

MINUTES OF THE SENATE TRANSPORTATION COMMITTEE

The meeting was called to order by Chairman Les Donovan at 8:30 a.m. on February 5, 2004 in Room 527-S of the Capitol.

All members were present except:

Senator David Adkins- excused

Senator Mark Gilstrap- excused

Committee staff present:

Hank Avila, Legislative Research Department

Bruce Kinzie, Revisors of Statutes

Marian F. Holeman, Committee Secretary

Conferees appearing before the committee:

Ami Hyten, KS. Safe Kids Coalition

Danielle Roeber, National Highway Safety Board

Lt. John Eichkorn, KS. Highway Patrol

Traci Meyer

Terry Heidner, KDOT Director Planning & Development

Amanda Wiltz, American Automobile Assn.

Dr. Dennis Cooley, KS Chapter, Academy of Pediatric Physicians

Dr. Sarah Johnston, Wichita Board Member Child Death Review Board

Darlene Whitlock, Emergency Nurses Assn.

Pamela Kemp, Director Clay Co. EMS & EMS Assn.

Gary Brunk, Exec. Dir., KS Action for Children

Paula Marmet, KS Dept. Of Health & Environment

Others attending:

See Attached List.

SB 329: Child passenger safety act, age requirements, penalties

Ami Hyten, Kansas Safe Kids Coalition, testified in support of this bill. She described her nonprofit group and their work in the area of child passenger safety (Attachment 1). Danielle E. Roeber, National Transportation Safety Board came from Washington, D.C. to speak in support of this bill. She discussed three key issues: (1) need for belt-positioning booster seats for children ages 4 to 8; (2) use of seat belts after outgrowing belt-positioning booster seats, and (3) legislation to increase proper restraint use by children. The Safety Board recommends primary enforcement of seat belt laws and requiring all motor vehicle occupants, no matter their seating position, to use seat belts. Many parents rely on state laws to tell them how to keep their children safe in motor vehicles. This bill would help to close the safety gap in current Kansas law (Attachment 2).

Lt. John Eichkorn, appeared before the Committee on behalf of Colonel William Seck and the Kansas Highway Patrol to support the bill. He opened with a video demonstrated exactly what they are talking about regarding booster seats. He explained how the current secondary citation statute hinders the ability of law enforcement to encourage widespread use of safety belts. Troopers know how safety belts save lives and minimize injuries and they need legislation to help them (Attachment 3). Traci Meyer, Emporia, testified how her 4-year old daughter Blair's life was saved when the van in which she was riding was totaled in a rear-end accident. Blair was properly restrained in a booster seat in the back seat of the vehicle (Attachment 4).

Terry Heidner, Director, Division of Planning and Development, Kansas Department of Transportation provided testimony in support of this bill, because statistics tell us the most effective means to increase child passenger safety is a stronger law (Attachment 5). Amanda J. Wiltz, American Automobile Association emphasized the organization's support, especially for provision relating to 14-18 year olds (Attachment 6). Dr. Dennis Cooley, Kansas Chapter, American Academy of Pediatrics (KAAP) presented data on improperly fitting safety devices and resulting recommendations that children less than 57 inches be restrained in booster seats. Current law overrules standard medical advice and **SB 329** would provide a

CONTINUATION SHEET

MINUTES OF THE SENATE TRANSPORTATION COMMITTEE at 8:30 a.m. on February 5, 2004 in Room 527-S of the Capitol.

much needed tool to change current behavior, He also stressed need for 14-18 year old provisions (Attachment 7). Dr. Sarah Johnston, Wichita, Board Member, Child Death Review Board shared some of the tragic evidence from this Board that is very convincing in terms of need for change in current law and will also show how changes outlined in **SB 329** will positively impact the death rate in Kansas (Attachment 8).

Darlene S. Whitlock, RN, MSN, Board of Directors, Kansas Emergency Nurses Association stressed how strongly her Association supports this bill, especially the section regarding teens. Has personal experience with motor vehicle crashes. The most common group they see from these crashes is 15 - 25 year olds (Attachment 9). Pamela Kemp, Director Clay County Emergency Medical Services. Ms. Kemp, as representative of the Kansas EMS Association. She also has much personal experience in this area. A frequently asked question is "What does the Kansas child restraint law say I have to do?" Their policy is to ask whether they want what Kansas law is or the safest way to transport their child. The two are not the same. They ask that Kansas law be fixed to keep children safe in our state (Attachment 10). Gary Brunk, Executive Director, Kansas Action for Children, first addressed the issue of teen deaths in auto crashes and Kansas overall state ranking in child deaths. They support this bill because failure to use proper restraints is the biggest contributor to traffic related fatalities and injuries (Attachment 11). Paula F. Marmet, Director Office of Health Promotion, Division of Health, Kansas Department of Health & Environment provided information on Kansas traffic related deaths and the importance of expanding legislation to include populations most at risk. She also stated that it is estimated that \$1.00 spent on child safety seats saves \$32.00 (Attachment 12).

Written testimony in support of **SB 329** was provided by the following: Phyllis Larimore, BSN, CPST Instructor, Children's Mercy Hospitals & Clinics (Attachment 13). Wanda Stewart, State Chairperson, MADD (Attachment 14). Tom Whitaker, Executive Director, Kansas Motor Carriers Association (Attachment 15). Tara Eubanks, Public Affairs Specialist, State Farm Insurance Companies (Attachment 16). Hearing closed. Final action on this bill will occur at a later date.

Meeting adjourned at 9:30 a.m.

The next meeting is scheduled for February 10, 2004.

SENATE TRANSPORTATION COMMITTEE
GUEST LIST

DATE: February 5, 2004

NAME	REPRESENTING
Patrice O'Hara	Ks Dept. of Transportation
Jan Stegeman	Ks. SAFE KIDS
Annela Kemp	Clyde EMS and Kansas EMS Association
Bill Sneed	State Farm
Kendall	KHP
Diane Albert	KOOK - Vehicles
Tom Whitaker	KMC A
GLOTT SCHNEIDER	GIBBA



February 5, 2004

Testimony Presented to the Senate Transportation Committee

Senate Bill 329

1000 SW Jackson Street
Suite 230
Topeka, KS 66612-1274
(785) 296-1223
(785) 296-8645 (FAX)
jstegelm@kdhe.state.ks.us

Coordinator:
Jan Stegelman

Executive Committee
Randall Bolin
NHTSA Region VII

Dennis Cooley, MD
Medical Advisor
American Academy of
Pediatrics, Kansas
Chapter

John Drees
Douglas County
SAFE KIDS Coalition

Vanda Easley
State Farm Insurance
Companies

Jim Keating
Kansas State
Firefighters Association

Elena Nuss
Kansas State
Fire Marshal's Office

Cindy Samuelson
Kansas Hospital
Association

I am pleased to provide testimony today on behalf of the Kansas SAFE KIDS Coalition. The Coalition, which is a nonprofit group of over 60 organizations and businesses, has worked hard to assist in creating legislation that provides Kansas parents with better guidance on how to protect their children by closing gaps in our current Child Passenger Safety law.

Motor vehicle crashes are still the leading cause of death for Kansas children ages one through 17. It would appear that Kansas may be failing its children in the area of child passenger safety - particularly after they reach the age of 4. Kansas law now requires children age 0-4 to use a child safety seat. Since the early 1980's there has been an impressive 53% decrease in death rates from motor vehicle crashes among the 0-4 age group in our state. Kansas does not require booster seats for children over the age of 4; there has only been a 4% reduction in death rates in that age category in the same time period. In the same time period, death rates for children in the 10-14 age group have actually increased by 14%.

As you will hear from KDOT, we know that seat belt usage drops dramatically after the age of 4. One reason for this drop may be that seat belts, which were designed for adults, do not fit a 4 to 8 year old child. Many parents of 4 to 8 year old children are surprised to learn that the current Kansas law does not correctly guide them on the best way to protect their children.

Non-use of appropriate restraints costs us all - through higher automobile insurance premiums and increased Medicaid costs. For example, Children's Mercy Hospital in Kansas City treated 730 children ages 0 through 18 for injuries sustained in motor vehicle crashes in 2003. The total cost for their treatment was almost \$4 million (\$3,866,228); of which Medicaid and insurance reimbursed over \$2 million (\$2,159,072).

We know that strong and reasonable child passenger safety laws, such as SB 329, have been proven effective at increasing restraint use and saving children's lives. A report being released by National SAFE KIDS this morning announces that Kansas is among the half of the states in the country whose child occupant protection law leaves many children unprotected while riding in motor vehicles.

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www.kansassafekids.org

SENATE TRANSPORTATION COMMITTEE
DATE 2-5-04
ATTACHMENT: 1



1000 SW Jackson Street
Suite 230
Topeka, KS 66612-1274
(785) 296-1223
(785) 296-8645 (FAX)
jstegelm@kdhe.state.ks.us

Coordinator:
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As you can see from the report, 22 states and the District of Columbia now have booster seat laws that require older children to use appropriate child restraints. Passage of SB 329 would add Kansas to that list.

SB 329 will provide correct guidance for parents by following current NHTSA Guidelines which state that "All children who have outgrown child safety seats should be properly restrained in booster seats until they are at least eight years old, unless they are 4' 9" tall. The approximate weight range for most booster seats on the market is 40-80 lbs.

After a child outgrows their child safety seat (about age 4 and 40 lbs), a belt-positioning booster seat should be used to raise the child up so that the seat belt, which is designed for an adult body, fits the child's body. Since children in booster seats use the adult seat belt, no installation of the seat is required. A belt-positioning booster seat can not only make a child safer, but make the safety belt fit better and feel better to the child. Age, height and weight together are good indicators that children will be appropriately protected in a booster seat.

Fortunately, booster seats that meet federal safety standards and fit children from 40 to 80 lbs. are readily available for \$20 - \$40. Booster seats are also available in Kansas through a variety of community programs (see map). Access to services is now available in virtually every county.

The exemption for seating positions when there is only a lap belt available on page 2 line 5 of the bill recognizes the fact that current technology provides fewer products for children needing a booster seat, but whose vehicle has only a lap belt available.

We recognize that education for parents and caregivers will be necessary following passage of SB 329. The one year "warning" period for the new requirements for children ages 4-8 found on page 2 line 31 of the bill will provide public agencies time to educate parents about the importance of booster seats and allow parents time to obtain appropriate seats.

Section 2(a)(3) increases the age of children who are required to wear a seat belt from age 14 to age 18. The increase in age coverage under the Child Passenger Safety Law recognizes that adolescents also need strong laws to protect them.

SB 329 also increases the fine for violation of the Child Passenger Safety Law from \$20 to \$60. This change brings the fine in line with other standard traffic violation fines, such as a stop sign violation. However, the bill contains a

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provision that waives the fine if a driver provides proof to the court of a child seat acquisition. This waiver is consistent with our goal of protecting children rather than punishing parents.

