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## **Medicaid Reimbursement for Car Seats Is Cost-Effective Health Policy**

PHILADELPHIA -- A study released today from The Children's Hospital of Philadelphia (CHOP) shows that distributing car safety seats among economically disadvantaged children could be as cost-effective as long-established federal vaccination programs. The research, published this week in the journal *Ambulatory Pediatrics*, offers insights for state and national lawmakers involved in setting future healthcare policy, particularly for those interested in exploring programs with a greater focus on preventive care for children.

“The Vaccines for Children (VFC) program proved to be a smart investment of public funds to prevent illness and disease,” says Flaura Winston, M.D., Ph.D., an author on the paper and the co-scientific director of the Center for Injury Research and Prevention at The Children's Hospital of Philadelphia. “With this study, we show that similar public commitment to reduce the incidence of motor vehicle crash injury – the leading cause of death and permanent disability among children – would also result in significant cost savings and health benefits to society and affected children.”

The proposed Child Restraint Systems (CRS) Program would provide access to child restraints and education via a physician's prescription. Assuming enrollment in a Medicaid-based CRS program at birth, every child would receive a convertible child safety seat (combined infant and toddler seat) along with pertinent education when discharged from the hospital. At age four the child would receive a belt-positioning booster seat to be used to about age 8. The net cost per beneficiary of the 8-year program would be \$32.

Including all medical and relevant societal costs, a program in which physicians write prescriptions for car seats for Medicaid-eligible children would achieve the following yearly cost savings per 100,000 children:

- Reduce medical costs by \$1 million
- Regain \$100,000 in the cost of parental work loss
- Reduce future victim productivity costs by \$2.7 million.

According to the researchers, without the proposed Medicaid CRS program in place, injuries to children from vehicle crashes (per 100,000 children) would result in an estimated \$4.2 million in medical costs, \$350,000 in parental work loss, and \$8.3 million in reduced future victim productivity. The program's break-even point for society could be reached after three years. At that time, program costs would balance savings from averted medical expenses, parental work loss, and victim future productivity losses.

Until now, the economic benefit of Medicaid providing child restraint systems to low-income children through physician prescriptions had not been explored. Moreover, this study compared the cost-effectiveness of such a program with one that has been proven successful, the VFC program.

When researchers looked at comparative effectiveness between their theoretical program and seven vaccines, they found that only Haemophilus Influenzae B and Measles/Mumps/Rubella vaccinations were more cost-effective than the CRS disbursement and education program.

“Car crashes are the biggest threat to our children’s health and well-being, and economically disadvantaged children are disproportionately at risk,” says Dr. Winston. “The program we explored in our study would address the most significant common barriers in public health issues: access and education.”

Limited pilot testing of the Medicaid CRS program at the state or community level is the recommended next step in evaluating its “real world” applicability, effectiveness, and cost savings.

The researchers also call for a policy shift. “At a time when policymakers are considering an overhaul of the health care system in the U.S., this paper should generate interest in health care policies that consider prevention as a primary clinical strategy and allow medical expenses for proven prevention strategies,” says Dr. Winston.

The study utilized several data sources including Partners for Child Passenger Safety (PCPS), a child-focused crash surveillance system with State Farm Insurance Companies® and the National Highway Traffic Safety Administration’s Fatality Analysis Reporting System, as well as sources for standard research methods such as the Task Force on Community Preventive Services review and the Panel on Cost-Effectiveness in Health and Medicine.

Co-authors on the study included Dr. Winston’s colleagues from The University of Pennsylvania: Jesse A. Goldstein, M.D. (now in residency at Georgetown University Hospital), Michael J. Kallan, M.S., Charles C. Branas, Ph.D., and J. Sanford Schwartz, M.D.

For more information about how to protect children in crashes, visit <http://www.chop.edu/carseat>.

**About the Center for Injury Research and Prevention, PCPS, and The Children's Hospital of Philadelphia**

The Center for Injury Research and Prevention at The Children's Hospital of Philadelphia is a pioneering injury research center devoted to evaluating and preventing injuries to children through research to action. Working with State Farm Insurance® claims data, Center researchers conducted the world's largest study of crashes, Partners for Child Passenger Safety (PCPS). As of Dec. 31, 2006, more than 500,000 State Farm customers, transporting 750,000 children, had participated in the study. The study included more than 30,000 in-depth interviews and more than 800 crash investigations.

The Children's Hospital of Philadelphia was founded in 1855 as the nation's first pediatric hospital. Through its long-standing commitment to providing exceptional patient care, training new generations of pediatric healthcare professionals and pioneering major research initiatives, Children's Hospital has fostered many discoveries that have benefited children worldwide. Its pediatric research program is among the largest in the country, ranking third in National Institutes of Health funding. In addition, its unique family-centered care and public service programs have brought the 430-bed hospital recognition as a leading advocate for children and adolescents. For more information, visit <http://www.chop.edu>.

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