

Bill as
Introduced

HB 242 - AS INTRODUCED

2013 SESSION

13-0620
03/09

HOUSE BILL

242

AN ACT

relative to child passenger restraint requirements.

SPONSORS:

Rep. Kelly, Merr 20; Rep. Gile, Merr 27; Rep. Knowles, Hills 37; Rep. Davis,
Merr 20; Rep. Schuett, Merr 20; Sen. Fuller Clark, Dist 21

COMMITTEE:

Transportation

ANALYSIS

This bill adds 6- and 7-year-old children to the child restraint system requirement for motor vehicle operation.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to child passenger restraint requirements.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Rules of the Road; Child Restraint System. Amend RSA 265:107-a, I-b to read as follows:

2 I-b. No person shall drive a motor vehicle on any way while carrying as a passenger a person
3 less than [6] 8 years of age unless such passenger is properly fastened and secured by a child
4 restraint system which is in accordance with the safety standards approved by the United States
5 Department of Transportation in 49 C.F.R. section 571.213. If the passenger is 55 inches or more in
6 height, the provisions of this paragraph shall not apply.

7 2 Effective Date. This act shall take effect January 1, 2014.

HB 242 - AS AMENDED BY THE HOUSE

20Mar2013... 0454h

2013 SESSION

13-0620
03/09

HOUSE BILL

242

AN ACT

relative to child passenger restraint requirements.

SPONSORS:

Rep. Kelly, Merr 20; Rep. Gile, Merr 27; Rep. Knowles, Hills 37; Rep. Davis, Merr 20; Rep. Schuett, Merr 20; Sen. Fuller Clark, Dist 21

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Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Rules of the Road; Child Restraint System. Amend RSA 265:107-a, I-b to read as follows:

2 I-b. No person shall drive a motor vehicle on any way while carrying as a passenger a person
3 less than [6] 7 years of age unless such passenger is properly fastened and secured by a child
4 restraint system which is in accordance with the safety standards approved by the United States
5 Department of Transportation in 49 C.F.R. section 571.213. If the passenger is [55] 56 inches or
6 more in height, the provisions of this paragraph shall not apply.

7 2 Effective Date. This act shall take effect January 1, 2014.

HB 242 – AS AMENDED BY THE SENATE

20Mar2013... 0454h

04/18/13 1215s

2013 SESSION

13-0620

03/09

HOUSE BILL 242

AN ACT relative to child passenger restraint requirements.

SPONSORS: Rep. Kelly, Merr 20; Rep. Gile, Merr 27; Rep. Knowles, Hills 37; Rep. Davis, Merr 20; Rep. Schuett, Merr 20; Sen. Fuller Clark, Dist 21

COMMITTEE: Transportation

AMENDED ANALYSIS

This bill increases the height exception to the child restraint system requirement for motor vehicle operation and adds 6- and 7-year-old children to the requirement.

 Explanation: Matter added to current law appears in *bold italics*.

Matter removed from current law appears [~~in brackets and struck through.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

20Mar2013... 0454h

04/18/13 1215s

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03/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to child passenger restraint requirements.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Rules of the Road; Child Restraint System. Amend RSA 265:107-a, I-b to read as follows:

I-b. No person shall drive a motor vehicle on any way while carrying as a passenger a person less than [6] 8 years of age unless such passenger is properly fastened and secured by a child restraint system which is in accordance with the safety standards approved by the United States Department of Transportation in 49 C.F.R. section 571.213. If the passenger is [55] 57 inches or more in height, the provisions of this paragraph shall not apply.

2 Effective Date. This act shall take effect January 1, 2014.

CHAPTER 246
HB 242 - FINAL VERSION

20Mar2013... 0454h
04/18/13 1215s
26June2013... 2045CofC

2013 SESSION

13-0620
03/09

HOUSE BILL **242**

AN ACT relative to child passenger restraint requirements.

SPONSORS: Rep. Kelly, Merr 20; Rep. Gile, Merr 27; Rep. Knowles, Hills 37; Rep. Davis,
Merr 20; Rep. Schuett, Merr 20; Sen. Fuller Clark, Dist 21

COMMITTEE: Transportation

AMENDED ANALYSIS

This bill increases the height exception to the child restraint system requirement for motor vehicle operation and adds 6-year-old children to the requirement.

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears [~~in brackets and struckthrough~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 246
HB 242 - FINAL VERSION

20Mar2013... 0454h
04/18/13 1215s
26June2013... 2045CofC

13-0620
03/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to child passenger restraint requirements.

Be it Enacted by the Senate and House of Representatives in General Court convened:

- 1 246:1 Rules of the Road; Child Restraint System. Amend RSA 265:107-a, I-b to read as follows:
- 2 I-b. No person shall drive a motor vehicle on any way while carrying as a passenger a person
- 3 less than [6] 7 years of age unless such passenger is properly fastened and secured by a child
- 4 restraint system which is in accordance with the safety standards approved by the United States
- 5 Department of Transportation in 49 C.F.R. section 571.213. If the passenger is [55] 57 inches or
- 6 more in height, the provisions of this paragraph shall not apply.
- 7 246:2 Effective Date. This act shall take effect January 1, 2014.
- 8 Approved: July 24, 2013
- 9 Effective Date: January 1, 2014

Amendments



Amendment to HB 242

1 Amend the bill by replacing section 1 with the following:

2

3 1 Rules of the Road; Child Restraint System. Amend RSA 265:107-a, I-b to read as follows:

4 I-b. No person shall drive a motor vehicle on any way while carrying as a passenger a person
5 less than [6] 8 years of age unless such passenger is properly fastened and secured by a child
6 restraint system which is in accordance with the safety standards approved by the United States
7 Department of Transportation in 49 C.F.R. section 571.213. If the passenger is [55] 57 inches or
8 more in height, the provisions of this paragraph shall not apply.



2013-1215s

AMENDED ANALYSIS

This bill increases the height exception to the child restraint system requirement for motor vehicle operation and adds 6- and 7-year-old children to the requirement.

Committee Minutes

**SENATE CALENDAR NOTICE
TRANSPORTATION**

Senator Jim Rausch Chairman
 Senator Peggy Gilmour V Chairman
 Senator David Boutin
 Senator Nancy Stiles
 Senator David Watters

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/> Bill Status

Date: March 28, 2013

HEARINGS

Tuesday

4/2/2013

TRANSPORTATION

LOB 103

1:00 PM

(Name of Committee)

(Place)

(Time)

EXECUTIVE SESSION MAY FOLLOW

1:00 PM HB635

(New Title) establishing a committee to study state rest areas and relative to the solicitation of requests for proposals for the naming rights to rest areas.

1:15 PM HB242

relative to child passenger restraint requirements.

1:45 PM HB508

relative to idling by diesel locomotives.

Sponsors:

HB635

Rep. Dick Patten

Rep. Scott Burns

HB242

Rep. Sally Kelly

Rep. Mary Gile

Rep. Mary Ann Knowles

Rep. Frank Davis

Sen. Martha Fuller Clark

Rep. Dianne Schuett

HB508

Rep. Norman Major

Rep. Debra DeSimone

Rep. William Friel

SENATE TRANSPORTATION COMMITTEE

Jennifer Horgan, Legislative Aide

HB 242 – relative to child passenger restraint requirements.

Hearing Date: 04/02/2013

Time Opened: 1:33 PM

Time Closed: 2:05 PM

Members of the Committee Present: Senators Rausch, Gilmour, Boutin, Stiles, Watters

Members of the Committee Absent: No one

Bill Analysis: This bill adds 6- and 7-year-old children to the child restraint system requirement for motor vehicle operation.

Sponsors: Rep. Kelly, Merr 20; Rep. Gile, Merr 27; Rep. Knowles, Hills 37; Rep. Davis, Merr 20; Rep. Schuett, Merr 20; Sen. Fuller Clark, Dist 21

Who supports the bill: Representative Kelly, Senator Fuller Clark, Representative Horrigan, Representative Schuett, Representative Bouchard, Janet Monahan (NH Medical Society), Jim Hatem (State Farm Insurance), Elaine Frank (NH Public Health Association), Ellen Edgerly (Brain Injury Association), Bob Dunn (AAA-Northern New England), Kate Frey (Department of Health and Human Services, Division of Public Health Services), Cindy Tuttle (Concord Hospital), Peter Thomson (Highway Safety Agency), Matt Shapiro (Department of Safety, State Police)

Who opposes the bill: No one

Summary of testimony presented in support:

Representative Kelly

- About keeping our children safe.
- Raises the age one year for requiring child passenger restraint systems.
- Everyday in America 4 children die and 490 are injured in motor vehicle accidents.
- Best practices: all children under 13 should always sit in back seat, seatbelts do not work for anyone under 56in tall.
- In March 2011, the American Academy of Pediatrics and the National Highway Safety Administration revised the recommendations for child safety. Any children under 8 should have a safety seat; NH current law requires any child under the age of 6.
- The bill was originally to comply with the Best Practices, but it was amended the Committee to under 7, still supports the bill. If a 5 or 6 year old is very tall, over 56in, then they are exempt under this bill.

- A Floor Amendment was introduced and voted down to not allow children under 7 should sit in front seat, objects to that because no child under 13 should sit up front, it is on the visor.
- This will bring us closer to recommended standard.

Elaine Franks (NH Public Health Administration) submitted two handouts

- Sound public health policy based off of data from medical and insurance fields.
- Shared a story of dealing with children and the benefits of the booster seats for children's comfort.
- Senator Gilmour asked why the legislation was changed from 8 to 7.
 - That was the compromise offered when the Committee tied 9-9.
- Senator Boutin asked where the data from the medical and insurance fields is.
 - It is in the article from Pediatrics, national data.

Sergeant Shapiro (Department of Safety) submitted a position paper

- Doesn't know definitive statistics about child safety seats in NH, but 65-75% of all NH fatal accidents involve people who are not restrained. In NH there is voluntary seatbelt use and 75% people voluntarily wear seatbelts.
- Seatbelts are only going to be helpful if it properly fits. They are made for adults, not children. This will help.
- Senator Watters asked what kind of enforcement issues would he foresee.
 - I don't see any, as it is not very different then what is currently in law. The law is mainly enforced by age, I am not aware of anyone measuring a child on the side of the road. Questioning the driver how old the child is.
- Senator Boutin asked if a booster seat is included under the terminology 'child restraint system'.
 - Yes, it includes a child booster seat.

Peter Thompson (Highway Safety Agency)

- Provides all seats to people who cannot afford them with money from the National Traffic Safety Administration, not taking any General Funds from the State.

Representative Bouchard

- Senator Gilmour asked if 8 is the Best Practice Standard, what the objections within the committee were to change it to 7.
 - Several members believe that the government should not direct parents to do anything. I held the bill and then suggested the amendment to add one year so that it is now 7. It is not the National Best Practice, but better then what we have now.
- Senator Rausch asked if she would envision a problem if the Committee amended the bill back to its original form.
 - It would more difficult.

Ellen Edgerly (Brain Injury Association) submitted position paper

- Represents parents of children who have sustained brain injuries.
- Prevention measures are the best treatment to reduce injuries, most of the time they are predictable and preventable.
- Estimated cost to NH for a child with a brain injury is 3.24million dollars.

Bob Dunn (AAA) position paper

- 45% less likely to sustain injuries if in booster seats.
- MA, ME, and VT all require up to the age of 8.
- Child restraint system is defined in CFR section in the bill. Reason this is referred to as a system is because it is working in tandem with the shoulder strap.
- No problem with amended bill.

Kate Frey (Department of Health and Human Services- Division of Public Health Services)

- Aligns more with better health practices. 33 states have age up to 8 and this is a step closer.
- Will look into getting NH specific data on child injuries. Decreasing passenger injuries and federal child health grant
- Senator Stiles asked if a 9 years old who is 4'6" would have to use a booster seat.

○ No

Cindy Tuttle (Concord Hospital) submitted a handout

- The legislation as proposed is an 'and/or', under height the requirement or age. 8 or 9 would be allowed to sit without the use of the booster seat.
- The point of a seatbelt is to hold a person in position when the crash occurs. When child is sitting that seat the belt is up in abdomen area and there is a potential for ejection as it is not designed for the child, but an adult. A booster seat or child restraint system puts the child in position so that the seat sits well, and the strap is low and snug on their thigh.
- Showed some examples of booster seats that are under \$20 at Wal-Mart.
- Have a fitting station at the Hospital to help parents to use them properly.
- This makes sense and saves the lives of our children.
- Senator Gilmour asked if the age is really irrelevant.
 - Yes, because the size of the child determines how they fit in the booster seats. For enforcement purposes that is very difficult, which is why we have the age.
- Senator Rausch asked about how the seatbelt comes across the child even in the booster seat.
 - Demonstrated how the booster seat and the strap adjuster are used to help position the shoulder belt.
- Senator Rausch asked if young parents know how to do this.
 - Parents are used to the full car seat and therefore find the booster seats very intuitive and simple to use.

Summary of testimony presented in opposition:

None

Fiscal Note: N/A

Future Action: The Committee took the bill under advisement.

JCH

Date hearing report completed: 04/04/2013

[file: HB242 report]

Speakers

Testimony

Complete Document

Can Be Viewed

In Bill Folder

PEDIATRICS®

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Booster Seat Laws and Fatalities in Children 4 to 7 Years of Age

Rebekah Mannix, Eric Fleepler, William P. Meehan III, Sara A. Schutzman, Kara Hennessey, Lise Nigrovic and Lois K. Lee

Pediatrics 2012;130:996; originally published online November 5, 2012;
DOI: 10.1542/peds.2012-1058

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/130/6/996.full.html>

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American Academy of Pediatrics

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Booster Seat Laws and Fatalities in Children 4 to 7 Years of Age



WHAT'S KNOWN ON THIS SUBJECT: Previous studies have demonstrated that booster seat legislation decreased fatalities in children. However, these studies have not accounted for confounding factors such as other legislation and temporal trends in safety.



WHAT THIS STUDY ADDS: This study demonstrates that state booster seat laws are associated with decreased rates of fatalities and injuries in children 4 to 7 years of age in the United States, with the strongest effects in the older children.

abstract



OBJECTIVE: To determine whether state booster seat laws were associated with decreased fatality rates in children 4 to 7 years of age in the United States.

METHODS: Retrospective, longitudinal analysis of all motor vehicle occupant crashes involving children 4 to 7 years of age identified in the Fatality Analysis Reporting System from January 1999 through December 2009. The main outcome measure was fatality rates of motor vehicle occupants aged 4 to 7 years. Because most booster laws exclude children 6 to 7 years of age, we performed separate analyses for children 4 to 5, 6, and 7 years of age.

RESULTS: When controlling for other motor vehicle legislation, temporal and economic factors, states with booster seat laws had a lower risk of fatalities in 4- to 5-year-olds than states without booster seat laws (adjusted incidence rate ratio 0.89; 95% confidence interval [CI] 0.81–0.99). States with booster seat laws that included 6-year-olds had an adjusted incidence rate ratio of 0.77 (95% CI 0.65–0.91) for motor vehicle collision fatalities of 6-year-olds and those that included 7-year-olds had an adjusted incidence rate ratio of 0.75 (95% CI, 0.62–0.91) for motor vehicle collision fatalities of 7-year-olds.

