

Department of Legislative Services
 Maryland General Assembly
 2006 Session

FISCAL AND POLICY NOTE

House Bill 727 (Delegate Conway, *et al.*)
 Environmental Matters

**Vehicle Laws - Protective Headgear Requirement for Motorcycle Riders -
 Exceptions**

This bill exempts specified motorcycle riders from current protective headgear requirements.

The bill takes effect June 1, 2006.

Fiscal Summary

State Effect: Medicaid expenditures could increase by at least \$1,258,100 (50% general funds, 50% special funds) beginning in FY 2007. General fund revenues from traffic citations could decrease as much as \$19,500 annually beginning in FY 2007. Future year estimates reflect inflation.

(in dollars)	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
GF Revenue	(\$19,500)	(\$19,500)	(\$19,500)	(\$19,500)	(\$19,500)
GF Expenditure	629,100	676,700	727,800	782,900	842,100
FF Expenditure	629,100	676,700	727,800	782,900	842,100
Net Effect	(\$1,277,700)	(\$1,372,900)	(\$1,475,100)	(\$1,585,300)	(\$1,703,700)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The bill provides that the following individuals are exempt from wearing a helmet: (1) an operator or occupant of any three-wheeled motorcycle equipped with an enclosed cab; (2) an individual 21 or older who has been licensed to operate a motorcycle for at least two years; (3) an individual 21 or older who has completed a motorcycle-rider safety course approved by the Motor Vehicle Administrator or by the Motorcycle Safety Foundation; and (4) an individual 21 or older who is a passenger on a motorcycle operated by another exempt individual.

Current Law: An individual may not operate or ride on a motorcycle unless the individual is wearing protective headgear that meets the standards established by the administrator. An individual who is riding in an enclosed cab is exempt from the protective headgear requirement. “Protective helmet or headgear” means a device primarily intended to protect the upper part of the wearer’s head against a blow or impact. *The Federal Motor Vehicle Safety Standard 218, Motorcycle Helmets, 49 CFR § 571.218 (1991)*, which is incorporated by reference, is adopted as the minimum standard for helmets required to be worn by operators and passengers on motorcycles.

Background: In 2001, motorcycles represented 2.2% of all registered vehicles in the United States and accounted for 0.34% of vehicle miles traveled. Crashes involving motorcycles accounted for 7.6% of total traffic fatalities on America’s roadways.

The federal government stopped requiring mandatory state helmet laws as a condition for receiving federal transportation funding in 1995, and since then, several states have relaxed their mandatory helmet laws. In 2003, Pennsylvania passed a law similar to the bill’s provisions, permitting certain individuals over 21 to ride without a helmet. Pennsylvania is the sixth state since 1995 to weaken its helmet laws. Other states include Arkansas, Florida, Kentucky, and Texas, where the law requires anyone younger than 21 to wear a helmet. The law in Louisiana was changed to require only those riders younger than 18 to wear a helmet.

In 2005, 26 states required young riders to wear a helmet while riding. The mandatory ages in these states varied from 20 and younger to 17 and younger. Twenty states and the District of Columbia required every motorcyclist to wear a helmet, and only Colorado, Illinois, Iowa, and New Hampshire have no helmet laws.

Several states, facing increased fatalities and injuries, have considered reinstating their mandatory helmet laws. In 2004, Louisiana reinstated its motorcycle helmet law, which it had repealed in 1999. In 2003, legislation was introduced in Arkansas to reinstate its helmet law, but the bill died in committee.

Since the federal government no longer requires mandatory state helmet laws as a condition for receiving federal funding, several studies have analyzed the effect of helmet law repeals in certain states, focusing on the cost of injuries resulting from motorcycle crashes. These studies found that helmet use reduced the fatality rate, the likelihood and severity of head injuries, the overall cost of medical treatment, and the probability of long-term disability. One study found that, after state helmet laws had been repealed, helmet use among injured motorcyclists dropped from over 90% to 57% in Texas and from 55% to 30% in Arkansas.

While motorcycle-related fatalities have dropped an estimated 37% since Maryland enacted its mandatory helmet law in 1992, injury data in Maryland are varied. As of June 2003, 74,881 motorcycles were registered in Maryland, and in 2002 there were 1,296 motorcycle accidents.

