

MINUTES OF THE HOUSE JUDICIARY COMMITTEE

The meeting was called to order by Chairman Mike O'Neal at 3:30 P.M. on January 25, 2006 in Room 313-S of the Capitol.

All members were present except:  
Michael Peterson- excused

Committee staff present:  
Jerry Ann Donaldson, Kansas Legislative Research  
Jill Wolters, Office of Revisor of Statutes  
Cindy O'Neal, Committee Secretary

Conferees appearing before the committee:  
Cindy Samuelson, Safe Kids of Kansas  
Colonel William Seck, Kansas Highway Patrol  
Dr. Dennis Cooley, Kansas Chapter of American Academy of Pediatrics  
Terry Heidner, Kansas Department of Transportation  
Jim Hanni, Kansas Region, Executive VP of AAA  
Dr. Christopher Bandy, American College of Surgeons, Kansas Chapter  
Tara Eubanks, State Farm Insurance  
Phyllis Larimore, Children's Mercy Hospital  
Dr. Sarah Johnston, State Child Death Review Board  
Darlene Whitlock, Emergency Nurses Association & Kansas State Nurses Association  
Dr. Howard Rodenberg, Director, Kansas Department of Health & Environment  
Cindy D'Ercole, Kansas Action for Children

Chairman O'Neal opened the hearing on **HB 2611 - child passenger safety act, booster seats.**

Cindy Samuelson, Safe Kids of Kansas, explained that the bill would mandate the age of those who would be required to use booster seat for any child ages 4-7; increase the fine from \$20 to \$60 for those found in violation of the act; and provides for a phase-in period. She stated that 34 other states have similar types of booster seat laws. (Attachment 1)

Colonel William Seck, Kansas Highway Patrol, commented that while seatbelts are designed to save lives they are designed for adults not for children. The shoulder harness lays improperly across children's necks and the lap belt lays across the abdomen. Because both of these belts do not fit properly they cause serious or even fatal injuries in crashes. (Attachment 2)

Dr. Dennis Cooley, Kansas Chapter of American Academy of Pediatrics, supported the proposed bill because updating current law in this area is important for medical reasons. Children using lap belts have suffered from "seat belt syndrom," which causes serious injuries to head, neck, and spinal fractures.

He quoted a study from the Children's Hospital in Philadelphia which showed that odds of an injury when using booster seats are 59% lower and that half of all children do not use seatbelts or booster seats. (Attachment 3)

Terry Heidner, Kansas Department of Transportation, stated that automobile accidents are the leading cause of deaths of children under the age of 17. The passage of the proposed bill would make Kansas eligible for federal funds for safety incentive, specifically directed toward education of child passenger safety. (Attachment 4)

Jim Hanni, Kansas Region, Executive VP of AAA, sited a national study that found that the use of belt positioning booster seats lowers the risk of injury to children ages 4-7 in crashes 59% of the time, compared to the use of vehicle seat belts alone.

A Kansas Department of Transportation study showed that 81% of children ages 0-4 use child seats while only 49% of those in the age group of 5-9 used appropriate restraints. The percentage continued to drop

CONTINUATION SHEET

MINUTES OF THE House Judiciary Committee at 3:30 P.M. on January 25, 2006 in Room 313-S of the Capitol.

for ages 10-14 to 47%. ([Attachment 5](#))

Dr. Christopher Bandy, American College of Surgeons, Kansas Chapter, informed committee members that 42 % more fatal crashes occur in rural areas and vehicle crashes are the number one cause of deaths for all children over the age of one. ([Attachment 6](#))

Tara Eubanks, State Farm Insurance, provided the committee with a report from State Farm Insurance and The Children's Hospital of Philadelphia entitled *Partners for Child Passenger Safety Fact and Trend Report*. The report suggested that parents are doing a good job of restraining infants and toddlers, but that 45% of children between the ages of 4-8 remain inappropriately restrained in adult seat belts. Since 1998 booster seat usage has been increasing at a rate of 75% each year. This trend shows that parents are motivated and receptive to use booster seats. ([Attachment 7](#))

Phyllis Larimore, Children's Mercy Hospital, commented that it's the parents responsibility to make sure children are using booster seats. They should not be allowed to make a choice between using one or not. She suggested that most reports indicate that parents are not making sure that children are buckled up appropriately. ([Attachment 8](#))

Dr. Sarah Johnston, State Child Death Review Board, has been collecting data for the past 10 years surrounding the deaths of Kansas children from birth through age 17. They found on the average there are 500 children dying each year in Kansas. 116 are from unintentional injuries of which 74 are motor vehicle crash deaths. The Board believes that 98% of those motor vehicle crash deaths were preventable. ([Attachment 9](#))

Darlene Whitlock, Emergency Nurses Association & Kansas State Nurses Association, appeared in support of the proposed bill. She has seen the types of injuries that are caused by the lack of a proper seat belt restraint. ([Attachment 10](#))

Dr. Howard Rodenberg, Director, Kansas Department of Health & Environment, stated that of the children who died in motor vehicle crashes in the United States in 2000, 46% were unrestrained and 36% were restrained with a car seat belt but without a booster seat. He suggested that the proposed legislation would result in a reduced costs for insurance programs, such as the Medicaid Brain Injury Waiver Program, that serve citizens with traumatic brain injuries. It's been estimated that for every dollar spent on child safety seats, we save \$32.00 as a community. ([Attachment 11](#))

Cindy D'Ercole, Kansas Action for Children, informed the committee that a network has already been established educating individuals about infant seats and believes that it would be easy to include booster seats into the program. Indiana passed a child booster seat law and saw that, four months after the law became enacted, the number of those using booster seats went from 9% to 72%. ([Attachment 12](#))

Written testimony in support of the proposed bill was provided by:

- Safe Kids Kansas ([Attachment 13](#))
- National Transportation Safety Board ([Attachment 14](#))
- Kansas Sheriff's Association, ([Attachment 15](#))
- Kansas Academy of Family Physicians ([Attachment 16](#))
- Clay County Emergency Medical Services ([Attachment 17](#))

Chairman O'Neal announced that the Kansas Department of Highway Patrol was planning on showing the committee a DVD on booster seats but due to technical difficulties the viewing of the program would be postponed to a later date. He closed the hearing on **HB 2611**.

The committee meeting adjourned at 5:30 p.m. The next meeting was scheduled for 3:30 p.m. on Thursday, January 26, 2006 in room 313-S.



January 25, 2006

## Testimony Presented to the House Judiciary Committee

### House Bill 2611

I am pleased to provide testimony today on behalf of Safe Kids Kansas, a nonprofit coalition of 67 statewide organizations and businesses dedicated to preventing accidental injuries to Kansas children ages 0-14. Safe Kids Kansas 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. We urge you to pass HB 2611 so that Kansas will join the other thirty-three states that now have booster seat laws.

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.

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. 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 not only makes a child safer, but makes 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. HB 2611 will provide correct guidance for parents by following current NHTSA Guidelines.

As you will hear today, non-use of appropriate restraints costs us all - through higher automobile insurance premiums, increased Medicaid costs and even the loss of federal dollars coming to our state.

1000 SW Jackson Suite 230 Topeka, KS 66612 tel 785-296-1223 fax 785-296-8645  
www.safekids.org www.kansassafekids.org

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Attachment # 1

We know that strong and reasonable child passenger safety laws, such as HB 2611, have been proven effective at increasing restraint use and saving children's lives. In Indiana, only 9% of 4 through 7 years olds used booster seats in 2003. But four months after a law requiring those children to use booster seats passed in 2005, the usage rate had jumped to 72%. It's not just common sense – the state's child seat law is the most frequently used reference for safe child transportation used by Kansas parents. Just as we require children to wear life jackets when they are traveling in a boat, required use of an appropriate child restraint protects children in Kansas from injury and death.

Fortunately, booster seats that meet federal safety standards and fit children from 40 to 80 lbs. are readily available for \$15 - \$40. In fact, all currently manufactured combination child safety seats will convert to a belt-positioning booster seat, so in many cases, a new seat is not even needed. 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. In the last 5 years, Safe Kids Kansas has distributed 14,267 child seats, booster sets and special needs seats to low-income Kansans through our Buckle Up program.

The exemption for seating positions when there is only a lap belt available on page 1 line 40 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 HB 2166. The one year warning period for the new requirements for children ages 4-8 found on page 2 line 24 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.

HB 2611 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 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.

Some detractors have stated that you can't legislate good parenting and you can't legislate to get rid of stupidity or that anyone with a 4-7 year old child who drives without booster seats is not using good sense. Our Kansas parents are not stupid, they want to keep their children safe – but by following the current law, they will place their 4, 5, 6 and 7 year old children at great risk for death or serious injury.

The member organizations of Safe Kids Kansas and our 36 local coalitions and chapters strongly support the passage of HB2611 so that the law will provide parents in our state with correct 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:

Cindy Samuelson  
Safe Kids Kansas

Attachments:

Safe Kids Kansas Member Organizations  
Map of Child Passenger Safety Resources by County in Kansas  
Booster Seat Brochure  
Indiana Booster Seat Use

Safe Kids Kansas, Inc. is a nonprofit Coalition of 67 statewide organizations and businesses dedicated to preventing accidental injuries to Kansas children ages 0-14. Local coalitions and chapters are located in Allen, Anderson, Atchison, Clay, Dickinson, Doniphan, Douglas, Ellis, Ford, Franklin, Geary, Jackson, Jefferson, Johnson, Leavenworth, Marion, Meade, Mitchell, Montgomery, Nemaha, Osage, Pottawatomie, Republic, Rice, Riley, Saline, Smith, Shawnee, Wabaunsee, Wilson and Woodson Counties, as well as the cities of Chanute, Emporia, Leavenworth, Norton, Pittsburg, the Wichita Area and the Metro Kansas City Area. Safe Kids Kansas a member of Safe Kids Worldwide, a global network of organizations whose mission is to prevent accidental childhood injury.



## Safe Kids Kansas Member Organizations

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  
 Cusick Jost Consulting, LLC  
 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  
 KIDS AND CARS  
 KNEA  
 KUMC Burn Center  
 KUMC Trauma Program  
 NHTSA Regional Office  
 Mid-America Poison Control Center  
 Office of the Governor  
 Safety & Health Council Western MO & KS  
 State Farm Insurance Companies  
 State Capitol Area Fire Fighters Association  
 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 Allen, Anderson, Atchison, Clay, Dickinson, Doniphan, Douglas, Ellis, Ford, Franklin, Geary, Jackson, Jefferson, Johnson, Leavenworth, Marion, Meade, Mitchell, Montgomery, Nemaha, Osage, Pottawatomie, Republic, Rice, Riley, Saline, Shawnee, Smith, Wabaunsee, Wilson and Woodson Counties; as well as the cities of Chanute, Emporia, Leavenworth, Norton, Pittsburg, Wichita Area, and Metro Kansas City.

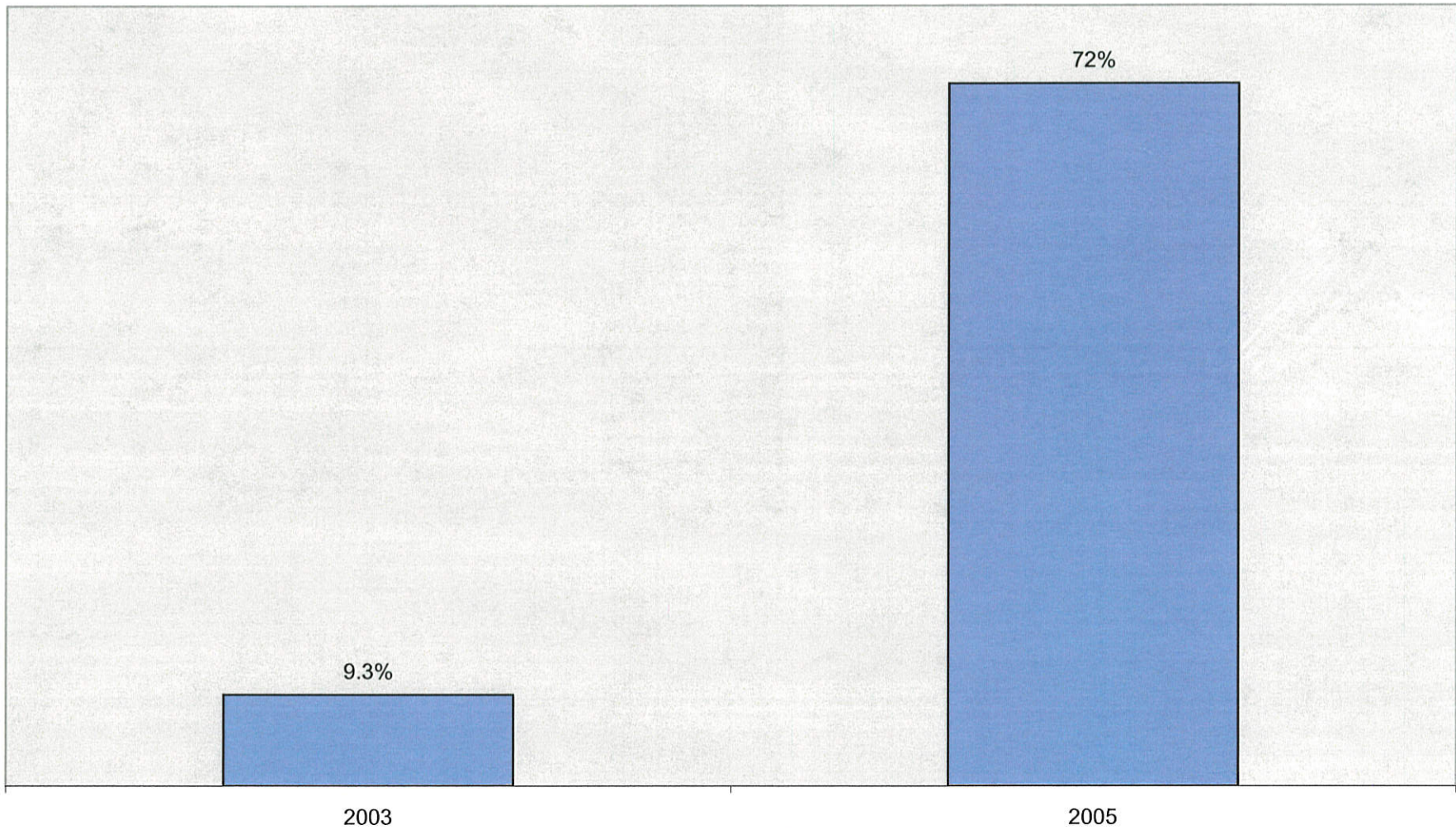
Safe Kids Kansas is a member of Safe Kids Worldwide.

