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Senator Ingwersen & Representative Meyer
Joint Standing Committee on Health and Human Services
132nd Maine Legislature

RE: **LD1485**: An Act to Create a Minimum Standard of Pathology for Children Under 3 Years of Age Who Die of Sudden Infant Death Syndrome or an Unknown Cause

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services:

The Office of Chief Medical Examiner (OCME) was made aware of LD1485 and has submitted this testimony in opposition of the bill to provide feedback related to the classification and retention of tissue samples in cases involving sudden infant death. While we fully support the intent of this legislation, we believe that certain aspects of the bill, as currently written, do not align with established practices within the OCME and may inadvertently create challenges in fulfilling our statutory responsibilities.

As outlined in Title 22, Chapter 711 of the Maine Revised Statutes, the OCME is statutorily responsible for determining the cause and manner of death for decedents under our jurisdiction. This responsibility is particularly critical in cases involving infants, where precise classification and retention of evidence are essential.

I would like to first address the foundation of the bill, which references the classification of deaths as "sudden infant death syndrome" (SIDS) or when the medical examiner is unable to determine the cause of death. Historically, the term "SIDS" was used to specifically classify the death of an infant under the age of one year when no clear cause of death could be identified after an autopsy. However, over the past decade, the medical examiner community has moved away from using the term "SIDS" in favor of more precise terminology, recognizing advancements in forensic science and a deeper understanding of the factors contributing to infant deaths.

With improvements in forensic pathology, many deaths previously classified as SIDS are now better understood and attributed to identifiable causes, such as infections, metabolic disorders, or undiagnosed cardiac conditions that may not have been detectable at the time of autopsy. As such, according to the American Academy of Pediatrics and the Center for Disease Control (CDC), the term now widely accepted

in the field is "sudden unexpected infant death" (SUID), which is a more accurate and comprehensive designation for cases where the cause of death remains undetermined after a thorough investigation, including forensic autopsy, review of medical history, and ancillary testing such as toxicology and genetics. This shift is not merely a matter of semantics but reflects a growing understanding of these deaths and helps guide focused efforts in death prevention.

Regarding the intent of the bill, I would like to emphasize that the OCME already follows best practices with respect to tissue and fluid retention. For a minimum of two years following an autopsy, the OCME preserves vital tissues, including major organs, and fluid samples in a manner that ensures their integrity. These samples are stored in formalin and refrigerated, respectively, in accordance with established protocols, and the expected national standard in forensic pathology.

In reviewing the bill, we noted ambiguity regarding the term "sufficient tissue samples." While it is our priority to preserve as much material as possible, it is unrealistic and unethical to expect the retention of complete organs. Additionally, the rapidly evolving nature of scientific research makes it difficult to definitively determine what constitutes "sufficient tissue samples" at this time.

The bill also suggests that "such evidence must be made accessible to the parent." While we understand the intent of ensuring that families have access to retained samples, we seek clarification regarding how this should be implemented. Currently, if next of kin requests further testing, the OCME works directly with the designated facility, ensuring the proper chain of custody, and prevents any risk of tampering or mishandling. Any changes to this process could introduce concerns regarding evidence integrity.

In conclusion, while we fully appreciate the intent behind this bill, we must express our concerns that its current language would actually require the OCME to reduce the scope of its existing practices and could create potential ambiguities in the chain of custody for evidence. We would be happy to engage further with the bill's sponsors to discuss these concerns and work collaboratively to address any gaps in policy or practice. Our goal remains to ensure the best possible outcomes in determining the cause of death in children and to continue safeguarding both the integrity of the evidence and the interests of the families involved.

Thank you for your time and attention to this important matter. We look forward to working with you to further improve the policies that support the health and safety of Maine's youngest residents.

Sincerely,

Alice Briones, DO
Chief Medical Examiner

Lindsey Chasteen, MBA
Office Administrator