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THE WHITE HOUSE

WASHINGTON

March 24, 1995

Fernando M. Trevino, Ph.D., M.P.H.
American Public Health Association
1015 Fifteenth Street, N.W.
Washington, D.C. 20005

Dear Dr. Trevino:

Thank you for writing about the importance of child safety interventions. I applaud your efforts to reduce both childhood injuries and health care costs.

You noted in your letter that neither Aid to Families with Dependent Children nor Medicaid pay for child safety interventions. As you also noted, some States have chosen to fund child safety seats. Given the new political climate and severe budgetary constraints, it seems unlikely that Congress will pass any Federal requirement to cover child safety interventions.

Nevertheless, as I am sure you know, the President is committed to improving child safety and has supported a number of public-private partnerships to work together on this important issue. For example, the Department of Transportation's National Highway Traffic Safety Administration (NHTSA) is working with Midas Muffler on "Project Safe Baby." This community-based partnership with all franchised Midas dealers offers child safety seats at reduced cost as well as a rebate of that cost upon return of the seat; 93,000 child safety seats have been sold. NHTSA also works with Primerica on "Operation Baby Buckle," a national public relations program to increase the use of child safety seats and to raise funds for the purchase of child safety seats for low-income families. The company acquired permission to use Hanna Barbera's Flinstone characters for promotional purposes, and the project has received high visibility in local communities nationwide; $600,000 has been raised so far. NHTSA is also working with the Maternal and Child Health Bureau on a number of programs to increase the use of child safety seats, such as a collaborative effort to create out-of-home child care occupant protection guidelines.

The Administration is also working hard to promote the use of bicycle helmets. The National Center for Injury Prevention and Control funds a number of bicycle helmet promotion programs. The Maternal and Child Health Bureau administers block grants to the States, at least 14 of which are using these funds for bicycle helmet education and promotion. In California, for example,

the State Parent Teacher Association and the State Maternal and Child Health Agency teamed up for a state-wide effort to help inform children and their parents about a new bike helmet law and to ensure that children and adolescents from poor families have access to a helmet.

Thank you again for writing to share your concerns about child safety interventions and your support for our health care reform efforts. Again, I applaud the efforts of the American Public Health Association on behalf of our nation's children. I hope that we may count on your continued support in the fight for meaningful health care reform.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

September 21, 1994

APHA
American Public Health Association

1015 Fifteenth Street, NW
Washington, DC 20005
202/789-5600

Fernando M. Treviño, PhD, MPH
Executive Director

Hillary Rodham Clinton
Office of the First Lady
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Mrs. Clinton:

At its 121st Annual Meeting, the American Public Health Association (APHA), representing a combined national affiliate membership of 55,000 public health professionals and community health leaders, adopted a resolution entitled, "Health Insurance Coverage for Child Safety Interventions." A copy is enclosed for your information.

Traumatic injuries, including head injuries, oral/facial injuries, broken limbs, and gunshot wounds, are the leading cause of death for children and the most frequent reason for hospital admission of children age 5 and above. National health objectives for the year 2000 emphasize preventing intentional and unintentional injuries affecting children, reducing child injury deaths, and increasing the use of proven child safety interventions such as child safety seats, bicycle helmets and home visits for injury prevention.

Despite the fact that many child safety interventions offer health care savings exceeding their costs, the U.S. Health Care Financing Administration (HCFA) has refused to allow state Medicaid programs to reimburse for child safety interventions for those who cannot afford to buy them. Additionally, other third party payers, outside of a few progressive health maintenance organizations, offer no incentives to encourage widespread adoption of these interventions. Only in North Dakota does Aid to Families with Dependent Children (AFDC) pay for child safety seats for all eligibles in need, a program which could easily be implemented nationally.

Childhood injuries and fatalities can be most effectively prevented through the use of child safety interventions. APHA suggests the following actions toward this end:

- The Administration and the Congress should require Medicaid and/or AFDC programs to pay for child safety seats, bicycle

helmets, and other proven child safety interventions that will yield net cost savings to Medicaid;

- Subsidization of proven child safety interventions by other third party payers or encouragement of their use by waiving co-payment for people injured while using them; and

- Encouragement of parental outreach and education regarding availability and effective use of child safety interventions.

Your support in the implementation of these goals will be greatly appreciated. APHA is interested in learning of your planned and current efforts pertaining to health insurance coverage for child safety interventions.

Sincerely,

Fernando M. Treviño, PhD, MPH
Executive Director

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