

November 8, 2017

The Honorable Laura Cox
351 Capitol Building
Lansing, MI 48933
(517) 373-3920
LauraCox@house.mi.gov

Dear Chairwoman Cox and Members of the House Appropriations Committee,

As pediatricians and advocates for the health and safety of children, we write to express our support for House Bill 4951. This bill will update our state's laws regarding child safety restraints in vehicles, and bring them in line with current evidence-based guidelines set forth by the American Academy of Pediatrics and other groups.

Motor vehicle crashes remain the leading cause of death for children older than 1 year. As pediatricians, we have personally seen the significant injuries that car accidents can have on children; appropriately sized and positioned child safety seats can decrease the risk of death by motor vehicle crash in toddlers by over half. This can be done without requiring consumers to buy additional car seats or creating burdensome expenses for the state.

Currently our laws in Michigan fall far short of the American Academy of Pediatrics recommendations for child safety seats and place all of our children at unnecessary risk for injury and death every time a parent places them in a car. Parents receive mixed messages regarding the safe use of child safety restraints, leading to confusion and unintended risk for their children. This bill is an opportunity to create a single, evidence-based message that will help parents as they strive to do what is best for their children.

We voice our support for HB 4951 as an important step in protecting Michigan's most vital asset - its children.

Respectfully,

Alyssa Wojciechowski, MD
Emily Rassel, MD
Timothy Visclosky, MD
V. Bernadene Jayasundera, MD
Jonathan Bender, MD
Matthew Rees, MD

1500 E. Medical Center Drive
Medical Professional Building
Room D3227, SPC 5718
Ann Arbor, MI 48109



September 7, 2017

The Honorable Laura Cox
Michigan House of Representatives
124 North Capitol Avenue
Lansing, MI 48909

Dear Representative Cox:

We write as Safe Kids coalitions around our state in strong support of your legislation to strengthen Michigan's child passenger safety law, which will protect the most vulnerable people in our state, our children.

Your legislation comes at an important time because for the first time in decades there's a trend upwards in road fatalities for all populations throughout the nation. Between 2014 and 2015, there was a 6 percent increase in the number of fatalities for kids 0-8.ⁱ (See chart on page 2.)

The bill responds to the most recent set of recommendations from the American Academy of Pediatrics that requires the smallest kids to be rear facing in a car seat up to age two or weighing less than 30 pounds and kids who are no more than 57 inches and weigh 50 pounds or more to be in a booster seat. These careful recommendations are based on evidence:

- Children under the age of two are 75% less likely to sustain a serious injury or die when they are in a rear-facing car seat.ⁱⁱ
- The odds of injury for children riding in booster seats are 59 percent lower than the risks children face when using safety belts alone.ⁱⁱⁱ
- From 2000-2015, for children 0-8, there has been a 47 percent decrease in the number of motor vehicle related child passenger fatalities.ⁱ

This is so important because parents and caregivers look to the laws of their states on how to keep their kids safe in cars. A study based on a survey of Michigan parents concluded that "legislation was a key determinant of the level of use and the motivation to use booster seats."^{iv} Some 60% of sometime users and non-users of booster seats said they would be more likely to use booster seats regularly if required by law.^{iv}

