

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Criminal Justice Committee

BILL: CS/CS/SB 332

INTRODUCER: Criminal Justice Committee; Health Regulation Committee; and Senator Bullard

SUBJECT: Infant Death

DATE: January 19, 2012 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Fav/CS
2.	Dugger	Cannon	CJ	Fav/CS
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

Committee Substitute for Senate Bill 332 amends the law relating to Sudden Infant Death Syndrome (SIDS) to focus the activities of the Department of Health and the medical examiners on sudden unexpected infant deaths for which a cause can be determined with proper investigation. The bill brings the law into conformity with current standards of practice by defining and using a category of infant deaths broader than SIDS called Sudden Unexpected Infant Death (SUID).

The bill also names the act the “Edward Jr., and Rachel Bullard Act.”

This bill substantially amends section 383.3362, Florida Statutes.

II. Present Situation:

Statutory Provisions Relating to Sudden Infant Death Syndrome

Subsection 383.3362(2), F.S., defines “Sudden Infant Death Syndrome,” or “SIDS,” as “the sudden unexpected death of an infant under 1 year of age which remains unexplained after a

complete autopsy, death-scene investigation, and review of the case history. The term includes only those deaths for which, currently, there is no known cause or cure.” The SIDS diagnosis reflects the clear admission by a medical examiner that an infant’s death remains completely unexplained.

Subsection 383.3362(3), F.S., requires basic training programs for first responders (emergency medical technicians, paramedics, firefighters, and certain law enforcement officers) to include instruction on SIDS. The Department of Health is responsible for developing and adopting, by rule, curriculum that, at a minimum, includes training in the nature of SIDS, standard procedures to be followed by law enforcement agencies in investigating cases involving sudden deaths of infants, and training in responding appropriately to the parents or caretakers who have requested assistance. The Department of Health has adopted guidelines for SIDS response basic training curricula.¹ The Criminal Justice Standards and Training Commission has approved curricula in place for basic and advanced training for first responders in infant death cases.²

Subsection 383.3362(4), F.S., requires the medical examiner to perform an autopsy upon any infant under the age of 1 year who is suspected to have died of SIDS. The law requires the medical examiner to perform the autopsy within 24 hours after the death, or as soon thereafter as is feasible. When the medical examiner’s findings are consistent with the definition of SIDS, the medical examiner must state on the death certificate that SIDS was the cause of death.

Subsection 383.3362(4), F.S., also requires the Medical Examiners Commission to develop and implement certain protocols for SIDS.³ All medical examiners, when conducting autopsies under s. 383.3362, F.S., must follow these protocols. A section of the protocols is devoted to investigation and autopsy for all infant deaths.

Under s. 383.3362(5), F.S., the Department of Health is responsible for the following functions relating to SIDS:

- Developing and presenting training programs for first responders;
- Maintaining a database of SIDS statistics and analyzing the data as funds allow;
- Serving as liaison with the Florida SIDS Alliance;
- Maintaining a library reference list and materials about SIDS for public dissemination;
- Providing professional support to field staff; and
- Coordinating the activities of the fetal and infant mortality review committees of the local healthy start coalitions, the local SIDS alliance, and other related support groups.

Data on SIDS and SUID is currently available through the Florida Community Health Resource Tool Set.⁴ Data is not collected on sudden unexplained death in childhood.

¹ See Department of Health Rule 64F-5.002, Florida Administrative Code. Found at: <https://www.flrules.org/gateway/ruleno.asp?id=64F-5.002> (Last visited on November 28, 2011).

² See Florida Department of Law Enforcement analysis of HB 433 (2011), on file with the Senate Health Regulation Committee.

³ See Department of Law Enforcement Rule 11G-2.0031, Florida Administrative Code. Found at: <https://www.flrules.org/gateway/ruleno.asp?id=11G-2.0031> (Last visited on November 28, 2011).

⁴ Florida CHARTS (Community Health Assessment Resource Tool Set). Found at: <http://www.floridacharts.com/charts/chart.aspx> (Last visited on November 28, 2011).