1/06



# Indiana Booster Usage -- Ages 4 - 8

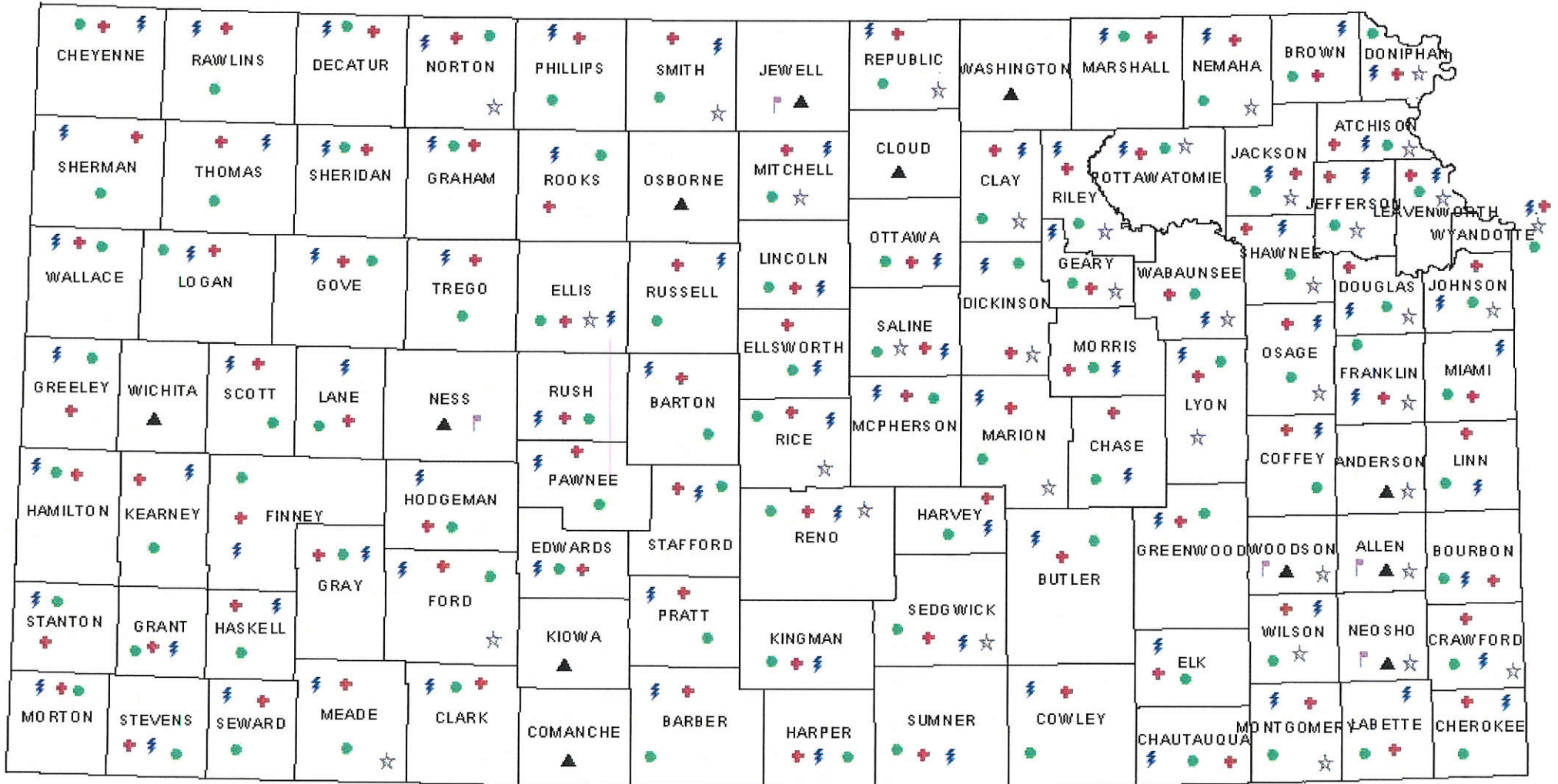
Source: Kohl's Center for Safe Transportation of Children, Riley Hospital for Children





# CHILD PASSENGER SAFETY RESOURCES KANSAS, JANUARY 2006

1-7



- ✚ Inspection Stations
- ⚡ Loaner/Distribution Programs
- CPS Technicians Present
- △ Highway Patrol Inspection Stations – no other CPS resources
- ☆ Waiting List for CPS Training
- ☆ Safe Kids Local Chapters/Coalitions

Do it because  
you love them.



*You didn't use a booster seat when you were a child.*

*But you didn't think asbestos was dangerous, either.*

Times have changed. Some things didn't seem  
like a big deal back then.

***Nowadays we know better.***

If your child is under 4'9", they should be using  
a booster seat. It helps the safety belt  
fit correctly and—if you're in a crash—it reduces  
the risk of serious injury by 59%.

So use a booster seat. It's the only way to protect  
your child's safety on the road.

Raise your child right. If they're under 4'9", put them in a booster seat.

**[www.boosterseat.gov](http://www.boosterseat.gov)**





# KANSAS

WILLIAM R. SECK, SUPERINTENDENT

KANSAS HIGHWAY PATROL

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on HB 2611  
To  
House Judiciary Committee**

**Presented by  
Colonel William R. Seck  
Superintendent, Kansas Highway Patrol**

**January 25, 2006**

Good morning, Mr. Chairman and members of the committee. My name is Colonel William Seck, and on behalf of the Kansas Highway Patrol, I appear before you today to support House Bill 2611.

The Kansas Highway Patrol is constantly asked about occupant protection laws for children because parents and caregivers want what is best for their child, and they expect the laws to carry the highest demand for safety. Troopers advise caregivers about current Kansas laws, but they also talk about best practices that go beyond what the law requires. Current law requires children under the age of four to be transported in an approved child passenger seat, and children ages four to 14 must be secured in a seat belt. Seat belts are proven to save lives, but they are not designed for children's small bodies. The shoulder harness and lap belt improperly lay across a child's abdomen and neck, which may cause serious or fatal injuries in the event of a crash. A booster seat lifts a child higher in the seat so the shoulder harness and lap belt fit safely and securely across the child's body.

Booster seats are a large component of the Patrol's educational programs that are hosted in conjunction with the Kansas Department of Transportation. In April 2004, KDOT and the Patrol rolled out seven Child Passenger Safety Trailers, which are equipped with educational materials and equipment to teach children and adults about the importance of booster seats and seat belts. Inside these trailers are vehicle bucket seats, which are equipped with various seat belt systems. The bucket seats, donated by the AAA Traffic Safety Fund and the Kansas Department of Transportation, allow Troopers certified as child passenger safety technicians to demonstrate how to properly install child safety seats and booster seats. The Patrol also maintains fitting stations in Olathe, Salina, Garden City, Chanute, Topeka, Hays and Wichita, where caregivers can have child safety seats inspected by a certified technician and learn proper installation techniques.

Education and enforcement go hand in hand. When I joined the Patrol in 2003, I made it a priority to improve seat belt compliance and the use of child passenger seats. Since 2003, child restraint warnings issued by the Patrol have dropped by 50 percent, and child restraint citations have

increased 53 percent. Also in the last two years, there has been a 36 percent increase in passenger seat inspections and installations by the Patrol.

The Patrol is eager to enforce a booster seat law in Kansas because we believe this is one more step forward in protecting children and saving lives. Troopers have seen the unnecessary injuries and deaths associated with an adult's failure to properly secure children and themselves. In the last three years, there has been an increase in seat belt use and a significant decrease in fatal crashes statewide. Current seat belt and child safety seat laws certainly have contributed to the reduction in fatalities, but we can do more. Kansans look to occupant protection laws for guidance – to do what is best for their child – and it is important that state statutes help them do that.

The Kansas Highway Patrol strongly urges this committee to give House Bill 2611 favorable support. The Patrol appreciates the opportunity to address you today, and I or one of my staff will be happy to answer any questions you may have.

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TESTIMONY FOR HOUSE BILL 2611  
House Judiciary Committee

Chairman O'Neal and Members of the Committee:

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 House Bill 2611.

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 facts. 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. From personal experience we have all seen children who have suffered from "Seat Belt Syndrome" and it seems logical that the reason for this is that children because of their size and anatomical differences would be more prone to these types of injuries. These injuries are serious and involve head, neck and spinal fractures along with damage to the internal organs. 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 has recommended that children less than fifty-seven inches be restrained in booster seats. Indeed I know of no medical 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 few children for whom a booster seat was recommended were properly restrained. Recent data from our state indicates that approximately 50% of children in the booster seat age are not in proper restraints. 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. 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

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personal experience the public uses these laws as guides. 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; I can see the look of skepticism in their faces. Why would the state of Kansas says it is ok for children older than four to be restrained only with seat belts if it wasn't true? In essence the law as currently written overrules standard medical advice.

In summary the Kansas Chapter of the American Academy of Pediatrics strongly encourages passage of House Bill 2611. We are not asking to make a new law what we are asking is for the legislature to update a law that has become outdated as our medical knowledge has advanced. This bill will save the lives of children, our most precious resource.

Thank you.

#### **References**

1. JAMA. 2003; 289:879-884
2. Pediatrics. 2000; 106:e20
3. Pediatrics. 2003; 111:e323-7
4. JAMA. 2003; 289(21) : 2835-40
5. Pediatrics. 2000; 105 : 1179-1183
6. AAP Grand Rounds. 2003; 9 : 52-3

# KANSAS

DEPARTMENT OF TRANSPORTATION  
DEB MILLER, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

## TESTIMONY BEFORE HOUSE JUDICIARY COMMITTEE

### REGARDING HOUSE BILL 2611 CHILD PASSENGER SAFETY ACT

January 25, 2006

Mr. Chairman and Committee Members:

I am Terry Heidner, Director of 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 children from 4 thru 7 years old.

Currently, Kansas law specifies that all children under the age of 4 must be in a federally approved child restraint system. For children 4 years old and up to age 14, the law then specifies that the child must be appropriately protected with a seat belt. The current fine for a violation of the Child Passenger Safety Act is only \$20; this bill would increase the fine to \$60.

KDOT conducts an annual survey to observe the use of seat belts and safety seats. The survey conducted in the spring of 2005 indicated that 59 percent of Kansas children were properly restrained. For children age 0 to 4 nearly 81 percent were in child safety seats. However, the restraint rate drops significantly for children age 5 to 9 with only 49 percent using seat belts and safety seats. For children ages 10 to 14, the number drops again to only a 47 percent usage rate.

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. The standard seat belt does not offer the best protection for the averaged size 4 to 8 year old. Booster seats improve protection for these children and can help prevent them from being seriously injured or killed. From 2000 to 2004, there were 26 children ages 4 to 8 who were killed in car crashes. Only 7 were restrained.

KDOT currently has a program which provides a limited number of child safety seats for low income families. The agency works hard to disseminate child passenger protection information across the State. This upgrade to the law would make Kansas eligible for additional federal safety incentive funds, the purpose of which is specifically child education. An upgrade to the State law would go a long way toward ensuring

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are properly secured. For those people who still are not convinced to properly restrain their children, increasing the fine will provide an incentive to obey the law and show that the State takes the issue of child passenger safety seriously.

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 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 House Bill 2611.



**TESTIMONY**  
**James R. Hanni,**  
**AAA Executive Vice President, Kansas Region & Public Affairs**  
**January 25, 2006**

On behalf of AAA and our over 230,000 members in the state of Kansas, I would like to express our support of the proposed enhancements for Child Passenger Safety in HB2611.

According to the Child Death Review Board, motor vehicle crashes are the leading cause of death for Kansas children ages 1 through 17.

In the United States, to put these numbers in perspective, an average of six children 0-14 years old were killed and 673 were injured every day in motor vehicle crashes during 2004.

In addition, a national study, 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.

In February, 2005, NHTSA conducted a National Occupant Protection Use Survey of accidents at controlled intersections. Interestingly, child restraint use for infants was 98%, toddlers 93%, but booster age children only had 73% restraint use.

I think what is most profound for you to consider with this bill, are the results of a Kansas observational survey conducted this past year by KDOT, in which 81% of children, ages 0-4 were observed in child passenger restraints. However, in the 5-9 age group, only 49% were observed appropriately restrained. The percentage continues to drop for the 10-14 age group (47%) because the 5-9 age group have already formed restraint-free habits.

What do Kansas AAA members think? In a November, 2005 AAA membership poll conducted through our magazine, *Journeys*, nearly 70% (69%) of Kansas respondents (454 of them) answered the question, "do you favor or oppose a state law requiring children ages 4 through 7 to be transported in an approved booster seat?" 91% also said they would favor a state law requiring children through age 17 to wear seat belts at all times.

Thirty-three other states and the District of Columbia have booster seat laws. Kansas could also receive federal incentive grant money if you pass a qualifying booster seat law. The money would be provided by NHTSA for Kansas' 402 funds. In 2003, Kansas received \$2,332,704 for its 402 funds, which means Kansas could receive \$583,176 for a new booster seat law. The money could be used for child passenger safety seat training, education, enforcement, etc. and not more than half of it can be used to purchase seats for low-income population. The final guidelines have not yet been determined by NHTSA. Yet clearly, a significant infusion of funding to support a new law would be provided by the federal government and a significant amount of that could help our most needy citizens.

