

**HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS**

BILL #:	CS/CS/CS/HB 83	FINAL HOUSE FLOOR ACTION:	
SPONSOR(S):	Health & Human Services Committee; Health Care Appropriations Subcommittee; Health Quality Subcommittee; Santiago and others	115 Y's	0 N's
COMPANION BILLS:	(CS/SB 56)	GOVERNOR'S ACTION:	Approved

SUMMARY ANALYSIS

CS/CS/CS/HB 83 passed the House on April 18, 2013 as CS/SB 56 as amended. The Senate concurred in the House amendment to the Senate Bill and subsequently passed the bill as amended on May 1, 2013.

The bill amends s. 383.3362, F.S., relating to Sudden Infant Death Syndrome (SIDS), to update the activities of the Department of Health (DOH) and medical examiners when reporting and classifying the cause of death of an infant under 1 year of age who suddenly dies, when in apparent good health. The bill brings the law into conformity with current federal Centers for Disease Control and Prevention (CDC) standards of practice by redefining and using a category for infant death that is broader than SIDS called "Sudden Unexpected Infant Death" (SUID), which includes infant death resulting from: SIDS, accidental suffocation, metabolic errors, injury or trauma and unclassified or accidental causes.

The bill amends the legislative intent, definitions, training requirements for first responders, autopsy requirements performed by medical examiners, and the protocol for medical and legal investigations to reflect the new SUID standard. The bill requires DOH to consult with child protection teams established in the Division of Children's Medical Services when developing training curriculum that is part of the CDC SUID Initiative and all other DOH duties relating to SUID.

The bill requires that birth center clients and their families receive information on safe sleeping practices and the possible causes of SUID and requires hospitals that provide birthing services to provide similar information.

Additionally, the bill deletes references to SIDS, and the SIDS hotline. The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words and an obsolete date.

This bill has an insignificant fiscal impact on the state and no fiscal impact on local governments.

The bill was approved by the Governor on May 30, 2013, ch. 2013-62, L.O.F., and will become effective on July 1, 2013.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

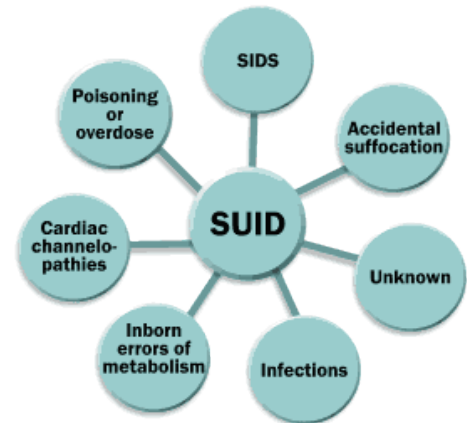
PRESENT SITUATION

Sudden Infant Death Syndrome versus Sudden Unexpected Infant Death

The federal Centers for Disease Control and Prevention (CDC) defines Sudden Infant Death Syndrome (SIDS) as the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted, including a completed autopsy, examination of the death scene, and review of the clinical history.¹ According to the CDC, SIDS is considered a diagnosis of exclusion and of unknown etiology. 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.²

SIDS is the leading cause of death among infants aged 1–12 months, and is the third leading cause overall of infant mortality in the United States.³ SIDS most commonly occurs in infants from two to four months of age and rarely after eight months of age. SIDS also occurs more frequently in African Americans, American Indians, and Alaska Natives than in Caucasians.⁴ Modifiable risk factors for SIDS include: overheating; stomach and side sleeping positions; soft sleeping surfaces; loose bedding; inappropriate sleep surface; sharing the same sleep surface; and maternal and secondhand smoking.⁵ SIDS is not caused by suffocation, aspiration, abuse, or neglect. According to the National Institute of Child Health and Human Development, recent research suggests that certain infants may be highly susceptible to SIDS, due to an abnormality in a specific nerve cell in the brain.⁶

SIDS is a subset of Sudden Unexpected Infant Death “SUID”. In contrast to SIDS, SUID is defined as deaths in infants less than one year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to investigation. The most common causes of SUID are: SIDS, accidental suffocation, metabolic errors, injury or trauma and unclassified causes (e.g., 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).



Federal Initiative for Sudden Unexpected Infant Death

Since the early 1990s, SIDS rates have declined by 50 percent, in large part due to the national campaign to place infants on their backs to sleep (Back-to-Sleep Campaign). Two reports⁷ conducted in 2005 and 2006, provide evidence that cause-of-death reporting and classifying of SUID may be

¹Centers for Disease Control and Prevention, Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. Available at: <http://www.cdc.gov/SIDS/index.htm> (last viewed May 9, 2013).

²Centers for Disease Control, Guidelines for the Scene Investigator. Available at: www.cdc.gov/sids/PDF/SUIDManual/Chapter1_tag508.pdf (last viewed May 9, 2013).

