

MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE
March 7, 1983

The meeting of the Human Services Committee held on March 7, 1983, at 12:30 p.m. in Room 224A of the Capitol Building was called to order by Chairman Marjorie Hart. All members were present except Rep. Dozier, who was absent.

SENATE BILL 22

SEN. JACOBSON, sponsor. This bill requires safety restraints for children under four years of age. Sen. JACOBSON briefly discussed the bill. "Children over 40 pounds" was amended into the bill because safety restraint systems on the market cannot hold the child over 40 pounds. Twenty-one states now have child safety restraint laws. Academy of Pediatrics recognized that states need to have a two-fold program-- education of parents as to safety restraint systems and their proper use as well as enforcement. We feel the bill is necessary to reduce death and injury to small children (EXHIBIT 1).

PROPOSERS:

JEFFREY H. STRICKLER, M. D., Alternate Chapter Chairman American Academy of Pediatrics, Montana Chapter, strictly endorsed this bill. Motor vehicle injuries is the leading killer of children age 1 to 4, ranking ahead of all the cancer, infectious diseases and congenital anomalies that we treat. It is estimated by the National Traffic Safety Administration that 2 out of every 100 infants born today will die in a traffic accident and 2/3 of all infants born today will be injured in such an accident in their lifetime. Children are also injured by being squashed against the front of the car by the inertial impact of the adult's body if the child is sitting on a lap. At least 20 percent of children are injured as a result of situations that do not involve a crash. This would include such things as falling out of windows and doors and being thrown about by sudden stops or swerves. The cure for this epidemic is mandated, effective child safety restraints. He said SENATE BILL 22 goes a long way toward saving our children and he urged the Committee recommend its passage (EXHIBIT 2).

JERALD EICHNER, M.D., American Academy of Pediatrics, Great Falls, Montana, said in the 1970's there were 16,870 children, under 4-years of age, killed in motor vehicle accidents in the United States. In addition to those, there were 150,000 under fourteen years of age who sustained disabling injuries.

Each motor vehicle death costs society \$135,000. Incapacitating injuries cost \$11,900 and nonincapacitating visible injuries, \$3,500. This adds up to motor vehicle occupant death for children under 5-years of age costing one hundred million dollars per year in the United States. Other data show that proportionately more infants are killed in accidents than older children. Studies show that majority of fatal accidents occur in the daytime, with the child's mother driving less than 55 miles an hour. Children who are properly restrained show a decrease of accidents because of less distraction in the car. He supported the passage of SENATE BILL 22.

DR. SIDNEY C. PRATT, Health Services Division, State Department of Health and Environmental Sciences, said that preventative measures that affect child health are central to the Maternal and Child Health Programs and have been one of the foci of the State Department of Health and Environmental Sciences for many years. This proposal extends this goal and, therefore, he urged favorable consideration of SENATE BILL 22 (EXHIBIT 3).

ALBERT GOKE, Highway Safety Division, Department of Justice, said they did a survey in 1979 and found the average of child restraint usage was 5.1%. They worked with the professional health agencies of the state and womens' groups that existed, and through a process of matching local donations, they initiated a process designating fifty car seats if program was started. We have twenty five of those programs actually working in our state today. Yearly, since that time, they conducted surveys in the same locations where they gained the original data. In just one year, they increased usage to 6.5%. Last fall, they conducted the survey again and found they now have 46% using a restraining system. There are four types of child restraint systems: (1) the infant seat which protects the child up to 9 months; (2) the toddler's seat--the toddler has outgrown the infant seat; (3) convertible child seats which would work for a child up to 40 pounds; and (4) the booster seat which is for a child two years and above. Adequately approved seats are available in the marketplace today. He urged support of this legislation (EXHIBIT 4).

COL. R. W. LANDEN, Highway Patrol, strongly supported SENATE BILL 22.

LARRY TOBIASON, President of the Montana Automobile Association, was in favor of this legislation.

JERRY LOENDORF, representing the Montana Medical Association, wanted to go on record as supporting this bill. The statistics cited show the positive affect of this legislation (EXHIBIT 3).

JUDY OLSON, Montana Nursing Association, supported SENATE BILL 22, in order to protect the health of the children.

CELINDA LAKE, Women's Lobbyist Fund, stated that while parents have a responsibility to protect their children, the state also has a responsibility to see that children who are too young to ensure their own safety by using seatbelts are protected, if parents do not follow through on their responsibility. The Women's Lobbyist Fund strongly urged the Committee to pass SENATE BILL 22 (EXHIBIT 5).

DAVID LACKMAN, Lobbyist for the Montana Public Health Association, endorsed this bill also.

LEONA TOLSTEDT, Co-chairman, Buckle Up Your Babe and first vice-president of the Montana Medical Association Auxiliary, shared some information about the rental program. With the infant restraint loan program, the parents are able to rent an infant restraint for the first 9 months or until they weigh 20 pounds for \$7. At the end of that period, toddler restraint workshops are conducted to familiarize the parents with different types of restraints. Through the participating merchants, they have been able to give the parents a discount certificate toward the purchase of a restraint. A proper restraint can be purchased for approximately \$40 to \$70. When you consider that a child should be able to use the seat until he or she is nearly five years old, you can see that they are talking about approximately \$1 per month to keep a child safely restrained. She urged the passage of SENATE BILL 22 for the protection of our greatest resource, our children (EXHIBIT 6).

DEBRA N. KEHR, private citizen, said the vast majority of injuries are to the head and neck and any injury could be permanently disfiguring and disabling. She supported this legislation (EXHIBIT 7).

LYNN JAMES, Clancy, Montana, related an incident of her car rolling, landing upright. She attributed her child being alive to being in a restraint system.

SHERRIE SMITH, a traveling professional working with parents and children, said most of us are not prepared for our parenting role. In working with parents, they are busy learning how to be parents and can't think about everything at once. Correct seats are something they don't think about. This legislation would cause people to realize there is something that needs to be done. She urged support of SENATE BILL 22.

OPPONENTS:

PAUL SCHMITT, private citizen, said that physical limitations of some vehicles not covered in this law make it impossible to comply (EXHIBIT 8). He also read a statement from his wife, KATHY R. SCHMITT, who asked that the Committee not pass SENATE BILL 22. He read "Anybody who knows anything about children is aware that restraint for any length of time is difficult for a small child. . .Considering all the many hours we spend on the road, and the fact that many of the miles are traveled in the best of conditions, I feel there are times when what is best for my children does not include restraint." (EXHIBIT 9)

SEN. JACOBSON closed reading an article from the recent paper relating an incident where four people were killed and five others injured in an accident that occurred on Interstate 15. The paper stated the child was not injured because he was in a sturdy car seat strapped in with seat belts. And, that undoubtedly saved his life. She stated they didn't want to usurp parents' rights, but in these particular incidences, I think, as with child abuse and immunization, it is helpful. She addressed his concern of pick-up trucks and the rule-of-thumb being used in other states is one restraint per pick-up truck. As far as a mother feeding a child or changing a diaper, she felt an officer would take that into consideration if the car was involved in an accident during that time. This law is reaching out to those parents who do not respond until we pass a law. She stated Mr. Drake wanted to submit an amendment that would strike Section 4 except for "Failure to comply with [section 2] does not alone constitute negligence."

QUESTIONS:

REP. FABREGA: Don't lines 21-24, page 2, apply to pickups?
SEN. JACOBSON: We ran into this snag in the Senate. We didn't have a chance to look into it. It would seem that the average pickup is a three seater, unless it is bucket seats. If you want to amend the bill to include one car seat for a pickup truck, I would be agreeable to that.

REP. FABREGA: On page 2, lines 10 and 11, what do you mean, "No resident OR HIS SPOUSE is required to have more than three child safety restraint systems in a vehicle.

SEN. JACOBSON: Some cars are only so big. Most automobiles with the new compact size could probably hold two in the back and one in the front or possibly three in the back.

Additional information is attached (EXHIBIT 10).

CHAIRMAN HART closed the hearing on SENATE BILL 22.

SENATE BILL 12

SEN. JACOBSON, sponsor. This bill is an act allowing physicians to report to the Division of Motor Vehicles patients with conditions that impair their ability to safely operate a motor vehicle. She stated we have allowed physicians to report child abuse and patients with seizure. This would allow them more flexibility. This bill is voluntary and no action could be taken against them if they did not make such a report. An impaired driver is endangering himself and other people on the road. This bill could address this problem. She urged passage of this bill.

PROPOSERS:

DUANE B. TOOLEY, Department of Justice, stated the language in SENATE BILL 22 addresses a problem that has been around for a good number of years. There is no other answer to it other than to make an exception to the privacy between the doctor and the patient to allow the physician on a voluntary basis to let them know when there is a problem. He urged support of this bill.

JERRY LOENDORF, representing the Montana Medical Association, said they would also support the bill. With regard to section 1 which makes reporting discretionary, a person could have many injuries that could impair him from driving temporarily. The physician doesn't report it because he knows this person utilizes good judgment and will only drive when he is capable. That section as it is written is sensible and reasonable. There are those situations when a family member will complain to a doctor that an individual needs to quit driving. Fear is expressed that this person may injure themselves or somebody else. In the interest of safety, confidentiality between physician and patient should be overridden and the doctor should be allowed to make the report.

BEN HAVDAHL, Montana Motor Carriers Association, supported passage of this legislation. We have an impossible situation to determine this kind of information. When a motor carrier is hiring a driver or letting a contract using an independent operator, the Montana Motor Carriers Association has a program in cooperation with the Department of Motor Vehicles in assisting our members in screening records of applicants for drivers and we provide the information to our members expeditiously, either by telephone or by reaction to information that is on the record that might be a problem in hiring the driver. Under the current system, most of that information is yet to be put on the data processing system. There is a time lag and it might be ten days to two weeks between the time an applicant applies for a job and the record is checked and back to that carrier. It would be very beneficial to immediately put information to the attention of the motor carrier. The prospective driver's accident may be avoided.

CATHY CAMPBELL, Montana Association of Churches, said that a couple of years ago the Association adopted a position paper on traffic safety in which they made several points urging the Legislature to enact legislation to more thorough screening of drivers. SENATE BILL 12 would do this so we urge the Committee to support this bill. Copies of the position paper were handed out (EXHIBIT 11).

