

111TH CONGRESS
1ST SESSION

S. _____

To amend the Public Health Service Act to improve the health of children and reduce the occurrence of sudden unexpected infant death and sudden unexplained death in childhood.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Public Health Service Act to improve the health of children and reduce the occurrence of sudden unexpected infant death and sudden unexplained death in childhood.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the
5 “_____ Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings: [to be sup-
8 plied]

1 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
2 **ACT.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.) is amended by adding at the end the fol-
5 lowing:

6 **“PART S—SUDDEN UNEXPECTED INFANT DEATH**
7 **AND SUDDEN UNEXPLAINED DEATH IN**
8 **CHILDHOOD**

9 **“SEC. 399HH. DEFINITION.**

10 “In this part:

11 “(1) ADMINISTRATOR.—The term ‘Adminis-
12 trator’ means the Administrator of the Health Re-
13 sources and Services Administration.

14 “(2) DIRECTOR.—The term ‘Director’ means
15 the Director of the Centers for Disease Control and
16 Prevention.

17 “(3) SUDDEN UNEXPECTED INFANT DEATH;
18 SUID.—The terms ‘sudden unexpected infant death’
19 and ‘SUID’ mean the sudden, unexpected death of
20 an apparently healthy infant.

21 “(4) SUDDEN UNEXPLAINED DEATH IN CHILD-
22 HOOD; SUDC.—The terms ‘sudden unexplained death
23 in childhood’ and ‘SUDC’ mean the sudden death of
24 a child older than 1 year of age which remains unex-
25 plained after a thorough case investigation, including
26 a review of the clinical history and circumstances of

1 death, and performance of a complete autopsy with
2 appropriate ancillary testing.

3 **“SEC. 399II. DEATH SCENE INVESTIGATION AND AUTOPSY.**

4 “(a) INVESTIGATIONS.—

5 “(1) GRANTS.—The Secretary, acting through
6 the Director, shall award grants to States to enable
7 such States to improve the completion of comprehen-
8 sive death scene investigations for sudden unex-
9 pected infant death and sudden unexplained death in
10 childhood.

11 “(2) APPLICATION.—To be eligible to receive a
12 grant under paragraph (1), a State shall submit to
13 the Secretary an application at such time, in such
14 manner, and containing such information as the Sec-
15 retary may require.

16 “(3) USE OF FUNDS.—

17 “(A) IN GENERAL.—A State shall use
18 amounts received under a grant under para-
19 graph (1) to improve the completion of com-
20 prehensive death scene investigations for sud-
21 den unexpected infant death and sudden unex-
22 plained death in childhood, including through
23 the awarding of subgrants to local jurisdictions
24 to be used to implement standard death scene
25 investigation protocols for sudden unexpected

1 infant death and sudden unexplained death in
2 childhood.

3 “(B) PROTOCOLS.—A standard death
4 scene protocol implemented under subparagraph
5 (A) shall include the obtaining of information
6 on current and past medical history of the in-
7 fant/child, the circumstances surrounding the
8 death including any suspicious circumstances,
9 the sleep position and sleep environment of the
10 infant/child, and whether the death was the re-
11 sult of any accidental, environmental, or un-
12 natural causes. The Director in consultation
13 with medical examiners, coroners, death scene
14 investigators, law enforcement, emergency med-
15 ical technicians and paramedics, public health
16 agencies, and other individuals or groups deter-
17 mined necessary by the Director shall develop a
18 standard death scene protocol for children from
19 1 to 4 years of age.

20 “(b) AUTOPSIES.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Director, shall award grants to States
23 to enable such States to increase the rate at which
24 comprehensive and standardized autopsies are per-
25 formed, including necessary metabolic and toxicology

1 screenings, for sudden unexpected infant death and
2 sudden unexplained death in childhood.

3 “(2) APPLICATION.—To be eligible to receive a
4 grant under paragraph (1), a State shall submit to
5 the Secretary an application at such time, in such
6 manner, and containing such information as the Sec-
7 retary may require.

8 “(3) COMPLETE AUTOPSY.—For purposes of
9 this subsection, a complete autopsy shall include a
10 full external and internal examination of all major
11 organs and tissues including the brain, complete
12 radiographs, metabolic testing, and toxicology
13 screening of the infant/child involved.

14 “(4) GUIDELINES.—The Director, in consulta-
15 tion with medical examiners, coroners, forensic pa-
16 thologists, pediatric pathologists, pediatric cardiolo-
17 gists, law enforcement personnel, researchers, public
18 health agencies, and other individuals and groups
19 determined necessary by the Director, shall develop
20 national guidelines for a standard autopsy protocol
21 for sudden unexpected infant death and sudden un-
22 explained death in childhood. In developing such
23 protocol, the Director shall consider autopsy proto-
24 cols used by State and local jurisdictions.

