

**STATUS:**

**S6731 SPANO**

Public Health Law

TITLE....Provides for a comprehensive shaken baby prevention program through multimedia educational materials provided to parents of newborns at hospitals

04/05/04 REFERRED TO HEALTH

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**SUMMARY:**

SPANO, BONACIC, DeFRANCISCO, GOLDEN, HOFFMANN, KUHL, LARKIN, LAVALLE, LITTLE, MALTESE, MARCELLINO, MARCHI, McGEE, PADAVAN, RATH, SALAND, SEWARD, TRUNZO, VELELLA, VOLKER

Add S2500-h, Pub Health L

Provides for a comprehensive shaken baby prevention program through multimedia educational materials provided to parents of newborns at hospitals, birthing centers, and childcare centers.

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**BILL TEXT:**

**STATE OF NEW YORK**

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6731

**IN SENATE**

April 5, 2004

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Introduced by Sens. SPANO, BONACIC, DeFRANCISCO, HOFFMANN, KUHL, LARKIN, LAVALLE, LITTLE, MALTESE, MARCELLINO, MARCHI, McGEE, PADAVAN, RATH, SALAND, SEWARD, TRUNZO, VELELLA, VOLKER -- read twice and ordered printed, and when printed to be committed to the Committee on Health  
AN ACT to amend the public health law, in relation to the prevention of shaken baby through education

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Legislative findings. The legislature finds and declares
- 2 the following:
- 3 Shaken baby is a medically serious and often fatal result of violently
- 4 shaking newborns and children up to the age of three years old. Vigorous

5 shaking of an infant or child can result in serious damage including,  
6 but not limited to, bleeding inside the head, causing irreversible brain  
7 damage, blindness, cerebral palsy, hearing loss, spinal cord injury,  
8 seizures, learning disabilities, and death. While doctors have long  
9 recognized that shaking an infant can cause serious injury, many adults  
10 remain unaware of how dangerous this practice can be.

11 Demonstration projects in New York state have shown that voluntary  
12 education programs have significantly reduced the number of infant inju-  
13 ries and deaths caused by shaken baby where such programs included  
14 first-hand information from parent victims of shaken baby, and provided  
15 alternative techniques to dealing with the frustration and anger caused  
16 by crying infants and young children.

17 The costs of such prevention programs are minimal compared to the  
18 savings of private and state funds in the long-term healthcare needs of  
19 children with severe brain damage. Educating parents about shaken baby  
20 in order to prevent the effects of such a hazard is in the public inter-  
21 est.

22 § 2. The public health law is amended by adding a new section 2500-h  
23 to read as follows:

24 **§ 2500-h. Shaken baby prevention program. 1. The commissioner shall**  
25 **establish a statewide shaken baby prevention program to educate parents**  
26 **and primary caregivers about the dangers of shaken baby and to provide**

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1 **alternative techniques to venting anger and frustration. The program**  
2 **shall allow for voluntary participation and use multimedia educational**  
3 **vehicles, such as a video recording, to target the parents and primary**  
4 **caregivers of babies from birth through three years of age. Parents of**  
5 **newborns may choose to sign a participation form and fill out an evalu-**  
6 **ation form to record their participation in the program after viewing**  
7 **the multimedia educational materials. The commissioner, or a designee,**  
8 **shall develop any companion written materials, a program participation**  
9 **form and an evaluation form. The commissioner shall designate and enter**  
10 **into contracts with experts, healthcare providers, and other state agen-**  
11 **cies to design and implement such program in all hospitals, birthing**  
12 **centers and childcare centers. The commissioner may request and shall**  
13 **receive from any department, division, board, bureau, commission or**

14 agency of the state or of any political subdivision thereof such assist-  
15 ance and data as necessary to further implement this program.

16 2. For purposes of this section the following terms shall have the  
17 following meanings:

18 (a) "parent" means biological mother and father, foster-mother and  
19 father, adoptive mother and father, step-mother and step-father.

20 (b) "primary caregivers" means anyone who is not a parent, but who  
21 provides temporary care to an infant or child, including but not limited  
22 to, babysitters, child care providers, extended family members, nannies  
23 and custodians.

24 (c) "shaken baby" means the vigorous shaking of an infant or a young  
25 child that may result in bleeding inside the head; and cause one or more  
26 of the following conditions: irreversible brain damage; blindness,  
27 retinal hemorrhage, or eye damage; cerebral palsy; hearing loss; spinal  
28 cord injury, including paralysis; seizures; learning disability; central  
29 nervous system injury; closed head injury; rib fracture; subdural hema-  
30 toma; or death.

