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- 6 LEGISLATION TO MAKE CARS IN AMERICA SAFER
- 7 WEDNESDAY, JULY 24, 2019
- 8 House of Representatives
- 9 Subcommittee on Consumer Protection and
- 10 Commerce
- 11 Committee on Energy and Commerce
- 12 Washington, D.C.
- 13
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- 15
- 16 The subcommittee met, pursuant to call, at 10:30 a.m., in 17 Room 2322 Rayburn House Office Building, Hon. Janice Schakowsky 18 [chairwoman of the subcommittee] presiding. 19 Members present: Representatives Schakowsky, Castor, Kelly,
- 20 O'Halleran, Blunt Rochester, Soto, Rush, Matsui, McNerney,
- 21 Dingell, Pallone (ex officio), Rodgers, Burgess, Latta, Guthrie,
- 22 Bucshon, Hudson, Carter, and Walden (ex officio).
- 23 Staff present: Billy Benjamin, Systems Administrator; Jeff

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24 Carroll, Staff Director; Evan Gilbert, Press Assistant; Lisa

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- Goldman, Counsel; Waverly Gordon, Deputy Chief Counsel; Daniel
 Greene, Professional Staff Member; Alex Hoehn-Saric, Chief
 Counsel, C&T; Joe Orlando, Staff Assistant; Alivia Roberts, Press
 Assistant; Tim Robinson, Chief Counsel; Chloe Rodriguez, Policy
 Analyst; Rebecca Tomilchik, Staff Assistant; Justin Discigil,
 Minority Press Secretary; Margaret Tucker Fogarty, Minority Staff
- 31 Assistant; Bijan Koohmaraie, Minority Counsel, CPAC.

32 Ms. Schakowsky. The Subcommittee on Consumer Protection 33 and Commerce will now come to order. The chair now recognizes 34 herself for 5 minutes for an opening statement.

Good morning and thank you all for attending today's hearing on legislation to make cars safer. We continue in the subcommittee on our mission to save lives. The number of vehicle related fatalities has been staggering over the last several years. In both 2017 and 2018, vehicle related deaths have exceeded 40,000.

This troubling development meant that Congress must act, and today we are here to look at bills to address contributing factors to this spike in auto related deaths. One of these factors is impaired driving. I thank my colleague, Debbie Dingell, for her leadership on this issue and I thank Ranking Member McMorris Rodgers and Representatives Bucshon and McNerney for their initiative to address impaired driving.

48 Another factor is uneven or slow deployment of technology. 49 Since 1990, over 800 children have died from heatstroke in 50 vehicles. In the vast majority of those cases, the adult did not realize the child was inside the car. Most of the children 51 52 dying are infants and toddlers, 87 percent are 3 years or younger, 53 but adults as well as pets have fallen victim to heatstroke as 54 well. Twenty-one children have died already this year,

55 twenty-one. This is unacceptable, we can do better and we must

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56 do better.

57 This raises the question how do we prevent heatstroke deaths? 58 It is not enough to educate parents about the risks, even the 59 best parents can get distracted. We need safety features built into our vehicles. You get a warning when you leave your car 60 61 keys in the ignition. You should get the warning when a child is left in the backseat and that is what the Hot Cars Act does. 62 The bill, which was introduced with Representatives Tim Ryan 63 64 and Peter King, would require new vehicles to be equipped with 65 sensors, sensor technology to detect the presence of a child in 66 the vehicle and notify the driver or parent. This safety 67 technology has already been developed and it is available in some 68 vehicles today. A Hot Cars Act will ensure that this lifesaving 69 technology is equipped on all vehicles.

70 But our auto safety work does not end there. The New York 71 Times has identified at least 28 deaths and 45 injuries since 72 2006 attributed to carbon monoxide poisoning caused by keyless 73 ignition vehicles that were inadvertently left running. Since 74 keyless ignition systems do not require drivers to turn off a vehicle to remove their key from the ignition, drivers can leave 75 76 their vehicle -- and that is what happens -- key fob in hand, 77 not realizing that the vehicles are still running. A vehicle 78 left running in an attached garage can and has quickly filled the living space with lethal levels of carbon monoxide. We will 79

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80 hear more about that today.

81 The rise in keyless ignition has also exacerbated the problem 82 of automobile roll-aways. Unlike traditional ignition systems, 83 a keyless ignition system permits the driver to exit the vehicle, 84 key in hand, without the car being in park. Fortunately, some 85 auto manufacturers, including GM and Ford, have responded to these 86 hazards by implementing additional safety features including 87 auto-shutoff systems to prevent carbon monoxide poisoning and 88 safequards the prevent a vehicle from shutting down unless the 89 vehicle is in park.

90 Still, few automakers seem willing to address these new risks 91 and passengers, to drivers and passengers and pedestrians and 92 property from keyless ignition technology. And that is why --93 let me checking the time here, oops. And that is why I introduced 94 the PARK IT Act with my colleagues Darren Soto, Joe Kennedy, and 95 Seth Moulton.

96 So I thank the witnesses for being here, especially Ms. 97 Livingston for being here because she has experienced the tragedy 98 of her parents dying. We will hear from her today. It takes a lot of courage to be here. So now I yield back and I recognize 99 100 Ms. Rodgers, ranking member of the Subcommittee on Consumer 101 Protection and Commerce, for 5 minutes for her opening statement. 102 Mrs. McMorris Rodgers. Thank you, Madam Chair. And qood 103 morning to everyone and welcome to the Consumer Protection and

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104 Commerce Subcommittee legislative hearing on improving motor 105 vehicle safety.

We lose more than 37,000 lives a year on our roads. We can and we must do more to make our roadways safer, especially considering most of these accidents were preventable. According to the National Highway Safety Administration, 94 percent of all accidents are due to human error. These include distracted driving, driving drowsy, and driving while under the influence of alcohol or drugs.

113 Drunk driving remains a significant public health concern 114 that tradically cuts life short for too many. Not just for those 115 who make the reckless decision to get behind the wheel after 116 consuming alcohol, but also our family and friends on the road 117 in the wrong place at the wrong time. Drug impaired driving 118 is also on the rise. If you feel different, you drive different. 119 It is new public safety message from NHTSA. It means exactly what it says. If you consume drugs, you will feel different. 120 121 If you feel different, you will drive different. And if you 122 drive different, you will put your life in danger and the lives of those on the road with you. 123

124 Whether the drug is illegal or legally prescribed, driving 125 while drug impaired is a serious safety threat. According to 126 a recent report, in 2016, more than a thousand fatally injured 127 drivers, or almost 20 percent of the drug-positive drivers tested

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positive for opioids in their system. The most frequent opioids abuse were oxycodone, hydrocodone, morphine, fentanyl, and methadone.

131 Opioids aren't the only drug making our roads less safe, 132 In fact, marijuana is the most common drug found so is marijuana. 133 in fatally injured drivers. In 2012, my home state of Washington 134 legalized marijuana. According to a recent report conducted by 135 the Northwest High Intensity Drug Trafficking Area, one in five 136 tenth graders, one in four twelfth graders reported driving, 137 riding with a driver who had been using marijuana. One in six 138 twelfth graders admitted to driving a vehicle within 3 hours of 139 consuming marijuana. And the percentage of marijuana positive 140 drivers has more than doubled from 7.8 percent to 18.9 percent, 141 and fatal crashes involving marijuana have spiked to almost 13 142 percent, up from 7.8 percent prior to legalization.

143 Recreational use of marijuana poses a serious threat to 144 roadway safety. We must learn from the lessons we have seen in 145 Washington State and make sure that we are focusing on addressing 146 drug impaired driving and alcohol impaired driving. That is why I, along with Mr. McNerney, have introduced legislation to direct 147 148 NHTSA to study impaired driving to learn more about the risk drug 149 impairment poses. Our solution gives NHTSA the flexibility it 150 needs to examine the drug impaired driving in the most efficient and effective way possible. It allows NHTSA to review methods 151

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152 to detect drug impaired driving. It supports NHTSA research to 153 review methods to detect drug impaired driving and develop 154 impairment standards for driving under the influence.

155 Our bill will lead to a better understanding of the risk 156 and the ways to prevent drug impaired driving. It will allow 157 NHTSA to produce extremely important data that will inform 158 decision making on policies that can save lives. We are also 159 considering legislation introduced by my colleagues Mr. Bucshon 160 and Ms. Dingell that will authorize money that has been 161 appropriated for the last 2 years, 2 fiscal years. Returning 162 to regular order and ensuring funds are accounted for by this committee is critical. Remember, if you feel different, you 163 164 drive different.

165 I would also like to acknowledge that this is the last day 166 for Melissa, who has been the head staffer for the Republicans on the Consumer Protection and Commerce Subcommittee. 167 And I just 168 want to say thanks for her exceptional leadership. She has a 169 tremendous depth of knowledge, her strategic thinking, her hard 170 work, all to get results on behalf of the many important issues before this district. And although we are going to miss her, 171 172 I just wanted to take this opportunity to recognize her and wish 173 her all the best in this next chapter. Thank you, Madam Chair. 174 Ms. Schakowsky. Thank you. And let me also wish Melissa the best of luck and thank her for the service that she has been 175

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176 to our committee. And now I would recognize Mr. Pallone, the 177 Chairman of the full committee for 5 minutes for his opening 178 statement.

The Chairman. Thank you, Chairwoman Schakowsky, and thanks for all you do on these safety issues. I know we reported out of the full committee last week a number of initiatives from this subcommittee that you are responsible for that, you know, to help children and, you know, this continues with your constant efforts to help consumers, you know, in so many different ways.

185 Since 2014, the number of auto fatalities has steeply 186 increased after nearly a decade of falling. And despite the 187 rising death toll, the National Highway Traffic Safety 188 Administration, or NHTSA, has failed to prioritize vehicle 189 safety. NHTSA has failed to complete needed rulemakings or 190 prioritize resources to address preventable injuries and 191 fatalities.

192 Where the administration has been slow to act, Congress must 193 step in. The bills we are considering today will help address 194 preventable tragedies including child vehicular heatstroke, 195 carbon monoxide poisoning, and impaired driving. As we learned 196 in May when this subcommittee held the hearing on summer driving 197 dangers, 823 children have died from heatstroke after being left 198 in hot cars over the last 20 years. And since that hearing, 2 more children have died and that is 21 children so far this year. 199

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200 No child should lose their life because they became trapped in 201 a hot car. Fortunately, technologies exist today that can 202 end these senseless tragedies, technologies that can alert 203 drivers to the presence of a child in a vehicle or remind a driver 204 to check their backseat before leaving the car. Regrettably, 205 these sorts of lifesaving technologies have not yet been widely 206 deployed.

207 And I commend the chairwoman and Representatives Ryan and 208 King for their work on the Hot Cars Act. This legislation would 209 require vehicles to be equipped with safety technologies to detect 210 and alert the driver to the presence of a child or occupant in the rear seat of a vehicle after the engine has shut off. 211 And 212 I look forward to exploring how this technological revolution 213 can save lives.

214 I also look forward to exploring how we can ensure that 215 technological innovations like keyless ignition systems do not 216 actually present unintended safety issues. Keyless ignition 217 systems provide an added level of convenience for the driver, merely sit in the vehicle and push to start, all with your keys 218 in your pocket or bag. But that added convenience has been tied 219 220 to a troubling rise in carbon monoxide deaths, more than three 221 dozen since 2006. Without the physical motion of turning a key, 222 some drivers inadvertently forget to turn off the vehicle -- I 223 will include myself among those -- and some keyless ignition

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224 systems permit the engine to continue idling even when the driver225 exits the vehicle with the keys.

If the vehicle is left in an enclosed area, tragedy can ensue as dangerous levels of carbon monoxide build. Such a tragedy claimed the lives of Dr. James Livingston and Dr. Sherry Penney. I thank Ms. Livingston for testifying today and sharing her parents' story, and I again commend the chairwoman as well as Representatives Soto, Kennedy, Moulton, Deutch, and Gonzalez for introducing the PARK IT Act.

