

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 47 Session of
2009

INTRODUCED BY CURRY, BELFANTI, BEYER, BISHOP, BOYD, BRENNAN,
CALTAGIRONE, CHRISTIANA, COHEN, CONKLIN, DeLUCA, DONATUCCI,
FLECK, FRANKEL, GEORGE, GOODMAN, HENNESSEY, HESS, KOTIK,
KULA, MANDERINO, McILVAINE SMITH, MELIO, M. O'BRIEN, O'NEILL,
PRESTON, RAPP, READSHAW, REICHLEY, ROCK, SCAVELLO, SIPTROTH,
SOLOBAY, SONNEY, STERN, TRUE, VULAKOVICH, WATSON, WHEATLEY,
WALKO, BEAR, WANSACZ, PETRARCA, HARPER, PHILLIPS, K. SMITH,
GINGRICH, MYERS, MURT, EACHUS, FREEMAN AND SHAPIRO,
JANUARY 26, 2009

SENATOR CORMAN, APPROPRIATIONS, IN SENATE, RE-REPORTED AS
AMENDED, MAY 24, 2010

AN ACT

1 Providing for education for parents relating to sudden infant
2 death syndrome and sudden unexpected death of infants;
3 establishing the Sudden Infant Death Syndrome Education and
4 Prevention Program; and providing for duties of the
5 Department of Health.

6 The General Assembly of the Commonwealth of Pennsylvania
7 hereby enacts as follows:

8 Section 1. Short title.

9 This act shall be known and may be cited as the Sudden Infant
10 Death Syndrome Education and Prevention Program Act.

11 Section 2. Legislative findings.

12 The General Assembly hereby finds and declares as follows:

13 (1) The sudden, unexpected death of a newborn is the
14 third most common cause of death among newborns and is only
15 exceeded in the first year of life by congenital

malformations and prematurity.

(2) Most sudden infant deaths occur when a baby is between two and four months old, and 90% of all sudden infant deaths occur before six months of age.

(3) Most babies that die of sudden infant death syndrome (SIDS) or sudden unexpected death in infants (SUDI) appear to be healthy prior to death.

(4) Sixty percent of SIDS victims are male and 40% are female.

(5) While SIDS occurs in all socioeconomic, racial and ethnic groups, African-American and Native-American babies are two to three times more likely to die of SIDS than Caucasian babies.

(6) In 1994, the American Academy of Pediatrics, in conjunction with other major health organizations in the United States, launched the national "Back to Sleep" campaign, which endorsed and promoted the placement of infants on their backs both for sleeping and napping.

(7) The incidence of sudden infant death in the United States decreased by more than 50% since the inception of this campaign.

(8) In 2005, the American Academy of Pediatrics issued a new recommendation to further reduce the risk of SIDS that defined and promoted the use of a safe sleeping environment for infants.

(9) At this time there is no known way to prevent SIDS or SUDI, but the risk can be minimized. Parents should learn risk factors associated with SIDS and SUDI and share with others information on how to create a safe sleeping environment for an infant to reduce the risk of sudden and

1 unexpected death.

2 Section 3. Definitions.

3 The following words and phrases when used in this act shall
4 have the meanings given to them in this section unless the
5 context clearly indicates otherwise:

6 "Acknowledgment statement." A form signed by a parent,
7 acknowledging that the parent has received, read and has an
8 understanding of the educational and instructional materials
9 provided on sudden infant death syndrome and sudden unexpected
10 death in infants.

11 "Birth center." A facility not part of a hospital which
12 provides maternity care to childbearing families not requiring
13 hospitalization. As used in this definition, the term "maternity
14 care" includes prenatal, labor, delivery and postpartum care
15 related to medically uncomplicated pregnancies.

16 "Department." The Department of Health of the Commonwealth.

17 "HEALTH CARE PRACTITIONER." AN INDIVIDUAL WHO IS AUTHORIZED
18 TO PRACTICE SOME COMPONENT OF THE HEALING ARTS BY A LICENSE,
19 PERMIT, CERTIFICATE OR REGISTRATION ISSUED BY A COMMONWEALTH
20 LICENSING AGENCY OR BOARD. ←

21 "Hospital." A for-profit or nonprofit hospital providing
22 clinically related health services for obstetrical and newborn
23 care, including those operated by the State, local government or
24 an agency. The term shall not include an office used primarily
25 for private or group practice by health care practitioners where
26 no reviewable clinically related health services are offered.

