



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: Sub. S.B. 276 of the 130th G.A.

Date: June 11, 2014

Status: As Passed by the Senate

Sponsor: Sens. Jones and Tavares

Local Impact Statement Procedure Required: Yes

Contents: Requires the Department of Health to establish the Safe Sleep Education Program, hospitals and freestanding birthing centers to implement an infant safe sleep screening policy, and certain entities to adopt an internal infant safe sleep policy

State Fiscal Highlights

- **Department of Health.** The Ohio Department of Health (ODH) estimates that it could experience a minimal increase in costs associated with establishing the Safe Sleep Education Program. Costs include staff time to make the required educational materials available on ODH's website, annual evaluations of the effectiveness of the program, and developing questions for screening procedures.

Local Fiscal Highlights

- **Public hospitals.** Public hospitals could experience an increase in costs to provide a safe sleeping place before discharging an infant if it is determined that the infant does not have a safe crib, portable play yard, or other suitable sleeping place at the infant's residence. Public hospitals would also experience administrative costs to adopt safe sleep policies and screening procedures.
- **Distributing educational material.** Public hospitals and public children services agencies would likely experience an increase in administrative costs, including printing costs, to distribute educational material on safe sleep practices to parents or guardians of a newborn.

Detailed Fiscal Analysis

The bill requires the Ohio Department of Health (ODH) to establish the Safe Sleep Education Program, hospitals and freestanding birthing centers to establish safe sleep screening procedures, and certain other entities to adopt internal infant safe sleep policies.

Safe Sleep Education Program

The bill requires ODH to establish the Safe Sleep Education Program by developing educational materials that present information on safe sleeping practices and possible causes of sudden unexpected infant death. This educational information will be made available on the Department's website. These educational materials must be distributed to parents, guardians, or other individuals responsible for an infant by staff members of obstetricians' offices, pediatric physicians' offices, hospitals and freestanding birthing centers, public children services agencies, and ODH's Help Me Grow Program during home-visiting services. Materials must also be distributed by each child care facility operating in the state to each of its employees. ODH does not expect any additional costs to develop these educational materials, as they are already being developed and are nearly completed.

The bill also expands the ways in which educational materials on shaken baby syndrome must be distributed. Educational materials on shaken baby syndrome and safe sleeping practices are to be distributed in the same way, as outlined above. Each entity or person required to disseminate this information is immune from any civil or criminal liability for injury, death, or loss resulting from an act or omission associated with disseminating the educational materials, unless the act or omission constitutes willful or wanton misconduct.

ODH estimates that there will be a minimal increase in costs to post the information on its website. Public hospitals, public children services agencies, and ODH's Help Me Grow Program may experience an increase in administrative costs to distribute the educational material to parents or guardians when receiving services from these entities.

Additionally, beginning in 2015, the bill requires ODH to conduct annual evaluations of the reports submitted by child fatality review boards to assess the effectiveness of the Safe Sleep Education Program. ODH may realize an increase in costs to collect the reports (sudden unexplained infant death investigation reporting forms) submitted from the child fatality review boards and to perform the required annual evaluations of the program.

Infant safe sleep screening procedures

The bill requires hospitals and freestanding birthing centers to implement an infant safe sleep screening procedure to determine whether an infant born at a hospital or freestanding birthing center has a safe crib, portable play yard, or other suitable sleeping place at the infant's residence. The procedure must consist of questions for the parents, guardians, or other individuals responsible for the infant regarding the infant's intended sleeping environment. The Director of Health is required to develop questions which these facilities may use when implementing safe sleep screening procedures. ODH estimates that there may be a minimal increase in costs to develop the screening questions and make them available on ODH's website. There also may be administrative costs involved for public hospitals to develop their screening procedures.

If a facility determines that the infant does not have a suitable safe sleeping place, the infant may not be discharged from the facility until the facility arranges for the parents to leave the facility with a safe crib or portable play yard at no charge to the parents. Hospitals and freestanding birthing centers may collaborate with or obtain assistance from persons or government entities that are able to procure suitable sleeping places or provide money to purchase those items. Hospitals may also refer the parent, guardian, or other person responsible for the infant to a site, designated by ODH's Bureau of Healthy Ohio for purposes of the Cribs for Kids component of the Violence and Injury Prevention Program the Bureau administers, at which a suitable sleeping place may be obtained at no charge. The bill exempts critical access hospitals and other hospitals which the ODH Director shall identify that are not critical access hospitals and are not served by a Cribs for Kids site from having to provide a crib before discharging the infant. The bill specifies that, if funding for the Cribs for Kids component of the Violence and Injury Prevention Program has been exhausted and if hospitals have made a good faith effort to obtain a safe sleep place for the infant by using the facility's own resources or collaborating with other entities, a facility is not prohibited from discharging an infant. ODH has recently entered into a contract with Cribs for Kids which will provide approximately \$180,400 in fiscal year (FY) 2014 and \$300,200 in FY 2015 for the organization, which provides safe sleep education and resources to parents.

The bill requires hospitals and freestanding birthing centers, when renewing registration or licenses, to report to ODH the number of cribs or portable play yards that the facility distributed using its own resources, the number distributed that were obtained by collaborating with other entities, the number of referrals made to Cribs for Kids sites, demographic information regarding the individuals to whom cribs or play yards were provided or a referral was provided, and any other information the Director deems appropriate. Critical access hospitals and other exempt hospitals must submit demographic information regarding parents and guardians determined to be unlikely

to have a safe crib or play yard. Public hospitals could experience an increase in administrative costs to submit the required information to ODH.

The bill requires the ODH Director to prepare a report which summarizes the collected information not later than July 1 of each year beginning in 2015. The report shall be submitted to the Governor and the General Assembly. ODH may experience a minimal increase in costs to collect the information and prepare the required report.

The bill also provides that a facility, and any employee, contractor, or volunteer of a facility which implements safe sleep screening procedures are not liable for damages in a civil action or subject to criminal prosecution or professional disciplinary action related to an act or omission associated with implementation of the safe sleep procedures, unless the act or omission constitutes willful or wanton misconduct. This immunity reduces the possibility that civil action or criminal prosecution related to the provisions of the bill may take place, or, if filed, such actions may be more promptly adjudicated.

The Ohio Hospital Association (OHA) estimates the bill could cost hospitals between \$3 million and \$5 million statewide, a portion of which would be incurred by public hospitals, if their own resources are used to provide a safe sleeping place before discharging an infant if it is determined that the infant does not have a safe crib, portable play yard, or other suitable sleeping place at the infant's residence. Of the 219 member hospitals of OHA, 18 are public hospitals. The bill specifies that facilities are not prohibited from discharging an infant if funding for Cribs for Kids is exhausted and if a good faith effort has been made to obtain a safe sleep place for the infant prior to discharge.

Internal infant safe sleep policies

The bill requires the Director of Health to adopt a model internal infant safe sleep policy for use by entities required to distribute safe sleep educational materials and have infants regularly sleeping at a facility under the entity's control. The policy must specify safe sleep practices, include images depicting safe sleep practices, and specify sample content for an infant safe sleep education program that entities and individuals may use when conducting new staff orientation programs. ODH does not estimate any additional costs related to this provision.

Entities that are required to disseminate the safe sleep educational material and have infants regularly sleeping at a facility under the entity's control must adopt their own internal infant safe sleep policies. These policies must specify when and to whom educational materials on infant safe sleep practices are to be distributed to employees or volunteers of the facility and must be consistent with ODH's model internal infant safe sleep policy. Administrative costs may be involved for public hospitals to adopt an internal infant safe sleep policy.