

103

HIGH RISK DRIVERS ACT OF 1993

(103-50)

Y 4.P 96/11:103-50

High Risk Drivers Act of 1993, (103... **WARNING**

BEFORE THE

SUBCOMMITTEE ON
SURFACE TRANSPORTATION

OF THE

COMMITTEE ON

PUBLIC WORKS AND TRANSPORTATION

HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

ON

H.R. 1719

TO PROMOTE THE IMPLEMENTATION OF PROGRAMS TO IMPROVE
TRAFFIC SAFETY PERFORMANCE OF HIGH RISK DRIVERS

MARCH 24, 1994

Printed for the use of the
Committee on Public Works and Transportation



U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1994

81-567

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402

ISBN 0-16-045827-7

U.S. GOVERNMENT PRINTING OFFICE
DEPOSITORY

NOV 2 1994

BOSTON PUBLIC LIBRARY
U.S. GOVERNMENT PRINTING OFFICE

103

HIGH RISK DRIVERS ACT OF 1993

(103-50)

Y 4.P 96/11:103-50

High Risk Drivers Act of 1993, (103... **WARNING**

BEFORE THE

SUBCOMMITTEE ON
SURFACE TRANSPORTATION

OF THE

COMMITTEE ON
PUBLIC WORKS AND TRANSPORTATION
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

ON

H.R. 1719

TO PROMOTE THE IMPLEMENTATION OF PROGRAMS TO IMPROVE
TRAFFIC SAFETY PERFORMANCE OF HIGH RISK DRIVERS

MARCH 24, 1994

Printed for the use of the
Committee on Public Works and Transportation



U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1994

81-567

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402

ISBN 0-16-045827-7

U.S. GOVERNMENT PRINTING OFFICE
DEPOSITORY
NOV 2 1994
BOSTON PUBLIC LIBRARY
U.S. GOVERNMENT PRINTING OFFICE

COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

NORMAN Y. MINETA, California, *Chair*

JAMES L. OBERSTAR, Minnesota
NICK J. RAHALL II, West Virginia
DOUGLAS APPLIGATE, Ohio
RON DE LUGO, Virgin Islands
ROBERT A. BORSKI, Pennsylvania
TIM VALENTINE, North Carolina
WILLIAM O. LIPINSKI, Illinois
ROBERT E. WISE, JR., West Virginia
JAMES A. TRAFICANT, JR., Ohio
PETER A. DEFAZIO, Oregon
JAMES A. HAYES, Louisiana
BOB CLEMENT, Tennessee
JERRY F. COSTELLO, Illinois
MIKE PARKER, Mississippi
GREG LAUGHLIN, Texas
PETE GEREN, Texas
GEORGE E. SANGMEISTER, Illinois
GLENN POSHARD, Illinois
DICK SWETT, New Hampshire
BUD CRAMER, Alabama
BARBARA-ROSE COLLINS, Michigan
ELEANOR HOLMES NORTON, District of
Columbia
LUCIEN E. BLACKWELL, Pennsylvania
JERROLD NADLER, New York
SAM COPPERSMITH, Arizona
LESLIE L. BYRNE, Virginia
MARIA CANTWELL, Washington
PAT DANNER, Missouri
KAREN SHEPHERD, Utah
ROBERT MENENDEZ, New Jersey
JAMES E. CLYBURN, South Carolina
CORRINE BROWN, Florida
NATHAN DEAL, Georgia
JAMES A. BARCIA, Michigan
DAN HAMBURG, California
BOB FILNER, California
WALTER R. TUCKER III, California
EDDIE BERNICE JOHNSON, Texas
PETER W. BARCA, Wisconsin
BUD SHUSTER, Pennsylvania
WILLIAM F. CLINGER, JR., Pennsylvania
THOMAS E. PETRI, Wisconsin
SHERWOOD L. BOEHLERT, New York
JAMES M. INHOFE, Oklahoma
BILL EMERSON, Missouri
JOHN J. DUNCAN, JR., Tennessee
SUSAN MOLINARI, New York
WILLIAM H. ZELIFF, JR., New Hampshire
THOMAS W. EWING, Illinois
WAYNE T. GILCHREST, Maryland
JENNIFER DUNN, Washington
Y. TIM HUTCHINSON, Arkansas
BILL BAKER, California
MICHAEL A. "MAC" COLLINS, Georgia
JAY KIM, California
DAVID A. LEVY, New York
STEPHEN HORN, California
BOB FRANKS, New Jersey
PETER I. BLUTE, Massachusetts
HOWARD P. "BUCK" McKEON, California
JOHN L. MICA, Florida
PETER HOEKSTRA, Michigan
JACK QUINN, New York
VERNON J. EHLERS, Michigan

SUBCOMMITTEE ON SURFACE TRANSPORTATION

NICK J. RAHALL II, West Virginia, *Chair*TIM VALENTINE, North Carolina,
Vice Chair

BOB CLEMENT, Tennessee

JERRY F. COSTELLO, Illinois

GREG LAUGHLIN, Texas

GLENN POSHARD, Illinois

DICK SWETT, New Hampshire

BUD CRAMER, Alabama

PETER A. DEFAZIO, Oregon

JERROLD NADLER, New York

LESLIE L. BYRNE, Virginia

MARIA CANTWELL, Washington

PAT DANNER, Missouri

ROBERT MENENDEZ, New Jersey

JAMES E. CLYBURN, South Carolina

DAN HAMBURG, California

WALTER R. TUCKER III, California

EDDIE BERNICE JOHNSON, Texas

DOUGLAS APPLGATE, Ohio

RON DE LUGO, Virgin Island

WILLIAM O. LIPINSKI, Illinois

JAMES A. TRAFICANT, JR., Ohio

PETER W. BARCA, Wisconsin

NORMAN Y. MINETA, California

(Ex Officio)

THOMAS E. PETRI, Wisconsin

WILLIAM F. CLINGER, JR., Pennsylvania

BILL EMERSON, Missouri

WILLIAM H. ZELIFF, JR., New Hampshire

JENNIFER DUNN, Washington

Y. TIM HUTCHINSON, Arkansas

BILL BAKER, California

MICHAEL A. "MAC" COLLINS, Georgia

JAY KIM, California

DAVID A. LEVY, New York

BOB FRANKS, New Jersey

PETER I. BLUTE, Massachusetts

HOWARD P. "BUCK" McKEON, California

VERNON J. EHLERS, Michigan

BUD SHUSTER, Pennsylvania

(Ex Officio)

CONTENTS

Summary of Subject Matter	Page XXXVII
H.R. 1719 (text of)	VII

TESTIMONY

Arena, James, chair, National Association of Governors' Highway Safety Representatives	34
Austin, Hon. Richard H., Secretary of State, State of Michigan	34
Brown, Beckie, national president, Mothers Against Drunk Driving (MADD) ..	43
Flake, Hon. Floyd H., a Representative in Congress from New York	5
Gavin, Ambassador John, chairman, The Century Council	60
Goodling, Hon. William F., a Representative in Congress from Pennsylvania ..	5
Hart, Christopher A., Acting Administrator, National Highway Traffic Safety Administration, U.S. Department of Transportation, accompanied by Michael Brownlee, Associate Administrator For Traffic Safety Programs, and Adele Derby, Associate Administrator for Regional Operations	18
Hingson, Ralph, Sc.D., professor and chair, Social and Behavioral Sciences, Boston University School of Public Health	53
Marottoli, Richard A., assistant professor of medicine, Yale University School of Medicine	53
Partridge, Jane, president, Student Government Association, Langley High School, Langley, VA	5
Robinson, Col. Michael D., director, Michigan State Police	34
Roemer, Jane, executive director, public policy, National Safety Council	60
Rothberg, Dr. Paul F., specialist in science and technology, Science Policy Research Division, Congressional Research Service, the Library of Congress	53
Schiavone, Terrance D., president, National Commission Against Drunk Driving	60
Scholhamer, Nanne, M.S.W., case manager, Dorothy Adler Geriatric Assessment Center, Yale-New Haven Hospital	53
Snyder, David, assistant general counsel, American Insurance Association, on behalf of Advocates for Highway and Auto Safety, accompanied by Judith Lee Stone, president, Advocates for Highway and Auto Safety	43
Tull, Allan, member, Board of Directors, American Association of Retired Persons (AARP)	43
Vogt, Carl L., Chairman, National Transportation Safety Board, accompanied by Barry M. Sweedler, Director, Office of Safety Recommendations	18
Wolf, Hon. Frank, a Representative in Congress from Virginia	5
Wyland, Darryl L., senior vice president, Public and Government Relations, American Automobile Association	43

PREPARED STATEMENTS SUBMITTED BY MEMBERS OF CONGRESS

Costello, Hon. Jerry L., of Illinois	2
Danforth, Senator John C., of Missouri	3
Flake, Hon. Floyd H	94
Goodling, Hon. William F	118
Mineta, Hon. Norman Y., of California	2
Wolf, Hon. Frank	261

PREPARED STATEMENTS SUBMITTED BY WITNESSES

Arena, James	67
Austin, Hon. Richard H.	75

	Page
Brown, Beckie	89
Gavin, Ambassador John	97
Hart, Christopher A	121
Hingson, Ralph	130
Marottoli, Richard A	199
Partridge, Jane	202
Robinson, Col. Michael	204
Roemer, Jane S	205
Rothberg, Dr. Paul F	212
Schiavone, Terrance D	226
Scholhamer, Nanne	230
Snyder, David	233
Tull, Allan	240
Vogt, Carl W	249
Wyland, Darryl L	268

SUBMISSIONS FOR THE RECORD

Gavin, Ambassador John, chairman, The Century Council:	
Membership listing	103
Advisory Board listing	108
The Century Council (overview)	109
Paper: The Century Council Supports Underage Administrative License Revocation	115
Hingson, Ralph, Sc.D., professor and chair, Social and Behavioral Sciences Department, Boston University School of Public Health:	
Paper: Lower Legal Blood Alcohol Limits for Young Drivers (Jan. 1994) ...	138
Article from Journal of Studies on Alcohol (Nov. 1991): "Alcohol-Related Relative Risk of Fatal Driver Injuries in Relation to Driver Age and Sex"	160
Paper: Impact of the Saving Lives Program (March 1994)	169
Booklet: Street Stories—The Massachusetts Saving Lives Program	1
Booklet: Save Lives!	1
Booklet: Community Action Guide to Save Lives!	1
Tull, Allan, member, Board of Directors, American Association of Retired Persons (AARP):	
Transportation brief: Traffic Safety and the Older Driver	245
AARP's Views on Important Issues—Older Drivers	247

ADDITIONS TO THE RECORD

American Association of State Highway and Transportation Officials:	
Statement	272
Freund, Katherine, Southern Maine Area Agency on Aging, statement	281
Holland, Ann, international president, General Federation of Women's Clubs, statement	280
National Association of Beverage Retailers, John B. Burcham, Jr., executive director, statement	287

¹ Retained in subcommittee files.

103^D CONGRESS
1ST SESSION

H. R. 1719

To promote the implementation of programs to improve the traffic safety performance of high risk drivers.

IN THE HOUSE OF REPRESENTATIVES

APRIL 19, 1993

Mr. WOLF introduced the following bill; which was referred to the Committee on Public Works and Transportation

A BILL

To promote the implementation of programs to improve the traffic safety performance of high risk drivers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "High Risk Drivers Act
5 of 1993".