The Kansas SAFE KIDS Coalition and our 24 local Coalitions and chapters strongly support the passage of SB 329 which will provide parents in our state with better guidance on how to protect their children. The end result will be fewer Kansas children injured and killed in motor vehicle crashes.

Testimony Presented by:

Ami Hyten
Kansas SAFE KIDS Coalition

Attachments:

Kansas SAFE KIDS Coalition Member Organizations
Fact Sheet about Senate Bill 329
Map of Child Passenger Safety Resources by County in Kansas
Closing the Gaps Across the Map National Progress Report
Booster Seat Brochure

The Kansas SAFE KIDS Coalition, Inc. is a nonprofit coalition of over 60 organizations and businesses dedicated to preventing unintentional injury to Kansas children ages 0-14. Local Coalitions and chapters are located in Anderson, Clay, Dickinson, Doniphan, Douglas, Ford, Franklin, Johnson, Marion, Montgomery, Nemaha, Osage, Pottawatomie, Rice, Saline, Shawnee, Wabaunsee and Woodson Counties, as well as Chanute, Junction City, Leavenworth, Manhattan, Norton, Pittsburg, and Wichita. Kansas SAFE KIDS is affiliated with the National SAFE KIDS Campaign.

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Senate Bill 329

Passage of SB 329 will help Kansas parents keep their kids safe.

These changes to the child passenger safety law will save the lives of Kansas children:

- ★ Require use of appropriate child restraints for children until they are age 8, or 4'9", or 80 lbs. This section does not apply in seating positions where there is only a lap belt available.
- ★ Require all children ages 14-18 to wear seat belts at all times.
- ★ Increase the fine from \$20 to \$60, which brings it in line with other standard traffic fines such as stop sign violations. However, the fine is waived if a driver provides proof to the court of a child safety seat acquisition.
- ★ Include a one-year "warning" period for the booster seat section to allow for appropriate public education.

Child Passenger Safety Facts:

- ★ Current Kansas law requires children ages 0-4 to use a child safety seat. Since the early 1980's there has been an impressive 53% decrease in death rates from motor vehicle crashes among the 0-4 age group in our state.
- ★ Kansas does not require booster seats for children over ages 4-8; there has only been a 4% reduction in the death rate in that age category.
- ★ Booster seats are designed to raise youngsters high enough that the lap-shoulder belt, which is designed for an adult body, fits the child's body. Since the adult safety belt is used with the booster, no installation of the seat is required.
- ★ Booster seats that meet federal safety standards and fit children from 40 to 80 lbs. are readily available for \$20 - \$40. Booster seats are available in Kansas through loaner and distribution programs, check up events and fitting Stations. (see map)
- ★ Observational surveys conducted in 2002-2003 found that 79% of Kansas children ages 0-4 were in child safety seats, but only 45% of children ages 5-9 and 44% of children ages 10-14 were protected by a seat belt. Many young children (ages 4-8) stop using the adult seat belt because it is too uncomfortable. By the time they are large enough to use the adult seat belt, they and their parents are out of the "habit".
- ★ Parents want to be responsible parents. A recent national study (April 2001) found that nine out of ten parents believe that if they adhere to their state's current child passenger safety laws, they will be taking adequate steps to protect their children. Unfortunately, if parents follow current Kansas law, they could be placing their child at risk.
- ★ Motor vehicle crashes are still the leading cause of death for Kansas children ages 1 through 17 (Child Death Review Board). Seventy two (72)% of Kansas children ages 0-14 killed in motor vehicle crashes in 2002 were not using safety belts or child safety seats.
- ★ Primary seat belt laws are effective in increasing safety belt use among teens.
- ★ Non-use of appropriate restraints costs us all - through higher insurance premiums and increased Medicaid costs.

Thank you for helping make all Kansas kids SAFE KIDS.

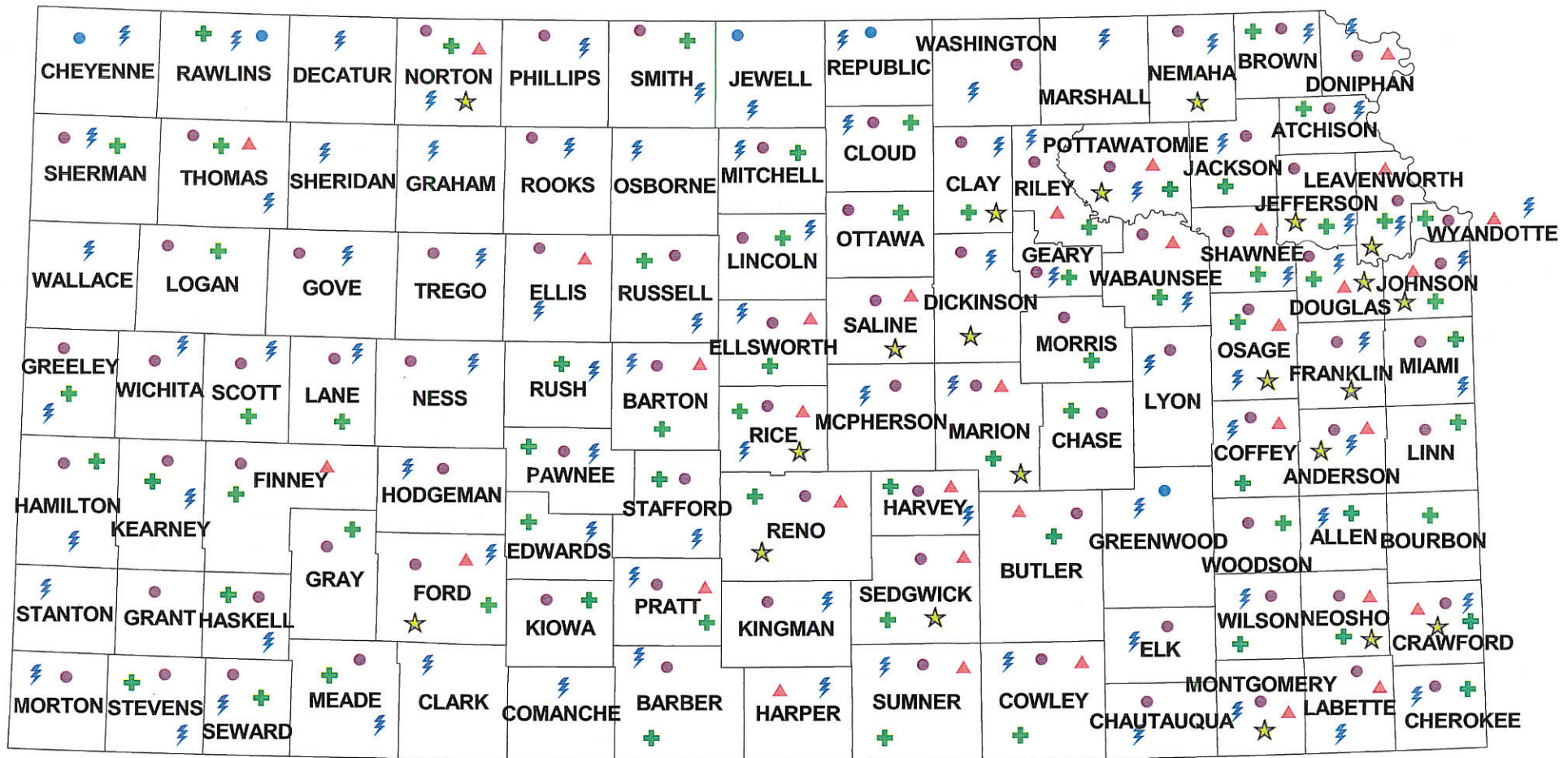


PG-8 PARENTS STRONGLY CAUTIONED
Place Children Under 8 Years Old in a Child Safety Seat or Booster Seat

Kansas SAFE KIDS



CHILD PASSENGER SAFETY RESOURCES KANSAS, JANUARY 2004



- ★ SAFE KIDS
- + Fitting Stations
- ⚡ Loaner/Distribution Programs
- ▲ CPS Events 1997 to 2003
- CPS Techs Present
- On Waiting List for CPS Training

For information on car seats or
Loaner Programs, call the
Kansas SAFE KIDS Hotline: 800-332-6262



Kansas SAFE KIDS Member Organizations*

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AAA Kansas
American Academy of Pediatrics - KS
Attorney General of Kansas
Board of Emergency Medical Services
Brain Injury Association of Kansas
Children's Mercy Hospital
Dillon Stores
Fire Education Association of Kansas
Fire Marshal's Association of Kansas
Kansas Academy of Family Practice
Physicians
Kansas Action for Children
Kansas Association of Counties
Kansas Assoc. of Local Health Dept.
Kansas Assoc. of Osteopathic Medicine
Kansas Association of School Boards
Kansas Chapter International Assoc.
Of Arson Investigators
Kansas Children's Cabinet & Trust Fund
Kansas Chiropractic Association
Kansas Cooperative Extension 4-H
Kansas Dental Association
Kansas Dept. of Health & Environment
Kansas Dept. of Human Resources
Kansas Dept. of Transportation
Kansas District of Kiwanis International
Kansas EMS Association
Kansas Emergency Nurses Association
Kansas Farm Bureau
Kansas Foundation For Medical Care
Kansas Head Start Association
Kansas Healthy Start Home Visitors
Kansas Highway Patrol
Kansas Hospital Association
Kansas Insurance Department
Kansas MADD
Kansas Medical Society
Kansas Motor Carriers Association
Kansas Operation Lifesaver
Kansas Parent Teacher Association

Kansas Public Health Association
Kansas Recreation & Park Association
Kansas Rehabilitation Hospital
Kansas SADD
Kansas Safety Belt Education Office
Kansas School Nurse Organization
Kansas State Association of Fire Chiefs
Kansas State Board of Education
Kansas State Fire Marshal's Office
Kansas State Firefighters Association
Kansas State Nurses Association
Kansas Trial Lawyers Association
Kaw Valley Girl Scout Council
KNEA
KUMC Burn Center
KUMC Child Development Unit
NHTSA Regional Office
Mid-America Poison Control Center
Office of the Governor
Safety & Health Council Wstrn MO&KS
State Farm Insurance Companies
State Capitol Area Fire Fighters Assoc.
Stormont-Vail Regional Medical Center
United School Administrators of Kansas
Via Christi - St. Francis Burn Center
Via Christi - Trauma Center
Wesley Medical Center

*Membership also includes Local Coalitions and Chapters located in Anderson, Clay, Dickinson, Doniphan, Douglas, Ford, Franklin, Johnson, Marion, Montgomery, Nemaha, Osage, Pottawatomie, Rice, Saline, Shawnee, Wabaunsee and Woodson Counties; as well as Chanute, Junction City, Leavenworth, Manhattan, Norton, Pittsburg, and Greater Wichita.

Kansas SAFE KIDS is affiliated with the National SAFE KIDS Campaign.

