

111TH CONGRESS  
2D SESSION

# H. R. 4642

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

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 22, 2010

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

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## 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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