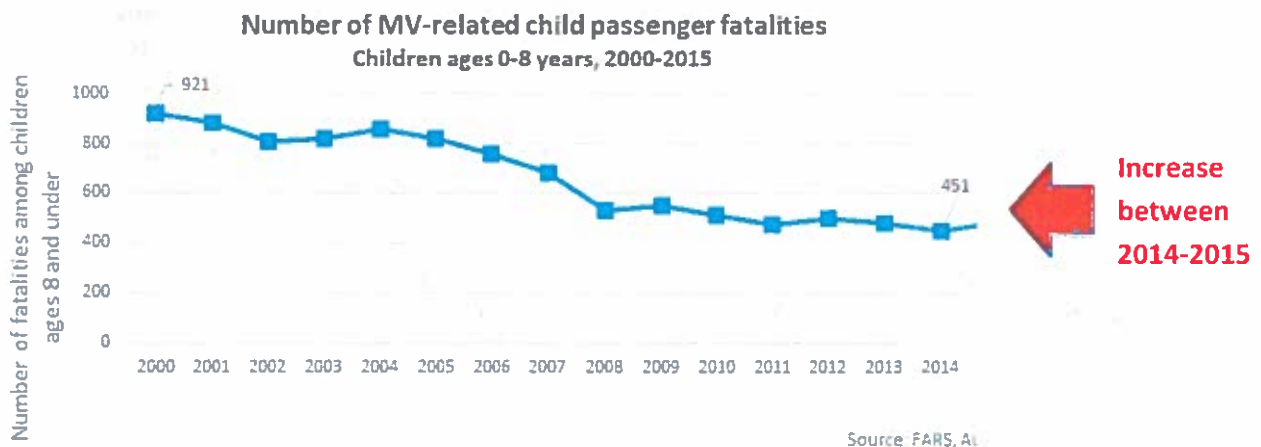
Safe Kids is a network of organizations dedicated to protecting kids from unintentional injuries, the number one cause of death to children in the United States. We work with a network of more than 418 coalitions in the U.S. on a range of injuries from sports injuries to highway and motor vehicle tragedies. We have a strong presence in Michigan with 14 coalitions, including Safe Kids Michigan. In addition, for

twenty years Safe Kids has partnered with the General Motors Foundation on child safety involving kids "on the road."

Passage of this bill would be an important advance for the safety of Michigan's children. We thank you for your consideration of this bill. Kindly contact our coalition leader in Grand Rapids if you have any questions, Jennifer Hoekstra, 616.485.0205 or Jennifer.Hoekstra@helendevoschildrens.org.

Sincerely,

Safe Kids West Michigan
Safe Kids Greater Grand Rapids
Safe Kids Capital Area
Safe Kids Greater Flint Michigan
Safe Kids Kalamazoo
Safe Kids Huron Valley
Safe Kids Metro Detroit



ⁱ National Highway Traffic Safety Administration (NHTSA). Fatality Analysis Reporting System (FARS). Washington, D.C. Accessed

ⁱⁱ Bull M, Durbin D, "Rear-Facing Car Safety Seats: Getting the Message Right," *Pediatrics*, 04/2008; 121(3):619-20. Accessed June 17, 2016. Available at

http://pediatrics.aappublications.org/content/121/3/619?sso=1&sso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token (abstract only).

ⁱⁱⁱ Journal of the American Medical Association, June 2003, available at

<https://one.nhtsa.gov/people/injury/research/6thAnnualBUARreport/pages/Status.htm>.

^{iv} Bingham CR, Eby DW, Hockanson HM, Greenspan AI, "Factors Influencing the Use of Booster Seats: A State-Wide Survey of Parents, Accident Analysis & Prevention," 09/2006; 38(5): 1028-1037. Accessed May 17, 2016. Available at <http://www.ncbi.nlm.nih.gov/pubmed/16737675>.

^v Anthony Green, Safe Kids Worldwide, Director, Public Policy, agreen@safekids.org

Colleen Mathis
1336 Heatherwood Lane
Ann Arbor, MI 48108
November 4th, 2017

Representative Cox
Michigan House of Representatives
PO Box 30014
Lansing, MI 48909

Dear Representative Cox:

My name is Colleen Mathis and I am a current Pediatrician in Ann Arbor, Michigan. I speak to my patients and their parents at every well child visit about the importance of keeping infant car seats rear-facing until age two, and about proper restraints for older children as well. Keeping car seats rear-facing until age 2 helps protect these infants from serious neck and spinal injuries that could occur during an accident, especially compared to a forward-facing position. I am therefore in support of passing HB 4951. Passage of HB 4951 would seek to keep the law up to date with the current pediatricians' recommendations, and would advocate for the health and safety of children in our state.

