

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

HB 561

2011

29 providing an effective date.

30  
31 Be It Enacted by the Legislature of the State of Florida:

32  
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.—

36 (a) The Legislature finds that every year there are more  
37 than 25,000 stillbirths in the United States. The common  
38 diagnosable causes of stillbirth include genetic abnormalities,  
39 umbilical cord accidents, infections, and placental problems.  
40 Risk factors for stillbirth include 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. Still, the cause of death is never  
44 identified in up to 50 percent of stillbirths.

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

HB 561

2011

57 states conducting child death reviews were voluntarily  
58 submitting data to this reporting system.

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

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

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

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

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

80 (4) PUBLIC AWARENESS AND EDUCATION CAMPAIGN.—

81 (a) The State Surgeon General shall establish and  
82 implement a culturally appropriate public health awareness and  
83 education campaign to provide information that is focused on  
84 decreasing the risk factors for sudden unexpected infant death

HB 561

2011

85 and sudden unexplained death in childhood, including educating  
86 individuals on safe sleep environments, sleep positions, and  
87 reducing exposure to tobacco smoke during pregnancy and after  
88 the child's birth.

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

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

101 (5) EVALUATION OF STATE NEEDS.—

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

109 (b) The State Surgeon General, in consultation with  
110 physicians, nurses, pathologists, geneticists, parents, and  
111 others, shall develop guidelines for increasing the performance  
112 of, and the collection of data from, postmortem stillbirth

HB 561

2011

113 evaluations, postmortem SUID evaluations, and postmortem SUDC  
114 evaluations, including conducting and providing reimbursement  
115 for autopsies, placental histopathology, and cytogenetic  
116 testing. The guidelines shall take into account culturally  
117 appropriate issues related to postmortem stillbirth evaluations,  
118 postmortem SUID evaluations, and postmortem SUDC evaluations.

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

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

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

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

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

HB 561

2011

141 b. The development of tools for educating health  
142 professionals and women concerning the known risks factors for  
143 stillbirth, sudden unexpected infant death, and sudden  
144 unexplained death in childhood; the promotion of fetal-movement  
145 awareness and taking proactive steps to monitor a baby's  
146 movement beginning at approximately 28 weeks into the pregnancy;  
147 and the importance of early and regular prenatal care to monitor  
148 the health and development of the fetus up to and during  
149 delivery.

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

- 156 1. Three persons who are pediatric health care providers.
- 157 2. Three persons who are scientists or clinicians and  
158 selected from public universities or research organizations.
- 159 3. Three persons who are employed in maternal and child  
160 health programs.
- 161 4. Three parents.

162  
163 Members shall serve without compensation, but are entitled to  
164 reimbursement pursuant to s. 112.061, Florida Statutes, for per  
165 diem and travel expenses incurred in the performance of their  
166 official duties.

167 (6) REPORT.—By October 1, 2013, the State Surgeon General  
168 shall submit to the Governor, the President of the Senate, and

HB 561

2011

169 the Speaker of the House of Representatives a report describing  
170 the progress made in implementing this section.

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