SENATE, No. 2827

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED JULY 23, 2018

Sponsored by:
Senator ROBERT W. SINGER
District 30 (Monmouth and Ocean)

SYNOPSIS
Provides for identification and study of infant fatalities and near fatalities resulting from vaccination; requires inclusion of vaccination information in sudden infant death reports; and requires use of federal infant death reporting form.

CURRENT VERSION OF TEXT
As introduced.
AN ACT concerning infant fatalities and near fatalities stemming from vaccination, supplementing Title 26 of the Revised Statutes, and supplementing and amending P.L.1997, c.175 (C.9:6-8.83 et seq.).

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. (New section) a. In any case of sudden or unexpected infant death, the infant’s physician of record, in cooperation with the emergency medical responders who responded to the scene of death, the medical examiner who is tasked with performing the autopsy, the medicolegal death investigator who is tasked with investigating the scene of death, and any other appropriate parties, shall complete a Sudden Unexplained Infant Death Investigation Reporting Form (SUIDI form), which is made available by the federal Centers for Disease Control and Prevention’s Division of Reproductive Health.

b. In completing a SUIDI form under this section, the infant’s physician of record shall attach, as an addendum to the form’s Infant Medical History section, a record of all vaccines that have been administered to the infant in the six-month period preceding the infant’s death.

c. A SUIDI form that is completed pursuant to this section shall be submitted, within 10 days after completion, to the Child Fatality and Near Fatality Review Board, established pursuant to section 6 of P.L.1997, c.175 (C.9:6-8.88), and shall be used by the board for the purpose of: (1) identifying fatalities and near fatalities among infant children that may have resulted from vaccination, pursuant to subsection c. of section 8 of P.L.1997, c.175 (C.9:6-8.90); and (2) engaging in an ongoing study of vaccination-related infant fatalities and near fatalities, as provided by section 3 of P.L. , c. (C. ) (pending before the Legislature as this bill). SUIDI forms submitted pursuant to this subsection may also be used by the board for any other purpose that is related to the board’s duties, as deemed by the board to be appropriate.

d. As used in this section, “sudden or unexpected infant death” means the death of a child under three years of age, in which the cause is not obvious before investigation.

2. Section 8 of P.L.1997, c.175 (C.9:6-8.90) is amended to read as follows:

8. The board shall:

a. Identify the fatalities of children due to unusual circumstances according to the following criteria:

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
(1) The cause of death is undetermined;
(2) Death where substance abuse may have been a contributing factor;
(3) Homicide, child abuse or neglect;
(4) Death where child abuse or neglect may have been a contributing factor;
(5) Malnutrition, dehydration, or medical neglect or failure to thrive;
(6) Sexual abuse;
(7) Head trauma, fractures or blunt force trauma without obvious innocent reason such as auto accidents;
(8) Suffocation or asphyxia;
(9) Burns without obvious innocent reason such as auto accident or house fire; and
(10) Suicide.

b. Identify fatalities and near fatalities occurring among children whose family, currently or within the last 12 months, were receiving services from the division; and

c. Identify fatalities and near fatalities occurring among infant children, which may have resulted, in whole or in part, from the prior vaccination of the infant.

(cf: P.L.1997, c.175, s.8)

3. Section 9 of P.L.1997, c.175 (C.9:6-8.91) is amended to read as follows:

9. a. The board shall determine which fatalities shall receive full review. The board may establish local or regional community-based teams to review information regarding children identified by the board. At least one team shall be designated to review information regarding child fatalities due to unusual circumstances; at least one team shall be designated to review child fatalities and near fatalities identified pursuant to subsection b. of section 8 of P.L.1997, c.175 (C.9:6-8.90); as well as child fatalities where information available to the board indicates that child abuse or neglect may have been a contributing factor; and at least one team shall be designated to review infant fatalities and near fatalities identified pursuant to subsection c. of section 8 of P.L.1997, c.175 (C.9:6-8.90), which may have resulted from vaccination.

b. Each team shall include, at a minimum, a person experienced in prosecution, a person experienced in local law enforcement investigation, a medical examiner, a public health advocate, a physician, preferably a pediatrician, and a casework supervisor from a division field office. As necessary to perform its functions, each team may add additional members or seek the advice of experts in other fields if the facts of a case warrant additional expertise.
c. Each team shall submit to the board chairperson a report of its findings and recommendations based upon its review of information regarding each child fatality or near fatality.