Since its formation in 1902, AAA has been an advocate for the motorist, as well as for traffic safety.

We support HB 2611 as a step forward towards making Kansas roads & highways a safer place to be for our children, and urge you to favorably pass on HB 2611. Thank you for the opportunity to comment.

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Attachment # 5

Testimony to the House Judiciary Committee  
25 January 2006  
Re: HB 2611

W. Christopher Bandy, MD, FACS  
Medical Director, Trauma Services  
Stormont-Vail Health Care  
And Chair, Northeast Regional Trauma Council

Representing:  
The Kansas Chapter of the American College of Surgeons  
The Northeast Regional Trauma Council

Good afternoon. My name is Dr. Chris Bandy and I am the Trauma Medical Director at Stormont-Vail Regional Health Center. I am also the Chair for the Northeast Regional Trauma Council (NERTC) and a Fellow in the American College of Surgeons (ACS) and in the Kansas Chapter of the American College of Surgeons. Additionally, I am a member of the Kansas Medical Association, the Eastern Association for the Surgery of Trauma, the American Association for the Surgery of Trauma, the Society of Critical Care Medicine, and the Western Surgical Association.

I am here today to testify as a representative for the Kansas Chapter of the ACS and the NERTC. The Kansas Chapter represents over 500 surgeons located in 70 cities throughout Kansas. The NERTC currently has 227 active members who are advocates for improvements in trauma care from the 26 counties comprising this region.

The ACS has now accumulated over 1.5 million detailed trauma records over the last decade via the National Trauma Data Bank. It should come as no surprise that Motor Vehicle Crashes (MVC) is the number 1 cause of death for all children over 1 year of age. This data is consistent with those collected by the National Highway Traffic Safety Administration (NHTSA) and the Centers for Disease Control.

The majority of Kansas, as we all know, is fairly rural. We have a crisis in caring for trauma patients in this state that has been recognized for many years and is only beginning to be addressed. As trauma surgeons, we see this problem first hand, but there are also at least 5 studies published in surgical journals demonstrating that victims of an MVC have a 33-50% greater risk of death from this accident if it occurs in a rural state without a well-developed trauma system. An important component of any system is prevention and that is why I am here today.

We may not be able to prevent an accident or its rural location, but we can improve a child's chances of survival if he/she has been properly restrained, and thus potentially prevent their death or the requirement for life-long medical care.

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Attachment # 10

If this information was not eye-opening enough, the NHTSA just released their report titled, "Contrasting Rural and Urban Fatal Crashes, 1994-2003," in December 2005 that demonstrated that there are approximately 42% more fatal crashes in rural areas than in urban ones. Having lived in a rural area, I can see many reasons for this:

1. I'm just traveling a short distance, so I won't need my seatbelt.
2. If my accident is outside of town and at night, my child and I may be trapped in the vehicle for hours before anyone notices. If my child is not properly restrained, she may have been ejected from the vehicle and lying injured on the ground.
3. The volunteer first-responders may not be immediately available.
4. The local EMS ambulance may be in the next town.
5. The local hospital does not have the resources to care for a serious trauma and a second EMS transport is required.
6. The next hospital may be over a hundred miles away.
7. I will not need a Booster Seat just to travel to the grocery store when the posted speed limit is so low.
8. No one else is using a Booster Seat and I don't want to appear different.
9. There are no laws encouraging my use of a Booster Seat for my child, so why should I invest in something that will not happen to me.

When we were children our parents never made us wear seatbelts, but now we would not consider doing this for a second with our own children. What's the difference? I do not think we care or love our children more now than our parents did. But we are more knowledgeable now because we have seen the obvious results of not wearing a seatbelt; we know the data and we've seen the results.

So, now I am asking what's the difference with Child Booster Seats? The difference is that we are more knowledgeable now. We have seen the data and we know that enforcement of a Child Booster Seat Law will save our children's lives and decrease the risk of devastating injuries.

When society does not act to protect our vulnerable citizens, our responsible citizens' actions (whether they understand this or not) affect our entire society on numerous levels. Your freedom to **not** provide protection for your children results in a huge burden to our society's health care costs. These costs are paid by society and may result in restriction of freedoms of other members of that society in terms of their becoming "uninsured" or "underinsured."

There is a wealth of precedent of society establishing protections for our children. When polio was ravaging our children we did more than just "educate" the parents; we enacted legislation requiring their children's vaccination. Many states have enacted Booster Seat laws to protect their children. We must now enact protections for our vulnerable citizens

Thank you for the opportunity to speak to this committee today.



W. Christopher Bandy, MD, FACS  
Kansas Chapter of the American College of Surgeons

Tara Eubanks, State Farm Insurance

Prepared Oral Testimony  
Kansas State House Judiciary Committee  
Wednesday, January 25, 2006

Good Morning Chairman and members of the committee. My name is Tara Eubanks. I am the External Relations Specialist for State Farm for the state of Kansas. State Farm has a long commitment to making our roads safer for our customers as well as families across Kansas. We feel it is our responsibility to be leaders in raising public awareness of auto safety issues.

State Farm-the country's leading auto insurer and Children's Hospital of Philadelphia (CHOP)- the country's leading pediatric hospital have formed the largest child-focused motor vehicle crash surveillance system in the world called Partners for Child Passenger Safety. The partnership began in 1997 and continues today. Our research monitors children in car crashes learning how and why they are injured. To date Partners for Child Passenger Safety has collected information on more than 377,000 crashes involving more than 557,000 children.

This morning I will report on relevant data from our research, which addresses the prevalence of inappropriate restraint and why booster seats are necessary for our Kansas youth. The inappropriate restraint of children ages 3-8 in motor vehicle crashes is in epidemic proportions. NHSTA recommends that children remain restrained in a booster seat until at least 8 years-old or until they reach the height of 4'9".

Please refer to page three of the Partners for Child Passenger Safety Fact and Trend Report. Listed are the states that currently have booster seat/child restraint laws in place. Below that you see a graph showing the significant drop of using appropriate restraint beginning at age four. Our studies show that if a child between the ages of 4-8 is not in booster seat (only 24% ) the most common type restraint used is a seat belt. As our studies will show this is very dangerous for the child. By age 7 very few children are in booster seats and use only the adult seat belt.

On page 4 of the study it shows parents in general are doing a good job of restraining infants and toddlers, 45% of children 4-8 remain inappropriately restrained in adult seat belts putting them at high risk of head and internal injuries should a crash occur.

On page five it lists the common injuries, again note the significant rise in injuries from the age 0-3 to the ages 4-8. The most common injury is to the head and neck.

Pages 7-9 describe characteristics of the common crash in our study. It shows that the majority of the cars in collisions have one passenger most commonly 0-8 years-old and

House Judiciary

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Attachment # 7

that the crash occurs within 7 minutes of the family residence traveling at speeds from 25-45 mph. So these injuries are not happening on the highways but rather on the side streets, running errands, dropping off to and from school and going to the local playground.

Unfortunately many of these crashes cause injury to the child, as shown on page 5 the most common and significant is to the child's head. Injuries to the child's growing brain can result in a lifetime of disabilities. Other injuries include; spine, shoulder and rib fractures, resulting from excessive upper body and head movement during a crash due to inappropriate restraint, like using an adult seat belt on a child 4-8 years of age.

Recently published research from the Partners for Child Passenger Safety show that since 1998 booster seat use has been increasing at 75% each year. While the use of booster seats is still dangerously low—with only 20% compliant—the trend demonstrates that motivated parents are receptive to booster seat use.

Chairman and the committee thank you for your time and to all those who helped draft this legislation. If enacted this law will save lives and prevent serious injury to the children of Kansas.



# Partners for Child Passenger Safety Fact and Trend Report October 2005

## In this report:

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*Partners for*  
**Child Passenger Safety**

Neighbors working together

The 2005 Partners for Child Passenger Safety (PCPS) Fact and Trend Report is the first in what will become an annual publication. The report provides updated facts and trends about children involved in U.S. motor vehicle crashes from 1999 through 2004. PCPS, the world's largest study of children in crashes, is a research partnership between The Children's Hospital of Philadelphia and State Farm Insurance Companies®.

Data from the ongoing PCPS study reinforce the need for continued education on age- and size-appropriate restraint use and rear seating for children, as well as for continued research and development and public policy practices that address the unique safety needs of child occupants.

The report is intended for use by researchers, educators, advocates and people in the media. Please contact Tracey Durham (durhamt@email.chop.edu) on the PCPS research team with any questions about use or interpretation of the data.

Please refer to Page 10 for basic information about study design and the data described in this report, as well as for definitions of technical terminology.

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*PCPS, the world's largest study of children in crashes, is a research partnership between The Children's Hospital of Philadelphia and State Farm Insurance Companies®.*



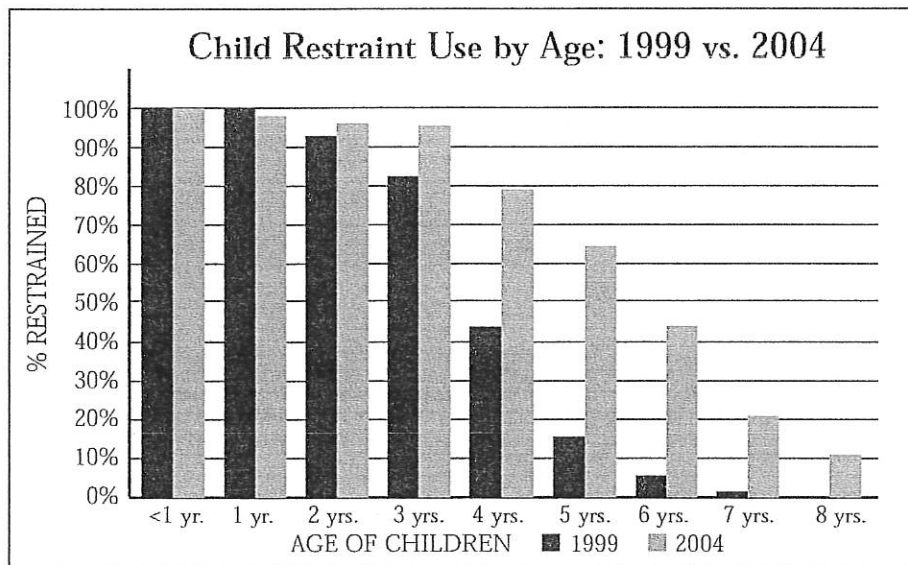
## 1. BACKGROUND

### Current Child Restraint Laws in PCPS States as of July 2005\*

State	Must Be in Child Restraint	Booster Seat Law
Michigan	3 years and younger	no booster seat law
Ohio	3 years and younger or less than 40 lbs.	no booster seat law
Arizona	4 years and younger	no booster seat law
Texas	4 years and younger and less than 36 inches	no booster seat law
Maryland	5 years and younger or 40 lbs.	effective 10/1/03
California	5 years and younger and 60 lbs. (rear seating required)	effective 1/1/02
Nevada	5 years and younger and 60 lbs.	effective 6/1/04
Virginia	5 years and younger	effective 1/1/04
Delaware	6 years and younger and 60 lbs	effective 1/1/03
New York	6 years and younger and 4'9" (small seats)	effective 3/29/05
District of Columbia	7 years and younger	effective 10/16/02
Illinois	7 years and younger	effective 1/1/04
Indiana	7 years and younger (when driver holds an Indiana license)	effective 7/1/05
North Carolina	7 years and younger and less than 80 lbs.	effective 1/1/05
Pennsylvania	7 years and younger (secondary law)	effective 2/21/03

\* Information on child-restraint laws is available on the Insurance Institute for Highway Safety Web site, [www.hwysafety.org](http://www.hwysafety.org). PCPS states are states in which PCPS collects data on children in crashes.

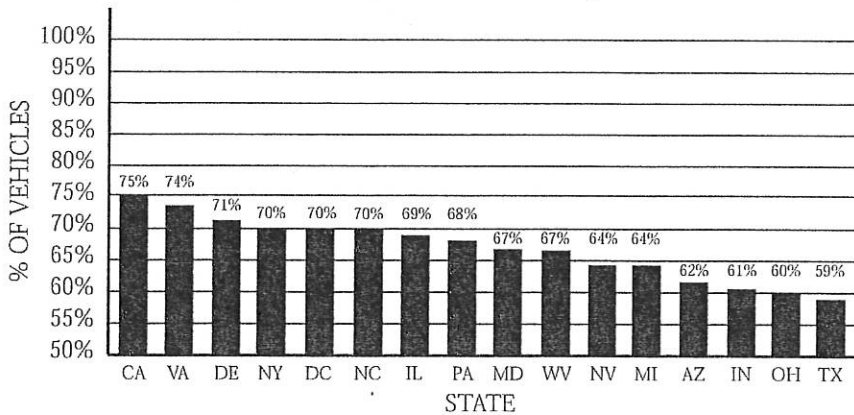
## 2. RESTRAINT USE AND SEATING



- This graph compares children restrained in any type of child restraint system in 1999 vs. 2004.
- For all children through age 8, child restraint use has increased from 51% in 1999 to 69% in 2004.
- Child restraint use has increased most among children ages 4 to 8 years, from 15% in 1999 to 45% in 2004.
- Belt-positioning booster seat use among children ages 4 to 8 years increased from 4% in 1999 to 27% in 2004.



### Child Restraint Use by State, 0 to 8 years: 2003-2004



- In PCPS states, the majority of children (98%) from birth to 3 years were in child restraints.
- Only 45% of children ages 4 to 8 were in child restraints.