This legislation would ensure the engine of a keyless ignition vehicle automatically shuts off if left idling for an unreasonable amount of time. I also look forward to discussing two impaired driving bills. With 10,000 deaths, 30 percent of all fatal crashes tied to drunk driving, and troubling increases in the rate of drug impaired driving, we have to double down on our efforts to prevent such threats to auto safety.

240 So I want to thank our witnesses and I wanted to yield the 241 remainder of my time to Representative Dingell.

242 Mrs. Dingell. Thank you, Mr. Chairman. And thank you and 243 Chairman Schakowsky for holding this important hearing today. 244 I want to start by talking about the single largest cause of 245 traffic fatalities, drunk driving. This is cost that matters 246 to too many families that have been hit and struck by it, the 247 most recent in my own community by the Abbas family in January.

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The Abbas family was driving back from a family vacation when their car was struck head-on by a drunk driver and there were no survivors. Mother, father, three children needlessly killed because someone made the decision to drink and drive. July, this month, is the deadliest month for drunk driving. Across the country, families and loved ones are repeating what our community went through in January.

255 It is time. Congress has to step up and do something, and 256 do something we will. I am so proud to co-lead Mr. Bucshon's 257 bill that we are considering here today that would authorize funds 258 for pilot programs, demonstration projects, and innovative 259 solutions to address impaired driving, and I also will be 260 introducing legislation of my own later this week. I yield back 261 the balance of my time. Thank you. The Chairman. And I 262 yield back, Madam Chair.

Ms. Schakowsky. The gentleman yields back and the chair now recognizes Mr. Walden, ranking member of the full committee, for 5 minutes for his opening statement.

266 Mr. Walden. Good morning, Madam Chair.

267 Ms. Schakowsky. Good morning.

Mr. Walden. And thanks for having this hearing. Each year, tragically, we lose 37,000 people on our roads, in no small part due to impaired driving. And, in fact, since January of 2000, more than 200,000 people have died from impaired driving. Now

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whether that is alcohol, marijuana, or opioids, the consumption of drugs is making our roads less safe and more deadly.

Alcohol impaired driving remains a serious problem and one that cuts far too many lives short, as we all know. But drug impaired driving has also taken a hold of our roadways and, to be clear, you cannot drive safely if you are impaired. While it is illegal to drive while under the influence of marijuana, opioids, or any potentially impairing drug, even if the drug has been legally prescribed, sometimes it is difficult to figure out.

Driving while impaired by any substance, legal or illegal, puts drivers and those who share the road with them in great danger. The National Highway Traffic Safety Administration, NHTSA, is getting the word out about the dangers of driving after consuming drugs through its "If you feel different, you drive different," and, "Drive High, get a DUI" campaigns, and we are appreciative of that.

288 Today, we will discuss two measures that will help advance 289 NHTSA's efforts to combat impaired driving introduced by 290 Representatives Rodgers and Dr. Bucshon. The first bill, the 291 Combating Impaired Driving Act of 2019, introduced by Dr. Bucshon 292 and Ms. Dingell, authorized important funding to NHTSA to conduct 293 research on impaired driving, including drug impaired driving. 294 The more NHTSA can focus on this issue, the more we can learn about its unique challenges and make better, more informed public 295

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296 policy decisions.

297 The second piece of legislation, the Impaired Driving Study 298 Act of 2019, introduced by Mrs. Rodgers and Mr. McNerney, directs 299 NHTSA to study impaired driving so we can learn more about the 300 devastating effects marijuana and opioid impaired driving are 301 having on our roads. And coming from a state that has legalized 302 marijuana, this is an increasingly important issue to overcome. 303 The bill is intended to give NHTSA the flexibility it needs 304 to determine how best to study this issue and requires NHTSA to 305 report to us on the progress of the study as well any findings. 306 And under the bill, NHTSA can review different methods to detect 307 drug impaired driving, work with state and local partners on 308 state-based drug impaired driving policies, and learn the role 309 in extended drug impairment in motor vehicle accidents, and any 310 other issues NHTSA believes necessary to examine to combat drug impaired driving in effective and efficient ways. 311

312 So I appreciate the work on that and on obviously the Hot 313 Cars Act as well. And with that I want to make sure and provide 314 plenty of time for Dr. Bucshon to discuss his legislation. With 315 that, Madam Chair, I would yield to him. Mr. Bucshon. 316 Thank you. And thank you to Chairwoman Schakowsky and Ranking 317 Member McMorris Rodgers for holding this hearing today.

318 Impaired driving is an epidemic across our nation that claims 319 far too many lives each year. Although we continue to make

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headway in addressing drunk driving, drug impaired driving is on the rise. In 2018, 38 percent of drivers killed in Indiana tested positive for alcohol, while 45 percent tested positive for one or more drugs.

It is important that we take steps to promote technological advancements that help our law enforcement professionals on the ground to detect and prevent impaired driving. For that reason, I introduced, along with Congresswoman Dingell, H.R. 3890, the Combating Impaired Driving Act of 2019.

329 This bill authorizes the Department of Transportation to 330 provide funding to support grants and pilot programs that create 331 innovative solutions to address impaired driving including 332 alcohol, opioid, and marijuana impaired driving. I am glad to 333 see the committee discuss this legislation today and I look 334 forward to hearing from our witnesses on how we can eliminate impaired driving and save lives. And I yield back to Mr. Walden. 335 336 Mr. Walden. And I yield back.

337 Ms. Schakowsky. The gentleman yields back.

And the chair would like to remind members on the committee that pursuant to committee rules, members' written statements will be made part of the record.

And I would now like to introduce our witnesses for today's hearing. We have Ms. Susan Livingston, daughter of Dr. James D. Livingston and Dr. Sherry H. Penney. And I just want to give

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344 again a special thank you to you. In our efforts to save lives 345 in this committee and to change laws, we have seen the courage 346 of family members who have suffered such devastating tragedies 347 come forward, and appreciate that so much.

We have Dr. Benjamin Nordstrom, Executive Director of Responsibility.org. And Ms. Cathy Chase, President, Advocates for Highway and Auto Safety. We want to again thank all the witnesses for joining us today. We look forward to hearing your testimony. At this time, the chair will recognize each witness for 5 minutes to provide their opening statement.

Before I begin, I want to explain the lighting system for those who may not know it. In front of you is a series of lights. The light will initially be green at the start of your opening statement. The light will turn yellow when you have 1 minute remaining, so please begin to wrap up your testimony at that point. The light will turn red when your time expires. So, Ms.

360 Livingston, you are now recognized for 5 minutes.

361 STATEMENTS OF SUSAN LIVINGSTON, DAUGHTER OF DR. JAMES D.

362 LIVINGSTON AND DR. SHERRY H. PENNEY; BENJAMIN R. NORDSTROM, M.D.,

363 EXECUTIVE DIRECTOR, RESPONSIBILITY.ORG; AND, CATHY CHASE,

364 PRESIDENT, ADVOCATES FOR HIGHWAY AND AUTO SAFETY

365

366 STATEMENT OF SUSAN LIVINGSTON

Ms. Livingston. Thank you. Good morning, Chair Schakowsky and Ranking Member Rodgers, honored members of the subcommittee. My name is Susan Clark Livingston. I am the first female partner of Brown Brothers Harriman, the private banking firm in Boston. I am on the executive committee and board of governors of the Investment Company Institute in Washington, and honorary consul general to Luxembourg for the Commonwealth of Massachusetts.

But today I am here as a daughter and as a mother.

I appreciate the opportunity to speak to you about the tragic simultaneous deaths of my parents, Dr. James Duane Livingston and Dr. Sherry Penney Livingston. They died together the evening of this past May 7. Their bodies were found the early morning of May 10. I will never forget my sister Barbara's phone call to me that morning saying, "Dad and Sherry passed away last night, both of them, from carbon monoxide."

There are no words for this kind of family tragedy, and yet I want the story told. I am here today to tell you that these deaths were preventable. They died of indifference. These

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385 deaths were caused by an automobile design flaw that can be fixed 386 at low cost with readily available technology. It is a design 387 flaw the car industry and the NHTSA have known about since keyless ignitions were introduced in 2006, 13 years ago. The truth is, 388 389 the car manufacturers have failed to install this simple fix 390 voluntarily. The NHTSA has failed to institute regulations that 391 were proposed back in 2011 to prevent these deaths, so we beg 392 you to act so that no other family has to go through what ours 393 has experienced.

394 As a family, we are still in shock and we speak of these 395 amazing individuals in the past tense. It still feels very 396 strange; they are not yet in the ground. They will be buried 397 next week on Tuesday, July 30th, at St. James Church in Hyde Park, 398 New York, the church of our ancestors and that of Franklin Delano 399 Roosevelt, buried together beside my grandparents and 400 great-grandparents. We are still in mourning, yet the more I 401 learned about the failure of these car manufacturers constantly 402 touting the safety of their vehicles to properly protect 403 consumers, the more I want to be here today, which I know is a busy day in Washington, but to ask for your help to get this done. 404 405 Jim and Sherry had a love affair like no other. Married 406 34 years, they were inseparable. Dad called Sherry his bride 407 and their love and respect for each other were unmatched. The news reports on their deaths referred to them as elderly, but 408

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409 the word hardly describes the physical and mental energy of these 410 two intellects. Daily aerobics, tennis, swimming, attendance 411 at every Harvard Club event both in Sarasota and Boston, season 412 tickets to the theater -- they were indeed in their 80s, but these 413 seniors had so much life and love left in them. We loved them. 414 We miss them every day.

415 Dad got his Ph.D. from Harvard in Physics at the very young 416 age of 23. A brilliant scientist, 25-year research career at 417 GE in Schenectady, he had seven patents to his name on alloys 418 that are still used in the space program today. He followed 419 Sherry's career to Boston, being a feminist, and he was a professor 420 of Physics at MIT for 22 years. Top rated professor year after 421 year for freshman Physics. I liked having him help me with my 422 homework. He was an author and avid tennis player and he wrote 423 a space column for The Patriot Ledger. He was a pretty cool guy. 424 He was a proud father of three daughters and his only granddaughter, Julia Pell Livingston, age 17, who is here with 425 426 me today.

427 Sherry, my stepmom, was a driving force of nature. At 428 four-foot-ten she punched above her weight. Provost at Yale, 429 first woman chancellor of the entire system of University of 430 Massachusetts, and chancellor of UMass Boston with 20,000 431 students for over 12 years. She ran the Center for Collaborative 432 Leadership there until last year. There is an endowed chair there

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in her name. She was my mentor, my role model. She was on the board of Boston Edison, now Eversource, the JFK Library. The night she died she gave a speech to the International Women's Forum in Sarasota entitled, "Women in the 21st Century: Stuck or Unstuck?" That was the last time she was seen alive.

Dad retired from MIT just 3 years ago, but even after retirement he had regular speaking engagements and continued to author books. He awaited Sherry's retirement from UMass last year. They looked forward to retirement between Sarasota and Hingham, Mass where they had just bought a new oceanfront condo. It was built last winter. It looked out over the shipyard and the harbor.

Their bodies were found Friday. They were moving into the condo the following Tuesday. Sadly, they never saw it. They were looking forward to these final years together, on the verge of a new adventure after each working close to 50 years,

449 contributing as teachers and wonderful contributors to society.

They are no longer here to tell us what happened and people ask what happened, but the scenario might go something like this. It could happen to anyone. It happened to two energetic and lively Ph.D.s. After Sherry's speech they drove back to their condo, they opened the automatic door to the two-car garage and drove in. Neither of these two were hard of hearing. Sherry reminded Jim, "It is trash night," and he went over to roll out

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457 the garbage can and the recycling bin. I know just where those 458 barrels were in the garage. Sherry was still in the car.

Perhaps the radio is still on. 459 You know, the radio can run 4 460 minutes after a car stops. She went to the backseat, took out 461 the briefcase and her speech, which we found later on the table 462 in the condo, she entered the ground floor condo through the door 463 in the garage and closed the garage door. After putting the 464 barrels at the end of the drive, Dad entered the condo through 465 the front door just next to the garage. The police found the 466 key fob in Sherry's purse when they recovered the bodies.