CONCLUSIONS: Booster seat laws are associated with decreased fatalities in children 4 to 7 years of age, with the strongest association seen in children 6 to 7 years of age. Future legislative efforts should extend current laws to children aged 6 to 7 years. *Pediatrics* 2012;130:996–1002

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Divisions of ^aEmergency Medicine, and ^cSports Medicine, Children's Hospital Boston, Boston, Massachusetts; and ^bThe Micheli Center for Sports Injury Prevention, Boston Massachusetts

KEY WORDS

trauma, legislation, motor vehicle collisions

ABBREVIATIONS

CI—confidence interval

FARS—Fatality Analysis Reporting System

MVC—motor vehicle collision

NHTSA—National Highway Transportation and Safety Administration

All authors contributed to the conception, study design, data analysis, and manuscript preparation of this study.

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Boosters for Big Kids

Protecting School-Age Children

Child
Safety
Facts
2013

Car Safety Basics

- Your child should use a car safety seat (car seat) with a harness for as long as possible, until at least age 4. After it's outgrown, your child should ride in a booster seat.
- **ALWAYS** follow booster seat and car instructions.
- A lap-shoulder belt **MUST** be used with a booster. **NEVER** use only a lap belt with a booster.
- If your car has no lap-shoulder belts in the back seat, see the other side of this sheet.
- Teach your child to buckle up and to pull up on the shoulder belt to make the lap part snug.
- Use the back seat for all children under age 13. The back seat is safer, even if there is no air bag in front.
- The center of the back seat is safest. It is farthest away from impact in a crash. However, a child in a booster **MUST** sit where there is a shoulder belt.
- **ALWAYS** use your seat belt. Your child learns from what you do. Make sure **everyone** in the car buckles up.
- Make sure others who drive your child know you expect your child to use a car seat or booster.

Warning! Always secure a booster with a seat belt or LATCH when it is not being used. A loose booster can be thrown around in a sudden stop or crash and might injure people in the car.

NH Child Passenger Safety Program
1-877-783-0432

Car Seat or Booster—Safer Than Seat Belt Alone

How long should a child ride in a car seat?

Your child should use a car seat with a harness as long as possible. It will usually give more protection than a booster or a seat belt. Most car seats fit children up to at least 40 pounds, and many can be used up to 65 pounds or more.

Keep your child in a car seat until:

- The ears are above the top of the child car seat, or
- The shoulders are above the top shoulder strap position, or
- The child's weight is at the car seat's upper limit (check the label or instructions).

When your child outgrows a car seat with a harness, he or she needs a booster seat.

What is a booster? What does it do?

A booster seat raises the child up to help the lap and shoulder belts fit right (picture, top right). Using a booster seat in the rear seat reduces a child's risk of injury by almost 60 percent. A booster also makes the child more comfortable and allows him to see out the window better.

A booster is **NOT** the best choice if:

- The child weighs too little or is too short for a booster.
 - The child is too wiggly to sit still in a booster.
 - There is no shoulder belt to use with the booster.
- These children should ride in a car seat. One that holds larger-size children might be needed. (See Resources.)

Why can't my child use only a seat belt?

Seat belts are made to fit adults. They do not fit most children until at least age 8 to 12. If the lap belt is around or near the child's waist (picture, bottom right), it could cause serious injuries in a crash. If the shoulder belt is across the neck, a child might put it behind his back or under his arm. That also could cause very serious injuries.

When will my child be big enough to use a seat belt?

Use the **5-Step Seat Belt Test*** to find out. Sit your child in the back seat and put on the seat belt. Check the steps below. If you answer "yes" to **ALL** of these questions, your child is big enough to use a seat belt without a booster.

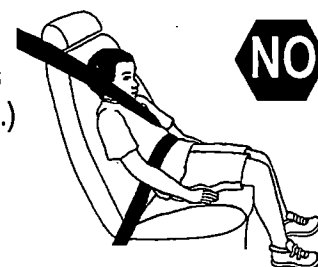
- Can your child sit with a straight back against the vehicle seat back?
- In that position, do the legs bend comfortably at the edge of the vehicle seat?
- Does the lap belt stay low, touching the thighs (not on the belly)?
- Does the shoulder belt cross the center of the child's shoulder?
- Can your child sit this way without slouching during a long ride?

Note: All cars are not the same, so do this test for any car your child rides in.

* Adapted from SafetyBeltSafe U.S.A. 5-Step Test



A booster helps the seat belt fit properly. This is a backless booster.



Poor seat belt fit. Child is too small to use it safely.

Kinds of Booster Seats

Most boosters fit children from 40 up to 80 to 120 pounds.

- **Booster with a high back:** This type helps prevent neck injuries if your car has low seatbacks. A high back also may provide better head protection in side crashes. The high back helps keep a sleeping child in place (picture, right). (Read instructions. A few cannot be used with low-back vehicle seats.)
- **Combination seat:** This kind of car seat has a harness for a child under a stated weight limit. The harness must be taken out to make it into a high-back booster for a larger child.
- **Booster with no back:** A backless booster (shown on page 1) is fine if the vehicle seat has a high back and your child does not sleep in the car. Older children may think they look more "grown up."

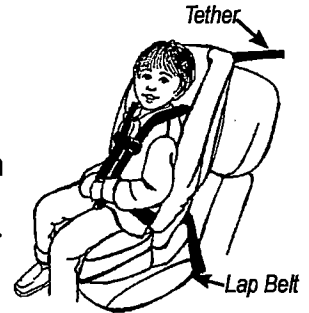


Booster with a high back

If a Car Has Only Lap Belts in Back

A booster seat **cannot** be used with only a lap belt, so instead use:

- A car seat with a harness that holds larger children (picture, right). It is okay to install a car seat with a lap belt, and it is much safer to also attach the tether. Some *require* tether use at higher child weights.
- A vest or safety harness. These require a tether strap to be used. (See E-Z-ON Products in Resources.)



A car seat for larger children, used with a lap belt and tether

Using Seat Belts Correctly

When your child is big enough, teach him how to wear the seat belt correctly. (Adults need to buckle up correctly, too.)

Lap belt fit is most important. The belt must be low and tight, touching the top of the thighs. Teach your child to push the lap belt down and make it snug (picture, below).

It is hard to keep the lap belt snug and low if a child is wearing a heavy jacket. Pull the jacket up so the lap belt goes under it or open the jacket and pull it to the sides.

A lap-shoulder belt gives much better protection than only a lap belt. It should cross the middle of the shoulder.

Make sure your child does **not** put the shoulder belt behind her back or under her arm. That can cause very serious injury.

Some cars have built-in shoulder belt height adjusters (see the owner's manual). These make the shoulder belt fit better. **Avoid** using shoulder belt adjusters that did not come with the car. They do not have crash safety standards. They often make the seat belt too loose or the lap belt too high. This can cause serious injury.



Correct seat belt fit

Be sure children do not use seat belts as playthings. A seat belt wrapped around the neck is very dangerous.

Resources

National Auto Safety Hotline:

888-327-4236, 800-424-9153 (tty), www.safercar.gov

American Academy of Pediatrics (AAP): www.healthychildren.org
(See AAP's product listing to find car seats with high weight limits.)

SafetyBeltSafe U.S.A.: 800-745-7233, www.carseat.org

Car Seat Inspection Locator: 866-732-8243, www.seatcheck.org

The Children's Hospital of Philadelphia: www.chop.edu/carseat

E-Z-ON Products (harnesses/vests): 800-323-6598, www.ezonpro.com

Choosing and Using a Booster Correctly

A lap-shoulder belt **MUST** be used to hold your child in a booster. **NEVER** use a lap belt only. **ALWAYS** follow the instructions.

Proper fit of the seat belt is important. Choose a booster that makes your car's seat belt fit your child correctly. Take your child with you when shopping for a booster.

To check for proper fit:

- Place your child on the booster and buckle the seat belt around your child. Use the seat belt guides on the booster.
- Check the lap belt position. It should be on top of the thighs or very low on the hips.
- Check the shoulder belt position. It should go across the middle of the shoulder. Most boosters have shoulder belt guides. Adjust these to help with proper fit. Make sure the belt slides through the guide easily.

Air Bag Warning

In a crash, the impact of the air bag can injure or kill a child. Never put a rear-facing car seat in front of an active air bag.

It is always safer in the rear. If you cannot avoid putting a forward-facing child in front, make sure the car seat harness (or the seat belt) is snug. Move the vehicle seat all the way back.

A sports car or pickup truck with no back seat or a very small back seat may have a switch or sensor that turns the front air bag off. Make sure the air bag is turned off before putting a child in front. (Turn it on again for adult passengers.)

If there are side air bags in the back seat, make sure your child does not lean against the side of the car.

Check the car manual for more information about air bags.

New Hampshire
Strategic Highway
Safety Plan

Driving Toward Zero Deaths

2012-2016

DRIVING
TOWARD
ZERO

One Death Is Too Many



This plan has been drafted and is presented by the New Hampshire Toward Zero Deaths Coalition. The coalition is comprised of stakeholders from multiple state agencies and organizations.

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DRIVING
TOWARD
ZERO



One Death Is Too Many

Dear New Hampshire Citizens:

The following pages comprise the State of New Hampshire's 2012 Strategic Highway Safety Plan (SHSP). It is the result of a collaborative effort of safety stakeholders. This plan is data-driven and identifies statewide goals and strategies targeting highway safety improvements proven to reduce traffic crashes. The SHSP serves as a roadmap for federal, state, and local agencies; planning commissions; the private sector; and concerned citizens working together to reduce crashes, injuries, and deaths on New Hampshire's roads.

Since the creation of New Hampshire's first Strategic Highway Safety Plan in 2007, there has been an 11 percent reduction in traffic fatalities, equating to nearly 14 fewer lives lost per year. The updated plan builds on this success, targeting the State's current safety concerns, and adopts the vision of "Zero Deaths."

Although a committee of professionals representing agencies and organizations that are directly involved in safety created this plan, it is you, the citizens of New Hampshire, who hold the power to effect true change. History shows that driver behavior is a major contributor in the reduction of crashes. To realize the vision of "Zero Deaths," each of us must remember that operating a vehicle is a privilege and can be dangerous. We must accept personal responsibility for traveling safely on New Hampshire roads.

Every driver, passenger, bicyclist, and pedestrian is important and deserves our full attention and consideration. We must not accept roadway deaths as a matter of course. All drivers in New Hampshire, choosing to be fully aware when they get behind the wheel, will create a profound impact.

We invite you to review the 2012 New Hampshire Strategic Highway Safety Plan and to join us in "Driving Toward Zero Deaths."

“People get in their cars, turn the key, and expect to arrive at their destinations alive.”

Earl Sweeney
Assistant Commissioner,
Department of Safety



**A severe injury is defined as an incapacitating injury. Roadway crash injuries are assessed on-scene by first responders.*

THE NUMBERS

91,938

 People Injured.

The total number of people injured in traffic crashes in New Hampshire from 2003 through 2010 equates to an alarming average of **11,492** people per year.

5,526

 People Severely Injured.

Severe injuries* changes lives—and oftentimes shorten them. There are unimaginable emotional costs and huge financial implications to the injured, their families, and their communities.

1,097

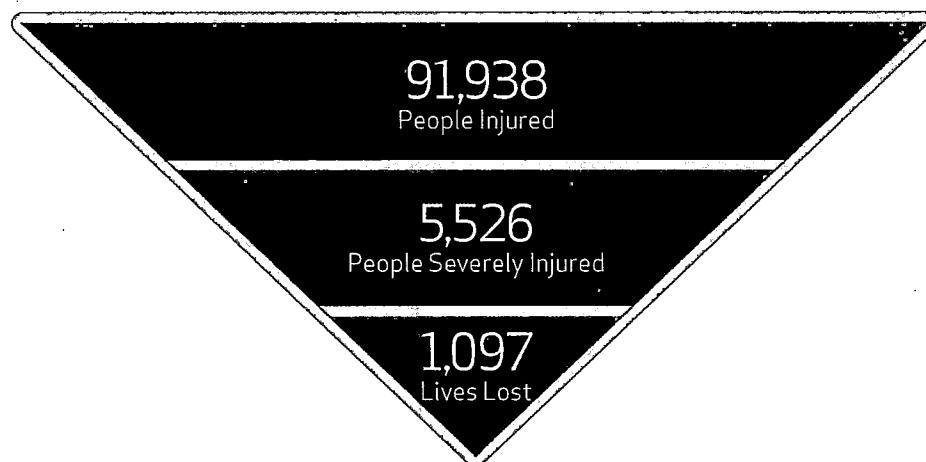
 Lives Lost. Gone Forever.

Who were these people? What might they have contributed to our lives, to our state and to our country?

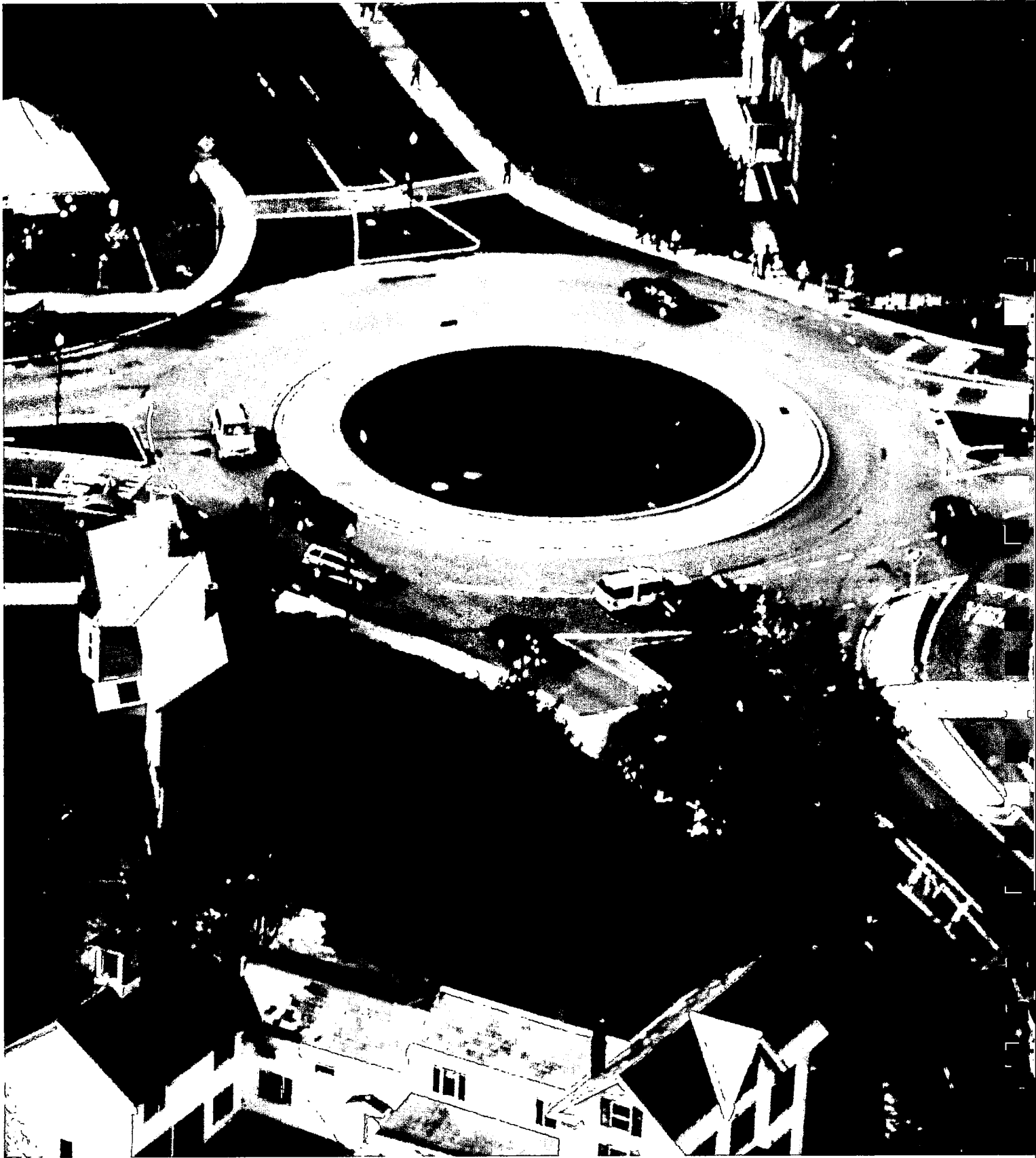
The bottom line is that traffic crashes are preventable—not inevitable.