Section 402.305, F.S., establishes licensing standards for child care facilities. Among the minimum training requirements for child care personnel, is a requirement that the introductory course required for all child care personnel include prevention of SIDS.

Medical Examiners/Autopsies

Part I of chapter 406, F.S., governs medical examiners, who are practicing physicians in pathology appointed by the Governor in each medical examiner district of the state. Section 406.02, F.S., creates the Medical Examiners Commission within the Department of Law Enforcement. The Medical Examiners Commission is required to adopt rules to implement chapter 406, F.S., and must ensure minimum and uniform standards of excellence, performance of duties, and maintenance of records so as to provide useful and adequate information to the state in regard to causative factors of the deaths investigated.

Section 406.11, F.S., requires a medical examiner to determine the cause of death of a human being under certain circumstances. The medical examiner is required to determine the cause of death when any person dies in the state:

- Of criminal violence.
- By accident.
- By suicide.
- *Suddenly, when in apparent good health.*
- Unattended by a practicing physician or other recognized practitioner.
- In any prison or penal institution.
- In police custody.
- In any suspicious or unusual circumstance.
- By criminal abortion.
- By poison.
- By disease constituting a threat to public health.
- By disease, injury, or toxic agent resulting from employment.

In determining the cause of death, the medical examiner must perform examinations, investigations, and autopsies as he or she deems necessary or as requested by the state attorney.

Infant Death Statistics

In 2010 there were 929 resident neonatal (less than 28 days old) deaths in Florida. The rate of all resident neonatal deaths in 2010 was 4.3 per 1,000 live births. The resident neonatal death rate for whites in the same year was 3.2 per 1,000 live births, while the rate was 7.2 per 1,000 live births for blacks and other races.⁵

In 2010 there were 1,400 resident infant (less than 1 year old) deaths in Florida. Of that number, 929 were neonatal deaths and 471 were post neonatal deaths (age 28 days through 364 days).

⁵ Florida Vital Statistics Annual Report 2010, Fetal and Infant Deaths. Found at: <<http://www.flpublichealth.com/VBOOK/pdf/2010/Fetal.pdf>> (Last visited on November 28, 2011).

The rate of all resident infant deaths in 2010 was 6.5 per 1,000 live births. The resident infant death rate for whites in the same year was 4.9 per 1,000 live births, while the rate was 10.8 per 1,000 live births for blacks and other races.⁶

In 2010 there were 63 SIDS deaths in Florida.⁷ Of these deaths, 6 occurred during the neonatal period (less than 28 days old) and 57 occurred during the post neonatal period (age 28 days through 364 days).

Centers for Disease Control and Prevention's Sudden Unexpected Infant Death Initiative

According to the Centers for Disease Control and Prevention (CDC), since 1998, it appears that medical examiners and coroners are moving away from classifying deaths as SIDS and calling more deaths accidental suffocation or unknown cause, suggesting that diagnostic and reporting practices have changed.⁸ Inconsistent practices in investigation and cause-of-death determination hamper the ability to monitor national trends, ascertain risk factors, and design and evaluate programs to prevent these deaths.

As a response, the CDC began the Sudden Unexpected Infant Death (sometimes called Sudden Unexplained Infant Death) Initiative. The CDC and its partners began activities aimed at improving the investigation and reporting practices for SIDS and other SUIDs. The CDC's research on SUID and SIDS focuses on efforts to standardize and improve data collected at infant death scenes and to promote consistent classification and reporting of cause and manner of death for SUID cases.