6 **SEC. 2. FINDINGS.**

7 The Congress makes the following findings:

8 (1) The Nation's traffic fatality rate has de-
9 clined from 5.5 deaths per 100 million vehicle miles
10 traveled in 1966 to an historic low of an estimated

1 1.8 deaths per 100 million vehicle miles traveled
2 during 1992. In order to further this desired trend,
3 the safety programs and policies implemented by the
4 Department of Transportation must be continued,
5 and at the same time, the focus of these efforts as
6 they pertain to high risk drivers of all ages must be
7 strengthened.

8 (2) Motor vehicle crashes are the leading cause
9 of death among teenagers, and teenage drivers tend
10 to be at fault for their fatal crashes more often than
11 older drivers. Drivers who are 16 to 20 years old
12 comprised 7.4 percent of the United States popu-
13 lation in 1991 but were involved in 15.4 percent of
14 fatal motor vehicle crashes. Also, on the basis of
15 crashes per 100,000 licensed drivers, young drivers
16 are the highest risk group of drivers.

17 (3) During 1991, 6,630 teenagers from age 15
18 through 20 died in motor vehicle crashes. This trag-
19 ic loss demands that the Federal Government inten-
20 sify its efforts to promote highway safety among
21 members of this high risk group.

22 (4) The consumption of alcohol, speeding over
23 allowable limits or too fast for road conditions, inad-
24 equate use of occupant restraints, and other high
25 risk behaviors are several of the key causes for this

1 tragic loss of young drivers and passengers. The De-
2 partment of Transportation, working cooperatively
3 with the States, student groups, and other organiza-
4 tions, must reinvigorate its current programs and
5 policies to address more effectively these pressing
6 problems of teenage drivers.

7 (5) In 1991 individuals aged 70 years and
8 older, who are particularly susceptible to injury,
9 were involved in 12 percent of all motor vehicle traf-
10 fic crash fatalities. These deaths accounted for 4,828
11 fatalities out of 41,462 total traffic fatalities.

12 (6) The number of older Americans who drive
13 is expected to increase dramatically during the next
14 30 years. Unfortunately, during the last 15 years,
15 the Department of Transportation has supported an
16 extremely limited program concerning older drivers.
17 Research on older driver behavior and licensing has
18 suffered from intermittent funding at amounts that
19 were insufficient to address the scope and nature of
20 the challenges ahead.

21 (7) A major objective of United States trans-
22 portation policy must be to promote the mobility of
23 older Americans while at the same time ensuring
24 public safety on our Nation's highways. In order to
25 accomplish these two objectives simultaneously, the

1 Department of Transportation must support a vigor-
2 ous and sustained program of research, technical as-
3 sistance, evaluation, and other appropriate activities
4 that are designed to reduce the fatality and crash
5 rate of older drivers who have identifiable risk char-
6 acteristics.

7 **SEC. 3. DEFINITIONS.**

8 In this Act, the following definitions apply:

9 (1) The term "high risk driver" means a motor
10 vehicle driver who belongs to a class of drivers that,
11 based on vehicle crash rates, fatality rates, traffic
12 safety violation rates, and other factors specified by
13 the Secretary, presents a risk of injury to the driver
14 and other individuals that is higher than the risk
15 presented by the average driver.

16 (2) The term "Secretary" means the Secretary
17 of Transportation.

18 **SEC. 4. POLICY AND PROGRAM DIRECTION.**

19 (a) **GENERAL RESPONSIBILITY OF SECRETARY.**—
20 The Secretary shall develop and implement effective and
21 comprehensive policies and programs to promote safe driv-
22 ing behavior by young drivers, older drivers, and repeat
23 violators of traffic safety regulations and laws.

1 (b) SAFETY PROMOTION ACTIVITIES.—The Secretary
2 shall promote or engage in activities that seek to ensure
3 that—

4 (1) cost effective and scientifically-based guide-
5 lines and technologies for the nondiscriminatory
6 evaluation and licensing of high risk drivers are
7 advanced;

8 (2) model driver training, screening, licensing,
9 control, and evaluation programs are improved;

10 (3) uniform or compatible State driver point
11 systems and other licensing and driver record infor-
12 mation systems are advanced as a means of identify-
13 ing and initially evaluating high risk drivers; and

14 (4) driver training programs and the delivery of
15 such programs are advanced.

16 (c) DRIVER TRAINING RESEARCH.—The Secretary
17 shall explore the feasibility of advisability of using cost ef-
18 ficient simulation and other technologies as a means of
19 enhancing driver training; shall advance knowledge re-
20 garding the perceptual, cognitive, and decision making
21 skills needed for safe driving and to improve driver train-
22 ing; and shall investigate the most effective means of inte-
23 grating licensing, training, and other techniques for pre-
24 paring novice drivers for the safe use of highway systems.

1 TITLE I—YOUNG DRIVER PROGRAMS

2 SEC. 101. STATE GRANTS FOR YOUNG DRIVER PROGRAMS.

3 (a) ESTABLISHMENT OF GRANT PROGRAM.—Chapter
4 4 of title 23, United States Code, is amended by adding
5 at the end the following new section:

6 “§ 411. Programs for young drivers.

7 “(a) GENERAL AUTHORITY.—Subject to the provi-
8 sions of this section, the Secretary shall make basic and
9 supplemental grants to those States which adopt and im-
10 plement programs for young drivers which include meas-
11 ures, described in this section, to reduce traffic safety
12 problems resulting from the driving performance of young
13 drivers. Such grants may only be used by recipient States
14 to implement and enforce such measures.

15 “(b) MAINTENANCE OF EFFORT.—No grant may be
16 made to a State under this section in any fiscal year unless
17 such State enters into such agreements with the Secretary
18 as the Secretary may require to ensure that such State
19 will maintain its aggregate estimated expenditures from
20 all other sources for programs for young drivers at or
21 above the average level of such expenditures in its 2 fiscal
22 years preceding the fiscal year in which this section is en-
23 acted.

24 “(c) FEDERAL SHARE.—No State may receive grants
25 under this section in more than 5 fiscal years. The Federal

1 share payable for any grant under this section shall not
2 exceed—

3 “(1) in the first fiscal year a State receives a
4 grant under this section, 75 percent of the cost of
5 implementing and enforcing in such fiscal year the
6 young driver program adopted by the State pursuant
7 to subsection (a);

8 “(2) in this second fiscal year the State receives
9 a grant under this section, 50 percent of the cost of
10 implementing and enforcing in such fiscal year such
11 program; and

12 “(3) in the third, fourth, and fifth fiscal years
13 the State receives a grant under this section, 25 per-
14 cent of the cost of implementing and enforcing in
15 such fiscal year such program.

16 “(d) MAXIMUM AMOUNT OF BASIC GRANTS.—Sub-
17 ject to subsection (c), the amount of a basic grant made
18 under this section for any fiscal year to any State which
19 is eligible for such a grant under subsection (e) shall equal
20 30 percent of the amount apportioned to such State for
21 fiscal year 1989 under section 402 of this title. A grant
22 to a State under this section shall be in addition to the
23 State’s apportionment under section 402, and basic grants
24 during any fiscal year may be proportionately reduced to

1 accommodate an applicable statutory obligation limitation
2 for that fiscal year.

3 “(e) ELIGIBILITY FOR BASIC GRANTS.—

4 “(1) GENERAL.—For purposes of this section, a
5 State is eligible for a basic grant if such State—

6 “(A) establishes and maintains a grad-
7 uated licensing program for drivers under 18
8 years of age that meets the requirements of
9 paragraph (2); and

10 “(B)(i) in the first year of receiving grants
11 under this section, meets three of the eight cri-
12 teria specified in paragraph (3);

13 “(ii) in the second year of receiving such
14 grants, meets four of such criteria;

15 “(iii) in the third year of receiving such
16 grants, meets five of such criteria;

17 “(iv) in the fourth year of receiving such
18 grants, meets six of such criteria; and

19 “(v) in fifth year of receiving such grants,
20 meets six of such criteria.

21 “(2) GRADUATED LICENSING PROGRAM.—(A) A
22 State receiving a grant under this section shall es-
23 tablish and maintain a graduated licensing program
24 consisting of the following licensing stages for any
25 driver under 18 years of age:

1 “(i) An instructional license, valid for a
2 minimum period determined by the Secretary,
3 under which the licensee shall not operate a
4 motor vehicle unless accompanied in the front
5 passenger seat by the holder of a full driver’s
6 license.

7 “(ii) A provisional driver’s license which
8 shall not be issued unless the driver has passed
9 a written examination on traffic safety and has
10 passed a roadtest administered by the driver li-
11 censing agency of the State.

12 “(iii) A full driver’s license which shall not
13 be issued until the driver has held a provisional
14 license for at least 1 year with a clean driving
15 record.

16 “(B) For purposes of subparagraph (A)(iii),
17 subsection (f)(1), and subsection (f)(6)(B), a provi-
18 sional licensee has a clean driving record if the
19 licensee—

20 “(i) has not been found, by civil or crimi-
21 nal process, to have committed a moving traffic
22 violation during the applicable period;

23 “(ii) has not been assessed points against
24 the license because of safety violations during
25 such period; and

1 “(iii) has satisfied such other requirements
2 as the Secretary may prescribe by regulation.

3 “(C) The Secretary shall determine the condi-
4 tions under which a State shall suspend provisional
5 driver’s licenses in order to be eligible for a basic
6 grant. At a minimum, the holder of a provisional li-
7 cense shall be subject to driver control actions that
8 are stricter than those applicable to the holder of a
9 full driver’s license, including warning letters and
10 suspension at a lower point threshold.

11 “(D) For a State’s first 2 years of receiving a
12 grant under this section, the Secretary may waive
13 the clean driving record requirement subparagraph
14 (A)(iii) if the State submits satisfactory evidence of
15 its efforts to establish such a requirement.

16 “(3) CRITERIA FOR BASIC GRANT.—The eight
17 criteria referred to in paragraph (1)(B) are as
18 follows:

19 “(A) The State requires that any driver
20 under 21 years of age with a blood alcohol con-
21 centration of 0.02 percent or greater when driv-
22 ing a motor vehicle shall be deemed to be driv-
23 ing while intoxicated for the purpose of (i) ad-
24 ministrative or judicial sanctions or (ii) a law or
25 regulation that prohibits any individual under

1 21 years of age with a blood alcohol concentra-
2 tion of 0.02 percent or greater from driving a
3 motor vehicle.

4 “(B) The State has a law or regulation
5 that provides a mandatory minimum penalty of
6 at least \$500 for anyone who in violation of
7 State law or regulation knowingly, or without
8 checking for proper identification, provides or
9 sells alcohol to any individual under age 21
10 years of age.

11 “(C) The State requires that all front seat
12 and rear seat occupants of any motor vehicle
13 shall use safety belts.

14 “(D) The State requires that the license of
15 a driver under 21 years of age be suspended for
16 a period specified by the State if such driver is
17 convicted of the unlawful purchase or public
18 possession of alcohol. The period of suspension
19 shall be at least 6 months for a first conviction
20 and at least 12 months for a subsequent convic-
21 tion; except that specific license restrictions
22 may be imposed as an alternative to such mini-
23 mum periods of suspension where necessary to
24 avoid undue hardship on any individual.

1 “(E) The State conducts traffic safety en-
2 forcement activities, and education and training
3 programs—

4 “(i) with the participation of judges
5 and prosecutors, that are designed to en-
6 sure enforcement of traffic safety laws and
7 regulations, including those that prohibit
8 drivers under 21 years of age from driving
9 while intoxicated, restrict the unauthorized
10 use of a motor vehicle, and establish other
11 moving violations; and

12 “(ii) with the participation of student
13 and youth groups, that are designed to en-
14 sure compliance with such traffic safety
15 laws and regulations.

