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
- AS REPORTED FROM COMMITTEE ON HEALTH AND HUMAN SERVICES, HOUSE OF REPRESENTATIVES, AS AMENDED, MAY 7, 2009

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

1 malformations and prematurity.

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

5 (3) Most babies that die of sudden infant death syndrome 6 (SIDS) or sudden unexpected death in infants (SUDI) appear to 7 be healthy prior to death.

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

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

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

19 (7) The incidence of sudden infant death in the United
20 States decreased by more than 50% since the inception of this
21 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

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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.

"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.

16 "Commitment statement." A form which may be voluntarily 17 signed by a parent, acknowledging that the parent has received, 18 read and has an understanding of the educational and

19 instructional materials provided on sudden infant death syndrome-

20 and sudden unexpected death in infants.

21 "Department." The Department of Health of the Commonwealth. 22 "Hospital." A for-profit or nonprofit hospital providing clinically related health services for obstetrical and newborn 23 24 care, including those operated by the State, local government or 25 an agency. The term shall not include an office used primarily for private or group practice by health care practitioners where 26 no reviewable clinically related health services are offered. 27 28 "Infant." A child 30 days of age or older and younger than

29 24 months of age.

30 "Midwife." An individual who is licensed as a midwife by the 20090HB0047PN1795 - 3 - 1 State Board of Medicine.

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

3 "Parent." A natural parent, stepparent, adoptive parent,4 legal guardian or legal custodian of a child.

5 "Program." The Sudden Infant Death Syndrome Education and6 Prevention Program.

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

12 "Sudden unexpected death in infants" or "SUDI." The sudden, 13 unexpected death of an apparently healthy infant.

14 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.

26 (2) Suggestions for reducing the risk of SIDS and SUDI.27 Section 5. Materials.

(a) Educational and instructional materials.--The program
shall include the distribution of readily understandable
information and educational and instructional materials

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1 regarding SIDS and SUDI. The materials shall explain the risk 2 factors associated with SIDS and SUDI and emphasize safe 3 sleeping practices. The materials shall be provided to parents 4 prior to discharge from a hospital or birth center or by a 5 midwife for births that take place in settings other than a 6 hospital or birth center.

7 Commitment ACKNOWLEDGMENT statement.--The commitment-(b) ACKNOWLEDGMENT statement may SHALL be signed by a parent prior 8 to discharge from a hospital or birth center or after births 9 10 performed by a midwife in settings other than a hospital or birth center. One copy of the commitment ACKNOWLEDGMENT 11 statement shall be given to a parent, and one copy shall remain 12 on file in the hospital or birth center. Copies of commitment-13 14 ACKNOWLEDGMENT statements signed by parents in settings other 15 than a hospital or birth center shall be kept on file by the 16 health care practitioner or midwife performing the birth. The commitment ACKNOWLEDGMENT statement shall be set forth in a form 17 18 to be prescribed by the department.

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(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.

24 Section 6. Scope of act.

25 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.

30 (2) Work with other State and local governmental

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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.

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

11 Section 7. Regulations.

12 The department may promulgate regulations necessary to 13 implement the provisions of this act.

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14 Section 8 20. Effective date.

15 This act shall take effect July 1, 2009.