

111TH CONGRESS
2^D SESSION

H. R. 4642

To enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 22, 2010

Mrs. LOWEY introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

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 “Shaken Baby Syn-
5 drome Prevention Act of 2010”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Shaken Baby Syndrome is a term used to
9 describe the constellation of symptoms, trauma, and
10 medical conditions resulting from the violent shak-

1 ing, or abusive impact to the head, of an infant, tod-
2 dler, or other young child.

3 (2) Shaken Baby Syndrome is a form of child
4 abuse affecting between 1,200 and 1,600 children
5 every year.

6 (3) Children who are age 1 or younger ac-
7 counted for over 40 percent of all child abuse and
8 neglect fatalities in 2007, and children who are age
9 4 or younger accounted for nearly 77 percent of all
10 child abuse and neglect fatalities in 2007.

11 (4) The most recent National Child Abuse and
12 Neglect Data System figures reveal that almost
13 794,000 children were victims of abuse and neglect
14 in the United States in 2007. That abuse and ne-
15 glect caused unspeakable pain and suffering to the
16 Nation's most vulnerable citizens.

17 (5) It is estimated that between one-quarter
18 and one-third of Shaken Baby Syndrome victims die
19 as a result of their injuries, while one-third suffer
20 permanent, severe disabilities including paralysis,
21 seizures, loss of hearing or vision, cognitive impair-
22 ments, and other disabilities, often resulting in a
23 lifetime of extraordinary medical, educational, and
24 care expenses.

1 (6) Shaken Baby Syndrome is preventable. Pre-
2 vention programs have demonstrated that educating
3 new parents and other caregivers about the danger
4 of shaking young children, healthy strategies for
5 coping with infant crying, infant soothing skills, and
6 how to protect children from injury can bring about
7 a significant reduction in the number of cases of
8 Shaken Baby Syndrome.

9 (7) Efforts to prevent Shaken Baby Syndrome
10 are supported by child welfare and advocacy groups
11 across the United States, including many groups
12 formed by parents and relatives of children who have
13 been killed or injured by the syndrome.

14 (8) Education programs have been shown to
15 raise awareness about Shaken Baby Syndrome and
16 provide critically important information about the
17 syndrome to parents, caregivers, child care pro-
18 viders, child protection employees, law enforcement
19 personnel, health care professionals, and legal rep-
20 resentatives.

21 (9) Education programs can give parents
22 healthy strategies for dealing with a crying infant
23 and change the knowledge and behavior of parents
24 of young children.

1 **SEC. 3. PUBLIC HEALTH CAMPAIGN.**

2 (a) IN GENERAL.—

3 (1) DEVELOPMENT.—The Secretary of Health
4 and Human Services (referred to in this Act as the
5 “Secretary”), acting through the Director of the Na-
6 tional Center for Injury Prevention and Control of
7 the Centers for Disease Control and Prevention, the
8 Director of the National Institute of Child Health
9 and Human Development, the Director of the Ma-
10 ternal and Child Health Bureau of the Health Re-
11 sources and Services Administration, and the Direc-
12 tor of the Office of Child Abuse and Neglect in the
13 Administration for Children and Families, shall de-
14 velop an effective national Shaken Baby Syndrome
15 public health campaign.

16 (2) INFORMATION.—The public health cam-
17 paign shall inform the general public, and new par-
18 ents, child care providers and other caregivers of
19 young children, health care providers, and social
20 workers, among others, about brain injuries and
21 other harmful effects that may result from shaking,
22 or abusive impact to the head, of infants and chil-
23 dren under age 5, and healthy strategies to cope
24 with a crying infant and related frustrations, in
25 order to help protect children from injury.

1 (3) COORDINATION.—In carrying out the public
2 health campaign, the Secretary shall also coordinate
3 activities with providers of other support services to
4 parents and other caregivers of young children.

5 (b) ACTIVITIES.—

6 (1) IN GENERAL.—In carrying out the public
7 health campaign, the Secretary shall carry out the
8 activities described in paragraphs (2) through (4).

