

TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

IN SUPPORT OF

L.D. 437, An Act to Require Persons Under 18 Years of Age to Wear a Helmet While on a Motorcycle

And

L.D. 453, An Act to Require Motorcyclists to Wear Helmets

Joint Standing Committee on Transportation
Room 126, State House
1:00 p.m., Thursday, March 12, 2009

Good afternoon Senator Damon, Representative Mazurek, and Members of the Joint Standing Committee on Transportation. I am Lani Graham, a member of the Maine Medical Association's Public Health Committee, as well as a practicing physician and a public health expert. I am also a member of the Governor's Advisory Council on Health Systems Development. I am speaking in support of both L.D. 437, *An Act to Require Persons Under 18 years of Age to Wear a Helmet While on a Motorcycle* and L.D. 453, *An Act to Require Motorcyclists to Wear Helmets*. The MMA is a professional organization representing more than 3000 physicians, residents, and medical students whose mission is "to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens."

First, I would like to congratulate this committee and the Maine Legislature for supporting the importance of wearing seatbelts in cars. I know several members of this committee were an important part of making this public health legislation a reality. The exact same arguments apply to the wearing of helmets while on a motorcycle as applied to the wearing of seatbelts. If you want to save Maine lives, prevent horrible injuries, and reduce health care costs without spending taxpayer money, this is the way to do it. What more could a legislator look for in any bill?

Last summer I attended a conference in Madrid, Spain. I was amazed to see that in that very "macho" country virtually everyone riding a motorcycle or moped was wearing a helmet. I was so impressed that I took a photo of two very different riders wearing helmets. You can pass that around for interest and see that these Spaniards are completely comfortable in their helmet choices. When I queried a local public health contact about this phenomenon, I was told that the universal wearing of helmets in Spain only began after a universal helmet law was enacted in a number of years ago, but it is now routine and well accepted by all. More important, the success of that Spanish law in substantially reducing deaths and injuries was confirmed by scientific study.¹ It is a complete mystery to me as to why such a common sense way to save lives and money remains so controversial in this country. Is this an example of that famous Winston Churchill maxim that Americans will always do the right thing after all the alternatives have been exhausted?

Unfortunately, in the United States, due to relentless lobbying by some motorcyclists, only 20 states and the District of Columbia have universal helmet laws. And some states have gone back and forth on helmet laws. These changes have created an ideal opportunity for researchers to study the risks and benefits of a universal helmet law on both helmet use rates and on motorcycle fatalities and injuries. These studies have unequivocally confirmed what the Spanish have known for more than a decade. A

¹ Ferrando, J.; Plasencia, M.; Oros, C. Borrell; Kraus, J. Impact of a Helmet Law on Two Wheel Motor Vehicle Crash Mortality in a Southern European Urban Area. *Inj Prev.* 2000 Sept, 6(3): 184-188.

universal helmet law can increase helmet use, save lives, and reduce injuries. Texas is a good example. The first universal helmet law in Texas was enacted in 1968. It is estimated that between 1968 and 1977, when the law was changed, 650 lives were saved. When the law was amended to include only those riders younger than 18, helmet use dropped to only 41% and there was a 35% increase in motorcycle fatalities. The Texas universal law was reinstated in 1989 and helmet use quickly rose to 98% and was associated with an 11% drop in serious injury crashes. Despite that success, in 1997 the Texas law was rolled back to apply to only those under 21. The same pattern of helmet use and its consequences was repeated. Helmet use went down to 66% and operator fatalities increased to 31%.² A number of other states show very similar results. A study in California concluded that the single most important factor in surviving a motorcycle crash is the wearing of a helmet.³ You might hear that although head injuries are reduced by helmets, other types of injuries are increased or that there is no benefit to wearing a helmet if you are going more than 20 miles per hour. I could find no scientific support for either of these arguments. And wouldn't you think that if there were dire consequences to the wearing of a helmet, Spain would have figured that out after 17 years?

Some might argue that the wearing of a helmet should be an individual decision and that it is some kind of "civil right." But sadly the consequences of failure to wear helmets are borne as much by the state of Maine, by communities, and by the loved ones of the injured or killed as by the victims themselves. I expect you have heard or will hear from others about the considerable emotional, financial, and social challenges of caring for the head injured, but I would ask you, why should even one child grow up with a head injured family member or lose a parent when such tragedies might be prevented by the simple wearing of helmet?

And if you are not impressed with injury and fatality statistics there is always money in these dire economic times. In the Advisory Council on Health Systems Development, we are always looking for ways to save money so health care costs can be brought down. To require Maine motorcycle riders to wear helmets is one way to do so. At present, MaineCare bears the excess costs of the more severely injured, hospitals bear the costs, insurance companies bear the costs and, ironically, the excess medical costs are may very well be shifted from those who don't wear helmets, to the responsible riders who do wear them in the form of increased insurance premiums.

In conclusion, the Maine Medical Association fully supports both of these bills before you. I thank you for your attention and would be pleased to answer any questions that you may have.

² Insurance Institute for Highway Safety, Highway Loss Data Institute, Arlington, Va.

³ National Highway Traffic Safety Administration, U.S. Department of Transportation