According to the CDC, SUID is the sudden and unexpected death of an infant due to natural or unnatural causes. SIDS is one of several causes of SUID, however, SIDS, unlike SUID causes, is a diagnosis of exclusion. Although most conditions or diseases usually are diagnosed by the presence of specific symptoms, SIDS is a diagnosis that should be given only after all other possible causes of sudden, unexplained death have been ruled out through a careful case investigation, which includes a thorough examination of the death scene, a complete autopsy, and a review of the infant's medical history. The most common causes of SUID are: SIDS, suffocation, metabolic errors, injury or trauma, and unclassified causes (if the death scene investigation and/or autopsy were incomplete or not done and the death certifier has insufficient evidence to record a more specific cause of death).⁹

⁶ *Id.*

⁷ *Id.*

⁸ Centers for Disease Control and Prevention, *CDC's Sudden Unexpected Infant Death Initiative*. Found at: <<http://www.cdc.gov/sids/SUIDAbout.htm>> (Last visited on November 17, 2011).

⁹ Carrie Shapiro-Mendoza, Ph.D., M.P.H., CDC, *Sudden, Unexplained Infant Death Investigation, Chapter 1, Types of Sudden, Unexplained Infant Death*. Found at: <http://www.cdc.gov/sids/PDF/SUIDManual/Chapter1_tag508.pdf> (Last visited on November 28, 2011).

Existing Programs in Florida

Healthy Start Program

Florida's Healthy Start initiative was signed into law on June 4, 1991.¹⁰ The Healthy Start law provides for universal risk screening of all of Florida's pregnant women and newborn infants to identify those at risk of poor birth, health and developmental outcomes. The Department of Health administers the program and services are provided through local coalitions.

The Florida Healthy Start Program helps pregnant women and infants obtain the health care and social support they need, in order to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. The program identifies women and infants at an increased risk for poor outcomes, provides a professional assessment of their needs, and identifies resources to address those needs. The program provides timely and important linkages, referrals, or services.

Section 383.14, F.S., requires the Department of Health to promote the screening of all pregnant women and newborn infants for risk factors that increase the risk of preterm delivery, infant mortality and morbidity. The screening instrument includes a series of risk factors based on medical, environmental, nutritional, behavioral or developmental concerns. All pregnant women and infants who are identified to be at risk for adverse health outcomes or are referred by their health care provider are eligible to receive Healthy Start services.

The Department of Health works with the Florida Association of Healthy Start Coalitions to provide Healthy Start services statewide. There are 32 Healthy Start Coalitions that cover 66 of the 67 counties in Florida,¹¹ to ensure local leadership and planning for a system of care and promote optimum health outcomes for pregnant women and infants. Healthy Start services are available in all 67 counties, as Desoto County provides Healthy Start services through the county health department.

Fetal and Infant Mortality Review

The Florida Fetal and Infant Mortality Review is a process of community-based fetal and infant mortality reviews aimed at addressing factors and issues that affect infant mortality and morbidity. A Local Infant Mortality Committee of the Healthy Start Coalition provides an analysis of the basic statistical and epidemiological aspects of fetal and infant mortality, and then selects objectives, plans, and manages the review process. In 2010, the fetal and infant mortality review projects reviewed 308 cases.¹²

The review process includes the technical tasks of record audits and parental interviews, as well as presentation to and analysis by an expert review panel that makes specific recommendations to the local community for action. Interviews are conducted not only to obtain information, but also to ensure that families are receiving appropriate support and follow-up.

¹⁰ See ss. 383.011(1)(e) and 383.216, F.S.

¹¹ Florida Association of Healthy Start Coalitions, Inc., *List of Healthy Start Coalitions*. Found at: <<http://www.healthystartflorida.com/directoryList.asp>> (Last visited on November 28, 2011).

¹² See Florida Department of Health analysis of SB 332 (2011), on file with the Senate Health Regulation Committee.

For FY 2011-2012, the Department of Health has contracted with 11 Healthy Start coalitions for fetal and infant mortality review projects covering 29 counties (Escambia, Jackson, Washington, Holmes, Calhoun, Liberty, Bay, Franklin, Gulf, Gadsden, Leon, Jefferson, Madison, Taylor, Wakulla, Baker, Clay, Duval, Nassau, St. Johns, Flagler, Volusia, Pinellas, Hardee, Highlands, Polk, Sarasota, Broward and Miami-Dade Counties).¹³ In addition to the funded projects, there are 7 unfunded projects covering 7 counties that are conducted by either Healthy Start coalitions or county health departments.