16 “(F) The State is a member of and sub-
17 stantially complies with the interstate agree-
18 ment known as the Driver License Compact,
19 promptly and reliably transmits and receives
20 through electronic means interstate driver
21 record information (including information on
22 commercial drivers) in cooperation with the
23 Secretary and other States, and develops and
24 achieves demonstrable annual progress in imple-
25 menting a plan to ensure that (i) each court of

1 the State report expeditiously to the State driv-
2 er licensing agency all traffic safety convictions,
3 license suspensions, license revocations, or other
4 license restrictions, and driver improvement ef-
5 forts sanctioned or ordered by the court, and
6 that (ii) such records be available electronically
7 to appropriate government officials (including
8 enforcement, officers, judges, and prosecutors)
9 upon request at all times.

10 “(G) The State prohibits the possession of
11 any open alcoholic beverage container, or the
12 consumption of any alcoholic beverage, in the
13 passenger area of any motor vehicle located on
14 a public highway or the right-of-way of a public
15 highway; except as allowed in the passenger
16 area, by persons (other than the driver), of a
17 motor vehicle designed to transport more than
18 10 passengers (including the driver) while being
19 used to provide charter transportation of pas-
20 sengers.

21 “(H) The State has a law or regulation
22 that provides a minimum penalty of at least
23 \$100 for anyone who in violation of State law
24 or regulation drives any vehicle through,
25 around, or under any crossing, gate, or barrier

1 at a railroad crossing while such gate or barrier
2 is closed or being opened or closed.

3 “(f) SUPPLEMENTAL GRANT PROGRAM.—

4 “(1) EXTENDED APPLICATION OF PROVISIONAL
5 LICENSE REQUIREMENT.—For purposes of this sec-
6 tion, a State is eligible for a supplemental grant for
7 a fiscal year in an amount, subject to subsection (c),
8 not to exceed 10 percent of the amount apportioned
9 to such State for fiscal year 1989 under section 402
10 of this title if such State is eligible for a basic grant
11 and in addition such State requires that a driver
12 under 21 years of age shall not be issued a full driv-
13 er’s license until the driver has held a provisional li-
14 cense for at least 1 year with a clean driving record
15 as described in subsection (e)(2)(B).

16 “(2) PROVISION OF INSURANCE INFORMA-
17 TION.—For purposes of this section, a State is eligi-
18 ble for a supplemental grant for a fiscal year in an
19 amount, subject to subsection (c), not to exceed 5
20 percent of the amount apportioned to such State for
21 fiscal year 1989 under section 402 of this title if
22 such State is eligible for a basic grant and in addi-
23 tion such State provides, to a parent or legal guard-
24 ian of any provisional licensee, general information
25 prepared with the assistance of the insurance indus-

1 try on the effect of traffic safety convictions and at-
2 fault accidents on insurance rates for young drivers.

3 “(3) READILY DISTINGUISHABLE LICENSES FOR
4 YOUNG DRIVERS.—For purposes of this section, a
5 State is eligible for a supplemental grant for a fiscal
6 year in an amount, subject to subsection (c), not to
7 exceed 5 percent of the amount apportioned to such
8 State for fiscal year 1989 under section 402 of this
9 title if such State is eligible for a basic grant and
10 in addition such State—

11 “(A) requires that the provisional driver’s
12 license, or full driver’s license, of any driver
13 under 21 years of age be readily distinguishable
14 from the licenses of drivers who are 21 years of
15 age or older, through the use of special back-
16 ground, marking, profile, or any other features,
17 consistent with any guidelines developed by the
18 Secretary in cooperation with the American As-
19 sociation of Motor Vehicle Administrators; and

20 “(B) employs the Social Security number
21 as a common identifier on every driver’s license
22 so as to facilitate the transfer of traffic records
23 among States.

24 “(4) DRIVER TRAINING PREREQUISITE.—For
25 purposes of this section, a State is eligible for a sup-

1 plemental grant in an amount, subject to subsection
2 (c), not to exceed 5 percent of the amount appor-
3 tioned to such State for fiscal year 1989 under sec-
4 tion 402 of this title if such State is eligible for a
5 basic grant and in addition such State requires that
6 a provisional driver's license may be issued only to
7 a driver who has satisfactorily completed a State-ac-
8 cepted driver education and training program that
9 meets Department of Transportation guidelines and
10 includes information on the interaction of alcohol
11 and controlled substances and the effect of such
12 interaction on driver performance, and information
13 on the importance of motorcycle helmet use and
14 safety belt use.

15 “(5) REMEDIAL DRIVER EDUCATION.—For pur-
16 poses of this section, a State is eligible for a supple-
17 mental grant for a fiscal year in an amount, subject
18 to subsection (c), not to exceed 5 percent of the
19 amount apportioned to such State for fiscal year
20 1989 under section 402 of this title if such State is
21 eligible for a basic grant and in addition such State
22 requires, at a lower point threshold than for other
23 drivers, remedial driver improvement instruction for
24 drivers under 21 years of age and requires such re-
25 medial instruction for any driver under 21 years of

1 age who is convicted of reckless driving, driving
2 under the influence of alcohol, or driving while
3 intoxicated.

4 “(6) PROVISIONAL LICENSE REQUIREMENT
5 AFTER LICENSE SUSPENSION OR REVOCATION.—For
6 purposes of this section, a State is eligible for a sup-
7 plemental grant for a fiscal year in an amount, sub-
8 ject to subsection (c), not to exceed 5 percent of the
9 amount apportioned to such State for fiscal year
10 1989 under section 402 of this title if such State is
11 eligible for a basic grant and in addition such State
12 requires that any driver whose driving privilege is
13 restored after license suspension or revocation re-
14 sulting from a traffic safety violation shall for at
15 least 1 year be subject to the following:

16 “(A) The restored license shall be imme-
17 diately suspended, for a period to be determined
18 by the Secretary, upon the driver’s conviction of
19 any moving traffic safety violation, except that
20 the Secretary may by regulation define limited
21 circumstances under which the State may waive
22 this immediate suspension requirement.

23 “(B) A full driver’s license shall be issued
24 only after the driver has held a provisional li-

1 cense for at least 1 year with a clean driving
2 record, as described in subsection (e)(2)(B).

3 “(C) The driver shall be—

4 “(i) deemed to be driving while intoxi-
5 cated if the driver has a blood alcohol con-
6 centration of .02 percent or greater; or

7 “(ii) prohibited from operating a
8 motor vehicle with such a blood alcohol
9 concentration.

10 “(7) RECORD OF SERIOUS CONVICTIONS; HA-
11 BITUAL OR REPEAT OFFENDER SANCTIONS.—For
12 purposes of this section, a State is eligible for a sup-
13 plemental grant for a fiscal year in an amount, sub-
14 ject to subsection (e), not to exceed 5 percent of the
15 amount apportioned to such State for fiscal year
16 1989 under section 402 of this title if such State is
17 eligible for a basic grant and in addition such
18 State—

19 “(A) requires that a notation of any seri-
20 ous traffic safety conviction of a driver be main-
21 tained on the driver’s permanent traffic record
22 for at least 10 years after the date of the con-
23 viction; and

24 “(B) provides additional sanctions for any
25 driver who, following conviction of a serious

1 traffic safety violation, is convicted during the
2 next 10 years of one or more subsequent seri-
3 ous traffic safety violations.

4 “(8) OVERSIGHT OF ALCOHOL SALES TO UN-
5 DERAGE DRINKERS.—For purposes of this section, a
6 State is eligible for a supplemental grant for a fiscal
7 year in an amount, subject to subsection (c), not to
8 exceed 5 percent of the amount appropriated to such
9 State for fiscal year 1989 under section 402 of this
10 title if such State is eligible for a basic grant and
11 in addition such State exercises effective oversight of
12 colleges and universities that provide or allow the
13 selling of alcohol to underage drinkers as defined by
14 State law or regulation.

15 “(g) APPLICABILITY OF CHAPTER 1.—

16 “(1) IN GENERAL.—Except as otherwise pro-
17 vided in this subsection, all provisions of chapter 1
18 of this title that are applicable to National Highway
19 System funds, other than provisions relating to the
20 apportionment formula and provisions limiting the
21 expenditure of such funds to the Federal-aid sys-
22 tems, shall apply to the funds authorized to be ap-
23 propriated to carry out this section.

24 “(2) INCONSISTENT PROVISIONS.—If the Sec-
25 retary determines that a provision of chapter 1 of

1 this title is inconsistent with this section, such provi-
2 sion shall not apply to funds authorized to be appro-
3 priated to carry out this section.

4 “(3) CREDIT FOR STATE AND LOCAL EXPENDI-
5 TURES.—The aggregate of all expenditures made
6 during any fiscal year by a State and its political
7 subdivisions (exclusive of Federal funds) for carrying
8 out the State highway safety program (other than
9 planning and administration) shall be available for
10 the purpose of crediting such State during such fis-
11 cal year for the non-Federal share of the cost of any
12 project under this section (other than one for plan-
13 ning or administration) without regard to whether
14 such expenditures were actually made in connection
15 with such project.

16 “(4) INCREASED FEDERAL SHARE FOR CERTAIN
17 INDIAN TRIBE PROGRAMS.—In the case of a local
18 highway safety program carried out by an Indian
19 tribe, if the Secretary is satisfied that an Indian
20 tribe does not have sufficient funds available to meet
21 the non-Federal share of the cost of such program,
22 the Secretary may increase the Federal share of the
23 cost thereof payable under this title to the extent
24 necessary.

1 “(5) TREATMENT OF TERM ‘STATE HIGHWAY
2 DEPARTMENT’.—In applying provisions of chapter 1
3 in carrying out this section, the term ‘State highway
4 department’ as used in such provisions shall mean
5 the Governor of a State and, in the case of an In-
6 dian tribe program, the Secretary of the Interior.

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this section,
9 \$18,000,000 for each of the fiscal years ending September
10 30, 1994, and September 30, 1995, \$20,000,000 for the
11 fiscal year ending September 30, 1996, and \$22,000,000
12 for each of the fiscal years ending September 30, 1997,
13 and September 30, 1998.”.

14 (b) CONFORMING AMENDMENT.—The analysis of
15 chapter 4 of title 23, United States Code, is amended by
16 inserting immediately after the item relating to section
17 410 the following new item:

 “411. Programs for young drivers.”.

18 (c) DEADLINES FOR ISSUANCE OF REGULATIONS.—
19 The Secretary shall issue and publish in the Federal Reg-
20 ister proposed regulations to implement section 411 of
21 title 23, United States Code (as added by this section),
22 not later than 6 months after the date of enactment of
23 this Act. The final regulations for such implementation
24 shall be issued, published in the Federal Register, and

1 transmitted to Congress not later than 12 months after
2 such date of enactment.

3 **SEC. 102. PROGRAM EVALUATION.**

4 (a) **EVALUATION BY SECRETARY.**—The Secretary
5 shall, under section 403 of title 23, United States Code,
6 conduct an evaluation of the effectiveness of State provi-
7 sional driver's licensing programs and the grant program
8 authorized by section 411 of title 23, United States Code
9 (as added by section 101 of this Act).

10 (b) **REPORT TO CONGRESS.**—By January 1, 1997,
11 the Secretary shall transmit a report on the results of the
12 evaluation conducted under subsection (a) and any related
13 research to the Committee on Commerce, Science, and
14 Transportation of the Senate and the Committee on Pub-
15 lic Works and Transportation of the House of Representa-
16 tives. The report shall include any related recommenda-
17 tions by the Secretary for legislative changes.

