

**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 Committee on Children, Families, and Elder Affairs

BILL: CS/SB 56

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Hays

SUBJECT: Infant Death

DATE: March 12, 2013

REVISED: 03/12/13

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	<b>Favorable</b>
2.	Hendon	Hendon	CF	<b>Fav/CS</b>
3.				
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

- |                              |                                     |   |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>            | Technical amendments were recommended   |
|                              | <input type="checkbox"/>            | Amendments were recommended             |
|                              | <input type="checkbox"/>            | Significant amendments were recommended |

**I. Summary:**

CS/SB 56 replaces the concept of Sudden Infant Death Syndrome (SIDS) with Sudden Unexplained Infant Death (SUID). Accordingly, requirements for training first responders and protocols for medical examiners are revised to reflect this change in emphasis. The changes reflect the current practices of medical examiners and coroners in the identification of the SUID classification for infant deaths.

References to the SIDS hotline and local SIDS alliances are deleted. The bill is not expected to have a fiscal impact on the state and has an effective date of July 1, 2013.

This bill substantially amends section 383.3362, Florida Statutes.

**II. Present Situation:**

**Sudden Infant Death Syndrome (SIDS)**

Subsection 383.3362(2), F.S., defines 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 case history. The term includes only those deaths for which, currently, there is no known cause or cure.”

Subsection 383.3362(3), F.S., acknowledges that first responders, such as emergency medical technicians, paramedics, firefighters and law enforcement officers, should be trained in how to respond to sudden infant death as the likely first responders to a request for assistance. Basic training programs for certification for certain first responders include instruction on SIDS. The Department of Health (DOH) is responsible for the training curriculum in consultation with the Emergency Medical Services Advisory Council, the Firefighters Employment Standards, and Training Council and the Criminal Justice Standards and Training Commission. This curriculum is adopted by rule<sup>1</sup>.

A medical examiner is required to perform an autopsy on any infant under age 1 who is suspected to have died of Sudden Infant Death Syndrome.<sup>2</sup> Furthermore, the autopsy must be performed within 24 hours after the death or as soon thereafter as is feasible. If the medical examiner’s findings are consistent with SIDS, this condition must be listed as the cause of death on the death certificate.

The Medical Examiners Commission is required to develop a protocol for dealing with suspected SIDS.<sup>3</sup> The law requires that all medical examiners follow the protocol and provides the contents and requirements for the protocol.

A medical examiner is not liable for damages for any act or omission done in compliance with s. 383.3362, F.S.

The DOH is responsible for:

- Developing and presenting SIDS training programs for first responders;
- Maintaining a database of statistics on reported SIDS deaths;
- Serving as a liaison and coordinating activities with the Florida SIDS Alliance, including the SIDS hotline;
- Maintaining a library reference list and materials for public disseminations about SIDS;
- Providing professional support to field staff; and
- Coordinating the activities of and promoting a link between the fetal and infant mortality review committees of the local healthy start coalitions, the local SIDS alliance and other related support groups.

### **Infant Death Statistics**

The DOH reports annually on fetal and infant deaths through the Florida Vital Statistics Annual Report.<sup>4</sup> This report provides the number of fetal deaths per 1,000 live births, the number of

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<sup>1</sup> See Department of Health Rule 64F-5.002, Florida Administrative Code *available at* <https://www.flrules.org/gateway/ruleNo.asp?id=64F-5.002> (last visited Jan. 21, 2013).

<sup>2</sup> See s. 383.3362(4), F.S.

<sup>3</sup> *Id.* But see Florida Administrative Code Rule 11G-2.0031 *available at* <https://www.flrules.org/gateway/ruleNo.asp?id=11G-2.0031> (last visited Jan. 21, 2013). Administrative rule repealed effective 5-21-2012 and SIDS autopsy protocol moved to Practice Guidelines.

deaths by race, and compares that data to national figures. In addition, specific information on infant mortality rates, including data on SIDS and SUID deaths by county, is compiled by the DOH and available on-line at FloridaCHARTS.com.<sup>5</sup>

Over the last three years (2009-2011), 2,839 resident neonatal deaths in Florida were recorded. A neonatal death is defined as an infant death occurring within the first 27 days of birth. The overall number of resident neonatal infant deaths for 2011 was 915, which reflects a reduction from the prior year of 14.<sup>6</sup> The resident neonatal death rate per 1,000 live births for 2011 translates to 4.3 for all births in the state.