Florida SIDS Alliance

The Florida SIDS Alliance was formed in 1985 through the efforts of SIDS parent groups and concerned professionals. The mission of the Florida SIDS Alliance is to:

- Establish a reliable, continuous source of assistance to parents who lose a child suddenly and unexpectedly, and particularly in all cases due to SIDS;
- Provide a local center for information and referral networking to those who may inquire about SIDS, and specifically, to assist parents with a recent SIDS/sudden infant death by giving them information to be shared with those affected by the loss;
- Sponsor educational campaigns to and for medical, professional, and general communities, to inform them about SIDS; and
- Promote and support research into the cause and possible prevention of SIDS through fund-raising and public education.¹⁴

III. Effect of Proposed Changes:

The bill expands the provisions of s. 383.3362, F.S., relating to SIDS, to cover SUID, not just SIDS. Legislative findings and intent are amended to reflect this expansion and to recognize the importance of multidisciplinary investigation and standardized investigative protocols in cases of SUID. The bill also names the act the “Edward Jr. and Rachel Bullard Act.”

The definition of SIDS is amended to specify that the death appears to be a result of natural causes and to delete the current limitation on deaths that qualify as SIDS deaths as those for which there currently is no known cause or cure. The bill defines “Sudden Unexpected Infant Death” or “SUID” as the “sudden unexpected death of an infant under 1 year of age in apparent good health and whose death may have been a result of natural or unnatural causes. Both SIDS and SUID apply to the sudden unexpected death of an infant under 1 year of age, but SIDS includes only those deaths that appear to be a result of natural causes and which remain unexplained after a complete autopsy, death-scene investigation, and review of the case history.

The bill amends the training requirement for first responders (emergency medical technicians, paramedics, firefighters, and certain law enforcement officers) to require instruction on SUID, not just SIDS. The Department of Health is required to develop and adopt, by rule, curriculum that includes training in SUID, not just SIDS.

¹³ Florida Department of Health, *Florida’s Fetal and Infant Mortality Review Program*. Found at: <http://www.doh.state.fl.us/family/mch/FIMR/fimr_facts.html> (Last visited on November 28, 2011).

¹⁴ Florida SIDS Alliance, *About Us*. Found at: <<http://flasids.com/blog/florida-sids-alliance/>> (Last visited on November 28, 2011).

The bill specifies that the sudden unexpected death of any infant under 1 year of age who was in apparent good health falls under the jurisdiction of the medical examiner pursuant to s. 406.11, F.S. The bill removes the requirement that a medical examiner perform an autopsy in suspected SIDS cases within 24 hours after the death, as well as the requirement that the medical examiner state on the death certificate that SIDS was the cause of death if his or her findings are consistent with the definition of SIDS. The bill clarifies that the protocol developed by the Medical Examiners Commission is for medical and legal investigation of SUID, not SIDS.

The bill expands the scope of the duties of the Department of Health relating to SIDS to include SUID, not just SIDS.

The effective date of the bill is July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Both the Florida Department of Law Enforcement and the Department of Health indicate that there is no fiscal impact on their departments.

Rules, curricula, and guidelines will need to be amended to reflect the shift from SIDS to SUID.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Criminal Justice on January 19, 2012:

- Names the act the “Edward Jr., and Rachel Bullard Act.”

CS by Health Regulation on December 7, 2011:

The CS for SB 332:

- Amends s. 383.3362, F.S., relating to SIDS, rather than creating a new section of law;
- Expands statutory provisions relating to SIDS to include only SUID, not stillbirth and sudden unexplained death in childhood;
- Does not assign new responsibilities to the State Surgeon General other than expanding the Department of Health’s existing SIDS responsibilities to cover SUID, which is a broader category of infant death than SIDS.
- Does not require the State Surgeon General to establish a task force; and
- Does not require a report by the State Surgeon General.

- B. **Amendments:**

None.