THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 577 Session of 2009

INTRODUCED BY PIPPY, ERICKSON, BAKER, BROWNE, LEACH, WONDERLING, TOMLINSON, WASHINGTON, BOSCOLA, COSTA, FERLO, LOGAN, BRUBAKER, FONTANA, O'PAKE AND RAFFERTY, MARCH 5, 2009

REFERRED TO PUBLIC HEALTH AND WELFARE, MARCH 5, 2009

AN ACT

1 2 3 4 5	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.
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
16	malformations and prematurity.
17	(2) Most sudden infant deaths occur when a baby is
18	between two and four months old, and 90% of all sudden infant
19	deaths occur before six months of age.

1 (3) Most babies that die of sudden infant death syndrome 2 (SIDS) or sudden unexpected death in infants (SUDI) appear to 3 be healthy prior to death.

4 (4) Sixty percent of SIDS victims are male and 40% are 5 female.

6 (5) While SIDS occurs in all socioeconomic, racial and 7 ethnic groups, African-American and Native-American babies 8 are two to three times more likely to die of SIDS than 9 Caucasian babies.

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

15 (7) The incidence of sudden infant death in the United 16 States decreased by more than 50% since the inception of this 17 campaign.

18 (8) In 2005, the American Academy of Pediatrics
19 recognized that some infant deaths previously labeled as SIDS
20 were actually due to suffocation and issued new
21 recommendations that defined and promoted the use of a safe
22 sleeping environment for infants.

(9) 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.

27 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:

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"Acknowledgment 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.

6 "Birth center." A facility not part of a hospital which 7 provides maternity care to childbearing families not requiring 8 hospitalization. As used in this definition, the term "maternity 9 care" includes prenatal, labor, delivery and postpartum care 10 related to medically uncomplicated pregnancies.

"Department." The Department of Health of the Commonwealth. 11 12 "Hospital." A for-profit or nonprofit hospital providing 13 clinically related health services for obstetrical and newborn 14 care, including those operated by the State, local government or 15 an agency. The term shall not include an office used primarily 16 for private or group practice by health care practitioners where no reviewable clinically related health services are offered. 17 18 "Infant." A child 30 days of age or older and younger than

19 24 months of age.

20 "Midwife." An individual who is licensed as a midwife by the 21 State Board of Medicine.

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

23 "Parent." A natural parent, stepparent, adoptive parent,24 legal guardian or legal custodian of a child.

25 "Program." The Sudden Infant Death Syndrome Education and 26 Prevention Program.

27 "Sudden infant death syndrome" or "SIDS." The sudden,
28 unexpected death of an apparently healthy infant that remains
29 unexplained after the performance of a complete postmortem
30 investigation, including an autopsy, an examination of the scene

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1 of death and a review of the medical history.

2 "Sudden unexpected death in infants" or "SUDI." The sudden,3 unexpected death of an apparently healthy infant.

4 Section 4. Establishment of program.

5 (a) Establishment.--The department shall establish a Sudden 6 Infant Death Syndrome Education and Prevention Program to 7 promote awareness and education relating to SIDS and SUDI with 8 the focus on the risk factors of SIDS and SUDI and safe sleeping 9 practices for newborns and infants.

10 (b) Public awareness.--The department shall design and 11 implement strategies for raising public awareness concerning 12 SIDS and SUDI, including, but not limited to, the following:

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

16 (2) Suggestions for reducing the risk of SIDS and SUDI.17 Section 5. Materials.

(a) Educational and instructional materials. -- The program 18 19 shall include the distribution of readily understandable information and educational and instructional materials 20 regarding SIDS and SUDI. The materials shall explain the risk 21 factors associated with SIDS and SUDI and emphasize safe 22 23 sleeping practices. The materials shall be provided to parents 24 prior to discharge from a hospital or birth center or by a 25 midwife for births that take place in settings other than a 26 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 in settings other than a hospital or birth center. One copy of the

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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.

8 (c) Distribution of materials.--The information and 9 educational and instructional materials described in subsection 10 (a) shall be provided without cost by each hospital, birth 11 center or midwife to a parent of each newborn upon discharge 12 from a hospital or birth center.

13 Section 6. Scope of act.

14 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.

19 (2) Work with other State and local governmental
20 agencies, community and business leaders, community
21 organizations, health care and human service providers and
22 national organizations to coordinate efforts and maximize
23 State and private resources in the areas of education about
24 SIDS and SUDI, including the risk factors and safe sleeping
25 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.

30 Section 7. Regulations.

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- 1 The department may promulgate regulations necessary to
- 2 implement the provisions of this act.
- 3 Section 8. Effective date.
- 4 This act shall take effect July 1, 2009.