

Department of Legislative Services
 Maryland General Assembly
 2024 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 59
 Finance

(Senator Ellis, *et al.*)

Health and Government Operations

Hospitals - Care of Infants After Discharge (Safe Sleep Act of 2024)

This bill requires a hospital, as soon as practicable before discharging an infant after birth, to provide oral and written educational resources to the infant’s parent or legal guardian on how to provide a “safe sleep environment.” By January 1, 2025, each hospital must establish a process for (1) providing each parent or legal guardian with oral and written educational resources and information regarding a safe sleep environment and the risks of suffocation and sudden infant death in unsafe sleep environments; (2) a parent or legal guardian to confirm receipt of the educational resources; and (3) maintaining the records of confirmations. By January 1, 2025, the Maryland Department of Health (MDH), in consultation with local health officers, must develop for distribution to birthing parents and legal guardians a list of resources available by county to obtain the items necessary to provide a safe sleep environment for an infant. Each local health department must provide an updated list of resources to MDH each year.

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$19,400 in FY 2025 only for contractual staff to develop an initial list of safe sleep environment resources available by county. Revenues are not affected.

(in dollars)	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	19,400	0	0	0	0
Net Effect	(\$19,400)	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local health departments can likely update the list of resources available in their county using existing budgeted resources. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary: “Safe sleep environment” means, as described in the most recent American Academy of Pediatrics (AAP) policy statements, an environment in which a newborn may sleep that reduces the risk of sleep-related infant deaths, including through: (1) the use of supine positioning; (2) the use of a firm, flat sleep surface; (3) the use of room sharing without bed sharing; (4) the avoidance of soft bedding and overheating; and (5) the avoidance of exposure to smoke.

As soon as practicable before a hospital discharges an infant after the birth of the infant, the hospital must (1) provide oral and written educational resources, which may be supplemented by an educational video, to the infant’s parent or legal guardian on how to provide a safe sleep environment; (2) ask the infant’s parent or legal guardian to describe the sleep environment that the parent or legal guardian will provide at home; (3) inform the parent or legal guardian of the importance of ensuring that the infant has a safe sleep environment and the risks of suffocation and sudden infant death in unsafe sleep environments; and (4) document that the educational resources and information were provided to the parent or legal guardian.

The hospital must also provide a list of resources available for the parent or legal guardian to obtain the items necessary to provide a safe sleep environment for the infant.

Current Law: “Health care facility” means a facility or an office where health or medical care is provided to patients by a health care provider, including a hospital or limited services hospital.

There is no requirement for safe sleep information to be provided to new parents or guardians by hospitals on discharge.

State Expenditures: General fund expenditures increase by \$19,444 in fiscal 2025, which accounts for the bill’s October 1, 2024 effective date. This estimate reflects the cost of hiring one part-time contractual health educator to consult with local health officers and create a list of resources available by county to obtain the items necessary to provide a safe sleep environment for an infant. It includes a salary, fringe benefits, and operating expenses. This analysis assumes that the contractual position terminates following the completion of the list of resources, which must be developed by January 1, 2025. MDH can consult with local health departments to update the required list of resources each year using existing resources.

Contractual Position	0.5
Salary and Fringe Benefits	\$8,463
Operating Expenses	<u>10,981</u>
Total FY 2025 State Expenditures	\$19,444

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Additional Comments: According to the [AAP](#), approximately 3,000 infants die each year in the United States from sleep-related infant deaths, including sudden infant death syndrome, and accidental suffocation and strangulation in bed. A safe sleep environment can significantly reduce the risk of all sleep-related infant deaths.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced in the last three years.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; American Academy of Pediatrics; Department of Legislative Services

Fiscal Note History: First Reader - February 8, 2024
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