

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

House Bill 1203 (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, 2008.

Fiscal Summary

State Effect: General fund revenues from traffic citations could decrease beginning in FY 2009 offset by an increase in special fund revenues to the extent interest in motorcycling increases in Maryland. Medicaid expenditures (50% general funds, 50% federal funds) and general fund expenditures for the Developmental Disabilities Administration could increase beginning in FY 2009.

Local Effect: Potential minimal increase in local highway user revenues to the extent interest in motorcycling increases in Maryland and additional motorcycles are titled and registered in Maryland.

Small Business Effect: Potential minimal to the extent interest in motorcycling increases in Maryland.

Analysis

Bill Summary: The bill specifies that the following individuals are exempt from wearing a helmet • an operator or occupant of any three-wheeled motorcycle equipped

with an enclosed cab; • an individual 21 or older who has been licensed to operate a motorcycle for at least two years; • 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; or • 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 in Maryland regulations, is adopted as the minimum standard for helmets required to be worn by operators and passengers on motorcycles. The protective headgear must be worn on the head with the chin strap properly fastened and in contact with the chin or jaw by both operator and passenger at all times that the motorcycle is in motion.

Background: As of February 2008, 20 states and the District of Columbia require all motorcyclists to wear a helmet, while 27 states require only some motorcyclists to wear a helmet, and 3 states (Illinois, Iowa, and New Hampshire) have no motorcycle helmet laws. Most countries outside the United States require motorcyclists to wear helmets, including Australia, Canada, and the United Kingdom.

History of Motorcycle Helmet Laws: Prior to 1966, no state required motorcycle helmet use. In 1967, the federal government required states to adopt universal helmet laws (applicable to all riders) or lose a portion of highway construction funds. Maryland adopted such a law in 1968. In 1975, by which time all but three states had enacted universal helmet use laws, the U.S. Congress repealed this requirement and states began to repeal their helmet laws. Maryland repealed its universal helmet law in 1979, but continued to require helmet use by riders younger than age 18.

A 1991 study by the Government Accountability Office concluded that universal helmet use laws increase helmet use to 90% or greater and reduce motorcycle fatalities, fatality rates, and severe head injuries. The report also found that helmets reduce probability of injury, head injuries, and fatalities for crash-involved motorcyclists. The study prompted Congress to promote universal helmet laws through the Intermodal Surface Transportation Efficiency Act of 1991. ISTEA provided incentive grants to states with both universal helmet laws and passenger vehicle seat belt laws and penalized states

without both laws in place by October 1, 1993 by transferring a portion of federal highway funds to highway safety programs. Maryland reinstated a universal helmet use law in 1992 and was the only state to act in response to ISTEA. Congress repealed ISTEA in 1995.

Since 1995, six states have repealed universal helmet use laws: Arkansas, Florida, Kentucky, Louisiana, Pennsylvania, and Texas. Five of these states require helmets for individuals younger than age 21, while one state (Louisiana) requires riders younger than age 18 to wear a helmet.

Experience in States that Repealed Universal Helmet Laws: Multiple evaluations of the impact of repealing universal helmet laws conclude that the following outcomes can be anticipated:

- helmet use will decline markedly;
- helmet use will decline among all riders regardless of age restrictions remaining in law;
- motorcycle registrations will increase;
- motorcycle fatalities will increase; and
- medical costs attributable to crash-involved motorcyclists will increase.

Following the repeal of universal helmet laws in Arkansas, Texas, and Florida, helmet use declined from 97% or greater to between 50% and 66%. Motorcycle registrations increased in these states in the first year following the repeal by 47%, 12.5%, and 9%, respectively. Motorcycle fatalities increased 21% in Arkansas and Florida and 31% in Texas in the first year following repeal of universal helmet laws. Florida found significant increases in medical costs attributable to crash-involved motorcyclists. In the 30 months following repeal of Florida's universal helmet law, hospital admissions for motorcyclists increased 40%, head injury admissions increased by more than 80%, total acute care hospital costs more than doubled from \$21 million to \$44 million, and the average cost per case increased from \$34,518 to \$39,877 (15.5%).

Motorcycle Morbidity and Mortality in Maryland: In 2006, there were 84 fatalities among Maryland motorcycle riders compared with 51 in 2002. While total motor vehicle fatalities have declined in Maryland since 2001, motorcycle rider fatalities have increased by 65%.

The Maryland Institute for Emergency Medical Services Systems reports that Maryland's trauma centers treated 1,072 patients involved in motorcycle crashes during fiscal 2007. Of these patients, 452 sustained a head injury, 27 of whom subsequently died. Of the

452 riders who sustained head injuries, 289 (64%) were wearing a helmet, 113 (25%) were not, another 6 were listed as wearing “padded/protective clothing” instead of a helmet, and it was unknown whether 44 of the patients wore a helmet or not. All 452 required treatment and 299 were admitted. One hundred eight (24%) stayed in the hospital for one day. Ten of the admitted patients required hospitalization for more than 28 days.

