

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
TRANSPORTATION COMMITTEE
Monday, February 14, 2005**

HB 5871, An Act Concerning The Use Of Child Restraint Systems

HB 6562, An Act Concerning Child Restraint Systems

HB 6660, An Act Concerning Child Restraint Systems

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony in support of **HB 5871, An Act Concerning The Use Of Child Restraint Systems, HB 6562, An Act Concerning Child Restraint Systems, HB 6660, An Act Concerning Child Restraint Systems**, all of which would extend Connecticut's current booster seat weight criteria from under 4 years and 40 pounds to include children up to 60 pounds and 5 or 6 years depending on the bill. Although the proposed Connecticut bills actually are more permissive than the recommendation from the National Highway Traffic Safety Administration, which states that all children who have outgrown child safety seats should be restrained in booster seats until they are at least 8 years old, unless they are 57 inches tall¹, they would significantly improve the motor vehicle safety of Connecticut children.

Motor vehicle injury is the leading cause of death from injury for children 4 to 8 years of age nationwide and in Connecticut. Although booster seat use in this age group substantially reduces the risk of injury, most children are currently restrained by seatbelts designed for adults. A booster seat raises the child up to improve the fit of both the lap and shoulder portions of the seat belt. Rapid, "jackknife" bending about or sliding beneath a poorly positioned seat belt increases the risk of abdominal and spinal cord injuries, also known as "seat belt syndrome," as well as injuries to the face and brain due to impact of the head with the child's knees or the vehicle's interior^{2,3,4,5,6,7,8}.

Even the most safety-conscious parents are often not aware of the need for booster seats or the danger their children face when improperly restrained in an adult seat belt. Children who cannot sit with their backs straight against the vehicle seat back cushion and with their knees bent over a vehicle's seat edge without slouching, are not big enough for adult seat belts. Children restrained in seatbelts instead of child safety seats or booster seats are 2.5 times more likely to suffer serious injuries in a crash⁹. Connecticut's emergency departments treated nearly 1,000 booster seat-aged children for motor vehicle related injuries last year.

Ten states have passed legislation upgrading child restraint laws to include the appropriate restraint of children aged 8 years and younger in booster seats, with several other states, like Connecticut, actively considering similar upgrades to their child restraint

laws¹⁰. Laws that are in closer alignment with current best-practice recommendations may help reduce confusion among parents regarding the most effective way to protect their children¹¹.

Thank you for your consideration of our position on these important bills to improve the safety of Connecticut's children.

For additional information, contact CHA Government Relations at (203) 294-7310.

RAF:pas

¹ Klinich, KD, Pritz, HB, Beebe MS, et al. *Study of Older Child Restraint/Booster Seat Fit and NASS Injury Analysis*. National Highway Traffic Safety Administration Final Report, DOT HS 808 248, November 1994.

² Durbin DR, Elliott MR, Winston FK. Belt-Positioning Booster Seats and Reduction in Risk of Injury Among Children in Vehicle Crashes. *JAMA*. 2003;289:2835-2840.

³ Kulowski K, Rost W. Intra-abdominal injury from safety belts in auto accidents. *Arch Surg*. 1956;73:970-971.

⁴ Garrett JW, Braunstein PW. The seat belt syndrome. *J Trauma*. 1962;2:220-238.

⁵ Agran P, Dunkle D, Winn D. Injuries to a sample of seatbelted children evaluated and treated in a hospital emergency room. *J Trauma*. 1987;27:58-64.

⁶ Winston FK, Durbin DR, Kallan M, Moll E. The danger of premature graduation to seat belts for young children. *Pediatrics*. 2000;105:1179-1183.

⁷ Durbin DR, Arbogast KB, Moll EK. Seat belt syndrome in children: a case report and review of the literature. *Pediatr Emerg Care*. 2001;17:474-477.

⁸ Arbogast KB, Durbin DR, Kallan MJ, Menon RA, Lincoln AE, Winston FK. The role of restraint and seat position in pediatric facial fractures. *J Trauma*. 2002;52:693-698.

⁹ Durbin DR, Elliott MR, Winston FK. Belt-Positioning Booster Seats and Reduction in Risk of Injury Among Children in Vehicle Crashes. *JAMA*. 2003;289:2835-2840.

¹⁰ Advocates for Highway and Auto Safety. State booster seat law chart. Available at: <http://www.saferoads.org/issues/is-boosterseatlawchart.htm>.

¹¹ Durbin DR, Elliott MR, Winston FK.. *JAMA*. 2003;289:2835-2840.