9 (2) NATIONAL ACTION PLAN AND STRATE-
10 GIES.—The Secretary shall—

11 (A) develop a National Action Plan and ef-
12 fective strategies to increase awareness of op-
13 portunities to prevent Shaken Baby Syndrome
14 through activities that comprehensively and sys-
15 tematically provide information and instruction
16 about healthy strategies for parents and other
17 caregivers concerning how to cope with a crying
18 infant and related frustrations; and

19 (B) coordinate the Plan and effective strat-
20 egies with evidence-based strategies and efforts
21 that support families with infants and other
22 young children, such as home visiting programs
23 and respite child care efforts, which have a role
24 to play in prevention of the syndrome.

1 (3) COMMUNICATION, EDUCATION, AND TRAIN-
2 ING.—The Secretary shall carry out communication,
3 education, and training about Shaken Baby Syn-
4 drome prevention, including efforts to communicate
5 with the general public by—

6 (A) disseminating effective prevention
7 practices and techniques to parents and care-
8 givers through maternity hospitals, child care
9 centers, organizations providing prenatal and
10 postnatal care, organizations providing pro-
11 grams for fathers, and organizations providing
12 parenting education and support services;

13 (B)(i) producing evidence-based edu-
14 cational and informational materials in print,
15 audio, video, electronic, and other media, giving
16 special attention to educating young men and
17 English language learners through the mate-
18 rials; and

19 (ii) coordinating activities carried out
20 under clause (i) with national and Federal
21 awareness activities, such as the activities ac-
22 companying Shaken Baby Awareness Week, to
23 the extent possible; and

24 (C) carrying out Shaken Baby Syndrome
25 training, which shall aim—

1 (i) to ensure that primary care pro-
2 viders, home visitors, parent educators,
3 child care providers, foster parents and
4 others involved in the care of young chil-
5 dren, and nurses, physicians, and other
6 health care providers, are aware of ways to
7 prevent abusive head trauma and other
8 forms of child maltreatment, and the need
9 to secure immediate medical attention in
10 cases of abusive head trauma; and

11 (ii) to provide health care providers
12 and early childhood educators with the
13 knowledge, skills, and materials to simply,
14 quickly, and effectively educate parents, in-
15 cluding adoptive and foster parents, as well
16 as others who are caregivers of young chil-
17 dren, about infant crying and thus reduce
18 abuse.

19 (4) SUPPORTS FOR PARENTS AND CARE-
20 GIVERS.—

21 (A) IN GENERAL.—The Secretary, in con-
22 sultation with the Shaken Baby Awareness Ad-
23 visory Council, shall work to ensure that the
24 parents and caregivers of children are con-
25 nected to effective supports through the coordi-

1 nation of existing programs and networks or
2 the establishment of new programs.

3 (B) SUPPORTS.—To the extent practicable,
4 the supports provided under this paragraph
5 shall include the provision of a 24-hour phone
6 hotline, and the development of an Internet
7 website for round-the-clock support, for—

8 (i) parents and caregivers who strug-
9 gle with infant crying and related con-
10 cerns;

11 (ii) parents and caregivers of sur-
12 viving children who suffer serious injuries
13 as a result of shaking or an abusive impact
14 to the head, as a young child; and

15 (iii) parents and family members of
16 children who do not survive such shaking
17 or abusive impact.

18 (c) SHAKEN BABY AWARENESS ADVISORY COUN-
19 CIL.—

20 (1) ESTABLISHMENT.—There is established a
21 Shaken Baby Awareness Advisory Council (referred
22 to in this subsection as the “Council”).