1/04





**National
Transportation
Safety Board**

Safety Information

Washington, D.C. 20594

TESTIMONY OF
DANIELLE E. ROEBER
ALCOHOL SAFETY AND OCCUPANT PROTECTION COORDINATOR
NATIONAL TRANSPORTATION SAFETY BOARD

BEFORE THE
COMMITTEE ON TRANSPORTATION
KANSAS SENATE

ON
SENATE BILL 329
CHILD PASSENGER SAFETY LEGISLATION

TOPEKA, KANSAS

FEBRUARY 5, 2004

2-1
- SENATE TRANSPORTATION COMMITTEE -
- DATE 2-5-04 -
ATTACHMENT: 2

Good morning Chairman Donovan and members of the Committee on Transportation. It is my pleasure to be here in Topeka, Kansas to talk about child passenger safety.

I want to commend you for focusing on this issue that will so easily save children from crash-related deaths and injuries.

The National Transportation Safety Board is an independent Federal agency charged by Congress to investigate transportation accidents, determine their probable cause, and make recommendations to prevent their recurrence. The recommendations that arise from our investigations and safety studies are our most important product. The Safety Board has neither regulatory authority nor grant funds. However, in our 37-year history, organizations and government bodies have adopted more than 80 percent of our recommendations.

The Safety Board has recognized for many years that traffic crashes are this nation's most serious transportation safety problem. More than 90 percent of all transportation-related deaths each year result from highway crashes. Traffic crashes are also the leading cause of death to children, and data indicate that nearly half of crashes involving children occur within 7 minutes from home. The number of injuries and deaths for children in the 4-to-8 age range remains high because these children are often either unrestrained or restrained in systems too advanced for their physical development. According to data from the Fatality Analysis Reporting System (FARS), from 1994 through 2002, almost 3,300 children in this age group were killed while riding in motor vehicles. Over 95 percent of child passengers in this age group who died had been unrestrained or placed in an adult seat belt. For this age group in Kansas, 50 children died while riding in motor vehicles; 90 percent were unrestrained or in an adult seat belt.

Restraining a child makes it 3 times less likely that the child will be injured in a crash. Placing a child in the rear seat makes it an additional 2 times less likely that the child will be injured. But the best protection for children in the 4-to-8 age range is to place the child in the rear with a belt-positioning booster seats.

Today I want to discuss three key issues. First, belt-positioning booster seats are necessary to ensure proper seat belt fit for children ages 4 to 8. Second, after outgrowing belt-positioning booster seats, children should use seat belts. Third, legislation is necessary to increase proper restraint use by children.

Seat Belts Do Not Provide Sufficient Protection for Children Ages 4 to 8

Because seat belts are designed to provide optimal protection for adults, they do not provide sufficient protection for children. To operate properly, seat belts depend on a person's bone structure, spreading the forces of a crash over the hips, shoulders, and chest, keeping the occupant in place so that the head, face, and chest are less likely to strike the inside of the vehicle. Correct seat belt fit is not usually achieved until a child is 9 years old, the age at which the child's thigh is long enough for the child to sit against the seat back, the child's hips are sufficiently developed to anchor the belt, and the child's height is sufficient for the shoulder belt to fit properly over the shoulder and sternum.

In 1996, the Safety Board examined the performance and use of occupant protection systems for children. The Safety Board reviewed 120 crashes in which at least one vehicle contained a child passenger younger than age 11 and in which at least one occupant was transported to the hospital. This sample included 46 children who were restrained in child restraint systems, 83 children restrained in seat belts, and 65 children who were unrestrained, for a total of 194 children. The Safety Board found that none of the children who had been placed in the appropriate restraint and who used it properly died in the subsequent crash. Children inappropriately restrained by seat belts had higher overall injury severity than children properly restrained. Among the unrestrained children, almost 30 percent suffered moderate or worse injuries, including five fatalities. Children in high severity accidents tended to sustain injury, which makes proper restraint even more important in such accidents.

Using a seat belt without a booster seat can result in serious injury to children. Without a booster seat, the lap belt can ride over a child's stomach and the shoulder belt can cut across a child's neck. As this position is uncomfortable, children frequently remove the shoulder portion of the adult seat belt, increasing their risk of head injury. According to a study by Partners for Child Passenger Safety,¹ children inappropriately restrained in seat belts suffered injuries to all body regions, while there were no reported abdominal, neck/spine/back, or lower extremity injuries among children who were restrained in booster seats. Children restrained in seat belts are 3.5 times more likely to suffer abdominal injury than children appropriately restrained with booster seats. When children use booster

¹ The Children's Hospital of Philadelphia and the University of Pennsylvania, with support from the State Farm Insurance Companies, has undertaken a 5-year research project to study child occupant protection. The central goal of this project is to save children's lives by increasing the fund of knowledge about children in motor vehicle crashes.

seats, the odds of injury are 59 percent lower than when children use only seat belts.

Senate Bill 329 fully satisfies the Safety Board's recommendation on the use of child restraints and complies with best practices by requiring children to use child restraints until they are 8 years old.

Children Should Use Seat Belts Once They Are Too Big for Booster Seats

After they outgrow belt-positioning booster seats, children should use seat belts. Seat belts are the number one defense against motor vehicle injuries and fatalities. Seat belts restrain vehicle occupants from the extreme forces experienced during motor vehicle crashes. Also, seat belts prevent ejections. Only 1 percent of vehicle occupants using seat belts are ejected. Unrestrained vehicle occupants are ejected 30 percent of the time. Seventy-three percent of persons who are totally ejected from a vehicle are killed.

Kansas' law currently allows vehicle occupants in the back seat to ride unrestrained. Although your child passenger safety provisions extend protection to children under age 14, Kansas still allows children age 14 through age 17 to ride unrestrained when in the back seat. Children in this age range frequently do not use seat belts. Data on fatal crashes in Kansas support this conclusion. From 1994 through 2002, almost 53 percent of motor vehicle occupants involved in fatal crashes on Kansas' roads were unrestrained. Among motor vehicle occupants age 14 through age 17, almost 68 percent were unrestrained. While approximately 65 percent of all motor vehicle occupants who died were unrestrained, almost 74 percent of the fatally injured occupants age 14 through age 17 were unrestrained.

The Safety Board recommends that States authorize primary enforcement of their seat belt laws and require all motor vehicle occupants, no matter their seating position, to use seat belts. The amendment proposed in Senate Bill 329 is a good first step at closing an unfortunate exception to Kansas' seat belt law.

Legislation Is Necessary to Increase Proper Restraint Use by Children

Although education is an important factor in increasing booster seat and seat belt use, it is not sufficient by itself. For example, Partners for Child Passenger Safety has determined that only 49 percent of children between the ages of 3 and 8

are placed in child restraints, leaving half the children in this age range unrestrained or inappropriately restrained in adult seat belts. Much of the opposition to mandating booster seats concerns the inconvenience and cost to adults to comply with booster seat laws. A backless belt-positioning booster seat costs less than \$20. As a nation, what value do we want to place on a child's life?

In her testimony before the U.S. Senate, Autumn Skeen, a mother who lost her son because he was not in a booster seat, stated that she had relied on Washington State statutes in deciding to use a seat belt for her 4-year-old son. In June 1996, Anton Skeen died when he was ejected out of his seat belt and the vehicle, even though his seat belt remained buckled. Ms. Skeen's reliance on State law to determine the necessary safety requirements for her child is common among concerned parents. In focus groups conducted by Partners for Child Passenger Safety, many parents who used seat belts to restrain their children justified their actions with their States' child passenger safety laws.

Our investigation shows that children are safer if placed in booster seats up to age 8. Therefore, in our 1996 safety study, the Safety Board recommended enacting legislation that ensures children up to 8 are required by the State's mandatory child restraint use law to use child restraint systems and booster seats. Twenty-two States (Arkansas, California, Colorado, Delaware, Illinois, Louisiana, Maine, Maryland, Montana, Nebraska, Nevada, New Hampshire, New Jersey, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, and Wyoming) and the District of Columbia have mandated that children age 4 and above use booster seats. Several other States, including Indian, Iowa, and Missouri, are considering similar legislation.

FARS data from 1994 through 2002 show that 289 children (age 4 through age 7) were riding in motor vehicles on Kansas roads when they were involved in a fatal crash. Forty-two percent of the 289 children died or suffered incapacitating injuries; 94 percent of those children who died or suffered incapacitating injuries were not in child restraints. Only 19 children, or 7 percent, involved in fatal crashes were using any form of child restraint.

The Safety Board also recommends that States mandate seat belt use for children age 8 and older. Teenagers are especially vulnerable because the possibility of dying in a motor vehicle crash does not seem real to this population. Unfortunately, though, teen injuries and fatalities from motor vehicle crashes occur frequently. Seat belt use can make the difference. From 1994 through 2002, among teens age 14 through age 17, 351 were killed while riding in motor

vehicles. As I previously stated, an astounding 74 percent of the 351 teens were unrestrained. If teen motor vehicle occupants will not respond to the threat of injury or death, perhaps they will respond to a State law.

The value of legislation is apparent when considering the advances made in child restraint and seat belt use after legislation was passed. Child restraint use went from 15 percent to 51 percent between 1979 and 1985 and is now above 90 percent. Seat belt use went from 14 percent to 59 percent between 1984 and 1991, and is now about 75 percent.

Conclusion

Parents want to protect their children, but many parents do not understand that seat belts do not provide sufficient protection for children in this age range. Belt-positioning booster seats ensure proper seat belt fit, which means that children get the optimum level of protection from the seat belt without the risk of head or abdominal injuries. Passing Senate Bill 329 will save lives and reduce serious injuries for Kansas' youngest citizens. It would also reduce both public and private expenditures for medical care and other support that would otherwise be incurred for as long as the injured child lives.

Thank you again for inviting the Safety Board to testify about this important problem. I would be happy to answer any questions you may have.

###



KANSAS

WILLIAM R. SECK, SUPERINTENDENT

KANSAS HIGHWAY PATROL

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on SB 362
to
Senate Transportation Committee**

**Presented by
Lieutenant John Eichkorn
Kansas Highway Patrol**

February 5, 2004

Good morning, Mr. Chairman and members of the committee. My name is Lieutenant John Eichkorn, and I appear before you on behalf of Colonel William Seck and the Kansas Highway Patrol to support Senate Bill 362.

Kansas' law enforcement officers know the benefits of safety belts through first-hand experience of investigating traffic crashes. Because of those experiences, troopers, police officers and deputies work hard to not only educate the public on the importance of occupant protection, but to enforce occupant protection laws currently on the books. The Patrol believes that a combination of education and enforcement can increase safety belt use, save lives, and decrease injuries.

Currently, law enforcement officers in Kansas can issue a citation for a safety belt violation only after observing and issuing a citation for a separate violation, such as speeding or improperly changing lanes.

For example, an officer stops a driver for a broken taillight, which would usually result in a warning, and notices that the front seat occupants are unbuckled. Under current law, the officer cannot issue a warning for the taillight and a citation for the safety belt violation. In order to issue a ticket for the safety belt violation, he or she must cite the driver for both violations.