The resident infant (less than one year old) death rate for the same rolling three-year period (2009-2011) in Florida was 4,297. The overall number of resident infant deaths for the most recent single year, 2011, was 1,372 which was a reduction from the prior year of 28. Florida’s rate of all infant death’s for 2011 was 6.4 per 1,000 live births.<sup>7</sup>

<b>Infant Mortality Rates – All Causes</b>		
<b>Time Period</b>	<b>Resident Neo-Natal Deaths (Within First 27 Days)</b>	<b>Resident Infant Deaths (Within First Year)</b>
<b>2010</b>	929	1,400
<b>2011</b>	915	1,372

Infant deaths are also reported by specific categories by year and in the same rolling three-year periods for many categories in FloridaCHARTS.com. For the period 2009- 2011, there were 179 SIDS reported deaths in Florida. These deaths were defined as occurring during the infant’s first year of life.<sup>8</sup> In 2011, there were 46 reported SIDS deaths in the neonatal period with four occurring in the first 27 days of life and the remainder after day 28.<sup>9</sup>

<b>Infant Mortality Rates – from SIDS</b>			
<b>Time Period</b>	<b>Total Infant Deaths</b>	<b>Resident Neo-Natal Deaths (Within First 27 Days)</b>	<b>Resident Infant Deaths (Within First Year)</b>
<b>2010</b>	63	6	57
<b>2011</b>	46	4	42

**Role of Medical Examiners**

Medical examiners are required to perform an autopsy in accordance with the authority granted under s. 406.11, F.S. Part I of ch. 406 specifically governs the medical examiners who are

<sup>4</sup> See Florida Vital Statistics Annual Report 2011, available at <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx> (last visited Jan. 21, 2013).

<sup>5</sup> See Florida Department of Health, Division of Public Health Statistics & Performance Management, Infant Death Indicators. available at <http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0053> (last visited Jan. 21, 2013).

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> *Supra*, n. 5

<sup>9</sup> *Id.*

practicing physicians in pathology appointed by the Governor in each medical examiner district of the state.

Section 406.02, F.S., creates the Medical Examiner Commission within the Florida Department of Law Enforcement. The commission is comprised of nine appointed persons who are charged with adopting rules to implement ch. 406 that 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 death investigations.

Section 406.11, F.S., mandates the circumstances under which a medical examiner must determine the cause of death and shall perform an examination, investigation and autopsy. Those instances include when any person dies in the state:

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

### **Sudden Unexpected Infant Death (SUID) Initiative**

The Centers for Disease Control and Prevention (CDC) defines SIDS as the sudden death of an infant less than 1 year of age that cannot be explained *after* a thorough investigation is conducted, including a complete autopsy, examination of the death scene and review of the clinical history.<sup>10</sup> Beginning in 1998, records showed that medical examiners and coroners began to move away from classifying infant deaths as SIDS and identifying more deaths as accidental suffocations or unknown cause. This movement suggested that the medical examiners and coroners had adopted different reporting and diagnostic procedures. As a result of these changes, the CDC began the Sudden Unexpected Infant Death (SUID) Initiative in order to improve investigation and reporting practices for SIDS and other SUIDs.<sup>11</sup>

In contrast to SIDS, SUID is defined as deaths in infants less than 1 year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious *prior* to investigation. According to the CDC, more than 4,500 infants die each year suddenly of no immediately obvious cause. Half of these SUIDs are due to SIDS.

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<sup>10</sup> Centers for Disease Control and Prevention, *Sudden Infant Death Syndrome*, available at <http://www.cdc.gov/sids/index.htm> (last visited Dec. 19, 2012).

<sup>11</sup> Centers for Disease Control and Prevention, *CDC's Sudden Unexpected Infant Death Initiative*, available at <http://www.cdc.gov/sids/suidabout.htm> (last visited Jan. 21, 2013).