The Maryland Institute for Emergency Medical Services Systems reports that Maryland's trauma centers treated 686 patients involved in motorcycle crashes during fiscal 2002. Of these patients, 273 sustained a head injury, 19 of whom subsequently died. Of the 273 riders who sustained head injuries, 176 were wearing a helmet, 61 were not, and 36 wore some other unidentified type of head protection. Of the 273 injured, 266 required hospitalization. Most (106) only stayed in the hospital for one day. Only eight patients required hospitalization for more than 28 days. In 2002, the Department of Health and Mental Hygiene (DHMH) Maryland Traumatic Brain Injury Surveillance System tracked 142 traumatic brain injuries caused by motorcycle-related crashes in Maryland. Eleven of these motorcyclists died and 131 required hospitalization for their injuries.

Only slightly more than half of motorcycle crash victims have private health insurance coverage. Consequently, a significant portion of medical costs stemming from motorcycle-related head injuries are born by Maryland hospitals' uncompensated care fund and government-sponsored insurance such as Medicare and Medicaid.

State Revenues: General fund fine revenues could decrease by as much as \$19,500 annually, beginning in fiscal 2007. Approximately 300 citations are issued statewide each year for failure to wear a helmet while riding on or operating a motorcycle. The citation carries a fine of \$65.

State Expenditures:

Medicaid: Medicaid expenditures could increase by \$1,258,140 (50% general funds, 50% federal funds), beginning in fiscal 2007. The information and assumptions used in calculating the estimate are stated below:

- currently, approximately 84 Medicaid enrollees sustain motorcycle-related injuries annually; of these, 34 suffer head injuries and 50 suffer other injuries;
- after the helmet law requirements are repealed, the number of accidents would not increase, but the *severity* of the injuries would (head injuries increase by 105%) so that approximately 70 Medicaid enrollees would sustain head injuries and only 14 would sustain less-severe injuries;
- the number of injured Medicaid enrollees due to Medicaid enrollment will increase by 1% annually;
- the average treatment cost for a motorcycle accident-related head injury is \$51,278 in fiscal 2006 and is expected to increase by 4.5% in fiscal 2007; and
- the average treatment cost for a motorcycle accident-related injury not including a head injury is \$17,888 and is expected to increase by 4.5% in fiscal 2007.

Future year expenditures reflect 6.5% medical inflation in the Medicaid program.

In addition, Medicaid expenditures could increase if uninsured motorcyclists suffer injuries severe enough to eventually qualify for Medicaid coverage. Individuals with traumatic brain injuries often receive care in nursing homes and State psychiatric institutions due to a lack of funding for community-based services. DHMH advises the annual cost of serving one brain-injured individual in an inpatient setting is \$120,000. There are insufficient data at this time to estimate the number of head injury victims who may enroll in Medicaid due to medical and financial eligibility. Only eight motorcyclists in Maryland required hospitalization longer than 28 days during fiscal 2002.

Developmental Disabilities Administration (DDA): A federal study of the effects of repealing Texas' motorcycle helmet law indicates helmet use among young riders dropped immediately after the law changed and continued to drop the next year. If fewer Maryland motorcyclists under age 18 choose to wear helmets and head injuries increase as a result, general fund expenditures for DDA could increase because individuals injured before age 21 may be eligible for ongoing funding through DDA. There are insufficient data at this time to reliably estimate any increase.

Additional Information

Prior Introductions: This bill is identical to SB 611 of 2005, which passed the Senate. No action was taken in the House. Similar bills have been introduced each year since 1996.

Cross File: SB 163 (Senator Hafer, *et al.*) – Judicial Proceedings.

Information Source(s): *Current U.S. Motorcycle and Bicycle Helmet Laws* (September 2005), Insurance Institute for Highway Safety; *Arkansas and the Motorcycle Helmet Law* (June 2004), The Journal of the Arkansas Medical Society; Louisiana Property and Casualty Insurance Commission; *Recent Trends* (January 2003), The National Highway Traffic Safety Administration Motorcycle Safety Program; *Autopsy Study of Motorcyclist Fatalities: The Effect of the 1992 Maryland Motorcycle Helmet Use Law* (August 2002), American Journal of Public Health; *Evaluation of Motorcycle Helmet Law Repeal in Arkansas and Texas* (September 2000), U.S. Department of Transportation; *Costs of Injuries Resulting from Motorcycle Crashes: A Literature Review*, National Highway Traffic Safety Administration; Department of Health and Mental Hygiene (Medicaid); Maryland Department of Transportation (State Highway Administration, Motor Vehicle Administration); Department of Legislative Services

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