OPPONENTS: None

SEN. JACOBSON closed.

QUESTIONS:

REP. JAN BROWN: Is there a specified form of the report. Can a physician make a telephone call or do they have to write a letter?

SEN. JACOBSON: I would assume they would have to write a physician's report to the Department of Motor Vehicles.

DUANE TOOLEY: We have not contemplated making a form. We would accept anything on doctor's stationery.

REP. JONES: What is your honest opinion of this piece of legislation?

DR. PRATT: I feel it is very essential. I do not think it is unnecessarily interfering with the rights of a person while we do have the rights of society to consider.

REP. SWIFT: How do you avoid rights of privacy in relation to the doctor-patient relationship?

JERRY LOENDORF: It is just a judgment. In the case of confidential information received by the doctor, there are some exceptions to that--reporting medical diseases, etc.. Under our Constitution, we have a provision indicating the right to privacy can be overridden. You have to make that decision--whether you think the safety of other people might be more important than keeping the information confidential.

REP. WINSLOW: I think in the case of mental health--when a person would endanger society, the doctor is expected to report those.

JERRY LOENDORF: I am not sure.

REP. FABREGA: What are the provisions of 61-5-110 and 61-5-207?

MR. TOOLEY: Those two sections refer to the driver examination.

CHAIRMAN HART: If you received such a report from a physician, would you immediately suspend that person's license.

MR. TOOLEY: I feel that we could.

CHAIRMAN HART closed the hearing on SENATE BILL 12.

EXECUTIVE ACTION

SENATE BILL 12

REP. FABREGA: Moved SENATE BILL 12 BE CONCURRED IN.

REP. BROWN: What if the person had an obvious physical condition that they shouldn't be driving and the doctor recognized this and reported it. But when they went to take the test, they were fine and passed the exam. Then the bill doesn't apply? MR. TOOLEY responded that they could suspend it right away; but the way this bill reads, it doesn't say that. The bill requires an examination by a physician.

SEN. JACOBSON: It was just for those reasons that we amended the bill to say the physician's report could be used. If you can't use the physician's report, just taking a driver's test isn't going to bring them to light.

REP. BRAND: You could probably go to another doctor and get a license.

SEN. JACOBSON: You could get a second opinion. What we are probably talking about is someone impaired enough they are beyond making the choice of whether they are going to drive or not.

REP. BRAND: Most of the people at home are upset about governmental restrictions and regulations placed upon them. Do you think the people are going to get upset because of this legislation?

SEN. JACOBSON: The bill has stirred very little interest.

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REP. BROWN: I wonder if this wouldn't affect more people than what you think. How many older people could this affect.

REP. FABREGA: Page 1, lines 17-19, it says that the physician has to give the test.

REP. JONES: All that does--if they are recorded as unfit to drive, they take the written and the physical test.

The motion that SENATE BILL 12 BE CONCURRED IN was voted.

The motion PASSED with REPS. BRAND and JONES voting no.

REP. FABREGA agreed to carry the bill on the House floor.

REGULAR SESSION

SENATE BILL 180

SEN. MAZUREK, sponsor. This bill was requested by the Department of Health and Environmental Sciences. Under the current law, both parties to a marriage are required to get a test for syphilis prior to entering into marriage. This bill would eliminate the requirement for a premarital test for syphilis but would continue to require a test for rubella by the woman, the reason being that the woman is the only party who can bear children and she is the one who needs to know whether she does not have immunity to rubella and would, therefore, need to be immunized. The reason that the department proposes to eliminate premarital tests is that in recent tests of syphilis in 160,000 woman, only 18 cases reported positive. In none of those cases was the woman at such a stage in her life that she could not be treated. There is still a prenatal test for syphilis that can be administered. In addition to repealing the premarital serological test for syphilis, the bill would extend the testing ability of labs to include approved labs by the Department of Health and Environmental Sciences or armed services or public service labs or labs in another state. It also allows exemption from testing for women beyond child-bearing years. The bill would allow the department to save \$9,000 per year for administering tests that have outlived their usefulness.

PROPOSERS:

DR. JOHN ANDERSON, representing the Department of Health and Environmental Sciences, supports this legislation.

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JERRY LOENDORF, representing the Montana Medical Association, wanted to go on record as supporting this bill for reasons previously given.

OPPONENTS: None

SEN. MAZUREK closed.

QUESTIONS:

REP. BRAND: The newspapers I am reading depict there are more diseases among citizens than there ever has been. Wasn't the intent of these tests to find out whether one party or the other has or does not have these diseases so that they will be known to each other before the marriage is consummated? Are you saying we shouldn't do this any more?

SEN. MAZUREK: I think that was the original purpose but, primarily, because of the potential for birth defects and the like.

REP. BRAND: When and how will the parties find out they have the disease unless they get a test?

SEN. MAZUREK: If the disease is contacted, they would have the physical symptoms of it.

REP. BRAND: How much prenatal care do people take advantage of?

DR. ANDERSON: If there was any liklihood that either marriage partner had syphilis, we would want to retain the bill. If there were other practical tests that would rule out other diseases, we would want that kind of test to be had.

CHAIRMAN HART closed the hearing on SENATE BILL 180.

EXECUTIVE ACTION

SENATE BILL 180

REP. DRISCOLL: Moved SENATE BILL 180 BE CONCURRED IN.

The motion was voted and PASSED with REPS. CONNELLY, KEYSER and FARRIS voting no.

SENATE BILL 128

SEN. HAZELBAKER, sponsor. This bill is an act to expand the definition of "housing development" for purposes of programs administered by the Board of Housing.

REP. BRAND: If this bill passes to expand programs for Twin Bridges, would this take some of the money from medicaid and medicare so they would not get the amount of money they would have gotten if this program was not in existence.

JUDY CARLSON: People may qualify no matter where they live.

REP. BRAND: a place like Scobey could lose some funds as a result of this bill.

JUDY CARLSON: Funds go with the individual.

REP. BRAND: Are we short of those kinds of facilities now?

JUDY CARLSON: The state health plan calls for 500 additional personal health care slots needed.

REP. BRAND: Where would these people come from?

REP. MENAHAN: My town, your town.

REP. HANSEN: Please differentiate between "personal care projects, personal care homes and personal care services."

JUDY CARLSON: A personal care project would be a facility that offers personal care services. You could get the personal care services in your own home.

REP. HANSEN: The bill talks about a waiver for this project, but I understood that was for the services.

JUDY CARLSON: The waiver cannot pay for room and board. It pays only for the services.

CHAIRMAN HART called for a vote on the motion that SENATE BILL 128 BE CONCURRED IN.

The motion PASSED UNANIMOUSLY.

SENATE BILL 22

SEN. JACOBSON, sponsor. This bill requires safety restraints for children under four years of age.

REP. BROWN: Moved SENATE BILL 22 BE CONCURRED IN.

REP. SWIFT: Moved an amendment be accepted deleting Section 4.
SEN. JACOBSON: You want to, at least, retain the last sentence which says that "Failure to comply does not constitute negligence."

REP. FABREGA: The bill is better off with the section than without it. Safety belts are there to use but if you are not using them, why not?

REP. CONNELLY: What usually happens, there is a percentage of negligence.

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REP. HANSEN: There are two areas that bother me. Suppose you land in the river or the car caught fire. Those same restraints might be the very item that would keep you from getting that child out.

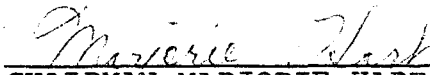
REP. KEYSER: The percentage of people that are going to go into the river or catch fire is so small compared to the rest of the automobiles

The motion was voted on the amendment to delete Section 4.

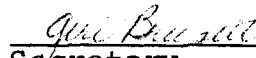
The motion FAILED.

The motion that SENATE BILL 22 BE CONCURRED IN PASSED with REPS. SWIFT and SOLBERG voting no.

The meeting adjourned at 2:30 p.m.



CHAIRMAN MARJORIE HART



Secretary

Infant car seat laws

(c) 1983, Los Angeles Times

It should be no surprise that 21 states have now passed laws requiring the use of special car safety seats for small children, more of whom die as vehicle passengers every year than as victims of burns or drowning.

What can happen to a child who rides unbelted is often expressed in ghastly formulas: a baby held on a lap, for instance, will in a 30 m.p.h. crash be flung out of the parent's protective arms into the dashboard with a force of 300 pounds and then crushed by a force of 3,000 pounds if the 100-pound parent is also unbelted. It is also estimated that child safety seats can cut such mayhem by 90 percent, even 95 percent.

The surprise is that there has to be a law at all, and that there is any ambivalence about it. States, however, pass such laws, then delay enforcing them for several months, even several years. Auto manufacturers recommend the seats in their car manuals but refuse to help install them in the cars. And consumers, ungrateful for a good suggestion, says one enforcement official, tend to greet warnings with "I don't need a law to tell me how to take care of my own kid."

Who should take responsibility for consumer safety? Consumers? Manufacturers? Government? Further, how could such responsibility be legislated?

In 1981, 1,300 children under the age of 5 were killed and 40,000 injured in vehicle accidents; some were on bikes, some were on foot, but more than half were passengers. The largest single cause of death between 1 and 5 years old. Very few of those recorded deaths, usually only those in high-speed crashes, involved car safety seats properly installed and used.

Indeed, says Bill Hall, research associate at the University of North Carolina Highway Safety Research Center, in 100 such fatalities to children under 6 in his state over five years, only one was a child in a secured safety seat, and that car was broad-sided by a large truck where the child sat.

There are, understandably, few formal statistics on uninjured children, although Robert Sanders, a Tennessee pediatrician instrumental in the passage of that state's 1978 safety seat law and director of the Rutherford County Health Department, says that of 62 children in 1981 car crashes in his own city of Murfreesboro, the 29 in safety seats suffered no injuries. There are also plen-

ty of individual stories, many collected by seat manufacturers such as Stroeel of California, which has more than 40 percent of the market and gets bags of grateful letters about cars totaled and adult occupants badly hurt, while the secured child came through with minor bruises.

Child seats seem even more effective than current adult restraint systems, and if the new laws are at all effective, the seats will be much more widely used; barely one in 10 American adults buckles up.

More than two dozen countries in the civilized world didn't hesitate to make that act mandatory, but U.S. law addresses only auto manufacturers, and none too bravely. Since 1968, federal law has required all cars to have seat belts with these results: adult usage has run generally downhill from 1971's 17 percent to just over 11 percent now.

