

ASSEMBLY, No. 401

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman EDWARD H. THOMSON

District 30 (Monmouth and Ocean)

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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

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning infant fatalities and near fatalities stemming
2 from vaccination, supplementing Title 26 of the Revised
3 Statutes, and supplementing and amending P.L.1997, c.175
4 (C.9:6-8.83 et seq.).

5

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

8

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

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

24 c. A SUIDI form that is completed pursuant to this section
25 shall be submitted, within 10 days after completion, to the Child
26 Fatality and Near Fatality Review Board, established pursuant to
27 section 6 of P.L.1997, c.175 (C.9:6-8.88), and shall be used by the
28 board for the purpose of: (1) identifying fatalities and near
29 fatalities among infant children that may have resulted from
30 vaccination, pursuant to subsection c. of section 8 of P.L.1997,
31 c.175 (C.9:6-8.90); and (2) engaging in an ongoing study of
32 vaccination-related infant fatalities and near fatalities, as provided
33 by section 4 of P.L. , c. (C.) (pending before the
34 Legislature as this bill). SUIDI forms submitted pursuant to this
35 subsection may also be used by the board for any other purpose that
36 is related to the board's duties, as deemed by the board to be
37 appropriate.

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

41

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

44 8. The board shall:

45 a. Identify the fatalities of children due to unusual
46 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 (1) The cause of death is undetermined;
- 2 (2) Death where substance abuse may have been a contributing
3 factor;
- 4 (3) Homicide, child abuse or neglect;
- 5 (4) Death where child abuse or neglect may have been a
6 contributing factor;
- 7 (5) Malnutrition, dehydration, or medical neglect or failure to
8 thrive;
- 9 (6) Sexual abuse;
- 10 (7) Head trauma, fractures or blunt force trauma without
11 obvious innocent reason such as auto accidents;
- 12 (8) Suffocation or asphyxia;
- 13 (9) Burns without obvious innocent reason such as auto accident
14 or house fire; and
- 15 (10) Suicide~~].~~];

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

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

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

23

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

26 9. a. The board shall determine which fatalities shall receive
27 full review. The board may establish local or regional community-
28 based teams to review information regarding children identified by
29 the board. At least one team shall be designated to review
30 information regarding child fatalities due to unusual
31 circumstances~~]. At~~ ; at least one team shall be designated to
32 review child fatalities and near fatalities identified pursuant to
33 subsection b. of section 8 of P.L.1997, c.175 (C.9:6-8.90),₂ as well
34 as child fatalities where information available to the board indicates
35 that child abuse or neglect may have been a contributing factor ;
36 and at least one team shall be designated to review infant fatalities
37 and near fatalities identified pursuant to subsection c. of section 8
38 of P.L.1997, c.175 (C.9:6-8.90), which may have resulted from
39 vaccination.

40 b. Each team shall include, at a minimum, a person
41 experienced in prosecution, a person experienced in local law
42 enforcement investigation, a medical examiner, a public health
43 advocate, a physician, preferably a pediatrician, and a casework
44 supervisor from a division field office. As necessary to perform its
45 functions, each team may add additional members or seek the
46 advice of experts in other fields if the facts of a case warrant
47 additional expertise.

1 c. Each team shall submit to the board chairperson a report of
2 its findings and recommendations based upon its review of
3 information regarding each child fatality or near fatality.

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

5
6 4. (New section) a. The Child Fatality and Near Fatality
7 Review Board shall study the effects of vaccination on infant
8 mortality and near mortality. The purpose of the study shall be to
9 identify:

10 (1) instances in which the death of an infant is determined to
11 have resulted, in whole or in part, from vaccination of the infant;

12 (2) instances in which a near fatal event involving an infant is
13 determined to have resulted, in whole or in part, from vaccination
14 of the infant;

15 (3) instances in which the definitive cause of an infant fatality
16 or near fatality is not clear after investigation, but in which there is
17 reason to believe that vaccination may have been a contributing or
18 primary factor leading to the fatality or near fatality;

19 (4) the percentage of total infant fatalities and near fatalities
20 occurring in the State that definitively resulted, in whole or in part,
21 from vaccination, and the percentage of total infant fatalities and
22 near fatalities occurring in the State wherein vaccination is a
23 suspected, but not proven, factor that may have contributed to the
24 death or near fatal event;

25 (5) patterns and trends in infant fatalities and near fatalities
26 resulting from vaccination; and

27 (6) ways to reduce or eliminate infant fatalities and near
28 fatalities resulting from vaccination.

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

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

44 d. The board shall additionally prepare and submit
45 supplemental reports to the Governor, and, pursuant to section 2 of
46 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, at the intervals
47 deemed by the board to be appropriate, but not less often than every
48 five years after the first report is submitted pursuant to subsection d.

1 of this section. Any supplemental report submitted under this
2 subsection shall include the information required by subsection d.
3 of this section, and shall additionally identify: (1) the extent to
4 which any prior recommendations of the board, made pursuant to
5 this section, have been successfully implemented in practice; and
6 (2) the apparent impact that those changes have had on vaccination-
7 related infant fatalities and near fatalities during the reporting
8 period.

9

10 5. This act shall take effect immediately.

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STATEMENT

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

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

28 The board would also be required to engage in an ongoing study
29 of the effects of vaccination on infant mortality and near mortality.
30 The purpose of the study would be to identify: instances in which
31 an infant death is determined to have resulted, in whole or in part,
32 from vaccination of the infant; instances in which a near fatal event
33 involving an infant is determined to have resulted, in whole or in
34 part, from vaccination of the infant; instances in which the
35 definitive cause of a death or near fatal event is unclear after
36 investigation, but in which there is reason to believe that
37 vaccination was a contributing factor in the death or near fatal
38 event; the percentage of total infant fatalities and near fatalities
39 occurring in the State that have definitively resulted, in whole or in
40 part, from vaccination, and the percentage of total infant fatalities
41 and near fatalities occurring in the State wherein vaccination is a
42 suspected, but not a proven, factor contributing to the death or near
43 fatal event; patterns and trends in infant fatalities and near fatalities
44 resulting from vaccination; and ways to reduce or eliminate infant
45 fatalities and near fatalities resulting from vaccination. In
46 conducting the study, the board would be authorized to seek the
47 advice of persons specializing in the fields of neonatal, post

1 neonatal, or pediatric pathology, infant health, immunology, and
2 epidemiology.

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

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

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

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