18 **TITLE II—OLDER DRIVER PROGRAMS**

19 **SEC. 201. OLDER DRIVER SAFETY RESEARCH.**

20 (a) **RESEARCH ON PREDICTABILITY OF HIGH RISK**
21 **DRIVING.**—(1) The Secretary shall conduct a program
22 that funds, within budgetary limitations, the research
23 challenges presented in the Transportation Research
24 Board's report "Research and Development Needs for
25 Maintaining the Safety and Mobility of Older Drivers".

1 (2) To the extent technically feasible, the Secretary
2 shall consider the feasibility and further the development
3 of cost efficient, reliable tests capable of predicting in-
4 creased risk of accident involvement or hazardous driving
5 by older high risk drivers.

6 (b) SPECIALIZED TRAINING FOR LICENSE EXAMIN-
7 ERS.—The Secretary shall encourage and conduct re-
8 search and demonstration activities to support the special-
9 ized training of license examiners or other certified exam-
10 iners to increase their knowledge and sensitivity to the
11 transportation needs and physical limitations of older driv-
12 ers, including knowledge of functional disabilities related
13 to driving, and to be cognizant of possible counter-
14 measures to deal with the challenges to safe driving that
15 may be associated with increasing age.

16 (c) COUNSELING PROCEDURES AND CONSULTATION
17 METHODS.—The Secretary shall encourage and conduct
18 research and disseminate information to support and en-
19 courage the development of appropriate counseling proce-
20 dures and consultation methods with relatives, physicians,
21 the traffic safety enforcement and the motor vehicle licens-
22 ing communities, and other concerned parties. Such proce-
23 dures and methods shall include the promotion of vol-
24 untary action by older high risk drivers to restrict or limit
25 their driving when medical or other conditions indicate

1 such action is advisable. The Secretary shall consult exten-
2 sively with the American Association of Retired Persons,
3 the American Association of Motor Vehicle Administra-
4 tors, the American Occupational Therapy Association, the
5 American Automobile Association, the Department of
6 Health and Human Services, the American Public Health
7 Association, and other interested parties in developing
8 educational materials on the interrelationship of the aging
9 process, driver safety, and the driver licensing process.

10 (d) ALTERNATIVE TRANSPORTATION MEANS.—The
11 Secretary shall ensure that the agencies of the Depart-
12 ment of Transportation overseeing the various modes of
13 surface transportation coordinate their policies and pro-
14 grams to ensure that funds authorized under the Inter-
15 modal Surface Transportation Efficiency Act of 1991
16 (Public Law 102-240; 105 Stat. 1914) and implementing
17 Department of Transportation and Related Agencies Ap-
18 propriations Acts take into account the transportation
19 needs of older Americans by promoting alternative trans-
20 portation means whenever practical and feasible.

21 (e) STATE LICENSING PRACTICES.—The Secretary
22 shall encourage State licensing agencies to use restricted
23 licenses instead of canceling a license whenever such ac-
24 tion is appropriate and if the interests of public safety
25 would be served, and to closely monitor the driving per-

1 formance of older drivers with such licenses. The Sec-
2 retary shall encourage States to provide educational mate-
3 rials of benefit to older drivers and concerned family mem-
4 bers and physicians. The Secretary shall promote licensing
5 and relicensing programs in which the applicant appears
6 in person and shall promote the development and use of
7 cost effective screening processes and testing of physio-
8 logical, cognitive, and perception factors as appropriate
9 and necessary. Not less than one model State program
10 shall be evaluated in light of this subsection during each
11 of the fiscal years 1996 through 1998. Of the sums au-
12 thorized under subsection (i), \$250,000 is authorized for
13 each such fiscal year for such evaluation.

14 (f) IMPROVEMENT OF MEDICAL SCREENING.—The
15 Secretary shall conduct research and other activities de-
16 signed to support and encourage the States to establish
17 and maintain medical review or advisory groups to work
18 with State licensing agencies to improve and provide cur-
19 rent information on the screening and licensing of older
20 drivers. The Secretary shall encourage the participation
21 of the public in these groups to ensure fairness and con-
22 cern for the safety and mobility needs of older drivers.

23 (g) INTELLIGENT VEHICLE-HIGHWAY SYSTEMS.—In
24 implementing the Intelligent Vehicle-Highway Systems
25 Act of 1991 (23 U.S.C. 307 note), the Secretary shall en-

1 sure that the National Intelligent Vehicle-Highway Sys-
2 tems Program devotes sufficient attention to the use of
3 intelligent vehicle-highway systems to aid older drivers in
4 safely performing driver functions. Federally-sponsored
5 research, development, and operational testing shall en-
6 sure the advancement of night vision improvement sys-
7 tems, technology to reduce the involvement of older drivers
8 in accidents occurring at intersections, and other tech-
9 nologies of particular benefit to older drivers.

10 (h) TECHNICAL EVALUATIONS UNDER INTERMODAL
11 SURFACE TRANSPORTATION EFFICIENCY ACT.—In con-
12 ducting the technical evaluations required under section
13 6055 of the Intermodal Surface Transportation Efficiency
14 Act of 1991 (Public Law 102-240; 105 Stat. 2192), the
15 Secretary shall ensure that the safety impacts on older
16 drivers are considered, with special attention being de-
17 voted to ensuring adequate and effective exchange of infor-
18 mation between the Department of Transportation and
19 older drivers or their representatives.

20 (i) AUTHORIZATION OF APPROPRIATIONS.—Of the
21 funds authorized under section 403 of title 23, United
22 States Code, \$1,250,000 is authorized for each of the fis-
23 cal years 1995 through 2000, and \$1,500,000 is author-
24 ized for each of the fiscal years 2000 through 2005, to

1 support older driver programs described in subsections
2 (a), (b), (c), (e), and (f).

3 TITLE III—HIGH RISK DRIVERS

4 SEC. 301. STUDY ON WAYS TO IMPROVE TRAFFIC RECORDS
5 OF ALL HIGH RISK DRIVERS.

6 (a) IN GENERAL.—Within 1 year after the date of
7 enactment of this Act, the Secretary shall complete a
8 study to determine whether additional or strengthened
9 Federal activities, authority, or regulatory actions are de-
10 sirable or necessary to improve or strengthen the driver
11 record and control systems of the States to identify high
12 risk drivers more rapidly and ensure prompt intervention
13 in the licensing of high risk drivers. The study, which shall
14 be based in part on analysis obtained from a request for
15 information published in the Federal Register, shall con-
16 sider steps necessary to ensure that State traffic record
17 systems are unambiguous, accurate, current, accessible,
18 complete, and (to the extent useful) uniform among the
19 States.

20 (b) SPECIFIC MATTERS FOR CONSIDERATION.—Such
21 study shall at a minimum consider—

22 (1) whether specific legislative action is nec-
23 essary to improve State traffic record systems;

1 (2) the feasibility and practicality of further en-
2 couraging and establishing a uniform traffic ticket
3 citation and control system;

4 (3) the need for a uniform driver violation point
5 system to be adopted by the States;

6 (4) the need for all the States to participate in
7 the Driver License Reciprocity Program conducted
8 by the American Association of Motor Vehicle Ad-
9 ministrators;

10 (5) ways to encourage the States to cross-ref-
11 erence driver license files and motor vehicle files to
12 facilitate the identification of individuals who may
13 not be in compliance with driver licensing laws; and

14 (6) the feasibility of establishing a national pro-
15 gram that would limit each driver to one driver's li-
16 cense from only one State at any time.

17 (c) EVALUATION OF NATIONAL INFORMATION SYS-
18 TEMS.—As part of the study required by this section, the
19 Secretary shall consider and evaluate the future of the na-
20 tional information systems that support driver licensing.
21 In particular, the Secretary shall examine whether the
22 Commercial Driver's License Information System, the Na-
23 tional Driver Register, and the Driver License Reciprocity
24 program should be more closely linked or continue to exist
25 as separate information systems and which entities are

1 best suited to operate such systems effectively at the least
2 cost. The Secretary shall cooperate with the American As-
3 sociation of Motor Vehicle Administrators in carrying out
4 this evaluation.

5 **SEC. 302. STATE PROGRAMS FOR HIGH RISK DRIVERS.**

6 The Secretary shall encourage and promote State
7 driver evaluation, assistance, or control programs for high
8 risk drivers. These programs may include in-person license
9 reexaminations, driver education or training courses, li-
10 cense restrictions or suspensions, and other actions de-
11 signed to improve the operating performance of high risk
12 drivers.

○

The Secretary would be required to develop and promote such highway safety policies and programs through safety promotion activities and driver training research.

III. TITLE I - YOUNG DRIVER GRANT PROGRAMS

Basic Grant Program

Title I establishes a five-year incentive grant program in which the Secretary shall make basic and supplemental grants to states that meet specific requirements.

To be eligible for a basic grant, a state must have a graduated licensing program for drivers under 18 years of age and must meet, of the following criteria, at least:

- three in the first year;
 - four in the second year;
 - five in the third year; and
 - six in the fourth and fifth years.
1. A minimum 0.02 per se B.A.C. (blood alcohol content) law for persons under 21.
 2. A state law or regulation providing for a mandatory minimum penalty of \$500 for anyone selling alcohol to underage individuals.
 3. A state law requiring that front and rear seat occupants of any motor vehicle wear safety belts.
 4. A state requirement for the suspension of the driver's license of anyone under 21 years of age who is convicted of the unlawful purchase or public possession of alcohol, for a minimum of 6 months for a first conviction and of 12 months for a second conviction. Provides for alternative license restriction in hardship cases.
 5. State-sponsored traffic safety enforcement activities, and education and training programs, with the participation of traffic law judges and prosecutors and with student and youth groups.
 6. State membership in and expeditious compliance with the Driver License Compact, an interstate agreement to share driver record information through electronic transmission;
 7. A state law prohibiting the possession or consumption of any alcoholic beverage inside the passenger area of any motor vehicle located on a public highway.

8. A state law or regulation providing for a minimum penalty of \$100 for operating a vehicle through, around or under any closed or moving railroad crossing gate or barrier.

Maximum Amount of Basic Grant:

The maximum amount of a basic grant would be 30% of the amount apportioned to the eligible state for fiscal year 1989 under section 402 of Title 23, USC -- the state and community grant program established by the Highway Safety Act of 1966. Such grants would be (1) in addition to the amounts apportioned under section 402 and (2) proportionately reduced to reflect each fiscal year's obligation limitation.

Supplemental Grant Program

A state that is eligible for a basic grant shall also be eligible for a supplemental grant not to exceed 10% of its section 402 apportionment if it requires:

- that a driver under the age of 21 not be issued a full driver's license until the driver has held a provisional license for at least one year and has a clean driving record as specified in the basic grant program;

and shall be eligible for a supplemental grant not to exceed 5% of its section 402 apportionment for compliance with each of the following requirements for:

1. Providing insurance information to a parent or to the legal guardian of any provisional licensee regarding the effect of safety convictions and at-fault accidents for young drivers;
2. Readily distinguishable drivers' licenses for young people, including the driver's Social Security number as a common identifier on every driver's license;
3. A state-accepted and Department of Transportation-approved driver training and safety program as a prerequisite to the issuance of a provisional driver's license;
4. Remedial driver education for drivers under 21 who are convicted of reckless driving, driving under the influence of alcohol or while intoxicated;

5. A requirement specifying conditions under which a driver whose license has been suspended or revoked may be reinstated, including
 - suspension of the restored license upon a subsequent moving traffic safety violation (such requirement being subject to Secretarial waiver);
 - the issuance of a full driver's license only after a one-year provisional license and a clean driving record;0 and
 - 0.02 per se B.A.C. law.
6. A ten-year record of a driver's serious traffic safety convictions and additional sanctions for such convictions in the following ten years; and
7. The effective oversight of colleges and universities that provide or allow alcohol to minors.

