

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 Health Regulation Committee

BILL: SB 332

INTRODUCER: Senator Bullard

SUBJECT: Sudden Unexpected Infant Death

DATE: November 28, 2011 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Pre-meeting
2.			CJ	
3.			BC	
4.				
5.				
6.				

I. Summary:

The bill requires the State Surgeon General to undertake several activities related to fetal and infant deaths. The State Surgeon General is directed to:

- Establish and implement a culturally appropriate public awareness and education campaign focused on decreasing the risk factors for, and the overall incidence of, stillbirths and sudden unexpected and unexplained deaths of infants and children;
- Conduct a needs assessment of the availability of personnel, training, technical assistance, and resources for investigating and determining the causes of unexpected and unexplained deaths of infants and children;
- Develop guidelines for increasing the performance of, and the collection of data from, postmortem evaluations of stillbirths and unexpected and unexplained deaths of infants and children, including conducting and providing reimbursement for autopsies, placental histopathology, and cytogenetic testing;
- Develop behavioral surveys for gathering pregnancy-related information; and
- Increase technical assistance to enhance the capacity for improved investigation of medical and social factors surrounding stillbirth and unexpected and unexplained deaths of infants and children.

The bill also directs the State Surgeon General to establish a task force to develop a research plan to determine the causes of, and how to prevent, stillbirths and unexpected and unexplained deaths of infants and children. The State Surgeon General must submit a status report on implementation of these new requirements by October 1, 2014.

This bill creates one undesignated section of law.

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 medical examiners 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.

Section 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.

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 on file with the Senate Health Regulation Committee.

³ See Florida 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).

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.

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.

Fetal and Infant Death Statistics

In 2010, there were 1,551 resident fetal deaths (stillbirths occurring at 20 or more weeks of gestation) in Florida. The rate of all resident fetal deaths in 2010 was 7.2 per 1,000 live births. The resident fetal death rate for whites in the same year was 5.3 per 1,000 live births, while the rate was 11.9 per 1,000 live births for blacks and other races.⁵

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.⁶

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). 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.⁷

In 2010, there were 63 SIDS deaths in Florida.⁸ 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.⁹ 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.

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

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

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ 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 28, 2011).

As a response, the CDC began the Sudden Unexpected Infant Death (sometimes called Sudden Unexplained Infant Death) (SUID) 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).¹⁰

Existing Programs in Florida

Healthy Start Program

Florida's Healthy Start initiative was signed into law on June 4, 1991.¹¹ The Healthy Start law provides for universal risk screening of all 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

¹⁰ 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).

¹¹ See ss. 383.011(1)(e) and 383.216, F.S.

the 67 counties in Florida,¹² 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.¹³

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.

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).¹⁴ 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.¹⁵

¹² 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).

¹³ See Florida Department of Health analysis of SB 332 (2011), on file with the Senate Health Regulation Committee.

¹⁴ 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).

¹⁵ Florida SIDS Alliance, *About Us*. Found at: <<http://flasids.com/blog/florida-sids-alliance/>> (Last visited on November 28, 2011).

Task Forces

Chapter 20, F.S., establishes provisions for the organizational structure of state government. Subsection 20.03(8), F.S., defines “committee” or “task force” to mean “an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by specific statutory enactment for a time not to exceed 3 years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.”

III. Effect of Proposed Changes:

The bill titles this created section of law as the “Stillbirth and SUID Education and Awareness Act.” Legislative findings are provided regarding stillbirths, SIDS, and SUID. The bill defines the terms “stillbirth,” “sudden infant death syndrome” or “SIDS,” “sudden unexpected infant death” or “SUID,” and “sudden unexplained death in childhood” or “SUDC.”

The bill requires the State Surgeon General to establish and implement a culturally appropriate public health awareness and education campaign to provide information to decrease the risk factors for SUID and SUDC. The campaign must focus on populations that have high rates of these deaths. The bill requires the State Surgeon General to consult with state and national organizations that represent specified categories of individuals when establishing and implementing the campaign.

The bill also requires the State Surgeon General to:

- Conduct a needs assessment of the availability in Florida of personnel, training, technical assistance, and resources for investigating and determining the causes of SUID and SUDC and make recommendations to increase collaboration in conducting investigations and making determinations;
- Develop guidelines for increasing the performance of, and the collection of data from, postmortem stillbirth evaluations, SUID evaluations, and SUDC evaluations, including conducting and providing reimbursement for autopsies, placental histopathology, and cytogenetic testing;
- Develop behavioral surveys for women who experience stillbirth, SUID, or SUDC using existing state-based infrastructure for gathering pregnancy-related information;
- Increase the technical assistance provided to local communities to enhance the capacity for improved investigation of medical and social factors surrounding stillbirth, SUID, and SUDC; and
- Develop and conduct public education and prevention programs directed at reducing the overall occurrence of stillbirth, SUID, and SUDC.

The State Surgeon General must also establish a task force by September 1, 2012, to develop a research plan to determine the causes of, and how to prevent, stillbirth, SUID, and SUDC. The task force, appointed by the State Surgeon General, will be comprised of twelve members as specified in the bill.

The State Surgeon General must submit a report by October 1, 2014, to the Governor, the President of the Senate, and the Speaker of the House of Representatives describing the progress made in implementing this section of law.

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:

If the guidelines developed by the State Surgeon General for postmortem stillbirth evaluations require additional tests, hospitals may incur these costs.

C. Government Sector Impact:

The Department of Health estimates that the bill will cost the department \$3,763,229 in the first year and \$3,857,990 in the second year.

Counties may experience additional costs of providing autopsies on fetal deaths if they are performed by medical examiners. There will also be increased costs to law enforcement agencies for conducting death scene investigations according to the CDC guidelines.

VI. Technical Deficiencies:

On line 58 the number "49" should be "50."

On line 77 a quotation mark is missing after the word childhood.

On line 118 the spelling of “histopathlogy” and “cytogenic” need to be corrected.

VII. Related Issues:

Subsection 20.03(8), F.S., requires a statutorily created task force to exist for no more than 3 years and to terminate upon completion of its assignment. The bill does not provide a termination date for the task force created in subsection (5) of the bill.

VIII. Additional Information:

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

None.

B. Amendments:

None.