³ *Id.*

⁴ See Supra note 2.

⁵ *Id.*

⁶ Eunice Kennedy Shriver, National Institute of Child Health & Human Development, “SIDS Linked to Low Levels of Serotonin”. Available at: <http://www.nichd.nih.gov/news/releases/Pages/020310-SIDS-linked-serotonin.aspx> (last viewed May 9, 2013).

⁷ Shaprio-Mendoza CK, Tomashek KM, Anderson RN, and Wingo J, “Recent national trends in sudden, unexpected infant deaths: more evidence supporting a change in classification or reporting” *American Journal of Epidemiology* (2006 Apr 15; 163(8): 762-9), and Malloy MH, and MacDorman M., “Changes in the classification of sudden unexpected infant deaths: United States, 1992-2001,” *Pediatrics* (2005 May; 115(5): 1247-53).

unreliable. The studies found that the decline in the SIDS rate since 1999 was offset by an increase in mortality rates for accidental suffocation and strangulation in bed and for unknown/unspecified causes. Some deaths that were previously reported as SIDS are now reported as deaths due to accidental suffocation or unknown cause. This finding suggests that changes in reporting of cause of death might account for part of the recent decrease in the rate of SIDS.⁸

To address these changes, the CDC began the SUID Initiative in order to improve investigation and reporting practices for SIDS and SUID. The SUID Initiative's goals include:

- 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.

As a result, the CDC revised reporting forms, developed standardized training materials and implemented a state-based SUID case registry. In 2012, the CDC dispersed grants to 10 states to participate in the state-based SUID case registry.⁹

Florida Infant Death Statistics

DOH reports annually on infant deaths throughout the state in the Florida Vital Statistics Annual Report.¹⁰ This report provides the number of fetal deaths per 1,000 live births, the number of deaths by race and compares that data to national figures. Additionally, specific information on infant mortality rates, including data on SIDS and SUID deaths by county may be queried in the FloridaCHARTS.com database.¹¹

From 2011 to 2009, there were 610 SUID and 181 SIDS recorded infant deaths in Florida.¹²

Recorded Florida Infant Deaths		
Year	SUID	SIDS
2011	195	47
2010	207	62
2009	208	72

Source: FloridaCHARTS.com

Florida Sudden Infant Death Syndrome

Florida law currently 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.”¹³

Since 1993, DOH has been statutorily tasked with oversight of the SIDS program in Florida.¹⁴ DOH is required to develop and adopt by rule a training curriculum in collaboration with the EMS Advisory Council; Firefighters Employment, Standards, and Training Council; and the Criminal Justice Standards and Training Commission. The training targets first responders (or “emergency responders”¹⁵) and is

⁸ See Supra note 2.

⁹ The 10 state grantees are: Arizona, Colorado, Connecticut, Louisiana, Michigan, Minnesota, New Jersey, New Mexico, New Hampshire, and Wisconsin.

¹⁰ See Florida Vital Statistics Annual Report 2011, <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>, (last visited May 9, 2013).

¹¹ See Florida Department of Health, Division of Public Health Statistics & Performance Management, Infant Deaths Query. Available at: <http://www.floridacharts.com/FLQUERY/InfantMortality/InfantMortalityRpt.aspx> (last visited May 9, 2013).

¹² *Id.*

¹³ Section 383.3362(2), F.S.

¹⁴ Chapter 93-182, L.O.F.

¹⁵ An emergency responder is defined in rule to mean the law enforcement officers, paramedics, firefighters, emergency medical technicians, or other medical personnel who respond to the initial report of an unresponsive infant. See Rule 64F-5.001, F.A.C.

directed to focus on the nature of SIDS, standard procedures to be followed by law enforcement investigating infant death cases that may implicate SIDS, and training on how to appropriately respond to families or caretakers at the time of the infant's death.¹⁶

The current rule requires that the SIDS Recognition and Response training program teach law enforcement to be able to, at a minimum:¹⁷

- Define SIDS.
- Describe the epidemiology of SIDS.
- Describe the physical features of an infant who has died of SIDS.
- Describe the circumstances associated with a SIDS death.
- Identify the activities the emergency responder initiates.
- Describe the varied responses of SIDS families to sudden infant death.
- Respond to SIDS families in a sensitive manner.
- Describe the varied emotional reactions of emergency responders to sudden infant death.
- Identify ways emergency responders may cope with their own critical incident stress.
- Identify the community resources available to SIDS families.