While the officer is very aware of the dangers unbuckled occupants face, he or she may feel reluctant to issue two tickets to someone who is now looking at the expense of fixing a broken taillight. The officer is likely to give the driver two warnings instead of two citations. Situations like this weaken traffic safety and ultimately lead to lower safety belt usage rates for Kansas.

Overall, our current secondary citation statute hinders the ability of law enforcement to encourage widespread use of safety belts. For that reason, the Patrol strongly supports amendments made by Senate Bill 362.

SENATE TRANSPORTATION COMMITTEE

DATE 2-5-04

ATTACHMENT: 3

Voice 785-296-6800

122 SW 7th Street, Topeka, Kansas

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3-1

Kansas law enforcement officers would like to have the tools needed to encourage voluntary compliance with occupant protection laws. It is important that they be able to spread that message by enforcing the law directly, without a secondary citation statute. A stronger law would demonstrate how serious occupant protection really is.

Mr. Chairman and members of the committee, the Patrol has countless hours of hands-on experience with traffic accidents. Troopers know how safety belts save lives and minimize injuries, and they can tell you stories of the tragedies that have resulted because Kansans were traveling unrestrained. On behalf of the Patrol and Kansas' other law enforcement officers who genuinely want Kansans to buckle up, I urge you to consider our recommendation and ultimately pass Senate Bill 362 out of committee.

###

February 5, 2004

Testimony Presented to the Senate Transportation Committee

Senate Bill 329

I am Traci Meyer from Emporia, KS. I am the mother of Blair, age 4 and Dalton, age 8. I am pleased to provide testimony today in support of Senate Bill 329. Last May, Blair and I were riding in our mini-van –taking a short trip to the local bank. We were waiting to turn left into the bank when we were hit from behind by a car going over 40 miles per hour. Our van was a total loss, but our most precious cargo, Blair, was unhurt and is with us today because she was properly restrained in a booster seat in the back seat of the vehicle. I was lucky enough to know that the adult seat belt was too big for Blair. Unfortunately, a recent national study found that nine out of ten parents mistakenly believe that if they follow their state's current child passenger safety law, they will be taking adequate steps to protect their children. In fact, some parents think that in order to comply with the Kansas law, they must take their children out of their safety seats or booster seats when they turn age 4 and put them in an adult seat belt. As you can see from Blair's demonstration, a 4-year-old child does not fit in an adult seat belt. Trying to use one places them at great risk. We must make sure that Kansas' Child Passenger Safety Law helps parents keep their children safe.

Therefore, I would ask that you pass Senate Bill 329. Thank you for your time.

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SENATE TRANSPORTATION COMMITTEE
- DATE 2-5-04 -
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KANSAS

DEPARTMENT OF TRANSPORTATION
DEB MILLER, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

TESTIMONY BEFORE SENATE TRANSPORTATION COMMITTEE

REGARDING SENATE BILL 329 CHILD PASSENGER SAFETY ACT

February 5, 2004

Mr. Chairman and Committee Members:

I am Terry Heidner, Director to the Division of Planning and Development. On behalf of the Kansas Department of Transportation (KDOT), I am here to provide testimony in support of enhanced passenger safety for all minors under the age of 18.

Currently, Kansas law specifies that all children under the age of 4 must be in a federally approved child restraint system. For children four years of age but under the age of 14, the law then specifies that the child must be appropriately protected with a seat belt.

Recent child observational surveys conducted by KDOT in the spring of 2003 which checked for the use of safety seats and seat belts indicated that just over half (55 percent) of Kansas children were properly restrained. For children age 0 through age 4 nearly 79 percent were in child safety seats. However, for children age 5 to 9 use of seat belts was only 45 percent and that number drops to a usage rate of 44 percent for children age 10 to 14.

We now know that children should ride in a child seat beyond age 3 for appropriate protection. We also know that parents and caregivers rely on state law to provide appropriate guidance. Booster seats are now available to provide a safe transition to lap/shoulder belts. For children up through the legal age of 18, protection by safety belts in all seating positions will help protect and save lives. Even though KDOT works hard to disseminate child passenger protection information across the state, an upgrade to the state law would go a long way toward ensuring that all children are properly secured.

For those children affected by this provision, 4 years old through 7 years old, state crash statistics from 1993 through 2002 indicate 59 children were killed and only 14 or 23 percent of the victims were belted. In the 14 through 17 year-old-age group, statistics for that same time period indicate 391 individuals incurred fatal injuries with only 15 percent reported restrained correctly.

Saving lives and preventing serious injury is the purpose for enhanced child passenger protection. Providing an appropriate and safe transition from infant seats to lap/shoulder belts is important to ensure that

OFFICE OF THE SECRETARY OF TRANSPORTATION
DOCKING STATE OFFICE BUILDING, 915 SW HARRISON ST
VOICE 785-296-3461 TTY 785-296-3585 FAX 785-

SENATE TRANSPORTATION COMMITTEE
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the child will continue to use safety belts throughout his or her life.

Statistics prove beyond a shadow of a doubt that buckling up is the single most effective action we can take to reduce our risk of death and serious injury. In addition, the laws of physics and simple human logic tell us we are safer if every passenger remains in their seat rather than being catapulted within or out of the vehicle. Statistics also tell us that the most effective means to reach our objective of increased child passenger safety is a stronger law and thus KDOT supports Senate Bill 329.

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www.aaa.com

3545 S.W. 6th St
PO Box 1129
Topeka, Kansas 66601-1129
785/233-0222
800/365-5222

February 5, 2004

Members of the Senate Transportation Committee;

On behalf of AAA and its over 210,000 members in the state of Kansas, I would like to express our support of the proposed enhancements for Child Passenger Safety SB 329. Especially, provisions concerning requirement of children ages 14-18 to wear seat belts at all times, requirement of mandatory use of booster seats for children who are under eight years old and less than 4 feet 9 inches in height, and an increasing the fine from \$20 to \$60.

According to the Child Death Review Board, motor vehicle crashes are the leading cause of death for Kansas children ages 1 through 17. In 2002, the National Highway Traffic Safety Administration, NHTSA, reported a total of 42,815 traffic fatalities in the United States. The 0-14 age group accounted for 5 percent (2,095) of those traffic fatalities. In addition, children under 15 years old accounted for 4 percent (1,543) of all vehicle occupant fatalities, 9 percent (263,000) of all the people injured in motor vehicle crashes, and 8 percent (227,000) of all the vehicle occupants injured in crashes.

In the United States, an average of six children 0-14 years old were killed and 721 were injured every day in motor vehicle crashes during 2002. Research on the effectiveness of child safety seats has found them to reduce fatal injury by 71 percent for infants (less than 1 year old) and by 54 percent for toddlers (1-4 years old) in passenger cars. A recent national study, in 2003, found that the use of belt-positioning booster seats lowers the risk of injury to children ages 4-7 in crashes by 59% compared to the use of vehicle seat belts alone.

Seat belts and proper child restraints are the most effective and immediate way to save the lives of children on Kansas roadways. According to NHTSA, a national study from 1975 through 2002, found an estimated 6,567 lives were saved by the use of child restraints (child safety seats or adult belts). In 2002, an estimated 376 children under age 5 were saved as a result to child restraint use.

Since its formation in 1902, AAA has been an advocate for motorist, as well as for traffic safety. We support SB 329 as a step forward towards making the roads and highways a safer place to be for the children of Kansas. It's our hope that you will agree and support SB 329. Thank you for the opportunity to formally comment. If you have any questions, please contact me at 785-233-0222 ext. 6044 or awiltz@aaakansas.com. AAA asks your consideration of this important bill.

Sincerely,


Amanda J. Wiltz

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SENATE TRANSPORTATION COMMITTEE
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TESTIMONY FOR SENATE BILL 329

Good Morning. My name is Dr. Dennis Cooley. I am a pediatrician in private practice in Topeka and am here today on behalf of the Kansas Chapter of the American Academy of Pediatrics (KAAP). The KAAP is an organization representing over 95% of the practicing pediatricians in the state. I am testifying in support of Senate Bill 329.

Motor vehicle accidents are the number one cause of deaths in the state for children between the ages of one and seventeen. Most of the children killed are not in proper restraints. You are well aware of these statistics. What I want to discuss with the committee is the importance of proper restraints and why updating the current law is important.

Seat belts are made to fit adults. Intuitively it has seemed to pediatricians that improperly fitting safety devices can themselves result in injuries. It has only been in the last few years that we have had good data that confirmed this. In June of 2003 a study was published in the Journal of the American Medical Association (4) concerning this issue. This study, from Children's Hospital in Philadelphia, showed the odds of injury were 59% lower for children aged 4 to 7 years of age who were in belt-positioning boosters rather than in seat belts. Another study from the journal Pediatrics (5) used data from State Farm Insurance Companies and showed that young children who were placed in seat belts "were more likely to suffer a significant injury", particularly to the head, when compared to children in proper restraint systems. As a result of such information the American Academy of Pediatrics and the National Highway Traffic Safety Administration recommend that children less than fifty-seven inches be restrained in booster seats. Indeed I know of no organization that suggests that children smaller than this be placed in seat belts alone.

Are children being restrained in the proper safety devices? A study in the journal Pediatrics (3) from April 2003 indicated only 16.5% of children for whom a booster seat was recommended were properly restrained. Observations from other sites throughout the country have given similar results. Why do we need to change the law? There is evidence that having appropriate legislation increases the use of child protective devices and we definitely need to increase the use of these devices. Data from Washington State (6) indicates that the passage of booster seat legislation resulted in the increase usage of these devices by up to 32%. Why is this? The biggest reason may be the public perception that state laws follow the standard recommendations for child passenger safety devices. From my personal experience the public uses these laws as guides. Let me explain. Frequently when I advise parents at my office about the importance of booster seat usage I am told by the parent that according to the law only children younger than four years need to be in child passenger safety devices. When I try to explain to them that the law doesn't adequately indicate the needs for older children they become confused. I can see the skepticism in their faces. Some actually don't believe me. If the law says it is ok for children older than four to be restrained only by seat belts then that is all that is needed. In essence the law overrules standard medical advice.

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The last area that I would like to address is the use of seat belts in 14-18 year olds. I see patients up to 18 years of age so these are my patients. This is a group that tends to be involved in high risk behavior with a low rate of seat belt usage. I see no reason why the current law made a distinction by cutting off the seat belt requirements at 14 years of age. This age is not considered to be adults and it makes sense that changes should be adapted such as those in SB329 that would require the use of seat belts for this population.

In summary the Kansas Chapter of the American Academy of Pediatrics strongly encourages passage of Senate Bill 329. This bill will save the lives of children, our most precious resource.

Thank you.

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2. Pediatrics. 2000; 106:e20
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4. JAMA. 2003; 289(21) : 2835-40
5. Pediatrics. 2000; 105 : 1179-1183
6. AAP Grand Rounds. 2003; 9 : 52-3



Background: Nationally, systematic efforts to reduce motor vehicle crash fatalities began in the 1960's. By 1970, crash mortality had been significantly reduced due to federal regulations requiring vehicle safety features and road improvements. Since 1970, states have further reduced motor vehicle crash mortality rates by enacting and enforcing traffic safety laws. Examples of such laws include primary or secondary seatbelt laws and laws against driving while intoxicated. Figure 1 shows the reduction in fatality rates experienced in states which enacted these laws.

