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Senate Bill 661 (as enrolled)  
Sponsor: Senator Mike Rogers  
First Senate Committee: Families, Mental Health and Human Services  
Second Senate Committee: Appropriations  
House Committee: Appropriations

**PUBLIC ACT 282 of 2000**

Date Completed: 2-27-01

**RATIONALE**

Under the Michigan Vehicle Code, in most circumstances, all children under the age of four must be properly secured in a car seat (a "child restraint system") when they are passengers in a motor vehicle, regardless of whether they are in the front or back seat. This requirement was enacted by Public Act 29 of 1999, which took effect in March 2000. Previously, all children under one year old, and all children under four who were front seat passengers, had to be in a car seat. Children who were over one but under four riding in the back seat had to be either in a car seat or secured by a seat belt. According to the Michigan Department of Community Health (DCH), "**When correctly used and installed**, child safety seats reduce the risk of death by 71%, hospitalizations by 67% and minor injuries by 50%" (emphasis in original). The Department also found, however, that many people did not know how to use or install a car seat properly. In addition, few people were trained to instruct consumers in proper child seat use. To address this, it was suggested that the DCH should implement a grant program for car seat training purposes.

**CONTENT**

The bill amended the Michigan Vehicle Code to require the Department of Community Health to establish a child car seat safety grant program for the purpose of providing grants for training, promotion, and education concerning the child restraint system use requirements under the Code. The program must provide grants to people whom the DCH considers eligible.

The DCH is required to promulgate rules under the Administrative Procedures Act to implement the bill, including eligibility standards for the award of a grant.

MCL 257.710g

**ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

**Supporting Argument**

As the DCH has pointed out, car seats are a child's best line of defense against injury in a motor vehicle, but they must be installed and used correctly in order to be effective. When the DCH performed car seat inspections, it found a misuse rate of 95%. By requiring the DCH to establish a grant program for training, the bill enhances the State's involvement in efforts to promote the proper use of car seats. Together, the DCH and a group called the "SAFE KIDS Coalition" have hosted the National Highway Traffic Safety Administration's Standardized Child Passenger Safety Technical Training Course, and hundreds of professional people have been trained in the basics of child passenger safety and correct use. The DCH also has been hosting car seat check-ups at various locations in the State, where parents can have their car seats inspected. These activities should help to save children's lives and prevent injuries. An added benefit is the effect on medical expenses: According to the DCH, every \$1 spent on car seats saves the nation \$32 in health care costs.

Legislative Analyst: S. Lowe

**FISCAL IMPACT**

While this bill requires no appropriation, per se, \$300,000 GF/GP is appropriated in the DCH budget for this grant program. One may assume that this will be the maximum cost to the State related to this bill. Of course, as it is not clear whether funds also are intended to cover administrative costs, there could be additional costs of this nature. In addition, some Statewide health care savings may accrue if this grant program reduces death and injury from lack of, or improper use of, child restraint systems. However, according to the "National SAFE KIDS

Campaign", even correctly installed and properly used child safety seats will not eliminate child fatalities or serious injury in automobile accidents. (This organization reports 71% and 54% reductions in fatalities for infants and children aged one through four respectively, and a 69% reduction in hospitalization for children four and under when restraints are properly used.)

Given the relatively small number of deaths of children below 10 years of age in car crashes (for 1994, 18 deaths where restraints were not used and 17 where restraints were used), quantifying those probable savings would be difficult at best.

Fiscal Analyst: J. Walker

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.