

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Brian A. Frosh, Chairman
Members, Senate Judicial Proceedings Committee
The Honorable Jennie Forehand

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 14, 2012

RE: **SUPPORT AS AMENDED** – Senate Bill 185 – *Motor Vehicles – Child Seating and Safety Seats – Requirements and Prohibition*

The Maryland State Medical Society (MedChi), which represents over 7,600 Maryland physicians and their patients, supports Senate Bill 185 as amended.

Senate Bill 185 provides important enhancements to Maryland's existing safety seat law. The National Highway Traffic Safety Administration (HTSA) is the federal agency that addresses transportation safety issues for motor vehicles. They have responsibility for developing the recommendations and resulting regulations regarding the use of child safety seats and child positioning recommendations. These recommendations have been updated since Maryland last visited its child safety seat and positioning laws and Senate Bill 185 proposes to enhance its current requirements to meet these new recommendations. The recommendations are attached for your reference.

Traffic accidents remain the leading cause of death for children four years and older. It has been conclusively demonstrated that properly securing a child in a child safety seat in accordance with the child safety seat and vehicle manufacturers' instructions substantially contributes to the safety of child should a motor vehicle accident occur. Current estimates of child restraint effectiveness indicate that child safety seats reduce the risk of injury by 71% to 82% and reduce the risk of death by 28% when compared with those for children of similar ages in seat belts. Booster seats reduce the risk of nonfatal injury among 4 to 8 year olds by

45% compared with seat belts. Despite this progress, approximately 1,500 children younger than 16 years of age die in motor vehicle crashes each year in the United States, nearly half of whom were completely unrestrained.¹

If Maryland is to keep pace with the recommendations of NHTSA and the Academy of Pediatrics, it is essential that Maryland update its current requirements. The recommendations include keeping your child rear-facing as long as possible, preferably at least until the age of 2, keeping your child in a belt-positioning booster seat until the vehicle lap and shoulder belt fit properly, typically then they have reached 4 foot 9 inches in height and are between 8 and 12 years old. Further, it is also now recommended that children under the age of 13 should remain in the back seat properly restrained unless there is no appropriate seating available in the rear seat. Senate Bill 185 incorporates these recommendations into Maryland's law.

The legislation as originally drafted would have required children to remain rear-facing until the age of 2, would have removed Maryland's "weight" factor from current requirements and would have mandated that children under the age of 13 remain in the rear seat – all in line with the current recommendations. While it would be ideal to incorporate all of these recommendations into statutory mandates, MedChi recognizes that there are issues that arise in the implementation of these recommendations that make it difficult to enact them appropriately in statute. For instance, the recommendation that children remain rear-facing until 2 years of age is not yet a requirement that could be presently implemented because NHTSA is continuing to work with the manufacturers to incorporate these new recommendations into the design of the seats and the associated manufacturers' instructions.

The sponsor amendments offered by Senator Forehand recognize that limitation and remove the rear-facing until age 2 requirement. Similarly, the requirement that children under the age of 13 remain seated in the back seat must be qualified to address legitimate circumstances when there is no available or appropriate seat in the rear that a child may occupy. This may arise because of the design of the vehicle or the number of passengers. The amendments offered by Senator Forehand account for such circumstances and make the rear-seating requirement easy to implement and enforce.

The most critical element of the legislation remains intact – the elimination of the weight

¹ Policy Statement - Child Passenger Safety from the American Academy of Pediatrics, issued in 2011.

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factor in determining whether a child must be restrained in a child safety seat. Weight is not a relevant factor in this determination. Height is the critical factor because it determines whether a seat belt will fall properly across a child's body. Improper placement of a seat belt across a child's body can cause injury if an accident occurs. Maryland' weight factor provides no additional safety and may pose greater risk for a child if the child has not yet reached 4 foot nine inches tall when the child is no longer restrained in an appropriate safety seat.

The need to protect the health and safety of our children cannot be overstated. Senate Bill 185 as amended enhances Maryland's requirements and places them in line with federal recommendations. MedChi urges a favorable report.

For more information call:

Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
410-269-1618