New Hampshire's goal is to reduce the number of roadway deaths 50 percent by 2030; and continue this program until there are ZERO roadway deaths.

Crashes 2003-2010



Every unsafe act, distracted driving, impaired driving, speeding... carries the risk of a fatality



DRIVING TOWARD ZERO... A SAFETY CULTURE

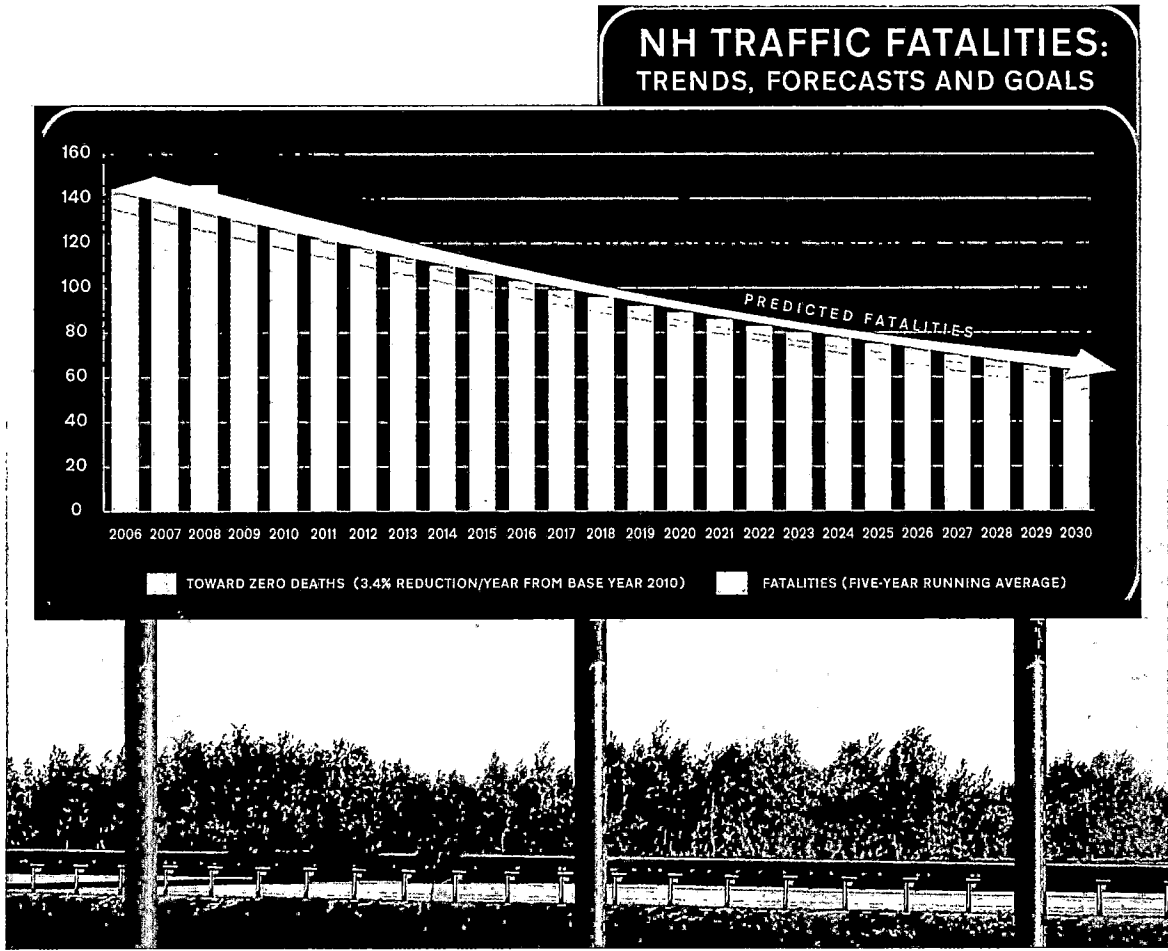
Eliminating deaths on New Hampshire roadways is an important vision and the driving force behind this plan and the coalition that united in its development. It is also an important vision for the public, all of whom travel New Hampshire's roadways—by car, motorcycle, truck, bicycle, or even on foot—day and night under all types of weather conditions.

Our mission is to create a safety culture where even one death is too many, through a collaborative effort of both public and private entities, as well as the implementation of education, enforcement, engineering, and emergency management solutions.

Our vision is to reduce the number of fatal and severe injury crashes on New Hampshire roadways to ZERO. The principles on which the Strategic Highway Safety Plan was developed comprise a comprehensive, systematic approach in the reduction of crashes on all public roads. The plan is integrated, proactive, and data-driven, both in the selection of counter measures and in the evaluation of results.

The need for New Hampshire to take action to reduce motor vehicle crashes is clear. According to the Department of Safety's Crashes Database, in 2010, 30,736 motor vehicle crashes occurred on New Hampshire's roadways, resulting in 128 deaths and 528 severe injuries. The human and economic consequences of these crashes are unacceptable, unaffordable, and preventable. Over the past five years, traffic crashes have cost New Hampshire residents \$8.65 billion, but the true "cost" of the loss of just one human life is immeasurable.

The purpose of the SHSP is to reduce crashes and the resulting fatalities and injuries by sharing information, combining resources, and targeting our efforts on the critical emphasis areas that analysis shows have the greatest potential for improvement. It is also imperative that the plan is inclusive and accessible to the public at large.



The graph above represents the history of traffic deaths in New Hampshire from 2006 to 2010 and the predicted number of deaths until 2030, providing benchmarks toward attaining our goal.

The data collection that led to the identification of key areas of emphasis and establishing the goals, strategies, and measurable objectives set forth in this plan is the result of the active involvement of a broad-based group of safety stakeholders who accepted the challenge of participating in the SHSP development process. This group will remain involved in the process through the plan’s various stages of implementation. However, the general public—drivers, riders, and pedestrians of all ages—truly holds the power to effect change by choosing to adopt the safety measures outlined here and by choosing **not** to accept roadway crash-related fatalities and injuries as an unavoidable “cost of doing business.”

OUR GOAL

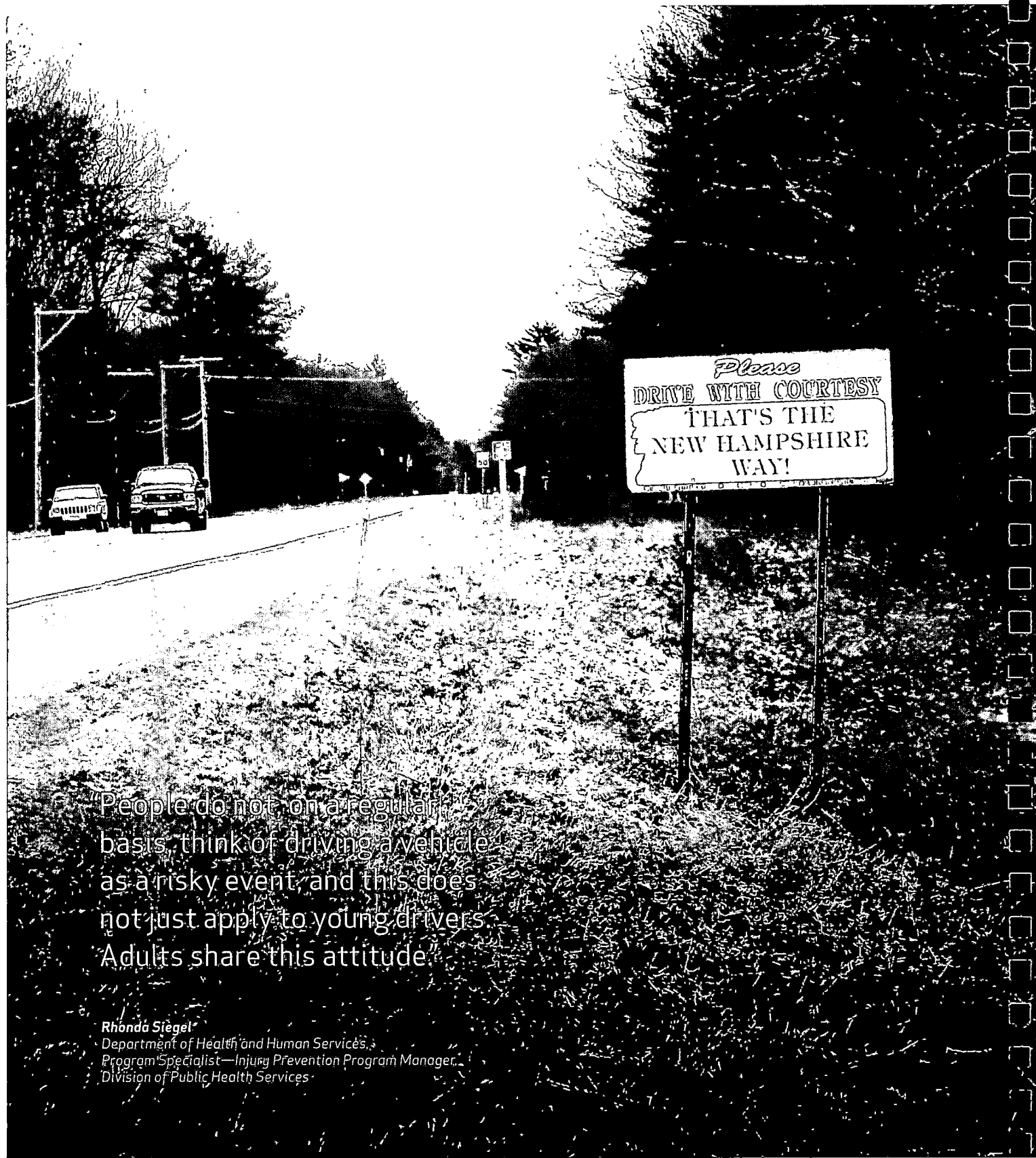
The vision of the Strategic Highway Safety Plan is to have ZERO Traffic Deaths on New Hampshire roadways. Though our overall goal is to realize zero fatalities, we have set a plan goal of reducing the number of fatalities and severe injuries by 50 percent by the year 2030.

Through the initiatives outlined in this plan, technological advances, and the creation of a culture where traffic fatalities and injuries are no longer acceptable, we believe a 50 percent reduction in fatalities and severe injuries is attainable by the year 2030.

Investment in technology drives improved safety. Improvements in the safety of vehicles, detection and warning systems, traffic control devices, intelligent transportation systems, and state-of-the-art analytical tools for use in the decision-making process contribute to overall roadway safety. We predict that over the life of this plan, research in all areas of highway safety will also contribute to the success of our vision.

A “safety culture” is defined as the enduring value and priority placed on safety by everyone, at every level. This plan seeks to promote a safety culture through examples of personal responsibility, safety awareness, education and outreach, evaluation, adjustment, and of course, constant improvement.

ZERO deaths is the ONLY goal we all can live with.



“People do not, on a regular basis, think of driving a vehicle as a risky event, and this does not just apply to young drivers. Adults share this attitude.”

Rhonda Siegel
Department of Health and Human Services
Program Specialist—Injury Prevention Program Manager
Division of Public Health Services

GENERAL STRATEGIES

The New Hampshire Strategic Highway Safety Plan is organized, in large part, into critical emphasis areas. Each area identifies strategies to help reduce fatalities and serious injuries associated with their specific location or behavior. The following general strategies apply to all critical emphasis areas and support the SHSP.

○ **Develop emphasis area action plans.**

Action plans put goals into reality and provide a roadmap to give stakeholders and partners direction. Each committee develops an action plan implementing its strategies. In some cases, an action plan may be a pre-existing safety plan or a committee may collaborate with an existing group.

○ **Link with other transportation plans.**

Safety is a critical component of many transportation plans. The processes and analysis used in developing the SHSP can be informative for other plans and serve to address challenges before they become a concern.

○ Other transportation plans include:

- Commercial Vehicle Plan
- Highway Safety Improvement Program
- Strategic Action Plan
- Long Range Transportation Plans
- State Injury Prevention Plan
- Statewide and Metropolitan Transportation Improvement Program

○ **Develop a communication plan and continue to identify ways to create outreach opportunities to raise awareness and to educate the citizens of New Hampshire about roadway safety.**

Raising public awareness through marketing initiatives is a critical element necessary for the success of the plan. These marketing, advertising, and communication strategies may include brand development; print, broadcast, experiential, environmental, online, and digital advertising campaigns; marketing collateral; public relations initiatives; website and microsite design and development; social media tools; presentations; and additional outreach at safety and community meetings, as well as at safety summits.

○ **Create targeted messaging and high visibility enforcement.**

Targeted messaging, in combination with high visibility enforcement activities, is a proven strategy to lower the number of driving fatalities. Message timing is critical in reaching at-risk drivers. Therefore, the use of the highway electronic message boards, paid media, and earned media has been and will continue to be integral parts of all strategies to prevent roadway crashes.



CRITICAL EMPHASIS AREAS

The following pages outline the critical emphasis areas and strategies that determine how each committee allocates limited resources, targeting strategies proven to produce the greatest benefit. Selected critical emphasis areas exhibit a higher number of fatal and severe crashes; these critical emphasis areas focus on specific behaviors or locations.

The strategies outlined in each critical emphasis area address each challenge through the integrated application of the 4Es of roadway safety:

- Education;
- Enforcement;
- Engineering; and
- Emergency Management Services.

Collectively, these strategies comprise the action plan that will assist New Hampshire in reducing the number of roadway crashes and resulting severe injuries and fatalities.

Emphasis areas addressed by the 2012 New Hampshire SHSP include:

- Impaired Driving;
- Distracted Driving;
- Speeding;
- Vehicle Occupant Protection;
- Adolescent Drivers;
- Older Drivers;
- Crash Locations;
- Motorcycles and Vulnerable Roadway Users; and
- Comprehensive Safety Data.



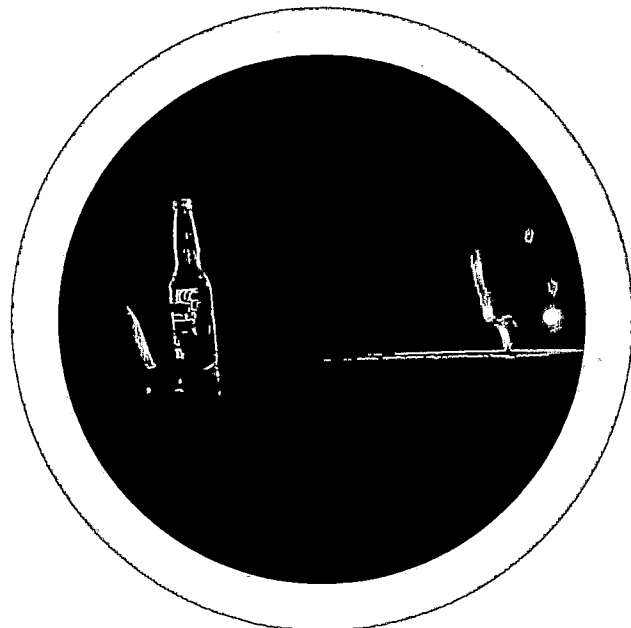
IMPAIRED DRIVING

OUR CHALLENGE

New Hampshire has seen a steady rate of impaired driving fatalities over the last decade. Approximately 37 percent of all crashes involving fatalities in the state are alcohol related.