23 (2) MEMBERSHIP.—The Council shall be com-
24 posed of members appointed by the Secretary, not
25 later than 6 months after the date of enactment of

1 this Act, including, to the maximum extent possible,
2 representatives from—

3 (A) Shaken Baby Awareness advocacy or-
4 ganizations, including groups formed by parents
5 and relatives of victims;

6 (B) child protection advocacy organiza-
7 tions;

8 (C) organizations involved in child protec-
9 tion and child maltreatment prevention;

10 (D) disability advocacy organizations;

11 (E) pediatric medical associations;

12 (F) psychologists, child development pro-
13 fessionals, or family studies professionals;

14 (G) professional associations or institutions
15 involved in medical research related to abusive
16 head trauma;

17 (H) academic institutions;

18 (I) parenting support organizations, in-
19 cluding those providing programs targeted to-
20 wards fathers;

21 (J) organizations who come in contact with
22 families and caregivers of infants, toddlers, and
23 other young children; and

24 (K) other Federal and State agencies in-
25 volved in child abuse prevention activities.

1 (3) PERIOD OF APPOINTMENT; VACANCIES.—

2 (A) PERIOD OF APPOINTMENT.—The Sec-
3 retary shall, after consultation with the mem-
4 bers of the Council initially appointed by the
5 Secretary under paragraph (2), determine and
6 establish the term of service on the Council that
7 shall apply to all current and future members.

8 (B) VACANCIES.—Any vacancy in the
9 Council shall not affect the powers of the Coun-
10 cil, but shall be filled in the same manner as
11 the original appointment.

12 (4) DUTIES.—The Council shall meet at least
13 semi-annually—

14 (A) to develop recommendations regarding
15 the National Action Plan and effective strate-
16 gies described in subsection (b)(2); and

17 (B) to develop recommendations related to
18 support services for families and caregivers of
19 young children.

20 (5) PERSONNEL.—

21 (A) TRAVEL EXPENSES.—The members of
22 the Council shall not receive compensation for
23 the performance of services for the Council, but
24 shall be allowed travel expenses, including per
25 diem in lieu of subsistence, at rates authorized

1 for employees of agencies under subchapter I of
2 chapter 57 of title 5, United States Code, while
3 away from their homes or regular places of
4 business in the performance of services for the
5 Council. Notwithstanding section 1342 of title
6 31, United States Code, the Secretary may ac-
7 cept the voluntary and uncompensated services
8 of members of the Council.

9 (B) DETAIL OF GOVERNMENT EMPLOY-
10 EES.—Any Federal Government employee may
11 be detailed to the Council without reimburse-
12 ment, and such detail shall be without interrup-
13 tion or loss of civil service status or privilege.

14 (6) TERMINATION OF COMMITTEE.—Section 14
15 of the Federal Advisory Committee Act (5 U.S.C.
16 App.) shall not apply to the Council. The Secretary
17 shall terminate the Council when the Secretary de-
18 termines, after consultation with the Council, that it
19 is no longer necessary to pursue the goals and carry
20 out the activities of the Council.

21 **SEC. 4. STUDY ON DATA COLLECTION.**

22 (a) IN GENERAL.—The Director of the Centers for
23 Disease Control and Prevention shall conduct a study
24 that—

1 (1) identifies current data collected on Shaken
2 Baby Syndrome;

3 (2) determines the feasibility of collecting uni-
4 form, accurate data from all States regarding—

5 (A) incidence rates of Shaken Baby Syn-
6 drome;

7 (B) characteristics of perpetrators of Shak-
8 en Baby Syndrome, including age, gender, rela-
9 tion to victim, access to prevention materials
10 and resources, and history of substance abuse,
11 domestic violence, and mental illness; and

12 (C) characteristics of victims of Shaken
13 Baby Syndrome, including gender, date of
14 birth, date of injury, date of death (if applica-
15 ble), and short- and long-term injuries sus-
16 tained; and

17 (3) identifies what would be needed in order to
18 establish a national collection of data on Shaken
19 Baby Syndrome, including examining the possibility
20 of integrating the data collection into an appro-
21 priate, existing (as of the date of the identification)
22 national data collection system, and determining
23 what would be needed to accomplish that integra-
24 tion.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$500,000.

4 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

5 There are authorized to be appropriated to carry out
6 this Act, except section 4, \$10,000,000 for fiscal year
7 2011 and such sums as may be necessary for each of fiscal
8 years 2012, 2013, and 2014.

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