These engines are quiet. The key fob can be miles away from a car once that engine starts running, some of you know. This was a flawed vehicle murder weapon. It was missing a basic safety feature. The neighbor noticed the barrels -- sorry.

471 Ms. Schakowsky. Got to wrap up. Go ahead.

472 Ms. Livingston. Okay, no problem.

473 Ms. Schakowsky. Just finish real fast.

474 Ms. Livingston. The neighbor noticed the barrels still left 475 outside at the curb. And just like Chairman Pallone, I myself have also left my car idling. Carbon monoxide overwhelms a 476 477 victim, causes piercing headaches, disorientation, nausea. Ιt is not a great way to die. They found my dad's body, his head 478 479 in a pool of blood. The cleaning woman called 9-1-1. Thev

determined a hazmat team needed to evacuate the carbon dioxide.

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481 Ms. Schakowsky. I am going to have to cut off your482 testimony.

Ms. Livingston. Let me finish. We beg of you to please prevent another family from going through this. I know we cannot bring Dad back and Sherry back. Our family sky is dark after losing these two bright stars and how many more need to die? Can this measure please be passed? Thank you.

488 [The prepared statement of Ms. Livingston follows:]

489

490 ********* INSERT 1*********

Ms. Schakowsky. Thank you. I think it sounds like not only
did your family lose precious -- did you lose precious parents,
but they were great contributors. And our condolences, I am sure
I speak for the whole subcommittee, are certainly with you and
that is why we are dealing with this today.
Ms. Livingston. Thank you.

497 Ms. Schakowsky. And now let me call on Dr. Nordstrom. You

498 are recognized for 5 minutes.

499 STATEMENT OF BENJAMIN NORDSTROM

500

501 Dr. Nordstrom. Thank you. Good afternoon, Chairwoman 502 Schakowsky.

503 Ms. Schakowsky. Is your mike on?

504 Dr. Nordstrom. The green light says it is on. Maybe it 505 is not close enough. Is that -- okay.

Well, good morning, Chairwoman Schakowsky, Ranking Member Rodgers, and all of the distinguished members of the subcommittee. I really want to thank you for the opportunity to testify today in support of the Impaired Driving Study Act of 2019 and the Combating Impaired Driving Act of 2019.

511 So my name is Dr. Benjamin Nordstrom. I am the Executive 512 Director at Responsibility.org and we are a national nonprofit 513 that is funded by leading distilled spirits companies to eliminate 514 drunk driving and underage drinking. My background is that I 515 am a board-certified addiction psychiatrist, I am a

516 criminologist, and I also serve as a physician with the U.S. Army 517 Reserve.

I want to applaud this committee for its longtime leadership on the whole host of auto and traffic safety issues, such as the topics being discussed today, and I really want to thank you for keeping focus on impaired driving over the years, and that is the topic that I have been asked to speak about. Now my written

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523 testimony contains a lot of specific details, and in my oral 524 comments what I would like to do is focus on three foundational 525 points and then some policy recommendations.

526 The first point I want to make is that while drunk driving 527 deaths have fallen by 50 percent since 1982 and by about 30 percent 528 since 1991, they have really plateaued over the past 10 years. And they still account for about a third of traffic deaths and 529 that is around 11,000 deaths a year, each and every one of which 530 531 is completely preventable. And I think as Ms. Livingston's 532 moving testimony points out, it is not just losing a life, it 533 leaves a hole in families, it leaves a hole in communities and 534 they are all vitally important.

535 The second point I want to make is that drunk driving has 536 been increasing at an alarming rate over the past decade. Now 537 it is really hard to give you a specific number about how much it has because the data that we have around this are fairly 538 539 limited, but the information we do have is alarming. Now 540 there are no national standards for obtaining toxicological data 541 after motor vehicle crashes or impaired driving cases and we know that obtaining these toxicological samples and running tests on 542 543 them is very expensive and, as a result, a lot of municipalities 544 don't look after they ascertain that there is a presence of an 545 illegal blood alcohol concentration, so we think that we are 546 undercounting these things perhaps significantly.

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547 My third foundational point is that increasingly people are 548 driving after having used more than one substance. We know this 549 from toxicological evidence from people who have died in crashes. 550 And the reason why this behavior is so lethal is that combining 551 drugs can lead to additive if not multiplicative effects on 552 impairment.

553 So continued investment in research initiatives to better 554 understand the scope of this problem as well as to better 555 understand how drugs impair driving is really essential to guide 556 not just resource allocation, but also to identify effective drug 557 driving countermeasures. And we fully support the proposed 558 legislation to authorize NHTSA to study this issue further.

559 Drug impaired driving is different and more complex than 560 alcohol impaired driving and so a lot of the strategies that have 561 been used in alcohol impaired driving can be applied to this. 562 There is going to be some specific policy approaches that need 563 to be used specifically for this. So a comprehensive approach 564 that includes public education, policy and enforcement

565 initiatives is outlined in my written testimony, but we fully 566 support the impaired driving legislation introduced this week 567 to authorize NHTSA funding for grants and pilot programs into 568 drug impaired driving prevention efforts.

569 So, in addition, the other things that are worth considering 570 include supporting the creation of a national minimum standard

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571 for toxicological investigations in motor vehicle crashes and 572 drug impaired driving cases; allocating additional highway safety funds to improve state labs; monitoring NHTSA's progress in 573 574 creating large-scale education efforts and then allocating funds 575 appropriately to expand the efforts that are deemed effective; 576 using screening and assessment in all cases of impaired driving so individual risk treatment needs can be identified; researching 577 578 the effects of drugs on driver impairment and expanding the 579 implementation of accountability in DWI courts for high risk 580 offenders; and, lastly, requiring the use of interlocks for all 581 DUI offenders.

In conclusion, this is going to take a comprehensive approach that is going to require that we break down some of the silos that typically exist between the state and the federal levels and building broader coalitions than we have ever had before so that we can reduce recidivism and save lives. Thank you very much.

588[The prepared statement of Dr. Nordstrom follows:]589

590 ******** INSERT 2*********

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591 Ms. Schakowsky. Thank you.

592 And now let me ask Ms. Chase to take 5 minutes and give her 593 statement.

594

595 STATEMENT OF CATHY CHASE

596

597 Ms. Chase. Good morning, Chairwoman Schakowsky, Ranking 598 Member McMorris Rodgers, and members of the subcommittee. I am 599 Cathy Chase, president of Advocates for Highway and Auto Safety. 600 Celebrating our 30th anniversary this year, Advocates is a unique 601 and successful coalition of insurers, consumers, public health 602 and safety groups dedicated to preventing motor vehicle crashes 603 which are responsible for approximately 100 deaths and 7,500 604 injuries each day, on average.

Thank you for convening this important hearing to address issues that will protect and keep families whole. Steps can and must be taken to protect children from tragic heatstroke incidents in cars, to curb the dangers associated with keyless ignition systems, and to reduce impaired driving. We are here today because people are not infallible. We are, however, inventive. There are current, proven solutions to these issues.

Tragically, the problem of hot cars has taken the lives of at least 21 children this year, including 12 children during the short time since this subcommittee held a hearing on this issue

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615 in May. Moreover, we are in the dog days of summer and most of 616 the country just experienced a major heat wave punctuating the 617 need for swift action.

618 Neuroscience experts have explained that common circumstances such as stress, fatigue, or change in routine can 619 620 all lead to this serious and deadly outcome. Technology is 621 available now that can detect the presence of a child in a vehicle 622 and alert drivers and caregivers. The ability of the system to 623 detect is a critical component, especially since on average over 624 25 percent of vehicular heatstroke deaths happen as a result of 625 the child getting into the car on their own. I would like 626 to now show a brief video to highlight this feature from just 627 a couple companies. I have been told that the audio might not 628 work, but I still think it is important that you see that the 629 technology is in existence.

630

631 [Video.]

632

633 So, here, the detection system is in the roof Ms. Chase. -- you can't see it -- and the alarm system was going off. 634 Ιf 635 you could hear this it is quite loud and there are multiple 636 components. There is an audio, a visual, and also an app. In 637 this instance, the child is getting into the car unbeknownst to The dad gets out. There is the visual. 638 the parents. And now

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639 what you can't hear is a very loud honking noise because the car 640 detected that the child was hiding in the car.

641 As you can see from the clips, lives can be saved now using 642 technology on the market today which, according to suppliers, 643 costs approximately twenty to forty dollars. And the cost will 644 go down even further once it becomes standard equipment as we 645 have experienced with other safety technologies like rearview 646 We commend Chairwoman Schakowsky along with cameras and airbags. 647 Representatives Tim Ryan and Peter King for introducing the Hot 648 Cars Act, and call on Congress to swiftly enact it.

649 Secondly, the invention of keyless ignition systems, also known as push button starts, has resulted in unintended deadly 650 651 This feature is now standard in nearly two-thirds consequences. 652 of vehicles sold, up from just over ten percent in 2008. Without 653 needing to turn and remove a key to disengage the vehicle, drivers 654 can park their car in the garage, exit the car, and go inside their home with their key in hand or handbag, all the while 655 656 thinking they have turned the car off. This scenario can lead 657 to a fatal level of carbon monoxide being emitted from the parked, running car. 658

659 Stories like this continue to devastate families across the 660 country including Susan who bravely recounted the recent deaths 661 of her parents. The PARK IT Act will require new cars with keyless 662 ignitions to have an automatic shutoff before carbon monoxide

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663 can accumulate to a dangerous level. Additionally, the 664 legislation would help prevent vehicle roll-aways which happen when a driver exits the car while it is still in gear. 665 These 666 incidents can lead to a driver being struck by their own vehicle or the car continuing unabated, potentially striking objects or 667 668 people in its path. We applaud the leadership of the chairwoman 669 and other co-sponsors in introducing the PARK IT Act, and urge 670 Congress to enact it.

Thirdly, impaired driving continues to kill more than 10,000 people every year. My written testimony includes a number of actions Congress should take including getting passive sensor technology such as DADSS into cars, incentivizing states to lower their BAC laws and enact all offender ignition interlock laws, and providing funds to accelerate research, training, and solutions to the growing problem of drug impaired driving.

In conclusion, these remedies address a few of the 678 fallibilities of humans. Some claim that driverless cars will 679 680 be the panacea and we hope they are correct. However, when this 681 subcommittee decides to consider driverless car legislation, we urge you to require safeguards including minimum performance 682 683 standards for technologies to protect those in AVs and everyone 684 Proven technologies in addition to the ones being around them. 685 discussed today such as automatic emergency braking, blindspot 686 detection, and lane departure warning should be in all new cars

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- now. They will both pave the way toward AVs and save lives along
- 688 the way. Advocates looks forward to continuing to work with
- the subcommittee to make cars, drivers, and roads in America
- 690 safer. Thank you so much.
- [The prepared statement of Ms. Chase follows:]
- 692
- 693 ********INSERT 3********

Ms. Schakowsky. I thank the excellent testimony of all our witnesses. So we have concluded the opening statements and now we will move to member questions. Each member will have 5 minutes to ask questions of our witnesses, and I will start by recognizing myself.

So one death may be an anomaly, but over three dozen documented deaths prove that keyless ignition systems can be deadly and dangerous, and without appropriate safeguards in place anyone with a keyless ignition vehicle could be in danger. So, Ms. Livingston, you yourself have accidentally left your keyless ignition vehicle running -- I have done it as well -- for 9 hours while you were at work; is that right?

So what I wanted to ask you though is if you could explain how easy it is for a distracted driver to inadvertently leave keys in the ignition and the car running.

709 Ms. Livingston. Yes, so in my case I have had it happen 710 three times. And I dropped my car off at Wonderland T Station 711 to go into Boston and parked my car at Lucky's, an outdoor garage, 712 but my radio continued running. I listen to Bloomberg on the way to work and the radio was going. I grabbed my bag. 713 I stepped 714 out. There is quite a bit of traffic by the way as well so you 715 can't hear the engine.

