

SUBJECT: No mandatory motorcycle helmet for adults and required safety training

COMMITTEE: Transportation — committee substitute recommended

VOTE: 7 ayes — Alexander, Siebert, Edwards, Finnell, Hawley, Pickett, Uher
1 nay — Hill
1 present, not voting — Hartnett

WITNESSES: For — Sputnik Strain, Texas Motorcycle Riders Association; Andy Stoodly, Texas Abate Confederation; Ben Boone; Judy Hastings; Dale Loop; Terri McCarthy; David Smith

Against — Bennett Ghormley, Texas Safety Association; Susan M. Douglass, Emergency Nurses Association; Larry Swift, Brain Injury Association of Texas; Gary Taylor, National Highway Traffic Safety Association; Gaylen Tips, Emergency Health Care Advisory Committee; Allen Bolton; Brian J. Eastridge; Joseph P. Minei; Greg Stanford

BACKGROUND : In 1989, the Legislature expanded the requirement of helmet use by motorcycle riders younger than 18 to apply to riders of all ages. Riders 18 and over may obtain a 10-day medical exemption for acute head or facial injuries that would be worsened by wearing protective headgear.

DIGEST: CSHB 350 would amend the Transportation Code to rescind the requirement that all motorcycle riders and operators wear helmets and instead require helmets only of operators and riders younger than age 21. The medical exemption provision would be repealed.

CSHB 350 also would require that individuals complete a motorcycle training course before they could be issued a license to operate a motorcycle or moped. The Department of Public Safety would have to make available motorcycle training courses.

CSHB 350 would take effect September 1, 1997. The training requirement would apply only to individuals applying for a motorcycle license after the effective date.

**SUPPORTERS
SAY:**

CSHB 350 would return an important personal right and responsibility to the people most affected and burdened by the current mandatory helmet law: the motorcyclists themselves. Helmets do moderate certain kinds of head injuries, bruises and road abrasions at low speeds, but can provide no real protection for injuries resulting from rapid acceleration or deceleration, such as a high-speed collision, in which the brain is jostled within the skull. Indeed, all conventional helmets carry a printed disclaimer or waiver stating that “minor or severe injury may result from crashes at 13 MPH or above.”

In addition, many helmets limit the cyclist's peripheral vision and hearing, placing the rider, passenger, and other drivers on the roads and highways in greater danger. Data available from Texas and other states indicate that spinal and neck injuries actually increase following the imposition of mandatory helmet laws. The added weight of helmets also can cause increased fatigue for motorcyclists, thus lowering their level of concentration and stamina and increasing the risk of a mistake. During the summer months, the heat inside helmets is debilitating and causes slower reaction time to road emergencies.

The most effective way to protect motorcycle riders is not by adding burdensome equipment but by mandating motorcycle education and safety training courses, as proposed by CSHB 350. Such courses ensure that riders have hands-on training in road safety and riding skills and can produce savings on liability insurance costs.

A revised fiscal note for CSHB 350 shows that there would be no cost to the state to institute the motorcycle training and education course. In a manner similar to current automobile driver's education courses, the applicants for Class M licenses would pay for the cost of the mandated motorcycle operator training course.

The raw data on motorcycle fatalities in Texas may appear to indicate a drop in fatal injuries following the imposition of the helmet requirement in 1989, but the safety and health data collected by various agencies are inconsistent and inaccurate. Statistics show that an equal percentage of auto accident victims and motorcycle owners carry adequate health insurance. Because car owners outnumber motorcyclists by a margin of 15 or 20 to 1, uninsured victims of auto accidents place a far greater strain upon public resources for

health care costs than do motorcyclists. In a survey over an eight-month period in 1993, the Texas Department of Health found that motorcycle accidents ranked seventh on the list of all causes for head injuries. Car accidents were number one, responsible for more than 55 percent of head injuries, followed by falls at the number two spot, accounting for 26 percent of head injuries. Even pedestrians were more likely to suffer head injuries than cyclists. Furthermore, approximately 68 percent of motorcycle accidents are initiated by auto and truck drivers, rather than the cyclists themselves.

Helmets may save some lives, but often with a need for ongoing medical care and with a questionable quality of life. Families of motorcycle accident survivors may spend astronomical amounts on the medical treatment and continuing rehabilitative costs necessary to care for the physical shell of an individual for whom there is no hope of even partial recovery.

Motorcycle owners are a unique breed, and their choice of vehicle reflects their love of personal freedom and independence. Given the limited value of helmets and the far greater effectiveness of motorcycle training and education in preserving the safety and health of riders, passengers and others on Texas roads, now is the time to remove this counterproductive burden from the motorcycle community in our state.