In addition to alcohol impairment, the instances of crashes involving drugged drivers are increasing at an alarming rate. A recent national study showed that in 25 percent of all fatal crashes, the drivers tested positive for drugs.

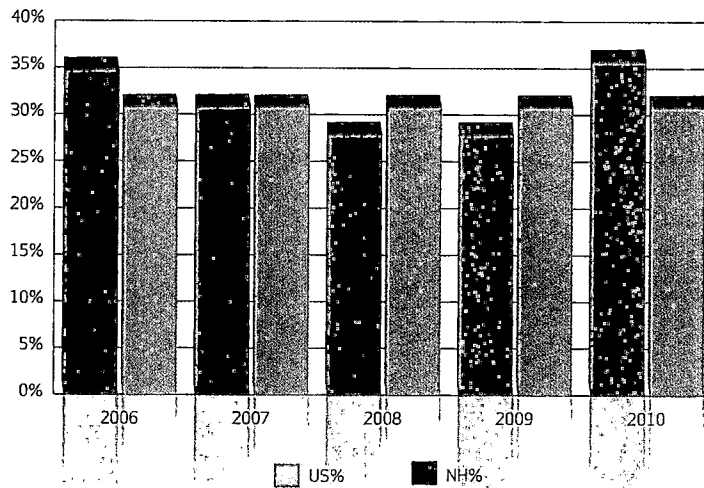
Impaired driving is not restricted to a specific time of day or day of the week. These crashes occur at all hours of the day and night, seven days a week on New Hampshire roadways.



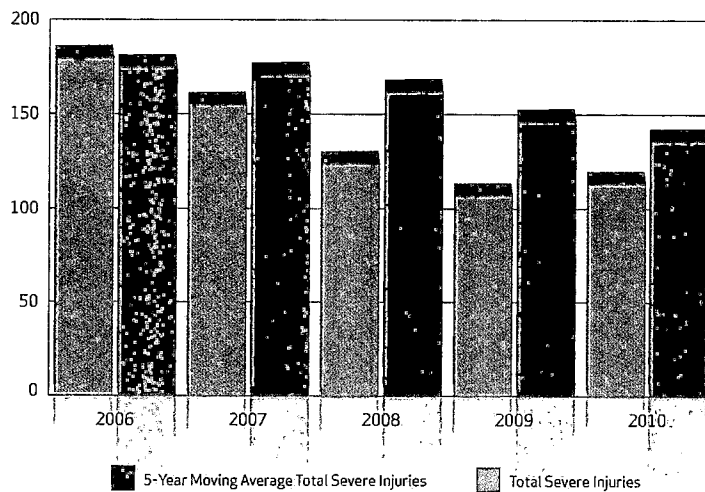
OUR GOAL

Our goal is to eliminate impaired driving, and the resulting severe injuries and fatalities, from New Hampshire roadways.

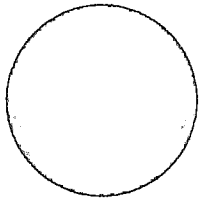
% Of Fatalities Alcohol Related, US vs. NH



Alcohol Related Severe Injuries in NH



OUR FOCUS STRATEGIES



Develop a well-designed prescription drug-monitoring program to reduce prescription drug-impaired driving.

A prescription drug-monitoring program (PDMP) is designed to assist health care professionals in accurately assessing the needs of their patients when prescribing controlled drugs. New Hampshire is one of only two states in the nation that do not have a PDMP. A well-designed PDMP may reduce several types of crime, including doctor-shopping, fraud, and driving under the influence of drugs. PDMP may also lower the number of unintentional drug overdose deaths.



OUR CONTINUING STRATEGIES

- Improve collection and use of impaired driving data for stronger enforcement.
- Continue targeted patrols and implement all-hours patrols utilizing drug recognition experts (DREs).
- Increase the number of roadway checkpoints staffed by experienced officers.
- Encourage collaboration between local and state police to proactively address the dangers of impaired driving.
- Incorporate additional field sobriety testing, breathalyzer training, and DRE training into both the part-time and full-time police academies.
- Promote the creation of a prescription drug-monitoring program (PDMP) in New Hampshire.
- Increase the range of drugs for which the State Police Toxicology Laboratory tests.
- Promote motorist reporting of impaired drivers.
- Promote programs that educate the public about the risks and consequences of impaired driving.
- Encourage collaboration with medical, pharmaceutical, and alcoholic beverage companies to promote awareness and education about the dangers of impaired driving.

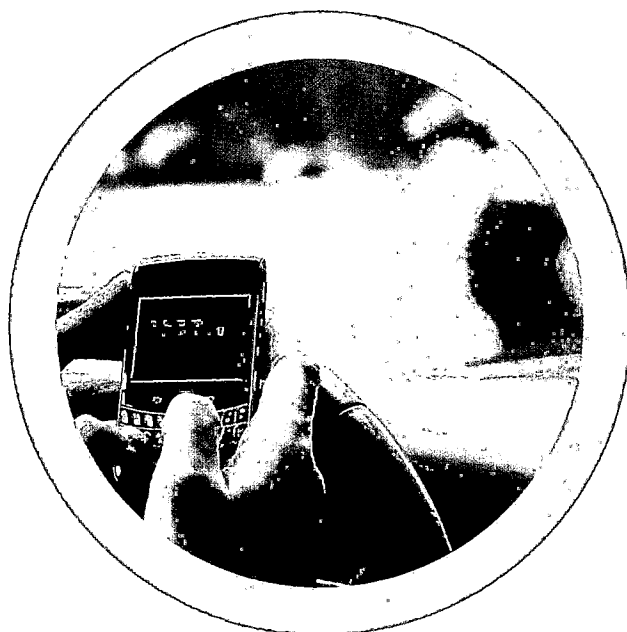
DISTRACTED DRIVING

OUR CHALLENGE

Distracted driving is any non-driving activity that a person engages in while driving that has the potential to distract him or her from the primary task of driving. The four main types of distraction are visual, manual, cognitive, and drowsiness. Texting while driving encompasses three of these distraction areas.

Currently, the crash reporting form used in New Hampshire does not clearly differentiate between types of distracted driving. However, anecdotal information indicates an increasing challenge. Nationally, the age group with the greatest proportion of distracted drivers is the under-20 group. According to the National Highway Transportation Safety Administration (NHTSA), 16 percent of all drivers younger than age 20 who were involved in fatal crashes were driving distracted.

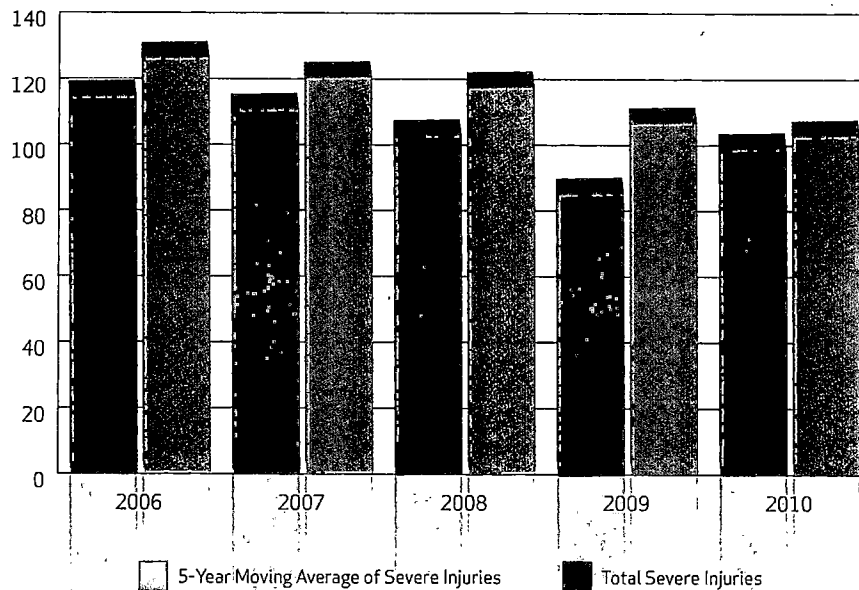
New Hampshire law bans texting for all drivers; however, general cell phone use is still allowed, making it difficult to determine whether a driver is texting or dialing a number.



OUR GOAL

Our goal is to raise public awareness about the dangers of driving while distracted and to eliminate the fatalities and severe injuries resulting from distracted driving crashes.

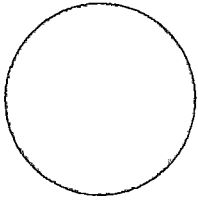
Total Severe Injuries from Driver Inattention with a 5-Year Moving Average



In 2009, 5,474 people were killed on U.S. roadways and an estimated additional 448,000 were injured in motor vehicle crashes that were reported to have involved distracted driving.

In the US, the age group with the greatest proportion of distracted drivers was the under-20 age group—16 percent of all drivers younger than 20 involved in fatal crashes were reported to have been distracted while driving. In NH, this age group represents the largest percentage of crashes of licensed driver.

OUR FOCUS STRATEGIES



Promote strong laws, enforcement, and education based on data analysis and available studies.

The rate at which technology is advancing makes this a difficult challenge; however, the New Hampshire Legislature should consider passing laws that encompass more actions and devices to improve safety and enforcement.

Support development and implementation of new technologies that alert drivers to hazards on the road.

Technology drives safety improvements. Supporting systems that alert drivers to unsafe acts and conditions help them be better drivers, thereby reducing the number of distracted driving-related fatal and severe crashes.



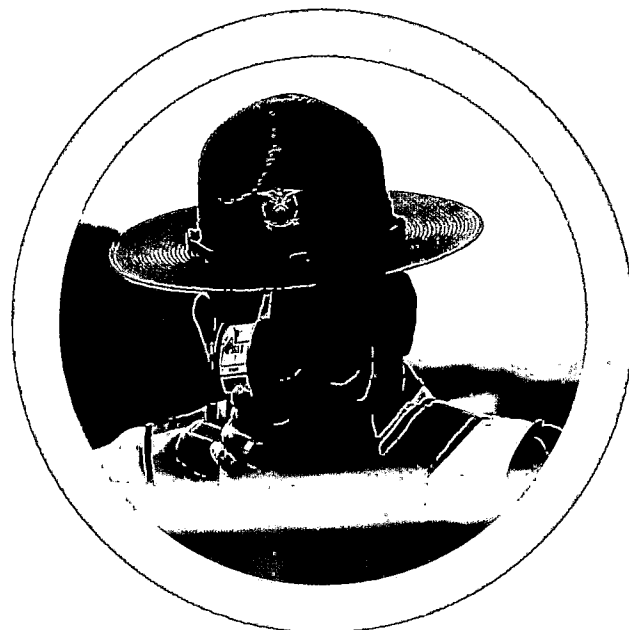
OUR CONTINUING STRATEGIES

- Install shoulder and centerline rumble strips where possible.
- Develop a Distracted Driving Action Plan.
- Promote increased hours for driver education.
- Promote corporate programs addressing distracted driving.
- Support targeting periods of enforcement with local/state collaboration (e.g., morning and evening commute times).
- Support increased use of roadway checkpoints.

SPEEDING

OUR CHALLENGE

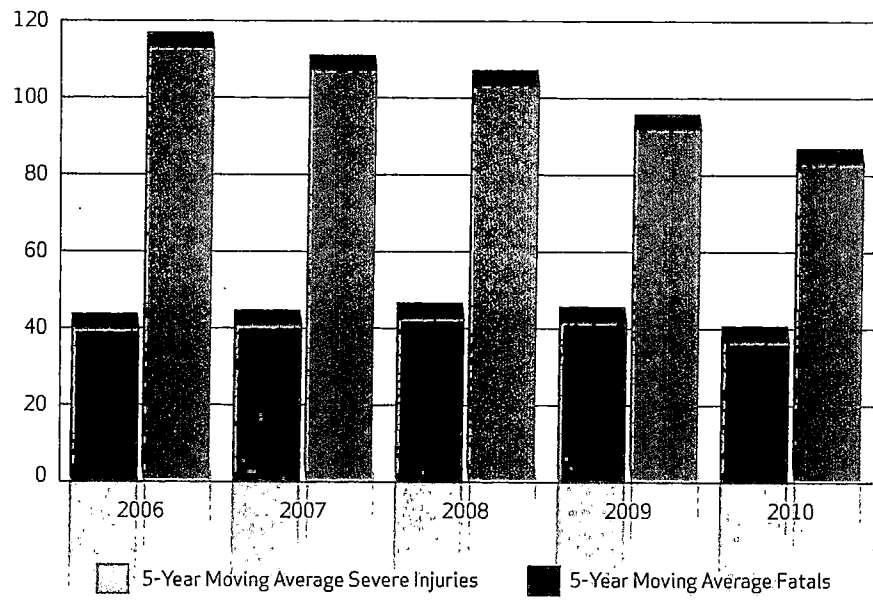
Speeding contributed to 240 fatalities in New Hampshire over the past five years. In 2009, 70 percent of fatal speeding crashes occurred on curved roadways, 65 percent were on town roadways, 25 percent occurred at intersections and 45 percent involved alcohol.



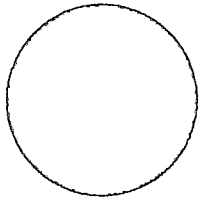
OUR GOAL

Our goal is to eliminate speeding on New Hampshire roadways and the fatalities and severe injuries that occur as a result of crashes caused by speeding.

Fatalities and Severe Injuries From Speeding



OUR FOCUS STRATEGIES

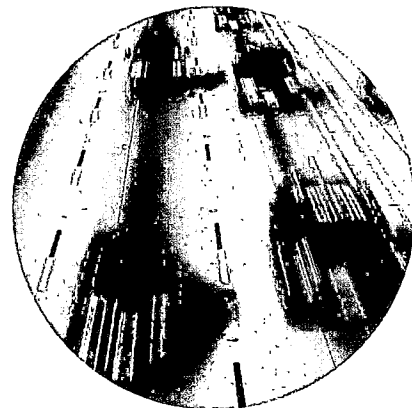


Educate the public as to the dangers and consequences of speeding.

It takes nearly three times the distance to stop a vehicle traveling 60 mph versus 30 mph. The probability of fatality when a vehicle traveling 20 mph strikes a pedestrian is 5 percent; at 40 mph it is 85 percent. Understanding the dynamics related to the control of a speeding vehicle can help drivers make educated choices.

Provide for law enforcement operations in the design, construction, and maintenance of roadways.

For the safety of the public and to aid law enforcement, highway design should accommodate pullouts and turnarounds so officers may safely monitor roadways and pursue and apprehend offenders.



OUR CONTINUING STRATEGIES

- Support the NHTSA Local Speed Workshops for communities.
- Identify and deploy targeted enforcement in known speeding corridors.
- Develop guidance for traffic-calming measures at community gateways.

