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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1752 Session of 2007

INTRODUCED BY CURRY, KENNEY, BELFANTI, BOYD, BRENNAN, CALTAGIRONE, CAPPELLI, COHEN, DeLUCA, FRANKEL, FREEMAN, GOODMAN, HENNESSEY, HESS, JAMES, JOSEPHS, KORTZ, KOTIK, KULA, LEACH, LENTZ, MAHONEY, MANDERINO, McILHATTAN, MELIO, MUNDY, MURT, NAILOR, D. O'BRIEN, M. O'BRIEN, PHILLIPS, RAPP, READSHAW, SANTONI, McILVAINE SMITH, SOLOBAY, SONNEY, STERN, TANGRETTI, THOMAS, TRUE, J. WHITE, YOUNGBLOOD, SCHRODER, SIPTROTH, HARPER, M. SMITH, BENNINGHOFF AND GERGELY, JULY 14, 2007

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, FEBRUARY 6, 2008

AN ACT

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

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

Section 1. Short title.

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

Section 2. Legislative findings.

The General Assembly hereby finds and declares as follows:

(1) The sudden, unexpected death of a newborn is the third most common cause of death among newborns and is only 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

unexpected death.

Section 3. Definitions.

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

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

"Commitment statement." A form which may be voluntarily signed by a parent, acknowledging that the parent has received, read and has an understanding of the educational and instructional materials provided on sudden infant death syndrome and sudden unexpected death in infants.

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

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

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

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

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

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

"Program." The Sudden Infant Death Syndrome Education and

Prevention Program.

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

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

Section 4. Establishment of program.

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

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

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

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

Section 5. Materials.

(a) Educational and instructional materials.--The program shall include the distribution of readily understandable information and educational and instructional materials 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 for births that take place in settings other than a

hospital or birth center.

(b) Commitment statement.--The commitment statement may be signed by a parent prior to discharge from a hospital or birth center or after births performed by a midwife in settings other than a hospital or birth center. One copy of the commitment statement shall be given to a parent, and one copy shall remain on file in the hospital or birth center. Copies of commitment statements signed by parents in settings other than a hospital or birth center shall be kept on file by the ~~department~~ HEALTH CARE PRACTITIONER OR MIDWIFE PERFORMING THE BIRTH. The commitment 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 to a parent of each newborn upon discharge from a hospital or birth center.

Section 6. Scope of act.

The department shall do the following:

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

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

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

Section 7. Regulations.

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

Section 8. Effective date.

This act shall take effect July 1, 2008.