#### State Abbreviations

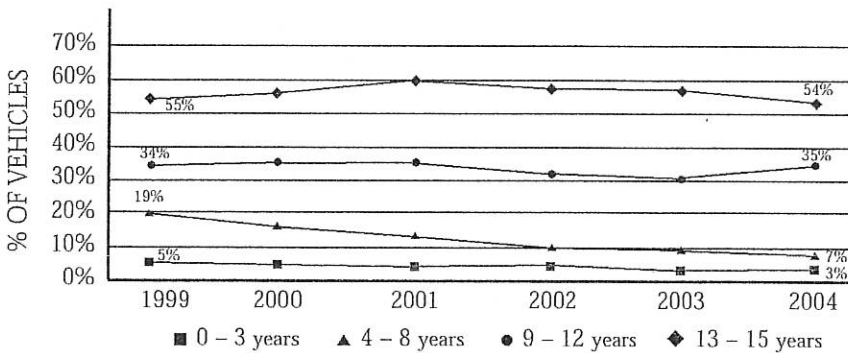
CA - California	MD - Maryland
VA - Virginia	WV - West Virginia
DE - Delaware	NV - Nevada
NY - New York	MI - Michigan
DC - District of Columbia	AZ - Arizona
NC - Carolina	IN - Indiana
IL - Illinois	OH - Ohio
PA - Pennsylvania	TX - Texas

### LATCH and Tether Use

Reported LATCH (see definitions, Page 10) use increased from 10 percent in 2003 to 17 percent in 2004.

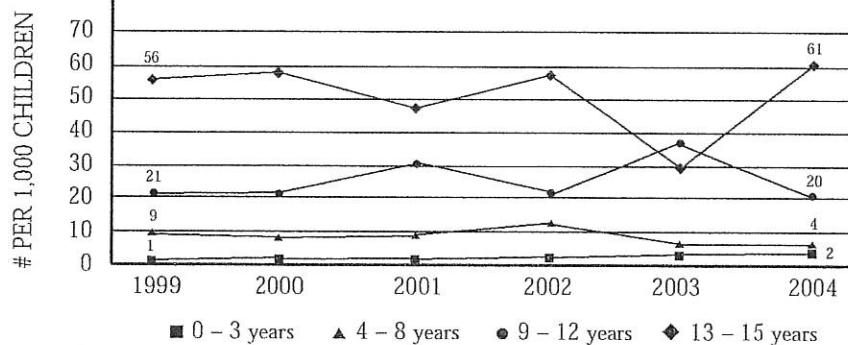
During this same period, tether use increased from 13 percent to 17 percent. The use of LATCH has grown more rapidly than the use of tethers.

### Children Riding in Front Seat: 1999 - 2004



- Overall, 14% of children under age 13 were riding in the front seat in 2004.
- Front seating for children ages 4 to 8 declined from 19% in 1999 to 7% in 2004.

### Exposure to Deployed Airbags: 1999 - 2004



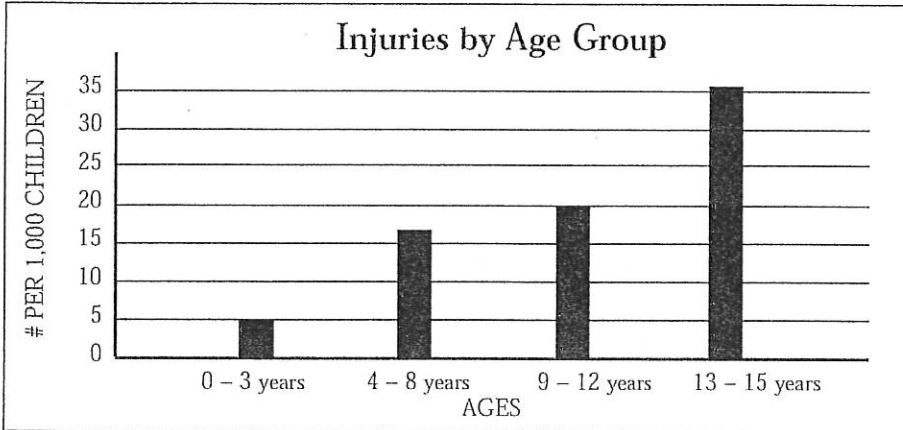
- This graph illustrates trends in the number of children exposed to deployed airbags by specific age groups. (see definitions, Page 10).
- There was little overall change between 1999 and 2004.
- Overall, 1% of children in crashes were exposed to a deployed air bag in 2004.

### 3. INJURIES (2003 – 2004)

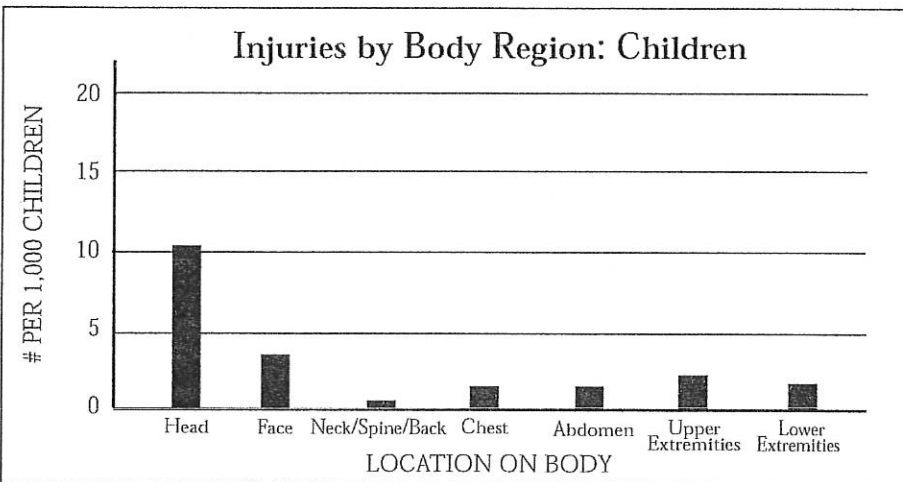
Injuries are defined as all those that are considered clinically significant, including concussions and more serious brain injuries, skull fractures, lacerations to the scalp and face, facial-bone fractures, spine fractures and spinal cord

injuries, injuries to the internal organs, rib fractures and all extremity fractures.

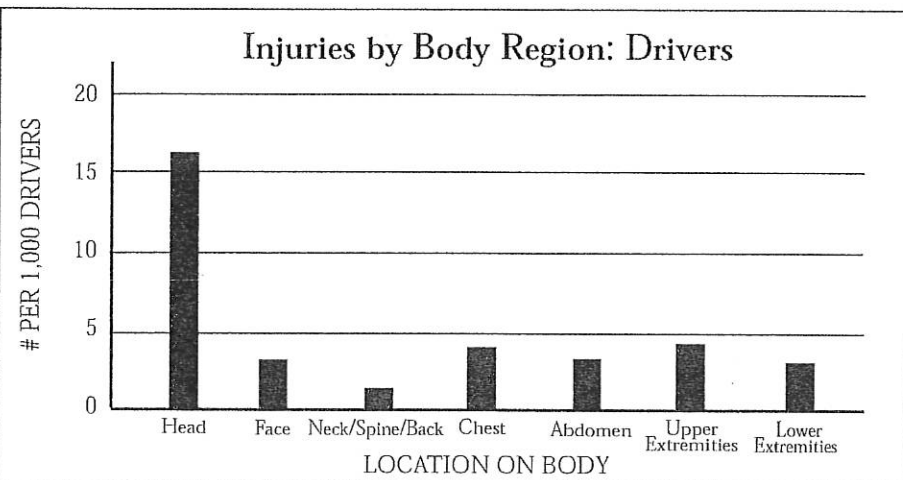
These data exclude lacerations (except on the scalp and face), bumps, bruises and burns.



- As children age, their risk of being injured in a crash rises. This is likely associated with high rates of child-restraint use for the youngest children.



- In 2003 and 2004, the overall rate of injuries for children involved in crashes was 18 per 1,000 children.
- Head and face injuries were the most common.



- Overall, the rate of injuries for drivers involved in crashes in the PCPS study in 2003 and 2004 was 36 per 1,000.
- Head injuries were the most common, occurring at a rate of 16 per 1,000 drivers.

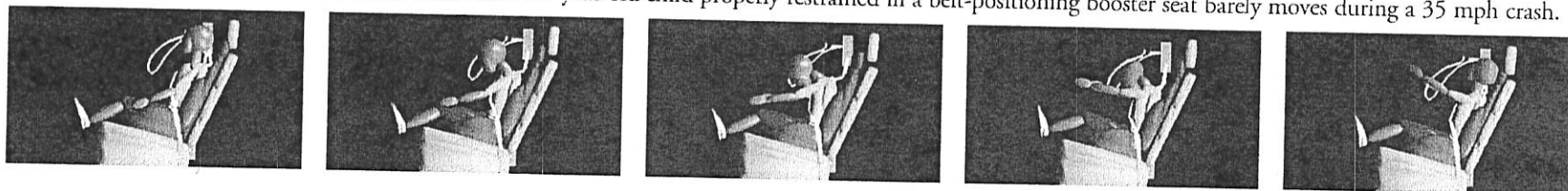
# Correct vs. Incorrect Restraint of a 6-year-old Child in a Motor Vehicle Crash



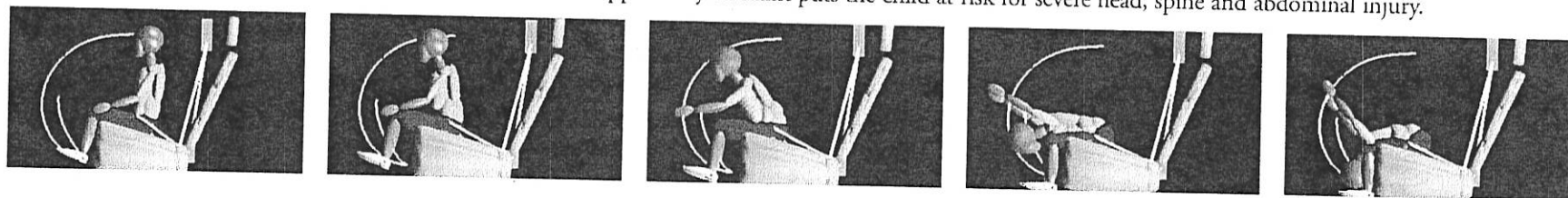
## Key Safety Message

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

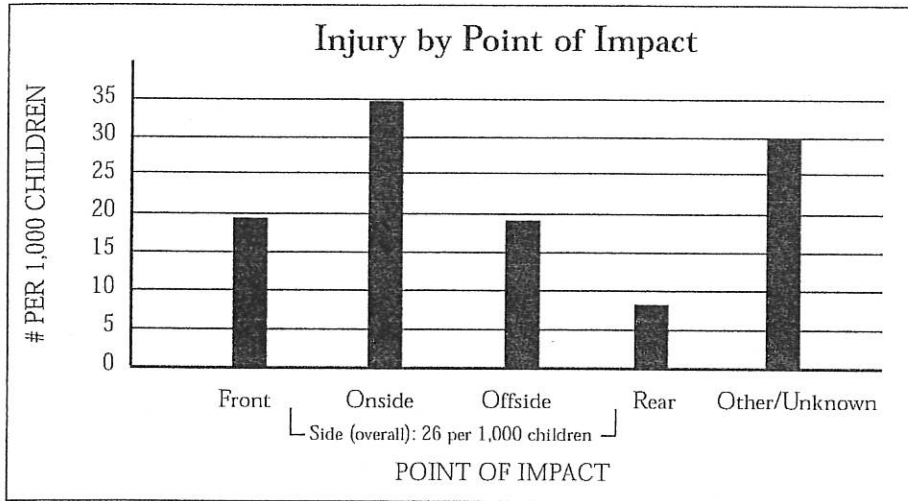
**Correct Restraint**—This simulation below shows how a 6-year-old child properly restrained in a belt-positioning booster seat barely moves during a 35 mph crash.



**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, spine and abdominal injury.



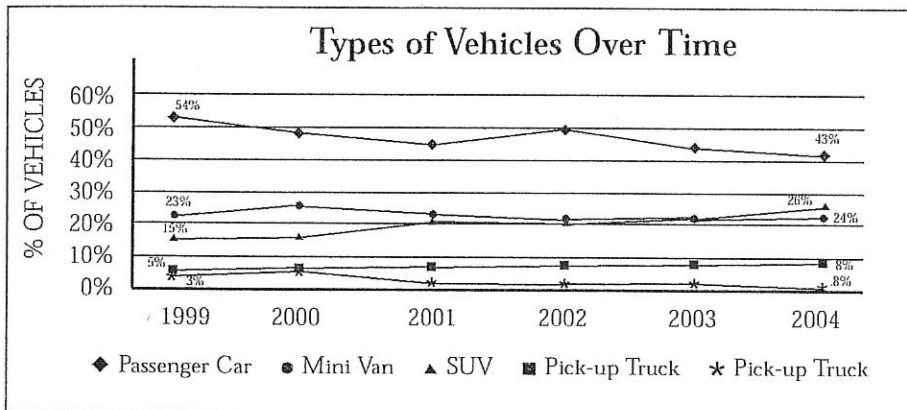
\* Placing the shoulder belt behind the back is a common and dangerous mistake children make when the shoulder belt doesn't fit properly.



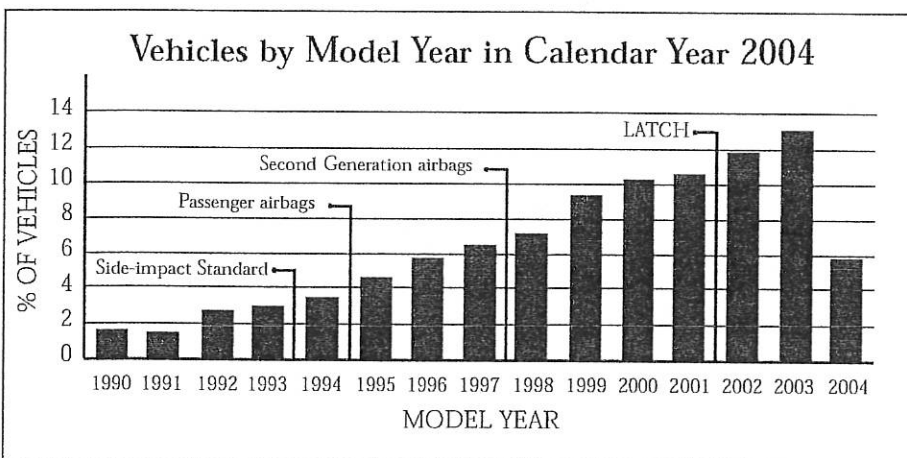
- Overall, injuries to children were most common in side-impact crashes, particularly onside crashes (see definitions, Page 11).
- The “Other/Unknown” category contains rollovers and multiple-impact crashes, which explains the higher rate of injury.