Impact of Helmet Use: The National Highway Traffic Safety Administration estimates that motorcycle helmets reduce the likelihood of crash fatality by 37%. In the event of a crash, unhelmeted motorcyclists are three times more likely than helmeted riders to suffer traumatic brain injuries. Conversely, claims have been made that helmets increase the risk of neck injury and reduce peripheral vision and hearing, but are not well documented.

State Revenues: General fund fine revenues could decrease by as much as \$19,890 beginning in fiscal 2009. In fiscal 2007, 306 citations were issued statewide for failure to wear a helmet while riding on or operating a motorcycle. The citation carries a fine of \$65. Of these citations, 148 were prepaid, 120 went to trial, and 38 remained open.

Transportation Trust Fund revenues could increase by a significant amount beginning in fiscal 2009 to the extent interest in motorcycling in Maryland increases under the bill. Revenues could accrue from increased sales of motorcycles, motorcycles titled in the State, and motorcycle registrations, and required endorsements on a driver’s license. As of July 2007, there were 104,485 motorcycles registered in Maryland. Registration costs \$97 and is renewed every two years, with a portion of the fee going to the Maryland Trauma Physician Services Fund and the Maryland Emergency Medical System Operations Fund. For each 1% increase in motorcycle registrations, special fund revenues increase by approximately \$100,000. Each motorcycle titled in Maryland will also generate \$50 in titling fee revenues and 6% of the purchase price of the motorcycle in excise (titling) tax revenues. In addition, approximately 10% of vehicles are secured by a lien and pay a \$20 lien fee. Legislative Services cannot reliably estimate how many additional motorcycles may be titled and registered as a result of the bill.

Individuals seeking to register a new motorcycle would also need to have a Class M motorcycle endorsement on their driver’s license to operate it. To receive a Class M endorsement, an individual has to get a learner’s permit (\$35 fee) and pass the requisite tests. Alternatively, an individual can take an MVA-approved motorcycle safety course. An individual taking that course would receive a certificate of completion and would turn in the current license for one with an endorsement. MVA advises that this transaction costs \$30. MVA offers the motorcycle safety course. The fee is \$175 for the basic rider

course or the alternate basic rider course. Alternatively, other institutions such as community colleges and driving schools offer the course as well.

State Expenditures:

Medicaid: Medicaid expenditures (50% general funds, 50% federal funds) could increase beginning in fiscal 2009 from the anticipated reduction in helmet use and the associated increase in head injuries to crash-involved motorcyclists. In fiscal 2009, the estimated cost to treat a motorcycle accident-related head injury will be \$59,000 compared with \$20,500 for one that does not include a head injury. A number of studies have examined who pays for the medical costs associated with motorcycle crashes and concluded that only slightly more than half of motorcycle crash victims have health insurance.

In addition, Medicaid expenditures could increase to the extent uninsured motorcyclists suffer injuries severe enough to eventually make them eligible for Medicaid. 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 currently uninsured head injury victims who may enroll in Medicaid due to medical and financial eligibility.

Expenditures for the Developmental Disabilities Administration could also increase beginning in fiscal 2009 due to the anticipated reduction in helmet use among motorcyclists younger than age 21, as witnessed in other states with age-specific helmet use laws, and the associated increase in head injuries among these riders. Individuals who sustain traumatic brain injuries before the age of 21 are eligible for DDA services. There are insufficient data at this time to reliably estimate any increase.

Local Fiscal Effect: For every new motorcycle registered, local highway user revenues would increase from motor vehicle excise taxes and registration fees.

Additional Information

Prior Introductions: This bill is identical to SB 226 of 2007 and SB 163/HB 727 of 2006. No action was taken on SB 226 or SB 163. HB 727 received an unfavorable report from the House Environmental Matters Committee. Similar bills have been introduced each year since 1996.

Cross File: None.

Information Source(s): *Helmet Use Laws* (February 2008), Insurance Institute for Highway Safety; National Highway Traffic Safety Administration; *Evaluation of Motorcycle Helmet Law Repeal in Arkansas and Texas*, D.F. Preusser, J.H. Helund, and R.G. Ulmer (September 2000); *Evaluation of the Repeal of the All-Rider Motorcycle Helmet Law in Texas*, R.G. Ulmer, V.S. Northrop (August 2005); Department of Health and Mental Hygiene; Maryland Department of Transportation; Maryland Institute for Emergency Medical Services Systems; Judiciary; Department of Legislative Services

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