With child safety, the federal government has simply set a manufacturer's standard for the minimum amount of restraint a child seat must provide, and is still debating whether to require auto makers to provide a place in each car to anchor the kind of tether that makes such seats considerably more secure. Otherwise, child safety has been left to the states and the companies who market the seats, and perhaps as a result, child usage statistics are already better. A 1982 survey of 19 cities estimates that 40.5 percent of infants under 1 year rode in some kind of restraint, and 18.8 percent of children 1 through 4.

The passing of laws may also have some indirect effects encouraging seat use. The auto industry, for example has had its own ambivalence toward safety seats, publicly urging their use, privately refusing to help install them. Copying General Motors, which actually designed and marketed the classic "Infant Love Seat" in 1969 and a toddler equivalent in 1973, some auto manufacturers sell child seats with their cars. Some cars even come now with pre-drilled anchor spots for the popular seat tethers — all 1983 Toyotas, for instance, and all GM sedans and coupes.

A consumer may nevertheless find himself with a new car, a car manual urging the immediate installation of a child seat, and a dealer who refuses to touch it.

The new laws may also affect future adult usage of seat belts, given that the laws' sponsors are, among other things, "trying to raise a generation of belt-wearers," says Bill Hall.

Ex 2
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March 3, 1983

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D.R. HIESTERMAN, M.D.

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GYNECOLOGY:
J.E. NICKEL, M.D.
R.M. BROWNING, M.D.
D.B. JOHNSON, M.D.

PEDIATRICS:
E.P. GUNDERSEN, M.D.
B.C. RICHARDS, M.D.
J.H. STRICKLER, M.D.

MEMO

SURGERY:
W.J. HOOPES, M.D.
K.J. WRIGHT, M.D.
J.W. HARLAN, M.D.

TO: House Human Services Committee

FROM: Jeffrey H. Strickler, M.D., Alternate Chapter Chairman
American Academy of Pediatrics, Montana Chapter.

RE: Senate Bill 22 - Child Safety Restraint Legislation.

Madam Chairman and Members of the Committee:

I am here to bring you the very strong endorsement of the Montana Chapter of the American Academy of Pediatrics for Senate Bill 22.

Pediatricians consider themselves advocates of children and as such, we try to look out for their welfare. We provide well child examinations to diagnose conditions before they become serious. We immunize them to prevent illnesses from killing or crippling them and we now come before you to help prevent the leading cause of death in toddlers, automobile accidents.

Motor vehicle injuries are indeed an epidemic. This is the leading killer of children age 1 to 4, ranking ahead of all the cancer, infectious diseases and congenital anomalies that we treat. The motor vehicle mortality is actually higher for infants than it is for the older children and it is estimated by the National Traffic Safety Administration that 2 out of every 100 infants born today will die in a traffic accident and 2/3 of all infants born today will be injured in such an accident in their lifetime. The typical fatality occurs from 6 a.m. to 6 p.m. on weekdays with a young woman driving the car, most typically at speeds less than 55 miles per hour. Because a child has a disproportionately large head, compared to an adult, the child is thrown missile-like into the dashboard so that head and neck injuries predominate. Children are also injured by being squashed against the front of the car by the inertial impact of the adult's body if the child is sitting on a lap. At least 20 percent of children are injured as a result of situations that do not involve a crash. This would include such things as falling out of windows and doors and being thrown about by sudden stops or swerves.

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RE: Senate Bill 22 - Child Safety Restraint Legislation.

There is a cure for this epidemic. This cure is mandated, effective child safety restraints. The experience in Washington state shows that children unrestrained who are involved in auto accidents suffered a mortality of 1 per 227 accidents. Of those children who were restrained, over the 10 year period of 1970 to 1979, only 2 were killed and this represented a mortality ratio of 1 to every 3,150 accidents. This is a 14 fold decrease in mortality; and injuries would similarly be reduced. The League General Insurance Company gave away car seats to 6,000 policy holders in an innovative program. They showed their injuries decreasing 46 percent and fatal and severe injuries were reduced 2/3. Claims costs went down 75 percent for children.

It is also good evidence to note that the law works. Tennessee now has 4 years experience with a seat belt law and has shown that seat belt usage has increased from a negligible level to 30 percent. With only 30 percent usage, the morbidity and mortality in childhood auto accidents has been halved. When I spoke before the Senate, I noted that more than 20 states had enacted similar legislation. I am pleased to tell you that since then 4 more states have passed child restraint laws.

There has been some concern about the cost to the parent of child safety restraints. You will hear about loaner programs that have sprung up around the state to assist young parents. These are commendable. When one considers that the cost is much less than the required immunizations, and when one considers the tremendous financial and emotional costs of an injury or death, the price of a car seat must be considered negligible.

Ladies and gentlemen, the United States has nearly eradicated measles by educating parents about the danger of measles and its prevention by immunization; by making an efficacious vaccine universally available; and by requiring by law that all children be immunized. With an intervention triad of education, availability and enforced legislation, we may also be able to eradicate this highway epidemic. Senate Bill 22 goes a long way toward saving our children and I urge you recommend its passage.

Madam Chairman and Members of the Committee:

I am Dr. Sidney C. Pratt of the Health Services Division, State Department of Health and Environmental Sciences, speaking on behalf of the Department in support of Senate Bill 22.

This bill seeks to mandate the use of restraint devices for children under 4 years of age. This is an appropriate preventive measure to minimize injuries to children involved in automobile accidents. The statistical evidence in support of this is overwhelming. In Tennessee, for example, in the first year following passage of such a bill the death rate fell from 17 to 10 and then to 5 in the second year.

The American Academy of Pediatrics has instituted a major educational program supporting such automobile restraints as has, in Montana, the Highway Traffic Safety Division of the Department of Justice and the Montana Chapter of the American Academy of Pediatrics. These restraints must be of the types approved by these organizations.

Preventive measures that affect child health are central to the Maternal and Child Health Programs and have been one of the foci of the State Department of Health and Environmental Sciences for many years. This proposal extends this goal and, therefore, we urge favorable consideration of Senate Bill 22.

Thank you.

Ex
SB

WITNESS STATEMENT

Name Jessie T. Leonard Committee On _____
Address Helena, Mt. Date _____
Representing mt. Medical assn Support ✓ (SB 12, SB 72 & SB 180)
Bill No. SB 12, SB 72, SB 180 Oppose _____
Amend _____

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1.

2.

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

MONTANA CHILD RESTRAINT PROGRAMS

In 1980 the Highway Traffic Safety Division initiated Montana's first comprehensive child restraint usage program. Although child restraints had been available for some time, parents were simply not using them in our state to protect their children in motor vehicles. For example, a survey taken in late 1979 indicated that only about 2.5% of the infants under 1 year of age were being protected in a vehicle by a good infant seat. The toddler group, from 1 through 3 years of age, demonstrated less than 1% proper usage as did the use of safety belts from 4 to 14 years of age.

During 1980 a broad based child restraint program was initiated through a network of volunteer groups with the financial, planning and administration support provided by the Highway Traffic Safety Division. The program included public education via the media and current outlets to information for new parents such as pre-natal classes in our hospitals. A brochure was developed with over 50,000 copies distributed the first year by doctors, dentists, nurses, hospitals and volunteer women's groups such as the Montana Association of Women Highway Safety Leaders. The latter association also provided statewide educational viewings of several current films on the subject.

Locally, volunteer administered child restraint rental programs were assisted in starting their programs and the Division provided the incentive of one free rental seat for each one the community bought for their program (up to a maximum of 50 per community).

This basic program, with minor adjustments, has continued for three years and the results have been outstanding. Within a year, usage rose to 6.5% proper usage for infants under 1 year of age. Near the end of 1982, our latest survey shows the following results:

	<u>1979 % Usage</u>	<u>1982 % Usage</u>	<u>Up</u>
Infants up to 1 year	2.5	45	1700%
1 year through 3 years	under 1.0	39	3800%
4 to 14 years Safety Belt	under 1.0	18	1800%

Albert E. Goke
Administrator
Montana Highway Traffic
Safety Division
Department of Justice

WOMEN'S LOBBYIST FUND

Box 1099
Helena, MT 59624
449-7917



TESTIMONY BY CELINDA C. LAKE, WOMEN'S LOBBYIST FUND IN SUPPORT OF SENATE BILL 22
ON MARCH 7, 1983

The Women's Lobbyist Fund represents a broad coalition of women's groups across Montana. We support Senate Bill 22 calling for child restraints for children four and under. Education programs in Montana have already demonstrated the success in reducing infant mortality and injury when child restraints are used. Other states' programs such as Michigan's and Tennessee's have shown that mandatory programs can significantly reduce death and injury rate among children.

While parents have a responsibility to protect their children, the state also has a responsibility to see that children who are too young to ensure their own safety by using seatbelts are protected, if parents do not follow through on their responsibility. In Montana with programs like the mandatory immunization program for young school children, we have already set the precedent of state involvement in ensuring that young children are protected when they can not reasonably be expected to take responsibility for their own protection and when their parents may not follow through on their responsibility to protect their children.

For these reasons the Women's Lobbyist Fund strongly urges the committee to pass Senate Bill 22.

Kathy A. van Hook
President

Sib Clack
Vice President

Connie Flaherty-Erickson
Treasurer

Celinda C. Lake
Lobbyist

Stacy A. Flaherty
Lobbyist

Members of the Public Health Committee, Senators and Representatives:

I won't reiterate all the statistics and the need for SB-22. The facts speak very well for the need of safety restraints. What I want to speak to is how the infant restraint loan programs can help to mitigate the cost of restraints for the parents. I will speak rather specifically about the program I am familiar with operating at St Peters Community Hospital in Helena. There are similar programs operating in 16 cities all over our state. Each is operated with slight variations. We have an infant restraint loan program in which the parents are able to rent an infant restraint for the first 9 months or until they weigh 20 pounds for \$7.00. At the end of that period we conduct toddler restraint workshops to familiarize the parents with different types of restraints. In this way they can make an educated purchase of a restraint that will meet their needs. Through our participating merchants we have been able to give the parents a discount certificate toward the purchase of a restraint. Even with this inticement our educational program for toddler restraints has met with a poor response. Sad as that commentary may be I feel that parents have to be further encouraged to see that their infants and toddlers are restrained while in an automobile. This law will help to do that.