#### 4. VEHICLES

This section describes characteristics of the vehicles involved in crashes in the PCPS study.



- The percentage of SUVs in PCPS crashes increased from 15% in 1999 to 26% in 2004 (surpassing minivans).
- The percentage of passenger cars in child-involved crashes declined from a high of 54% in 1999 to 43% in 2004.



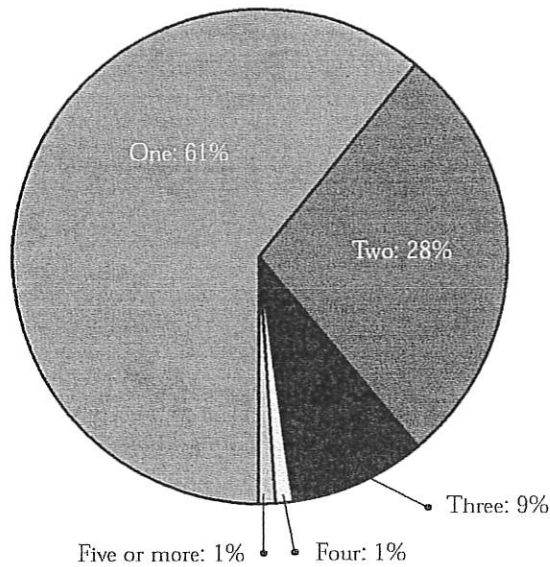
- 93% of vehicles enrolled in 2004 were equipped with driver airbags and 85% with passenger airbags (see definitions, Page 11).
- 69% of the vehicles in 2004 were equipped with second generation airbags.
- 31% of vehicles in 2004 were equipped with LATCH.
- Several safety standards and restraint technologies have been implemented over the past 15 years (see definitions, Page 10).

## 5. PEOPLE

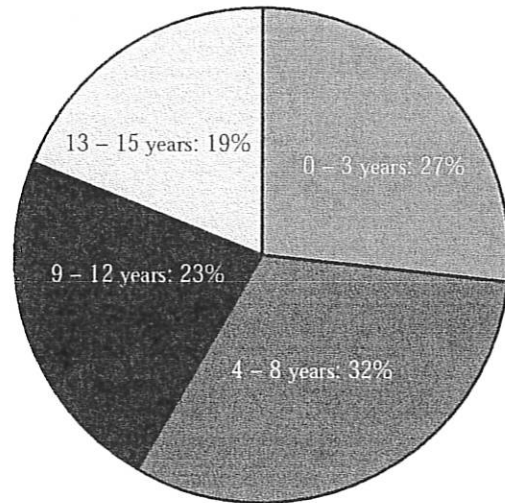
What we know about the study's participants in 2004:

- The majority of crashes occurred with one child passenger.
- Nearly 60% of the children involved in crashes were 8 years old or younger.
- Nearly 70% of the drivers in the PCPS study were between 25 and 44 years old, and 76% of the drivers were parents, stepparents or foster parents.
- Most of the drivers in the study (71%) were women.

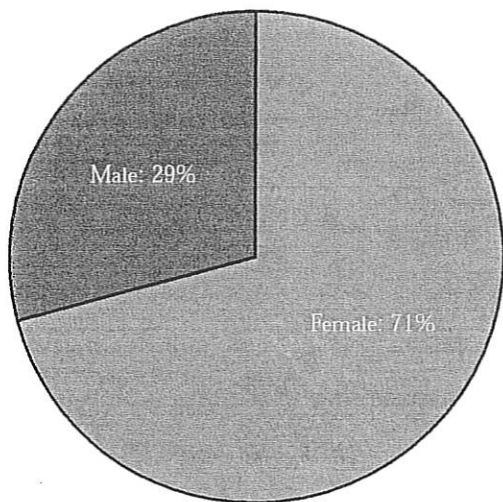
### Number of Children in Vehicle



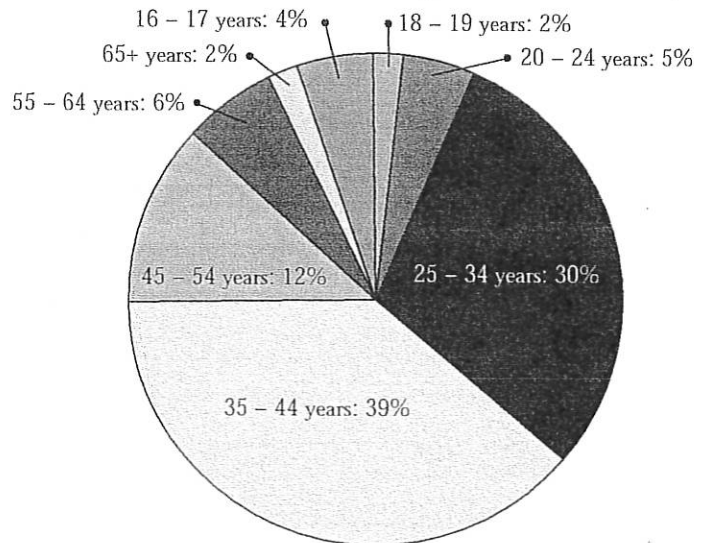
### Ages of Children



### Driver Gender



### Driver Age





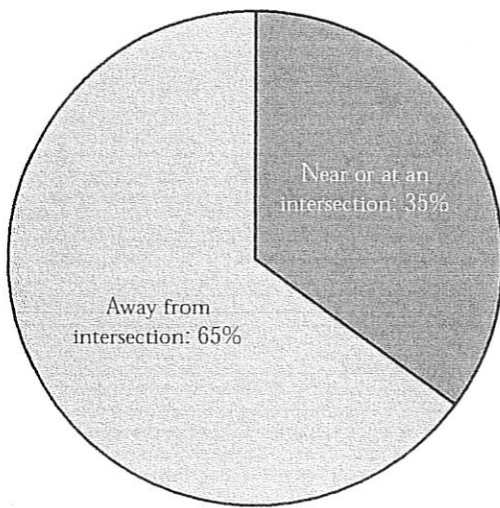
## 6. CRASH CHARACTERISTICS

What we know about the circumstances of the crashes involving children in 2004:

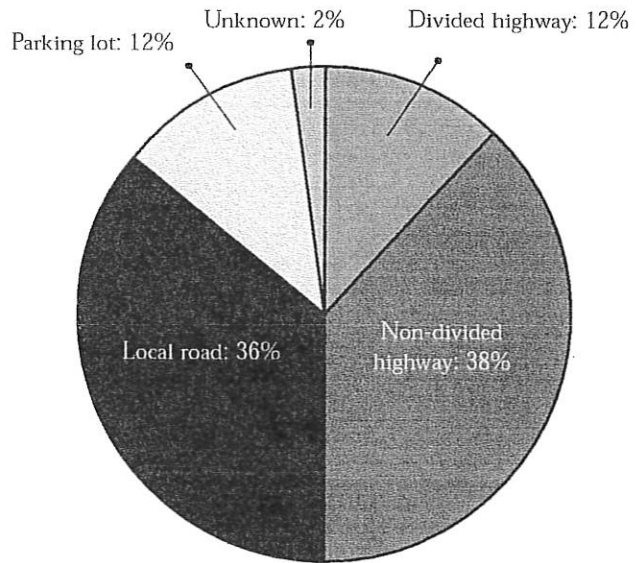
- More than a third of the crashes occurred near or at an intersection.
- Nearly half of the crashes took place on local roads or in parking lots.

- Frontal crashes accounted for the highest percentage of crashes at 45%.
- More than half of crashes occurred on roadways with posted speed limits of less than 45 m.p.h.

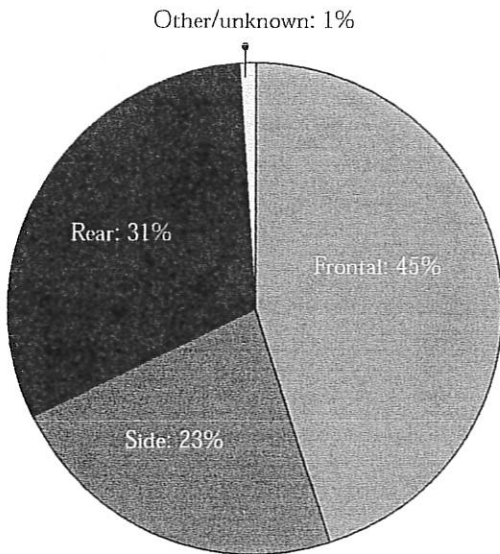
Location of the Crash



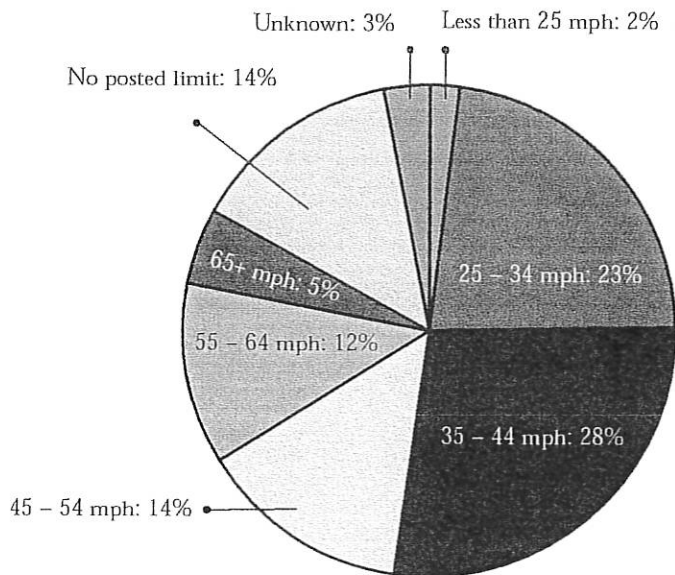
Type of Road



Point of Impact



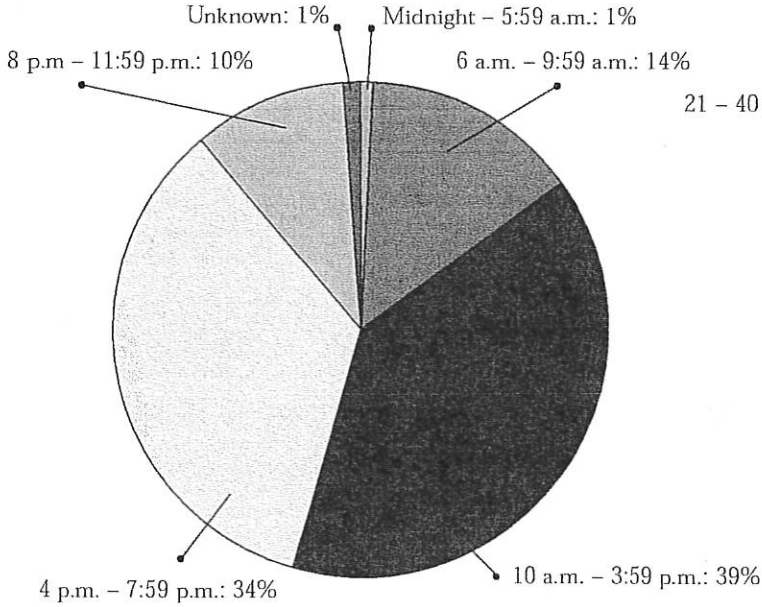
Posted Speed Limit



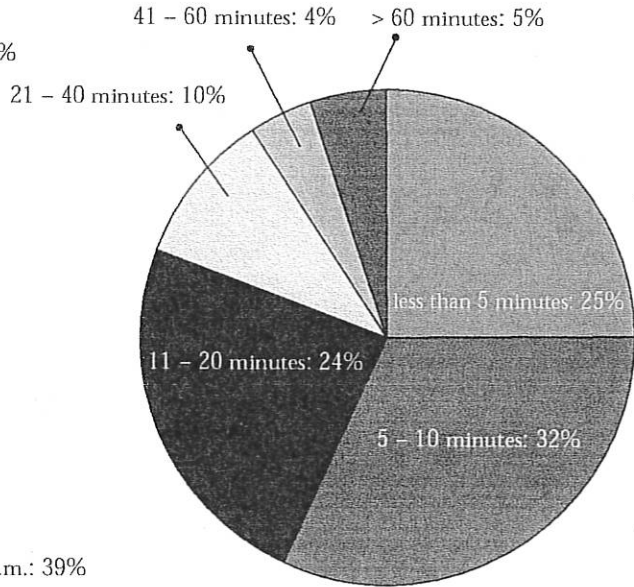
*Crash Characteristics continued*

- Nearly 75% of the crashes occurred between 10 a.m. and 8 p.m.
- Recreational trips and trips involving normal daily activities accounted for the majority of crashes.
- 57% of crashes occurred 10 minutes or less from home; more than 80% occurred 20 minutes or less from home.
- Half of the crashes occurred from Friday through Sunday.