Authorization of Appropriations: fiscal years 1994 and 1995, \$18.0 million; fiscal year 1996, \$20.0 million; fiscal years 1997 and 1998, \$22.0 million.

Program Evaluation:

Title I requires an evaluation by the Secretary of the effectiveness of state provisional drivers licensing programs and the grant program authorized in H.R. 1719. The Secretary shall, by January 1, 1997, transmit its report on the results of the evaluation and its recommendations to the Senate Commerce, Science and Transportation and House Public Works and Transportation Committees.

General:

Title I also contains general technical and conforming provisions (1) requiring that states maintain their current efforts in the areas covered by H.R. 1719; (2) specifying state matching fund requirements; (3) providing for increased federal share for certain Indian tribes; and (4) relating to the issuance of regulations.

IV. TITLE II - OLDER DRIVER PROGRAMS

Older Driver Safety Research

Title II of the bill requires the Secretary to conduct research and appropriate demonstration activities, and/or disseminate information:

- to assess the predictability of high risk driving by older drivers;
- to support the specialized training of license examiners or other certified examiners to increase their knowledge and sensitivity to older driver transportation needs and physical limitations;
- to support and encourage the development of appropriate counseling procedures and consultation methods with relatives, physicians, the traffic safety enforcement and the motor vehicle licensing communities, and other concerned parties to encourage high risk drivers to voluntarily restrict or limit their driving when medical or other conditions indicate such action is advisable.

The Secretary shall also:

- ensure that the agencies within the Department of Transportation coordinate their policies and programs to insure that funds authorized under Intermodal Surface Transportation Efficiency Act (ISTEA) or Department of Transportation (DOT) appropriations acts consider the transportation needs of older Americans by promoting alternative transportation means whenever practical and feasible;
- encourage state licensing agencies to provide restricted licenses, where appropriate and where the interests of public safety are served, rather than canceling the drivers' licenses of older persons and shall promote states to provide such educational materials, licensing, relicensing and testing programs as appropriate and necessary. \$250,000 is set aside from the authorization of this program during FYs 1996 through 1998 for the evaluation of one model state program incorporating these elements;
- conduct research and other activities to establish appropriate medical review groups to assist states in the improvement of medical screening and licensing of older drivers;

- ensure that the National Intelligent Vehicle Highway System includes systems to aid older drivers in safely performing driving functions; and
- ensure that the safety impacts on older drivers are considered in the technical evaluations required under section 6055 of ISTEA.

Authorization of Appropriations:

Out of funds authorized for section 403 of Title 23: fiscal years 1995-2000, \$1.25 million; fiscal years 2000-2005, \$1.5 million.

V. TITLE III - HIGH RISK DRIVERS

Title III authorizes a study on ways to improve the traffic records of all high risk drivers to be undertaken by the Secretary, the elements of which to be considered include:

- Specific recommendation of legislation necessary to improve state traffic record systems;
- the feasibility of a uniform traffic ticket citation and control program;
- the need for all states to participate in the Driver License Reciprocity Program conducted by the American Association of Motor Vehicle Administrators;
- a way to encourage cross-reference of driver license files and motor vehicle files to facilitate the identification of individuals not in compliance with driver licensing laws; and
- the feasibility of a national program to limit every driver to one driver's license from one state at any time.

The Secretary, in cooperation with the American Association of Motor Vehicle Administrators, must consider and evaluate the future of national driver information systems and whether they should be linked more closely together.

The Secretary shall also encourage and promote state driver evaluation, assistance, or control programs for high risk drivers.

THE HIGH RISK DRIVERS ACT

THURSDAY, MARCH 24, 1994

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON SURFACE TRANSPORTATION,
COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION,
Washington, DC.

The subcommittee met, pursuant to notice, at 10 a.m., in room 2167, Rayburn House Office Building, Hon. Nick Joe Rahall, II (chairman of the subcommittee) presiding.

Mr. RAHALL. Good morning. The Subcommittee on Surface Transportation is meeting today to conduct a hearing on H.R. 1719, the High Risk Drivers Act, sponsored by our dear colleague and good friend, Representative Frank Wolf of Virginia, the ranking minority member on the Subcommittee on Transportation of our House Appropriations Committee. Also pending before the subcommittee is a companion bill, S. 738, which passed the Senate last November 20.

The focus of this legislation is two of this nation's most valuable resources, our youth and our seniors. Under the pending legislation, incentive grants would be available to States which adopt measures aimed at high risk drivers, primarily teenagers who drink and drive. The measure would also provide for a research program aimed at meeting the mobility needs of our senior citizens. In addition, H.R. 1719 proposes a number of sanctions for repeat traffic offenders. Statistics show us that a disproportionate number of motor vehicle fatalities involve drivers under the age of 21. But what these statistics do not relate is the legacy of shattered lives that are left in the wake of fatal crashes involving our young people. This is a tragedy of national proportions, affecting not only the victims, but their families and friends.

As we begin our review of this legislation, however, we must bear in mind that existing initiatives, the core safety grant program under section 402, and section 410, alcohol impaired driving countermeasure grants, are being under funded. And just recently we have seen both section 408, alcohol impairment grant money, as well as section 153, safety belt and motorcycle helmet use incentive grant money, rescinded by this very Congress. Does the threat that high risk drivers pose to themselves and to our society cry out for new solutions? You bet, it definitely does. But the question before us is in part whether those solutions can be financed under the existing budgetary climate or whether or not those solutions must be proposed as part of an entirely new grant program.

I look forward to hearing today's witnesses. Before recognizing the ranking minority member, I do want to recognize the very ef-

fective and strong leadership of our colleague from Virginia, Frank Wolf. We are going to hear also today from our colleague from New York, the Honorable Floyd Flake, whom I commend just as highly for his leadership and dedication on this issue.

Before recognizing our colleagues, I will recognize the distinguished ranking minority member, the gentleman from Wisconsin, Mr. Petri.

Mr. PETRI. Thank you, Mr. Chairman. I would like to join with you in expressing appreciation for the efforts of our colleagues who are going to be leading off the testimony on these measures today. We're meeting this morning to receive testimony on H.R. 1719, the High Risk Drivers Act. This bill was introduced by our colleague, Frank Wolf, who has been very diligent in pursuing this hearing and has made valuable contributions in many areas of highway safety. This hearing will provide useful information on the particular risks posed by and to younger and older drivers, whether we need a specific new program to try to reduce these risks and the relationship of any new grant program to our existing safety grant program.

So I welcome our various colleagues and other witnesses who will testify before our subcommittee this morning. I look forward to an interesting and informative session. Thank you, Mr. Chairman.

Mr. RAHALL. Thank you, Tom. At this point the Chair asks for unanimous consent that a statement from our distinguished full committee chair Norman Mineta, be part of the record at this point.

[The prepared statement of Mr. Mineta follows:]

STATEMENT OF HON. NORMAN Y. MINETA, CHAIR, COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

I want to thank Chairman Rahall for holding this hearing today. Highway safety is a very important part of this Committee's jurisdiction.

We have made a lot of progress over the last decade in reducing highway fatalities. A principal reason for the decline in highway fatalities is that a lot of the hard work and commitment of those testifying here today has paid off. H.R. 1719 recognizes that it is now time to focus on those who pose a greater than average risk to themselves and to others on our nation's highways—the high risk driver.

High risk drivers tend to fall within the age groups under 21 and over 70, as reflected in their over-representation in fatal traffic crashes. H.R. 1719 addresses the driving behaviors of young drivers through an incentive grant program designed to encourage states to take specific actions to reduce the risks posed by this age group. H.R. 1719 addresses the risks posed by older drivers through the establishment of research programs designed to assist older drivers in retaining their mobility without discriminating against them while reducing their traffic-related risks.

I believe that, overall, H.R. 1719 is a well balanced bill that merits further action. However, I have concerns about funding for this bill, given the current inability to fully fund existing highway safety programs.

I welcome today's testimony on H.R. 1719.

Mr. RAHALL. And, I also have a statement for the record from Representative Jerry Costello of Illinois.

[Mr. Costello's prepared statement follows:]

OPENING STATEMENT OF CONGRESSMAN JERRY F. COSTELLO

Mr. Chairman, I want to thank you for calling today's hearing on the bill H.R. 1719, the High Risk Drivers Act of 1993. Highway safety is a critical issue facing our nation's transportation system and I believe it is fitting that our subcommittee examine legislative proposals such as the one put forward by my colleague from Virginia, Representative Frank Wolf.

H.R. 1719, as introduced, would require the Secretary of Transportation to develop and implement effective and comprehensive highway safety policies and programs to promote safe driving behavior by young drivers, older drivers and repeat offenders. States that enact specific highway safety laws would be eligible for a five-year incentive grant program. In addition, the bill establishes two studies, one of repeat offenders and one of older drivers.

I would also like to welcome the witnesses who will testify before the subcommittee today. I am interested to hear from you about the issue of highway safety and particularly why this legislation is necessary. Again, thank you Mr. Chairman, for your leadership on this issue.

Mr. RAHALL. Do other members of the subcommittee desire recognition? Mr. Hutchinson.

Mr. HUTCHINSON. Thank you, Mr. Chairman. I want to express my appreciation for calling the hearing today and commend Mr. Flake and Mr. Wolf, of whom I have the highest regard for their leadership in this area. My Mom is 81 years old, I am especially interested in the older driver safety research and what you are advocating in that area. Her and I sometimes disagree as to whether she's a high risk driver or not. And I represent a district that has one of the highest per capita populations of retirees and senior citizens, and so I think that this is much needed and I look forward to the testimony today. Thank you, Mr. Chairman.

Mr. RAHALL. The Chair notes the first official appearance of our new member of the subcommittee, the gentleman from Michigan, Mr. Vern Ehlers. We welcome you to the subcommittee officially today.

Mr. EHLERS. Thank you very much. I appreciate being here and also want to thank you for scheduling this hearing. In particular, I appreciate your willingness to hear from the Michigan delegation a bit later. Colonel Robinson and Secretary of State Austin will be here and I ask that you and the committee will pay particular attention to their words because they are in a Catch-22 situation whereby because of the State constitution they cannot comply with all the provisions of the act as it stands, and they have been unjustly penalized as a result, even though their accident record has been better than most States. Through their aggressive use of other means, they are constitutional within the State. So I hope you will listen to them carefully and grant them some relief in that situation. Thank you.

Mr. RAHALL. Thank you. Before we begin to hear our distinguished witnesses, I would like to insert into the record at this point a statement from Senator John C. Danforth.

[Senator Danforth's statement follows:]

STATEMENT OF SENATOR JOHN C. DANFORTH

I am pleased to submit for the record my statement in support of H.R. 1719, the High Risk Drivers Act of 1994. I would like to begin by thanking Representative Nick Rahall II for calling this hearing. I also want to thank Representative Frank Wolf for his efforts as the leading House sponsor of the High Risk Drivers Act. The Senate's bill, S. 738 which I introduced, was co-sponsored by Senators Exon, Lautenberg, Mikulski, Breaux, and Thurmond. It passed the Senate on November 20, 1993. Our mutual goal with this legislation should be to reduce the disproportionate number of highway crashes involving younger and older drivers, and drivers with bad driving records.

Last October, the National Highway Traffic Safety Administration increased its 1990 estimate of the annual cost of traffic crashes from \$74 billion to \$137.5 billion. This estimate reflects only the economic loss of crashes, which includes lost productivity, property damage, and health care costs. There are, however, more devastat-

ing losses. If the current trends continue, over the next 10 years, an estimated 400,000 people will be killed and over 5.2 million will be hospitalized as a result of highway crashes. We can prevent a substantial portion of this economic and human loss by reducing the disproportionate number of crashes and fatalities involving younger and older drivers and repeat offenders.