VEHICLE OCCUPANT PROTECTION

OUR CHALLENGE

Buckling one's seat belt is the single, most effective action to protect a person from serious injury and death in a roadway crash. Research has found that lap-shoulder seat belts reduce the risk of fatal injury to front seat occupants by 45 percent and the risk of moderate-to-critical injury by 50 percent, depending on the type of vehicle and seating position involved. For light truck occupants, safety belts reduce the risk of fatal injury by 60 percent and moderate-to-critical injury by 65 percent (NHTSA, 2005).

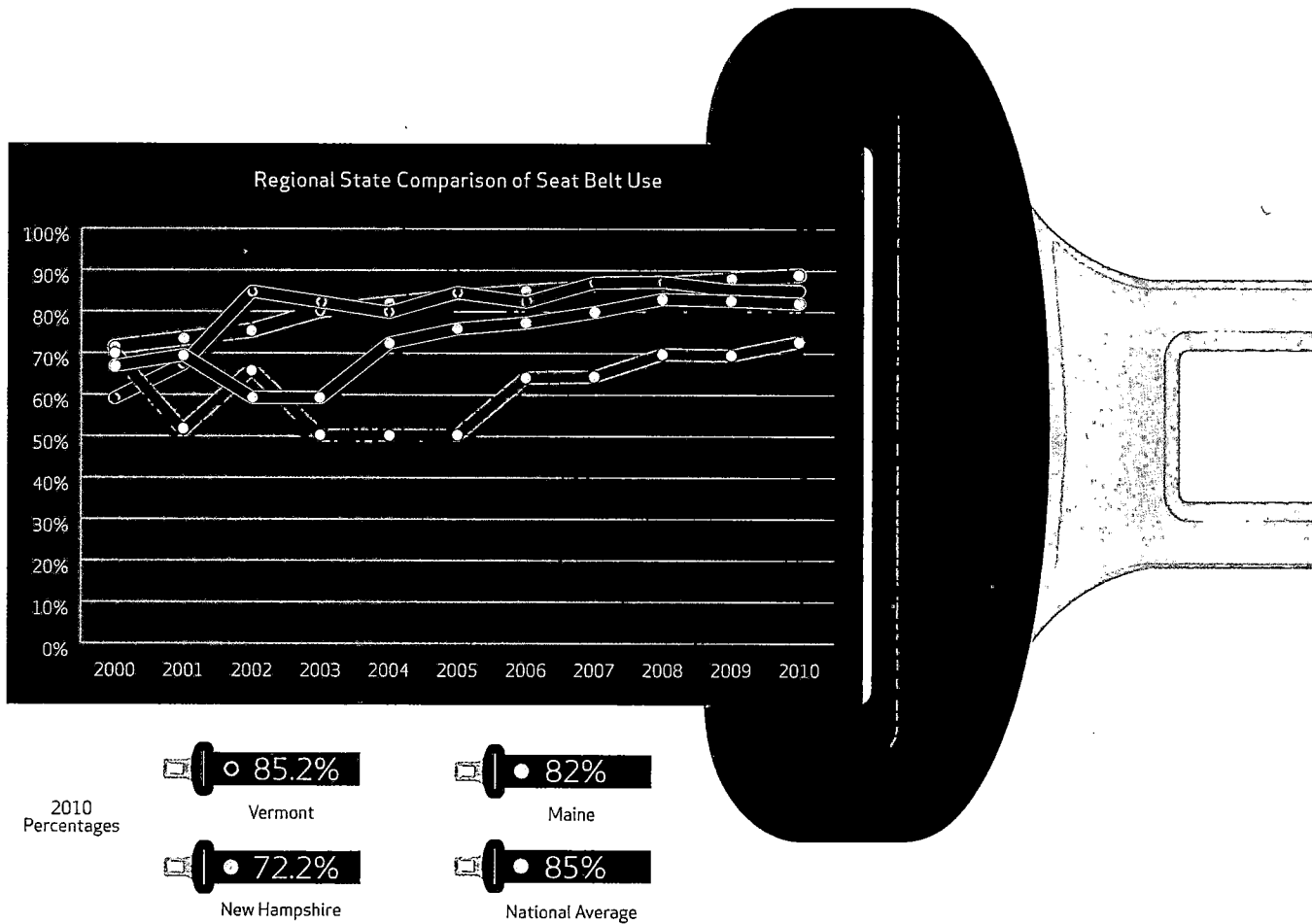
Seat belt use by New Hampshire residents is increasing and reached an all-time high of 72 percent in 2010, a 22-point increase since 2003. In 2009, New Hampshire reported 65 percent of persons fatally injured in all types of roadway crashes were not using seat belts.

New Hampshire has the unique distinction of being the only state that does not have a seat belt law for adults. This fact affects more than the individual user. Research shows that passenger restraint use for children is higher when the driver is also belted. In addition, the current law also hinders law enforcement in identifying violators of the existing primary seat belt laws for those under age 18.

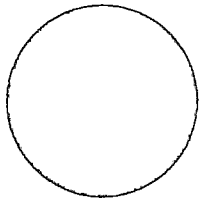


OUR GOAL

Our goal is to increase the use and effectiveness of vehicle occupant protection to 100 percent.



OUR FOCUS STRATEGIES



Support the adoption and the enforcement of a primary safety belt law.

With a primary seat belt law, New Hampshire could save an estimated seven lives per year, 149 serious injuries, and \$37 million in related costs. In 2009, 79 people died in vehicle accidents while riding in cars and light trucks. Of these people, 62 percent were not wearing seat belts.

Amend the existing primary seat belt law to include proper restraints for children ages eight years and younger.

Safety belt and child restraint laws in New Hampshire require all occupants under age 18 to use a seat or safety belt. Children ages five and younger are required to use a child safety restraint system. As of March 2011, the National Highway Traffic and Safety Administration recommends that all children through age 12 should ride in the back seat of a vehicle. Young children up to three years of age should be in a rear-facing safety seat, or until their height or weight reaches limits set by the seat's manufacturer. Children ages four to seven should be in a forward-facing car seat with a harness, until they have outgrown the weight and height limits set by the seat manufacturer, at which time they should switch to a booster seat. Between ages 8 and 12, children should remain in booster seats until they are big enough to have a seat belt fit properly.



OUR CONTINUING STRATEGIES

- Partner with the Buckle Up New Hampshire Coalition.
- Target seat belt usage for pickup truck drivers and teen drivers.
- Develop a child passenger safety action plan.
- Increase enforcement of existing child restraint laws.
- Provide child restraint educational information to medical personnel.

ADOLESCENT DRIVERS

OUR CHALLENGE

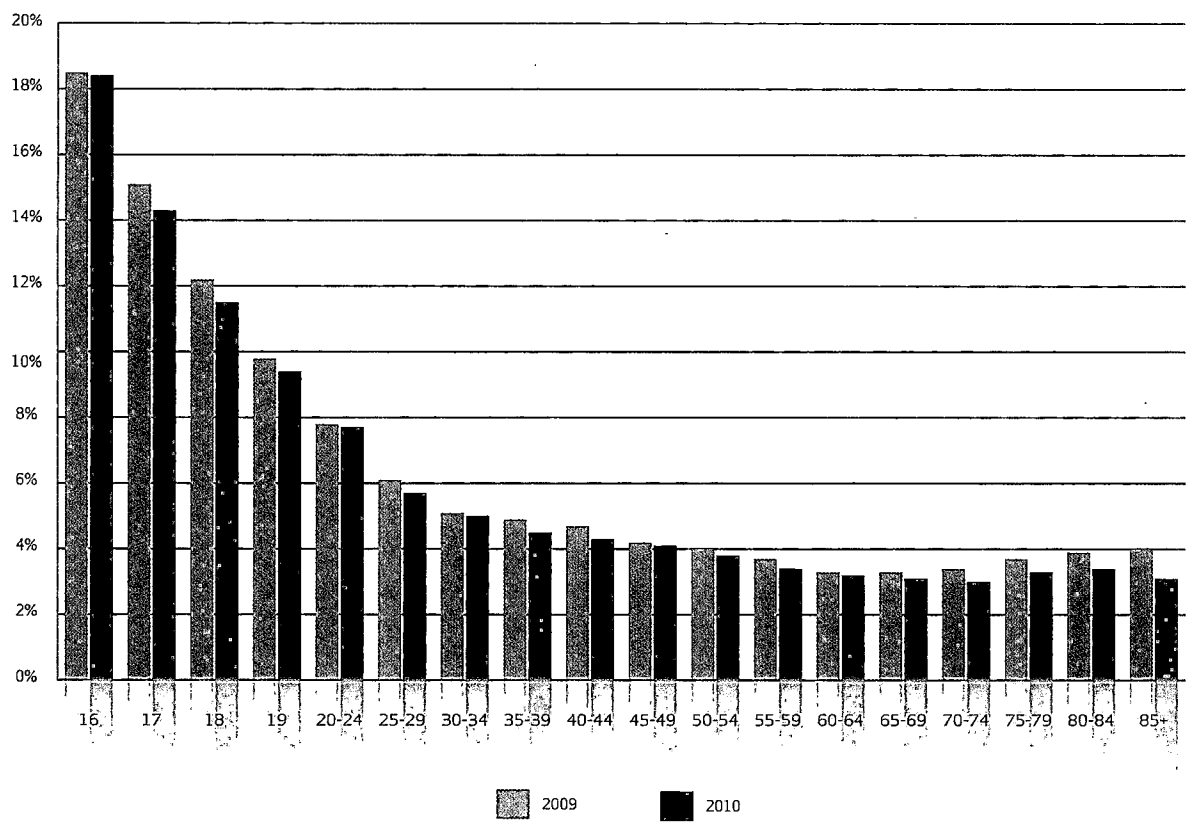
Speed and the inexperience of novice drivers are the major causes of fatal crashes among teens, according to the New Hampshire Division of Motor Vehicle's Fatal Accident Reporting System. Novice drivers, 16 and 17 years of age, hold approximately two percent of the total number of drivers' licenses in the state; however, reports show that these same drivers were involved in 18 percent and 15 percent, respectively, of total crashes.



OUR GOAL

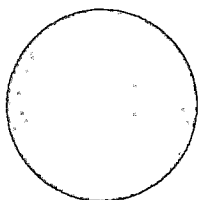
Our goal is to reduce teen driving crashes and resulting fatalities and severe injuries to zero.

% NH Crashes Per Licensed Driver Age Group



New drivers, aged 16-19, represent the highest number of crashes among the different age groups of licensed drivers in NH. Many reasons account for this, but distracted driving (texting and cell phone use), in addition to driver inexperience, are the two most important prevalent.

OUR FOCUS STRATEGIES



Strengthen graduated licensing laws.

Graduated driver licensing systems have proved to be effective in reducing the number of crashes and fatalities. A graduated driver's license involves three stages for licensing adolescent drivers: permitting (about six months and 30 to 50 hours of supervised driving), intermediate licensing (until age 18, nighttime and passenger restrictions), and full licensing (no restrictions or provisions). In New Hampshire, there is no permitting phase, but New Hampshire does have a youth operator license for drivers between the ages of 16 and 20. This license restricts nighttime driving (between 1:00 a.m. and 4:00 a.m.) for those under age 18 and limits the number of passengers a teen driver may have in his or her vehicle for the first six months of licensure.

Increase community and parental involvement encouraging safe teen driving practices.

Parents are a strong influence and example for adolescents. Research has shown that adolescents drive in ways similar to those of their parents. Parents also remain the primary people responsible for preparing their adolescents for independent driving. The research is also clear that risky driving, traffic violations, and crashes are lower among adolescents whose parents apply restrictions and set expectations, such as consistent seat belt use. When lap and shoulder belts are used in cars, research has shown a 45 percent reduction in the risk of a fatal injury to people in the front seat.



OUR CONTINUING STRATEGIES

- Target educational outreach to novice drivers, ages 16 and 17.
- Increase awareness of risk and consequences of unsafe driving behaviors.
- Increase parental involvement in graduated driver licensing and training.
- Increase the availability of monitoring technologies and driving simulators.
- Update driver education instructors' skills and competencies.
- Support legislation and enforcement of distracted driving and seat belt usage laws.
- Support increases in enforcement of the primary seatbelt law up to age 18.

According to the NH Highway Safety Agency's 2010 Observational Seat Belt Survey, only 50% of all teen drivers wear seat belts.

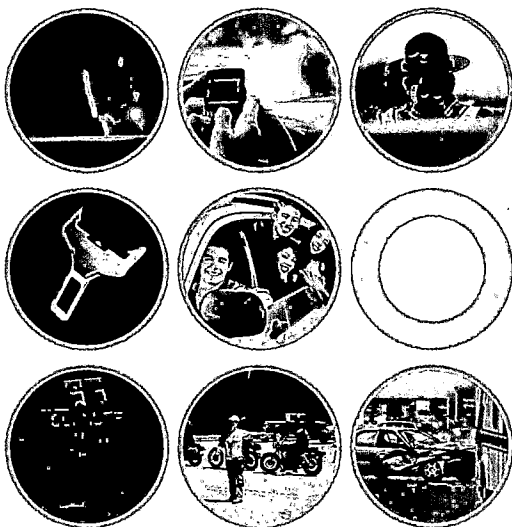
OLDER DRIVERS

OUR CHALLENGE

According to AAA, today's older Americans are healthier and more active than ever before. With the aging of the baby boomer generation, people over age 65 are the fastest-growing population in the United States. Seniors are outliving their ability to drive safely by an average of seven to 10 years, depending on gender. Increasing age is associated with a decline in many functional abilities identified as important for driving, including vision, reaction time, and the ability to divide attention between tasks. Older drivers also have an increased likelihood of chronic medical conditions and use of prescribed medications for treatment of these conditions, which can adversely affect driving fitness.

Fatal crash rates increase for drivers reaching age 75. After age 80, the increase is even greater (U.S. Department of Transportation, Fatality Analysis Reporting System). According to the same report, in 61 percent of the crashes involving drivers over age 70, the drivers themselves were killed.

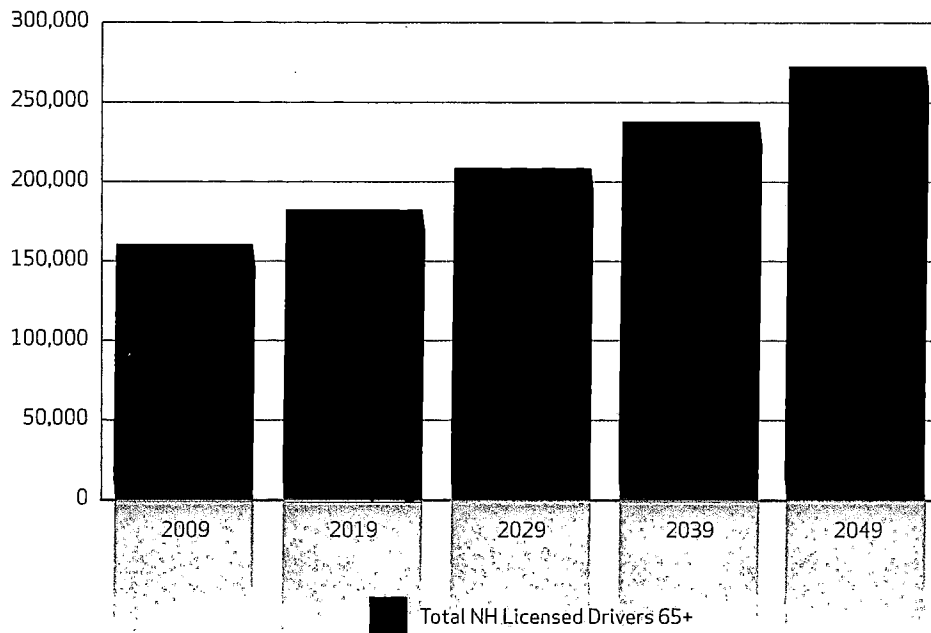
As a group, older drivers travel fewer miles than younger drivers, reducing their crash numbers but, perhaps ironically, this contributes to an increase in their crash rate per mile driven. Older drivers also have a higher seat belt usage rate than drivers ages 18 to 64 years.



