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House Bill 4962 (Substitute H-2 as passed by the House)
Sponsor: Representative Gail Haines
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 3-26-14

CONTENT

The bill would create the "Infant Safe Sleep Act" (Part 58A of the Public Health Code) to do the following:

- Require a hospital or health professional to provide infants' parents with understandable information and educational materials regarding safe sleep practices.**
- Require a hospital to prescribe a parent acknowledgement form for safe sleep information and to place a signed form in the infant's permanent medical record.**
- Require the Department of Community Health (DCH) and Department of Human Services (DHS) to coordinate on providing community-based services and educational efforts and materials relating to infant death due to unsafe sleep practices and safe sleep practices.**
- Require the DCH to provide educational materials upon request to a hospital or health professional at no cost.**

Specifically, a hospital would be required to provide to parents of an infant readily understandable information and educational and instructional materials regarding infant safe sleep practices. These materials would have to explain the risks associated with infant death due to unsafe sleep practices and emphasize safe sleep practices for infants. ("Infant death due to unsafe sleep" would be defined as "infant death by suffocation, asphyxiation, or strangulation in a sleep environment".) For births occurring outside of a hospital, the health professional in charge at the birth of an infant or, if none were present at the birth, the health professional in charge of caring for the infant would have to provide these materials.

A hospital or health professional who complied with the proposed Act would not be criminally or civilly liable for the action or inaction of a parent with regard to infant safe sleep practices pursuant to the provided materials.

A hospital also would be required to prescribe the form of a parent acknowledgement statement. The form would have to include a place for a parent to sign, indicating that the parent received the materials mentioned above. After receiving the materials, a parent would have the option of signing the acknowledgement statement. If the statement were signed, the hospital would have to include it in the infant's permanent medical records and provide a copy of the signed statement to the parent who signed it.

The bill would require the DCH and the DHS to collaborate to do the following:

- Improve community-based services available to inform parents about the risks associated with infant death due to unsafe sleep practices and safe sleep practices.
- Coordinate efforts between State and local government agencies, national and community organizations, and health and human service providers, and maximize resources in education regarding risks associated with infant death due to unsafe sleep practices.
- Provide educational and instructional materials that would explain the risks associated with infant death due to unsafe sleep practices, include methods to reduce those risks, and emphasize safe sleep practices.

A hospital or health professional could use the educational materials provided by the DCH to comply with the proposed requirements, or could use materials of the hospital's or professional's choice, as long as they were consistent with the materials provided by the DCH. Upon request, the DCH would have to provide the materials free of charge to a health professional or hospital.

"Health professional" would mean "an individual licensed, registered, certified, or otherwise authorized to engage in a health profession under article 15". "Hospital" would mean "a hospital licensed under article 17 that provides clinically related health services for obstetrical and infant care", and would include a hospital operated by this State, a local governmental unit, or an agency. The term would not include an office used for private or group practice by health professionals in which no reviewable, clinically related health services are offered. (Article 15 pertains to the occupations regulated under the Code; Article 17 pertains to facilities and agencies regulated under the Code.)

"Parent" would be defined as "a natural parent, stepparent, adoptive parent, legal guardian, or legal custodian of an infant". "Infant" would mean "a child who is 12 months old or younger".

The bill would take effect 90 days after enactment.

MCL 333.5581-333.5887

Legislative Analyst: Jeff Mann

FISCAL IMPACT

The Department of Community Health has participated for a number of years in education, coordination, and publicity efforts on safe sleep practices. The bill would effectively direct the DCH and the Department of Human Services to continue these efforts, which could result in a modest administrative cost increase for the Departments. The bill also would require hospitals and health professionals present at births outside of hospitals, to provide information and educational materials to parents. This would have a minor fiscal impact on the public hospitals and public clinics that would have to provide the information and materials.

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