In 1991, drivers under the age of 21 experienced the highest crash involvement rate per licensed driver. Nationally, 7.4 percent of licensed drivers were 16 to 20 years of age. Despite the low percentage of young licensed drivers, drivers between the ages of 16 and 20 suffered 15.4 percent of traffic fatalities and were involved in over 20 percent of all single-vehicle accidents. In my home state of Missouri, 29.5 percent of all 1991 traffic accidents and 26.4 percent of fatal accidents involved a driver under the age of 21, although those drivers comprised only 7.7 percent of all licensed drivers. In 1991, a total of 277 Missourians were killed and 21,171 injured in accidents involving young drivers. This translates to one person killed or injured in a young driver related accident in Missouri every 24.5 minutes.

This legislation will combat the major causes of young driver crashes by establishing an incentive grant program under which qualifying states must institute a provisional licensing system. This system would mandate that a minor may not obtain a full license until he or she has maintained a clean driving record for one year. California, Maryland, and Oregon have experienced as much as a 16 percent reduction in accidents and a 15 percent reduction in traffic convictions for 16-17 year old youths after implementing such systems.

Qualifying states would have to take additional steps to combat youth-related highway safety problems, including a .02 percent blood alcohol content (BAC) maximum for minors; an open container prohibition; a minimum \$500 penalty for selling alcohol to a minor; mandated belt use for front and rear passengers; a minimum six month license suspension for any minor convicted of an alcohol-related offense; a youth-oriented traffic safety enforcement, education, and training program for state officials and young drivers; substantial compliance with the Drivers License Compact to ensure the efficient interstate transfer of driver records; and a minimum \$100 penalty for driving through a railroad crossing while the gate is closed or being opened or closed.

The criteria were selected based upon their past effectiveness. For example, after a .02 percent BAC maximum was introduced in Maryland, there was a 21 percent reduction in crashes involving drivers under 21 who had been drinking. When combined with a public information and education campaign, those crashes decreased 50 percent.

Moreover, the National Transportation Safety Board released a report on March 3, 1993, which concluded that several actions can be effective in reducing automobile crashes involving young drivers, including lowering the maximum blood alcohol level for minors, vigorous enforcement of minimum drinking age laws, and provisional licenses for young drivers.

A supplemental grant program is also available to states which take steps, such as providing information to parents on the effect of traffic convictions on insurance rates, and mandating stricter penalties for speeding for drivers under the age of 21.

This legislation also establishes a research program on issues related to older drivers. According to an Insurance Institute for Highway Safety study, drivers 75 years and older had 11.5 fatal crashes per 100 million miles driven, as compared to 2 fatal crashes per 100 million miles for drivers aged 35 to 59. Research on the problems of older drivers has never been consistently funded, despite the fact that, by the year 2020, 51 million people will be over the age of 65, as compared to just over 30 million today.

This bill directs the Department of Transportation (DOT) to research and disseminate information on the abilities of older drivers and the ability of licensing agencies to deal with older drivers. The issues to be studied include identification of factors that predict the ability of older drivers; the training of examiners; an evaluation of licensing programs; the promotion of voluntary actions on the part of the older driver; encouragement of restricted license use as a way to preserve older driver mobility; the advancement of technology to benefit older drivers; and the commitment that alternative transportation take into account the needs of older persons. The legislation ensures that DOT acknowledges the importance of mobility for older persons and the need for states to be sensitive to the transportation needs of older Americans.

Finally, the High Risk Drivers Act confronts the problem of drivers with repeated traffic violations and crashes. A driver with 12 or more convictions on his or her driving record is 6.9 times more likely to crash than a driver in the general population. Given this evidence, the legislation requires that DOT report to Congress on additional federal activities that may be needed to improve driver record and control

systems, so that enforcement authorities are aware of a driver's past and can take remedial action.

The High Risk Drivers Act has the support of the American Association of Retired Persons, Mothers Against Drunk Driving, the American Insurance Association, and a number of members of Congress who have led the fight for transportation safety. In light of this broad base of support and the passage of the High Risk Drivers Act in the Senate, I would like to encourage the members of the House to support this much needed legislation. I strongly believe that our mutual efforts will help to reduce unnecessary slaughter on our highways.

Mr. RAHALL. Now I recognize our colleagues, Frank Wolf and Floyd Flake. We may be joined momentarily by another one of our colleagues: I understand Bill Goodling may be here as well. Frank, we'll recognize you and allow you the honor of introducing your distinguished guests.

TESTIMONY OF HON. FRANK R. WOLF, A REPRESENTATIVE IN CONGRESS FROM VIRGINIA, ACCOMPANIED BY JANE PARTRIDGE, PRESIDENT, STUDENT GOVERNMENT ASSOCIATION, LANGLEY HIGH SCHOOL, LANGLEY, VA; HON. WILLIAM F. GOODLING, A REPRESENTATIVE IN CONGRESS FROM PENNSYLVANIA; AND HON. FLOYD H. FLAKE, A REPRESENTATIVE IN CONGRESS FROM NEW YORK

Mr. WOLF. I thank you, Mr. Chairman. Let me personally just thank you for holding the hearings because I know the grueling schedule that you have had over the past several weeks. If I may just submit my full statement for the record and make abbreviated remarks I would appreciate it.

I want to give full credit for this legislation to Senator Jack Danforth who could not be with us today. Senator Danforth authored this bill and with the Chairman's permission I would like to submit his statement for the record also. And as the committee knows, the Senate passed the companion bill, S. 738, in November of last year.

The statistics are chilling. Teens comprise only 7 percent of all licensed drivers, but account for 15 percent of all traffic fatalities. Alcohol involvement is a primary factor. With prom and graduation season right around the corner, it is none too soon for us to follow the Senate's lead and act on this legislation. H.R. 1719 would establish an incentive safety grant program for the States funded at \$100 million for five years, an average of \$20 million a year. The loss of young life can never be quantified, but CRS estimates that the return on this investment in our future would be tenfold, and I would suggest this is an excellent investment.

It is hard for us to remember the days of our teens and that heady feeling of invincibility, but that's what we're up against. And when you add in peer pressure, you realize that we're up against the most formidable of opponents in this battle. The key here is to use the most effective weapon we have and that is the driver's license. This little plastic card is the primary currency of the young. We must reinforce that driving is a privilege and not a right, and staying sober is one of the most important responsibilities for retaining this privilege.

This bill is a natural evolution of a movement that began in the 1980s when 53 percent of the young drivers who died in highway crashes had a blood alcohol content of .10 or higher. The National Transportation Safety Board urged each State to raise the mini-

mum drinking age to 21. And let me just say this committee, and in particular Mike Barnes, who is no longer with us, did so much work. And I've often told Mike Barnes that because of his effort we will never know how many families were saved the pain and suffering of getting that telephone call 11 o'clock or 12 o'clock at night, and I want to commend you and make it clear that Mike and a number of others did a great job.

This effort galvanized a tireless effort by many groups who will testify later. The result was the passage by Congress of the National Minimum Driving Age Act in 1984, and it worked. By 1987, alcohol involvement in young driver fatalities had been reduced by almost half, from 53 to 28 percent. Unfortunately, Mr. Chairman, we are now hovering on a plateau without further progress. According to NHTSA, 26 percent of the underaged drivers involved in fatal crashes in 1992 were alcohol impaired or intoxicated. This is a national average; for some States the figures range as high as 40 percent. The problem is that we are stymied by a patchwork of laws across the nation which are inconsistent and often contradictory. While we ban the sale of alcohol beverages to anyone under 21, we do not have uniform nationwide laws which would punish the attempted purchase, sale and consumption, and that's what we were faced with last year in this area. That's where H.R. 1719 comes in.

Research has highlighted three groups of drivers who are at risk of involvement in traffic accidents: drivers under 21 who exhibit risky behavior such as drinking, speeding and not using seat belts; two, older drivers whose involvement is not related to behavior, but to the natural infirmities we will all experience such as vision loss and slower reaction time; and three, repeat offenders of traffic laws. The primary focus of H.R. 1719 is young drivers. It is important to point out that the vast majority of the young people drive responsibly. It is the risk takers who need our help early so they can learn from their errors.

Title I—the bill provides incentive grants to States who over a phased in period of time put laws in their books that combat teen drinking and driving. A major provision is a graduate licensed program which includes a 12 month provisional license tied to a clean driving record. Among other provisions on a flexible menu that the States may choose from are (1) .02 blood alcohol level for driving under DWI, which is essentially zero tolerance; (2) two, safety belt use laws; (3) mandatory \$500 penalty for selling alcohol to a minor; (4) "use it and lose it" license suspension; and (5) open container laws. Implementation of some of these provisions and others over the five-year life of the incentive program would qualify States for basic grants under the bill. In addition, if they desired, States could also qualify for supplemental grants under this program by doing some of the following: (1) publicize the detrimental effects of traffic convictions in at fault accidents on insurance; (2) require that provisional underage drivers licenses be visually different from regular licenses; (3) require satisfactory performance in drivers training for provisional drivers license; and (4) monitor the sale of alcohol on college campuses, which is rampant around the country, including in my own State.

Two other categories of high risk drivers are also included in the bill, although the provisions would not have any immediate impact on the States. Title II—As the gentleman from Arkansas mentioned, this bill would direct the Secretary of DOT to do a study on ways to help older drivers keep—and I stress the word keep—their licenses and their mobility longer through such measures as IVHS technology and encouraging voluntary limits on driving rather than the cancellation. The bill has been endorsed by AARP, and I think we want to do what we can to allow elderly people to keep their licenses longer, because particularly if you are living in a rural area, it is very, very difficult. You just can't jump on the metro to go out and get some milk or go to the doctor.

Title III would seek to deter the unrepentant multiple offenders of traffic laws by directing DOT to study ways to tighten up on record keeping and electronic sharing of driving information in the States and nationwide.

Mr. Chairman, let me emphasize this bill is an incentive grants program for the States. There are no sanctions on the States, as were included in 1984. This is an incentive program. Mr. Chairman, this concludes my testimony, and perhaps—I don't know how you are going proceed—if I can just introduce the next witness and then may be she can follow Mr. Flake, or whatever you decide.

But I would like to introduce the next witness who is my guest. I want to share with the Chairman and members of the committee how this young woman came to be with us today. It is an honor to present my constituent, Miss Jane Partridge, who is 18 and a senior at Langley High School—I know the Chairman used to live in the Langley area, and Mr. Emerson has a child that goes to Langley, and a number of the members here do. Miss Partridge is President of the Student Government Body and perhaps may be a Congresswoman from that area soon. Maybe not real soon, but may be eventually. [Laughter.]

I figure she has to go to college and law school first, so we're okay.

Miss Partridge earned the right to come here today to urge passage of this bill by winning a competition in her government class. As you know, this community was devastated one year ago on March 26th by the loss of a Langley senior, Mary Kate Kelley, in an accident involving an intoxicated young driver. I had recommended Mary Kate to U-VA and her acceptance letter for U-VA I think came the day before the accident. Miss Partridge will address the needless sense of loss that swept this high school which is the kind of tragedy that the bill seeks to prevent. The peer status of Miss Partridge and the fact that she competed to come here—you might say she ran for election, if you will gives me hope that we can get our arms around this problem and solve it. And surely there are no greater allies for us in this battle than the young people themselves. So at the appropriate time, Mr. Chairman, I would like to present Miss Partridge as a witness.

Mr. RAHALL. Miss Partridge, you may proceed.

Miss PARTRIDGE. Thank you.