OPPONENTS
SAY:

CSHB 350 would represent a dangerous and tragic retreat from a public policy that clearly has been successful in reducing both injuries and fatalities on our state's roads and highways. From 1989, when the latest incarnation of the helmet law was adopted in Texas, to 1995, motorcycle-related deaths in the state fell by 60 percent. In both 1994 and 1995, annual motorcycle-related deaths in Texas totalled 108, the lowest since 1970. If the mandatory helmet law is repealed, the death and injury toll will rise steeply.

Helmets have been found to be 29 percent effective in preventing fatalities in motorcycle accidents, according to a National Highway Traffic Safety Association. From its analysis of some 3,600 motorcycle crash reports, the U.S. Department of Transportation concluded that wearing a helmet is the single most important factor in surviving a crash. This nationwide study also indicated that helmets saved the lives of almost 7,000 motorcyclists from 1984 through 1994, and further estimated that some 6,000 additional

lives would have been saved over that period had all motorcycle riders and passengers worn helmets. Clearly, the use of a helmet while riding has saved many lives. The increase in state and national speed limits over the past year and the measurable increase in all highway deaths combine to make this a very inappropriate time to remove such a valuable safeguard from our traffic laws.

Much of the strongest opposition to a change in the helmet law has come from doctors, nurses, and other medical personnel who must take on the responsibility of trying to restore to some semblance of health the victims of motorcycle accidents. Street and highway collisions are an unavoidable part of daily driving, regardless of the skill or training of the motorcyclist. It has been estimated that the Texas cycle law saves some \$54 million annually in medical and public service health costs, including almost \$11 million in Medicaid funds. A change in the helmet law would surely result in a substantial increase in both vehicle liability and health insurance costs; it would be difficult to blame insurance companies for raising premiums when the medical evidence in favor of helmets is so clear and compelling.

Despite claims that helmets lower peripheral vision and hearing, the fact is that 80 to 90 percent of hazards to the cyclist appear in the narrow range of vision directly ahead and slightly left or right of their riding path. A helmet has no effect on that line of sight. With helmets, critical sounds are still audible, including police sirens, train whistles, and motor noises of other cars and trucks. As for problems with heat in such helmets, finding a cool highway in Texas in July is a problem regardless of whether or not a rider is using a helmet.

The argument that a mandatory helmet law impinges upon the personal freedom of the motorcyclist is not a compelling reason to change this very effective law. Texas has enacted scores of regulations limiting the rights of persons in many areas, including seat belt laws and mandatory liability insurance for automobile drivers and weight and other restrictions for trucks. Drug and alcohol testing rules are imposed on railroad engineers, bus drivers and other persons working in public transportation. Texas' roads and highways are a public resource built with taxpayer funds; motorcyclists do not have an absolute right to immunity from sensible regulations designed to protect them and the rest of the driving public.

OTHER
OPPONENTS
SAY:

Enforcing a helmet law just for minors would be very difficult, since the sanctions for violating the law — a \$10 to \$50 fine — are so weak. CSHB 350 goes against the grain of new get-tough policies aimed at minors, such as the zero-tolerance alcohol rules for minors who drive automobiles. In addition, if helmets restrict vision and hearing and do not prevent crippling injuries, as maintained by helmet opponents, then we put our young people at risk by requiring that they wear devices not mandated for adults.

There is no guarantee that the Department of Public Safety would be able to establish and maintain a reputable training course for motorcycle operators at a reasonable cost to the applicants without having to tap state funds, at least initially. Some initial expense would be likely for outlining the necessary requirements of such a course, designating DPS personnel to approve, supervise, and serve as instructors, and covering the salaries of any extra DPS or private personnel needed to maintain and monitor the progress of license applicants. Any fees or tuition costs collected from license applicants would not be available for DPS to cover what may be substantial start-up expenses for such a motorcycle training course.

NOTES:

The committee substitute added the requirement for motorcycle operator training and raised from 18 to 21 the age at which a motorcycle operator or passenger could forego wearing a helmet.

SB 99 by Patterson, which passed the Senate on March 24, would also abolish the mandatory helmet requirement for motorcyclists aged 21 and over. The Senate adopted amendments requiring that helmetless riders carry proof of medical insurance totalling at least \$10,000 dollars and prohibiting motorcycle riders and passengers from collecting benefits from the state's Comprehensive Rehabilitation Fund if they were injured while riding without a helmet. SB 99 does not include a motorcycle operator training requirement. SB 99 passed the Senate by voice vote, seven members (Gallegos, Luna, Moncrief, Ogden, Ratliff, Truan and Zaffirini) recorded voting nay, and was reported favorably, as substituted, by the House Transportation Committee on April 7, making it eligible to be considered in lieu of HB 350..

SB 184 by Shapiro, reported favorably by the Senate Finance Committee on April 9, would raise the fee for obtaining a motorcycle license in order to pay for mandatory rider education and safety training.