OUR GOAL

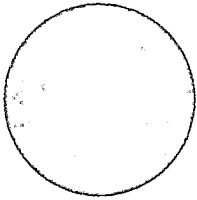
Decisions concerning drivers' abilities should be made case by case, not strictly based on chronological age. Our goal is to reduce the number of crashes involving older drivers and the resulting severe injuries and fatalities to zero.

Total Future Licensed Drivers 65+



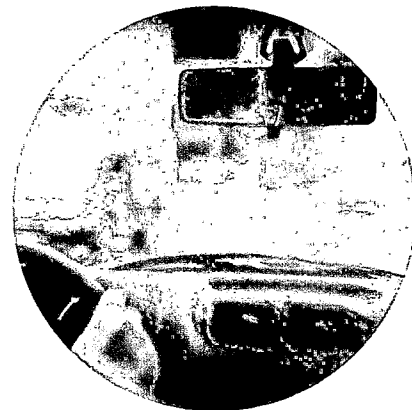
Future growth of this age group is based on a 15.1% growth rate from 2000-2010.

OUR FOCUS STRATEGIES



Formalize and convene a State Older Driver Task Force.

This task force will work to bring together “older driver” professionals. It will include engaging the New Hampshire Medical Advisory Board to review screening tools and promote physician-driven recommendations.



OUR CONTINUING STRATEGIES

- Consider older drivers in highway design and maintenance.
- Enhance screening tools used in licensing and develop training and guidelines for Division of Motor Vehicle staff and law enforcement to observe potential medical impairments that can affect driving ability.
- Promote self-assessment and self-reporting programs during the license renewal process.
- Promote legislation that provides immunity for healthcare providers who refer at-risk drivers and develop a system for such reporting by both providers and citizens.
- Expand public transportation alternatives.

CRASH LOCATIONS

INTERSECTION SAFETY AND LANE DEPARTURES

OUR CHALLENGE

There are two critical crash location types on New Hampshire roadways: intersections and drivers inadvertently departing from travel lanes. In New Hampshire, one in 10 fatal crashes and three in 10 severe injury crashes occur at intersections.

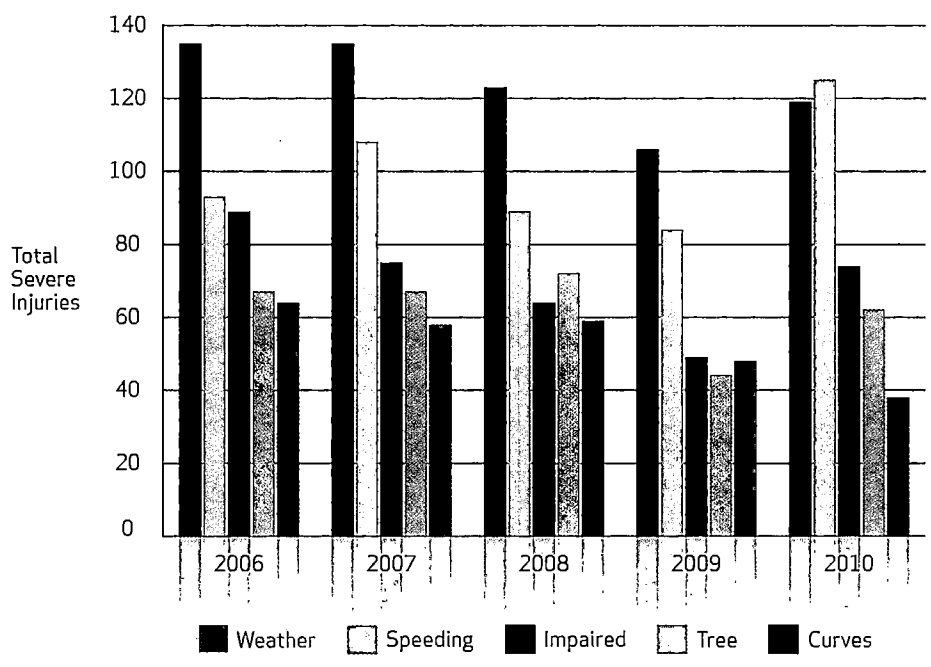
Additionally, approximately four in 10 fatal crashes involve a vehicle leaving its lane. Lane departure crashes include drivers running off the road and those drifting out of their lanes. These crashes are prevalent on a variety of roads, including curved, two-lane roads in rural areas, and they often have contributing factors, including speed, distracted driving, and impaired driving.



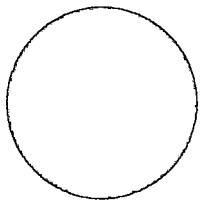
OUR GOAL

Our goal is to reduce roadway crashes resulting in fatalities and severe injuries by 50 percent by 2030. While the strategies selected here will reduce specific crash types by more than 30 percent, innovations, new technologies, and the creation of a safety culture will also contribute to our goal.

Top 5 Contributing Factors of Severe Injury Crashes



OUR FOCUS STRATEGIES



Improve driver awareness of intersections, intersection visibility, and sight distance.

Driver awareness at intersections refers to the advance notice of upcoming intersections and existing signing and signals. Recognizing the approach to an intersection prepares the driver for changing traffic patterns and conflicting movements. Clearing vegetation and removing roadside objects and other obstructions at intersection approaches improves intersection sight distance by improving sight triangles. This is a critical issue among motorcycles, bicycles, older drivers, and pedestrians.

Install and maintain centerline and shoulder rumble strips where possible.

Rumble strips are grooves in the roadway surface that provide an alert to drivers when they inadvertently leave their lanes. They provide a tactile response as well as an auditory alert. Rumble strips are appropriate in rural areas where the roadway cross-section is stable enough to support their installation. Rumble strips' auditory response makes them unacceptable in some locations.

Evaluate, standardize, and install delineation, signing, and pavement markings on curves.

New Hampshire has a higher than expected percentage of fatal crashes on horizontal curves. The state has implemented a system-wide signing improvement program, with improvements based on standards and guidance contained in The Manual of Uniform Traffic Control Devices (MUTCD).



OUR CONTINUING STRATEGIES

FOR REDUCING INTERSECTION CRASHES:

- Install approach rumble strips where warranted.
- Install flashing beacons where warranted.
- Implement Statewide Intersection Safety Improvement Plan.
- Install roundabouts where warranted.
- Install offset turn lanes where warranted.
- Install flashing yellow arrows or left turn signals where warranted.
- Consider driveway relocations and closures within 250 ft. of intersections or implement driveway turn restrictions.

FOR REDUCING LANE DEPARTURE CRASHES:

- Develop and implement pavement-edge drop-off prevention and recovery guidance.
- Develop and implement pavement preservation and safety review process.
- Develop and implement guidance for median protection.
- Expand and maintain roadway visibility features.
- Remove, relocate or shield road users from hazardous fixed objects.
- Replace obsolete guardrails and terminals.

SHARED STRATEGIES:

- Improve inventory of roadway elements and crash data collection and analysis.
- Implement a Highway Safety Manual.
- Develop and implement guidance for a Comprehensive Corridor Safety program.
- Develop and implement guidance for a Comprehensive Road Safety Audit program.
- Remind roadway users of the “rules of the road” and safe driving skills.

Fatals and Severe Injuries by County 2006-2010

Merrimack County Fatalities: 79 People Killed

- Involving Alcohol (BAC .08 or higher): 23
- Involving Speeding: 26
- Involving Vulnerable Road Users: 27
(21 Motorcyclists/16 people were not wearing helmets)
- In 52 Fatalities where Restraint Use/Non Use was reported, 35 people were unrestrained

**79
KILLED**

Fatalities in all counties

Carroll	52
Cheshire	52
Strafford	50
Grafton	41
Belknap	39
Sullivan	32
Coos	27

Rockingham County Fatalities: 121 People Killed

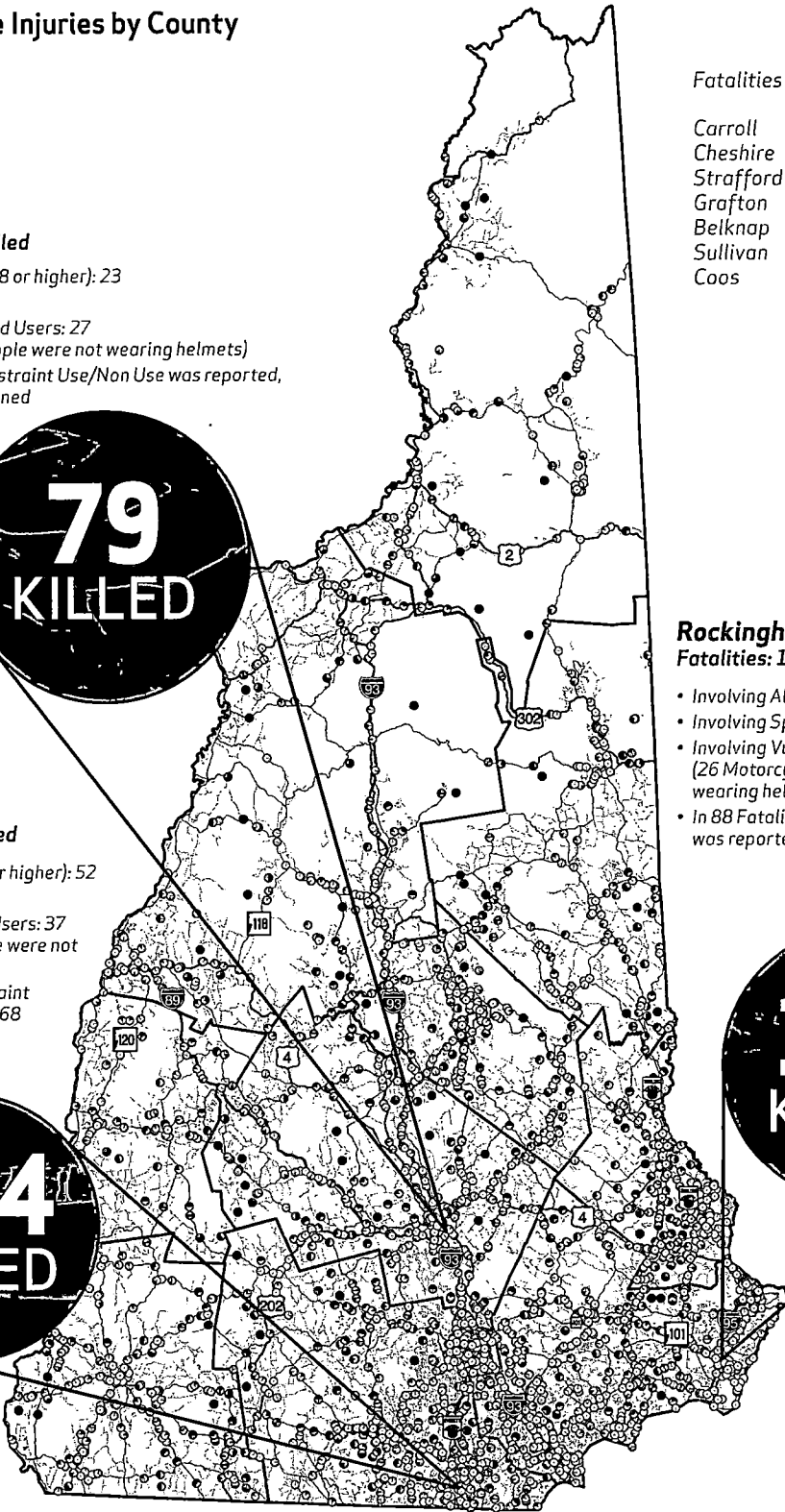
- Involving Alcohol (BAC .08 or higher): 39
- Involving Speeding: 47
- Involving Vulnerable Road Users: 32
(26 Motorcyclists/14 people were not wearing helmets)
- In 88 Fatalities where Restraint Use/Non Use was reported, 58 people were unrestrained

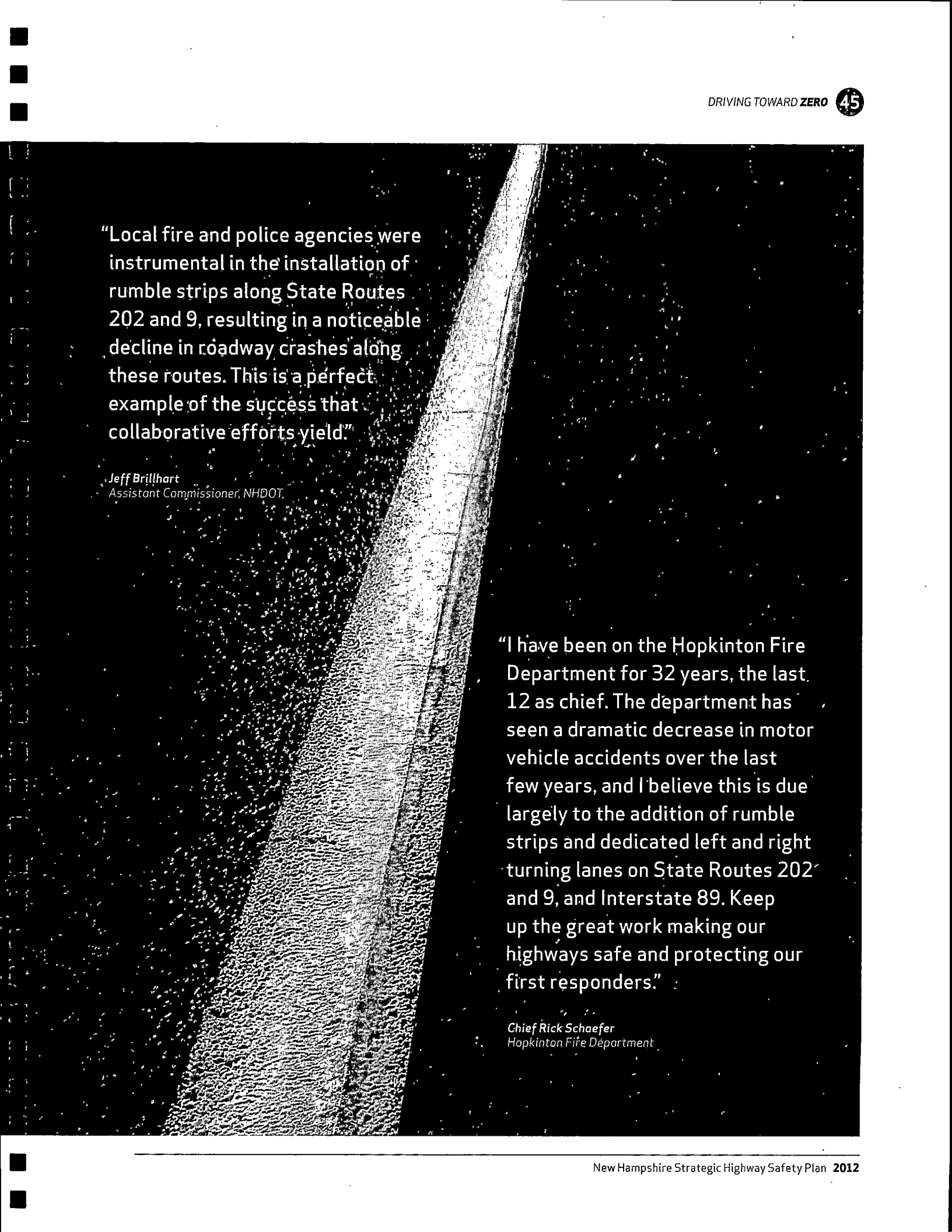
**121
KILLED**

Hillsborough County Fatalities: 134 People Killed

- Involving Alcohol (BAC .08 or higher): 52
- Involving Speeding: 52
- Involving Vulnerable Road Users: 37
(21 Motorcyclists/15 people were not wearing helmets)
- In 95 Fatalities where Restraint Use/Non Use was reported, 68 people were unrestrained

**134
KILLED**





“Local fire and police agencies were instrumental in the installation of rumble strips along State Routes 202 and 9, resulting in a noticeable decline in roadway crashes along these routes. This is a perfect example of the success that collaborative efforts yield.”