Mr. RAHALL. I think our colleague, Mr. Flake, has agreed to allow you to go ahead.

Miss PARTRIDGE. Let me start by saying I'm not going to be running for any Congressional or Senate seats, but I will be in the press hopefully one day. So I might be doing some stories on a few of you.

I was asked to address you this morning concerning H.R. 1719, otherwise known as the High Risk Drivers Act of 1993. As stated in its documentation, the bill was developed to promote programs to improve the traffic safety performance of high risk drivers. The term high risk drivers includes young adults of my age. More specifically, those youth under the age of 21 with drivers licenses. The bill discusses many ideas to promote safety among this age group, but it is to one specific component that I wish to devote my privileged time with you.

This significant component concerns the lowering of the BAC, or blood alcohol concentration, which deems high risk drivers to be found legally intoxicated. In my statements it is my hope that you will see why I support this bill's proposal. It is my hope that I can make a difference through my testimony and address the concerns of your committee.

First to be discussed are the legal and regulatory aspects of this proposal. In most States the current blood alcohol concentration deemed intoxication for drivers under the age of 21 is .10 percent. This same BAC standard is upheld for those citizens who are legally permitted to drink. With the BAC of .10 percent one's hearing, vision, speech and balance are severely impaired. But lower blood alcohol concentrations result in no less impairing effects. A BAC of .02 percent, the concentration this bill proposes, results in affected judgement and reasoning, inhibitions are lessened and the normal procedures a driver goes through soon become difficult tasks.

As stated in your documents, in 1991, 6,630 youths ages 15 to 20 died in vehicle crashes; many reports cited alcohol as key reasons. Youths under the age of 21 are not permitted to consume alcohol beverages. But as the law now stands, these young people, as inexperienced drivers, are judged by the same blood alcohol concentration as adults who are legally permitted to drink. In my eyes, and in the eyes of many around me, this is wrong, and something needs to be done about our law's inconsistencies.

Second, and most importantly to be discussed, is if passed this bill will aid to better the physical and emotional lives of youth today. I have made a choice according to my principles and beliefs not to consume alcoholic beverages. But I cannot deny the impact that alcohol has had in my life. Last year, at a time when most high school seniors reflect on times past and look forward to an exciting year at college, one Langley senior fell victim to an alcohol related car accident. The accident occurred as a caravan of cars left a party at one house, and after being kicked out, went in pursuit of another house to continue their fun. As The Washington Post reported, it was in their traveling that the driver of Mary Kate's car lost control of the vehicle, veered down a five-foot embankment and then traveled 90 feet before slamming into a tree, tipping over and landing in a small ravine.

Mary Kate died at the scene. I remember that night. I was babysitting and I heard helicopters flying and circling near the home I

was at. The kids I was sitting for awoke and they ran downstairs, wondering what was going on. Unaware, I told them that everything would be all right. I told them that nothing was wrong. But I was wrong. Mary Kate had died. She had died a preventable death, one that if alcohol were not involved, maybe would have never happened.

Langley students decided that things would change, that they saw the dangers of alcohol and would change their lifestyles as not to face its dangerous consequences. But sadly enough, almost a year after the accident, most things remain the same. Kids did realize the dangers of consuming large amounts of alcohol and now consume less amounts when they are driving. But having a couple of drinks is still okay. Many students feel that they can drive just as well, if not better, after having a beer or two, but I beg to differ. After having a beer or two, it places a person's blood alcohol concentration anywhere from .02 percent to .05 percent, at a level when their judgment and reasoning are definitely affected and certainly not improved.

Many students from Langley have not learned from their or their peers' mistakes, but it is my hope that this bill will make students aware of the dangerous levels of their illegally consumed alcohol. I know that this proposal is needed to protect both the drivers and the young drivers themselves from the same fate that faced Mary Kate.

The kids I was with on the night of the accident probably won't remember what happened to the senior at Langley High School, but they may have to face a similar situation with a classmate of their own. It is my prayer that they won't have to. I strongly support this bill and I hope that you do too. Thank you.

Mr. RAHALL. Thank you, Jane.

The Honorable Floyd Flake, our colleague from the State of New York. Welcome, Floyd.

Mr. FLAKE. Thank you very much, Mr. Chairman. And let me begin by congratulating Mr. Wolf and those who have sponsored this legislation, and I think we all join in commending Miss Partridge for an excellent testimony before the committee this morning.

I am here in part because I had served a number of roles, one of them obviously as a parent, as a pastor, as a legislator. So I come today because I have seen enough of the tragedy that is repeated almost every weekend somewhere in this nation when our children drink and then get behind the wheel of a car. Mine is a personal crusade. As a father of teenagers, I am only too cognizant of the legacy of fatality statistics that my children have already experienced, and in many instances, will experience in their future. My teenagers are 17, 15 and 13. Every time a teenager is killed in a car, I cannot help but think about them. Each time they go out of the house, I find myself worrying out of fear that they may not return. Each story that I read in the newspaper, each time I see the tragedy revealed again on television, it becomes a reminder of what senselessness we as a nation tolerate in allowing our young people to drink and then to drive, realizing that a collision is a strong possibility. We must try our best through this legislative

process to assure that something more is done to resolve this problem.

As many of you know, I am the pastor of the AME Church in Jamaica, Queens, New York. Our community is a close one. We work hard as individual families, as well as collectively, to ensure the safety of all of our children. However, like towns and cities and suburbs all across the United States, we are painfully familiar with the ripple effect of tragedy that occurs when a neighbor's son or daughter, a child's classmate, or family friend is lost to alcohol. Not only does the child die, but something in the family dies. Those persons who have been friends and associates of the person who has died, lose something in that process.

I would like for us not to continue allowing children to die because of alcohol. Mr. Chairman, I would remind you too as a pastor that I have all too often had to stand in the pulpit and bring consolation and solace to too many families who have been victimized because we are allowing our children to drink. Therefore, as a parent, as a member of the community, as a pastor, and as a legislator, I come to appeal and to ask for support of this legislation that lowers the legal blood alcohol concentration level. I applaud my colleague, Mr. Wolf, and others, for their efforts in this area. I also congratulate the subcommittee for their commitment to addressing what has become a national affliction.

The real tragedy of alcohol related fatalities among our children is that these car collisions are not mere accidents, rather they are reflective of predictable consequences when there is a mixture of alcohol and gasoline. Year in and year out we lose so many of our nation's future leaders to automobile accidents where young people have been allowed to drink. The statistics are moving. Traffic crashes remain the leading cause of death for those under 21, accounting for 40 percent of all deaths to persons age 15 to age 20. In 1992, 40 percent of traffic fatalities in the 15-20 year age group were alcohol related. According to the National Highway Traffic Safety Administration, while only seven percent of licensed drivers are age 15-20, they account for a staggering 15 percent of drivers in fatal crashes. Additionally, 21 percent of traffic deaths occur in crashes involving 15-20 year old drivers. Adolescents with drinks in their hands, car keys in their pockets, vehicles waiting at the curb, equates to a recipe for disaster. Why? Because of inexperience and immaturity. Young drivers are less skilled behind the wheel, they are more likely to speed, and to take risks. Compounding this is their inexperience with alcohol, which leaves them impaired, at BAC levels significantly lower than that of adults.

Recent studies paint a clear picture of increased risks for younger drivers as the amount of alcohol in the body increases. For example, a 25-34 year old driver with a .06 blood alcohol concentration is only at a slightly higher risk of being involved in a fatal crash because of consuming alcohol. In contrast, at the same .06 BAC level, drivers aged 16-19 runs almost five times the risk of involvement in a fatal crash due to the consumption of alcohol. Further, by the time the same 16-19 year old blood alcohol concentration reaches .08 level, her risk or his risk of a fatal crash has increased by an astounding 400 percent.

Now that we as a community are armed with information, we must take responsibility for our young people and use this information to the best of our ability. As a parent, this means to me that I and other parents must reach out to our children, reach out to the children of the community, to teach them that the danger to their lives lies not in drunk driving, as popular culture would have it, but in consuming any amount of alcohol and then driving.

As legislators, we are armed with statistics and information that belie our laws. Although it is illegal to sell alcohol to those under 21 in all 50 States, we send a number of mixed messages to minors through laws that are replete with loopholes and inconsistencies. Adopting a .02 BAC level allows us to give a clear message to our young people to reinforce the lifesaving theme that they cannot drink and drive.

With communities, parents and laws working together, we can reduce the number of our children who die in alcohol related crashes. The proof of this is in the success of 20 States that have lowered their legal blood alcohol level for drivers under the age of 21. In 1991 a study compared 12 of the States which lowered BAC levels for minors to 12 States that did not. The study found that fatal crashes that involved single vehicles at night and adolescents declined 16 percent in the 12 States that lowered BAC levels compared to a rise of one percent in the States that did not lower BAC levels. In addition, the study showed that States with the .00 or .02 BAC limit achieved a reduction in fatal night crashes among adolescents of 22 percent and 17 percent respectively, while States with the .04 to a .06 limit showed only a negligible effect.

I firmly believe that this is because when the limit is set at .00 or .02 our children indisputably know that it is illegal to drive after they have been drinking, and that there will be ramifications for taking this risk. In contrast, at .04 or .06, they are tempted to believe that they can handle their alcohol, while at the same time driving.

My colleagues, I come before this committee, therefore, to implore you to empower parents, community, and law enforcement, by encouraging States to adopt the .02 BAC level, using the most effective means possible and available to us. Adolescents do not run the same risks as adults when they drink and drive, so we must stop applying adult laws to them. Allow police officers to protect our safety and the safety of our children by permitting them to arrest young drivers who are clearly alcohol impaired, even though they do not have a BAC level above the adult limit.

Raising the age of legal alcohol purchase to 21 has saved lives. The time has come to take the next logical step to help adolescents and their families to lead prosperous and long lives. By promoting the adoption of .02 BAC laws on a national level, we advance and clarify the idea that drinking and driving is a predictable killer of our youth and that as a nation we will not tolerate these so called accidents anymore.

Mr. Chairman, I urge that this body and the Congress will join together in passing H.R. 1719 so that we might save the lives of our youth. Thank you for this opportunity to testify, Mr. Chairman, and I look forward to this legislation moving to the floor.

Mr. RAHALL. Thank you very much, Floyd. We've just been joined by our colleague from Pennsylvania, the Honorable William Goodling. Bill, we welcome you. Thank you for your leadership on this issue, and you may proceed as you desire.

Mr. GOODLING. Thank you, Mr. Chairman. I am pleased to have the opportunity to speak before the Subcommittee on Surface Transportation and I appreciate the subcommittee's support over the years and would like to thank Chairman Rahall and Congressman Petri for extending an invitation to me.

Our efforts in Congress to eradicate the problems associated with underage drinking and drunk driving date back many years. As you remember, the 98th Congress passed legislation resulting in a national drinking age of 21. I sponsored legislation in the 100th Congress declaring drunk driving a national crisis, which led Surgeon General Koop to convene a national workshop on drunk driving. National health and safety experts from across the nation devised strategies aimed toward the elimination of drunk driving. I'd like to think our efforts to bring the issue to the forefront have been successful, however, the job is clearly not finished.

In fact, in 1992 in my State of Pennsylvania, they reported 245 fatalities involving drivers under the age of 21. In 28 percent of those fatalities, the young driver was either alcohol impaired or intoxicated. As the ranking member of the Education and Labor Committee, I've been very interested in the impact alcohol use has on our nation's college campuses and our public schools. In the last year I joined researchers in releasing a federally funded study which examined the frequency of alcohol use in college campuses and the differences between the effects of alcohol in underage drinkers and legal drinkers. One significant finding revealed that underage drinkers at colleges across the country consumed more alcohol than legal age drinkers and experienced significantly more negative effects as a result of drinking. Compared to older students, underage drinkers reported twice as many physical injuries, trouble with authorities, campus crime, and sexual misconduct, as a result of alcohol use. However, even more troubling than the statistics, over 36 percent of the students participating in the study reported driving while intoxicated. Of that number, only 1.7 percent reported ever being arrested.