Reductions in fatality rate for different interventions	
Intervention	Reduction in crash mortality (%)
Primary seat belt law	-13%
Organized trauma system	-8%
Laws deterring drunk driving	-5%
Secondary seat belt law	-3%
Relaxation of speed limits	+7%
GDL system	-7-32%

Figure 1
The Kansas

as State Child Death Review Board has reviewed 592 motor vehicle fatalities involving Kansas children age birth to 18 occurring in 1994 through 2001. Figure 2 compares the Kansas annual death rate during many of these years to the national rate.

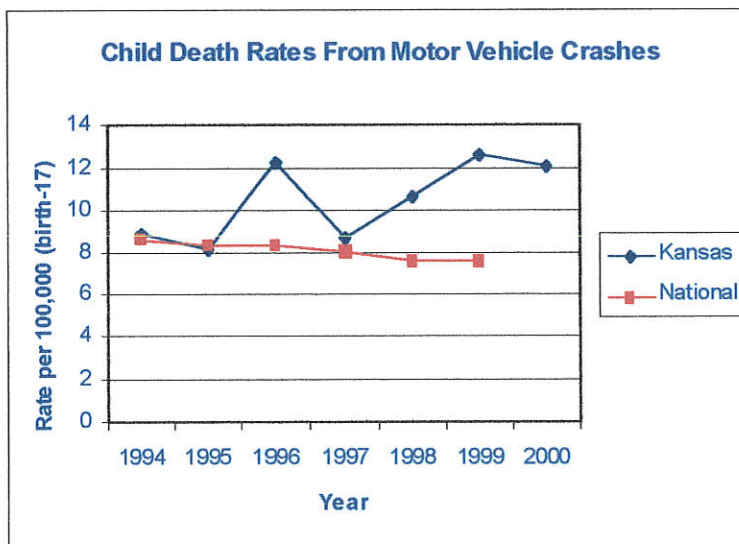


Figure 2

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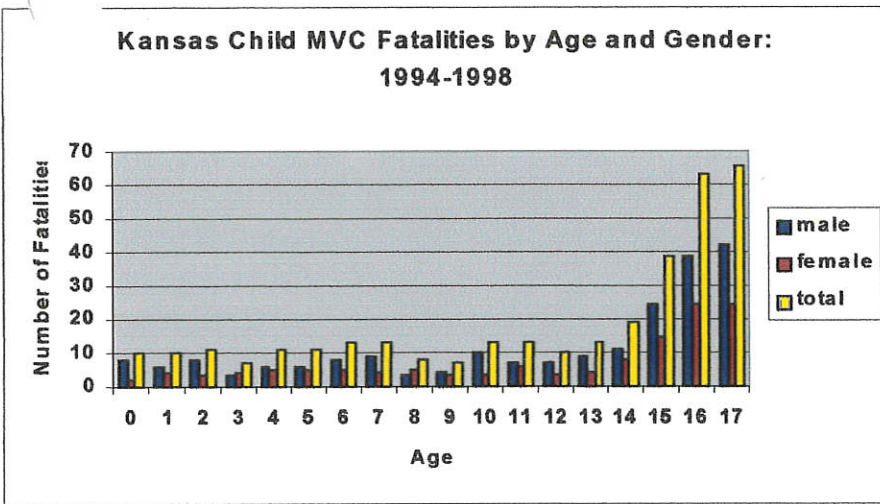


Figure 3

Figure 4 shows the victims' use of restraints.

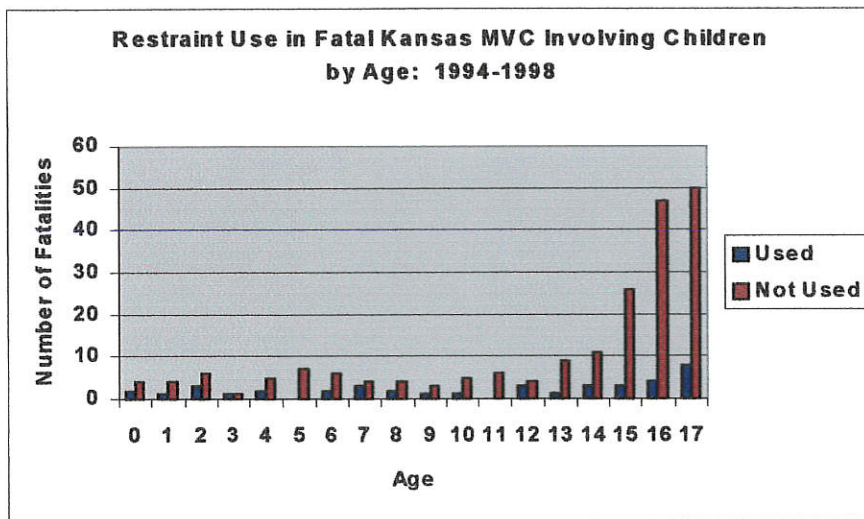


Figure 4

Key findings of the Kansas SCDRB:

- On average, 500 Kansas children die each year: 286 of natural causes, 116 due to unintentional injuries of which 74 are motor vehicle crashes, 40 from SIDS, 26 due to homicides, and 18 due to suicide. Deaths due to motor vehicle crashes are the most preventable death category
- Motor vehicle crashes are the leading cause of death among children age 1-18 in Kansas.
- Kansas has a significantly higher child motor vehicle crash mortality rate than the national rate.
- 56% of the fatalities were 15, 16, and 17 year olds; 44% were younger than 15 years of age.
- 62% of the victims were male, 38% were female.

- Among victims younger than 14, 72% were not using safety restraints.
- Among victims aged 15, 16, and 17, 89% were not using safety restraints.
- Among 4 to 8 year olds, 46% were not properly restrained.
- Of the 592 motor vehicle crash fatalities, 555 (94%) were judged “preventable” by the SCDRB.

Conclusion: Enacting and enforcing the proposed changes in the Kansas Child Passenger safety laws contained in SB 329 would save the lives of 11 Kansas children every year.

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3. <http://webapp.cdc.gov/sasweb/scipc/leadcaus.html>.



KANSAS EMERGENCY NURSES ASSOCIATION
TESTIMONY IN SUPPORT OF SB 329

Committee members—

On behalf of the Kansas Emergency Nurses Association, I would like to voice support of Senate Bill 329. Our members feel the amendments it proposes to the Child Passenger Safety Act, will decrease the number of children severely injured in motor vehicle crashes. Unfortunately, Emergency Departments Nurses across the state know first hand, how common our youngest citizens sustain severe, even fatal injuries. We believe that in many cases these could be avoided or diminished if they had been properly restrained.

We know that injury is the leading cause of death in the first three decades of life. Currently Kansas has a slowly evolving Trauma Plan. Even when this plan is in place, prevention should always be the highest priority for humane and financial reasons. Although most traumatic injury is preventable, even the severity of injuries can be reduced if known injury prevention devices are utilized.

Most emergency nurses could share personal experiences of caring for children who were injured in motor vehicle crashes when they were not adequately restrained. I recently cared for a small, 6 year-old girl, involved in an MVC, who insisted she was wearing a seat belt when the crash occurred. This seemed unlikely because she was found ejected from her family car. Because of her pattern of injury, it was determined that she indeed had been wearing an improperly sized lap belt. Unfortunately, because of her small size, the lap belt was not only the wounding force to her abdomen, she also was not even protected from ejection. She was critically ill for several days in the Pediatric Intensive Care Unit, underwent surgery and was dismissed more than 2 weeks after admission. There are many similar stories.

Besides the need for younger children to be further protected, teens are an even more common group involved with preventable injury from motor vehicle crashes. There is an alarming lack of use of seatbelts by teenagers. This bill would affect the most common age group we in see in the ED from MVC's, 15 to 25 year olds. Data from a trauma registry where I work shows that teens wear seatbelts less than half of the time. Several teens in the Wichita area have died from low speed crashes because they were ejected. ED nurses see the heartbreak this tragedy causes their family and friends. Some of these deaths could have been prevented.

The Kansas Emergency Nurses Association strongly supports SB 329. I would be happy to answer any questions. Thank you,

Darlene S, Whitlock RN, MSN
Board of Directors
Kansas Emergency Nurses Association

— **SENATE TRANSPORTATION COMMITTEE** —
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Testimony to the Senate Transportation Committee

February 5, 2004

RE: SB329

**Pamela C. Kemp, Director
Clay County Emergency Medical Services (EMS)
Also representing the Kansas EMS Association**

Good morning. I am Pamela Kemp. I am the director of Emergency Medical Services in Clay County. I also represent the Kansas EMS Association. Our Association represents nearly 90 licensed ambulance services and first response agencies in Kansas as well as over 400 individual members. Our service memberships alone involve over 5000 of the certified Emergency Medical Services workers in our state.

I am a certified Child Passenger Safety Technician Instructor. Most of the staff members of Clay County EMS are certified Child Passenger Safety Technicians and we operate the county's Child Safety Seat Loaner Program and Child Safety Seat Fit Station. On a routine basis, parents and caregivers call or come to our office for assistance with their child passenger safety needs. One of the most frequent questions parents ask is "What does the Kansas child restraint law say I have to do?"

Our reply to those parents is to ask whether they want to know what the Kansas law is, or what the safest way to transport their child is. The two are not the same. Emergency responders in Kansas know that the current child restraint law does not fully protect children over 3 years of age. The current law allows the small body of a 4 or 5 year old to be legally restrained by the lap and shoulder belt intended for an adult passenger.

In my career I have responded to several crashes where children too small for the vehicle's restraint systems have been ejected from those restraints during a crash; and to dozens of crashes where small children were not restrained at all. It is always unbearable.

Their tiny bodies crash into the interior surfaces of the vehicle during the collision. They smash into the other occupants of the vehicle and tear through the shattered windows or are thrown through doors torn open by the impact and are

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slammed into the roadway with forces no human body can endure. I will not attempt to further describe the all too common horror of those tragedies. Emergency responders all over our state carry those scenes in their hearts as they continue their work in our communities.

I will ask you, instead, to focus on the chilling statistics you have already heard today. **Crashes kill more children in Kansas than any other thing.** In 2002, 72% of the Kansas children killed in crashes were not using safety belts or child safety seats. Behind each single incident contributing to those statistics are dozens of lives torn apart by grief, by guilt and by despair. Most could have been prevented or minimized by the correct use of a simple child passenger safety device appropriate for the child and for the vehicle.

Parents and caregivers in Kansas look to the current child restraint law for guidance to protect their children during transport in a vehicle. The current law fails them.

Some will argue that the legislation on today's agenda is an attempt by government to control them or take away their right to make choices. I will fight that rationale with the passion of a mother whose child survived a head on crash with only minor bruises because of properly used restraints. I will fight it with the passion of an emergency responder who has seen those tiny lives ended or changed forever all too frequently.

