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BEFORE THE  
COMMISSION ON STATE MANDATES  
STATE OF CALIFORNIA

Claim of:

County of Santa Clara

Claimant


)  
)  
) No. CSM-4424  
) Health & Safety Code  
) Sections 462 & 10253  
) Chapter 268, Statutes of 1991  
) Sudden Infant Death Syndrome:  
) Contact by Local Health Officer

DECISION

The attached Proposed Statement of Decision of the Commission on State Mandates is hereby adopted by the Commission on State Mandates as its decision in the above-entitled matter.

This Decision shall become effective on May 27, 1993,

IT IS so ORDERED May 27, 1993.

  
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Robert W. Eich, Executive Director  
Commission on State Mandates

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BEFORE THE  
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Claim of: )  
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No. CSM-4424  
Health and Safety Code Sections 462  
and 10253  
Chapter 268, Statutes of 1991  
Sudden Infant Death Syndrome:  
Contact by Local Health Officer

PROPOSED STATEMENT OF DECISION

This claim was heard by the Commission on State Mandates (Commission) on April 22, 1993, in Sacramento, California, during a regularly scheduled hearing.

Mr. Steve Conrad, Ms. Linda Levisen, Ms. Penny Stastny, and Mr. Allan Burdick, representing the County of Santa Clara, and Mr. Jim Wpps, representing the Department of Finance, introduced themselves.

Evidence both oral and documentary having been introduced, the matter submitted, and vote taken, the Commission finds:

ISSUE

Do the provisions of Health and Safety Code sections 462 and 10253, as amended by Chapter 268, Statutes of 1991 (Chapter 268/91), require local agencies to implement a new program or a higher level

1 of service in an existing program within the meaning of Government  
2 Code section 17514 and section 6, article XIIIIB of the California  
3 Constitution?

4  
5 BACKGROUND AND FINDINGS OF FACT

6  
7 The test claim was filed with the Commission on October 20, 1992,  
8 by the County of Santa Clara,

9  
10 The elements for filing a test claim, as specified in section 1183  
11 of Title 2 of the California Code of Regulations, were satisfied.

12  
13 The claimant alleged that Health and Safety Code sections 462 and  
14 10253, Chapter 268/91, impose state requirements regarding defined  
15 **SERVICES** to be provided by a specified health professional who is  
16 to **contact parents/foster parents** and care providers of a sudden  
17 infant **death syndrome (SIDS) infant** and defines the methods and  
18 **services** for that contact.

19  
20 The Department of Finance and the Department of Health Services  
21 asserted that Health and Safety Code section 462, Chapter 268/91,  
22 **requires** every local agency to expand the program activities local  
23 health officers provide in cases of **SIDS**.

24  
25 The Commission observed that Health and Safety Code section 462,  
26 Chapter 268/91, specifically directs the local health officer or  
27 "an appropriately trained public health professional," as defined,  
28 to contact the person or persons who had custody or control of the

1 infant, including foster parents, and care providers of a SIDS  
2 infant and to provide information, support, referral, and followup  
3 services, as prescribed.

4  
5 The Commission found that prior law was contained in Health and  
6 Safety Code section 462, as added by Chapter 453, Statutes of 1974,  
7 (Chapter 453/74), and under prior law, the county coroner was  
8 required to notify the county health officer of any case in which  
9 SIDS was the provisional cause of death, The county health officer  
10 was then required, after consultation with the infant's physician  
11 of record, "to immediately contact" the parent/custodian and  
12 explain "the nature and causes of sudden infant death syndrome to  
13 the extent that current knowledge permits."

14  
15 The Commission found that the duty of the local health officer to  
16 contact the infant's physician is not changed. Under both prior  
17 law and current law, the local health officer consults with the  
18 infant's physician of record, as appropriate.