The SUID Initiative's goals include the standardization and improvement of data collection at the death scene, promotion of the consistent classification and reporting of the cause of death, improving the national reporting of SUID and reducing SUID by using improved data to identify those at risk. To accomplish these goals, the collaborative has revised reporting forms, developed training materials, trained medicolegal professional and child advocates on how to complete death investigations and implemented a state-based SUID case registry in five pilot states initially and later expanded through grants to cover 10 states.<sup>12</sup>

According to the CDC, SIDS is one of several causes of SUID. SIDS, unlike SUID, is a diagnosis of exclusion. 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).<sup>13</sup>

### **Healthy Start Programs**

Florida's Healthy Start initiative was signed into law on June 4, 1991. 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 development outcomes. The Florida Department of Health administers the program and services are provided through local coalitions.<sup>14</sup>

The state's 33 Healthy Start Coalitions are non-profit organizations that provide services statewide to pregnant women and their babies up to age three. By providing these services, the coalitions seek to reduce infant mortality, reduce the number of low birth weight babies and improve health and developmental outcomes.<sup>15</sup> 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 also refers women to other service providers as needed.

### **Fetal and Infant Mortality Review**

Fetal and Infant Mortality Review (FIMR) began nationally in 1990 as a collaborative process between health departments, providers and maternal and child health coalitions to address factors that impact fetal and infant mortality.

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<sup>12</sup> Centers for Disease Control and Prevention, *Sudden Unexpected Infant Death Case Registry*, available at <http://www.cdc.gov/sids/suidabout.htm> (last visited Jan. 21, 2013).

<sup>13</sup> Carrie Shapiro-Mendoza, Ph.D., M.P.H., CDC, *Sudden, Unexplained Death Investigation, Chapter 1, Types of Sudden, Unexplained Infant Death*, available at [http://www.cdc.gov/sids/PDF/SUIDManual/Chapter1\\_tag508.pdf](http://www.cdc.gov/sids/PDF/SUIDManual/Chapter1_tag508.pdf) (last visited Jan. 21, 2013).

<sup>14</sup> See ss. 383.011(1)(e) and 383.216, F.S.

<sup>15</sup> Florida Department of Health, *Healthy Start Annual Report 2011*, available at <http://www.doh.state.fl.us/family/mch/hs/HealthyStartReport2011.pdf> (last visited: Jan. 21, 2013)

FIMR projects were adopted in Florida in 1992 and currently 29 counties participate in this project.<sup>16</sup> A Local Infant Mortality Committee of the Healthy Start Coalition provides an analysis of the basic statistical and epidemiological aspects of the fetal and infant mortality. The committee then selects objectives and plans, and manages the review process.

### **Florida SIDS Alliance**

Concerned SIDS parents and professionals formed the Florida SIDS Alliance in 1985. The alliance operates a hotline (1-800-SIDS-FLA) and a website. The alliance provides a reliable and continuous source of assistance to parents who have lost a child suddenly and unexpectedly; provides information and referrals; sponsors educational campaigns; and promotes research into the cause and possible prevention of SIDS through fundraising and public education.<sup>17</sup>

### **III. Effect of Proposed Changes:**

**Section 1** amends s. 383.311, F.S., to require that education programs at birth centers include information on safe sleep practices for infants and the causes of SUID.

**Section 2** amends s. 383.318, F.S., to require that postpartum care for clients of birth centers include information on safe sleep practices for infants and the causes of SUID.

**Section 3** of the bill modifies s. 383.3362, F.S., relating to “sudden infant death syndrome” (SIDS) and replaces those references with the term and corresponding activities for sudden unexpected infant death” (SUIDS). SIDS and SUID are two distinct classifications. The SUID classification occurs prior to an investigation of an infant death and includes numerous common causes, while SIDS is designated only after a full investigation (SIDS). SIDS is still a classification utilized in state reporting.

Legislative findings and intent are amended to reflect current infant death mortality rates and the revised terminology. The bill recognizes that first responders need special training to recognize that infant deaths may be caused by natural or accidental causes as well as by criminal acts and to act appropriately with the deceased infant’s parents or caretakers. The bill also recognizes the importance of multi-disciplinary investigations and the need for standardized investigative protocols in the cases of sudden unexpected infant deaths. Language concerning a standard protocol for the review of SIDS deaths by medical examiners and the importance of follow-up in such deaths is deleted.