According to Florida Department of Law Enforcement, the training on the proper response in infant death cases is included in the Criminal Justice Standards and Training Commission approved curricula for basic and advanced training of law enforcement officers. Both the basic and advanced training curricula have been updated and now use the term SUID.¹⁸

Furthermore, DOH is required to:¹⁹

- Collaborate with other agencies in the development and presentation of the SIDS training program for first responders, including emergency medical technicians and paramedics, firefighters, and law enforcement officers.
- Maintain a database of statistics on reported SIDS deaths, and analyze the data as funds allow.
- Serve as liaison and closely coordinate activities with the Florida SIDS Alliance²⁰, including the services related to the SIDS hotline.
- Maintain a library reference list and materials about SIDS for public dissemination.
- Provide professional support to field staff.
- Coordinate the activities of, and promote 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.

Florida Medical Examiners Commission

Chapter 406, part I, F.S., creates the Medical Examiners Act and the Medical Examiners Commission. Florida law, under s. 383.3362, F.S., requires that an autopsy must be performed in all suspected SIDS cases by a medical examiner within 24 hours, or as soon as feasible.²¹ Section 383.3362(4)(d), F.S., cross-references s. 406.11, F.S., which provides the medical examiner authority, when deaths occur under certain circumstances, to examine, investigate, and perform autopsies as he or she deems necessary.

¹⁶ Section 383.3362(3), F.S.

¹⁷ Rule 64F-5.002, F.A.C.

¹⁸ Florida Department of Law Enforcement, Agency Analysis for HB 83, dated January 18, 2013, on file with the Health Quality Subcommittee.

¹⁹ Section 383.3362(5), F.S.

²⁰ The Florida SIDS Alliance formed in 1985 and its mission is to provide a reliable and continuous source of assistance to parents who have lost a child suddenly and unexpectedly, provide information and referral networking, sponsor educational campaigns, and promote and support research into the cause and possible prevention of SIDS through fundraising and public education. The Florida SIDS Alliance operates a hotline (1-800-SIDS-FLA) and a website. See <http://flasids.com/blog/florida-sids-alliance/> (last visited May 9, 2013).

²¹ Section 383.3362(4), F.S.

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 Legislature granted medical examiners an exemption from civil action for any act or omission that may occur from complying with the law by conducting the required autopsy on the infant.²²

Moreover, the Medical Examiners Commission within the Florida Department of Law Enforcement is required to develop a protocol for handling suspected SIDS autopsies.²³ The protocol was last updated on July 28, 2010.²⁴ All medical examiners are required to follow the protocol requiring familiarity with the circumstance and location of the body; review of the infant's clinical history to include determination of prenatal, delivery and postnatal medical information, which includes history of familial disease, mental illness and social setting pertinent to the exclusion of illnesses or child abuse; and a comprehensive autopsy. The comprehensive autopsy should include: x-rays; histology slides to exclude diagnosable disease processes; bacterial and viral cultures to exclude suspected infectious agents; and a toxicology study when indicated.²⁵

EFFECT OF PROPOSED CHANGES

The bill amends the law relating to SIDS to update the activities of DOH and the medical examiners when reporting and classifying the cause of death of an infant under 1 year of age who suddenly dies, when in apparent good health. The bill brings the law into conformity with current CDC standards of practice by redefining and using a category for infant death that is broader than SIDS called, "Sudden Unexpected Infant Death," which includes infant death resulting from: SIDS, accidental suffocation, metabolic errors, injury or trauma and unclassified or accidental causes.

The bill amends the legislative intent, definitions, training requirements for first responders, autopsy requirements performed by medical examiners, and the protocol for medical and legal investigations to reflect the new SUID standard. The bill requires that the child protection teams within DOH's Division of Children's Medical Services be consulted on the development of the training curriculum that is part of the CDC SUID Initiative and all other DOH duties relating to SUID.

Additionally, the bill deletes references to SIDS, and the SIDS hotline. The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words and an obsolete date. The bill amends the rulemaking provision to direct DOH to adopt and modify rules when necessary to the CDC SUID Initiative curriculum.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

An insignificant increase in state expenditures is possible. This increase may be absorbed within DOH existing resources associated with rule development and promulgation.

²² Section 383.3362(4)(c), F.S.

²³ Section 383.3364(4)(b), F.S. The Administrative Rule governing the SIDS Autopsy Protocol was repealed May 21, 2012. See chapter 11G-2.0031, F.A.C.

²⁴ Florida Department of Law Enforcement, Medical Examiners Commission, Practice Guidelines: Infant Deaths. Available at: <http://www.fdle.state.fl.us/Content/getdoc/916d04c4-f522-4d8a-b16b-15fe90a9b28e/Practice-Guidelines-2009-Adopted.aspx> (last viewed May 9, 2013).

²⁵ *Id.*

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

An insignificant economic impact on the private sector is possible related to the requirement that hospitals that provide birthing services incorporate information on safe sleep practices and the possible causes of SUID.

D. FISCAL COMMENTS:

None.