



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 8, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 820 - Hospitals - Care of Infants After Discharge - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 820 – Hospitals - Care of Infants After Discharge. SB 820 mandates hospitals to provide certain oral and written instructions on how to provide a safe sleep environment. Furthermore, this bill requires hospitals to ask parents and guardians if they can provide a safe sleep environment. If a parent or guardian expresses that they cannot provide a safe sleep environment, SB 820 requires the hospital to provide a list of resources to obtain the equipment necessary to provide a safe sleep environment.

In 2021, Sudden Infant Death Syndrome (SIDS) was the leading cause of postneonatal infant deaths in Maryland, accounting for 45 deaths. Sudden unexpected infant deaths (SUID), including SIDS, accidental suffocation, and unknown causes, increased by nearly 18% from 58 in 2020 to 74 in 2021.¹ Many SUID deaths are related to unsafe sleep environments and practices.² In their most recent Safe Infant Sleep Recommendations, the American Academy of Pediatrics stated that it is “essential that physicians, nonphysician clinicians, hospital staff, and child care providers endorse and model safe infant sleep guidelines from the beginning of pregnancy.”³ Currently, Connecticut, Florida, Illinois, and Michigan have passed legislation requiring birthing hospitals to provide anticipatory guidance on safe sleep practices and environments to parents and guardians prior to discharge.⁴ The Code of Maryland Regulations (COMAR) requires hospitals to have written policies to address infant safety issues such as safe sleep. However, the regulations do not require hospitals to share this resource with parents or guardians.⁵ This bill would provide the standardization at the hospital-level necessary to begin addressing infant safe sleep shortly after birth for the majority of newborns in Maryland.

¹ 2021 Vital Statistics Administration Infant Mortality Report
https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/InfantMortalityAnnualReport_2021_Final.pdf

² Figure 14, 2020 Child Fatality Review Report

https://dlslibrary.state.md.us/publications/Exec/MDH/FHA/HG5-704%28b%29%2812%29_2020.pdf

³ Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment

<https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected>

⁴ Bechtel K, Gawel M, Vincent GA, Violano P. Impact of statewide safe sleep legislation on hospital practices and rates of sudden unexpected infant deaths. *Inj Epidemiol.* 2020;7(Suppl 1):22. Published 2020 Jun 12. doi:10.1186/s40621-020-00247-0

⁵ COMAR 30.08.12.15 <https://dsd.maryland.gov/regulations/Pages/30.08.12.15.aspx>

Based on a recent survey conducted by the Department, all local health departments (LHDs) report distributing printed infant safe sleep materials to program participants, and a combination of durable equipment such as cribs, portable cribs, educational onesies, and safe sleep educational videos. The Department provides grants to LHDs to distribute these materials and equipment through Babies Born Healthy (BBH) and Surveillance and Quality Improvement (SQI) programs. BBH and SQI support perinatal care coordination activities, and infant and child fatality review and prevention activities, respectively.

The Department proposes two amendments to the bill. The first amendment will require hospital staff to connect parents or guardians who cannot provide a safe sleep environment with their LHD, a local agency, or a community organization that can supply the necessary equipment, such as a crib, portable crib, or bassinet, prior to discharge. This will ensure that families are not only aware of resources that can aid in providing a safe sleep environment but can also access them. Additionally, the Department suggests amending the current bill language to remove the requirement for hospital staff to obtain written verification from parents and guardians to reduce administrative burden.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott", is enclosed in a light blue rectangular box.

Laura Herrera Scott, M.D., M.P.H.
Secretary

AMENDMENT TO SENATE BILL 820
(First Reading File Bill)

AMENDMENT NO.1

On page 2, in line 20, strike “:”.

On page 2, in line 21, strike “(I)”.

On page 2, in line 23, strike “; AND”.

On page 2, strike in their entirety lines 24 through 27, inclusive.

Rationale: Removing the requirement for hospital staff to obtain written verification from parents and guardians will reduce administrative burden.

AMENDMENT NO.2

On page 2 and 3, strike beginning with “PROVIDE” in line 28 on page 2 down through “GUARDIAN” in line 2 on page 3 and substitute “CONNECT THE PARENT OR LEGAL GUARDIAN WITH THEIR LOCAL HEALTH DEPARTMENT OR A LOCAL AGENCY”.

Rationale: This amendment will ensure that families can also access the resources necessary to provide a safe sleep environment.