A proper restraint for a toddler can be purchased for approximately \$40.00 to \$70.00. I have seen nearly all the restraints advertised on sale quite regularly at between \$45.00 and \$50.00. When you consider that a child should be able to use the seat until he or she is nearly five years old, you

can see that we are talking about approximatedly \$1.00 per month to keep a child safely restrained.

In the beginning, when this law is passed, I'm sure that we will experience a shortage of used seats that meet the new standards of testing since 1980. We are in that state now because of the awareness created by the loan-rental programs and the attention given them by our advertising media. But as more used seats are on the market, I feel that the cost should be in the reach of any parent who cares deeply about their children.

I urge the passage of Senate Bill 22 for the protection of our greatest resource, our children.

Leona Tolstedt Co-chairman Buckle Up Your Babe
First-Vicepresident Montana Medical Association Auxiliary

G.B. Givler, D.D.S.

Oral and Maxillofacial Surgery

Phone 406/443-3334

65 Medical Park Drive

Helena, Montana 59601

REGARDING SENATE BILL 22:

TO ALL THOSE WHO SIT TODAY IN CONSIDERATION OF SENATE BILL 22,

I was asked to be present today to provide input regarding the pros and cons of the aforementioned Bill. Due to scheduling problems, I am unable to attend and therefore, will with this letter detail my opinion from a professional standpoint regarding this Bill.

As a practicing Oral and Maxillofacial surgeon in Helena, Montana, I can provide you with the following facts:

- 1) Motor accidents, particularly at low speed, generally prove to be more injurious to unrestrained passengers than to the driver.
- 2) One of the most common injuries suffered by an unrestrained passenger in a motor vehicle accident involves injuries to the facial bones and skull due to striking the dashboard, windshield, or seatback.
- 3) Due to the obvious difference in both physical strength and speed of reflexes between a small child and an adult, the small child is much less capable of physically protecting his or herself from injury upon sudden impact.
- 4) In regard to the young patients I have treated for facial injury secondary to motor vehicle accidents, to my knowledge, all were unrestrained.

It is my feeling that the most important factors to be considered regarding this Bill are the severity and permanent disability which can be suffered by unrestrained children in motor vehicle accidents. Injuries to the eyes and cranium speak for themselves, and as they do not involve my specialty I will not address them. There is though, an extremely important factor to be considered regarding facial bone fractures in young children. Though facial bone fractures in adults are, in most cases, able to be treated in such a fashion so that no permanent disfigurement or disability results, young children, on the other hand, present a completely unique problem. During the developing years the bones of the lower and middle third of the face are in an active state of growth. A fracture to any of these bones can result in severely altered or even complete cessation of the normal growth patterns. This type of growth disturbance can affect the facial bones, the temporomandibular joint (jaw joint), the alveolar bone which supports the teeth, and very commonly can severely affect the developing permanent teeth, which are growing within the alveolar bone at that age. The end result in this type of case is that as the patient grows older, the affected facial and dental structures may not develop normally. Treatment for this may involve extensive orthodontics, surgery, or both, and in some cases even a combination of both can never restore normal appearance and function.

For the above reasons, I stand in support of Senate Bill 22 regarding the restraint of children four (4) years and younger in motor vehicles.

Sincerely,



G. B. GIVLER, D.D.S.

GBG/sc

WITNESS STATEMENT

Name Paul Schmitt Committee On Human Services
Address 303 N. Oregon Date March 7, 1983
Representing _____ Support _____
Bill No. SB 22 Oppose ✓
Amend _____

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. physical limitations of some vehicles not covered in this law make it impossible to comply
2. distance travel, long periods of time restrained in a "car seat" is very difficult to accomplish
3. loophole for insurance co. to avoid covering accident victim
- 4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

March 7, 1983

House of Human Services
Hearing Committee

Dear Committee Members:

Please do not pass Senate Bill No. 22 which would require the use of a safety restraint system to transport a child. At low risk times I want to feel free to give my child a break. Anybody who knows anything about children is aware that restraint for any length of time is difficult for a small child. Long distance travel is part of life in these United States and it is unrealistic to expect a child to remain basically stationary for extended periods. Travel time also often coincides with feeding, changing and nap times when it would again be unrealistic to require a parent to leave the child in a restraining system.

As a parent I always face limits as to how thoroughly I can protect my children. Their safety and well being are uppermost in my mind but I need to provide them room in which to learn and grow. Therefore, I cannot protect them from every possible hazard. Please understand that I am thankful to live in the day and age when restraint systems offer my children more safety in a vehicle, but I cannot be thankful for a law that would leave no room for my judgement as to what is best for my children. Considering all the many hours we spend on the road, and the fact that many of the miles are traveled in the best of conditions, I feel there are times when what is best for my children does not include restraint.

Thank you for your time and consideration.

Sincerely,

Kathy R. Schmitt

Kathy R. Schmitt
303 N. Oregon
Helena, Montana

VISITOR'S REGISTER

HOUSE

HUMAN SERVICES

COMMITTEE

BILL SENATE BILL 22

DATE 3-7-83

SPONSOR SENATOR JACOBSON

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL SENATE BILL 12

DATE 3-7-83

SPONSOR SENATOR JACOBSON

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
Jenna T. Loendorf	Helena, MT.	MT. Medical Assn	✓	
Linda Hietten	Helena MT	MMA Legislative Intern		
Sherrice Smith	Clancy Mt.		✓	
Ben Hovdahl	Helena	MT. Motor Carriers Assn	✓	
D. B. Trosky	Helena	Dept of Justice	✓	
Deb Kuhl	Helena		✓	
Paul Schmitt	Helena			✓
Kathy Schmitt	Helena			✓
Albert Goffe	Helena	High Safety - Insfire	✓	
Cathy Campbell	Helena	MT. Assn Churches	✓	
Ac Prato	"	D H E S	✓	
Lee Tolstedt	Helena	Buck Up Your Bel	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE

HUMAN SERVICES

COMMITTEE

BILL SENATE BILL 180

DATE 3-7-83

SPONSOR SENATOR MAZUREK

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

ents
preventable cause of death

... children than even leukemia, polio, heart disease, or muscular About 2,000 child passengers age of 15 are killed each year in States. More than 150,000 are any permanently crippled or Tragically, up to 9 out of 10 of s and most serious injuries can be through the proper use of child car and seat belts.

ust last year our car was clipped by a ng us to go out of control. Our car rolled t then slid down the highway on its top. ughter was in the back seat, buckled up fety seat. After awakening from a daze, to turn around for fear of what I would nly, I heard a very familiar joy. I turned d my precious daughter, hanging upside- d secure in her safety seat... laughing from ement' of the ride. I just cannot express laugh brought. er safety seat, our daughter is now over nd growing and playing just as any other fe and I feel her car safety seat was the ment we have ever made."

t from a letter by id Cheryl Kolakowski n, California



The Perfect Gift?

It's the gift of life and the loving protection of that life. In the car, for your child, the Perfect Gift is a car safety seat. For more information, please ask your pediatrician or family doctor.

Published by the Transportation Hazards Committee, American Academy of Pediatrics, California Chapter 2. Adapted in part from materials of the Michigan Office of Highway Safety Planning.

Printed with the assistance of the California State Office of Traffic Safety and the Automobile Club of Southern California.

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2nd edition, July 1980.

Printed and distributed with the concern and help of:

AFFILIATED



CLUBS

Will you give
your child
the Perfect Gift?



Facts

What can happen if my infant or child is not buckled up?
In a crash or sudden stop, your child can become a flying missile and may be smashed face first into windows, the dashboard knobs, some other parts of the car, or into another passenger. The crushing forces on your child's brain and body in a 30 mile-per-hour crash would be the same as if your child fell from a 3 story building.

But can't I protect my child by holding him or her in my arms?
No. Safety experts call this the "child crusher position". It is probably the most dangerous way to carry a child in a car. Even in a low speed crash, your child could be ripped out of your arms. And if you aren't using your safety belts, your child could be crushed between your body and the dashboard and windshield.

What can I do to protect my child?
Infants and young children should always ride in car safety seats. These will hold the child securely in the car and help to absorb safely the forces of even violent crashes. Use only safety seats which perform well in crash tests (see the Shopping Guide).

For my infant, what should I do?
Make the first ride and each ride a safe ride. Every baby, even going home from the newborn nursery, should ride in a backward-facing, semi-reclined car safety seat. It must be secured to the car's seat by the lap belt. Household "baby carriers" and "car beds" do not give good protection.

And for my toddler or preschooler, what should I do?
All children who can sit up alone and who weigh under 40 pounds should be buckled up in a forward-facing car safety seat.

What happens when my child has to ride in a car without a safety seat, or finally outgrows it?
These children, teenagers too, should use the regular car seat belt. This is virtually always safer than riding unrestrained. The seat belt must be snug and fit over the hip/thigh bones, not over the belly. For children over 3 years old, you can purchase special safety booster seats. These improve the seat belt fit and allow children to see out the window.

Is there anything else I should know?
The safety seat must be used exactly as recommended by the manufacturer.
Whenever possible, put children in the back seat; it's much safer than the front.
Children will get used to the safety seat if it is used on every ride. Something nice ... children behave better if they are buckled up.

And finally, do you buckle-up yourself?
An unrestrained adult can be thrown into other passengers and cause serious or even fatal injuries. And your children need you alive and well. So protect your children ... by protecting yourself.

Shopping Guide
Car Safety Seats for Infants and Children

As of June 1980, these seats have all done well in dynamic crash tests, according to the Michigan Office

Group 1

Convertible, for Infant and Toddler/Preschooler.

- Bobby-Mac 2 in 1 Collier-Keyworth
- Bobby-Mac Deluxe Collier-Keyworth
- Kantwet Care Seat* # 987-74 Questor
- Peterson Safe-T-Seat* Cosco
- Safe N' Easy # 13-313, # 13-314 Cosco
- Trav-L-Guard Century



These safety seats have the ability to protect children from birth to 4 years (7 pounds) to around 4 years (40 pounds). They do not require an anchor strap to pass 30 M.P.H. and so may be easier to use in a car. Group 4, Convertible from rear-facing infant position to forward-facing toddler (preschooler). With an * have available anchor strap for an extra protection.) See also Group 3.