716 I locked the car, and there is absolutely no indication, 717 went into work, and when I came back to the car I got in and I

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718 looked at the dashboard and I thought, wait a minute. I think 719 my car is running. And I just felt really lucky I didn't run 720 out of gas. And I have heard so many stories now since this 721 happened to my parents of other people who came and their car 722 had run out of gas.

One time I did the old valet trick where I valeted the car 723 724 at the United Way Women's Breakfast in Boston and they took the 725 car. I had the key fob in my purse. Went to the breakfast and 726 I came out to the valet and waited and waited, and all these people 727 I was like, I have another meeting, where is my were leaving. 728 And they said, "Oh, you never gave us the key fob." So again, car? 729 this has happened.

And I had a friend who they rented a car and he drove the car up and his son took the rental car from here, from D.C. up to New York, and his son got to New York and realized his dad still had the key in his pocket. So these are things that happen that are inconvenient and annoying, but usually not fatal. And I would suggest this happens a lot.

Now when there are two-thirds of new vehicles all have this
keyless technology we really do need better systems and GM and
Ford have embraced it.

Ms. Schakowsky. Thirty-six deaths that we have documented.
There may be more that we don't know about.

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741 Ms. Livingston. There are many more, I am sure.

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Ms. Schakowsky. Exactly. Mistakes obviously should not cost lives. Ms. Livingston, should technologies that automatically shut off a keyless ignition vehicle if the engine

745 has idled for a dangerous period of time be required in all cars 746 and do you support the PARK IT Act?

747 Ms. Livingston. Yes, I support the act. And I have noted that if the car had run just 30 minutes and turned off, my parents 748 749 would still be alive. I rented a GM down in Sarasota when I was 750 cleaning out the condo, which is not an easy job to do, and it 751 was so hot. It was 103 degrees, so I understand people saying, 752 "Oh, I want to leave the a/c on." I had to grab papers to 753 go to the lawyer and I walked out of the car and the horn honked. 754 I mean that was a really great reminder that I had the key. 755 I intentionally was just running into the condo and back. I think

these things are so easy to install, I can't get my head around

757 why the other car manufacturers have just ignored it.

758 Ms. Schakowsky. Thank you.

So I want to switch to a different topic right now. Twenty-one children have tragically died this year -- this is a record -- inside a hot car. A majority of these tragic deaths are accidents, distracted parents merely going about their busy lives accidentally leaving their children inside a rapidly

764 warming car.

765

So, Ms. Chase, the technologies exist today that can detect

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the presence of a child left in a car. We saw your video. Why is it important, so important, to adopt technologies that can detect -- I am talking about detection systems now -- the presence of a child, and why this is an element that is essential? Ms. Chase. Thank you for the question. It is so important

that there is a detection system. First of all, no parent or caregiver thinks that this will happen to them. Nobody wakes up in the morning and thinks they are either going to leave their child unintentionally or that a child will climb into a car, but it is happening.

And we have the technological solutions, especially as you mentioned, Madam Chairwoman, the detection system, because that can say there is somebody in this car, or a pet, and action needs to be taken. If there is just an alarm, that can be accomplished with different technologies such as door sequencing and it won't detect all of the children that are dying now. So we want the effective solution to take place and Hot Cars will do that.

783 Ms. Schakowsky. Thank you. Time flies, I yield back, and 784 now recognize the ranking member of the subcommittee, Mrs.

785 Rodgers.

786 Mrs. McMorris Rodgers. Thank you, Madam Chair.
787 Dr. Nordstrom, why is it important for NHTSA to study drug
788 impaired driving including the opioid impairment? Are there
789 holes in the data we have today that we could learn more about

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790 with a targeted study?

791 Dr. Nordstrom. Indeed. Thank you for the question.

First, there are holes in the data, I think, because that really 792 793 speaks to one of the fundamental challenges that we have. When 794 we think about the Fatality Analysis Reporting System, which looks 795 at drugs that might be present in somebody after a fatal car crash, 796 what we see is that the way that is it implemented is very different 797 And it is used in two percent of cases from state to state. 798 in some states, up to 96 percent in other states, so there is 799 not any uniformity to it. And then, furthermore, when the drugs 800 are actually looked for, different cutoffs are used as well and 801 so we get uneven reporting and so we are kind of constantly 802 comparing apples to oranges. It makes it really hard to know 803 the actual full extent of the problem.

804 The reason why it is very important is because there are 805 large educational holes that probably need to be filled. We know 806 that when it comes to people's beliefs about using different 807 medications or different recreational drugs, there is not any 808 really clear sense from the population, the using community, about what is safe and what isn't safe. And so we have to understand 809 the scope of the problem, so then we can actually target finding 810 811 out what kinds of countermeasures we need to do and then measure 812 them to see if they are working so we know how to allocate those 813 resources in the future.

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814 Mrs. McMorris Rodgers. Good. What do you think is the most 815 important aspect to be studying as far as the drug related impaired 816 driving?

Dr. Nordstrom. So I think that there are a number of things that are really important and I think that a big one is looking at the prevalence of things. And so, looking at doing things like oral fluid analysis where -- and expanding opportunities to do that like is being done in Michigan, I think, would be very, very important so that we can understand what is happening on the roads.

And then that also leads to, I think, the next thing that is really important which is a very, very good assessment and screening for everybody who is found to be driving while impaired, so that we can understand what their treatment needs are and what their supervision needs are so that we can individualize plans so that we know that we are targeting the underlying causes of very lethal criminal behavior.

Mrs. McMorris Rodgers. Great, I appreciate that. Would you share with the committee what polydrug use is and what risk it poses to the public? Is this an issue that NHTSA should focus on during the study in our bill and if so, how would improving data on this issue help state and federal officials?

Dr. Nordstrom. Thank you, yes. So polydrug use is justthe use of more than one psychoactive substance at the same time.

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So that could be alcohol and marijuana which seems to be the most common combination that is being detected in the FARS data. But it could also be, you know, cocaine or methamphetamine and alcohol or it could be opioids and marijuana. It could be lots of different things.

And the reason why that is very important is again those substances are going to interact in the brain and create kind of unpredictable at this point effects on driving. We know that sometimes it is a one plus one equals two, and so people have, smoke a little bit and do some opioids, and sometimes it is actually multiplicative, and so you will get a one plus one equals like a three kind of effect out of it.

And so this is the sorts of things that we need to understand better in terms of how these drugs affect people and then we also have to be able to communicate that to the public so that they know what is safe.

Mrs. McMorris Rodgers. One last question. Based on your experience with impaired driving, do you believe it is important to treat drug impaired driving as seriously as driving under the influence of alcohol?

Dr. Nordstrom. Well, I certainly think it is every bit as lethal. Now we know that drunk driving is still far more prevalent of behavior, but as people's drug use patterns change over time, we are going to see those changes in our statistics

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862 as well. And it is every bit as lethal, so it deserves as much 863 attention.

864 Mrs. McMorris Rodgers. Okay, thank you very much. I yield 865 back.

Ms. Schakowsky. Thank you. I do want to acknowledge in the audience today we have Helen Witty who is the head of MADD, Mothers Against Drunk Driving, who for decades has been helping to make our roads safer.

870 And now I recognize Chairman Pallone for 5 minutes of 871 questioning.

The Chairman. Thank you, Madam Chair.

873 Consumers have an expectation that safety is ingrained in 874 every component of their car, even features like keyless ignition 875 systems. But I wanted to start out by asking Ms. Livingston, 876 were you or your parents aware of the potential dangers posed by keyless ignition vehicles, and even if your parents were 877 878 notified of the potential dangers do you believe that that 879 awareness alone would have saved their lives, if I can ask? 880 Ms. Livingston. They were not aware as far as I know, No. And in fact, Sherry purchased this particular car 881 nor was I. 882 based on its safety features. So the keyless ignition has been 883 marketed and sold as a convenience without any real notification 884 of the potential dangers. I think education does help, but as 885 Ms. Chase suggested humans make mistakes, and I still think with

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886 a very inexpensive technology we really could protect people and 887 save lives.

888 The Chairman. Well, thank you. I am not even sure I 889 understand how it is a convenience, but whatever, thank you. 890 Ms. Livingston. Me neither. It wasn't that hard to turn

891 a key.

892 The Chairman. I know.

893 Ms. Livingston. Do you agree? Okay.

The Chairman. I agree. Ford and General Motors have installed technologies automatically shutting off the engine of a keyless ignition vehicle if it has idled for an unsafe period of time, and Toyota has pledged to do the same with its 2020-year model vehicles.

So I wanted to ask Ms. Chase, with industry beginning to adopt some of these safety features, why do you think it is still important to have a robust federal standard on the books? We always ask the question do we need to do this.

Ms. Chase. We need to do this. And we need to do it because these are voluntary measures and there is no requirement without a federal mandate that this technology that has been proven to save lives be in all cars. It is also not happening quickly enough. With every passing day we are endangering people throughout this country unnecessarily, when there is proven

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909 technology that can be saving lives.

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910 The Chairman. Thank you. And vehicle roll-aways are 911 another hidden danger tied to keyless ignition systems. With 912 a traditional ignition system, a driver is unable to physically 913 remove the key from the ignition until the vehicle is in park. But with keyless ignition systems, drivers are reporting that 914 915 they can shut off and leave the vehicle with the car still in 916 qear.

917 So let me again, Ms. Chase, what safeguards can be deployed 918 to prevent these sorts of issues with that?

919 Ms. Chase. And I am sorry, Mr. Chairman. Are you talking 920 about the roll-away issue?

921 The Chairman. Yeah, the roll-away.

922 Ms. Chase. So the PARK IT Act would solve this problem.

923 There are five conditions that if a car isn't in park, if the

door is open, if the driver is out, then the car will be stopped.

925 And this is essential legislation that should be passed

926 expeditiously, and that is a really hard thing to say.

927 But we really thank you for your leadership. And when we 928 know that people are dying when there is a solution at hand, it 929 is all the more tragic, so let's get this technology into cars. 930 We urge Congress to take immediate action on the PARK IT Act 931 as well as the Hot Cars Act to stop these preventable fatalities. 932 The Chairman. Again, thank you, because I think we really 933 should spare no expense to protect our nation's kids.

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934 Ms. Chase, again, how expensive is the technology used to 935 detect the presence of a child in a vehicle and alert the driver 936 or parent?

Ms. Chase. I have spoken with a few of the suppliers and
I have heard that it can range from twenty to forty dollars.
But the key of that is once they are required as standard
equipment, we all know that the price significantly goes down.
So that is why this legislation is so essential, to get it as
standard equipment into all cars.

943 The Chairman. Now we know that during our May hearing, Mr. 944 Harrison shared the heartbreaking story of the death of his son, 945 Chase, who tragically died after being accidentally left in a 946 So let me go back to Ms. Chase. Do you believe that hot car. Mr. Harrison or any of the hundreds of other parents who have 947 948 lost a child to vehicular heatstroke would have been willing to 949 pay for these technologies?

950 Ms. Chase. Absolutely. Miles's story is heartwrenching. 951 We worked very closely with him and KidsandCars. org, and all 952 of the incredibly brave families that come up to Congress who have been coming for years and talk about the worst thing that 953 954 has ever happened to them and their families over and over again. 955 It is time for this technology to be put in all cars now. 956 The Chairman. Just let me ask one more question. Do you

957 believe that child detection technologies are sophisticated

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958 enough to accurately and reliably detect the presence of a child 959 in the vehicle?

I do believe that. And in fact, we are working 960 Ms. Chase. 961 on holding another demonstration so that all members of Congress and members of the public can come see how this technology works. 962 963 We had one a couple months ago and we are going to keep showing 964 this technology which gets better and better over time. But we 965 believe that it is there now. And we also know that the rulemaking 966 process takes some time, so then what that period of time, 967 technology will continue to evolve. When we are talking in the 968 same breath about driverless cars, certainly we can get a 969 detection system into cars.