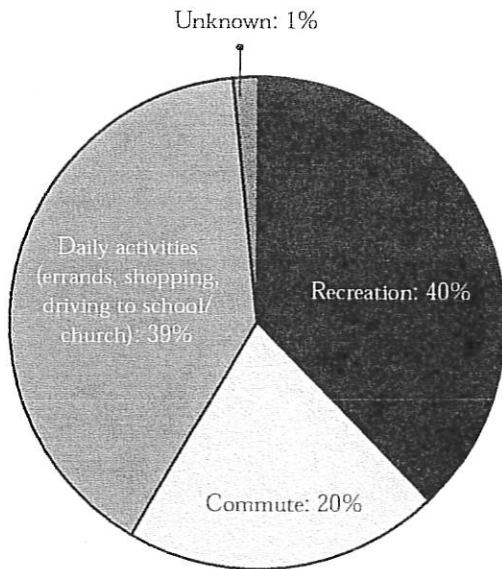
**Time of Day**



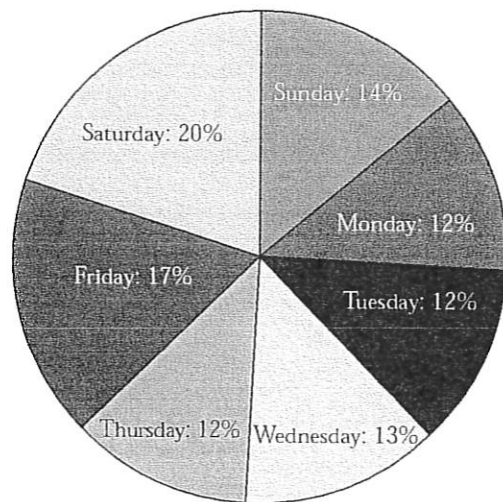
**Distance from Home**



**Reason for Trip**



**Day of Week**



## 7. STUDY DESIGN

PCPS is a research partnership between The Children's Hospital of Philadelphia and State Farm Insurance Companies®. The information represents State Farm-insured children younger than age 16 riding in model year 1990 or newer vehicles. Since 1998, the study has collected information from consenting State Farm Insurance automobile policyholders. The data included are from the District of Columbia and 16 states: Arizona, California, Delaware, Illinois, Indiana, Maryland, Michigan, Nevada, New Jersey (through November 2001), New York, North Carolina, Ohio, Pennsylvania, Texas (since June 2003), Virginia and West Virginia.

A stratified cluster sample is used to select vehicles involved in crashes for inclusion in the study. Vehicles containing

children who received medical treatment are oversampled so that the majority of those injured are selected while still representing the overall population. Those who were selected and agreed to participate took part in a 30-minute telephone interview to give researchers a comprehensive view of crash characteristics and injury severity. On-site crash investigations by researchers provide further information on injury mechanisms.

As of February 2005, more than 377,000 State Farm customers have participated in the study. In all, the crashes represented in the study involved 557,000 children. The study includes 25,000 in-depth interviews and more than 800 crash investigations.

## 8. ABOUT THE DATA

- The data are from Jan. 1, 2004 to Dec. 31, 2004 unless otherwise noted.
- Trend graphs cover the six years of the study through 2004 (Jan. 1, 1999 through Dec. 31, 2004).
- Child restraint use is presented by age of child and not by optimal restraint as defined by the American Academy of Pediatrics (see definitions).
- All of the children in the PCPS study have been involved in crashes.
- These data are from an insured population; uninsured drivers may have different practices.

## 9. DEFINITIONS

**Deployed airbag exposure** – A child was riding in the front seat at the time of the crash and the passenger air bag deployed (went off). Deployment of passenger airbags can cause injury and fatality to children.

**LATCH** – An acronym that stands for “Lower Anchors and Tethers for Children.” It refers to the child restraint anchor system specified in the Code of Federal Regulations’ Standard 225 and the corresponding top tethers and lower attachments identified in Standard 213.

**Onside crashes** – Side-impact crashes in which children sat on the same side as the impact. Offside crashes are side-impact crashes in which children sat on the opposite side of the impact.

**Optimal restraint** – The following guidelines for best child restraint practices were set by the American Academy of Pediatrics:

- Use a rear-facing car seat until the child is at least 1 year and 20 pounds.
- Use a forward-facing car seat until the child is too heavy or tall for the seat. Generally, this is when the child weighs 40 pounds (*usually around age 4*).
- Use a booster seat until an adult seat belt fits the child (*generally, this is when the child's height reaches 4' 9"*).
- For all children too big for car seats or booster seats, use a regular lap-and-shoulder seat belt (*usually older than age 8*).
- All children under 13 should sit in the back seat, not the front passenger seat.



**Passenger airbags** – Supplemental restraints in the right front seat position, which operate best when the occupant is using a seat belt. Airbags rapidly inflate in a collision to cushion the occupant, and help reduce the risk of serious injury by distributing crash forces more evenly across the body.

**Second-generation airbags** – These passenger airbags are designed to deploy with less force than original airbags and are required in all cars manufactured after 1998.

**Side-impact standard** – All passenger cars are required to comply with Standard 214 concerning side-impact protection. The entire structure of all cars must be reinforced according to strict regulations. Currently, this standard does not apply to light trucks (minivans, compact pickups, SUVs). The standards were phased into the U.S. vehicle fleet beginning in 1994, with full compliance required by 1997.

*The results in this report are the interpretation solely of the Partners for Child Passenger Safety research team at The Children's Hospital of Philadelphia and are not necessarily the views of State Farm Insurance Companies.*

[www.chop.edu/carseat](http://www.chop.edu/carseat)



Partners for  
Child Passenger Safety  
Neighbors working together

Information on child passenger safety and videos on child safety seat installation in both English and Spanish.



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In 2005, The Children's Hospital of Philadelphia celebrates 150 years as the birthplace of pediatric medicine in America. Throughout its rich history, a passionate spirit of innovation has driven this renowned institution to pursue scientific discovery, establish the highest standards of patient care and train future leaders in pediatrics. For a century and a half, Children's Hospital has served as a haven of hope for countless children and families worldwide.

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**Kansas House of Representatives  
 Judiciary Committee Hearing HB2611  
 January 25, 2006  
 Written Testimony of  
 Phyllis Larimore BSN, Car Seat Program Coordinator  
 Children's Mercy Hospitals & Clinics**

Good afternoon. I am Phyllis Larimore and my home address is 12060 Walnut, Olathe, KS. I am the Car Seat Program Coordinator of the Children's Mercy Hospitals and Clinics, a level one trauma center serving children through out the Kansas.

**MOTOR VEHICLE CRASHES REMAIN THE LEADING CAUSE OF DEATH AND ACQUIRED DISABILITY FOR CHILDREN BETWEEN THE AGES OF 4 AND 8 YEARS.** Unfortunately, children between the ages of four and eight years of age are not being restrained properly in motor vehicles. Experts agree and the evidence is conclusive that older children who have outgrown their child safety seats need to use belt positioning booster seats until the adult seat belt fits correctly.

**CHILDREN BEAR THE PAIN AND COST OF POOR CHOICES.** During this past year... nearly 1000 injured children were referred to Children's Mercy Hospitals for treatment of injuries sustained in a motor vehicle crash (MVC). Our goals are to restore the child's physical and emotional well being. Using the latest medical tools... we make every attempt to return the child to the family. Often... that is accomplished. However, too often.... these children... bear the cost of a parent or care-giver's "mistake".

EMS and law enforcement reports show that the drivers are not making sure that their child passengers are buckled up appropriately in the rear seat each and every time. Nearly all of the medical records note that the child was unrestrained or inadequately restrained... using a lap belt only or a lap-shoulder seat belt. All of these children in the 5 to 9 age grouping were not 80# nor 4'9" and were not being transported in a belt positioning booster. Several of the children were in a crash which a roll-over type. Ejection of the occupant in a crash is a cardinal warning that injuries are likely to be severe and perhaps fatal.

Hospital records show that Kansas children are at greater risk of injury in the event of a crash. Observational studies contacted by the Kansas Safety Belt Education Office predicts that many more children will be victims if the law is not upgraded and parents fail to secure their children appropriately. The figures below demonstrate that lack of appropriate child restraint is a public health issue and affects all of the citizens of Kansas. (See chart below)

Motor Vehicle, Occupant, Unintentional					
All CMH MVC Admissions	<1yr	1-4yr	5-9 yr	Total Visits	Total Charges
ED	37	167	239	820	\$ 1,689,553
IP	5	28	40	141	\$ 2,716,188
<b>Total</b>	<b>42</b>	<b>195</b>	<b>279</b>	<b>961</b>	<b>\$ 4,405,741</b>
Motor Vehicle, Occupant, Unintentional					
KS Children	<1yr	1-4yr	5-9 yr	Total Visits	Total Charges
ED	5	20	59	84	\$ 53,884
IP		5	14	28	\$ 529,729
<b>Total</b>	<b>5</b>	<b>25</b>	<b>71</b>	<b>101</b>	<b>\$ 583,613</b>

**In conclusion, Children's Mercy Hospitals & Clinics along with other Safety advocates recommend that the Kansas legislature pass HB2611 which will upgrade the CPS law to a minimum of:**

- Requiring child passengers' ages 4 to 7, less than 80# and less than 4'9" use booster seats.
- Add language that requires not only use, but proper use according to child safety seat manufacturer's instructions.
- Increase its fine for violations of the child occupant protection law to \$60 to more effectively deter non-compliance.

House Judiciary

Date 1-25-06  
 Attachment # 8

# Kansas State Child Death Review Board's testimony in support of HB2611

January 25, 2006  
Sarah Johnston, MD

The SCDRB was created by the 1992 Kansas Legislature. We are a ten member multidisciplinary Board who examines the circumstances surrounding the deaths of Kansas children from birth through age 17. Our purpose is to develop strategies to reduce the number of preventable deaths. We have reviewed the deaths of 4968 children occurring over 10 years (1994-2003.) On average 500 Kansas children die each year. 286 die from natural causes, 116 from unintentional injuries of which 74 are motor vehicle crash deaths, 40 from SIDS, 26 homicides, and 18 suicides. Over the 10 years, 747 children have died in motor vehicle crashes, of which 611 involved cars and trucks. After careful review the Board concluded that 98% of these fatalities were preventable.

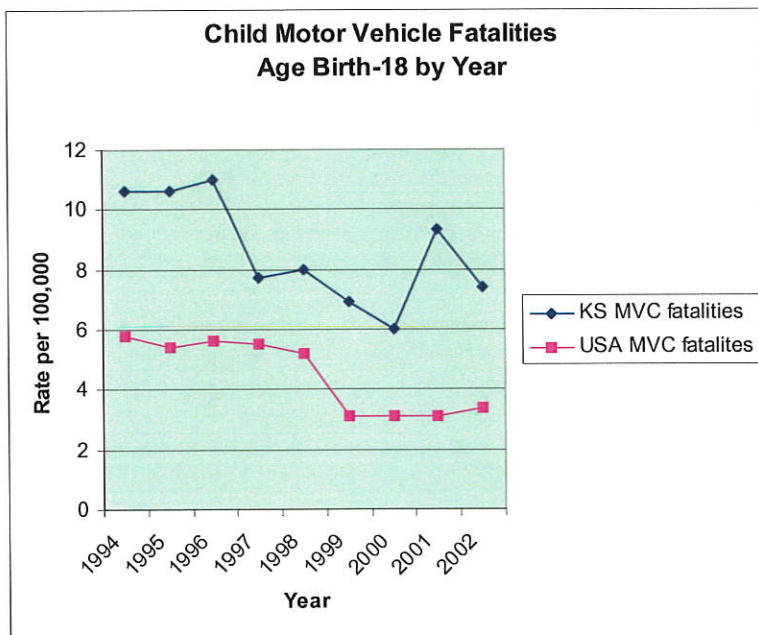


Figure 1 shows that Kansas has a higher mortality rate than the USA for motor vehicle crash deaths for the age group birth to 18 years.

Source: CDC National Center for Injury Prevention and Control

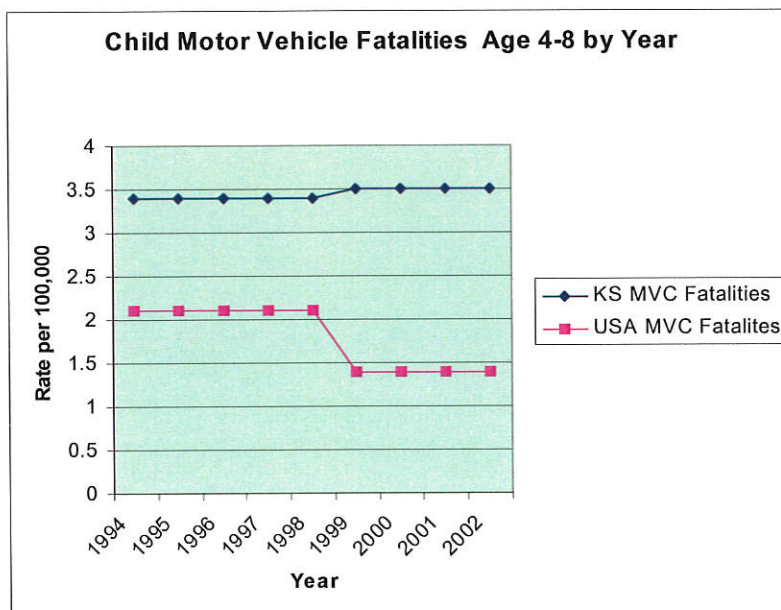


Figure 2 shows we also have a higher mortality rate for the four to eight year olds.

