



P.O. Box 6114, Westerville, Ohio 43081-6114

Telephone (614) 891-2425
Telex: 245392



PENNSYLVANIA HB-813 Testimony, September 10, 1987

- Jim Bensberg representing the AMA established 1924 over 142,000 members nationwide, 11,000 in PA
- AMA position unchanged since 1966 imposition of mandatory laws nationwide. Even though the vast majority of members voluntarily wear helmets, we oppose mandatory helmet laws
Central issue: adult cyclists should have the right to decide
- Our research indicates that even a liberal interpretation of U.S. and NHTSA statistics show less than 1/10 of 1 percent of indigent health care costs can be attributed to motorcyclists. Stats do not differentiate between off-road and street accidents and fatalities
- Helmet law proponents should be required to provide accurate and precise data as to exact costs incurred by helmetless, indigent motorcyclists w/o insurance.
- Helmet laws assume citizens lack the wisdom to make responsible choices, and therefore should be subjected to arbitrary laws for "their own good"
- Helmet laws represent a "quick fix" approach. Rider education, along with other complementary measures such as motorist awareness, prevent accidents, something a helmet cannot do
- Passage and/or debate of helmet laws actually detract from rider ed programs etc.
- As opposed to seat belts, which are an integral part of cars, helmets are personal articles of apparel which cost extra. Helmets can be stolen
- In states that have no helmet law, voluntary helmet use is higher than mandatory seat belt compliance
- Government should not dictate matters of personal choice. These types of decisions are best left to individuals in an enlightened society. Traditionally, Americans are "risk takers" engaging in a daily variety of sporting or recreational activities which may result in serious injury or death. Motorcyclists should not be singled out merely because of their high visibility. It is doubtful that helmet laws have any real effect in reducing a state's health care costs.

pg. 2

- As an association, we urge the committee to reject the concept of mandatory helmet laws and return the decision-making process to the people most affected, the motorcyclists.
- Motoring safety is a complex equation that defies the "quick-fix" approach. Unless the evidence is compelling, a much greater error is made in the name of safety to override the much larger consideration of individual freedom.



POSITION

TOPIC:

MANDATORY HELMET LAWS

The AMA has traditionally supported the rights of adults to choose whether or not to wear a helmet. Our position has been unchanged since the 1966 inception of mandatory helmet laws.

To clearly understand the Association's position on helmet laws, it is first necessary to make a distinction between helmets and helmet laws. Some members of society tend to view the helmet only as a mechanical safety device; in the same category as seat belts. What they fail to realize is that it is viewed by motorcyclists as an article of personal apparel connected with their chosen lifestyle and their right as adults to make their own decisions. Helmet laws, on the other hand, represent a manifestation of society's belief that its members lack the wisdom to make decisions of personal safety themselves and therefore be subjected to arbitrary laws. This is a concept we must reject.

The injuries from which a helmet may protect a rider do not occur until after an accident. A mandatory helmet law does nothing to prevent an accident from occurring. The AMA has been a strong advocate of motorcycle rider education, improved licensing and testing and increased motorist awareness; all proven preventative measures that actually reduce accidents and improve safe operation. These statistically supported programs did not exist 20 years ago, and there is some evidence that exclusive focus on helmet laws, while ignoring the benefits of these programs, has been detrimental to the advancement of a comprehensive approach to motorcycle safety.

It is possible that the political realities of the legislative process may actually prevent the implementation of other motorcycle safety initiatives in the presence of mandatory helmet laws: Only three helmet law states have passed rider education legislation, while 21 "free choice" states have adopted comprehensive rider education programs. Only after a decade-long debate on helmet use did Massachusetts finally adopt a rider ed program in 1987. Motorcycle rider training bills were shelved five years in a row while helmet law proposals dominated the legislature's attention.

It is suggested by some that permitting mature adults to make their own decisions on helmet use creates an excessive burden for society as a result of health care costs incurred by helmetless riders. However, when the costs of motorcycle related injuries are examined in the context of the total social health care picture, the figures are not unrealistic.

The National Highway Traffic Safety Administration states that Americans spent \$3.3 billion on all motor vehicle accident related medical expenses in 1980 ("55" A Decade of Experience; page 89). This compares with \$387 billion for total U.S. health care costs (1986 Statistical Abstract of the U.S., page 99)*, indicating motor vehicle accidents account for approximately 1 percent of our nation's annual health care costs.

According to the "1985 Motorcycle Statistical Annual,"* published by the Motorcycle Industry Council, there are approximately 10 million motorcyclists who constitute roughly 6 percent of a total driving population of 160 million licensed drivers. If it is assumed that motorcyclists account for as much as 10 percent of all accident related medical expenses (which could be argued as excessive), then all motorcycle accidents represent only one-tenth of 1 percent of all medical expenses in a given year. This figure would be further reduced if it were possible to determine what percentage of those expenses were incurred by helmeted vs. non-helmeted riders.

Realistically, motorcyclists are not the only class that might create a social burden as a result of individual decisions. We are a society of risk takers and even by avoiding the "extremes," bicyclists, skiers, roller skaters and joggers could be placed in a similar category. Despite these "burdens," we don't see aggressive legislative action designed to limit society's exposure to these costs.

The value of a helmet is not diminished by the presence or absence of a mandatory helmet law; however, American society has learned that prohibition would not work. We believe that the same principle applies to mandating personal safety, whether it is for motorcycling, hang gliding or some other risk-related activity. We must rely on individuals and society to provide the education and the experience to aid us in making the decision that is right for us. Ultimately, society cannot be expected to make individual decisions; we must be free to make them ourselves.

*Reflects 1984 data