(cf: P.L.1997, c.175, s.9)

4. (New section) a. The Child Fatality and Near Fatality Review Board shall study the effects of vaccination on infant mortality and near mortality. The purpose of the study shall be to identify:

   (1) instances in which the death of an infant is determined to have resulted, in whole or in part, from vaccination of the infant;
   (2) instances in which a near fatal event involving an infant is determined to have resulted, in whole or in part, from vaccination of the infant;
   (3) instances in which the definitive cause of an infant fatality or near fatality is not clear after investigation, but in which there is reason to believe that vaccination may have been a contributing or primary factor leading to the fatality or near fatality;
   (4) the percentage of total infant fatalities and near fatalities occurring in the State that definitively resulted, in whole or in part, from vaccination, and the percentage of total infant fatalities and near fatalities occurring in the State wherein vaccination is a suspected, but not proven, factor that may have contributed to the death or near fatal event;
   (5) patterns and trends in infant fatalities and near fatalities resulting from vaccination; and
   (6) ways to reduce or eliminate infant fatalities and near fatalities resulting from vaccination.

c. In conducting the study pursuant to this section, the board may seek the advice of persons specializing in the fields of neonatal, post neonatal, or pediatric pathology, infant health, immunology, and epidemiology.

d. Within one year after the date of enactment of this act, the board shall prepare and submit a report to the Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature. The report shall identify the board’s findings from the study, including, but not limited to, findings on the rate of infant fatalities and near fatalities resulting from vaccination, and findings on the patterns and trends that are evident from the data; and shall provide recommendations for legislative or other actions that can be undertaken to reduce or eliminate infant fatalities and near fatalities resulting from vaccination, while continuing to ensure the protection of the public against communicable disease.

e. The board shall additionally prepare and submit supplemental reports to the Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, at the intervals deemed by the board to be appropriate, but not less often than every five years after the first report is submitted pursuant to subsection d.
of this section. Any supplemental report submitted under this subsection shall include the information required by subsection d. of this section, and shall additionally identify: (1) the extent to which any prior recommendations of the board, made pursuant to this section, have been successfully implemented in practice; and (2) the apparent impact that those changes have had on vaccination-related infant fatalities and near fatalities during the reporting period.

5. This act shall take effect immediately.

STATEMENT

This bill would provide for the identification and study of infant fatalities and near fatalities resulting from vaccination, and would require the inclusion of vaccination information in reports of sudden or unexpected infant death.

The bill would require the State’s Child Fatality and Near Fatality Review Board, in particular, to identify fatalities and near fatalities occurring among infant children, which may have resulted, in whole or in part, from the prior vaccination of the infant. The bill would require the board to ensure that at least one of the local or regional community-based review teams operating under its authority is designated to review the cases of infant fatality and near fatality that are identified by the board pursuant to the bill’s provisions.

The board would also be required to engage in an ongoing study of the effects of vaccination on infant mortality and near mortality. The purpose of the study would be to identify: instances in which an infant death is determined to have resulted, in whole or in part, from vaccination of the infant; instances in which a near fatal event involving an infant is determined to have resulted, in whole or in part, from vaccination of the infant; instances in which the definitive cause of a death or near fatal event is unclear after investigation, but in which there is reason to believe that vaccination was a contributing factor in the death or near fatal event; the percentage of total infant fatalities and near fatalities occurring in the State that have definitively resulted, in whole or in part, from vaccination, and the percentage of total infant fatalities and near fatalities occurring in the State wherein vaccination is a suspected, but not a proven, factor contributing to the death or near fatal event; patterns and trends in infant fatalities and near fatalities resulting from vaccination; and ways to reduce or eliminate infant fatalities and near fatalities resulting from vaccination. In conducting the study, the board would be authorized to seek the advice of persons specializing in the fields of neonatal, post
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neonatal, or pediatric pathology, infant health, immunology, and epidemiology.

Within one year after the bill’s enactment, the board would be required to submit a report to the Governor and Legislature. The report would include the board’s findings on the rate of infant fatalities and near fatalities resulting from vaccination; a description of patterns and trends that are evident from the collected data; and recommendations for legislative or other actions that can be undertaken to reduce or eliminate infant fatalities and near fatalities resulting from vaccination, while continuing to ensure the protection of the public against communicable disease.

The board would additionally be required to provide supplemental reports to the Governor and Legislature, at intervals deemed by the board to be appropriate, but not less often than every five years after the first report is submitted. Any supplemental report would include the same information that is to be included in the first report, and would additionally identify: the extent to which any prior recommendations of the board have been successfully implemented in practice; and the apparent impact that those changes have had on vaccination-related infant mortality and near mortality during the reporting period.

In order to facilitate the board’s work, the bill would provide that, in any case of sudden or unexpected infant death (i.e., in any case where the cause of death of a child under three years of age is not obvious before investigation), the infant’s physician of record, in cooperation with the emergency medical responders who responded to the scene of death, the medical examiner who is tasked with performing the autopsy, the medicolegal death investigator who is tasked with investigating the scene of death, and any other appropriate parties, will be required to complete a Sudden Unexplained Infant Death Investigation Reporting Form (SUIDI form), which is made available by the federal Centers for Disease Control and Prevention’s Division of Reproductive Health. In completing the form, the infant’s physician of record would be required to attach, as an addendum to the form’s Infant Medical History section, a record of all vaccines that have been administered to the infant in the six-month period preceding the infant’s death.

A completed SUIDI form would need to be submitted, within 10 days after completion, to the Child Fatality and Near Fatality Review Board, which would then use the forms to facilitate its identification and study of vaccination-related infant fatalities and near fatalities, as provided by the bill. The board would also be authorized to use these SUIDI forms for any other purpose that is related to its duties, as deemed by the board to be appropriate.