Source: CDC National Center for Injury Prevention and Control

House Judiciary

Date 1-25-06

Attachment # 9

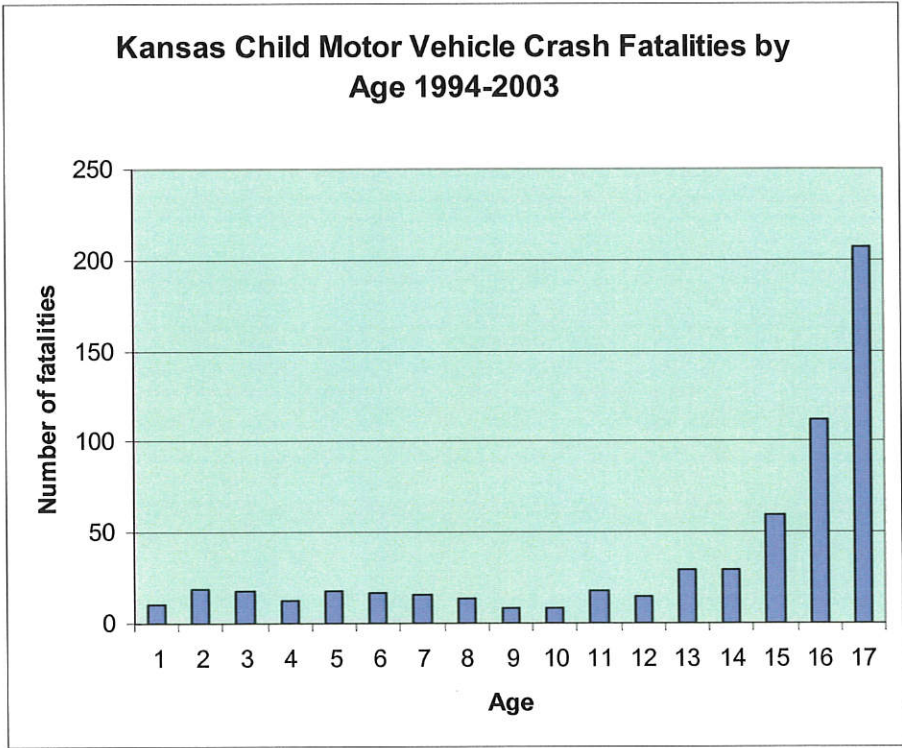


Figure 3 shows the number of fatalities for each age.

Source: Kansas SCDRB database.

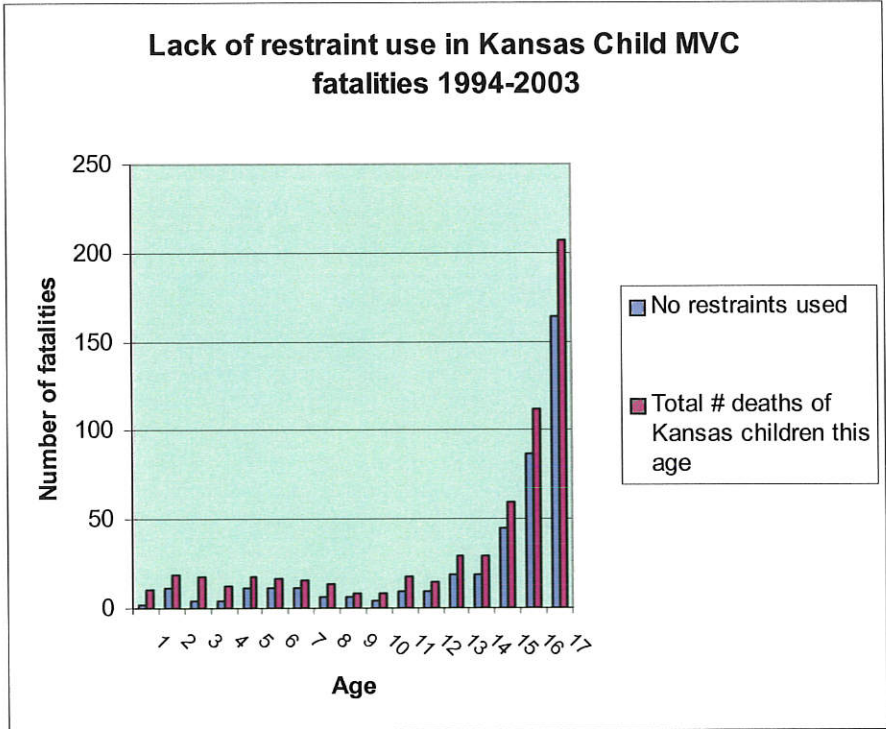


Figure 4 shows the number of fatalities in which proper safety restraints were NOT used for the children ages birth to 18 years.

Source: Kansas SCDRB database.

**Incorrect or lack of booster seat usage in Kansas Child MVC Fatalities by age 1994-2003**

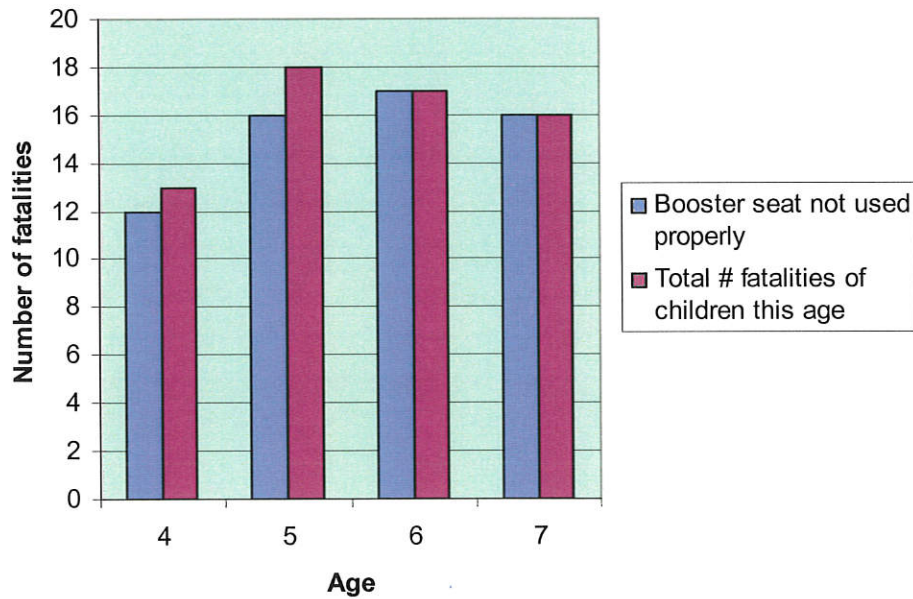


Figure 5 shows the number of fatalities in which booster seats were NOT used for children 4-8 years of age.

Source: Kansas SCDRB database.

Booster seats save the lives of four to eight year old children. According to a study reported in a 2004 Annals of Emergency Medicine, children in this age group involved in MVC in which booster seats were properly used were 59% less likely to be injured than those in seat belts. No child in a booster seat died.

Our Board strongly supports passage of HB 2611.





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 ksna@ksna.net



ELLEN CARSON, PH.D., A.R.N.P., B.C.  
 PRESIDENT

THE VOICE AND VISION OF NURSING IN KANSAS

TERRI ROBERTS, J.D., R.N.  
 EXECUTIVE DIRECTOR

January 25, 2006

House Judiciary Committee Members:

Hello, my name is Darlene Whitlock. I am here to represent the Kansas State Nurses Association, the Kansas State Council of the Emergency Nurses Association, and the Kansas Public Health Association. I have been an Emergency Nurse for more than 30 years, the last 10 with Trauma specifically. KSNA and ENA members, from all over the state, both rural and urban, strongly support House Bill 2611.

Nurses know first hand the tragedy preventable traumatic injury can bring. This is even more tragic when it involves innocent children. Improving the Child Passenger Restraint laws, beginning with Booster legislation, will help prevent some of these tragedies.

Recently the American College of Emergency Physicians released an evaluation of Emergency Care for all states. Kansas, like many other states, received an overall grade of C-. Two areas that were especially deficient (grades D and F) were in the areas of Quality of Care and Patient Safety, and Public Health and Injury Prevention. Seat belts and Child Restraint laws were noted to be lacking.

As a nurse who has personally seen serious injuries caused by the lack of restraint use or by improper restraint use, I can attest that this legislation is vital to prevent children from suffering needlessly. I personally have talked with parents whose children were in intensive care units because they did not know booster seats could prevent these injuries. While the number of deaths is not large, each is significant and the number of injuries is even larger. This takes an emotional toll on families and friends, and even a financial burden to society.

KSNA, ENA, and KPHA remain committed to improving the health of Kansans through not only health care, but also injury prevention. House Bill 2611 fits that mission.

Thank you,

Darlene S. Whitlock RN, MSN, EMT  
 ENA Board of Directors

Trauma Project Coordinator  
 Stormont-Vail Health Care  
 Topeka, Kansas

House Judiciary

Date 1-25-06  
 Attachment # 10



# KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on HB2611

To

Committee on Judiciary

By Howard Rodenberg, MD, MPH  
Director, Division of Health

Kansas Department of Health and Environment

Chairman O'Neal and members of the Committee on Judiciary, my name is Dr. Howard Rodenberg. I am the Director of the Division of Health at the Kansas Department of Health and Environment and the State Health Officer. Thank you for the opportunity to appear before you today regarding House Bill 2611, which proposes to strengthen the child passenger safety laws in Kansas.

Unintentional injuries kill more young Kansans than any other cause, and motor vehicle crashes result in nearly half of these deaths. Motor vehicle crashes are the leading cause of death among children (CDC 2004), and nearly 5,000 Kansas children were involved in crashes last year. Safety belt use alone in children does not provide enough protection. Booster seats have been shown to decrease injuries for children ages 4 to 8 when compared with seat belt use alone. Children 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, and of the children who died in motor vehicle crashes in the United States in 2000, 46% were unrestrained and 36% were restrained in only a car seat belt, without a booster seat (NHTSA 2001). The issue of child passenger safety is designated a public health priority in the United States Centers for Disease Control's *Healthy People 2010* report.

We know that Kansas has a poor record of seat belt use in adults, and the same is regrettably true in children. Information from KDOT shows that only half of our children are properly restrained within our vehicles. We also know that state laws that require use of safety restraints have a dramatic impact on compliance. For example, a state law in Indiana with essentially the same provisions as HB 2611 increased compliance nearly seven-fold within 4 months of going into effect. In real terms, that means that if our rate of use only increases by 50%, a further 45,000 Kansas children are protected from serious injury and death.

House Judiciary

Date 1-25-06

Attachment # 11



# K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

There is no question that cost is a dominant issue in health and health care policy. In this context, this legislation will result in reduced costs for insurance programs such as the Medicaid Brain Injury Waiver Program that serve citizens with a traumatic brain injury, and for acute health care such as hospitalizations. It's

been estimated that for every dollar spent on child safety seats, we save \$32.00 as a community. The lowest priced cost of a booster seat at Wal-Mart online is \$13.00. Again, if we only enhance use by 50% through passage of this bill, we can potentially save over 19 million dollars in health care costs each year.

I'd like to share one anecdote with you that illustrates the power of such legislation for change. When I had a child eight years ago, I became fanatical about making sure he was properly restrained in his car seat. Now, on those rare occasions when I forget to fasten my belt, he is the one who reminds me to do so. Passage of this bill will not only protect children. As children learn that this is the right thing to do, they remind adults, and Kansans of all ages benefit.

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



January 25, 2006



**KANSAS  
ACTION FOR  
CHILDREN**

*Making a difference for Kansas children.*

To: House Judiciary Committee  
From: Cindy D'Ercole  
Re: House Bill 2611 – Booster Seats

Kansas Action for Children Inc.  
720 SW Jackson | Suite 201  
Topeka, KS 66603

P 785-232-0550 | F 785-232-0699  
kac@kac.org | www.kac.org

Celebrating 25 years  
of child advocacy

## **Kansas Action for Children supports enactment of HB 2611.**

Motor vehicle crashes are the single largest killer of children age 4 to 8 in Kansas. Fortunately this is a case where a clear problem has a very clear solution. 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.
- < Increase the fine from \$20 to \$60, which would bring it in line with other standard traffic fines such as stop sign violations.

### **Booster Seats Work:**

The research makes it absolutely clear that children ages 4 to 8 are the safest in a booster seat. The data illustrates that booster seats are effective at preventing death and severe injuries. Seat belts are made for adults, and put a child at risk of serious injury in several ways. In fact, booster seats reduce a child's risk of injury by 59% compared to using only a seat belt.

### **Booster seat laws work:**

Research indicates that the lack of booster seat provisions in state child restraint laws contributes to the doubts that many parents have about the need to use booster seats. The result is that even the most safety conscious parent might not be truly informed about booster seats, and Kansas children between the ages of 4 to 8 are still unnecessarily injured in car accidents.

A good example of the effect of booster seat laws is the dramatic rise in booster seat use in Indiana. Just four months after the Indiana Child Passenger Law went into effect, the number of children ages 4 to 8 using booster seats went from 9% to 72%.

To date, 32 states and the District of Columbia have some form of booster seat law. I sincerely hope that Kansas will also take the opportunity to ensure that our children are as safe as possible on Kansas roadways by passing HB 2611.

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Gary Brunk

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Pam Shaw, MD

House Judiciary

Date 1-25-06  
Attachment # 12

## Booster Seats: *Protecting Kansas Children*

### ***The Importance of Booster Seat Laws***

Many parents look to the law for what is safe behavior for their children.

Current Kansas law is misleading: A 5 year-old is required to wear a seat belt, but standard medical practice dictates that adult seat belts do not protect children properly.

Research indicates that the lack of booster seat provisions in state child restraint laws contribute to the doubts that many parents have about the need to use booster seats.

### QUICK FACTS

*The number of Indiana children in booster seats rose dramatically after the state's booster-seat law went into effect.*

*Just four months after the Indiana Child Passenger Law went into effect, the number of children ages 4-8 using booster seats went from 9% to 72%.*

*To date, 32 states and the District of Columbia have some form of booster seat law.*

### **Booster Seats Save Lives**

Motor vehicle crashes are the single largest killer of children age 4-8 years. Extensive data indicates that these children are safest in a booster seat which reduces a child's risk of injury by 59% compared to using only a seat belt. Kansas needs to upgrade its child passenger safety law to require children between the ages of 4-8 to use booster seats.

### **Background**

Seat belts are made for adults. Children over 40 pounds and under 4'9" tall are too small to fit into adult seat belts. Poorly fitting seat belts put a child at risk of serious injury in several ways. Booster seats work by raising a child up so that the lap and shoulder belt are positioned safely. Booster seats are a simple solution that save lives and prevent injuries.