Group 2

Infant Only

- Dyn-O-Mite (to 17 lbs.) Questor
- Infant Love Seat (to 20 lbs.) General Motors, Chrysler, Ford
- Trav-L-Ette (to 17 lbs.) Century



These safety seats protect children from birth to 12 months (9-12 months) (17-20 pounds). Therefore, you must purchase another safety seat until your child is about 4 years old. They all must face backward. No top anchor protection. No top anchor required.

Group 3

Toddler/Preschooler Only

- Mopar Child Shield Chrysler
- Toddler Seat # 595 Strolee
- Tot Guard (Shield) Ford



These seats protect children from 20 up to 40-50 pounds. No top anchor strap is required.

Group 4

Top Anchor Strap Required*

- Bobby-Mac Super (7-40 lbs.) Collier-Keyworth
- Child Love Seat (17-40 lbs.) General Motors
- Kantwet One-Step (7-43 lbs.) Questor
- Safe N' Easy Seat # 13-203 (7-40 lbs.) Cosco
- Wee-Care # 597S (7-43 lbs.) Strolee†



These safety seats all require an anchor strap to perform well in per-hour crash tests, when children sitting in the forward-facing position. The anchor strap requires extra effort and 4/4" install and use properly. It is easy to do this, and it is easy in hatchbacks, station wagons, RV's and in car pool situations convertible from infant to toddler position.

List of Discontinued Seats

- American Safety Seat (TA) Swingomatic/Graco
- Kantwet Car Seat (TA) # 784, # 785, # 884, # 885 Questor
- Kantwet Care Seat # 985, # 986, Fitz-All # 597 Questor
- Little Rider Harness (TA) Rose
- Motor Totter (TA) Century
- Peterson Safety Shell Cosco
- Positist Hedstrom
- Teddy Tot Astroseat V (TA) International

While these are no longer available, they still may be available second-hand. All perform in dynamic crash tests. (TA = Top Anchor strap*)

*The anchor strap must be fastened to a special anchor to the rear, or clipped to a set of rear-seat lap belts. It must be pulled tight. If it is used properly it gives an extra protection. If you cannot, or are not willing to do so, use a seat listed in Groups 1, 2 or 3 which does not require an anchor strap.

†Wee Care #597S seats manufactured before March 1980 do not protect well in backward-facing infant position. See Shopping Guide for details.



A Guide to Automobile Safety for Your Child



Would You Ever Forgive Yourself?

There's a one in five chance you'll be involved in an automobile crash this year. And, if a crash occurs, no one is more dangerously exposed to death or injury from the crash than the innocent child who may be riding with you unrestrained.

Many parents simply don't realize just how dangerous auto accidents are to young children. The fact is, auto crashes are the **NUMBER ONE** killer of children over one. The child riding unrestrained is more likely to be killed or injured, under identical circumstances, than an adult. Yet, studies show that less than five and one half percent of children who ride in automobiles are provided the best protection against auto accidents — infant/child auto safety restraints.

Close to **NINETY PERCENT** of child fatalities in automobile accidents, and seventy-five percent of injuries, could be prevented by crash-tested child restraints. That's a lot of protection. But it's up to parents to provide the protection and see that it is properly and faithfully used. What if your child were killed or injured because you didn't take the trouble to safely buckle him or her in? Would you ever forgive yourself?

The Danger To Children

The most common causes of death and injury to children in automobile crashes are:

- Being thrown into the windshield, dashboard, some other part of the car, or another passenger.
- Being crushed by adults who are not wearing safety belts.
- Being thrown from the car. It is safer to stay in the car in any accident, than to be thrown from it.

It's easy to see why the child riding in a car unrestrained is in a very dangerous situation. When a car is going 30 miles an hour, the passengers are traveling 30 miles per hour, too. And if that car stops suddenly, or collides with

something, the passengers don't stop . . . until they hit something.

Holding a child or infant on your lap is particularly dangerous. In a collision you may crush the child with your body. Even if you are wearing your safety belt the child is endangered. In a 30 mph collision a 15-pound infant weighs 450 pounds. You'd never be able to hold on to the baby. It would fly from your arms to hit the windshield, dashboard or other surface with the force of a fall from a three-story building.

When your car stops your child doesn't

What stops your child is your decision



Children are not miniature adults.

Their minds are different.

They cannot make their own safety decisions.

Their bodies are different.

They need their own special restraint systems.

What To Consider Before You Buy

The best and safest type of child restraint depends on you, your child and your vehicle. When you shop, examine each restraint model carefully and read the instructions. Here are some questions you'll need to ask yourself:

Is It Safe?

To be certain the restraint you select is strong enough and designed to do the job of protecting your child, look for a device that has passed a DYNAMIC CRASH TEST. Only those restraints that protect a child-size dummy in a simulated 30 mph crash are considered satisfactory.

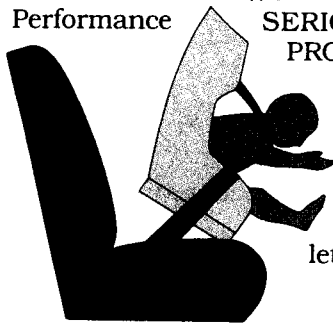
(NOTE: Don't be misled by labels stating the restraint device meets or exceeds Federal standards. CURRENT FEDERAL STANDARDS FOR TESTING CHILD RESTRAINT DEVICES ARE INADEQUATE. THE SEAT **MUST** BE DYNAMICALLY TESTED.) A current child restraint list is featured on pages 9 through 12.

Can You Use It Properly?

Some restraints cannot be used in certain model vehicles or in certain seating positions. Make sure the device you are buying will fit where you want to use it. (Take it out to your car and try it out.) Make sure the lap belt that anchors the device is long enough and that it can be adjusted snugly. If your device requires a top anchor strap make sure you can anchor it in your car — either to the back safety belt or to solid metal.

It's very unfortunate that many parents who DO have restraint devices for their children, don't use the restraint properly. IMPROPER USE CAN MAKE THE SAFETY DEVICE WORSE THAN USELESS OR SERIOUSLY REDUCE THE PROTECTION IT OFFERS.

Poor
Performance



For example, unless a top anchor strap is secured, the restraint seat can pitch forward dangerously in an accident, letting the child hit the dashboard or instrument panel.

Will You Use It?

Some infant/child restraints require more buckling, fastening and anchoring than others. See how long it takes you to anchor the restraint device in the vehicle seat and to fasten your child

safely in. If it seems like too much trouble, look for a simpler device. **YOU HAVE TO BE WILLING TO USE IT PROPERLY AND EVERY TIME.**

Don't forget to consider your child's opinion. If he or she isn't comfortable you won't get much cooperation. There are many good restraints on the market and they vary greatly in seating height and angle, hip and shoulder room, harness and shield design, and padding. One or even several will make you and your child happy. Shop carefully and try before you buy. The safest restraint will not protect your child unless both of you are willing to use it properly and every time.

Can You Afford It?

Safely-constructed child restraints are sold at a wide range of prices, from about \$15 to \$50. At any price, something that can save your child's life is a bargain. But, if money is a serious problem, see if any of the service organizations in your town have a child restraint loan/rental program.

Protecting Your Infant

As noted, your arms are not a safe place for an infant riding in a car. Put your baby in a safely constructed, dynamically tested infant restraint seat — beginning with the first ride home from the hospital. The baby rides in comfort in a backward, semi-reclining position so that collision forces can be spread over its entire body. A built-in harness holds the baby while the lap belt holds the restraint seat firmly in place. The infant should ride next to an adult and in the back seat, if possible.

Babies must ride in the backward facing position. Somewhere between seven and twelve months, depending on the type of seat you are using and if they can sit up by themselves, most babies will want to be in a forward facing restraint device.

Don't confuse infant restraint car seats with ordinary "infant seats," "feeder seats," or "car beds." These devices are not designed to protect an infant in an automobile crash and should never be used in a car. Cloth infant carriers that are worn over an adult's chest can be a death trap for a baby in an automobile crash.

Protecting Your Toddler

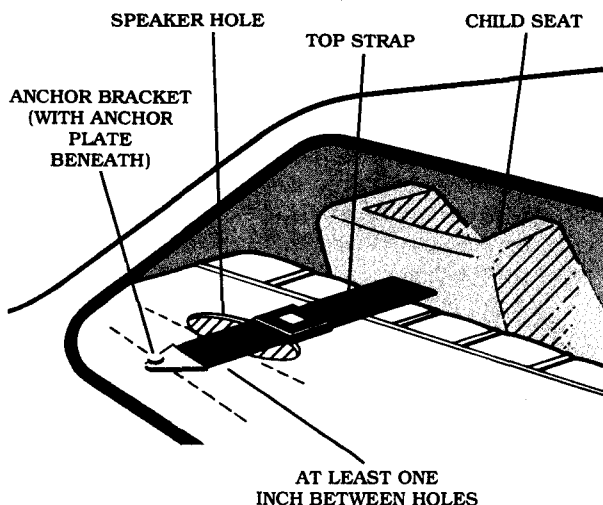
Because children up to about four years old are small and have soft, flexible bones, adult safety belts don't give them good protection. In a serious crash, a lap belt could put hundreds of pounds of pressure on a child's hips . . . too much for them to absorb safely. Children ages one to four need a special restraint system to spread the forces of a crash over a large body area. However, when a special safety child seat is not available, a child is safer riding with a lap belt fastened, than riding loose.

The Top Anchor Strap

The purpose of a top anchor strap is to keep a restraint device from pitching forward in a crash and allowing the child's head to strike the dashboard or the back of the front seat.

A harness or a restraint device with a high or narrow base **MUST** have a top anchor strap for safety. Some devices, with low, wide bases, are designed so a top anchor strap is not needed.

If you have a small vehicle that doesn't allow much room between your child's head and the dashboard or back of the front seat, a restraint with a top anchor strap would be best. Just be certain you can install it properly and that you do before your child uses the seat.



To attach a top anchor strap from a back seat position in a sedan, drill a hole through **SOLID METAL** in the package shelf at least ten inches behind the restraint. (The hole should be at least one inch from any other hole.) Bolt in the anchor plate. You will need a separate anchor plate for each vehicle.

