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Testimony of Dr. Bill Cotton, MD, FAAP *Interested Party—House Bill 53*

Chairwoman Manning, Vice Chair Patton, Ranking Member Cafaro, and members of the Senate Transportation, Commerce, and Labor Committee, thank you for the opportunity to testify today on House Bill 53, the State Transportation Budget. My name is Bill Cotton and I am a pediatrician here in Columbus. I am here today on behalf of the 2,900 members of the Ohio Chapter of the American Academy of Pediatrics. Our membership is united in support of the Ohio Department of Public Safety's *Drive Toward a Safer Ohio* proposal. We strongly encourage the committee to reinsert these important policy changes into HB 53.

Magnitude of the Problem

Preventable injuries continue to be the number one cause of death for persons aged 1 – 34 years;¹ every year, injuries cause approximately 14 million children to seek medical treatment.² In fact, injuries have been shown to cause more deaths than all diseases combined.³ Nationally, motor vehicle crashes are the leading cause of death for 16-20 year olds, causing approximately 6000 fatalities annually;⁵ this accounts for more than 40% of all deaths in this age population from all causes. Each year, approximately 450,000 teens, nationally, are injured and 27,000 of them require hospitalization.^{5,6} Of those killed, 63% were drivers and 37% were passengers; two-thirds of the teens were males.⁵ While the 12.5 million teen drivers represent only 6.4% of total drivers, they accounted for 14% of the fatal crashes. 16-19 year-olds have crash rates almost twice that of 20-24 year-olds, almost three times more than 25-29 year-olds, and more than four times greater than adults 30-69 years old.⁸ Within the 16-19 year old range, the youngest drivers have the highest risk. The crash rate for 16-year olds- is much higher even than that for 17-year-olds and is almost nine times greater than that of the general population of drivers.

Closer to home, data supplied by ODPS showed that there were 59,766 crashes, resulting in 240 deaths, involving 15-20 year olds from 2000-2003 in the 8 southwest counties of Ohio alone; including Hamilton, Butler, Warren, Clermont, Brown, Clinton, Highland, Adams, Fayette, Ross, Pike, and Scioto counties.

Why is the population at higher risk?

Adolescents, as young drivers, lack the experience and ability to perform many of the complex tasks of ordinary driving. They are less proficient in detecting and responding to hazards and controlling the vehicle, especially at higher speeds. The risk of having a crash during the learner stage is low because the teen is supervised and is generally not driving in high-risk conditions.⁸ Studies in Nova Scotia have shown that the highest crash rate is seen in the first month after the teen gets his/her license.⁹ This inexperience of the young driver accounts for more non-fatal crashes in 16 year olds than caused by speeding or risky behaviors.¹⁰

Teenagers are more likely to take chances, drive in high-risk conditions, succumb to peer pressures, and overestimate their abilities compared to older drivers, especially when first starting to drive unsupervised, increasing their risk for crashes. Some of the conditions that make teens more likely to be involved in a collision include: an increased number of drivers in the car, more nighttime driving, unsafe vehicles being driven, less use of safety restraints, and the use of drugs and alcohol during vehicle operation.

Also adding distractions such as eating, and radio and cell phone use, in combination with inexperience, only puts the teen driver at greater risk for crash and injury.

Possible Interventions to Address the Problem

Driver education

Traditional driver education programs contain 30 hours of classroom and 6 hours of on-road instruction. Several reviews of the literature have shown that these courses are not effective in creating safe drivers and decreasing crash risk.¹¹ One hypothesis for the failure of these traditional courses has been that students are not receiving adequate “behind-the-wheel” training with 20-50 hours of supervised driving (5-10 hours of which are during the night hours). Courses that encourage skid control and advance-maneuvering techniques should be avoided as they can encourage overconfidence and a more aggressive driving style, leading to increased crash rates.¹²

Parental involvement

Parents must play an active role in their teens driving. Parents are often unaware of the teen’s risky driving habits.¹³ Parents need to be involved with their teen by: giving permission to obtain a license; controlling their access to the vehicle; punish teens for not following family restrictions; influence selection of the vehicle driven; and serve as driving instructors, supervisors, and role models. Although not fully studied, parent-teen driving contracts help to delineate rules and consequences and improve communication and attitudes. Early research has shown that these contracts can play a role in decreasing teen traffic violations and crashes.

Graduated Driver’s License

Since the American Academy of Pediatrics made a policy statement about Teen Driving in 1996, almost all states have enacted some form of a graduated driver’s license law (GDL). The GDL system has a three-stage approach: a learner’s permit, an intermediate or provisional stage, and a regular driver’s license. Each stage has specific components, restrictions, and minimum time requirements. To graduate to the next stage, the driver must spend the required time in that stage, acquire and demonstrate proficiency in driving skill, and not incur a driving violation during the defined period. The provisional stage is designed to give the teen extensive driving experience under low risk, supervised conditions.

Initial evaluations of GDL systems have been encouraging. A Cochrane review of 13 GDL programs found reductions in total crashes (41%), injury crashes (43%), and hospitalizations (35%) for 16-year-old drivers.¹⁴ Data also shows that since GDL has been passed, fewer licensed young drivers are driving fewer unsupervised miles due to imposed restrictions; leading to decreased crash rates.¹⁵

Three provisions within GDL, in particular, have shown to be the most beneficial: limits on nighttime driving, restrictions on number of passengers during the intermediate stage, and requirements that drivers remain crash and violation free before advancing to the next level. Unfortunately, many states have not incorporated these provisions into their laws. The Insurance Institute for Highway Safety evaluated the GDL laws for all states; only 9 were rated as “good” and 27 as “acceptable.” Ohio only received a fair grade.

The American Academy of Pediatrics Committee on Injury and Violence Prevention has recently published guidelines for GDL systems that would make them most effective.¹⁶ Their 9 main points include:

- 1) A learner’s permit phase that starts no earlier than age 16 and lasts at least 6 months.
- 2) A minimum of 30 hours (preferably 50 hours) of adult supervised on-road driving during the permit stage – 5-10 of these hours should be at night.
- 3) A provisional (intermediate) stage, with restrictions, that lasts until age 18
- 4) A nighttime driving restriction (9pm-5am until driving with provisional license for 6 months, followed by a midnight – 5am restriction until 18 years old).
- 5) Passenger limits (unless adult supervised) – no teen passengers first 6 months with provisional license, no more than two teen passengers second 6 months.
- 6) Prompt imposition of fines, remedial driver classes, or license suspension for violation of passenger or curfew restrictions.
- 7) Use of safety belts and child restraints by all passengers.
- 8) Zero alcohol tolerance and license revocation for drunk driving, excessive speeding, or reckless driving.
- 9) Documented safe driving record before full licensure is granted.

Analysis of House Bill 53

With these comments in mind, we are very pleased with the *Drive Toward a Safer Ohio* proposal. This proposal included several positive changes to driver training and testing that are long overdue. Further, we applaud the inclusion of passenger restrictions for probationary driver’s license holders and other provisions aimed at reducing distracted driving.

Under the *as introduced* version of HB 53, all holders of a probationary driver’s license would be prohibited from operating a motor vehicle between midnight and 6:00am, unless the license holder is accompanied by a parent or is traveling to or from work. Under current law, this time restriction only applies to drivers 16 years of age or younger. These are evidence based changes that will yield immediate results

Overall, the *Drive Toward a Safer Ohio* represents a significant step forward in reducing injuries and fatalities resulting from traffic accidents. We appreciate the work of ODPS on this important topic and encourage your support. Thank you for your time and consideration.

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