970 The Chairman. Thank you. Thank you, Madam Chair.

971 Ms. Schakowsky. I now recognize Mr. Latta for 5 minutes972 for his questions.

973 Well, thank you, Madam Chair. And thank you Mr. Latta. 974 very much for our witnesses for being with us in today's hearing. 975 Dr. Nordstrom, in your testimony you spoke about the need 976 to implement a comprehensive approach that includes innovative solutions to eliminate impaired driving. Two of the bills that 977 978 we are discussing today aim to improve motor vehicle safety and 979 prevent impaired driving. In addition to these proposals, I 980 believe we should also be examining and encouraging the deployment 981 of self-driving technologies which have the potential to save

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982 tens of thousands of lives that are lost every year to impaired 983 driving. Over ten thousand people lost their lives in 2017 in 984 alcohol impaired driving crashes.

We have also seen a significant increase in the number of American drivers killed in vehicle crashes which drugs were detected. According to the Governors Highway Safety Association in 2016, the number of drivers who were fatally injured in accidents with drugs in their systems surpassed the number of those with alcohol in their system for the first time ever.

991 Ninety-four percent of the accidents are attributed to human 992 error including through impaired driving. These statistics are 993 staggering and show that we must work together to prevent more 994 tragedies. And that is why last Congress I introduced the SELF DRIVE Act which would have clarified the federal and state rules 995 996 in regulating the self-driving vehicles, ensured consumer safety, 997 reduced traffic related fatalities and injuries, and improve mobility for individuals with disabilities. 998

999 This legislation also included legislation from a previous 1000 version of our chair, Chair Schakowsky's legislation to prevent 1001 the tragedies we heard about today when a child is left in a hot 1002 car. The SELF DRIVE Act passed unanimously out of this committee 1003 and on the floor, and I hope that we and our Democrat colleagues 1004 will continue to work with me to make this a priority again.

1005 Self-driving cars are our future and without congressional

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1006 action the U.S. will be at a competitive disadvantage and

Americans will lose out in its lifesaving benefits. We have this opportunity to work towards ending senseless deaths on our roads by making investments in our vehicle technology.

1010 So, Dr. Nordstrom, have you considered the self-driving 1011 vehicles as a component of the comprehensive approach to

1012 addressing impaired driving?

Dr. Nordstrom. So thank you for the question. I think you are absolutely right. I think that there is a lot that will be gained when we get there and I think that it is, you know, that could be a massive boon for saving thousands of lives on American roadways. The challenge is it is going to take a while to get there.

And so, in the meantime, you know, I am very heartened to see the time and attention this committee is putting into all of the incremental steps between now and when we finally get to where you are describing so that we can save as many lives as possible in the interim.

1024 Mr. Latta. Okay, so I just want to make sure. So in your 1025 studies right now you haven't been taking in the thought of 1026 driverless technologies, or you have been considering it as you

1027 are doing the research?

1028Dr. Nordstrom. Well, I think that, you know, we see that1029as something that is pretty far in the future for us, and

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especially when you think about the way that the fleet is going to turn over for the -- that when we think about this and how we are going to sort of allocate our efforts, we are concerned about the nearer term.

1034 So even though I completely agree with you that that is 1035 ultimately something that I think is going to be perhaps even 1036 sort of solving the problem definitely, until we get there, we 1037 have to be doing these other things.

Mr. Latta. Okay. If I could just follow up with another question. You focused on increasing dangers of drivers being impaired by opioids across the country, and especially in my home state of Ohio the opioid and drug addiction crisis has devastated our communities. And you pointed out that the government, especially the FDA, can do more to increase awareness of the safety

1044 risks of driving while impaired by opioids.

1045 What are some of the ways that the FDA can do this and how 1046 can the federal government, in general, help to improve the 1047 understanding of opioid impaired driving?

Dr. Nordstrom. So it is a great question and I think that ultimately one of the things that we really need to do is have much better efforts at educating physicians on how to talk to patients about risk when they are prescribing and also to talk with pharmacists about how to talk about risks when they are dispensing to people.

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I can tell you from having been in clinical practice for years, the number of patients who would express surprise when would tell them, "Do not drive after you start taking this medication until you know exactly how it affects you and it is going to take several days for you to know that," they would say, "Well, nobody has ever told me that before."

And it is the kind of thing that we really need to be pushing so that people understand what these risks are, because I think that there is a lot of this that people just kind of assume that if their doctor or pharmacist isn't saying something or if they are just putting a little sticker on the bottle it must not be that serious, and it really is. So I think we need to be doing more in terms of educating.

1067 Mr. Latta. Well, thank you very much.

1068 Madam Chair, my time has expired and I yield back.

1069 Ms. Schakowsky. The gentleman yields back. I now

1070 recognize Congresswoman Dingell for 5 minutes for questions.

1071 Mrs. Dingell. Thank you, Madam Chair.

As I mentioned, this week I will be introducing a bill that calls for commercializing and standardizing a passive alcohol detection system. This technology needs to be the standard in all new vehicles and it will save 7,000 to 10,000 lives every year. It also calls for a significant field test and a reasonable

1077 rulemaking process leading towards making driver-impaired

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1078 technology a federal standard. I hope my colleagues can join 1079 me in supporting this measure and I ask the chairwoman if she 1080 would consider another hearing in September when the legislation 1081 is introduced.

1082 Ms. Schakowsky. Yes.

1083 Mrs. Dingell. Thank you, Madam Chair.

I am a car girl, everybody knows that. And I believe the U.S. auto industry is home to some of the best and the brightest engineers in the world. They have solved complex problems and they are working on new and amazing safety features all the time, and we all agree that we need to see some of them put on the vehicles themselves.

You know, Frank asked, do we need regulation -- well, unfortunately, sometimes we do, and here is an example of when we do. It is just when it comes to advancing technology in vehicles that will prevent those who drink and drive, like the driver alcohol detection system for safety, we have got to get it done faster, because if the technology was in use today, the Abbas Stop Drunk Driving Act and legislation wouldn't be

1097 necessary.

1098 So I want to first ask a couple of questions on DADSS because 1099 we have been hearing about this program for so long, before I 1100 ever got to Congress, to tell you the truth. And while we know 1101 there is room for improvement, we really need to get this

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1102 technology tested at scale in front of consumers so we can start 1103 saving lives.

Dr. Nordstrom, these questions are for you. Do you have an estimate on how many vehicles the DADSS program currently is

- 1106 being tested on?
- 1107 Dr. Nordstrom. I don't know right off the top of my head.
- 1108 Mrs. Dingell. Can you get that for the record, please?
- 1109 Dr. Nordstrom. Yes.

1110 Mrs. Dingell. And in your opinion, what is needed to finally

1111 -- it is not a lot though, is it?

1112 Dr. Nordstrom. No, ma'am.

1113 Mrs. Dingell. It is like a minimal. But could you, just 1114 so that -- I know what it is, but can you give other people a 1115 sense about of how many vehicles it is really being tested on?

1116 Dr. Nordstrom. I think it is just a handful, ma'am.

1117 Mrs. Dingell. Right, thank you. And in your opinion, what 1118 is needed to finally move this technology from the lab and that 1119 limited field testing to something that can be placed in vehicles

1120 and fleet-tested on a larger scale?

1121 Dr. Nordstrom. Well, from my understanding it is additional 1122 money in order to get the technology to finish the development 1123 of it and to start putting it into vehicles.

1124 Mrs. Dingell. It is only money?

1125 Dr. Nordstrom. Well, money and time.

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1126 Mrs. Dingell. Do you think this technology -- I shouldn't 1127 say only money. Money does matter. Do you think this technology

1128 would be ready for a fleet test of 1,500 cars by 2020?

1129 Dr. Nordstrom. Yes, I am being told by the end of 2020 we 1130 could expect that.

1131 Mrs. Dingell. Okay. I want to change my focus and ask a 1132 few questions about mandatory first offender interlocks. In 1133 states that have mandatory first offender interlock laws, have 1134 you seen a reduced number of alcohol related fatalities?

1135 Dr. Nordstrom. Yes, ma'am.

1136 Mrs. Dingell. Do you have a sense for the cause of the 1137 resistance from states that haven't implemented that mandatory 1138 first offender law?

Dr. Nordstrom. So from my conversations with people, you know, the things that we kind of hear about are that there is very frequently difficulties, especially in states that are fairly rural that getting people to places where they can get those interlocks installed is difficult. And then the other thing that we frequently hear is difficulty getting them put in for indigent people.

1146 Mrs. Dingell. Okay. And one last one, Dr. Nordstrom. If 1147 a police officer is out on patrol and sees someone swerving all 1148 over the road, they hopefully will pull that person over, because 1149 from the outside the car impaired driving tends to look the same.

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1150 It could be a sleepy driver. They could be drunk, high -- I

1151 share my colleagues' concerns about marijuana -- texting

1152 distract, or any combination of these.

Do you think that law enforcement is generally in need of

1154 more resources for enforcement of impaired driving?

1155 Dr. Nordstrom. Yes, ma'am. I definitely do.

1156 Mrs. Dingell. Thank you.

Madam Chair, thanks for holding this hearing again and I hope we are going to stay very focused on this issue, and I yield back.

1160 Ms. Schakowsky. The gentlelady yields back, and Mr.

1161 Guthrie, I think, is next. Am I right? Yes.

1162 Mr. Guthrie, you are recognized for 5 minutes.

1163 Mr. Guthrie. Thank you, Madam Chair. I appreciate the 1164 opportunity and thanks for having this hearing.

Thanks for being here and sharing your story and thanks for being here and sharing your expertise and your advocacy. One of my big concerns -- and I am really glad we are pursuing the technology that affected your family, Ms. Livingston, but also one of the concerns that I have had is impaired driving,

1170 particularly as some states are making the decision to allow

1171 people to use marijuana. And I think that encourages young people

1172 to say it is okay, you know, I mean that for some reason it is,

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and that is just my belief.

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And so, the question I hear from law enforcement people, just the difference is that when you see impaired driving, the difference is you can do a blood test, a sobriety test with alcohol that you really can't do with marijuana. And so as more people are doing it, because it is being -- the word not encouraged, but saying it is okay, by the state saying it is okay to do, then more people are doing it.

So, Dr. Nordstrom, just the differences between drunk driving and, or just impaired driving, one by alcohol and one by, I will just say marijuana, I know there are other people and have other -- and how -- I know there is a study underway from NHTSA to try to differentiate and how you can test for that in the field test. Could you explain what is going on and how we could explore further?

Dr. Nordstrom. So the challenge with alcohol versus cannabis, you know, it is that alcohol is very, very well studied at this point. It follows a pretty clear dose response curve that when people drink a certain amount of standard drinks their blood level will rise a predictable amount.

Alcohol metabolism follows something called zero order kinetics, which means that a very predictable amount is removed over time and it is just a much more sort of knowable field. When it comes to cannabis and THC, which is the psychoactive component in cannabis, that dose response curve is much trickier

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1198 to estimate.

1199 That the thing that is also difficult is the amount of THC 1200 in any given product varies wildly. The root of administration 1201 changes, whereas all alcohol is basically swallowed. Sometimes 1202 people are smoking, sometimes people are swallowing and, you know, 1203 orally ingesting cannabis products, so it is very, very hard to 1204 know when the levels are going to rise, and then the metabolism 1205 is different.

1206 The other thing that is different is in alcohol we know that 1207 a certain blood level corresponds to a certain level of 1208 impairment. We don't have that same clear predictability when 1209 it comes to blood levels --

1210 Because you still have THC in your system but Mr. Guthrie. 1211 not be impaired, right, because it lingers in your system longer? 1212 So, well, THC itself will -- it is always Dr. Nordstrom. 1213 going to be intoxicating, that is psychoactive and one of the 1214 first metabolites. So one of the first breakdown steps in THC 1215 is still active, eventually you get to an inactive form and that 1216 inactive form stays around much longer than the active forms do. 1217 Mr. Guthrie. So you know when the active and inactive, and active is what is intoxicating. 1218

1219 Dr. Nordstrom. So that is what is important.

1220 Mr. Guthrie. It is impairment --

1221 Dr. Nordstrom. For our purposes that is what is important

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1222 to measure for impairment.