In a station wagon, hatchback, truck, van or four wheel drive, you will have to find a spot somewhere behind the restraint seat where the anchor plate can be bolted to solid metal. The strap should be as horizontal as possible.

Other Things To Consider

- Shield devices are very simple to use. All you do is fasten the lap belt around it and leave it there. Your child may be able to climb in and out while the belt stays buckled.
- Children who wear glasses should not use a restraint with a high shield.
- For an active, hard to control child, a harness is better than a shield. A child can't get out as easily by himself.
- Some devices boost your child to window height and some don't. Does your child care?
- Follow the manufacturer's suggested installation and use instructions carefully.



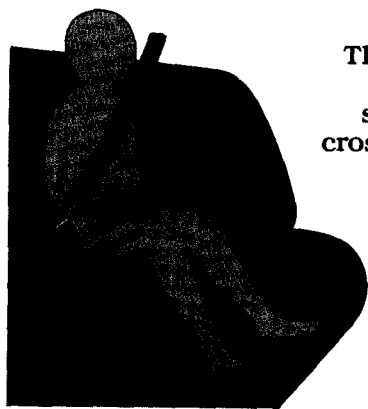
At no time should children be allowed to stand up in a car.

NEVER be without a safe car seat for your infant. But, if you find yourself without a restraint device for your one to four year old, strap the child in with a lap belt. Pull it as tight as possible across the hips, not the tummy. While lap belts are not the best way to protect young children, a child is much safer riding with a lap belt than without any restraint at all.

Keeping Your School Age Child Safe

Keep your children riding in their restraints as long as possible, because this is where they are safest. But, when they outgrow their restraints insist on the use of a lap belt.

At any age a child is safer riding in the back seat than in the front seat. But, if the front seat must be used, use the shoulder belt only if it crosses the child's chest, not the neck. If a child is too small to be able to use the shoulder belt correctly, the shoulder belt may be placed behind the child. A regular shoulder belt must not be used without a lap belt by anyone.



The lap belt must fit over the hips; the shoulder belt must cross the chest — not the face or neck.

Helping Your Child Accept Restraints

A child who begins riding in a restraint at an early age will continue to accept the restriction, with only occasional protests. A child who has been allowed to romp around the car may object to restraints at first, but these tips can make the transition easier:

- Try out your restraint before you buy it to make sure it will be comfortable for the child to use.
- Let your child play with the restraint device at home and practice strapping in a doll or teddy bear.

- Have a rule that the car doesn't start until EVERYONE is buckled up, including yourself. Set a good example.

- You don't need to unbuckle your child when he gets tired. A child in a lap belt can sleep leaning against a pillow or rolled up sleeping bag. Most infants and toddlers have no trouble at all going to sleep in their restraint seats. (Rear facing seats are always to be used in the reclining position. When the seat is faced forward, NEVER use it in a reclining position.)

- Make frequent stops on long trips and give children a chance to exercise. A baby should be taken out of the infant seat and laid flat to allow stretching and kicking. Take toys for your children (but none with sharp points).

Studies have shown that when children in cars are buckled up, their behavior is much better than that of unrestrained children. This makes the ride more relaxing and pleasant for everyone.

Be Safe, Not Sorry

- Set a good example for your children by always wearing your lap/shoulder belt. You can control the car better and you'll be safer.

- Make sure EVERYONE in the car is buckled up at all times. Unbelted adults are a major cause of injury to children in auto crashes.

- Safety belts are designed to hold only ONE person safely. However, in case there are more persons than safety belts available, buckle two together.

- Tell others who may take your children in a car — grandparents, friends, sitters — how and why child restraints or lap belts must be used. And for the safety of your children, ask them to buckle up also.

- Groceries, suitcases and other heavy items should be carried in the trunk. In a station wagon, put heavy items on the floor behind the front seat or in a cargo carrier on top. In a crash a can of soup or heavy toy can cause injury or death if it strikes someone.

A Parent's Guide to Crash-Tested Devices...

There are many different styles and models of restraint devices for your children using three basic systems: A rear facing seat, a five-point harness or a shield.

Ways to Protect a Child in a Crash

Rear Facing Seat (For infants)

Until able to sit up alone, an infant must ride in a restraint that faces backward. This allows the force of a sudden stop or crash to be absorbed safely across the infant's entire back.



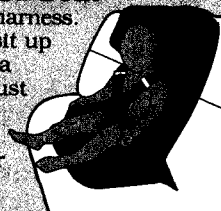
Child Shield

A child seat with an impact shield. The padded shield acts as a cushion in a head-on crash. Small, active children may experience difficulty in seeing and attempt to climb out.



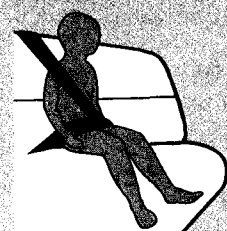
Five-point Harness and Seat

A child seat with a five-point harness. Designed for children able to sit up unaided. Some car seats need a top anchorage strap, which must always be attached. Some models can be turned to face the rear, reclined, and used for children not yet able to sit unaided.



Lap Belt

When children outgrow their restraint device, or if no restraint device is available, the regular lap belt should always be used. The belt should fit snugly across the hips.

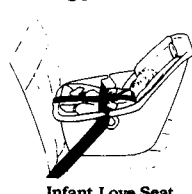


INFANTS ONLY

Designed for use only in backward-facing positions.



Dyn-O-Mite
Birth to 17-20 lbs.
Birth to 26 in.
Questor

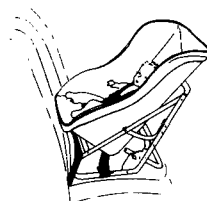


Infant Love Seat
Birth to 17-20 lbs.
Birth to 26 in.
Hamill/Century

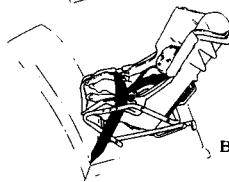
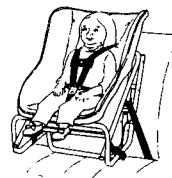
CONVERTIBLES

(Infants and Toddlers/Pre-schoolers)

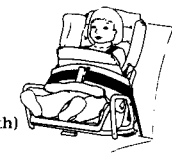
Designed for use in a backward-facing position for infants and in a forward-facing position for older children.



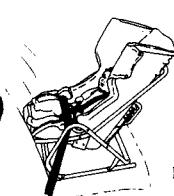
Astroseat 9100 Series
(5 pt. Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
International/Teddy Tot



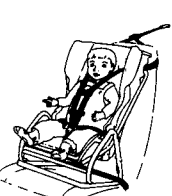
Bobby-Mac Champion
(Partial-Shield/Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Bobby-Mac (Collier-Keyworth)



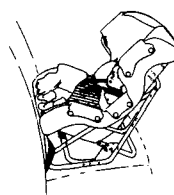
Bobby-Mac Deluxe II
(Partial-Shield/Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Bobby-Mac (Collier-Keyworth)



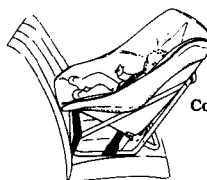
Bobby-Mac Super
(5-pt. Harness, Top Tether)
Birth to 40-43 lbs.
Birth to 40-43 in.
Bobby-Mac (Collier-Keyworth)



Century 100
(5-pt. Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Century

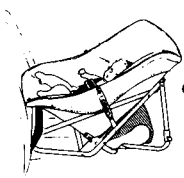


Century 200
(Partial-Shield/Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Century



Cosco/Peterson Safe-T-Seat 78-A
(5 pt. Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Cosco

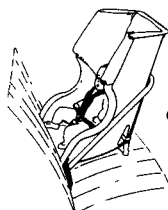




Cosco/Peterson Safe-T-Shield 81-A
(Full Shield)
Birth to 40-43 lbs.
Birth to 40-43 in.
Cosco



Cosco/Peterson Safe & Easy 313-A
(5-pt. Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Cosco



Kantwet Care Seat 989
(5-pt. Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Questor



Kantwet One Step
(Partial-Shield/Harness, Top Tether)
Birth to 40-43 lbs.
Birth to 40-43 in.
Questor



Kolcraft Hi Rider
(5-pt. Harness, Optional Partial-Shield)
Birth to 40-43 lbs.
Birth to 40-43 in.
Kolcraft



Stroelee Wee Care 597-A
(5-pt. Harness, Top Tether)
Birth to 40-43 lbs.
Birth to 40-43 in.
Stroelee



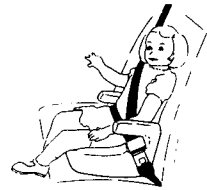
Stroelee Wee Care 599
(5-pt. Harness with Arm Rest, Top Tether)
Birth to 40-43 lbs.
Birth to 40-43 in.
Stroelee



Welsh Travel Tot
(5-pt. Harness)
Birth to 40-43 lbs.
Birth to 40-43 in.
Welsh



Century Safe-T-Rider
(Booster)
20 lbs. to 50 lbs.
to 45 inches
Century



Child Love Seat
(5-pt. Harness, Top Tether)
20 lbs. to 50 lbs.
to 45 inches
Hamill/Century



Ford Tot Guard
(Full Shield)
20 lbs. to 50 lbs.
to 45 inches
Ford

TODDLERS AND PRE-SCHOOLERS ONLY

These restraints are designed for use only in forward-facing positions and by children at least old enough to sit up alone.

RECENTLY DISCONTINUED RESTRAINTS

While no longer available from the manufacturer, these restraints may yet be found in some stores or may be circulating second-hand. They perform satisfactorily in dynamic tests. They do not meet all the requirements of the new standard.

Trav-L-Ette
Bobby-Mac Two-In-One #810
Bobby Mac DeLuxe #812
Trav-L-Guard
Wee Care #597-S
Stroelee Toddler Car Seat #595
Safe 'N Easy #13-203, #13-313, #13-314
Peterson Safe-T-Seat #78
Peterson Safety Shell #74, #75
Mopar Child Shield

Kantwet Care Seat #985, #986
Kantwet Fitz-All Deluxe #597
Kantwet Car Seat #784, #785, #884, #885
Astroseat V, VI
Sweetheart II #70, #71
Posi-Test
Little Rider Harness
American Safety Seat
Motor Toter

Check Out "Hand-Me-Downs" Carefully

Don't Clown Around With Safety



As of January 1, 1981, the Federal Standard for child restraints requires crash-testing. All of the devices on the preceding pages have been crash tested by various safety research organizations and provide a high level of protection.

