

By Senator Bullard

39-00264-12

2012332__

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,

39-00264-12

2012332

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:

34
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 during the last 30 years, much more is known about
45 the causes of stillbirth, yet 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 July 2010, 41 of the 49

39-00264-12

2012332

59 states and the District of Columbia were conducting child death
60 reviews and voluntarily submitting data to this reporting
61 system.

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

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

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

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

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

83 (4) PUBLIC AWARENESS AND EDUCATION CAMPAIGN.—

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

39-00264-12

2012332

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

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

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

104 (5) EVALUATION OF STATE NEEDS.-

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

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

39-00264-12

2012332

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

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

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

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

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

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

144 b. The development of tools for educating health
145 professionals and women concerning the known risks factors for

39-00264-12

2012332

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

153 (d) By September 1, 2012, the State Surgeon General shall
154 establish a task force to develop a research plan to determine
155 the causes of stillbirth, sudden unexpected infant death, and
156 sudden unexplained death in childhood and how to prevent them.
157 The State Surgeon General shall appoint the task force, which
158 shall consist of 12 members, as follows:

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

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

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

164 4. Three parents.

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

170 (6) REPORT.—By October 1, 2014, the State Surgeon General
171 shall submit to the Governor, the President of the Senate, and
172 the Speaker of the House of Representatives a report describing
173 the progress made in implementing this section.

174 Section 2. This act shall take effect July 1, 2012.