

Legislative Analysis



DETERMINING CAUSE OF DEATH IN YOUNG CHILDREN

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House Bill 5225 (Substitute H-2)

Sponsor: Rep. Paul Condino

Committee: Health Policy

First Analysis (4-27-04)

BRIEF SUMMARY: The bill would empower deputy county medical examiners with the same powers of medical examiners in certain situations regarding the sudden and unexplained deaths of children under two and require the promulgation of departmental rules to standardize investigations into the cause of death.

FISCAL IMPACT: Implementation of the bill would have modest cost implications related to the Department of Community Health's staff time to determine, maintain, and publicize appropriate rules and costs related to the formal rule-promulgation process.

THE APPARENT PROBLEM:

According to the National Fetal and Infant Mortality Review Program, the infant mortality rate increased between 2001 and 2002, the first time since 1958 that the rate had not declined or remained unchanged, although deaths from sudden infant death syndrome (SIDS) did decline. Statistics also show that disparities still persist between racial and ethnic groups, with the mortality rate of black infants being more than twice that of white infants. Studying data collected on child deaths often reveals trends that can be mitigated by educational and other preventive approaches.

For example, after reviewing infant deaths for just a short time, the City of Pontiac found that there were a large number of deaths caused by suffocation due to infants sleeping in inappropriate environments; for instance, sleeping with a parent or parents or in a crib with too soft of bedding. The city was able to respond by launching a safe sleep campaign. In Saginaw, there has been a 50 percent reduction in infant deaths over a ten year period due to initiatives such as screening pregnant women for domestic violence (there is evidence that domestic violence often presents or escalates during a woman's pregnancy), increasing the number of prenatal care providers for low income women, and improving transportation services for pregnant women and families with babies.

There appears to be a concern, however, regarding the manner and timeliness in which infant deaths are investigated and the manner in which data related to those deaths are collected. Where some jurisdictions use the State of Michigan Protocols to Determine Cause and Manner of Sudden and Unexplained Child Deaths, not all do. In its third annual report, the Michigan Child Death State Advisory Team listed the "accurate identification and uniform reporting of the cause and manner of every child death" as one of its objectives of child death review.

THE CONTENT OF THE BILL:

The bill would amend Public Act 181 of 1953, which pertains to investigations of deaths under certain circumstances, to empower deputy county medical examiners with the same powers as county medical examiners with regard to autopsies in cases of sudden infant death and other instances where a child under two years of age is found dead without a known cause.

In addition, the bill would require the Department of Community Health to promulgate rules and regulations to promote consistency and accuracy among county medical examiners and deputy county medical examiners in determining the cause of death in these instances. The department could adopt by reference in its rules all or any part of the “State of Michigan Protocols to Determine Cause and Manner of Sudden and Unexplained Child Deaths” published by the Michigan Child Death Review Program. (The protocols include standardized forms for death scene investigations, medical history review, autopsy, diagrams, and release forms.)

MCL 52.205a

ARGUMENTS:

For:

As researchers review data collected during investigations of sudden and unexplained infant deaths, appropriate initiatives geared to reduce or eliminate such deaths can be developed and implemented. For example, according to the Michigan Child Death State Advisory Team’s third annual report, Kalamazoo experienced a dramatic one-year drop in its local infant mortality rate in 1999, even though it only began to review infant deaths in 1998. The county’s success has been credited in large part to enhanced education of women about recognizing the signs and symptoms of pre-term labor.

Other areas of the state still struggle with high infant mortality rates. For example, data reveals an infant mortality rate in the City of Southfield almost twice that for infants born in other parts of Oakland County. In order to research the causes, however, it is important that infant deaths be reported and investigated uniformly.

The bill would address this concern by requiring the Department of Community Health to adopt rules and regulations that would promote consistency and accuracy among county medical examiners in determining the cause of death of children under two years of age. The department could adopt by reference the State of Michigan Protocols to Determine Cause and Manner of Sudden and Unexplained Child Deaths. These protocols, developed to assist professionals in conducting a complete and thorough investigation of a child’s death and which include forms for death scene investigation, autopsy, medical history review, and diagrams and releases, are endorsed by the Michigan Association of Medical Examiners, Michigan State Police, Michigan Association of Chiefs of Police, Michigan Sheriffs’ Association, Prosecuting Attorney Association of Michigan, Michigan Department of Community Health, Michigan Family Independence Agency,

and the Michigan SIDS Alliance. Use of these protocols should ensure the accurate and timely collection of data on infant deaths needed to identify effective initiatives to reduce infant mortality in the state.

POSITIONS:

The Delta Sigma Theta Sorority, Inc./Southfield Alumnae Chapter, submitted written testimony supporting the bill. (4-19-04)

A representative of the Michigan Council for Maternal and Child Health indicated support for the bill. (4-20-04)

A representative of the Department of Community Health indicated support for the bill. (4-20-04)

A representative of the Michigan Association of Medical Examiners indicated support for the bill. (4-20-04)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.