1230

1223 Mr. Guthrie. What is the field test, field sobriety, 1224 because if a police officer suspects alcohol or smells it or 1225 whatever, they can do a field test to see if they are impaired, 1226 then they go to the more -- tests, if you are going to do something 1227 in court, I am sure you have to go further than that.

1228 Does the field tests -- can you tell an impaired driver with 1229 cannabis as you can with --

Well, to Congresswoman Dingell's point, Dr. Nordstrom. 1231 when somebody is weaving around the road that is the first 1232 indication. When they pull them over and they are acting impaired 1233 but they don't smell alcohol, they do a portable breath test and 1234 it is negative, then this is where it gets tricky. If they are 1235 not a specifically trained drug recognition expert, they might

1236 not know necessarily what to look for.

1237 Mr. Guthrie. So the walking heel-to-toe, touching your 1238 nose, with your eyes, because that kind of stuff wouldn't be the 1239 same effect as alcohol?

1240 They could do those field sobriety tests Dr. Nordstrom. 1241 and say, "Yeah, this person is impaired," but not be able to detect 1242 alcohol. So they will say, "Well, something is up," and that 1243 is where the oral fluid testing can be very useful. For somebody 1244 who hasn't gone through all the rigorous training to become a 1245 drug recognition expert they could at least test oral fluid and

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1246 then say, "Okay, this person does have THC or its active metabolite 1247 present in their system," and then you can start building probable 1248 cause for building a more kind of comprehensive that the person 1249 is driving under the influence of cannabis.

1250 Mr. Guthrie. And I am sure that is inconsistent across 1251 police jurisdictions about how that is applied or not applied?

Dr. Nordstrom. Yes, sir. Yes. There is not a standard approach. It is not -- that oral fluid testing has not really been built into standard operating procedure anywhere in the United States as far as I know.

1256 Mr. Guthrie. Because there is no jurisdiction that does 1257 it now?

1258 Dr. Nordstrom. Not as part of SOP, sir.

1259 Mr. Guthrie. Okay.

1260 Dr. Nordstrom. But it has been done in, I believe, Canada 1261 and Australia. There is precedent.

1262 Mr. Guthrie. Okay, so there are some places that we could 1263 study to see how it works and how it moves forward.

1264 Dr. Nordstrom. Yes, sir.

1265 Mr. Guthrie. Well, thanks for that. And I know it is very

1266 concerning, and thanks for all of you for being here today. I

1267 appreciate it very much, and I yield back.

1268 Dr. Nordstrom. Thank you, sir.

1269 Ms. Schakowsky. The gentleman yields back, and now I

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1270 recognize Mr. Soto for 5 minutes.

1271 Mr. Soto. Thank you, Madam Chairwoman.

You know, as technology increases in vehicles, we in Congress have to keep up with those changes. And while it is so exciting to have vehicles that are keyless and others that turn off and on for energy efficiency and others that will be plugged in, this committee's work is going to have to continue to make sure that we are doing the things we do to keep people safe.

1278 And we hear every week different issues that we have to work 1279 on, and I am really proud to be part of a lot of these bills to 1280 help increase vehicle safety, particularly joining our

chairwoman, Seth Moulton, and Congressman Kennedy, as well as
Congressman Moulton and dealing with issues in the PARK IT Act
of the risks of keyless ignition technology.

I wanted to first start by asking Ms. Livingston, how important is this bill to protect our seniors, to protect our children, and other vulnerable populations?

Ms. Livingston. Thank you for the question. I think it is essential. I can't believe keyless ignition has been around for over 10 years and we don't have a regulation. The auto industry sometimes represents, "Oh, we will do it on our own voluntarily," has not happened. We need the legislation as soon

as possible.

1293

Two more people have died since my parents died in May and **NEAL R. GROSS**

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1294 it is not just elders. There was a young 20-year-old woman who 1295 died and, sadly, her fiancee survived. Sometimes it is worse 1296 to survive carbon monoxide. But we definitely need a law. NHTSA 1297 is looking for leadership from Congress on this.

1298 Mr. Soto. Do you think most consumers are aware right now 1299 of the dangers of a car remaining on in a keyless ignition 1300 scenario?

1301 Ms. Livingston. I don't think so. I don't think my parents 1302 I know I wasn't really aware of it other than the fact knew. 1303 that I had left my car a few times when it was still running and 1304 I couldn't hear it. And I think this -- so a little confusion on terminology, but the auto-stop to save gas, as you mentioned, 1305 1306 a number of cars when you get to a red light, the car engine stops, 1307 so people think that the engine is off.

I think very few people are aware and a number of people after the story came out on my parents mentioned to me that they had never heard of it, and then more and more stories come out. We need to do something to protect consumers.

Mr. Soto. Thank you for that. And it is part of the initial theme which is, you know, all these things are progressing, but it is the federal government's responsibility with these types of progress that are in interstate commerce to make sure they are safe. People assume we are doing our jobs and today this is part of that. Ms. Chase, how important is the Hot Car

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1318 technology, and a similar question, are people aware that this 1319 threat is out there, in your opinion?

Ms. Chase. The Hot Car technology is essential because with every passing day and it is hot outside, and by the way this still happens when it is not so hot out. It can happen when it is 60 degrees outside. Children are at risk and we have a proven solution that there is a detection system and alarm system. There is no reason why this shouldn't be in all cars today.

1326 Mr. Soto. And do you think people are aware of this risk, 1327 particularly if it is 60 degrees out, who would really think that 1328 that could be a risk?

Ms. Chase. You know, I think there is some awareness but not enough. And nobody wakes up and thinks, oh, I might leave my child in the car today. And this happens especially when there is a change in routine where Mom is usually the one who drops off the child at daycare, but Mom is out of town on a business trip so Dad is doing it today.

And say Dad is driving to work -- we all kind of go on auto pilot in a sense, and you start thinking about something at work or you get a call which you shouldn't answer, but people do, and then you get distracted and you forget there is a sleeping baby, rear-facing.

1340There is no indication, really, there is no sound, there1341is no movement. There is technology there that can solve this

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1342 problem. It is not the fault of the parents.

1343 Mr. Soto. Well, and I am glad you mentioned that because that is what I would like to end on. The fact that we have this 1344 1345 increasing technology to help with some of the new issues that 1346 other technology causes, it gives me hope that we are going to 1347 be able to resolve these issues and prevent the kind of tragedies 1348 that you all saw with your own eyes with your families. So thanks 1349 for being here today and thanks for your courage.

1350 Ms. Schakowsky. The gentleman yields back and I now1351 recognize Mr. Bucshon for 5 minutes.

1352 Thank you, Madam Chairwoman. I just had a Mr. Bucshon. 1353 hot car death in my district about a week and a half ago, 3 years 1354 old was apparently asleep. So this is -- it has been devastating 1355 for the family, but also for the community of Evansville, Indiana 1356 to realize that these things do happen. And the parent was a 1357 responsible parent, it just happens. So I am glad the committee is working towards addressing that particular issue. I think 1358 1359 it is important.

You were talking, Dr. Nordstrom, about THC and impairment. As you know, opioid abuse is out there, but also just using opioids for legitimate purposes. And you mentioned, I think, in your testimony that because of that rise that there is a huge opportunity for healthcare providers -- and I was a physician before I was in Congress -- healthcare practitioners to address

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1366 opioid impaired driving. Can you further expand on the 1367 opportunities available and how education plays a role and how 1368 physicians can help?

Dr. Nordstrom. Absolutely, and thank you for the question, sir. You know, I am sure as you remember from being in practice, very frequently you will see people whose medications get added to, they are seeing a number of different specialists and sometimes people aren't always thinking about medication interactions especially when it comes to sort of cumulative effects on alertness.

1376 Mr. Bucshon. Yeah.

Dr. Nordstrom. So I think one thing that is very important is to be making sure that we are educating physicians about not just kind of the pharmacodynamic interactions so how the drugs relate to each other chemically, but then the pharmacokinetic actions but also the pharmacodynamic interactions which --

1382 Mr. Bucshon. So it could be, I mean there could be some 1383 impairment with medications that are not opioid related, right? 1384 Dr. Nordstrom. Of course. Yes, sir.

1385 Mr. Bucshon. You could have a couple medications that cause 1386 reactions that would result in impaired driving that are not

1387 traditionally thought of as being causing impairment?

1388 Dr. Nordstrom. Absolutely, sir.

1389 Mr. Bucshon. So that is where pharmacies come into play

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1390 too, right?

Dr. Nordstrom. And this is where, yeah, that there has to be sort of levels of intervention here, where if the physician forgets or doesn't have the conversation that the pharmacist does. Because somebody is on an antihistamine that is sedating, you know, that is going to potentially affect their ability to drive,

1396 same as a benzodiazepine, the same as an opioid.

1397 Mr. Bucshon. Right.

Dr. Nordstrom. You know, and so I think that the physicians need to be thinking about this when they are doing informed consent with patients about medications. But the other part of it is that the doctors need to be thinking about when they are prescribing making sure that they are reviewing the whole of the med list and for the pharmacists to be doing the same thing as

1404

_ _

1405 Mr. Bucshon. Yeah, I have seen patients on 20 medicines 1406 before.

1407 Dr. Nordstrom. Exactly.

Mr. Bucshon. Honestly, it is pretty routine. And Buddy, who is a pharmacist, will tell you that is the case. So do we have, and you were talking about just THC, but do we have laboratory tests for drug, other non-THC drugs like opioids that can hold up in court as it relates to impairment?

1413 Dr. Nordstrom. Well, certainly we have --

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1414 Mr. Bucshon. Unless you have a zero tolerance. I mean if 1415 you have an opioid and the law is it is zero.

1416Dr. Nordstrom. And a zero tolerance. And there are per1417se standards for opioids in Nevada and Ohio, I believe, and I

1418 think those are the only two --

1419 Mr. Bucshon. But broadly we don't.

1420 Dr. Nordstrom. But broadly we really don't. And part of 1421 this is that there is not that same level of knowledge about what 1422 drug level in blood corresponds to --

1423 Mr. Bucshon. Yeah. But we do have pharmacokinetics.

1424 Probably to get FDA approval, you are going to have to show human

1425 pharmacokinetics for an opioid, right?

1426 Dr. Nordstrom. Sure. Absolutely, sir.

1427Mr. Bucshon. So I mean that may not necessarily have a1428direct correlation though with an impairment to a level which

1429 would make you dangerous.

1430 Dr. Nordstrom. Exactly. And I think that those --

1431 Mr. Bucshon. So how do we get to that? That is why this

1432 money is important, right? How do we get to that?

1433 Dr. Nordstrom. So I think part of it is doing those -- having

1434 those tests be done where they look at specifically driver

1435 impairment at different blood level --

1436 Mr. Bucshon. How did we do it with alcohol? Did we actually

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1437 have drivers and have them -- I mean initially, way back.

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- 1438 Dr. Nordstrom. There are standardized lab sort of
- 1439 experiments where you can be in a driving lab with lane excursion
- 1440 and things like that.
- 1441 Mr. Bucshon. That is what I am saying. Then you have people
- 1442 literally drink alcohol and --
- 1443 Dr. Nordstrom. Absolutely. The same methodology --
- 1444 Mr. Bucshon. -- measure their drug and test. So we don't
- 1445 do -- we haven't done that for opioids, really?
- 1446 Dr. Nordstrom. Well, I mean I don't think we --
- 1447 Mr. Bucshon. Or other drugs?
- 1448 Dr. Nordstrom. Not to the same extent that we have with
- 1449 alcohol where the blood level would --
- 1450 Mr. Bucshon. Correlate.
- 1451 Dr. Nordstrom. -- definitively correlate and hold up in
- 1452 court in such a way that it would meet standards.
- 1453 Mr. Bucshon. Yeah. Yeah, that is one of the things. And
- 1454 law enforcement are in a pretty stuff spot.
- 1455 Dr. Nordstrom. Absolutely.
- 1456 Mr. Bucshon. Because they, the field sobriety tests may
- 1457 or may not hold up. And the reason I say that I had a case in
- 1458 my district, again, where a 16-year-old girl was hit as a
- 1459 pedestrian and killed.
- 1460 Dr. Nordstrom. Oh, my god.
- 1461 Mr. Bucshon. And the driver in the field was obviously

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impaired, but the laboratory tests showed no alcohol, no opioids and was probably THC, but ultimately they are still trying to -- this was a couple years ago. They are still trying to prosecute that case. But there was a blood alcohol level of zero, no opioids, no benzos, but clearly failed the field sobriety test, probably on marijuana.