Sincerely,

A handwritten signature in black ink that reads "Colleen Mathis MD". The signature is written in a cursive, flowing style.

Colleen Mathis, M.D.



**ADVOCATES
FOR HIGHWAY
& AUTO SAFETY**



November 6, 2017

The Honorable Laura Cox
Chair
House Appropriations Committee
Anderson House Office Building
124 North Capitol Avenue
Lansing, Michigan 48933

The Honorable Rob VerHeulen
Vice Chair
House Appropriations Committee
Anderson House Office Building
124 North Capitol Avenue
Lansing, Michigan 48933

Dear Chairwoman Cox and Vice Chairman VerHeulen:

As leading safety organizations working together to pass highway and auto safety laws that prevent unnecessary crashes, deaths and injuries, and contain costs, we support House Bill (HB) 4951 to strengthen Michigan's child occupant protection statute. This measure requires that children remain rear facing in a child safety seat until age two or older, in a forward facing child safety seats until age four, and then in a booster seat until age eight and 57 inches in height. Children should remain in their current safety seat as long as possible, until they have aged out and outgrown the seat specifications. When children are properly restrained in a child safety seat that is appropriate for their age and size, their chance of being killed or seriously injured in a car crash is greatly reduced.

Motor vehicle crashes are a leading cause of death for children in the United States (Centers for Disease Control and Prevention (CDC)). An average of three children under age 14 were killed and nearly 500 were injured every day in traffic crashes in 2015 – amounting to a total of 1,132 fatalities and 178,000 others injured. Improperly restrained children traveling in vehicles present a serious public health problem, yet, it can be addressed with a proven solution. Across all age groups, injury risk is lowest (less than two percent) when children are placed in an age-appropriate restraint in the rear seat. Studies show child safety seats reduce the likelihood of infants (under one year old) being killed in a vehicle crash by 71 percent and toddlers (one to four years old) by 54 percent.ⁱ More than 260 lives were saved in 2015 by restraining children four and younger in passenger vehicles.

Michigan's current child passenger safety law requires children under age seven and less than 57 inches in height use a child safety seat. Since that law was enacted, new research has been conducted and best practices in child passenger protection have been updated, calling for requirements that take into account and make further specifications related to stages of physical development from infancy through early childhood.

According to the American Academy of Pediatrics (AAP), children younger than two years old are at an elevated risk of head and spine injuries in motor vehicle crashes because their heads are relatively large and their necks smaller with weak musculature. By supporting the entire torso, neck, head and pelvis, a rear facing car seat distributes crash forces over the entire body rather than focusing them only at belt contact points. When a child is placed in a rear facing car seat through age two or older, they are provided with optimal support for their head and neck in the event of a crash.

A review of child passenger best practices by the University of Michigan Transportation Research Institute (UMTRI) found that the direction in which seats are facing plays a significant role in car seat effectiveness.ⁱⁱ A University of Virginia study, *Car safety seats for children: rear facing for best protection*, confirmed UMTRI's review. It noted that children (age 0-23 months) in forward facing car seats were significantly more likely to be seriously injured than children restrained in rear facing car seats in all crash types. In fact, children are 75 percent less likely to suffer severe or fatal injuries in a crash if they are facing the rear. The study found the benefit was particularly great in side crashes.ⁱⁱⁱ


After a child reaches age two and the maximum height and weight limit for their rear facing safety seat, they may be turned forward facing in a harness-equipped child restraint. Use of the top tether and LATCH system, when

available, is preferred. Children should remain in a forward facing harness and tether seat until they meet the height and weight limit of the restraint. Children who have outgrown the forward facing restraint may be placed in a booster seat, where they should remain until age eight and 57 inches in height. All safety seats should be certified by the manufacturer to meet U.S. Department of Transportation (DOT) safety standards.

