

By Senator Bullard

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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"; providing legislative findings;  
5           defining terms; requiring the State Surgeon General to  
6           implement a public health awareness and education  
7           campaign in order to provide information that is  
8           focused on decreasing the risk factors for sudden  
9           unexpected infant death and sudden unexplained death  
10          in childhood; requiring the State Surgeon General to  
11          conduct a needs assessment of the availability of  
12          personnel, training, technical assistance, and  
13          resources for investigating and determining the causes  
14          of sudden unexpected infant death and sudden  
15          unexplained death in childhood; requiring the State  
16          Surgeon General to develop guidelines for increasing  
17          collaboration in the investigation of stillbirth,  
18          sudden unexpected infant death, and sudden unexplained  
19          death in childhood; specifying the duties of the State  
20          Surgeon General related 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 stillbirth, sudden unexpected  
24          infant death, and sudden unexplained death in  
25          childhood and how to prevent them; providing for the  
26          membership of the task force; providing for  
27          reimbursement of per diem and travel expenses;  
28          requiring that the State Surgeon General submit a  
29          report to the Governor, the President of the Senate,

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30 and the Speaker of the House of Representatives by a  
31 specified date; providing an effective date.

32  
33 Be It Enacted by the Legislature of the State of Florida:

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

37 (2) LEGISLATIVE FINDINGS.—

38 (a) The Legislature finds that every year there are more  
39 than 25,000 stillbirths in the United States. The common  
40 diagnosable causes of stillbirth include genetic abnormalities,  
41 umbilical cord accidents, infections, and placental problems.  
42 Risk factors for stillbirth include maternal age, obesity,  
43 smoking, diabetes, and hypertension. Because of advances in  
44 medical care over the last 30 years, much more is known about  
45 the causes of stillbirth. Still, the cause of death is never  
46 identified in up to 50 percent of stillbirths.

47 (b) The rate of sudden infant death syndrome (SIDS) has  
48 declined significantly since the early 1990s; however, research  
49 has found that the decline in SIDS since 1999 has been offset by  
50 an increase in sudden unexpected infant death (SUID). Many  
51 sudden unexpected infant deaths are not investigated and, in  
52 those that are investigated, cause-of-death data are not  
53 consistently collected and reported. Inaccurate or inconsistent  
54 classification of the cause and manner of death impedes  
55 prevention efforts and complicates the ability to understand  
56 related risk factors. The National Child Death Review Case  
57 Reporting System collects comprehensive information on the risk  
58 factors associated with SUID. As of March 2009, 29 of the 49

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59 states conducting child death reviews were voluntarily  
60 submitting data to this reporting system.

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

62 (a) "Stillbirth" means an unintended, intrauterine fetal  
63 death after a gestational age of not less than 20 completed  
64 weeks.

65 (b) "Sudden infant death syndrome" or "SIDS" means the  
66 sudden unexpected death of an infant younger than 1 year of age  
67 which remains unexplained after a complete autopsy, death-scene  
68 investigation, and review of the case history. The term includes  
69 only those deaths for which, currently, there is no known cause  
70 or cure.

71 (c) "Sudden unexpected infant death" or "SUID" means the  
72 sudden death of an infant younger than 1 year of age which, when  
73 first discovered, does not have an obvious cause. The term  
74 includes those deaths that are later determined to be from  
75 explained as well as unexplained causes.

76 (d) "Sudden unexplained death in childhood or "SUDC" means  
77 the sudden death of a child older than 1 year of age which  
78 remains unexplained after a thorough investigation, including a  
79 review of the clinical history and circumstances of death and  
80 performance of a complete autopsy, along with appropriate  
81 ancillary testing.

82 (4) PUBLIC AWARENESS AND EDUCATION CAMPAIGN.—

83 (a) The State Surgeon General shall establish and implement  
84 a culturally appropriate public health awareness and education  
85 campaign to provide information that is focused on decreasing  
86 the risk factors for sudden unexpected infant death and sudden  
87 unexplained death in childhood, including educating individuals

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88 on safe sleep environments, sleep positions, and reducing  
89 exposure to tobacco smoke during pregnancy and after the child's  
90 birth.

