

116TH CONGRESS
1ST SESSION

H. R. 2076

To establish a demonstration program to explore effective practices to improve early detection and management of injuries indicative of potential abuse in infants under the age of 7 months, in order to prevent future cases of child abuse and related fatalities.

IN THE HOUSE OF REPRESENTATIVES

APRIL 3, 2019

Ms. SCHRIER (for herself and Mr. STIVERS) introduced the following bill;
which was referred to the Committee on Education and Labor

A BILL

To establish a demonstration program to explore effective practices to improve early detection and management of injuries indicative of potential abuse in infants under the age of 7 months, in order to prevent future cases of child abuse and related fatalities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Early Detection to
5 Stop Infant Abuse and Prevent Fatalities Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) According to the National Child Abuse and
2 Neglect Data System, an estimated 1,720 children
3 died from abuse or neglect in the United States in
4 fiscal year 2017. Seventy-two percent of child fatali-
5 ties involved children younger than 3 years, and 50
6 percent involved infants younger than 1 year.

7 (2) According to the Commission to Eliminate
8 Child Abuse and Neglect Fatalities, infants and tod-
9 dlers are at high risk of an abuse or neglect fatality
10 compared to other age groups and require special at-
11 tention. Because these young children are seen by
12 health care professionals, the Commission rec-
13 ommended coordinated, cross-system approaches to
14 prevention.

15 (3) Multiple studies have found that relatively
16 minor, visible injuries in young infants, including
17 bruising and intraoral injuries, are often indicators
18 of abuse. Such injuries are commonly overlooked by
19 medical providers, caregivers, and child welfare pro-
20 fessionals because they seem trivial. Without early
21 intervention, physical abuse can escalate, resulting
22 in severe injuries or even fatalities. Many child
23 abuse professionals refer to such injuries as “sen-
24 tinel injuries” in young infants because of their im-
25 portance as early warning signs of abuse.

1 (4) Research conducted in Wisconsin showed
2 that previous sentinel injuries were identified in 27.5
3 percent of abused infants and 30 percent of infants
4 who suffer abusive head trauma but were rare in in-
5 fants who had not been abused. Other studies have
6 demonstrated similar rates of missed opportunities
7 to identify abuse in young infants.

8 (5) Proper identification of, and response to,
9 such suspicious injuries provides an opportunity for
10 early recognition and intervention to protect vulner-
11 able children and prevent many cases of abuse and
12 related fatalities, as well as an opportunity to detect
13 medical conditions that require urgent treatment.

14 (6) Early detection of such injuries and effec-
15 tive evaluation and intervention requires education
16 of caregivers of young infants, child protective work-
17 ers, and medical professionals about the significance
18 of such injuries in young infants.

19 (7) Best practices and protocols need to be de-
20 veloped to ensure an effective response by medical
21 professionals, child protective services, and other
22 professionals when sentinel injuries are detected.

23 **SEC. 3. DEMONSTRATION PROGRAM.**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services (referred to in this section as the “Sec-

1 retary”) shall establish a demonstration program to award
2 grants to eligible entities in order to test effective practices
3 to improve early detection and management of injuries in-
4 dicative of potential abuse in infants under the age of 7
5 months to prevent future cases of child abuse and related
6 fatalities.

7 (b) ACTIVITIES.—Recipients of grants under this sec-
8 tion—

9 (1) shall use such award to—

10 (A) develop, implement, or expand training
11 and best practices to assist medical profes-
12 sionals in identifying, assessing, and responding
13 to injuries indicative of potential abuse in in-
14 fants under the age of 7 months, particularly
15 bruising and oral injuries;

16 (B) develop protocols and policies that im-
17 prove communication and coordination between
18 mandatory reporters and child protective serv-
19 ices when such reporters identify such injuries;
20 and

21 (C) conduct the evaluation under sub-
22 section (e); and

23 (2) may use such award—

24 (A) to raise awareness regarding the sig-
25 nificance of such injuries by mandatory report-

1 ers, health professionals, the public, profes-
2 sionals caring for children, home visitors, child
3 care workers, and child protective services staff;
4 and

5 (B) for other purposes, as the Secretary
6 determines appropriate, including using the ap-
7 proaches described in subparagraphs (A)
8 through (C) of paragraph (1) to address inju-
9 ries indicative of potential abuse in children
10 aged 7 months and older.

11 (c) ELIGIBLE ENTITIES.—

12 (1) IN GENERAL.—To be eligible to receive a
13 grant under this section, an entity shall—

14 (A) demonstrate knowledge and experience
15 providing health services to children and identi-
16 fying and responding to child maltreatment;
17 and

18 (B) submit to the Secretary an application
19 at such time, in such manner, and containing
20 such information as the Secretary may require,
21 including—

22 (i) a description of the entity's
23 planned activities, including—

24 (I) plans to reduce child re-vic-
25 timization and child fatalities; and

1 (II) plans to evaluate success, in-
2 cluding pertinent data sources that
3 will be developed or utilized; and

4 (ii) entities with whom the applicant
5 will collaborate in carrying out the activi-
6 ties under the grant.

7 (2) MULTIDISCIPLINARY PARTNERSHIPS.—An
8 eligible entity shall be a multidisciplinary partner-
9 ship of stakeholders with knowledge and experience
10 providing health services to children and identifying
11 and responding to child maltreatment, which may in-
12 clude nonprofit organizations, community-based or-
13 ganizations, administrators of any programs funded
14 under the Child Abuse Prevention and Treatment
15 Act (42 U.S.C. 5101 et seq.), children’s health care
16 providers, board-certified child abuse pediatricians,
17 child protective services, child advocates, State child
18 death review boards, child advocacy centers, State
19 department of justice officials, children’s hospitals,
20 disability organizations, and mental health and so-
21 cial services providers.

22 (d) GRANT PERIOD.—Grants awarded under this sec-
23 tion are for a 3-year period.

24 (e) EVALUATIONS.—The Secretary shall require each
25 recipient of a grant under this section to—

1 (1) evaluate and assess—

2 (A) the efficacy of the projects carried out
3 with grant funds; and

4 (B) the extent to which such projects re-
5 duced re-victimization of children and child fa-
6 talities; and

7 (2) submit a report on such evaluation and per-
8 tinent data to the Secretary.

9 (f) REPORT TO CONGRESS.—Not later than 1 year
10 after the conclusion of the demonstration program under
11 this section and the submission of the report and data
12 under subsection (e)(1), the Secretary shall submit to
13 Congress a report that includes—

14 (1) an analysis of the strengths and opportuni-
15 ties of the program;

16 (2) barriers or challenges for implementing or
17 replicating best practices under the program;

18 (3) the feasibility of a national educational cam-
19 paign on injuries indicative of potential abuse in in-
20 fants under the age of 7 months; and

21 (4) areas for further research or evaluation to
22 improve early detection of such injuries.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$10,000,000 for the period of 2020 through 2022.

○