1468 Dr. Nordstrom. Oh, my lord.

1469 Mr. Bucshon. And they have not been able to adjudicate that 1470 case because there is no standard. So anyway, that does happen. 1471 I yield back.

1472 Ms. Schakowsky. The gentleman yields back and I recognize1473 Mr. McNerney for 5 minutes for his questions.

1474 Mr. McNerney. Well, I thank the chair and I thank the 1475 witnesses this morning, very illuminating testimony. And I want 1476 to thank the ranking member for inviting me to co-lead the Impaired 1477 Driving Study Act. I have thought a lot about this issue,

1478 actually.

1479 And I am going to sort of follow up on Mr. Bucshon. Mr. 1480 Nordstrom, can you envision a field impairment test that tests 1481 manual dexterity that can hold up in court?

Dr. Nordstrom. Yes, sir. I mean, I think that with the standard field sobriety test we can get to a point where the officer, especially if it is a drug recognition officer, can really correlate then what they are seeing in terms of a

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- 1486 performance decrement to a specific drug or a class of drugs.
- 1487 So I think we could get there.
- 1488 Mr. McNerney. And it would hold up in court?
- 1489 Dr. Nordstrom. Ideally, sir, yes.

1490 Mr. McNerney. Okay, thank you. How would NHTSA conducting 1491 such a study as proposed in our legislation, help us to reduce 1492 the number of casualties resulting from alcohol impaired and other 1493 impaired driving?

Dr. Nordstrom. Well, I think, sir, that if we have the opportunity to get people on their first offense and we can really identify what is going on, what they have been using and then come up with specific targeted plans for how to intervene to address the underlying causes of the behavior, then it could potentially correct the problem later on so that there aren't multiple reoffenses.

1501 Mr. McNerney. I mean it is my impression that reoffenses 1502 are really the dangerous incidents.

Dr. Nordstrom. That is, you know, the highest sort of risk are those people that have very high blood alcohol levels, you know, above 0.15. The multiple reoffenders and the polyusers, those people account for about 70 percent of the DUI deaths so that those really high-risk people are the ones that we need to

1508 be focusing on.

1509

Mr. McNerney. Well, thanks. What are some of the things

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1510 that would be helpful for NHTSA to examine in conducting the study? 1511 So I think that there are a number of things, Dr. Nordstrom. 1512 but I think really being able to get to the point where we can 1513 meet the sort of standards, like the Daubert standards for expert 1514 And so that is going to take a significant amount testimony. 1515 of kind of work to be able to correlate what we are seeing in 1516 terms of performance decrements so that when an expert goes into 1517 court and says that they have noticed that this is the, you know, 1518 what they have observed, that it can hold up to rigorous cross 1519 examination so that we can -- that the jury can have confidence 1520 that there actually was a deficit there.

1521 Mr. McNerney. So there is really opportunity for

1522 improvement in impaired driving?

1523 Dr. Nordstrom. Yes, sir.

1524 Mr. McNerney. Thank you. Thank you.

Ms. Chase, I am going to talk a little bit about cybersecurity issues with regard to all the safety. Today's cars really are computers on wheels and they can be hacked. There was an incident in 2015 where two white hat hackers, cyber commandeered a Jeep Grand Cherokee, and so that has caused some change in the rules. As cars become increasingly interconnected, are you concerned that cybersecurity could pose a threat to safety?

1532 Ms. Chase. We are absolutely concerned about hacking and 1533 threats to cars as they become more and more computerized and

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- 1534 there needs to be some federal action on this to protect both
- 1535 the people in the car and all of us who are surrounding, including
- 1536 pedestrians, bicyclists, and other road users.
- 1537 Mr. McNerney. But what steps are the automobile industry 1538 now taking to help prevent that?
- Ms. Chase. I can't speak to what the auto industry is doing right now, but what I can offer is that there should be some federal requirements that cars are not able to be hacked to the best of the ability of the intelligence that is available now.
- 1543 Mr. McNerney. So is NHTSA taking steps?

1544 Ms. Chase. Not to my understanding.

1545 Mr. McNerney. So then it is kind of up to Congress to do 1546 something?

1547 Ms. Chase. I would urge Congress to take steps to move this 1548 along. Mr. McNerney. Okay. I thank the witnesses and I yield 1549 back.

1550 Ms. Schakowsky. The gentleman yields back and now I

1551 recognize Mr. Carter for 5 minutes.

- 1552 Mr. Carter. Thank you, Madam Chair, and thank all of you 1553 for being here, very important information.
- 1554 Mr. Nordstrom, as Dr. Bucshon alluded to earlier, currently
- 1555 I am the only pharmacist serving in Congress. And this is
- 1556 extremely important to me particularly as it relates to
- 1557 medications and how they are impairing people, and particularly

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- when they are operating machinery, especially cars and trucks and that type of thing.
- Do you see this on the rise? Do you see a rise in the rate
- 1561 of drug impaired driving?

1562 Dr. Nordstrom. Yes, sir, absolutely. That, you know, the 1563 National Roadside Survey found that 22 percent of drivers tested

- 1564 positive for illegal prescription or over-the-counter
- 1565 medication.

1566 Mr. Carter. Now, illegal prescription, are these

1567 prescriptions --

1568 Dr. Nordstrom. Illegal, comma, prescription, comma, or 1569 over-the-counter medication.

1570 Mr. Carter. So they were prescribed to them?

1571 Dr. Nordstrom. Some of the time. Yes, sir.

1572 Mr. Carter. Okay. Well, okay. Let's just assume they

1573 were prescribed for them and they were taking them like they were

1574 supposed to be, but still they shouldn't have been behind the

1575 wheel and using these medications.

1576 Dr. Nordstrom. I mean absolutely that happens.

1577 Mr. Carter. Okay. And any idea of any factors that led

1578 to this increase or that have led to an increase? I mean --

1579 Dr. Nordstrom. You know, sir, I don't need to tell a

1580 pharmacist how much more medication is being consumed in this

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1582 Mr. Carter. Right.

Dr. Nordstrom. -- you know, I mean when it comes to opioids we know we are four percent of the world population and we consume about 80 percent of the world's opioids, right. More and more, people are taking medication and they are doing all kinds of things including driving, you know, and so there is certainly more of that happening.

1589 Mr. Carter. Outside of opioids and marijuana, any other 1590 particular medication, any other particular class of medications 1591 that you see?

Dr. Nordstrom. No, you know, I mean obviously when we are talking about medications, the other things that we would worry about are benzodiazepines and other sedative hypnotics. That could certainly impair judgment and performance.

1596 Mr. Carter. Let me ask you specifically about marijuana. 1597 In full disclosure, I am not a fan. I am absolutely, adamantly 1598 opposed to the recreational use of marijuana. Nevertheless, I 1599 understand there are states that have legalized it. Do you see 1600 an increase in impaired driving in those states?

Dr. Nordstrom. From the data that we have seen coming out of especially Washington has done a really incredible job tracking their data and it is one of the things that we would really encourage states to do is to look at Washington's example of measuring so that they can see --

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1606 Mr. Carter. So how are they measuring?

1607 So what Washington actually did is they went Dr. Nordstrom. 1608 back and they looked at blood samples from before they legalized 1609 for different crashes and cases so that they could see what 1610 happened pre and post. And, you know, they have seen an increase, 1611 and I think it is just very important that other states as they 1612 contemplate legalizing that they think about doing that kind of 1613 rigorous measurement, so that they can see what is happening after 1614 they make a change in policy so that they know then how they are 1615 going to respond.

Mr. Carter. Are there any tests out there? I mean, you know, we had a breathalyzer and we can test for alcohol. What about for marijuana? I mean are there any -- I am not familiar with it. Georgia is not, it is not legal yet in Georgia and I hope it won't be. But nevertheless, I am just not familiar with it.

Dr. Nordstrom. So there are oral fluid assays that can be done and there are portable oral fluid kits that can be done at the roadside that look specifically for THC and active THC metabolites. And that is about as -- apart from doing bloodwork and then GCMS, that is what we have got right now.

1627 Mr. Carter. Okay. I don't mean to be redundant, and I came 1628 in on the tail end of Dr. Bucshon's questions, but in your 1629 testimony, you mentioned there is a huge opportunity for

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1630 collaboration with healthcare practitioners and pharmacists on 1631 this issue. What do you see as the collaborative process and 1632 how can pharmacists play a role?

1633 Dr. Nordstrom. Well, I certainly think that the

1634 communication between physicians and pharmacists could always 1635 be better. You know, that as an addiction psychiatrist I have 1636 great relationships with our pharmacists, because frequently 1637 people would act one way in front of me and then when they are 1638 in a retail setting that they would act in a very different way 1639 and they forgot that there was a licensed healthcare professional 1640 who is still assessing them.

1641 So we would get very, very good information back from the 1642 pharmacists, and because we had them sign the HIPAA releases we 1643 could speak with pharmacists. And so, I mean I think that that 1644 kind of communication though needs to really happen between prescribers, so not just physicians but any prescriber and the 1645 1646 pharmacist on the dispensing end to make sure that if -- because 1647 if I made an oversight or an omission the pharmacist would catch 1648 it, would call me, and we made sure that the communication was 1649 tight.

1650 Mr. Carter. Great. Well, and, you know, just when I was 1651 still practicing pharmacy, you know, it was routine when I would 1652 dispense the medication I would tell them, "Look, this is going 1653 to make you drowsy. Be careful if you are driving." I mean that

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1654 was just routine of what we did for patient counseling.

1655 Dr. Nordstrom. And I think that is the kind of thing we 1656 need to be doing more of, sir.

1657 Mr. Carter. Right, okay. Well, thank you very much and1658 I yield back.

1659 Ms. Schakowsky. I now recognize Congresswoman Castor for 1660 5 minutes.

Ms. Castor. Well, thank you, Madam Chair, for calling this hearing on how we make our cars safer, and I want to thank the witnesses for sharing your expert points of view. And, Ms. Livingston, thank you for sharing your very personal story of your wonderful parents. I am sorry.

You know, automobile defects were identified over 10 years ago; 10 years ago the Society of Automotive Engineers identified the dangers posed by keyless ignition systems; 2 years later NHTSA proposed a rule that would require automobiles to provide supplementary warnings when a driver inadvertently left a keyless ignition vehicle running; and yet 8 years later, now there is

1672 still no final rule.

1673 The result has been at least 21 documented cases of people 1674 dying from carbon monoxide poisoning after accidentally leaving 1675 a keyless ignition vehicle running. I mean automobile defects 1676 that were identified over 10 years ago should not be causing deaths 1677 in 2019.

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Ms. Livingston, the vehicle that killed your parents was a 2017 Toyota Avalon which was manufactured several years after automakers identified carbon monoxide hazards tied to keyless ignition systems and several years after NHTSA proposed standards to reduce those risks. Do you believe that the auto industry failed to protect your parents? Do you believe that NHTSA failed to protect your parents?

1685 Ms. Livingston. Absolutely.

1686 Ms. Castor. Ms. Chase, I am concerned that NHTSA's 1687 hands-off approach to addressing safety issues like keyless 1688 ignition systems is costing lives. Why, you know, 10 years, why 1689 has NHTSA not finalized the rule to protect the public? I mean 1690 it is going to take an act of Congress now to do this? But they have had all of the evidence. How can we ensure that NHTSA 1691 1692 proactively identifies and addresses these sorts of automobile 1693 safety issues?