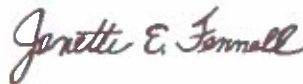
The AAP determined that states which enacted booster seat laws covering children through age eight witnessed a 33 percent drop in fatalities and incapacitating injuries resulting from crashes for children ages seven through eight. The AAP also concluded that children ages seven through eight restrained by a seat belt instead of a booster seat faced an increased risk of death or incapacitating injury of 70 percent. Children in side-impact crashes benefitted the most from booster seats, showing a reduction in injury risk of 68 percent for nearside crashes and 82 percent for far-side crashes.^{iv} Children should remain in a booster seat until they are able to be properly restrained by a seat belt which occurs after attaining 57 inches in height. The National Highway Traffic Safety Administration (NHTSA), the AAP and the CDC have all made recommendations for these child passenger safety enhancements.

Traffic fatalities in Michigan increased eighteen percent over the two year period 2014 to 2016 (NHTSA). More can and should be done to improve traffic safety on Michigan roads, especially for our most vulnerable child passengers. We urge you to advance HB 4951, a bipartisan measure to improve child passenger safety by upgrading its child restraint law to keep pace with research and best practices.

Sincerely,



Jacqueline Gillan
President
Advocates for Highway and Auto Safety



Janette Fennell
Founder & President
KidsAndCars.org

cc: The Honorable Fred Durhal, Minority Vice Chair
Appropriations Committee Members

ⁱ Tennessee Department of Safety and Homeland Security, Child Restraint Safety, available at: <http://bit.ly/1Wb02Ak>.

ⁱⁱ Weber K. *Crash protection for child passengers. A review of best practice*. University of Michigan Transportation Research Institute (UMTRI) 2000311-27.27).

ⁱⁱⁱ B Henary, CP Sherwood; *Car safety seats for children: rear facing for best protection*; *Inj Prev*. 2007 Dec; 13(6): 398-402.

^{iv} Aborgast KB, Jermakian JS, Kallan MJ, Durbin DR, *Effectiveness of Belt Positioning Booster Seats: An Updated Assessment*, *Pediatrics*, Vol. 124, Num. 5 (November 2009).



Property Casualty Insurers
Association of America
Advocacy. Leadership. Results.

Jeffrey Junkas
Assistant Vice President, State Government Relations

October 23, 2017

The Honorable Laura Cox
Chair, Appropriations Committee
Michigan House of Representatives
P.O. Box 30014
Lansing, MI 48909-7514

Re: PASS House Bill 4951

Dear Rep. Cox:

The Property Casualty Insurers Association of America (PCI) is a trade association representing nearly 1,000 property and casualty insurance companies that write more than \$216 billion in direct written premium, including more than 42 percent of the Michigan personal auto market. I write to indicate our support for House Bill 4951, legislation to update the current Michigan child passenger safety law to reflect the most recent guidelines supported by the American Association of Pediatrics (AAP).

PCI supports auto safety measures that help save lives, reduce injuries, prevent or mitigate accidents and help control auto costs and thus urge you to advance HB 4951. Pediatricians stress the medical evidence that, because of the unique head-heavy nature of a toddler's body, they need extra head support until at least the age of two. HB 4951 would achieve this by requiring kids to be restrained in rear-facing car seats up to age two or weighing less than 30 pounds. A toddler in the second year of life is five times less likely to die or be seriously injured in a car seat in the rear-facing position.

In addition, the bill will require young children to ride in a child seat with a harness until at least age 5 or weighing less than 50 pounds. Proper restraint in a child safety seat that is appropriate for a child's development significantly reduces the risk of injury (by 71% to 82%) and death (by 28%), according to AAP. Thus far, California, Pennsylvania, Oklahoma and New Jersey have passed similar legislation.

For the above reasons, PCI urges passage of HB 4951.

Please contact me directly at 847-553-3678 or via email at jeffrey.junkas@pciaa.net with any questions or George Carr, PCI's Michigan counsel, at gmcarr@carrlawfirm.com or 517-371-2577.