Before using a child restraint which has been given to you or bought at a garage sale, be sure that it is one of the crash-tested models. Often these "hand-me-downs" are older devices which are inadequate to protect your child in a crash. If instructions are missing, write to the manufacturer for information on the restraint.

If your group or organization is interested in initiating a child auto safety program, contact Sylvia Casey, Program Manager, Highway Traffic Safety, Department of Justice, 303 North Roberts, Helena, Montana 59620 for more information.

Supplemental materials available on child auto safety education include:

Printed Materials and Program Workbooks

Automobile Safety For Your Child Additional brochures are available with easel display cards.

Shoppers Guide A detailed listing of currently available child and infant restraints with information on where these may be obtained. (Shoppers Guide for your community available from local American Legion Auxiliary.)

Posters Reinforcing the "Do You Care Enough" filmstrip, for posting in hospital lobbies, maternity waiting areas, doctor's offices, etc.

Restraint Loan/Rental Program Workbook A detailed, "how to" program workbook for organizations to use in setting up an infant/child restraint loan/rental program in their community. Such programs have been highly successful in other states in making restraints easily available to parents at low cost. (Montana Jayceens are conducting these programs in each community.)

Community Health Program On Child Auto Safety Detailed "how to" workbook for use by hospital auxiliaries, health professionals and other groups interested in providing child auto safety instruction in hospital maternity areas to new parents and parents to be.

Daycare Program Workbook A "how to" workbook for educational programs on auto safety for presentation to daycare children, their parents and teachers.

Films

Car Safety — Don't Risk Your Child's Life Lasting 12 minutes and produced in color, this is the best currently available film on the subject of child restraints. Dramatic crash test footage is included to graphically illustrate the forces involved in an auto crash. Safe restraints for infants and toddlers are shown, along with advice on protecting the school age child. General audiences. (For loan)

Do You Care Enough? A 6-minute filmstrip with silent-sync audio cassette aimed at expectant and new parents. In it a young couple tells why and how they selected an infant car seat for their new baby, how it saved the baby's life, and what they will need when the baby is older. This film also is suitable for general audiences. (Free)

The Adventures Of Beltman Filmstrip with silent-sync audio cassette designed for kindergarten and grade one. It teaches the use of safety belts and other important in-car behavior. (Free)

Remember . . .

- Buy a child restraint device manufactured after January 1, 1981
- Install it properly as per manufacturer's instructions
- Use it each time your child is riding in a vehicle
- **Do you buckle up yourself?**

An unrestrained adult can be thrown into other passengers and cause serious or even fatal injuries. Your children need you alive and well. Protect them . . . by protecting yourself.

Where to shop for child restraints

- Contact your local AAA club
- Retail outlets, including department stores
- Discount stores
- Juvenile furniture and baby needs stores
- New car dealers
- Hospital gift shops
- Catalog sales (available from large retailers)
- Automotive retail and supply dealers

For additional information, please ask:

- *Your pediatrician, family doctor, hospital or County health department*
- *Physicians for Automotive Safety, Communications Department, 5 Eve Lane, Rye, NY 10580*
- *American Academy of Pediatrics, P.O. Box 1034, Evanston, IL 60204*
- *Consumers Union, Washington Office, 1511 K Street, N.W., Washington, D.C. 20005*
- *American Association for Automotive Medicine, P.O. Box 222, Morton Grove, IL 60053*
- *National Highway Traffic Safety Administration, 400 7th Street S.W., Washington, D.C. 20590*
- *National Safety Council, 444 N. Michigan Avenue, Chicago, IL 60611*
- *Local AAA club*

American Automobile Association
Traffic Safety Department
Falls Church, VA 22047
#3400



Printed in USA



A GUIDE TO CHILD CAR SAFETY SEATS.

This pamphlet offers guidance on the proper use of child car safety seat systems. After you obtain the restraint of your choice, follow the directions provided and please use it!

It's your decision! Protect your child!



American Automobile Association ©AAA 1981

Why are child restraints needed?

In the United States, the family car is the principle means of transportation. As a result, traffic accidents involving vehicles are an everyday occurrence. Motor vehicle accidents are the leading cause of death and injury for American children, ranking ahead of all other types of accidents — and claim more lives than any childhood disease. Trauma from automobile accidents also is a major cause of epilepsy and paraplegia in children. In fact, the American Academy of Pediatrics states that the **trauma suffered by children riding unprotected in cars involved in accidents is the major cause of death and serious injury threatening children today.**

During a *sudden stop, swerve or crash*, all occupants of a motor vehicle need protection from impact with the car's interior. They also need to be restrained to prevent ejection from the vehicle itself. If unrestrained, infants and children are thrown around the vehicle like flying missiles. Things happen so fast, even in low-speed quick stops, that this violent impact — generally against the unyielding surfaces of the vehicle itself or through the windshield in a collision — is unpredictable. In a 30-mph crash, a child may be thrown forward with a force equal to 30 times his or her own weight. That's like falling from a three-story building!

Young passengers are the most helpless. They are dangerously exposed to serious head injury because they have proportionately larger heads. Under identical situations, a child is much more likely to be injured than an adult. Each year, about 850 children under age five are killed and more than 70,000 are injured as a result of vehicle collisions and sudden stops.

Many adults believe that they can protect children by holding them on their lap. Actually, a parent or other adult increases both the probability and degree of injury in a crash. Safety experts call this the "child crusher" position. In vehicle crashes — even at low speeds — the forces generated are such that even strong adults cannot restrain or shield a child held on their lap. The child is thrown forward into the dashboard area and then crushed between the unrestrained adult's body and the dashboard or windshield.

The best way to protect children under five years of age during sudden braking, swerving or a crash is to use a child restraint device. Infants and young children should always ride in child car safety seats. Such devices hold the child securely in one position and absorb the forces of even the most violent crashes.

Child car safety seats manufactured after January 1, 1981 are required to meet new safety standards. However, many seats manufactured before that date provide adequate protection if used correctly.

Make certain that the child restraint device is properly installed in the automobile and that it is attached to the seat by the vehicle lap belt. If the child car seat is equipped with a top strap (tether), the top strap should also be attached to the vehicle and be properly installed, or the car seat will not fully protect the child.

What some prominent safety experts say:

"Automotive collisions are the most common cause of injuries in childhood and they have received little attention. The injury complex should be described as the 'neglected child syndrome' since ample evidence indicates that a great many of these injuries could be reduced or prevented by simple parental action..."

Injuries to Children in Automobile Collisions by A. Siegel, A. Nahum, and M. Appleby, U.C.L.A. School of Medicine

"Beginning with the very first ride — the drive home from the hospital — the baby should be carried in a proven safety restraint."

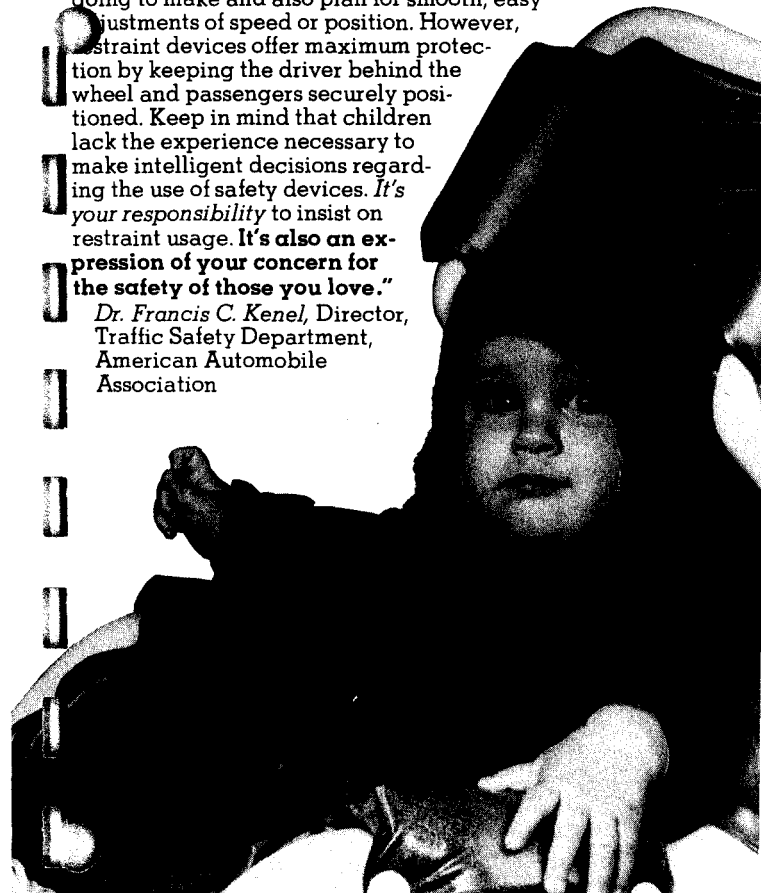
Physicians for Automotive Safety

"We can't help wonder why some parents spend thousands of dollars for a car and hundreds of dollars to equip it with an FM radio, air-conditioning, and other luxuries — and then neglect to invest \$45 or less for a restraint that could save their child's life in a collision."

Consumer Reports, June 1977

"The evidence is overwhelming! Time and again, safety belts and child restraints have not only *saved* lives but *prevented* injuries by keeping passengers in their seats during crashes, sudden stops or quick evasive maneuvers. A driver can't always anticipate every move others on the road are going to make and also plan for smooth, easy adjustments of speed or position. However, restraint devices offer maximum protection by keeping the driver behind the wheel and passengers securely positioned. Keep in mind that children lack the experience necessary to make intelligent decisions regarding the use of safety devices. *It's your responsibility to insist on restraint usage. It's also an expression of your concern for the safety of those you love.*"

Dr. Francis C. Kenel, Director, Traffic Safety Department, American Automobile Association



How to select the best car safety seat

Choose a restraint device suitable for your child's weight and height, and also one that fits in your automobile.

Do not use "old-style" child seats that hang from the top of a car seat back or sit loosely on the seat without being secured by a lap belt. Household "baby carriers" and car beds are also unsatisfactory. They won't protect the child in a crash, swerve or sudden stop.

