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## Reply to

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January 4, 2021

Docket Management Facility, M-30  
U.S. Department of Transportation  
West Building, Ground Floor, Room W12-140  
1200 New Jersey Ave. SE  
Washington, DC 20590

RE: **Docket No.: NHTSA-2020-0093**, Federal Motor Vehicle Safety Standards; Child Restraint Systems, Incorporation by Reference

To Whom It May Concern:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of over 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I am writing to provide comments on the Notice of Proposed Rulemaking (NPRM) proposing to amend the Federal Motor Vehicle Safety Standard No. 213, "Child Restraint Systems."

Despite significant reductions in the number of children killed in motor vehicle crashes over the past decade, motor vehicle crashes remain the leading cause of death among children aged 4 years and older. Children and adolescents represent approximately 15% of all people killed each year in motor vehicle crashes. The proper use of child restraint systems (CRSs) can help decrease the risk of death or serious injury by over 70%, and the National Highway Traffic Safety Administration (NHTSA) has a critical role in ensuring that all children are safe when transported in vehicles. While the AAP is encouraged by many of the safety improvements made in this NPRM, we are disappointed that NHTSA has not yet promulgated a rule to outline how CRSs should be manufactured and tested to withstand a side-impact crash from either the near or far side. We urge NHTSA to propose expeditiously a federal standard for side-impact testing to protect children from injuries in side-impact crashes.

The AAP appreciates the opportunity to comment on this NPRM, which contains important changes to improve the safety of CRSs. The following are comments on specific aspects of the proposed rule.

## Labeling Requirements Should Follow Best Practice Recommendations

The AAP is supportive of changes to update FMVSS No. 213 labeling requirements based on best practice recommendations. In the policy statement "Child Passenger Safety,"<sup>1</sup> the AAP recommends that all infants and toddlers ride in rear-facing CRSs as long as possible, until they reach the highest weight or height allowed by their CRS's manufacturer. Many CRSs have weight and height limits that will permit children to ride rear-facing until well past 2 years of age. The AAP is concerned that the transition to forward-facing CRSs often occurs much earlier, with some labels stating that a child may ride forward facing at the weight of 20 pounds (lb).

The proposal to increase the manufacturer-recommended minimum child weight for forward-facing seats from 20 lb to 26.5 lb is a positive step, but we would recommend a higher minimum of 30 lb. Most rear-facing-only and convertible seats currently on the market can accommodate a 30-lb child rear facing. Changing the minimum weight for transitioning to forward-facing to 30 lb would help demonstrate to parents the benefits of riding rear facing as long as possible and may be even more effective than 26.5 lb in preventing premature transition from rear-facing CRSs to forward-facing CRSs.

Children who have outgrown the rear-facing weight or height limit for their CRS should use a forward-facing CRS with a harness for as long as possible. When children reach the highest weight or height allowed by their CRS's manufacturer, transitioning to a belt-positioning booster seat is safer than using seat belts without a booster seat. Booster seats reduce the risk of nonfatal injury among 4- to 8-year-olds by 45% compared with seat belts.<sup>ii</sup> It is important to delay this transition until a child exceeds the maximum weight or height of their forward-facing CRS. However, booster seats represent a decrease in protection compared to forward-facing seats with 5-point harnesses, especially if the child is developmentally not yet able to stay in position with the seat belt fastened snugly. The AAP does not recommend the use of booster seats for children below the weight of 40 lb, and most forward-facing seats with 5-point harnesses on the market can hold children up to 65 pounds or more.

Increasing the minimum child weight for booster usage to 40 lb is a positive step to reduce premature transitions in children who are better served by a 5-point harness because of their size and/or ability to maintain the seat belt in a safe position. Therefore, we recommend updating labeling requirements to include language indicating that the transition from a harness seat to a booster seat should only occur when a child reaches an age that is behaviorally and developmentally appropriate to consistently sit in a booster seat with the shoulder and belt strap in the correct position. The AAP urges NHTSA to take into account children's unique developmental characteristics to maximally improve child passenger safety. We support the updates to test procedures to make them more representative of real-world CRS use in modern vehicles.

## Conclusion

The AAP supports the positive steps taken in this proposal and encourages NHTSA to finalize these important changes to FMVSS No. 213 in a timely manner to ensure that all children are safe when transported in vehicles. Going forward, we continue to urge NHTSA to finalize comprehensive standards for side-impact testing on both near- and far-side impact crashes. Thank you again for the opportunity to provide input on this critical issue for child health and safety. If you have any questions, please contact Zach Laris in our Washington, D.C. office at 202/347-8600 or [zlaris@aap.org](mailto:zlaris@aap.org).

Sincerely,



Lee Savio Beers, MD, FAAP  
President

LSB/lca

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<sup>i</sup> Durbin DR, Hoffman BD; Council on Injury, Violence, and Poison Prevention. Child passenger safety. *Pediatrics*. 2018;142(5):e20182460pmid:30166368

<sup>ii</sup> Arbogast KB, Jermakian JS, Kallan MJ, Durbin DR. Effectiveness of belt positioning booster seats: an updated assessment. *Pediatrics*. 2009;124(5):1281–1286pmid:1984112