Sincerely,

Jeffrey Junkas

cc: George Carr; Teri Morante, DIFS

**Statement Supporting HB 4951 Presented to the House Appropriations Committee
Gerald A. Schorin, Ph.D., Director of Development and Marketing,
The Brain Injury Association of Michigan
November 8, 2017**

Good morning, Madame Chair and Members of the Committee, and thank you for this opportunity to express the Brain Injury Association of Michigan's full and enthusiastic endorsement of House Bill 4951 ... and to thank Representative Cox and the Bill's sponsors for developing this critically important piece of legislation.

While much of our activity at the BIAMI focuses on supporting brain injury survivors – and there are approximately 200,000 in Michigan – an important phrase in our mission statement presents an objective much more challenging to achieve: "To reduce the incidence and impact of brain injury."

House Bill 4951 represents a rare opportunity to do precisely that: To prevent automotive-related deaths and devastating, often life-long injuries among our most vulnerable toddler and child cohorts. And while the prospective benefits of the Bill are enormous not simply in human terms but in medical, economic, and educational ones as well, its costs to consumers and the State within those same parameters are minimal or nonexistent. Clearly, this is a legislative proposal that speaks powerfully to the issues and values the BIAMI and our constituents hold dear, and one we believe speak just as powerfully to Michigan parents and grandparents, and indeed, to every one of us in the state.

What HB 4951 does is extend the current Bill's protections to children who may be just a few months or years older, a few pounds heavier, or a few inches taller than the class currently covered, but are otherwise just as likely to sustain death or injury without the seat-facing and booster seat provisions proposed in this legislation.

While the statistics are compelling, I'd like to put more of a human face on what this Bill will help us prevent. Along with falls, auto accidents are the leading cause of death and injury for children from birth to age 4, and traumatic brain injury or TBI is one of the more common results for those who survive. What makes TBI so concerning for children are the same factors that affect adults:

- TBIs are typically closed head injuries and the victim may have no obvious physical signs of damage
- TBI signs and symptoms may not be immediately apparent but occur post-event -- hours, days, weeks, or even longer after the incident
- The most common symptoms – whether physical (e.g., speech or vision difficulties), cognitive (e.g., short-term memory loss, inability to concentrate), or emotional (e.g., anxiety, depression) – signal numerous other conditions, and may not suggest brain injury or result in a misdiagnosis
- More severe manifestations often require 24x7 lifetime care and rehabilitation, devastating families emotionally and financially, and hugely impacting the economy

Beyond the additional years of care and rehabilitation for children moderately or severely injured in a vehicle accident, compared to an adult, the toll is significant in numerous other ways. Young children cannot or may not be able to communicate their injuries, again resulting in non-treatment or potential misdiagnosis. They have no pre-injury information on which to base a deficit assessment. The symptoms they may manifest even in cases of mild TBI – ranging from headache, dizziness, sleepiness, concentration issues, confusion, clumsiness, vomiting, weakness, and many others – can mimic a spectrum of common childhood maladies that parents may never think require a medical visit, yet could lead to significant long-term impairment. Even with more serious childhood brain injuries, cognitive, physical, and emotional difficulties may be perceived as the child being a “slow learner,” on the autism spectrum, having socialization issues or attention deficit disorders, or others. All of these issues are ones HB 4951 can help us avoid or minimize.

The bottom line, we believe, is that HB 4951 expands already beneficial legislation by increasing the number of children saved from death or serious injury in vehicular accidents. In doing so, it will save families enormous stress, emotional difficulty, and financial ruin. It will reduce the financial impact on Michigan’s budget. And most importantly, it will allow more of the state’s kids to reach the healthiest and most productive adulthood possible.

The Brain Injury Association of Michigan wishes to thank Representative Cox and the Bill’s sponsors for this legislation and promises its full support in securing passage of House Bill 4951.

Thank you.