Studies have shown that seat belt laws are effective in increasing seat belt use. Studies have also shown that 9 out of 10 parents think that following their state's current child restraint law will keep their child safe. It is imperative that we correct the current Kansas child restraint law to reflect what we know is best and safest practice for protecting children in crashes. We need to give parents the guidance they seek regarding the safety of their children.

I applaud the work your committee is doing to make Kansas children safer. I offer my assistance as well as that of my agency and of the Kansas EMS Association in making this legislative effort successful. Please let us know how we can help.



Making a difference for Kansas children.

Kansas Action for Children, Inc.
3360 SW Harrison | Topeka, KS 66611
P 785-232-0550 F 785-232-0699
kac@kac.org | www.kac.org

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11-1

February 5, 2004

To: Kansas Senate Transportation Committee
From: Gary Brunk
Re: Senate Bill 329

Kansas Action for Children supports enactment of Senate Bill 329.

We became interested in child passenger safety because of the grades for the teen years in our *Kansas Children's Report Card*. Those grades have been the lowest or have tied for the lowest grade in five of the six years of the *Report Card*. When we looked for an explanation it quickly became evident that the high number of teen deaths from automobile crashes was a leading cause for the low grades.

Data from the national *2003 KIDS COUNT Data Book* also motivated us to take a deeper look at this issue. *KIDS COUNT* has data on ten indicators of child well-being for all 50 states and the District of Columbia. It also includes a national ranking for each indicator and an overall state ranking.

What caught our attention is that the rankings for the two indicators most affected by passenger safety laws were significantly worse than the rankings for the other eight indicators. As you can see in the attached chart of *KIDS COUNT* indicators, Kansas was ranked 33 in the nation for our child death rate and 37 for our teen death rate. As in the case of the *Report Card* grade, the number of deaths from auto crashes plays a significant role in those low national rankings.

By itself the data should motivate us to act, but there is something else in these rankings that is interesting. The other eight indicators range from a rank of 6 to a rank of 24, for an average rank of 16. The average of the child and teen death ranks is 35. What we have is a very distinct clustering, with eight indicators that are significantly better than the nation and two that are significantly worse.

As you can see on the chart, the *overall* ranking for Kansas is 19. Four years ago the overall ranking was 15. This is a trend that all of us who believe Kansas can be the best place in the nation in which to raise children want to reverse. This data show that we have a significant opportunity to improve overall child well-being by working to improve the child and teen death rates, because those rates are pulling down our overall ranking. A good place to start is by reducing the number of children and youth dying in auto crashes.

We support enactment of SB 329 because failure to use proper restraints contributes to more fatalities and injuries than any other single traffic-related behavior. We know that laws work; states with the strongest laws also have the highest teen safety belt use. And we know that using proper restraints works; children are safer and lives are saved. We believe this bill merits your support.

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Kansas KIDS COUNT Indicators

Indicators		Trend Data		National Rank
		1990	2000	Overall Rank [19]
Percent of children living in families where no parent has full-time, year-round employment	1990-2000	STATE	19	6
		NATIONAL	30	
Percent of teens not attending school and not working (ages 16-19)	1990-2000	STATE	7	8
		NATIONAL	10	
Percent of teens who are high school dropouts (ages 16-19)	1990-2000	STATE	6	13
		NATIONAL	10	
Percent of children in poverty (data reflect poverty in 1989 and 1999)	1990-2000	STATE	16	16
		NATIONAL	20	
Percent low-birthweight babies	1990-2000	STATE	6.2	17
		NATIONAL	7.0	
Percent of families with children headed by a single parent	1990-2000	STATE	21	18
		NATIONAL	24	
Teen birth rate (births per 1,000 females ages 15-17)	1990-2000	STATE	30	23
		NATIONAL	37	
Infant mortality rate (deaths per 1,000 live births)	1990-2000	STATE	8.4	24
		NATIONAL	9.2	
Child death rate (deaths per 100,000 children 1-14)	1990-2000	STATE	29	33
		NATIONAL	31	
Rate of teen deaths by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)	1990-2000	STATE	72	37
		NATIONAL	71	

Source: 2003 KIDS COUNT Data Book



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

Testimony on Senate Bill 329
Amending the Child Passenger Safety Act

To

Committee on Transportation

By Paula F. Marmet
Director, Office of Health Promotion

Kansas Department of Health and Environment

February 5, 2004

Chairperson Donavon and members of the Committee on Transportation, my name is Paula Marmet and I am the director of the Office of Health Promotion in the Division of Health at the Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today regarding Senate Bill 329, which proposes to strengthen the child passenger safety laws in Kansas.

Unintentional injuries kill more Kansans than any other cause, and motor vehicle traffic crashes comprise nearly 48% of these unintentional injury deaths. Passenger restraint systems (child safety seats, booster seats, seat belts) accompanied by safety belt use laws are an effective means of reducing deaths due to traffic crashes. Children age 4 to 7 who use booster seats are 59 percent less likely to be injured in a crash than children who were restrained only by a safety belt. These issues are addressed as public health priorities in *Healthy People 2010*.

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Statewide, Kansas routinely experiences more motor vehicle crash deaths than the national average. The figures attached to the written copy of this testimony illustrate 1) the state and national trends and 2) the Kansas counties with the highest death rates from motor vehicle crashes. The two age groups at risk for motor vehicle traffic deaths that will benefit most from this legislation include: early elementary aged children and high school youth. The following statistics highlight the importance of ensuring that the Kansas safety restraint legislation be expanded to include these two populations:

- Only 33% of high school students report they always wear seat belts when riding with someone else.
- In 2000, 79% of Kansas adolescents 14-15 years of age seated in the passenger seat when involved in a fatal motor vehicle traffic crash were not wearing seat belts.
- Teens are more likely than older drivers to underestimate the dangers in hazardous situations, and they have less experience coping with such situations.
- 10% of Kansas children ages 5-9 fail to always use a safety seat or safety belt, according to parent report in a statewide telephone survey.

It is estimated that \$1.00 spent on child safety seats saves \$32.00. In addition to decreasing risk of severe injury and premature death, this legislation will result in reduced costs for insurance, such as the Medicaid Brain Injury Waiver Program that serve citizens with a traumatic brain injury, and health care such as hospitalizations.

I thank you for the opportunity to provide this information to the committee and will be happy to answer any questions you might have.

1996-1998 Leading Causes of Death

Unintentional Injury

United States Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	127,053	44.1%
Fall	35,745	12.4%
Poisoning	30,474	10.6%
Suffocation	13,325	4.6%
Drowning	12,416	4.3%
Fire/Burn	10,809	3.7%
Other Causes	58,605	20.3%
	<u>288,427</u>	<u>100.0%</u>

Kansas Only Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	1,545	47.7%
Fall	486	15.0%
Suffocation	190	5.9%
Poisoning	155	4.8%
Drowning	120	3.7%
Other Causes	742	22.9%
	<u>3,238</u>	<u>100.0%</u>

Intentional Injury

United States Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	53,156	57.8%
Suffocation	16,469	17.9%
Poisoning	15,280	16.6%
Other Causes	7,108	7.7%
	<u>92,013</u>	<u>100.0%</u>

Kansas Only Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	590	60.3%
Poisoning	170	17.4%
Suffocation	168	17.2%
Other Causes	51	5.2%
	<u>979</u>	<u>100.1%</u>

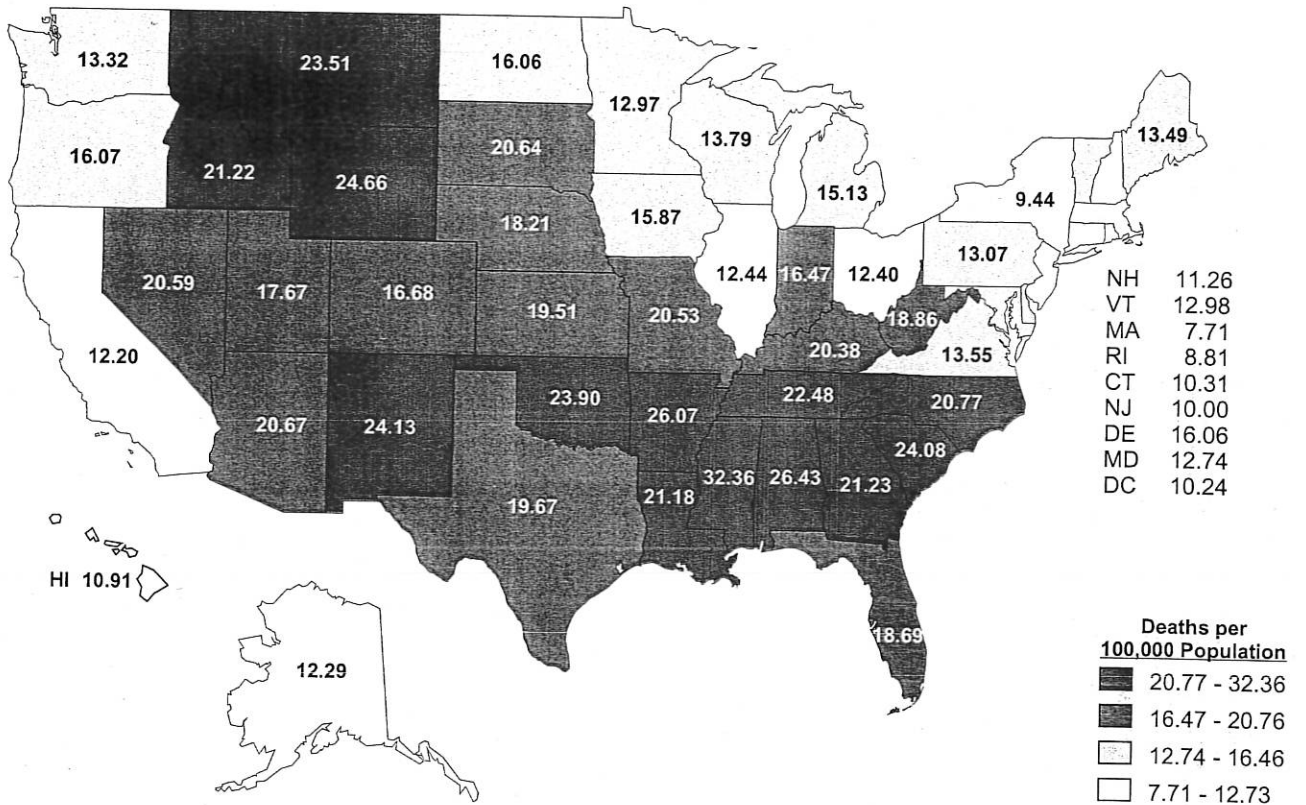
United States Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	39,951	67.6%
Cut/Pierce	6,955	11.8%
Suffocation	2,147	3.6%
Other Causes	10,036	17.0%
	<u>59,089</u>	<u>100.0%</u>