31 3. Local health departments shall assist the commissioner in imple-  
32 menting and administering the shaken baby prevention program in local  
33 hospitals, birthing centers, and childcare centers. Specific duties may  
34 include, but are not limited to, distributing the multimedia program  
35 materials, and assisting in the collection of the data on program  
36 participation and the program evaluation forms for the commissioner's  
37 annual report.

38 4. (a) All hospitals, maternal and pediatric health care providers,  
39 birthing centers, and child care provider shall encourage parents and  
40 primary caregivers to participate in the voluntary shaken baby  
41 prevention program by: (i) informing parents of all newborn children  
42 about the program; (ii) making available to the parent the shaken baby  
43 awareness and prevention multimedia materials provided by the depart-  
44 ment; (iii) making program participation forms developed by the depart-  
45 ment available for signing by the parents after viewing the multimedia  
46 materials; and (iv) keeping all program participation forms and evalu-  
47 ation forms on file.

48 (b) Hospitals and birthing centers and where applicable, health care

49 providers and child care providers, shall report to the department by no  
50 later than the first of November of each year, the total number of  
51 births that occurred at the hospital or birthing center that year; the  
52 total number of viewings of the shaken baby multimedia educational mate-  
53 rials; the total number of shaken baby program participation forms  
54 signed. All evaluation forms filled out during the year shall be  
55 forwarded with such data.

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1 5. The department shall make an annual report to the legislature of  
2 its findings and recommendations concerning the effectiveness, impact  
3 and benefits derived from the shaken baby prevention program. Such  
4 report shall be delivered on or before the first day of February and  
5 shall contain evaluations of such program, and any legislation deemed  
6 necessary and proper.

7 § 3. This act shall take effect on the one hundred twentieth day after  
8 it shall have become a law; provided, however, that effective immediate-  
9 ly, the addition, amendment and/or repeal of any rule or regulation  
10 necessary for the implementation of this act on its effective date are  
11 authorized and directed to be made and completed on or before such  
12 effective date.

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**SPONSORS MEMO:**

**NEW YORK STATE SENATE  
INTRODUCER'S MEMORANDUM IN SUPPORT  
submitted in accordance with Senate Rule VI. Sec 1**

**BILL NUMBER:** S6731

**SPONSOR:** SPANO

**TITLE OF BILL:** An act to amend the public health law, in relation to the prevention of shaken baby through education

**PURPOSE:** To authorize the Commissioner of the Department of Health to establish a statewide shaken baby prevention program that would educate parents of newborns and caregivers about the danger of shaking a baby. This program will make use of multimedia educational vehicles, such as videos, to provide alternative methods to venting anger and frustration away from a child and focus on the damages caused by the act of shaking a baby. In addition, this measure would request that the parents and caregivers sign a participation and evaluation form upon completing the program.

**SUMMARY OF PROVISIONS:** A new Section 2500-h will be added to include the shaken baby program in the Public Health Law. This addition will define shaken baby syndrome, parents and primary caregivers and will direct hospitals and birthing centers on how to administer the program. Furthermore, Section 2500-h will require the Department of Health to make available an annual report to the Legislature on the effectiveness of the shaken baby program.

**JUSTIFICATION:** The violent act of shaking a baby can result in death. Furthermore, this despicable act can result in internal head bleeding and hemorrhaging, which can cause major head trauma and brain damage. Other conditions caused by shaking a baby are blindness, retinal hemorrhage, eye damage, cerebral palsy, hearing loss, spinal cord injury, including paralysis, seizures, learning disabilities, and central nervous system injuries.

Recently, a measure was signed into law that mandates day care providers to be educated on the dangers of shaking a baby as well as signals to look for to help determine if a baby in their care has been shaken violently (Chapter 552 of 2003). This measure would enhance Chapter 552 by mandating hospitals to educate parents of newborns and caregivers.

Hospitals in the Hudson Valley region as well as Western New York have already voluntarily incorporated this program into their pediatric nursing curriculum. Most recent data collected has shown a 50% decrease in the number of cases that involve the act of violently shaking a baby.

In many cases, this violent act and the injuries caused to a child can be prevented if the perpetrator is made known of the danger. Studies have shown that many parents of newborns are not aware of the specific dangers and unintentionally cause harm by shaking the child. This measure would obtain a signed commitment from the parent and caregiver that they are aware of these dangers as well as provide the techniques to redirect their anger and frustration away from the child.

**LEGISLATIVE HISTORY:** New Bill

**FISCAL IMPLICATIONS:** Not yet determined.

**EFFECTIVE DATE:** This act shall take effect one hundred and twenty days after it has been signed into law.