91 (b) The campaign shall be designed to reduce health  
92 disparities among racial and ethnic groups through focusing on  
93 populations that have high rates of sudden unexpected infant  
94 death and sudden unexplained death in childhood.

95 (c) When establishing and implementing the campaign, the  
96 State Surgeon General shall consult with state and national  
97 organizations that represent health care providers, including  
98 nurses and physicians; parents; child care providers; children's  
99 advocacy and safety organizations; maternal and child health  
100 programs; nutrition professionals who specialize in women,  
101 infants, and children; and other individuals and groups  
102 determined necessary by the State Surgeon General.

103 (5) EVALUATION OF STATE NEEDS.—

104 (a) The State Surgeon General shall conduct a needs  
105 assessment of the availability in this state of personnel,  
106 training, technical assistance, and resources for investigating  
107 and determining the causes of sudden unexpected infant death and  
108 sudden unexplained death in childhood and make recommendations  
109 to increase collaboration in conducting investigations and  
110 making determinations.

111 (b) The State Surgeon General, in consultation with  
112 physicians, nurses, pathologists, geneticists, parents, and  
113 others, shall develop guidelines for increasing the performance  
114 of, and the collection of data from, postmortem stillbirth  
115 evaluations, postmortem SUID evaluations, and postmortem SUDC  
116 evaluations, including conducting and providing reimbursement

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117 for autopsies, placental histopathology, and cytogenetic testing.  
118 The guidelines shall take into account culturally appropriate  
119 issues related to postmortem stillbirth evaluations, postmortem  
120 SUID evaluations, and postmortem SUDC evaluations.

121 (c) The State Surgeon General, acting in consultation with  
122 health care providers, public health organizations, maternal and  
123 child health programs, parents, and others, shall:

124 1.a. Develop behavioral surveys for women who experience  
125 stillbirth, sudden unexpected infant death, or sudden  
126 unexplained death in childhood using existing state-based  
127 infrastructure for gathering pregnancy-related information; and

128 b. Increase the technical assistance provided to local  
129 communities to enhance the capacity for improved investigation  
130 of medical and social factors surrounding stillbirth, sudden  
131 unexpected infant death, and sudden unexplained death in  
132 childhood.

133 2. Directly or through cooperative agreements, develop and  
134 conduct evidence-based public education and prevention programs  
135 directed at reducing the overall occurrence of stillbirth,  
136 sudden unexpected infant death, and sudden unexplained death in  
137 childhood and addressing the disparities in such occurrences  
138 among racial and ethnic groups. These efforts shall include:

139 a. Public education programs, services, and demonstrations  
140 that are designed to increase general awareness of stillbirth,  
141 sudden unexpected infant death, and sudden unexplained death in  
142 childhood; and

143 b. The development of tools for educating health  
144 professionals and women concerning the known risks factors for  
145 stillbirth, sudden unexpected infant death, and sudden

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146 unexplained death in childhood; the promotion of fetal-movement  
147 awareness and taking proactive steps to monitor a baby's  
148 movement beginning at approximately 28 weeks into the pregnancy;  
149 and the importance of early and regular prenatal care to monitor  
150 the health and development of the fetus up to and during  
151 delivery.

152 (d) By September 1, 2011, the State Surgeon General shall  
153 establish a task force to develop a research plan to determine  
154 the causes of stillbirth, sudden unexpected infant death, and  
155 sudden unexplained death in childhood and how to prevent them.  
156 The State Surgeon General shall appoint the task force, which  
157 shall consist of 12 members, as follows:

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

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

161 3. Three persons who are employed in maternal and child  
162 health programs.

163 4. Three parents.

164  
165 Members shall serve without compensation, but are entitled to  
166 reimbursement pursuant to s. 112.061, Florida Statutes, for per  
167 diem and travel expenses incurred in the performance of their  
168 official duties.

169 (6) REPORT.—By October 1, 2013, the State Surgeon General  
170 shall submit to the Governor, the President of the Senate, and  
171 the Speaker of the House of Representatives a report describing  
172 the progress made in implementing this section.

173 Section 2. This act shall take effect July 1, 2011.