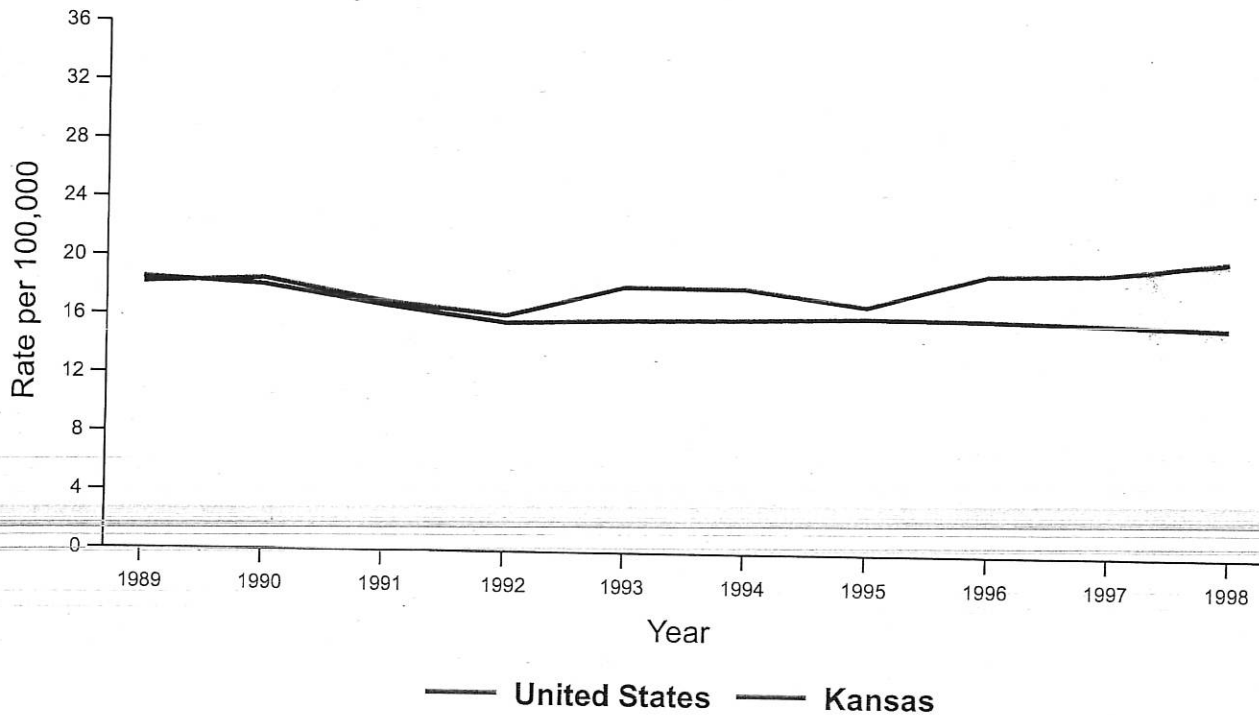
Kansas Only Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	320	69.4%
Cut/Pierce	42	9.1%
Suffocation	25	5.4%
Other Causes	74	16.1%
	<u>461</u>	<u>100.0%</u>

Unintentional Motor Vehicle, Traffic-Related Death Rates United States, 1996-1998



United States and Kansas 1989-1998



Kansas Senate Transportation Committee

Les Donovan, Chairman
Written Testimony SB 329
February 5, 2004

On behalf of Children's Mercy Hospitals and Clinics, I would like to share with you our support for **S.B.329**, a bill that will strengthen child passenger safety restraint systems for children less than 18 years of age. This legislation protects children 4 years of age and older by:

- Requires mandatory use of belt positioning booster seats for children less than 8 years old and less than 4 feet 9 inches tall.
- Increases the penalty to drivers who are putting their child passengers at risk of injury to \$60.
- Requires that children, 14 to 18 years to wear seat belts at all times.

Kansas children traveling in Kansas are at risk of injury and death in a motor vehicle crash because they are unrestrained or inadequately restrained. The Kansas Child Safety Belt Direct Observation Survey of child restraint use of drivers and children arriving or leaving day care, grocery/department stores, elementary schools and middle/junior high schools are not being restrained properly. With this survey, we know that the overall rate of child restraint/safety belt use in Kansas during 2002-2003 was **55.4%**.

A national study conducted by the Partners for Child Passenger Safety, comprehensive research collaboration between State Farm Automobile Insurance Company, the Children's Hospital of Philadelphia (CHOP), and the University of Pennsylvania reports that parents simply do not realize the "risk" of injury to their child and are unaware of the purpose of booster seats:

- 83% of children between 4 and 8 years are inappropriately restrained in adult seat belts.
- Children 4-8 years old are 4 times more likely to suffer a serious head injury while being restrained in a seat belt rather than a booster seat.
- More than 90% of children ages 4 and 8 years who were seriously injured were NOT in a booster seat.
- The brain is the organ least likely to recover from injury... and will lead to long-term disability even if the child survives the initial trauma.
- Using a booster seat instead of a seat belt alone reduces a child's risk of injury by 59%.

Clearly, parents are aware of the risks of using adult seat belts and that lap/shoulder seat belts do not "fit" young children less than 4'9". *Parents ignore the recommendations of NHTSA and the American Academy of Pediatrics because there is no "law" that requires that their child, 4 to 8 years old, travel in a booster seat.* The consequences of a child being unrestrained or being restrained by an adult sized seat belt is well known to ED staff. Head injuries are the most common as noted in the CHOP and State Farm Study,

During the Transportation Committee Hearing for SB 329 – we will demonstrate what a difference a belt-positioning booster can make the lap/shoulder seat belt "fit" using our "Challenger" demonstration seat. We have developed a sizing aide to show parents and children when they are ready to use lap/shoulder seat belt using "Betty Booster" and the "Challenger" demonstration seat.

If I can be of any assistance to you on this issue, please do not hesitate to contact me at 816-234-1607.

Sincerely,



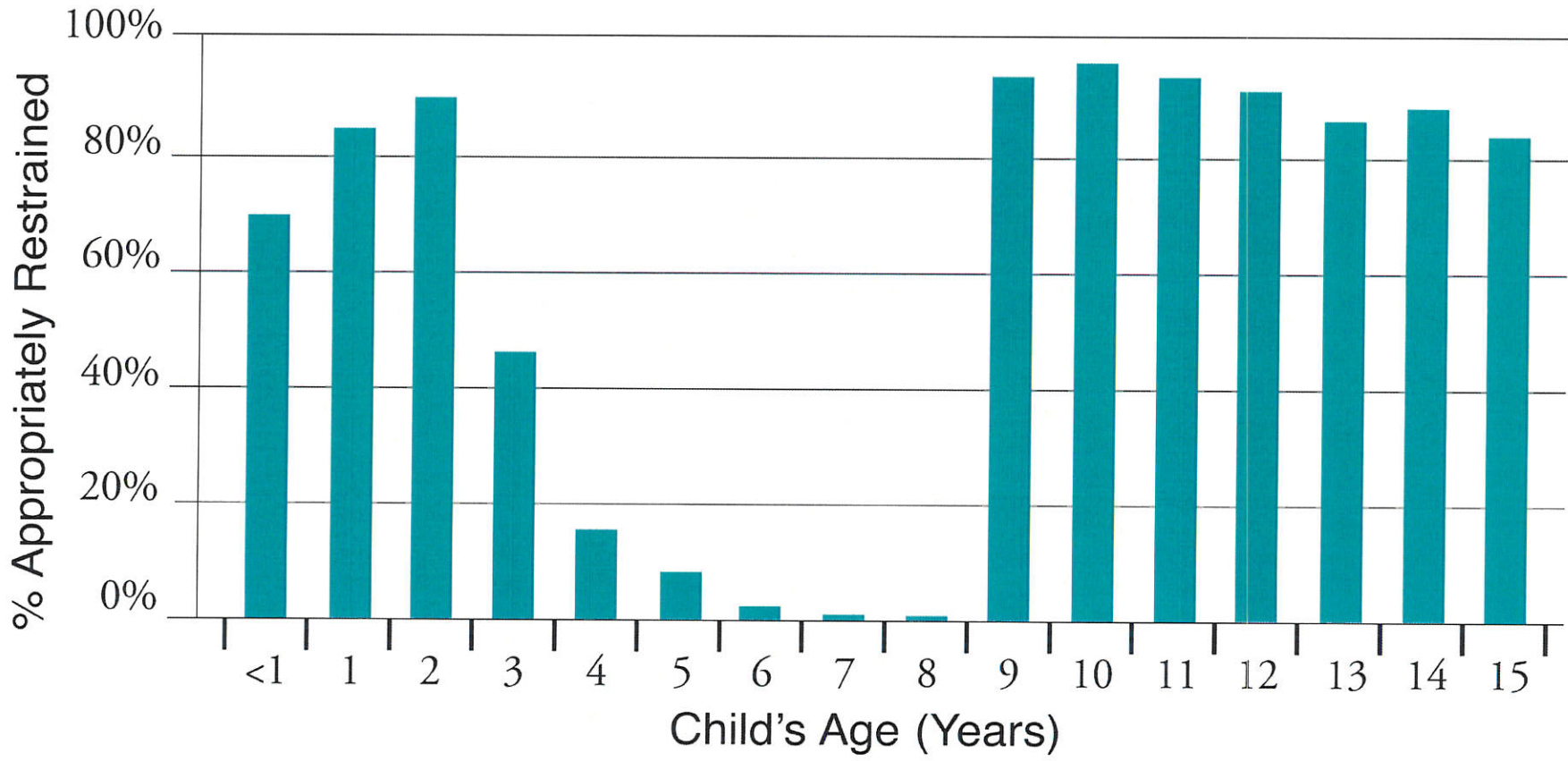
Phyllis Larimore, BSN, CPST Instructor
Car Seat Program Coordinator
816-234-1607
816-983-6838 (FAX)
816-821-8099 (Pager)
plarimore@cmh.edu

SENATE TRANSPORTATION COMMITTEE
DATE 02-05-04
ATTACHMENT 13

13-1

13-2

Recommended Restraint Use Among Children



While parents generally do a good job of restraining children under age 3 and over age 8, this graph shows that the number of appropriately restrained children between 3 and 8 years old drops significantly. Instead of using car seats and belt-positioning-booster seats, many of these children are inappropriately restrained in adult seat belts, putting them at greater risk of injury.

B-3



Correct vs. Incorrect Restraint of a 6-year-old Child in a Motor Vehicle Crash

Key Safety Message

Children who weigh 40 to 80 pounds should be properly restrained in a belt-positioning booster seat.

Correct Restraint—This simulation (below) shows how a 6-year-old child properly restrained in a belt-positioning booster seat barely moves during a 35 m.p.h. crash.



Incorrect Restraint—The same child, improperly restrained in an adult seat belt with the shoulder belt behind the back*, is thrown forward dramatically in the same crash. The inappropriate fit of the seat belt and lack of upper body restraint puts the child at risk for severe head, spinal, abdominal and brain injury.