Jeff Brillhart
Assistant Commissioner, NHDOT

“I have been on the Hopkinton Fire Department for 32 years, the last 12 as chief. The department has seen a dramatic decrease in motor vehicle accidents over the last few years, and I believe this is due largely to the addition of rumble strips and dedicated left and right turning lanes on State Routes 202 and 9, and Interstate 89. Keep up the great work making our highways safe and protecting our first responders.”

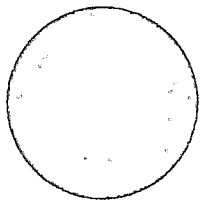
Chief Rick Schaefer
Hopkinton Fire Department

OUR GOAL

Our goal is to reduce motorcycle crashes and improve crash data collection, while improving education, training, and public awareness of vulnerable road users, leading to the elimination of fatalities and severe injuries for this group.



OUR FOCUS STRATEGIES

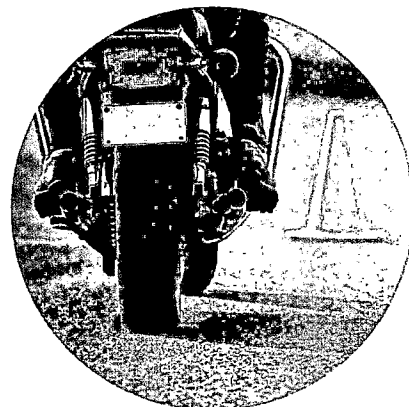


Raise awareness for, and increase enrollment in, motorcycle training courses.

Develop a program, in cooperation with motorcycle dealers, for riders over 40 years of age to receive vouchers for the state training program with the purchase of a motorcycle. Add new training curricula targeting returning riders and increase the number of motorcycle training sites available. Improve the motorcycle-training website by optimizing the design to create a user-friendly experience.

Target enforcement at events where alcohol and motorcycles mix.

Motorcycle use in New Hampshire is recreational in nature and in 40 percent of motorcycle fatalities, this recreation included alcohol.



OUR CONTINUING STRATEGIES

- Enact a motorcycle helmet law.
- Consider vulnerable road users in the design, construction, and maintenance of the roadway infrastructure.
- Provide accessible travel ways for people with disabilities.
- Identify and implement best practices for improving pedestrian and bicycle safety.
- Increase public awareness of motorcycles.
- Encourage strict enforcement of speed limits in school zones.
- Support biking and walking groups.

COMPREHENSIVE DATA IMPROVEMENT

OUR CHALLENGE

Improve the data and information systems that support the Strategic Highway Safety Plan. Today's safety information systems are managed through various methods, ranging from labor-intensive legacy systems to advanced automated electronic systems for data collection, processing, and reporting. Our challenges include evaluating and determining the most efficient and effective method for each information system to collect, process, and distribute data. In addition, we must assess and allocate the required resources that will sustain and manage these information systems.

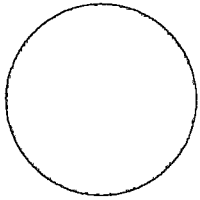


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OUR GOAL

Make the data accurate, reliable, accessible, and linkable. Improve data collection and information systems by leveraging new technologies to provide increased functionality to expedite capture, exchange, storage, and reporting.

OUR FOCUS STRATEGIES



Implement electronic collection and submission of crash reports at the state and local levels as envisioned by the Crash Records Management System (CRMS).

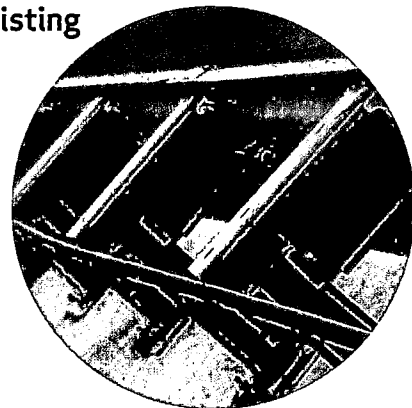
The CRMS project is a collaboration of efforts among federal, state, local, and private agencies to expedite crash data capture, exchange, storage, and reporting. The objective is to ensure efficient, timely, consistent, and streamlined capturing of crash data to allow sharing of the information among all concerned parties for effective analysis and reporting. Anticipated implementation of this project is summer 2012.

Improve state and local roadway inventory data through the adoption of Federal Highway's Model Inventory Roadway Elements (MIRE).

Safety data sets are a key element to sound decisions on the design and operation of roadways. The MIRE is a recommended list of roadway inventory and traffic elements critical to safety management. It provides a structure for data elements by using common, consistent definitions and attributes, which are essential for making sense of aggregated data.

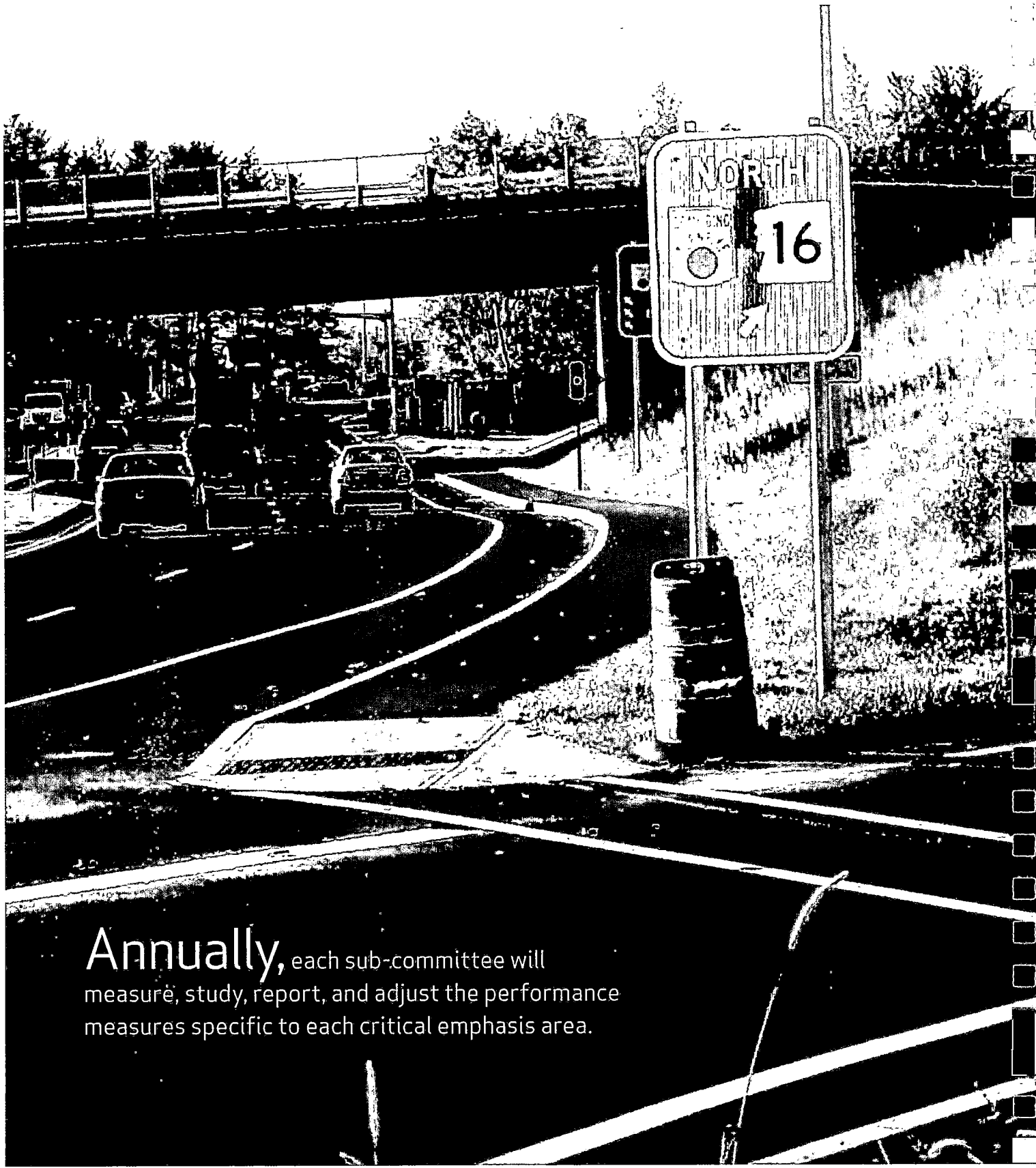
Conduct an evaluation of the state of current data systems and needs. In coordination with other subcommittees, identify gaps between existing performance and desired performance.

Data systems transform data into decision-making knowledge. Accurate, complete, and reliable data are essential to making sound decisions.



OUR CONTINUING STRATEGIES

- Identify champions for each data system.
- Identify performance measures, set targets, and track performance.
- Re-establish the CODES (Crash Outcome Data Evaluation Systems) to identify prevention factors by linking crash, vehicle, and behavior characteristics to their specific medical and financial outcomes.



Annually, each sub-committee will measure, study, report, and adjust the performance measures specific to each critical emphasis area.

PERFORMANCE MEASURES

The following performance measures are tools to monitor the progress and success of the Strategic Highway Safety Plan. By utilizing the leading indicators as key performance measures, the New Hampshire Toward Zero Deaths Coalition is targeting outcomes that have proved most successful in reducing the number of roadway crashes that result in serious injuries and fatalities.

The lagging indicators presented below are a broader measure for the overall performance of the SHSP. Hence, the successful implementation of the leading indicators (cause) should positively impact the success of the lagging indicators (effect).

○ Leading Indicators

- Increase in the percentage of occupant seat belt use.
- Increase in the percentage of motorcycle helmet use.
- Model performance measures for state traffic records systems.
- Increase in the number of electronically submitted crash reports.
- Increase in the number of curves receiving safety enhancements.
- Increase the number of miles of median protection.
- Increase the number of state and local police utilizing E-Ticketing system.
- Enhance existing safety laws (Graduated Drivers License, impaired driving, child restraints, cell phone usage.)
- Access the number of road safety audits with implemented counter measures.
- Increase the number of DUI checkpoints and DRE patrols.

○ Lagging Indicators

- Number of traffic fatalities (five-year average).
- Number of severe injuries.
- Number of fatalities per vehicle mile travelled.
- Number of unrestrained vehicle occupant fatalities.
- Number of fatalities in crashes involving an impaired driver.
- Number of fatalities in crashes involving distracted drivers.
- Number of speeding-related fatalities.
- Number of un-helmeted motorcyclist fatalities.
- Number of drivers 20 years old or younger involved in fatal crashes.
- Number of drivers 65 years old or older involved in fatal crashes.
- Location of the last drink for those arrested for DUI.



PERFORMANCE MEASURES

IMPLEMENTATION

A significant challenge for the implementation and success of this plan is to ensure both public and private stakeholders remain engaged in the process and continue to champion the programs, projects, and initiatives outlined in the Strategic Highway Safety Plan. The State of New Hampshire is committed to implementing the SHSP by mobilizing agency resources to support the initiatives outlined in this plan through all available channels of community outreach.

EVALUATION

The Strategic Highway Safety Plan will be evaluated annually to review all critical emphasis areas, strategies, and performance measures. During this review, each sub-committee will develop actionable steps for the following year and will make this report available to the general public. The purpose of this review will be to analyze the preceding year's data, re-evaluate performance measures, and ensure established benchmarks are met. The SHSP will undergo a complete review and revision every four years.

Evaluation Focus Areas:

- Assess progress in each Critical Emphasis Area Action Plan.
- Assess progress made by stakeholders and level of collaboration among stakeholders, and ensure minimal overlap of efforts.
- Assess progress of aligning with mission, vision and goals of SHSP.
- Assess appropriate use of available funding.
- Assess integration with other plans.



CONCLUSION

Saving lives.

It is a simple concept and what the Strategic Highway Safety Plan is all about. The strong leadership and collaboration that have ensured the successful development of this plan will continue as each stakeholder takes responsibility for extending the reach of the plan and the strategies contained within it, until every person using New Hampshire roadways shares in the vision of Driving Toward Zero Deaths.

Remember, it is the only goal we all can live with.

New Hampshire Driving Toward Zero Deaths Coalition Members

3m Company

AAA

Brain Injury Association of New Hampshire

Children's Hospital at Dartmouth

City of Manchester

Dartmouth-Hitchcock Trauma Program

Federal Highway Administration

Federal Motor Carrier Safety Administration

Jacobs Engineering

Manchester Community College

Nashua Regional Planning Commission

National Highway Traffic Safety Administration

New Hampshire Department of Health and Human Services

Department of Justice-Office of the Attorney General

New Hampshire Department of Safety

New Hampshire Department of Transportation

New Hampshire Highway Safety Agency

New Hampshire State Liquor Commission

Traffic Records Coordinating Committee

Upper Valley/Lake Sunapee Regional Planning Commission

Vanasse Hangen Brustlin, Inc.

Victims Inc.

APPENDIX

ADDITIONAL STRATEGIES AND GUIDANCE REFERENCE

Countermeasures That Work

Highway Safety Manual

NCHRP Report 500 Series:

- Volume 01: A Guide for Addressing Aggressive-Driving Collisions
- Volume 02: A Guide for Addressing Collisions Involving Unlicensed Drivers and Drivers with Suspended or Revoked Licenses
- Volume 03: A Guide for Addressing Collisions with Trees in Hazardous Locations
- Volume 04: A Guide for Addressing Head-On Collisions
- Volume 05: A Guide for Addressing Un-signalized Intersection Collisions
- Volume 06: A Guide for Addressing Run-Off-Road Collisions
- Volume 07: A Guide for Reducing Collisions on Horizontal Curves
- Volume 08: A Guide for Reducing Collisions Involving Utility Poles
- Volume 09: A Guide for Reducing Collisions Involving Older Drivers
- Volume 10: A Guide for Reducing Collisions Involving Pedestrians
- Volume 11: A Guide for Increasing Seat Belt Use
- Volume 12: A Guide for Reducing Collisions at Signalized Intersections
- Volume 13: A Guide for Reducing Collisions Involving Heavy Trucks
- Volume 14: Reducing Crashes Involving Drowsy and Distracted Drivers
- Volume 15: A Guide for Enhancing Rural Emergency Medical Services
- Volume 16: A Guide for Reducing Crashes Involving Alcohol
- Volume 17: A Guide for Reducing Work Zone Collisions
- Volume 19: A Guide for Collecting and Analyzing Safety Highway Safety Data
- Volume 20: A Guide for Reducing Head-On Crashes on Freeways

View a Site Map of all the Implementation Guides

The cost estimate for a fatality is established by the Federal Highway Administration (FHWA). Lesser injury type costs are not established by FHWA. An estimate was made consistent with research of other states' cost estimates. Cost estimates are fatality; \$5,800,000, serious injury (incapacitating); \$402,000, non-incapacitating; \$80,000, possible injury; \$42,000, property damage only; \$4,000.

