## **EH** The Children's Hospital of Philadelphia®

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July 19, 2010

The Honorable Henry A. Waxman, Chairman US House of Representatives Committee on Energy and Commerce 2125 Rayburn House Office Building Washington, DC 20515

## Dear Chairman Waxman:

On behalf of The Children's Hospital of Philadelphia (CHOP), the nation's largest pediatric healthcare network and CHOP's Center for Injury Research and Prevention (CIRP), I am writing in support of the Motor Vehicle Safety Act of 2010 and provisions related to the National Highway Traffic Safety Administration's (NHTSA) National Automotive Sampling System (NASS).

As you may know, motor vehicle crashes are a leading cause of death for all US citizens, particularly children. Crashes not only contribute to high fatality numbers but also cost society more than \$230.6 billion annually. Due to the changing landscape of restraint products, vehicle features, and child passenger safety social norms, a child-focused motor vehicle crash surveillance system with sufficient size and scope of data collection is urgently needed to provide direction to government, industry, and the public on how best to protect children in motor vehicle crashes.

To do so requires an enhancement of the NASS, a nationwide crash data collection program that provides the data upon which a diverse set of stakeholders, including CHOP, address the fatalities and serious injuries that occur on our roads every year.

Mr. Chairman, this data saves lives. For example, in 1998 a child-focused crash data collection system was developed at CHOP in collaboration with State Farm Insurance Companies. This system informed policy, engineering and outreach efforts of the automotive and occupant restraints industries. Today, more children than ever before are riding in age-appropriate restraints. In fact, since 2000, more than 2,600 lives have been saved, proving the usefulness and impact of a child-focused crash surveillance system.

We recommend including a provision in the Motor Vehicle Safety Act of 2010 that requests a "Study on Crash Data Collection." This study will provide an objective evaluation of the NASS program and identify a clear path forward for enhancements to the system, including a focus on vulnerable populations such as children and the elderly. While some have suggested that Event Data Recorder (EDR) data will effectively replace NASS data, we respectfully disagree since EDRs do not provide any data on the injuries sustained by all of the occupants in a vehicle, a key component of the NASS system. Without such data, our researchers cannot quantify improvements in fatality reduction or injury mitigation nor would our researchers have any access to information about the restraint status of the other passengers, including children in child restraints or booster seats.

The data collected through NASS supports evidence-based policy. It serves as an early alert system for emerging risks or successful safety advances. Accordingly, we respectfully urge Congress to advance the "Study of Crash Data Collection," to help better save lives on our nation's roads. Please know if the Committee would like to learn more about the work of The Children's Hospital of Philadelphia's Center for Injury Research and Prevention, I would be delighted to arrange a briefing and can be reached at 267-426-6480.

Thank you for your attention to this important matter.

Sincerely,

Peter M. Grollman, Director

Government Affairs, Community Relations & Advocacy

Cc: Kristy Arbogast, PhD., CHOP Center for Injury Research and Prevention Ana M. Meuwissen, Robert Bosch, LLC