19  
20 The Commission found that the duty of the local health officer to  
21 contact persons responsible for the infant is expanded. Under  
22 prior law, the health officer was required to contact the person or  
23 persons who had custody and control of the infant. Under  
24 Chapter 268/91, the local health officer is required to contact the  
25 infant's custodian, "including foster parents, when applicable/  
26 If the infant was in child care, the local health officer must also  
27 immediately contact the care provider. Further, the level of  
28 contact required is increased by the amendment of Wealth and Safety

1 Code section 462, Chapter 268/91. Under prior law, the contact was  
2 required to be made to "explain the nature and causes of SIDS." As  
3 amended by Chapter 268/91, section 462 requires the local health  
4 officer to provide "information, support, referral, and followup  
5 services," and these terms are defined to include a specific visit  
6 or telephone call that results in one or more services, as defined.

7  
8 With respect to Health and Safety Code section 10253,  
9 Chapter 268/91, the Commission found that the revisions to this  
10 section were to provide conforming language throughout the Health  
11 and Safety Code. Also, the Commission found that the requirement  
12 upon the county coroner to notify the county health officer of  
13 cases involving SIDS was a pre-existing duty under Chapter 453/74.

14  
15 The Commission observed that Chapter 453/74 appropriated \$17,550,  
16 in accordance with Revenue and Taxation Code section 2231, to  
17 reimburse local agencies for costs pursuant to this SIDS program.  
18 The Commission further noted that the appropriation was repealed by  
19 Chapter 268/91 and that under the provisions of article XIII B,  
20 section 6, subdivision (c), of the state Constitution,  
21 "[l]egislative mandates enacted prior to January 1, 1975, . . ." are  
22 not subject to a mandatory subvention of state funds.

23  
24 The Commission found that Health and Safety Code section 462,  
25 Chapter 268/91, expanded the activities of the local health officer  
26 or designated agent beyond the pre-existing program activities of  
27 Health and Safety Code section 462, Chapter 453/74.

28 //

1                   APPLICABLE LAW RELEVANT TO THE DETERMINATION  
2                   OF A REIMBURSABLE STATE MANDATED PROGRAM

3  
4 **Government** Code section 17500 and following, and section 6,  
5 article **XIIIIB** of the California Constitution and related case law.

6  
7                   CONCLUSION

8  
9 The Commission determines that it has the authority to decide this  
10 claim under the provisions of Government Code sections 17500 and  
11 175531, subdivision (a).

12  
13 The Commission concludes that the provisions of **Health and Safety**  
14 **Code** section 10253, Chapter 268/91, do not impose a new program or  
15 a higher level of service in an existing program upon local  
16 agencies within the meaning of Government Code section 17514 and  
17 section 6, article **XIIIIB** of the California Constitution.

18  
19 To the extent that the program activities required by Health and  
20 Safety Code section 462, Chapter 268/91, exceed activities required  
21 by prior law in directing specified health professionals to perform  
22 specified duties related to SPDS, the Commission further concludes  
23 that section 462 does require local agencies to implement a higher  
24 level of service in an existing program within the meaning of  
25 Government Code section 17514 and section 6, article **XIIIIB** of the  
26 California Constitution.

27 //

28 //

1 Therefore, the claimant is directed to submit parameters and  
2 guidelines, pursuant to Government Code section 27557 and Title 2,  
3 California Code of Regulations, section 1183.1, to the Commission  
4 for its consideration.

5  
6 The foregoing determination pertaining to Health and Safety Code  
7 section 462, Chapter 268/91, is subject to the following  
8 conditions:

9  
10 The determination of a reimbursable state mandated  
11 program does not mean that all increased costs claimed  
12 will be reimbursed. Reimbursement, if any, is subject to  
13 Commission approval of parameters and guidelines for  
14 reimbursement of the mandated program; approval of a  
15 statewide cost estimate; a specific legislative  
16 appropriation for such purpose; a timely-filed claim for  
17 reimbursement; and subsequent review of the claim by the  
18 State Controller's Office.

19  
20 If the statewide cost estimate for this mandate does not  
21 exceed one million dollars (\$1,000,000) during the first  
22 twelve (12) month period following the operative date of  
23 the mandate, the Commission shall certify such estimated  
24 amount to the State Controller's Office, and the State  
25 Controller shall receive, review, and pay claims from the  
26 State Mandates Claims Fund as claims are received.

27 (Government Code section 17610)

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