U.S. Department of Transportation. (2008). *Revised Departmental Guidance: Treatment of the Value of Preventing Fatalities and Injuries in Preparing Economic Analyses*, Washington, DC. Accessed online: March 1, 2011. <http://ostpxweb.dot.gov/policy/reports/080205.htm>



DRIVING
TOWARD
ZERO

One Death Is Too Many

EXIT 5

Granite St
W. Manchester

EXIT ONLY

New Hampshire
DOT

Department of Transportation

New Hampshire Department of Transportation
7 Hazen Drive, Concord, NH
603.271.3734

NHDrivingTowardZero.com
nh.gov/dot



State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 33 HAZEN DR.
CONCORD, N.H. 03305
603/271-2559

JOHN J. BARTHELMES
COMMISSIONER OF SAFETY

EARL M. SWEENEY
ASSISTANT COMMISSIONER

NH DEPARTMENT OF SAFETY

LEGISLATIVE POSITION PAPER

HB 242 SB AS INTRODUCED () AMENDMENT NO. 0454h

Statistics tell us that nationwide, more than 3 children every day die in crashes and in a year's time the number of children killed in crashes exceeds the population of the cities of Manchester and Nashua combined. The data also shows that a person who is not using a proper passenger restraint is 4 times more likely to die in a crash than someone who is.

Very young children are safest riding in the back seat, in a rearward-facing child safety seat. As they get older they can transition to a forward facing booster seat, also riding in the back seat of the car. What HB 242 seeks to do, is to raise the age at which a child can ride in a car with a regular adult safety seat belt and shoulder harness arrangement, which all modern cars are equipped with. This bill would bring New Hampshire's law more in line with the majority of other states, who have changed their laws to require children to remain in booster seats longer than before, based on recommendations resulting from research and testing.

This bill, as amended, increases the age, at which children should be in a child passenger seat from the current 6 years of age to 7 years of age, unless the child is at least 56 inches tall (which is 4 feet, 8 inches).

Is this reasonable based on average growth rates for children? According to the Centers for Disease Control, the average height and weight for a healthy 8-year old boy is 50 inches (4'2") and 56 lbs., and the average for girls is 50 inches (4'2") and 58 lbs. The Center for Child Disability and Health pegs the average height and weight for an 8-year old as 45 (3'9") inches and 57.2 lbs. for both boys and girls. HealthyChildren.org, recommends leaving children in booster seats until they are at least 4'9" tall or have reached the age of 12, whichever comes first.

We did a quick Google search of a random sample of other states and Arizona is age 8 or 4'9", Texas is age 8 or 4'9", Tennessee is 4'9" or age 12, Wisconsin is 4'9" or 80 lbs. for under the age of 8 years, the Centers for Disease Control recommends children after age 8 should only wear an adult seat belt until the belt can be adjusted to fit them properly – but in any case they should remain in a booster seat up to

age 8 or when they reach 4'9". Washington State is age 8 or 4'9" tall. The National Highway Traffic Safety Administration recommends following the recommendations of the child seat manufacturer for children between the ages of 4 and 7, and from ages 8 to 12, leaving them in a booster seat and not putting them in an adult seat belt until the seat belt fits them properly. New York State is age 8 with no height requirement, New Jersey is age 8 or 80 lbs., and California is age 8 with no height requirement.

In the New England states, Vermont is age 8 or 4'9", Maine is age 8 and 4'7", Massachusetts is age 8 and 4'9", and Rhode Island is age 8 and 4'9" etc.

The bottom line is, there seems to be a consensus of most authorities that children unless they are inordinately tall for their age, should remain in booster seats until age 8, so raising our law from age 6 to 7 seems to be in line with best practices. A height of 56 inches, or 4'8" for children less than age 7 also seems reasonable, given that most adult seat belts cannot be adjusted to properly fit most children.

That said, we believe passing HB 242, as amended, would save lives, and the Department of Safety supports it.

APPROVED:

Earl M. Sweeney

Assistant Commissioner



"Improving Health, Preventing Disease, Reducing Costs for All"

TESTIMONY ON HB 242

Presented before the Senate Transportation Committee

April 2, 2013

Good afternoon Chairman Rausch and committee members; My name is Elaine Frank and I am here representing the NH Public Health Association. NHPHA is in strong support of the passage of HB 242 as a further step to bringing NH's Child Passenger Safety law forward towards best practice. This committee has, in the past, been very supportive of such efforts to further the safety of children as well as young adults traveling in motor vehicles.

This bill is sound public health policy. It is based on years of data from both the medical and the insurance fields. The recommendations that make up Best Practice are derived from thousands of actual crash histories that examine who was in a crash, how they were seated and belted and what injuries did they sustain. Over time, we have learned that keeping children in car seats until they are large enough to properly use the vehicle's seat belts alone is key to preventing children's injuries and deaths.

The bill before you is a compromise that raises the age of children covered by one year from the present law. While it isn't what we sought originally, it is a step in the right direction and so we support the bill as amended.

In closing, let me share a story to illustrate the value of booster seats. For many years, as a Child Passenger Safety Technician I often spent Saturdays in a parking lot somewhere, checking car seats, teaching parents about keeping their kids safer and sometimes talking to kids themselves. One day, I was checking a toddler's car seat when his older brother age 6 or so, told me that he hated using his seat belt. "Why?" I asked him. "Because it hurts my neck," he answered. I asked him if he would like to try something new. When he agreed, I got one of the low back boosters like this one and put it where he had been sitting. "Try this" I suggested. He got in the seat and buckled the seat belt himself. He gave a big smile and said, "Hey, this doesn't rub my neck and I can see out the window." So, he left, riding in his new booster seat – a safer and satisfied customer.



Brain Injury Association of New Hampshire

109 North State Street, Suite 2, Concord, NH 03301 • (603) 225-8400 • Fax: (603) 228-6749
Help line 1-800-773-8400 • e-mail: mail@bianh.org • www.bianh.org

April 2, 2013

Senate Transportation Committee
New Hampshire Senate
107 North Main Street
Concord, New Hampshire 03301

RE: HB 242 AN ACT relative to child passenger restraint requirements

Dear Chairman Rausch and Committee Members,

On the behalf of the parents of children who have sustained brain injuries the Brain Injury Association of New Hampshire ask that you vote in support of HB 242, AN ACT relative to child passenger restraint requirements. Our parents know and live with the chronic lifetime condition of a child sustaining a brain injury and becoming permanently disabled.

Our organization's mission is to help create a better future through **brain injury prevention, education, advocacy and family support**. We believe that prevention measures such as child restraints are the best treatment to reduce brain injuries. Brain injury in most times is predictable and preventable. Children who are not properly restrained are likely to sustain brain injuries. It is estimated that the lifetime costs to the State of New Hampshire for a child surviving a severe brain injury can reach 3.24 million dollars.

Please support this brain injury prevention legislation that is for the safety of children.

Sincerely,

Ellen M. Edgerly
Ellen M. Edgerly
Community Organizer



P.O. Box 3544
Portland, ME 04104
Tel 207/780-6916

Senate Transportation Committee
Legislative Office Building Room 103
April 2, 2013 1:00pm

Re: HB 242 An Act Relative to Child Passenger Restraint Requirements

Chairman Rausch, Vice Chair Gilmour and distinguished Members of the Senate Transportation Committee. My name is Pat Moody and I am the manager of public affairs for AAA Northern New England. On behalf of AAA Northern New England, which serves more than 390,000 members in the state of New Hampshire, I am here to express our support for House Bill 242.

AAA actively advocates for public policy that makes New Hampshire a safer place to live, work, and raise our families. We have been working diligently on our "Seated, Safe & Secure" campaign for the past decade to help educate those who transport children to use booster seats, and other child safety seats, in the safest manner possible.

- **Research shows that children age 4 to 8 who use booster seats are 45 percent less likely to sustain injuries as the same aged children who use vehicle seat belts. Currently, New Hampshire is only one of 18 states that does not require booster seats for children ages 7 through 8.**
- **Booster seats help protect children from injury and death in crashes by ensuring that the adult seat belt fits properly. Proper fit reduces the risk of "lap belt syndrome," which occurs when the lap belt portion of the adult seat belt rides up into a child's abdomen. A seat belt fits properly when the lap belt lays across the upper thighs and the shoulder belt fits across the chest.**
- **Premature graduation to a seat belt endangers children as seat belt systems were designed to fit a 168 pound male. The effectiveness of booster seats in protecting children from serious crash-related injuries is well documented.**

As originally introduced, this bill would require booster seat use for children up to age 8. Parents want to do the right thing to protect their children. Many look to the law for guidance on how to properly restrain their children and are given a false sense of security here in New Hampshire when they comply with the law and unknowingly put their children at greater risk. AAA believes this law would help educate parents on the merits of using booster seats for children 7 and 8 years old, and is good public policy for the State of New Hampshire.

I urge your support for HB 242.

Pat Moody
Manager of Public Affairs
AAA Northern New England

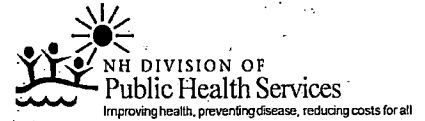


Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4593 1-800-852-3345 Ext. 4593
Fax: 603-271-4827 TDD Access: 1-800-735-2964



**Testimony on HB 242, relative to child passenger restraint requirements
Senate Transportation Committee
April 2nd, 2013**

Good morning members of the committee. My name Kate Frey and I am the Legislative Liaison for the Division of Public Health Services within the Department of Health and Human Services. I am here to speak in support of HB 242, relative to child passenger restraint requirements.

The role of the Division is to support policies that promote evidence based public health practices. The proposed legislation would amend the current statute to better align with best practice as outlined by the National Highway Traffic Safety Administration and the American Academy of Pediatrics, which is that any child under 8 or less than 4 feet 9 inches shall be required to be in an appropriate child restraint (car or booster seat) system. Currently, 33 states have laws up to the age of 8. Although Division prefers the original version of the bill, the legislation was amended in the House to any child under 7.

Despite the effectiveness of car and booster seats, a survey conducted in 2008 by the National Highway Traffic Safety Administration revealed that only 35% of 6 and 7 year olds were restrained in booster seats. A recent study published in *Pediatrics* demonstrated that state legislation mandating booster seat use for children aged 4-7 is associated with decreased rates of motor vehicle crash fatalities (*Pediatrics*. 2012 Dec; 130(6): 996-1002. doi: 10.1542/peds.2012-1058. Epub 2012 Nov 5).

Decreasing child passenger injuries due to motor vehicle crashes is a core public health practice and is also a reported indicator for the Federal Maternal Child Health Grant within the Division. The Division of Public Health Services is committed to supporting proven public health policies in order to protect NH citizens; therefore we are in support of HB 242.

Thank you for considering this legislation.

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date: 04/03/2013

THE COMMITTEE ON Transportation

to which was referred House Bill 242

AN ACT relative to child passenger restraint requirements.

Having considered the same, the committee recommends that the Bill:

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 1215s

Senator David R. Boutin
For the Committee

Jennifer Horgan 271-3091

New Hampshire General Court - Bill Status System

Docket of HB242

Docket Abbreviations

Bill Title: relative to child passenger restraint requirements.**Official Docket of HB242:**

Date	Body	Description
1/3/2013	H	Introduced 1/3/2013 and Referred to Transportation; HJ 12 , PG.188
1/23/2013	H	Public Hearing: 1/29/2013 11:00 AM LOB 203
1/29/2013	H	Executive Session: 2/5/2013 10:00 AM LOB 203
2/20/2013	H	Committee Report: Ought to Pass with Amendment #0454h for Mar 20 (Vote 12-3; Part I, RC); HC 23 PG.583
2/20/2013	H	Proposed Committee Amendment #2013-0454h ; HC 23 PG.609-610
3/6/2013	H	Special Order to Mar 13 Without Objection; HJ 24 , PG.703
3/13/2013	H	Special Order to Regular Place in Next Week's Calendar (Rep Bouchard): MA VV; HJ 26 , PG.785
3/20/2013	H	Amendment #0454h: AA VV; HJ 27 , PG.854
3/20/2013	H	Floor Amendment #2013-0806h (Rep J.Webb): AF DIV 63-290; HJ 27 , PG.854-855
3/20/2013	H	Ought to Pass with Amendment #0454h: MA RC 224-137; HJ 27 , PG.854-857
3/21/2013	S	Introduced and Referred to Transportation
3/28/2013	S	Hearing: 4/2/13, Room 103, LOB, 1:15 p.m.; SC14
4/8/2013	S	Committee Report: Ought to Pass with Amendment #2013-1215s , 4/18/13; SC16
4/18/2013	S	Committee Amendment 1215s, AA, VV;
4/18/2013	S	Ought to Pass with Amendment 1215s, MA, VV; OT3rdg;
5/22/2013	H	House Non-Concurs with Senate AM #1215s and Requests C of C (Rep Bouchard): MA VV; HJ43 , PG.1465
5/22/2013	H	Speaker Appoints: Reps M.O'Brien, Rhodes, Burtis, and Packard; HJ43 , PG.1465
5/30/2013	S	Sen. Rausch Moved Accede to House Request for Committee of Conference, MA, VV
5/30/2013	S	President Appoints: Senators Rausch, Boutin, Gilmour
6/6/2013	H	Committee of Conference Meeting: 6/10/2013 10:00 AM LOB 203
6/19/2013	S	Conference Committee Report #2013-2045c ; Senate Amendment + New Amendment, Filed
6/26/2013	S	Conference Committee Report 2045c; Adopted, VV
6/26/2013	H	Conference Committee Report #2045c Adopted, RC 227-126
6/26/2013	S	Enrolled
6/26/2013	H	Enrolled
7/25/2013	H	Signed By Governor 07/24/2013; Effective 01/01/2014; Chapter 0246

NH House

NH Senate

Other Referrals

COMMITTEE REPORT FILE INVENTORY

HB242 ORIGINAL REFERRAL _____ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

DOCKET (Submit only the latest docket found in Bill Status)

COMMITTEE REPORT

CALENDAR NOTICE

HEARING REPORT

HANDOUTS FROM THE PUBLIC HEARING

PREPARED TESTIMONY AND OTHER SUBMISSIONS

SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 12156 _____ - AMENDMENT # _____
_____ - AMENDMENT # _____ _____ - AMENDMENT # _____

ALL AVAILABLE VERSIONS OF THE BILL:

AS INTRODUCED AS AMENDED BY THE HOUSE

FINAL VERSION AS AMENDED BY THE SENATE

_____ OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): _____

DATE DELIVERED TO SENATE CLERK _____

BY COMMITTEE AIDE _____