** Placing the shoulder belt behind the back is a common and dangerous mistake children make when the shoulder belt doesn't fit properly.*

Phyllis Larimore RN

PHYLLIS LARIMORE, RN
Car Seat Project Coordinator
(816) 234-1607
Beeper (816) 821-8099
E-mail: KCPHYL@aol.com
E-mail: plarimore@cmh.edu



MADD
Activism | Victim Services | Education™

Mothers Against Drunk Driving
KANSAS STATE OFFICE
3601 SW 29th St., Suite 211
Topeka, KS 66614
Phone (785)271-7525
1-800-228-6233
Fax (785)271-0797
maddkansas@parod.com

February 3, 2004

Senator Les Donovan, Chairman, and Committee Members
Senate Transportation Committee
State Capital Room 120
Topeka, Kansas 66612

Dear Senator Donovan and Committee Members,

Kansas Mothers Against Drunk Driving (MADD) urges you to support Senate Bill 329. This is a lifesaving legislation that must be passed.


Kansas MADD recognizes the need for appropriate child restraint systems for protecting children from injury and death resulting from motor vehicle crashes. However, one often overlooked benefit of child restraint systems is providing a primary defense against injury and death in alcohol-related crashes.

During the year 2002, Kansas reported 371 individuals under the age of 15 were involved in alcohol-related crashes representing a 15% decline in involvement from the previous year. Unfortunately, 43% of those individuals involved were riding with a drinking driver reflecting a 31% increase over the previous year. The most significant increase in children involved in alcohol-related crashes riding with a drinking driver was the age group 0 – 4 years, which reflected an 83% increase over the previous year.

Drinking drivers are high risk takers and the majority of them do not use seat belts nor do they usually encourage their passengers to use them. Children often are not secured properly or not secured at all while riding with drinking drivers. The outcome is tragic. Kansas MADD believes that the increase in the fine from \$20.00 to \$60.00 will certainly capture the attention of many of these high risk drivers.

Kansas MADD would recommend that no fine be waived for child seat acquisition when a driver is convicted of a DUI or placed in a diversion program for DUI. As a condition of probation or diversion, the offender should be required to show proof of a child safety seat acquisition.

Kansas MADD asks for your support for Senate Bill 329.

Sincerely,

Wanda Stewart
State Chairperson
Kansas MADD

14-1

— SENATE TRANSPORTATION COMMITTEE —
DATE 2-5-04
ATTACHMENT: 14



KANSAS MOTOR CARRIERS ASSOCIATION

P.O. Box 1673 ■ Topeka, Kansas 66601-1673 ■ 2900 S. Topeka Blvd. ■ Topeka, Kansas 66611-2121
Telephone: (785) 267-1641 ■ FAX: (785) 266-6551 ■ www.kmca.org

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WILLIAM H. GRAVES
Member Emeritus

TOM WHITAKER
Executive Director

Senator Les Donovan
Chairman, Senate Transportation Committee
State of Kansas
State Capitol
Topeka, KS 66612

Dear Mr. Chairman:

The Kansas Motor Carriers Association supports Senate Bill No. 329, concerning the child passenger safety act; and, Senate Bill No. 362, providing for primary enforcement of the Kansas safety belt law. Approval of these legislative initiatives will improve occupant protection on Kansas' streets and highways.


The Kansas trucking industry is dedicated to making our roads safer. To illustrate, according to the latest information from the United States Department of Transportation, the fatal crash rate for large trucks has decreased 11 percent from last year. This puts the rate of fatal truck crashes at its lowest level since USDOT began keeping large truck safety records in 1975. The Kansas trucking industry and our drivers continue to work hard every mile, every day to make our highways safer.

According to the National Highway Transportation Safety Administration, states with primary safety belt laws have usage rates about 8 percent better than states with secondary enforcement laws. We believe that a strong child passenger safety law and a primary seatbelt law will save lives.

For the fifth year in a row, the Kansas Motor Carriers Association has proudly joined with the Kansas Highway Patrol to supply child passenger safety seats and child booster seats to distribute throughout Kansas during Child Passenger Safety Week. On February 9th, KMCA will donate another 40 booster seats for children 30 pounds to 80 pounds, to the Highway Patrol for distribution.

The Kansas Motor Carriers Association respectfully requests that the Senate Transportation Committee approve Senate Bill Nos. 329 and 362 and forward them to the Senate floor for debate.

Sincerely,


Tom Whitaker
Executive Director

15-1
SENATE TRANSPORTATION COMMITTEE
DATE 2-5-04
ATTACHMENT: 15

Memorandum

TO: The Honorable Les Donovan, Chair
Senate Transportation Committee

FROM: Tara Eubanks, Public Affairs Specialist
State Farm Insurance Companies

DATE: February 5, 2004

RE: SB 329

Mr. Chairman, Members of the Committee: My name is Tara Eubanks and I am a Public Affairs Specialist with State Farm® in Kansas. I am a member of the Kansas Safe Kids Coalition. We are committed to sponsoring and providing dollars to encourage parents to properly install child safety seats and booster seats in areas throughout the state of Kansas. In 2003 State Farm provided more than \$6000 in funding to purchase seats for distribution at child passenger safety check-up events throughout the year.

State Farm is the largest insurer of home and autos in the United States and Kansas. We insure approximately one of every five cars and one out of every four homes in America. State Farm appreciates the opportunity to speak with you today in support of Senate Bill 329. This bill requires children between the ages of four and eight who weigh less than 80 pounds or are less than four feet nine inches tall to use a child passenger safety restraint system that has been approved by the federal government.

State Farm is actively working to make our communities safer. We are involved and sponsor a variety of programs on fire, vehicle and intersection safety. Our commitment to safety is evidenced by our involvement in Partners for Child Passenger Safety (PCPS). PCPS is a collaboration by State Farm Insurance, The Children's Hospital of Philadelphia and the University of Pennsylvania. The purpose of this collaboration is to study how and why children are injured in auto accidents.

This partnership began in 1997. Since then PCPS has created the largest database regarding children and auto accidents with over 216,000 crashes involving more than 367,000 children. Since the creation of PCPS State

161

SENATE TRANSPORTATION COMMITTEE
- DATE 2-5-04 -
ATTACHMENT: 16

Farm has committed over \$15.9 million as well as significant in-kind resources to the program.

The Partnership for Child Passenger Safety published a study in the June 4, 2003 edition of JAMA. The study noted that odds of injury were 59% lower for children from the ages of four to seven in booster seats than those in seatbelts. Children in booster seats also experienced no injury to the abdomen, neck, spine/back or lower extremities. Children in seat belts alone had injuries to all areas of the body. The study concluded that belt positioning booster seats were associated with added safety benefits compared to seat belts.

Booster seats substantially reduce the risk of death by lifting children higher off the seat so that the adult seat belt system fits correctly. I have given you a brochure prepared by the Partnership for Child Passenger Safety that demonstrates the dynamics of an accident at 35 miles per hour on a six-year-old restrained with a belt positioning booster seat versus a seat belt alone. For more information on belt positioning booster seats and the Partnership for Child Passenger Safety please visit statefarm.com and click on *Child Passenger Safety*.

According to the 2000 census there are over 153,000 children in Kansas who will be benefit from this legislation. We urge the committee and the legislature to support this safety legislation and become the twenty third state to enact a child booster seat law.

4-to 8-year-old Children in Motor Vehicle Crashes

Partners for
Child Passenger Safety
State Farm Insurance Companies
The Children's Hospital of Philadelphia
Neighbors working together



This report contains data on 4-to 8-year old children in car crashes generated from the Partners for Child Passenger Safety (PCPS) study, a research collaboration between The Children's Hospital of Philadelphia and State Farm®.

The Recommendation for Proper Restraint of 4-to 8-year-old Children

Children who have outgrown child safety seats (CSS) with internal harnesses should be properly restrained in a belt-positioning booster (BPB) seat until they are at least 8 years old, unless they are 4'9" tall.

Source: The National Highway Traffic Safety Administration (NHTSA) and the American Academy of Pediatrics (AAP).

Barriers to Booster Seat Use

A study conducted by The Children's Hospital of Philadelphia explored reasons for booster seat use and non-use. The study was funded by NHTSA.

KEY FINDINGS:

- Parents were unaware of the purpose of booster seats.
- Non-booster seat users had a low risk perception of injury from a crash.
- Parents looked to state laws for guidance to appropriately restrain children. One parent stated, "...the state law indicated that child safety seats only needed to be used until age 4. I figured that meant a seat belt was safe for my 4-year-old."

Source: Pediatrics, October 2002.

Head and Face Injuries Most Common

- 71% of serious injuries to 4-to 8-year olds are to the head or face.
- Children in seat belts are 4 times more likely to suffer head/brain injury as compared to children who use CSS and BPB seats.
- The brain is the organ least likely to recover from injury.

Source: Pediatrics, June 2002, data updated in 2003.

Optimizing Safety in 4 Steps:

With each step taken, PCPS data indicate a significant reduction in risk of injury to children in crashes.

1 Restrain Children on Every Trip

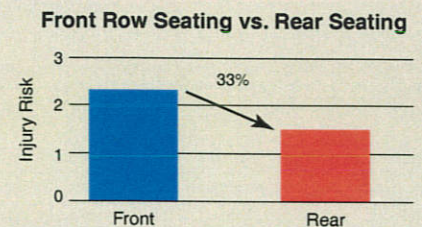
- 48% of children between the ages of 4 and 8 who were killed in motor vehicle crashes in 2001 were unrestrained.

Source: Fatality Analysis Reporting System, April 2003.

2 Use Rear Seat for All Children Under 13 Years

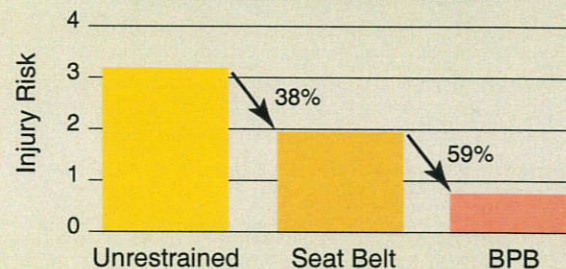
- A child's injury risk is reduced by 33% when moved from the front seat to the rear seat.

Source: PCPS presentation at AAP National Conference, October 2002.



3 Use Appropriate Restraint for Age and Size

Booster Seat Effectiveness



- BPB seats are effective for children through age 7.*
- Using a BPB with a seat belt instead of a seat belt alone reduces a child's risk of injury by 59%.
- In 2002, 62% of 4-to 8-year-olds were inappropriately restrained in only a seat belt.
- There are promising increases in booster seat use – particularly among children ages 4 to 6.

Source: JAMA, June 2003.

* Currently not enough 8-year-old children are using booster seats to evaluate that age group alone.

4 Use Restraint Correctly

- Always read the CSS instruction manual AND vehicle owner's manual.
- Never place the shoulder portion of the seat belt behind or under the child's back.
- Contact a certified CPS technician for information on proper restraint use.