1 “(2) submit to the Secretary an application at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require.

4 “(c) USE OF FUNDS.—An eligible entity shall use
5 amounts received under a grant under this section to—

6 “(1) provide training to medical examiners,
7 coroners, death scene investigators, law enforcement
8 personnel, and emergency medical technicians and
9 paramedics concerning death scene investigations,
10 including the use of standard death scene investiga-
11 tion protocols that include information on the cur-
12 rent and past medical history of the deceased, infor-
13 mation regarding sleep position and environment,
14 any suspicious circumstances surrounding the death,
15 and the potential accidental, environmental and un-
16 natural causes of the death;

17 “(2) provide training directly to individuals who
18 are responsible for conducting and reviewing death
19 scene investigations for sudden unexpected infant
20 death and sudden unexplained death in childhood;

21 “(3) provide training to multidisciplinary teams,
22 including teams that have a medical examiner or
23 coroner, death scene investigator, law enforcement
24 representative, and an emergency medical technician
25 or paramedic;

1 “(4) in the case of national and State-based
2 grantees that is comprised of medical examiners,
3 coroners, death scene investigators, law enforcement
4 personnel, and emergency medical technicians and
5 paramedics, integrate training under the grant on
6 death scene investigation into professional accredita-
7 tion and training programs;

8 “(5) in the case of State and local government
9 entity grantees, obtain equipment, including com-
10 puter equipment, to aid in the completion of stand-
11 ard death scene investigation; and

12 “(6) conduct training activities for medical ex-
13 aminers, coroners, and forensic pathologists con-
14 cerning standard autopsy protocols for sudden unex-
15 pected infant death and sudden unexplained death in
16 childhood.

17 “(d) RURAL AREAS.—In awarding grants under this
18 section, the Secretary shall ensure that training is pro-
19 vided to individuals who provide services in rural, frontier,
20 or other remote areas.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 such sums as may be necessary for each of fiscal years
24 2010 through 2014.

1 **“SEC. 399KK. CHILD DEATH REVIEW.**

2 “(a) PREVENTION.—

3 “(1) CORE CAPACITY GRANTS.—The Secretary,
4 acting through the Administrator, shall award
5 grants to States to enable such States to build State
6 capacity and implement State and local child death
7 review programs and prevention strategies.

8 “(2) PLANNING GRANTS.—The Secretary, act-
9 ing through the Administrator, shall award planning
10 grants to States that have no existing child death re-
11 view program or States in which the only child death
12 review programs are State-based, for the develop-
13 ment of local child death review programs and pre-
14 vention strategies.

15 “(3) APPLICATION.—To be eligible to receive a
16 grant under paragraph (1) or (2), a State shall sub-
17 mit to the Secretary an application at such time, in
18 such manner, and containing such information as
19 the Secretary may require.

20 “(4) TECHNICAL ASSISTANCE.—The Secretary,
21 acting through the Administrator, shall provide tech-
22 nical assistance to assist States—

23 “(A) in developing the capacity for com-
24 prehensive child death review programs, includ-
25 ing the development of best practices for the
26 implementation of such programs; and

1 “(B) in maintaining the child death report-
2 ing system.

3 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated, such sums as may be
5 necessary for each of fiscal years 2010 through 2014, to
6 carry out subsection (a).

7 **“SEC. 300LL. NATIONAL REGISTRY FOR SUDDEN UNEX-**
8 **PECTED INFANT DEATHS AND SUDDEN UNEX-**
9 **PLAINED DEATH IN CHILDHOOD.**

10 “(a) ESTABLISHMENT.—The Secretary, acting
11 through the Director and in consultation with national
12 health organizations and professional societies with experi-
13 ence and expertise relating to reducing SUID and SUDC,
14 shall establish a population-based SUID and SUDC case
15 registry that can facilitate the understanding of the root
16 causes, rates, and trends of SUID and SUDC.

17 “(b) NATIONAL REGISTRY.—The national registry
18 established under subsection (a) shall facilitate the collec-
19 tion, analysis, and dissemination of data by—

20 “(1) implementing a surveillance and moni-
21 toring system based on thorough and complete death
22 scene investigation data, clinical history, and au-
23 topsy findings;

24 “(2) collecting standardized information about
25 the environmental, medical, social, and genetic cir-

1 cumstances if determined that such may correlate
2 with infant and early childhood deaths (including
3 sleep environment and the quality of the death scene
4 investigation), as well as from other law enforce-
5 ment, medical examiner, coroner, emergency medical
6 services (EMS), and medical records;

7 “(3) supporting multidisciplinary infant and
8 early childhood death reviews such as those per-
9 formed by child death review committees and fetal
10 infant mortality committees to collect and review the
11 standardized information and accurately and consist-
12 ently classify and characterize SUID and SUDC;
13 and

14 “(4) improving public reporting of surveillance
15 and descriptive epidemiology of SUID and SUDC by
16 supplementing vital statistics data.

