

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	6 - 0 - 1
Yeas:	Berger, Buckley, Esquivel, Hunt, Roblan, Rosenbaum
Nays:	-
Exc.:	Thatcher
Prepared By:	Jim Stenbridge, Administrator
Meeting Dates:	5/11, 5/18

WHAT THE MEASURE DOES: Creates seven-member Task Force on the Prevention of Shaken Baby Syndrome (staffed by the Department of Human Services) to report, with legislative recommendations, if any, to the interim legislative committee on health services by October 1, 2008. Declares emergency, effective July 1, 2007.

ISSUES DISCUSSED:

- Mandatory nature of the proposed program
- Workgroup to develop voluntary program
- Causes and symptoms of shaken baby syndrome
- Current screening of new babies and education provided to their parents
- Heartbreaking stories of unintentional permanent injury

EFFECT OF COMMITTEE AMENDMENT: Replaces all substantive provisions of the measure. Creates seven-member Task Force on the Prevention of Shaken Baby Syndrome (staffed by the Department of Human Services) to report, with legislative recommendations, if any, to the interim legislative committee on health services by October 1, 2008. Adds emergency clause, effective July 1, 2007.

BACKGROUND: Shaken baby syndrome is a type of inflicted traumatic brain injury that happens when a baby is violently shaken. A baby has weak neck muscles and a large, heavy head. Shaking makes the fragile brain bounce back and forth inside the skull and causes bruising, swelling, and bleeding, which can lead to permanent, severe brain damage or death. Shaken baby injuries usually occur in children younger than 2 years old, but may be seen in children up to the age of 5.

Frustrated caregivers may feel that shaking a baby or small child is a harmless way to make the child stop crying. But it is a dangerous thing to do. Alternatives, listed by the Oregon Department of Human Services, include changing the baby's diaper, walking the baby, rocking the baby, rubbing the baby's tummy or back, checking to see if the baby is hungry, holding up a mirror, shaking a rattle, taking the baby for a walk, taking the baby out in a stroller, taking the baby for a car ride, giving the baby a warm bath, singing to the baby, turning on a fan, checking for a fever, or, if illness is suspected, taking the baby to a doctor or clinic.

According to research published in *Pediatrics* (<http://pediatrics.aappublications.org/cgi/content/full/115/4/e470>, June 2005), "A coordinated, hospital-based, parent education program, targeting parents of all newborn infants, can reduce significantly the incidence of abusive head injuries among infants and children <36 months of age." Similar programs are said to be officially authorized in Florida, Illinois, Massachusetts, Minnesota, Missouri, New York, Pennsylvania, Texas, and Wisconsin.

5/29/2007 10:20:00 AM

This summary has not been adopted or officially endorsed by action of the committee.