Ms. Chase. You have identified the issue perfectly. And the inaction at the agency is why the PARK IT Act and other pieces of legislation that we have discussed today are critical because it is not moving and people are dying. And there is technology that is existent and inexpensive that could be put in all cars today.

1700 So I urge this subcommittee and then to move these bills 1701 through and let's get them to the floor and start saving lives.

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1702 Ms. Castor. So that is the PARK IT Act and hopefully it 1703 On the Hot Cars Act, a friend of mine, I went will be moving. 1704 grocery shopping with a friend of mine recently. They have a 1705 new vehicle and they, you know, this is Tampa, Florida we are 1706 talking about. They wanted to make another stop at a different 1707 store and I said, "But you can't. Your groceries are going to 1708 bake and they are going to be ruined."

And they said, "No, look at this." In this vehicle there is -- the temperature will, the air conditioning will come on as it is parked if the temperature in the car goes up too high. Is that one of the answers?

1713 Ms. Chase. That is one of the answers. So what is needed 1714 is a detection system, so there must have been in whatever vehicle 1715 that was a detection system that --

1716 Ms. Castor. If it hit a certain temperature internally then 1717 the a/c would come on for --

Ms. Chase. So that is one solution. So it has the detection system, it kicks in the a/c, or it could also kick in the horn beeping, or, you know, you getting a notification on your phone. There are a number of different ways that this problem can be solved.

And what is so critical about the Hot Cars bill is that it doesn't mandate one over the other, it just mandates that the problem be solved. And there are different ways. There are

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1726 different innovators that can solve this problem including the 1727 one that you just mentioned.

1728 Ms. Castor. And we were just talking about groceries, but 1729 children are dying.

1730 Ms. Chase. Children are dying, animals are dying, and it 1731 is unnecessary.

Ms. Castor. And again, it looks like it is going to take an act of Congress when it shouldn't. The agency should be more proactive.

1735 Ms. Chase. I agree with you.

Ms. Castor. A person's gender should not determine whether he or she is injured or killed in an automobile crash, but researchers have found that a woman is -- that women are 73 percent more likely to die or suffer severe injuries in a car crash than a man. And a study from the University of Virginia suggests that female crash dummies may contribute to this troubling trend.

appropriately account for the size and weight of an average woman. Inaccurate test dummies can lead to ineffective safety measures. Are you aware of this study, and what factors do you think are contributing to the discrepancy here between men and women and car crashes?

According to the study, female crash dummies do not

1748 Ms. Chase. In honesty, I have read the highlights of the 1749 study but not the extensive study. Some of my staff have. But

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1742

1750 I am aware of the problem and there needs to be more different

1751 types of crash dummies that are more reflective of people's body

1752 sizes and weights so that the equipment that is put into cars

1753 will be responsive and protect them as they should.

1754 Ms. Castor. Thank you very much.

1755 And I hope, Madam Chair, you will look into this with me. 1756 Thank you.

1757 Ms. Schakowsky. Fascinating questions and answers, or 1758 things that need to be answered.

Ms. Schakowsky. I now recognize Congresswoman Kelly for5 minutes of questioning.

Ms. Kelly. Thank you, Madam Chair. And I want to thank you and the ranking member for holding this hearing. It is so important. I too have left my car running and both times -- one time I was trying to make the train and when I came back, I wondered why my gas was so low. And the second time I had actually parked it under Cook County's building and left the car running all day,

1767 so I can relate to what you guys are saying.

Ms. Livingston, you made a comment, "Thanks for having the hearing and you know it is a busy day today," but I could say on behalf of this committee, we are never too busy to save lives. That is what this committee is about, so thank you for being here.

1773 Safety should be a standard feature of every new vehicle,

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1774 not an add-on that a consumer has to pay for. The level of safety 1775 in your car should not depend on the size of your wallet. But 1776 many existing and emerging safety technologies such as automatic 1777 emergency brakes where automatic braking, blind spot detection, and lane departure warnings are sold as luxury items which must 1778 1779 be purchased for an extra fee or as part of an expensive add-on 1780 package, these additional costs may put these lifesaving 1781 technologies out of reach for many Americans. Automatic 1782 emergency brakes are not the same as leather seats. Lane 1783 departure warnings are not the same as a Bluetooth-enabled stereo.

Do you believe that selling safety-enhancing features such as backseat warnings or a keyless ignition override as part of accessory packages with a bunch of other gear like luxury floor mats and wheel locks discourages consumers from buying cars with crucial safety features? Any of you can answer.

I could not have said it better than you just 1789 Ms. Chase. 1790 did that these safety features should be in all new vehicles and 1791 they should not be packaged with a moon roof or a heated steering 1792 wheel. They should be -- these are proven technologies to reduce crashes, save lives, and prevent injuries. The only reason that 1793 1794 they are not being put into all new cars now is that more money 1795 can be made from selling them as luxury packages or they are in 1796 some high-end vehicles that not everyone can afford.

1797 Ms. Kelly. Sure.

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1798 Either one of you, any comments?

1799 Ms. Livingston. I totally agree with you. These are things 1800 that are readily available, should be in every car, and we do 1801 need an act of Congress. That is just the way it is. And the 1802 car industries have proven over more than a decade that for the 1803 keyless ignition that they haven't voluntarily put these 1804 protections in and some say that it could be only 60 cents a car 1805 in that particular case. But to call things that are for safety 1806 a luxury is just wrong.

Dr. Nordstrom. Well, ma'am, it is a bit outside my lane as the Director of Responsibility.org, but certainly, I mean as a consumer I couldn't find fault with a single word that has been said here.

1811 Ms. Kelly. And in the panel's opinion are there certain 1812 advanced safety technologies that should no longer be an option, 1813 but should be standard on all vehicles?

1814 Obviously the hot cars technology and the cutoff Ms. Chase. 1815 switch for the keyless ignition switch, additionally, automatic 1816 emergency braking, lane departure warning, blind spot detection 1817 just to name a few that have been proven by the Insurance Institute 1818 for Highway Safety to reduce crashes. We know that these are 1819 effective. They should be in all cars as standard equipment and 1820 there should be performance standards for them, so that if

1821 somebody calls something a particular name, we know that it will

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1822 respond the way that it is expected to.

1823 Ms. Kelly. Okay, going back to watching people's 1824 pocketbooks, what do you think can be done to retrofit all cars? 1825 Everybody can't afford to buy a new car or, you know, everybody 1826 can't afford some of the luxury cars.

1827 Ms. Chase. I think there needs to be some more research 1828 and studies done on how retrofits can be affected. I can say 1829 in terms of the hot cars I have seen some aftermarket products. 1830 I don't know the verification of them, but I have seen them.

And so, the problem therein though is that no one really thinks that they are going to leave their child or that their child is going to climb in, so that would put it incumbent upon the consumer to go out and buy the aftermarket product. That is why it needs to be standard, so that people, you know, have that safety insurance without even thinking about it.

1837 Ms. Livingston. I just wanted to mention on the keyless 1838 ignition on how both GM and Ford embraced going in and making 1839 a change and did a recall so that the older vehicles would have 1840 it put in. It is possible to do. Technically, I think Toyota's announcement that the new cars will have it is great, however, 1841 1842 there are a lot of cars out there and they will be on the road 1843 7 or 8 years and I think a recall is in order for that so more 1844 people don't die.

1845 Ms. Kelly. Good idea.

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1846 Madam Chair, I yield back.

1847 Ms. Schakowsky. The gentlelady yields back and I now 1848 recognize Mr. Rush for 5 minutes.

1849 Mr. Rush. I want to thank you, Madam Chair and the ranking 1850 member for conducting this hearing. It has been fascinating to 1851 witness and I certainly want to join with all my colleagues in 1852 commending Ms. Livingston whose courage to take her pain and turn 1853 it into a pursuit of well-being for all Americans is totally 1854 commendable and we certainly want to express our appreciation 1855 to you. You didn't have to do it, but you are doing it and we 1856 thank you so much for all your work and your effort.

1857 Ms. Chase, in your testimony you discussed the role that 1858 technology can play in increasing vehicle and pedestrian safety, 1859 specifically technologies like the AEB, the Automatic Emergency 1860 Braking, are important factors in decreasing crash related 1861 injuries. That is why I was pleased to see the 2016 voluntary 1862 agreement implemented in AEB from 20 vehicle manufacturers.

1863 In one instance, NHTSA has announced that it will accelerate 1864 its research into advanced AEB systems that include pedestrian 1865 and bicyclists application. They have not done enough. And that 1866 is why this morning I, along with seven of my Democratic colleagues 1867 on this subcommittee, sent a letter to NHTSA asking for an update 1868 on implementation of this advanced technology.

1869

That being said, can you please expand upon why this

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1870 technology is so important to pedestrian and bicyclist safety

and what other technologies should also be considered.

1872 Ms. Chase. Congressman, thank you for your leadership and 1873 I look forward to reading your letter after the hearing is 1874 concluded.

1875 Mr. Rush. Right.

Ms. Chase. AEB is an essential piece of technology that should be in all cars because the problems of impairments like we discussed, and distraction among others, is prevalent in our motoring public. And AEB if someone is distracted or impaired will detect is it object or a person in front -- hopefully a person -- that is an advanced AEB system -- is in front of them, and if a person doesn't brake, it will brake for them.

1883 I would just like to make a side note about the voluntary 1884 agreement. While it may seem like a step forward, we really would 1885 like to see a minimum performance standard because with a

1886 voluntary agreement a company can walk away from it. A company

1887 can also call something a system, name it something, but we don't

1888 know how it truly performs.

1889 So we would like to see the added step of it first being 1890 required as a standard equipment and then also there being a

1891 minimum performance standard for the technology.

1892 Mr. Rush. Thank you.

1893 Congresswoman Kelly asked a lot of questions that I want

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1894 Most of my constituents don't have new cars. to pursue. Most of them have used cars. 1895 And 5 years down the road, new cars that 1896 are online that will be purchased today and tomorrow will also 1897 be used cars, and cars that may or may not have this advanced 1898 technology. And I understand that there are -- there could be 1899 possibly be devices that will be marketed for to deal with some 1900 of these issues that we have been discussing.

But what I would like you to inform this committee about is what role can the Congress play in addressing the issues of some of the older model cars in terms of how can we use this legislative perspective that we have to address the issues of older cars that are still a threat to life, limb, and safety?

1906 As the proud owner of a 15 year old minivan, Ms. Chase. 1907 I hear you. And what I would encourage Congress to do is to find 1908 out what NHTSA is doing on this issue. And then also I would 1909 like to work with you and your staff to see if there any legislative solutions to this problem, because it is a problem. 1910 There are 1911 a lot of used or secondhand vehicles on the road and they should 1912 not be, you know, they should not have -- they should have the advances that are available in new cars. So I look forward to 1913 1914 working with you to see where we can go on this.

1915 Mr. Rush. Thank you. Madam Chair, I yield back.

1916 Ms. Schakowsky. I want to thank all of the witnesses. This1917 was just really wonderful testimony today. Thank you for your

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1918participation. There is a lot of follow-up that we need to do.1919I want to remind members that pursuant to committee rules,1920they have 10 business days to submit additional questions for1921the record to be answered by witnesses who have appeared. And1922I want to ask each of the witnesses to, please, if you get questions1923to respond as promptly as possible to those questions.

1924 At this time, the -- let's see. Before that -- so these 1925 are things I would ask unanimous consent to insert into the record 1926 -- where are we? Okay. We have a letter from the College Church 1927 -- oh, I am sorry. Okay, we have a letter from Colleen Church, 1928 Advisor and Counsel to Responsibility.org; a letter from the 1929 daughter of a carbon monoxide poisoning victim; a letter from 1930 the son of a carbon monoxide poisoning victim; a letter from the 1931 American Property Casualty Insurance Association. Is that it? 1932 So, without objection, so ordered.

- 1933 [The information follows:]
- 1934
- 1935 ********COMMITTEE INSERT*********

- 1936 Ms. Schakowsky. And the committee is now adjourned.
- 1937 [Whereupon, at 12:18 p.m., the subcommittee was adjourned.]