Crash-tested car seats that meet the January 1981 Federal Safety Standard No. 213 offer a child passenger the same level of protection that an adult receives when wearing a combination lap-shoulder belt.

Select a child restraint that you will use every time you take your child for a ride in the car. It should be comfortable for your child. Before purchasing a car seat, have your child sit in different ones and try them out. If you are expecting a child or obtaining a child restraint for someone else, ask others who have a child restraint about its use, advantages and disadvantages before you make your purchase. Remember to test the child restraint in your car to determine if it fits and if your seat belt system is compatible with the child restraint and will properly secure it as the manufacturer directs.

Remember: Child car safety seats are effective only if they are installed as the manufacturer's specifications indicate, and used correctly each and every time a child rides in a motor vehicle.

Where should the child restraint be placed?

Use child car safety seats where there is a seat belt. Child car safety seats give excellent protection wherever the child is seated — *if the child is properly buckled up*. The back seat is preferred. Doors should be locked.

Proper installation of child car safety seats

Recent surveys reveal that a high proportion of all child restraints are incorrectly installed. The restraint system must be anchored to a vehicle lap belt to insure its safe performance in a crash. If the restraint system comes with a tether strap for securing the top of the child seat, its use is essential. If your child is going to be riding often with your friends, neighbors, grandparents and other relatives who do not have a place to secure the top strap in their cars, buy a child restraint that *does not* require a top tether strap.

Points to keep in mind

1. A parent's lap is *not* a safe place to transport a child in a car.
 2. If a child car safety seat is not available, a seat belt is better than nothing.
 3. A top quality child restraint will be of little value if it is not installed and used correctly.
 4. Most motor vehicle accidents occur at low speed and close to home.
 5. Having a child restraint and not using it has been described as a form of child abuse.
- Remove all loose items from the rear window shelf and eliminate danger from flying missiles in case of a sudden stop or crash.
7. Infants should be transported only in an infant/child car safety seat.



Shopping Guide

Listed below are several child restraint devices that have been manufactured after January 1, 1981, the effective date for Federal Standard No. 213.

All items are listed in alphabetical order within each group. The "best" safety seat for you is the one in which your child will be comfortable, that can be securely installed in your vehicle, and which you will use each time your child rides in a vehicle.

Infants up to approximately one year old — 20 lbs.

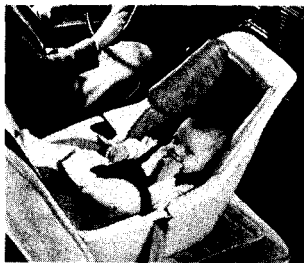
These seats protect a child from birth to only about 9-12 months of age (17-20 pounds) and *should be used from the time an infant is driven home from the hospital.*

When selecting a restraint device for an infant, note the height and weight limitations and check the infant carrier installation directions.

Infant carriers face the rear of the vehicle and are secured by the seat belt system. The infant is cradled in a semi-erect position and is supported by the carrier on the head, back and buttocks. Extra padding on the sides may make the seat more comfortable for infants.

Dyn-O-Mite #441 (to 17 lbs.)
Infant Love Seat (to 20 lbs.)

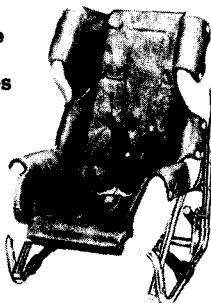
Questor/
Century



Convertible — for infant and toddler/preschooler

These safety seats have the advantage of protecting children from birth (about 7 pounds) to around four years of age (about 40 pounds). They are convertible from a back-facing infant position to forward-facing for a toddler (preschooler). **Those restraint devices marked with an * have a top tether strap which provides an extra margin of protection.**

Make certain that the seat belt system in your vehicle will secure the child restraint as indicated in the manufacturer's instructions for both rear-facing infant style and forward-facing toddler style. For very small infants, rolling up small blankets or towels and placing them at each side of the infant's body may make the infant more comfortable.



Astroseat 9100A
Bobby-Mac Champion Car Seat
Bobby-Mac Champion 3-in-1 Car Seat
Bobby-Mac Deluxe 11 Car Seat #812
Bobby-Mac Super Car Seat #814*
Care Seat #989
Century 100, 200, 300 Series

International/Teddy Tot
Collier-Keyworth
Collier-Keyworth
Collier-Keyworth
Questor-Kantwet
Century

Hi-Rider (Shield) #19030
One Step #401*
Redi-Rider #19130
Safe-N-Easy 313B
Safe-N-Snug 323A
Safe-T-Seat 78A
Safe-T-Shield 81A
Travel Tot #987 Series
Wee Care #597A*
Wee Care #599 Series*
Wonda-Chair #810

Kolcraft
Questor/Kantwet
Kolcraft
Cosco/Peterson
Cosco/Peterson
Cosco/Peterson
Welsh
Strolee
Strolee
Babyhood Industries

Toddler/preschooler only



These seats protect children from about 20 pounds up to 50 pounds. **They are not for infants.**

A child seat with a padded impact shield is available in this group. The padded shield acts as a cushion in a head-on crash and requires no safety harness. Small, active children may attempt to climb out of this device.

Tot Guard (Shield) Ford
Child Love Seat* Century

Children — over four years

Special safety booster seats are provided for older children. These will improve the seat belt fit and permit children to see out the window.

Child Safety
Cushion

Volvo — Over 50 lbs. Must be used only in seating positions with lap and shoulder belts.

Safe-T-Rider
Booster Seat
#4760*
#4780*

Century — 20-65 lbs. Must be used with lap and shoulder belt or accompanying body harness that is anchored like a tether strap.



Strolee Wee-Care Boosters #601*, #604*
Tot-Rider Child Car Seat #19230*

Strolee
Kolcraft

As a last alternative, when the above child restraints are not available, the regular lap belt on most cars may be used for children. Place the child in the back seat, using the lap belt. If the back seat is filled, use the front seat.

The lap belt should be fitted snugly across the child's hips — not across the stomach — and an attached shoulder strap should be placed behind the child unless you are certain that it will not make contact with the child's neck or face.

A child should never be strapped next to or into a belt on the lap of an adult. The adult's own weight, greatly increased during crash forces, would press the belt deeply into the child's body, leading to serious or even fatal internal injuries.

STANDING COMMITTEE REPORT

March 7

19 23

MR. **SPEAKER**

We, your committee on **HUMAN SERVICES**

having had under consideration **SENATE** Bill No. **12**

third reading copy (blue)
color

A BILL FOR AN ACT ENTITLED: "AN ACT ALLOWING PHYSICIANS TO REPORT TO THE DIVISION OF MOTOR VEHICLES PATIENTS WITH CONDITIONS THAT IMPAIR THEIR ABILITY TO SAFELY OPERATE A MOTOR VEHICLE; AND PROVIDING LIMITED IMMUNITY FOR SUCH PHYSICIANS."

Respectfully report as follows: That **SENATE** Bill No. **12**

BE CONCURRED IN
DO PASS

STANDING COMMITTEE REPORT

March 7, 1983

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration SENATE Bill No. 22

third reading copy (blue)
color

**A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING USE OF A SAFETY
RESTRAINT SYSTEM TO TRANSPORT A CHILD LESS THAN 8 YEARS OLD;
ESTABLISHING STANDARDS, EXEMPTIONS, AND PENALTY; PROVIDING FOR
ADMISSIBILITY OF EVIDENCE IN CIVIL SUITS WITHOUT PRESUMPTION OF
NEGLECT; AND PROVIDING AN EFFECTIVE DATE."**

Respectfully report as follows: That SENATE Bill No. 22

BE CONCURRED IN

DO PASS

STATEMENT OF INTEREST ATTACHED

MR. SPEAKER

WE, YOUR COMMITTEE ON HUMAN SERVICES, HAVING HAD UNDER CONSIDERATION SENATE BILL 22, THIRD READING COPY (BLUE), ATTACH THE FOLLOWING STATEMENT OF INTENT:

STATEMENT OF INTENT
SENATE BILL NO. 22

A statement of legislative intent is required for this bill because the bill authorizes the Division of Motor Vehicles of the Department of Justice, consistent with 61-9-504, to adopt rules prescribing standards for child safety restraint systems to be approved for installation in vehicles owned by residents of Montana. The intention is that the standards adopted incorporate federal standards that specify requirements for child restraint systems and seatbelts used in motor vehicles and prescribe proper procedures for restraining a child under 4 years old with acknowledgment of certain exemptions allowed in [SB 22]. The rules should also provide for informational activity to bring the new rules to the awareness of the public.

STANDING COMMITTEE REPORT

March 7, 19 83

MR. **SPEAKER**

We, your committee on **HUMAN SERVICES**

having had under consideration **SENATE** Bill No. **180**

third reading copy (blue)
Color

**A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE
REQUIREMENTS FOR PREMARITAL SEROLOGICAL TESTS; AMENDING SECTIONS
40-1-203, 40-1-204, 40-1-206, AND 40-1-208, MCA; AND REPEALING
SECTION 50-19-106, MCA."**

Respectfully report as follows: That **SENATE** Bill No. **180**

BE CONCURRED IN
DOCKET
STATEMENT OF INTENT ATTACHED

MR. SPEAKER

WE, YOUR COMMITTEE ON HUMAN SERVICES, HAVING HAD UNDER CONSIDERATION SENATE BILL 180, THIRD READING COPY (BLUE), ATTACH THE FOLLOWING STATEMENT OF INTENT:

STATEMENT OF INTENT
SENATE BILL NO. 180

A statement of intent is necessary for Senate Bill 180 because it adds to the laws relating to premarital serological tests rulemaking authority for the Department of Health and Environmental Sciences to specify allowable exceptions to the test requirement.

Present law defines a premarital serological test as including both a test for rubella immunity and a test for syphilis. Senate Bill 180 eliminates the syphilis test requirement and requires the rubella test only of female applicants for a marriage license, since the purpose of the rubella test is to alert the license applicants to lack of immunity to the disease which could result in damage to a fetus if rubella were contracted during pregnancy. Since the test is of value only to women capable of bearing children, there is no purpose in requiring the test of women incapable of doing so. Therefore, the rules would define those categories of women whose medical status precludes them, with reasonable medical certainty, from bearing children, including, but not limited to, women over childbearing age and those whose physicians certify they are incapable of bearing children.