creating additional challenges for hospitals trying to provide rapid, appropriate care.

In conclusion, while HB 5751 adds a new way for parents to surrender a newborn, it also brings a number of operational, financial, ethical, and medical issues that the bill simply does not resolve. Thank you for your time, and I'm happy to talk questions at this time.

3. Neil, Anna. "Saving Babies in Boxes: A Nationwide Look at Safe Haven." UNC Media Hub, 28 Apr. 2023, <https://mediahub.unc.edu/saving-babies-in-boxes-a-nationwide-look-at-safe-haven/>.

2. Baby Box Locations. Safe Haven Baby Boxes. <https://project-safe-haven-babybox.vercel.app/>

3. Vollers, Anna Claire. "More Places Install Drop-Off Boxes for Surrendered Babies. Critics Say They're a Gimmick." Stateline, 26 Feb. 2024, <https://stateline.org/2024/02/26/more-places-install-drop-off-boxes-for-surrendered-babies-critics-say-theyre-a-gimmick/>.