



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

February 7, 2024

The Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, Maryland 21401

**RE: House Bill 177 - Hospitals - Care of Infants After Discharge - Letter of Support with Amendments**

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for House Bill (HB) 177 – Hospitals - Care of Infants After Discharge. HB 177 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, HB 177 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 post neonatal 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.<sup>1</sup> Many SUID deaths are related to unsafe sleep environments and practices.<sup>2</sup> 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.”<sup>3</sup> 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.<sup>4</sup> The Code of Maryland Regulations (COMAR) requires hospitals to have written policy to address infant safety issues such as safe sleep. However, the regulations do not require hospitals share this resource with parents or guardians.<sup>5</sup> 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.

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<sup>1</sup> 2021 Vital Statistics Administration Infant Mortality Report

[https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/InfantMortalityAnnualReport\\_2021\\_Final.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/InfantMortalityAnnualReport_2021_Final.pdf)

<sup>2</sup> Figure 14, 2020 Child Fatality Review Report [https://dlslibrary.state.md.us/publications/Exec/MDH/FHA/HG5-704%28b%29%2812%29\\_2020.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/FHA/HG5-704%28b%29%2812%29_2020.pdf)

<sup>3</sup> 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>

<sup>4</sup> 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

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

Based on a recent survey conducted by MDH, 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. MDH 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.

MDH proposes three 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, MDH suggests amending the current bill language to remove the requirement for hospital staff to provide a standardized form to parents and guardians for signature to reduce administrative burden. Due to the work that MDH and LHDs are already doing related to safe sleep resources, we propose removing the requirement to create a new resource list and instead utilize the resources that are currently being distributed.

This bill would have both an operational and fiscal impact on MDH, including additional staff to fulfill the requirements. 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](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', is positioned above the typed name.

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

MDH Proposed Amendments  
HB 177 - Hospitals - Care of Infants After Discharge - Letter of Information with Amendments  
First Reader

AMENDMENT NO.1

On page 2, strike in their entirety lines 19 through 23, inclusive.

AMENDMENT NO. 2

On page 2, strike beginning with “**PROVIDE**” in line 26 down through “**GUARDIAN**” in line 27 and substitute “**CONNECT THE PARENT OR LEGAL GUARDIAN WITH THEIR LOCAL HEALTH DEPARTMENT OR A LOCAL AGENCY**”.

AMENDMENT NO.3

On page 2 strike lines 29 through 32 and on page 3, strike lines 1 through 3, inclusive.