



Testimony of  
Children's National Medical Center

Before the  
House Environmental Matters Committee

HB 1312  
Vehicle Laws – Child Safety Seats – Age and Weight Requirements

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Children's National Medical Center (Children's National) is pleased to support House Bill (HB) 1312, "Vehicle Laws-Child Safety Seats-Age and Weight Requirements." Children's National commends Delegate Bill Bronrott for his leadership in introducing this bill, which will increase the mandatory age limit for children riding in booster seats from six years to eight years of age.

Children's National Medical Center, a 283 bed not-for-profit academic medical center, is located in Washington, DC, but serves the pediatric health care needs of the broader Washington metropolitan region. Located just three miles from the Maryland border, Children's National annually devotes nearly 60% of our inpatient care to children from Maryland. With five outpatient centers in Maryland and specialty care services provided in eight Maryland locations, Children's National is proud to be one of the largest providers of high quality pediatric primary, specialty and emergency care to Maryland's children and families.

Children's National has long been an advocate for child passenger safety and implemented programs in the region that have raised awareness among parents. Safekids Worldwide, the first national advocacy organization solely dedicated to pediatric injury prevention, was founded by Children's National in 1987. Among other issues, Safekids Worldwide has been actively involved in advocacy efforts to upgrade state child restraint laws through its coalitions in states across the country. Children's National also operates a Car Seat Inspection Station, where certified safety technicians show parents how to properly install car seats.

Despite major advances in child passenger safety over the past 30 years, motor vehicle crashes remain the leading cause of death for children between 2 and 14 years of age. Nationwide in 2006, 6,983 passenger vehicle occupants age 14 and younger were involved in fatal crashes. For those children whose restraint use was known, 25 percent were unrestrained; among those who were fatally injured, 45 percent were unrestrained. African-American children ages 4 to 7 have the lowest restraint use among children; an estimated 26 percent are not restrained while riding in a motor vehicle.

Significant progress has been achieved in parental compliance with the proper restraint of infants and young toddlers in child safety seats, with 2002 use rates at 98 percent. Asian children have the highest restraint use, followed by white children, and then Hispanic children. However, the appropriate restraint of children in belt-positioning booster seats once they have outgrown their car seats (usually by age 4), and before they are ready for adult-oriented lap/shoulder belt systems (usually not until age 8), has lagged dramatically. Data compiled by the Partners for Child Passenger Safety based at the Children's Hospital of Philadelphia show that approximately 62 percent of children ages 4 to 8 are prematurely transitioned to adult seat belts, placing them at unnecessary risk for injury and death.

Among the major reasons cited by parents for not using belt-positioning booster seats for their children include an overall lack of knowledge about the attendant injury risks of prematurely restraining children with seat belts, and the misconception that their child is large enough for a lap/shoulder belt system. When children are prematurely transitioned to adult seat belts, the lap portion of the belt rides up above the hips, placing unprotected abdominal organs at injury risk from the rapid deceleration and hyperflexion experienced in a crash. The constellation of injuries associated with this mechanism includes a pattern of intra-abdominal and spinal injuries known as the "lap belt complex." This syndrome was described by investigators from the Children's National Medical Center trauma service in the late 1980's and is characterized primarily by hollow viscus contusions and lacerations, as well as compression fractures of the lumbar spine. Belt-positioning booster seats are designed to correctly position the adult lap belt low over the hips (i.e., across the anterior superior iliac spines) and to properly place the shoulder strap portion across the sternum. Use of belt-positioning booster seats lowers the risk of injury to children in crashes by 59 percent compared to the use of seat belts alone.

Many leading organizations support using child booster seats for children up to age 8. Both the National Highway Traffic Safety Administration (NHTSA) and the American Academy of Pediatrics (AAP) recommend that children should stay in a booster seat until the adult seat belts fit correctly, which usually occurs when a child reaches approximately 4' 9" in height and is between 8 and 12 years of age.

A number of states have already enacted similar legislation. Currently, 18 states, including Virginia (in 2007) and the District of Columbia, require children to be placed in booster seats until age 8. While we applaud Delegate Bronrott and the Maryland General Assembly for enacting booster seat legislation for children up to age 6 in 2003, we encourage the Environmental Matters Committee to adopt the recommendations of the NHTSA and the AAP and enact HB 1312.