17 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section,
19 such sums as necessary for each of fiscal years 2010
20 through 2014.

21 **“SEC. 399MM. PUBLIC AWARENESS AND EDUCATION CAM-**
22 **PAIGN.**

23 “(a) ESTABLISHMENT.—The Secretary, acting
24 through the Administrator and in consultation with the
25 Director and the Director of the National Institutes of

1 Health, shall establish and implement a public health
2 awareness and education campaign to provide information
3 that is focused on decreasing the risk factors for sudden
4 unexpected infant death and sudden unexplained death in
5 childhood, including educating individuals about safe sleep
6 environments, sleep positions, and reducing exposure to
7 smoking during pregnancy and after birth.

8 “(b) TARGETED POPULATIONS.—The campaign
9 under subsection (a) shall be designed to reduce health
10 disparities through the targeting of populations with high
11 rates of sudden unexpected infant death and sudden unex-
12 plained death in childhood.

13 “(c) CONSULTATION.—In establishing and imple-
14 menting the campaign under subsection (a), the Secretary
15 shall consult with national organizations representing
16 health care providers, including nurses and physicians,
17 parents, child care providers, children’s advocacy and safe-
18 ty organizations, maternal and child health and women’s,
19 infants and children nutrition professionals, and other in-
20 dividuals and groups determined necessary by the Sec-
21 retary for such establishment and implementation.

22 “(d) GRANTS.—

23 “(1) IN GENERAL.—In carrying out the cam-
24 paign under subsection (a), the Secretary shall
25 award grants to local health departments and com-

1 munity-based organizations for the conduct of edu-
2 cation and outreach programs for nurses, parents,
3 child care providers, public health agencies, and
4 community organizations.

5 “(2) APPLICATION.—To be eligible to receive a
6 grant under paragraph (1), an entity shall submit to
7 the Secretary an application at such time, in such
8 manner, and containing such information as the Sec-
9 retary may require.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section,
12 such sums as may be necessary for each of fiscal years
13 2010 through 2014.

14 **“SEC. 399NN. GRANTS FOR SUPPORT SERVICES.**

15 “(a) IN GENERAL.—The Secretary, acting through
16 the Administrator, shall award grants to local health de-
17 partments and community-based organizations, for the
18 provisions of support services to families who have lost a
19 child to sudden unexpected infant death and sudden unex-
20 plained death in childhood.

21 “(b) APPLICATION.—To be eligible to receive a grant
22 under subsection (a), an entity shall submit to the Sec-
23 retary an application at such time, in such manner, and
24 containing such information as the Secretary may require.

1 “(c) USE OF FUNDS.—Amounts received under a
2 grant awarded under subsection (a) may be used to pro-
3 vide grief counseling, education, home visits, 24-hour hot-
4 lines, and support groups for families who have lost a child
5 to sudden unexpected infant death or sudden unexplained
6 death in childhood.

7 “(d) PREFERENCE.—In awarding grants under sub-
8 section (a), the Secretary shall give preference to appli-
9 cants that have a proven history of effective sudden unex-
10 pected infant death and sudden unexplained death in
11 childhood support services and interventions and can dem-
12 onstrate experience through collaborations and partner-
13 ships for delivering services throughout a State or region.

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section,
16 such sums as may be necessary for each of fiscal years
17 2010 through 2014.

18 **“SEC. 39900. EVALUATION OF STATE AND REGIONAL**
19 **NEEDS.**

20 “The Secretary, acting through the Director, shall
21 conduct a needs assessment on a State and regional basis
22 of the availability of personnel, training, technical assist-
23 ance, and resources for investigating and determining sud-
24 den unexpected infant death and sudden unexplained
25 death in childhood death and make recommendations to

1 increase collaboration on a State and regional level for in-
2 vestigation and determination.”.

3 **SEC. 4. REPORT TO CONGRESS.**

4 Not later than 2 years after the date of enactment
5 of this Act, the Secretary of Health and Human Services,
6 acting through the Director of the National Institutes of
7 Health and in consultation with the Administrator of the
8 Health Resources and Services Administration, shall sub-
9 mit to Congress a report describing the progress made in
10 implementing this Act (and the amendments made by this
11 Act).