*Current Kansas law does NOT require children to be protected in booster seats.* The result is that even though most parents understand the need for using a car seat with their younger children, many Kansas children between the ages of 4-8 are still unnecessarily injured in car accidents.

### **Booster Seats Work**

- Booster seats reduce the risk of injury by 59% compared to the use of only seat belts.
- Booster seats protect against head injury four times better than seatbelts. The brain is the organ least likely to recover from injury.
- 71% of car crash injuries to 4- to 8-year old are to the head and face.

### **Improving the Kansas Child Passenger Safety Law**

Based on the guidelines of the National Highway Traffic Safety Administration, the proposed Kansas law would require the following children to use a booster seat:

- Children ages 4, 5, 6 and 7 years who either
- 1) weigh less than 80 pounds *or*
  - 2) are shorter than 4'9" in height.



January 25, 2006

The Honorable Michael O'Neal  
Chairman, House Judiciary Committee  
Kansas House of Representatives  
Kansas State Capitol, Room 143-N  
Topeka, KS 66612

Dear Chairman O'Neal:

On behalf of Safe Kids USA, a member of Safe Kids Worldwide, I want to thank you for sponsoring House Bill 2611, the proposed upgrade to Kansas' child passenger safety law.

As you may know, motor vehicle crashes remain the leading cause of unintentional injury-related death among children ages 14 and under. Each year, nearly 1,600 child occupants ages 14 and under die in motor vehicle crashes and close to 228,000 are injured as occupants in motor vehicles. Unrestrained children are more likely to be injured, to suffer more severe injuries and to die in motor vehicle crashes than children who are restrained.

We know that strong occupant protection laws that are consistently enforced are one of the best ways to prevent injuries and save children's lives. House Bill 2611, if enacted into law, would close a significant gap in Kansas' child occupant protection law by requiring some older children to ride properly restrained in a booster seat, secured by the motor vehicle's seat belt system.

If Safe Kids can be of any assistance to you, please do not hesitate to contact me at (202) 662-4463 or Tanya Chin Ross, Senior Public Policy Associate, at (202) 662-0606. Thank you for your leadership on this important safety initiative.

Sincerely,

A handwritten signature in black ink, appearing to be "Alan Korn", written over a horizontal line.

Alan Korn, J.D.  
Director of Public Policy & General Counsel

cc: Jan Stegelman, Safe Kids Kansas

House Judiciary

Date 1-25-06

Attachment # 13



## National Transportation Safety Board

Washington, D.C. 20594

Office of the Chairman

January 23, 2006

Honorable Michael O'Neal  
Chairman  
Kansas House Judiciary Committee  
Kansas State Capitol  
300 SW 10<sup>th</sup> Avenue  
Room 143 North  
Topeka, Kansas 66612-1504

Dear Chairman O'Neal:

I understand that on Wednesday, January 25, the Kansas House Judiciary Committee will consider House Bill (H.B.) 2611. This bill requires children four years of age, but under the age of eight years and who weigh less than 80 pounds or are less than 4 feet 9 inches in height to use an appropriate child passenger safety restraint system while riding in a motor vehicle. Enclosed is the National Transportation Safety Board's written statement of support for this legislation.

Please contact Ms. Stephanie Perkins, (202) 314-6014, should you have any questions. Thank you for taking up this important issue.

Sincerely,



Mark V. Rosenker  
Acting Chairman

Enclosure (25 copies)

cc: Ms. Jan Stegelman, Coordinator  
Safe Kids Kansas

House Judiciary

Date 1-25-06

Attachment # 14



**National  
Transportation  
Safety Board**

**Safety Information**

---

Washington, D.C. 20594

**TESTIMONY OF**

**MARK V. ROSENKER**

**ACTING CHAIRMAN**

**NATIONAL TRANSPORTATION SAFETY BOARD**

**BEFORE THE**

**JUDICIARY COMMITTEE**

**KANSAS HOUSE**

**ON**

**HOUSE BILL 2611**

**CHILD PASSENGER SAFETY LEGISLATION**

**TOPEKA, KANSAS**

**JANUARY 25, 2006**

Good afternoon Chairman O'Neal and members of the Judiciary Committee.

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 causes, 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 cannot mandate implementation of these recommendations. However, in our 38-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 1995 through 2004, more than 3,800 children in this age group were killed while riding in motor vehicles. Over 86 percent of child passengers in this age group who died had been unrestrained or placed in an adult seat belt. For this age group, during the same time period, 55 children died in Kansas while riding in motor vehicles; 79 percent of these were unrestrained or had been restrained only by an adult seat belt.

Restraining a child makes it three times less likely that the child will be injured in a crash. Placing a child in the rear seat makes it an additional two 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 seat with a belt-positioning booster seat.

Today I will discuss two key issues. First, belt-positioning booster seats are necessary to ensure proper seat belt fit for children ages 4 to 8. Second, a successful booster seat program requires legislation.

#### 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 fatally injured children was a child who had been placed in the appropriate restraint and who had used it properly. Children inappropriately restrained by seat belts had higher overall injury severity, including five fatal injuries, 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. Because such shoulder belt positioning 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,<sup>1</sup> 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 only in seat belts are 3.5 times more likely to suffer abdominal injury than children appropriately restrained with booster seats. When children use booster seats, the odds of injury are 59 percent lower than when children use only seat belts.

#### A Successful Booster Seat Program Requires Legislation

Although education is an important factor in increasing booster seat use, it is not sufficient by itself for attaining higher booster-seat use levels. A 2003 survey conducted by the National Highway Traffic Safety Administration revealed that 85 percent of parents and caregivers had heard of booster seats, but only 60 percent of those who knew about booster seats had used them at some point. The survey also revealed that just 21 percent of children ages 4 to 8 had traveled on at least one occasion in a booster seat. Among the State Farm insured population participating in the ongoing Partners for Child Passenger Safety study, 62 percent of children between the ages of 4 and 8 were placed only in adult seat belts.<sup>2</sup>

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 both his seat belt and the vehicle, even though his seat belt remained buckled. Ms. Skeen's reliance on State law

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<sup>1</sup> 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.

<sup>2</sup> Partners for Child Passenger Safety, CPS Issue Report, July 2004.

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.

In the 1996 safety study, the Safety Board found that a lap/shoulder belt would not properly fit a child less than 54 inches tall; children under this height would be safer in a booster seat. The general opinion among law enforcement has been that age is a better enforcement criterion than height. At the time of the Board's 1996 study, the American Academy of Pediatrics age, height, and weight guidelines indicated that the average 8-year-old child was 54 inches tall. 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.

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 82 percent. Thirty-three States (Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Maine, Maryland, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, West Virginia, and Wyoming) and the District of Columbia mandate that children age 4 and above use booster seats. At least 6 other States are considering booster seat legislation.

FARS data from 1995 through 2004 show that 297 children were riding in motor vehicles on Kansas roads when they were involved in a fatal crash. Eighty-two percent of the 297 children died or suffered injuries; 94 percent of those children who died or suffered injuries were not in child restraints. Only 24 children, or 8 percent, involved in fatal crashes were using any form of child restraint.

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. House Bill 2611 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. Passing this bill will save lives and reduce serious injuries for Kansas' youngest citizens.

Thank you again for inviting the Safety Board to testify about this important problem.





# Kansas Sheriff's Association

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To: House judiciary Committee  
 Re: HB 2611

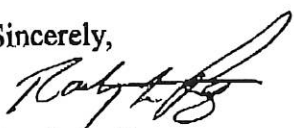
The Kansas Sheriff's Association comes in support of HB 2611. We must enact laws that help protect our children when they are traveling in vehicles in Kansas. Children do not understand the risk involved in riding in a vehicle in which they are not properly restrained. Too many times in Kansas Law Enforcement officers work accidents that result in death or great bodily injury to children that if they had been properly restrained in a booster seat or seatbelt they would have not received these injuries. By enacting a law that protects our children and would require us adults to do what we should be doing already is not invading on anyone's rights or creating undo hardships on individuals.

Law Enforcement recognizes that this bill does create a challenge for law enforcement as to the enforceability in regards to the age, weight and height regulations. This bill would require officers to use their best judgment when attempting to enforce this bill. While difficult, we must work towards providing the greatest opportunity for our children to be safe while traveling in a motor vehicle in the State of Kansas.

I have talked to many parents of small children that this law could potentially impact and resoundedly they all say that they do not have a problem with the booster seat bill. In fact there comment generally is "parents with common sense are already utilizing booster seats for their kids".

Therefore, we would ask that you favorably pass HB 2611 and help Law Enforcement in Kansas protect the children.

Sincerely,



**Randy L. Rogers**  
 Legislative Chair  
 Kansas Sheriff's Association

House Judiciary

Date 1-25-06

Attachment # 15



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Carolyn N. Gaughan, CAE  
Executive Director

The largest medical specialty group in Kansas.

January 23, 2006

To: House Judiciary Committee  
From: Joe D. Davison, MD, President  
Re: HB 2611

Rep. O'Neal and Members of the House Judiciary Committee:

Thank you for this opportunity to present our position on House Bill 2611 on behalf of the Kansas Academy of Family Physicians (KAFP). My name is Joe Davison, MD, and I am the president of KAFP this year. We have over 1,430 members in our organization, including over 850 practicing physicians, 155 resident-physician members, medical student members, and retired members.

I am writing to urge you to support HB 2611 the child passenger safety law. These specific changes to the child passenger safety law will save the lives of Kansas children:

- Increase the age for appropriate child restraint use to include children ages 4 to 8 or 4'9" or 80 lbs.
- Increase the fine from \$20 to \$60, which brings it in line with other traffic fines in the state. However, the entire fine is waived if a driver provides proof of child seat acquisition.
- Include a phase-in period for these new requirements to allow for appropriate public education.

Here are some of the issues:

- Motor vehicle crashes are the leading cause of death for Kansas children ages 1 through 17 (Child Death Review Board).
- Observational surveys conducted in 2004 found that 81% of Kansas children ages 0-4 were in child seats, but only 49% of children ages 5-9 were protected by a booster seat or seat belt. This compares to a 68% usage rate for adults.
- One in 20 passenger vehicles is involved in a crash each year.
- Non-use of appropriate restraints costs us all – through higher automobile insurance premiums and increased Medicaid costs.

Seat Belts and Child Restraints Work:

- A national study in 2003 found that placing a 4-7 year old in a booster seat rather than an adult seat belt reduces the risk of death or serious injury by 59%.

The mission of the Kansas Academy of Family Physicians is to promote House Judiciary  
for all Kansans through education and advocacy for family pt

Date 1-25-06  
Attachment # 16



Joe D. Davison, MD  
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Terry L. Mills, MD  
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Joe Parra, MD  
*Resident Representative*

Jennifer Bacani  
*Student Representative*

Carolyn N. Gaughan, CAE  
*Executive Director*

*The largest medical specialty group in Kansas.*

- 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.
- Booster seats that meet federal safety standards are readily available for \$12-\$30. Seats are also available in Kansas through loaner and distribution programs, Child Safety Seat Check Up Events and Fitting Stations, and Safe Kids Kansas. Several models of child safety seats will convert to a high-back booster seat.

Laws work:

- Kansas 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 Indiana, 4 months after their booster seat law went into effect, booster seat use for children ages 4 to 8 went from 9% to 72%.
- It's not just common sense – the state's child seat law is the most frequently used reference for safe child transportation used by Kansas parents.
- Thirty-Four states (including D.C.) now have booster seat laws

For all these reasons we urge you to pass HB 2611. Please feel free to contact me if you have any questions. Thank you for your consideration of this important child safety issue.

Sincerely,

Joe D. Davison, MD  
President

**Testimony to the House Judiciary Committee**  
**January 25, 2006**  
**RE: HB2611**

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

Good afternoon. 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 103 licensed ambulance services and first response agencies in Kansas as well as over 900 individual members. Our service memberships alone involve over 6000 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. Many Kansas EMS agencies provide a similar service in their communities.

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.

The first child fatality I responded to was over 20 years ago. It was a bright sunny Father's Day afternoon. The front wheel of the vehicle dropped off the pavement of a narrow rural highway. The driver overcorrected and the vehicle rolled once into the ditch coming to rest on its top. A beautiful, blonde little boy, just 5 years old, was thrown from the vehicle during the crash and the car rolled

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over him. This frequently happens in roll over crashes. He was dead when we arrived. I remember that crash so vividly, not just because it involved a child, but because I had a beautiful, blonde, five year old little boy at home waiting for me to get off work. There has not been a birthday, holiday, graduation, wedding or birth of a grandchild in those past 20 plus years that I have not thought of that family and all that they lost that afternoon. That loss, like so many others I have seen in the years since, could have been prevented by the proper use of a child restraint device called a Booster Seat. Booster Seats help the vehicle's lap and shoulder belts fit correctly and work correctly to protect the child in crashes.

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 slammed into the roadway with forces no human body can endure. These losses happen in your community just like they do in mine. Emergency responders all over our state carry those scenes in their hearts as they continue their work in your communities.

I will not attempt to further describe the all too common horror of those tragedies. I will ask you, instead, to focus on the chilling statistics you hear 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 of the tragedies 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.

Remember as you debate the critically needed legislative change, that behind every number in the statistics there is a family, a school, a church, a

community whose members will grieve forever. The death or serious injury of a child never goes away. That loss will always be felt.

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 daughter survived a head on crash with only minor bruises because of properly used restraints. That crash happened to my daughter just a half mile from our home. I will fight it with the passion of an emergency responder who has seen those tiny lives ended or changed forever all too frequently.

I will also remind those making that argument that it has been well established in law and in moral code in our state that nobody, not even a parent or grandparent, has the right to endanger a child. The current child restraint law causes loving parents and caregivers to inadvertently endanger their children when they follow the current law with the assumption that Kansas child restraint laws protect their child.

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 the best and safest practice for protecting children in crashes. Children up to about 80 pounds and 4 feet 9 inches tall must be in Booster Seats to be properly protected by the vehicle's restraints. 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.