The bill further modifies legislative intent by replacing references to SIDS with SUID in order to expand analysis and research on possible causes of sudden unexpected infant death and on how to reduce its incidence.

SUID is defined as the sudden unexpected death of an infant under 1 year of age while in apparent good health whose death may have been a result of natural or unnatural causes,

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<sup>16</sup> Florida Department of Health. *FIMR*, available at [http://www.doh.state.fl.us/family/mch/FIMR/fimr\\_facts.html](http://www.doh.state.fl.us/family/mch/FIMR/fimr_facts.html) (last visited Jan. 21, 2013).

<sup>17</sup> Florida SIDS Alliance, *About Us*, available at <http://flasids.com/blog/florida-sids-alliance/> (last visited Jan. 21, 2013).

replacing the definition of SIDS. The SUID definition matches the definition utilized by the Centers for Disease Control and Prevention.

The bill changes the basic training program for emergency medical technicians, paramedics, firefighters and certain law enforcement officers to address SUID rather than SIDS and deletes an obsolete date. The bill revises the requirement that DOH adopt rules on SIDS. The bill would instead require the DOH to work with the child protection teams within the Division of Children's Medical Services develop and adopt, by rule, curriculum that is based on the federal Centers for Disease Control SUID Initiative.

The bill requires an autopsy for any infant younger than 1 year of age who dies suddenly and unexpectedly while in apparent good health by the medical examiner under s. 406.11, F.S. Medical examiners currently follow practice guidelines (article 26 as incorporated into Rule 11G, F.A.C.) that require an autopsy for the sudden and unexpected death of infants younger than 1 year of age. The bill requires that a medical examiner must perform the autopsy within 72 hours. The medical examiner would no longer need to state on the death certificate that SIDS was the cause of death or follow the SIDS protocol when conducting autopsies. The bill deletes a redundant statutory cross-reference to the authority of the medical examiner.

The bill directs the Medical Examiners Commission to develop and implement a protocol for the medicolegal investigation of SUID and deletes a reference to a protocol for SIDS.

The bill amends the duties of the DOH to replace SIDS references to SUID in the training programs of the department, the database of statistics and the library of reference materials. The bill deletes the DOH's liaison responsibility with the Florida SIDS Alliance with regard specifically to the SIDS hotline. The bill also deletes the DOH's responsibilities to coordinate activities with the local SIDS alliance and other groups including the fetal and infant mortality review committee of the local healthy start coalitions. Coordination with other related support groups remains a function under this provision.

**Section 4** of the bill creates s. 395.1053, F.S., to require that a hospital that provides birthing services incorporate information on safe sleep practices for infants and the causes of SUID as a part of its postpartum care.

**Section 5** of the bill provides for an effective date of July 1, 2013.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. **Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The Department of Health is no longer required specifically to include the local SIDS alliances in certain coordination and promotion activities. This may result in reduced participation by the community-based alliances.

C. Government Sector Impact:

**State Government**

Rules, training curriculum and guidelines may need to be amended to reflect the changes in terminology and standards from SIDS to SUID. The Departments of Health and Law Enforcement do not expect the bill will create a fiscal impact on their agencies.

**Local Government**

Medical examiners are funded by the counties. The bill codifies the current practice where medical examiners conduct autopsies for all unexpected deaths of children under 1 year of age. The bill will therefore not increase the workload and costs of the medical examiner district offices.

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 Children, Families, and Elder Affairs on March 12, 2013:**

- Requires birth centers to provide information on safe sleep practices for infants and the causes of SUID.
- Requires the Department of Health to include the child protection teams within the Division of Children's Medical Services in the development of the rule for law enforcement investigations of sudden infant deaths. The bill further requires that the curriculum be based on the federal Centers for Disease Control SUID Initiative.

- Requires that medical examiners conduct autopsies on infants who die suddenly and unexpectedly within 72 hours.
- Requires hospitals with birthing services to provide information to patients on safe sleep practices for infants and the causes of SUID.

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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