

By Senator Bullard

39-00741-10

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1                   A bill to be entitled  
2           An act relating to sudden unexpected infant death;  
3           creating the "Stillbirth and SUID Education and  
4           Awareness Act"; defining terms; providing legislative  
5           findings; requiring the State Surgeon General to  
6           prepare and implement a public health awareness and  
7           education campaign in order to provide information  
8           that is focused on decreasing the risk factors for  
9           sudden unexpected infant death and sudden unexplained  
10          death in childhood; requiring the State Surgeon  
11          General to conduct a needs assessment of the state for  
12          the availability of personnel, training, technical  
13          assistance, and resources for investigating and  
14          determining sudden unexpected infant death and sudden  
15          unexplained death in childhood; requiring the  
16          Department of Health to make recommendations for  
17          increasing collaboration in the investigation and  
18          determination of sudden unexplained death in  
19          childhood; specifying the duties of the State Surgeon  
20          General relating to maternal and child health  
21          programs; requiring the State Surgeon General to  
22          establish a task force to develop a research plan to  
23          determine the causes of, and how to prevent,  
24          stillbirth in children; providing for the membership  
25          of the task force; providing for reimbursement of  
26          travel expenses; requiring that the department submit  
27          a report to the Governor, the President of the Senate,  
28          and the Speaker of the House of Representatives by a  
29          specified date; providing an effective date.

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31 Be It Enacted by the Legislature of the State of Florida:

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33 Section 1. (1) SHORT TITLE.—This section may be cited as  
34 the "Stillbirth and SUID Education and Awareness Act."

35 (2) LEGISLATIVE FINDINGS.—The Legislature finds that every  
36 year, there are more than 25,000 stillbirths in the United  
37 States. The common diagnosable causes for stillbirth include  
38 genetic abnormalities, umbilical cord accidents, infections, and  
39 placental problems. A number of risk factors for stillbirth have  
40 been described in pregnant women such as maternal age, obesity,  
41 smoking, diabetes, and hypertension. Because of advances in  
42 medical care over the last 30 years, much more is known about  
43 the causes of stillbirth. But for as many as 50 percent of  
44 stillbirths, the cause is never identified. The rate of sudden  
45 infant death syndrome (SIDS) has been declining significantly  
46 since the early 1990s; however, research has found that the  
47 decline in SIDS since 1999 can be explained by increasing  
48 numbers of sudden unexpected infant death. Many sudden  
49 unexpected infant deaths are not investigated and, even when  
50 they are, cause-of-death data are not collected and reported  
51 consistently. Inaccurate or inconsistent classification of the  
52 cause and manner of death impedes prevention efforts and  
53 complicates the ability to understand risk factors related to  
54 these deaths. The National Child Death Review Case Reporting  
55 System collects comprehensive information on the risk factors  
56 associated with SUID deaths. As of March 2009, 29 of the 49  
57 states conducting child death reviews are voluntarily submitting  
58 data to this reporting system.

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59 (3) DEFINITIONS.—As used in this section, the term:

60 (a) "Sudden unexpected infant death (SUID)" means the  
61 sudden death of an infant younger than 1 year of age which, when  
62 first discovered, does not have an obvious cause. The term  
63 includes those deaths that are later determined to be from  
64 explained as well as unexplained causes.

65 (b) "Sudden unexplained death in childhood (SUDC)" means  
66 the sudden death of a child older than 1 year of age which  
67 remains unexplained after a thorough case investigation,  
68 including a review of the clinical history and circumstances of  
69 death, and performance of a complete autopsy along with  
70 appropriate ancillary testing.

71 (4) PUBLIC AWARENESS AND EDUCATION CAMPAIGN.—

72 (a) The State Surgeon General shall establish and implement  
73 a culturally appropriate public health awareness and education  
74 campaign to provide information that is focused on decreasing  
75 the risk factors for sudden unexpected infant death and sudden  
76 unexplained death in childhood, including educating individuals  
77 about safe sleep environments, sleep positions, and reducing  
78 exposure to smoking during pregnancy and after the child's  
79 birth.

80 (b) The campaign shall be designed to reduce health  
81 disparities through focusing on populations that have high rates  
82 of sudden unexpected infant death and sudden unexplained death  
83 in childhood.

84 (c) When establishing and implementing the campaign, the  
85 State Surgeon General shall consult with state and national  
86 organizations representing health care providers, including  
87 nurses and physicians; parents; child care providers; children's

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88 advocacy and safety organizations; maternal and child health  
89 programs; women's, infants, and children nutrition  
90 professionals; and other individuals and groups determined  
91 necessary by the State Surgeon General.

92 (5) EVALUATION OF STATE NEEDS.-

93 (a) The State Surgeon General shall conduct a needs  
94 assessment in this state of the availability of personnel,  
95 training, technical assistance, and resources for investigating  
96 and determining sudden unexpected infant death and sudden  
97 unexplained death in childhood and make recommendations to  
98 increase collaboration for investigation and making  
99 determinations.

100 (b) The State Surgeon General, in consultation with  
101 physicians, nurses, pathologists, geneticists, parents, and  
102 other groups, shall develop guidelines for increasing the  
103 performance and data collection of postmortem stillbirth  
104 evaluation, including conducting and providing reimbursement for  
105 autopsies, placental histopathology, and cytogenetic testing. The  
106 guidelines should take into account culturally appropriate  
107 issues related to postmortem stillbirth evaluation.

108 (c) The State Surgeon General, acting in consultation with  
109 health care providers, public health organizations, maternal and  
110 child health programs, parents, and other groups, shall:

111 1.a. Develop behavioral surveys for women experiencing  
112 stillbirth, using existing state-based infrastructure for  
113 gathering pregnancy-related information; and

114 b. Increase the technical assistance provided to local  
115 communities to enhance the capacity for improved investigation  
116 of medical and social factors surrounding stillbirth events.

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117 2. Directly or through cooperative agreements, develop and  
118 conduct evidence-based public education and prevention programs  
119 directed at reducing the occurrence of stillbirths overall and  
120 addressing the racial and ethnic disparities in its occurrence.  
121 The efforts shall include:

122 a. Public education programs, services, and demonstrations  
123 that are designed to increase general awareness of stillbirths;  
124 and

125 b. The development of tools for educating health  
126 professionals and women concerning the known risks factors for  
127 stillbirth, the promotion of fetal-movement awareness and taking  
128 proactive steps to monitor a baby's movement beginning at  
129 approximately 28 weeks into the pregnancy, and the importance of  
130 early and regular prenatal care to monitor the health and  
131 development of the fetus up to and during delivery.

132 (d) By September 1, 2010, the State Surgeon General shall  
133 establish a task force to develop a research plan to determine  
134 the causes of and how to prevent stillbirth. The State Surgeon  
135 General shall appoint the task force, which shall consist of 12  
136 members, as follows:

137 1. Three persons who are pediatric health care providers.

138 2. Three persons who are scientists or clinicians and  
139 selected from public universities or research organizations.

140 3. Three persons who are employed in maternal and child  
141 health programs.

142 4. Three parents.

143  
144 Members shall serve without compensation, but are entitled to  
145 reimbursement pursuant to s. 112.061, Florida Statutes, for per

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146 diem and travel expenses incurred in the performance of their  
147 official duties.

148 (6) REPORT.—By October 1, 2012, the State Surgeon General  
149 shall submit to the Governor, the President of the Senate, and  
150 the Speaker of the House of Representatives a report describing  
151 the progress made in implementing this section.

152 Section 2. This act shall take effect July 1, 2010.