27 "Infant." A child 30 days of age or older and younger than
28 24 months of age.

29 ~~"Midwife." An individual who is licensed as a midwife by the~~ ←
30 ~~State Board of Medicine.~~

1 "Newborn." A child 29 days of age or younger.

2 "Parent." A natural parent, stepparent, adoptive parent,
3 legal guardian or legal custodian of a child.

4 "Program." The Sudden Infant Death Syndrome Education and
5 Prevention Program.

6 "Sudden infant death syndrome" or "SIDS." The sudden,
7 unexpected death of an apparently healthy infant that remains
8 unexplained after the performance of a complete postmortem
9 investigation, including an autopsy, an examination of the scene
10 of death and a review of the medical history.

11 "Sudden unexpected death in infants" or "SUDI." The sudden,
12 unexpected death of an apparently healthy infant.

13 Section 4. Establishment of program.

14 (a) Establishment.--The department shall establish a Sudden
15 Infant Death Syndrome Education and Prevention Program to
16 promote awareness and education relating to SIDS and SUDI with
17 the focus on the risk factors of SIDS and SUDI and safe sleeping
18 practices for newborns and infants.

19 (b) Public awareness.--The department shall design and
20 implement strategies for raising public awareness concerning
21 SIDS and SUDI, including, but not limited to, the following:

22 (1) Risk factors for sudden infant death, including
23 infant sleep position, exposure to smoke, overheating,
24 inappropriate infant bedding and bed sharing.

25 (2) Suggestions for reducing the risk of SIDS and SUDI.

26 Section 5. Materials.

27 (a) Educational and instructional materials.--The program
28 shall include the distribution of readily understandable
29 information and educational and instructional materials
30 regarding SIDS and SUDI. The materials shall explain the risk

factors associated with SIDS and SUDI and emphasize safe sleeping practices. The materials shall be provided to parents prior to discharge from a hospital or birth center or by a ~~midwife~~ HEALTH CARE PRACTITIONER for births that take place in settings other than a hospital or birth center.

(b) Acknowledgment statement.--The acknowledgment statement shall be signed by a parent prior to discharge from a hospital or birth center or after births performed by a ~~midwife~~ HEALTH CARE PRACTITIONER in settings other than a hospital or birth center. One copy of the acknowledgment statement shall be given to a parent, and one copy shall remain on file in the hospital or birth center. Copies of acknowledgment statements signed by parents in settings other than a hospital or birth center shall be kept on file by the health care practitioner ~~or midwife~~ performing the birth. The acknowledgment statement shall be set forth in a form to be prescribed by the department.

(c) Distribution of materials.--The information and educational and instructional materials described in subsection (a) shall be provided without cost by each hospital, birth center or ~~midwife~~ HEALTH CARE PRACTITIONER to a parent of each newborn upon discharge from a hospital or birth center OR AFTER BIRTHS THAT TAKE PLACE IN SETTINGS OTHER THAN A HOSPITAL OR BIRTH CENTER.

(D) LIABILITY.--A HOSPITAL, BIRTHING CENTER OR HEALTH CARE PRACTITIONER SHALL NOT BE CIVILLY OR CRIMINALLY LIABLE FOR THE ACTION OR INACTION OF A PARENT WITH REGARD TO A NEWBORN'S OR INFANT'S SLEEPING POSITION PURSUANT TO MATERIALS GIVEN TO THE PARENT RELATING TO SIDS OR SUDI.

Section 6. Scope of act.

The department shall do the following:

1 (1) Work to improve the capacity of community-based
2 services available to parents regarding the risk factors
3 involved with SIDS and SUDI and safe sleeping practices for
4 newborns and infants.

5 (2) Work with other State and local governmental
6 agencies, community and business leaders, community
7 organizations, health care and human service providers and
8 national organizations to coordinate efforts and maximize
9 State and private resources in the areas of education about
10 SIDS and SUDI, including the risk factors and safe sleeping
11 practices.

12 (3) Identify and, when appropriate, replicate or use
13 successful SIDS and SUDI programs and procure related
14 materials and services from organizations with appropriate
15 experience and knowledge of SIDS and SUDI.

16 Section 7. Regulations.

17 The department may promulgate regulations necessary to
18 implement the provisions of this act.

19 Section 20. Effective date.

20 This act shall take effect ~~July 1, 2009~~ IN 60 DAYS.