The knowledge derived from this report confirms that we as policy makers are correct in addressing the serious effects of alcohol abuse on our nation's young people. Furthermore, our efforts on the Federal level through legislation such as the High Risk Drivers Act, the Drug Free Schools and Community Act, and the Campus Crime and Security Act, are all going in the right direction. However, I strongly believe that our efforts must begin by keeping alcohol out of the hands of young people in the first place.

To emphasize this point I bring to your attention another study released a year ago by the National Transportation Safety Board. NTSB found that many States still have no laws prohibiting a person under age 21 from purchasing alcohol or from attempting to purchase alcohol. This despite the fact that Congress passed the National Minimum Drinking Age in 1984. In addition, some States do not prohibit those under age 21 from consuming alcohol, from possessing alcohol, from misrepresenting his or her age to purchase

alcohol, or presenting a false identification to purchase alcohol. To remedy this problem I recently introduced legislation H.Con.Res. 108, which encourages States to enact comprehensive laws prohibiting an individual under 21 years of age from obtaining alcohol. I would request the subcommittee give serious attention to that issue.

I believe it is imperative for any related legislation considered by this Congress to include language making it crystal clear that States take appropriate action based on NTSB's recommendations. Although some States have taken steps to enact more comprehensive law, far too many loopholes enable young people access to alcohol. It still exists because of those loopholes.

Congress must continue to lead the way in bringing this problem which plagues our society and threatens the health and safety of so many to an end. Again, I appreciate having the opportunity to testify and just close by saying this has always been a very near and dear issue to me. Having been an educator for 22 years, too many times I stood at a viewing of young students that I formerly had in the school and it was nine times out of ten alcohol related.

Mr. RAHALL. Thank you very much, Bill, Frank and Floyd for your testimonies. And Jane, I want to say a special thank you to you, too. You gave very impressive testimony and you presented it in a very dignified manner. We appreciate that.

Let me ask you a question, Jane, if I might. I had a daughter who graduated two years ago from Langley High School in the class of 1992, as Frank mentioned, and she was aware of the death of Mary Kate. You said that not much has changed in the year that has passed since Mary Kate met her tragic end, and that's true as far as laws and the strengthening of our anti-drinking and driving laws—but is there not a feeling among the students as a result of her passing, is there not more of a recognition of the dangers involved in drinking and driving among the youth at Langley? Perhaps that has been something that has changed and we have benefited from as a result of her tragic death?

Miss PARTRIDGE. I think there has been many things gained by the accident, but I don't think it has had enough of an impact on the freshmen or sophomores at our school that it's going to prevent another accident from happening. Kids are still drinking, kids that were at the scene of the accident are still drinking. They see the dangers, as I said, of driving with excessive amounts, but they still don't see the dangers of driving with one or two drinks or the dangers of consuming illegally purchased alcohol. There is definitely sentiment among the student body that drinking can be tragic, drinking and driving, and I think that the students definitely have learned something or gained something, felt the loss from the death of Mary Kate. But I think that we definitely need to pass some sort of law that will make this nationwide. We received several postcards, letters, you know, of sympathy from other schools that we play in sports, schools that were close to us in the area, and we did not even know the tragic deaths that they had suffered in recent years. It's amazing how many schools have these tragedies happen and we're not even aware of them. It has made a difference at Langley, but we need to make differences at all the high schools across the nation.

Mr. RAHALL. Besides lowering the BAC levels, what other means do you think we should use to try to deter drinking and driving? For example, are there adequate education programs? Is there one at Langley High School? Or perhaps we need to step up enforcement of current laws. Is there a lack of proper enforcement of the laws we have on the books today?

Miss PARTRIDGE. Well, we have what is called a POWER program where some youth get together at our school and we travel around to elementary schools and middle schools and we talk about drinking and driving and things of that nature. But, the younger kids are not very receptive to that, and I'm not quite sure what the solution is. It's not going to be an easy solution. But I think that we do need to have more education among our youth, and I think especially with the tragedy that happened to us, that it might be particularly influential on the kids if we discuss openly what has happened at our school and to try to share it with others, I think education is very important.

Mr. RAHALL. Okay. Again, let me thank you very much for your testimony today. And I do recognize the ranking minority member, Mr. Petri, this morning.

Mr. PETRI. I would like to thank you all for your testimony. It is a very important national problem that you are attempting to make progress on. In my own State of Wisconsin, I think in some other States too, in the last few years we have been making quite a bit of progress on the problem of drinking and driving among the general population through active promotion of designated driver problems. Rather than going after any drinking whatsoever we recognize the fact that some people will drink but try to draw a line at drinking and driving and make it cool to be the designated driver and that way not drink at all if that's what you want to do anyway. And designated drivers are very popular instead of being ostracized some times among teenage populations because they don't drink, it means the rest of them like that person to come along and it seems to be catching on and being a pretty popular thing. Could you comment on that? Does that seem to be an approach that might work rather than absolute prohibition under all circumstances? At least it might be counter-productive because people rebel against what they perceive to be unreasonable restrictions from authority.

Miss PARTRIDGE. Yes, I think that is very common. I personally don't go to the particular parties where there is going to be drinking involved, but I have friends who don't drink and go to the parties, and they do find themselves caring for their friends, driving them home, having them stumble in making sure their parents don't catch them. I think it's sad that that kind of thing has to exist.

There was an active movement to enforce designated drivers among the students at Langley, kind of in hope that no one would drive while intoxicated, but as I said, a year later people have forgotten. People are drinking a beer, thinking that's okay, and they are the designated driver after having a beer. So that's all I can comment on that. There's definitely a move to have designated drivers, but how safe those drivers are you can't really answer.

Mr. WOLF. If I may comment, I think there has to be a tougher penalty for individuals who sell alcohol to the students too, and many States do not have that. The kegs are not registered, you can come in and purchase a keg, and that was the problem last year in the District of Columbia.

Mr. PETRI. Thank you. In our State, before we got into all this, when the age of majority was 21, we had a program of minor bars, as it was called, where only beer could be consumed by those age 18 to 21 and there was an adult supervising. And there is some interest on doing studies to see if 21 as a drinking age has really worked or not or whether it has driven people into unsupervised drinking parties in people's houses or out in the country, and led to more deaths rather than fewer as opposed to maybe a designated driver program and a supervised drinking from 18 to 21 or 19 to 21.

Mr. WOLF. Well, I think the studies show that it has worked. We previously had situations here whereby youngsters in Virginia where the legal drinking age was 21, were going into the District of Columbia. The number of deaths on the George Washington Memorial Parkway coming out of Georgetown was very high. The implementation of a uniform law pretty much eliminated these so-called "blood borders" around the country.

Miss PARTRIDGE. If I may add, I think if you were to lower the age to maybe say 18, it is going to be the same thing happening, only with younger kids. Maybe not the drinking and driving, but the consuming of alcohol. I think the lower you make it, the younger the kids that are going to get involved will be, and I think it is very important that we keep it at 21 and I think it's been very helpful to have it at that age, and hopefully it will prevent people from drinking.

Mr. FLAKE. Mr. Chairman, it may not be in this committee's jurisdiction, but I do think another aspect of this has to be the whole glorification of drinking. We have to find some way to attack the advertising, whether that advertisement is direct paid advertisement by the industry or whether that is the glorification within movies or other forms. You know everywhere you look you see the suggestion that it is appropriate to drink as teenagers, it is the new thing. Perhaps you don't hear the language often, but in my community, there is always talk about going to get a 40. One big bottle of 40 ounces of beer is a great deal of consumption. So at some point I think there is not just the age question, but at some point we are going to have to deal with the question of how it is advertised and get to the bottom of that issue because it gives a little more glorification to it, makes young people feel it is just the right thing to do and to be in.

Mr. RAHALL. The gentle lady from Missouri, Ms. Danner.

Ms. DANNER. Thank you, Mr. Chairman. I haven't read the legislation. I did read yesterday the memorandum, Frank. I'm looking at, if you have the memorandum in front of you, by chance you do not. Okay, I'm sure you'll know what I have reference to. The State law requiring that front and rear seat occupants of any motor vehicle wear safety belts.

Mr. WOLF. Seat belts, yes.

Ms. DANNER. Does the legislation say if so equipped because many automobiles do not have rear seat belts?

Mr. WOLF. Well, I think all the new ones do. Some of the old ones don't.

Ms. DANNER. Oh, the new ones do, of course, but there are many classic automobiles out there that do not.

Mr. WOLF. That would certainly be appropriate. And again, this is just one of the options that the States could pick from, but the new cars have them, but I think you could certainly say if not there it would not apply.

Ms. DANNER. I wanted to be very sure of that because classic automobiles in my home State are very important and are specially licensed and I don't want to see anyone unable to drive their vehicle because they can't comply.

Mr. WOLF. Senator Danforth was actually the author of the bill and I am sure that must have been considered.

Ms. DANNER. I'll visit with Jack about that. Also, the fact that someone under the age of 21 would have to have a provisional license for one year. I can tell you as Chairman of Transportation in the Missouri Senate, we had a great deal of difficulty getting it changed to six months. Getting it to a year I think would be perhaps a very difficult thing to do, so we have a six month provisional license. I don't know if it would be very easy to change it to a year.

Mr. WOLF. This is again a grant program—

Ms. DANNER. I understand that.

Mr. WOLF [continuing]. With incentives, not sanctions. States would not have to participate. If they did, there are several provisions from which to choose.

Ms. DANNER. Yes, but now on that first series one has to comply with three in the first year—

Mr. WOLF. As you build up, four and five.

Ms. DANNER. The fourth and then the fifth and then the sixth. And then, of course, this is the basic grant, just now I am talking about the supplemental. The other thing that bothers me somewhat is that this has to be Department of Transportation, I take it you mean the United States Department of Transportation? A State accepted and Department of Transportation approved driver training and safety program as a prerequisite to the issuance of a provisional drivers license. So what you are telling me is that this is the United States Department of Transportation?

Mr. WOLF. That would be your local one, and we're trying to get the NHTSA and the U.S. Department of Transportation to sit down with the AAA and work out a new driver's ed program. There's been the so-called DeKalb study that indicates that driver's ed has not been successful. We are suggesting that they come up with a new driver's ed program that is successful, that is patterned perhaps on what other countries do. But each State would make that choice.

Ms. DANNER. What we have found is that one of the things, because of tight school budgets, driver's training is one of the courses that really is not being offered. And in the past, so many automobile dealers made vehicles available, they are no longer doing that because of insurance constraints. I would not like to see, I

would not be interested in passing legislation spending a lot of money that I would not see could have some benefit for the State I represent.

Mr. WOLF. Well, that's true. In fact, in Fairfax County many of the schools have stopped it because of that very reason. And we are asking that AAA and NHTSA and different groups get together to develop a good program. In the State of Virginia now if you are 16 and you want it you have to go through a private driver's ed course to get it.

Ms. DANNER. Well, I must say that I feel strongly about safety issues. As someone who is alive today because of not only a seat belt, more importantly, an air bag, I feel strongly about legislation that protects people. But I would like to see it done in such a way that schools that have financial constraints and States that do not like Federal mandates can exist.

Mr. WOLF. Now again, we're not mandating this is not like what we did in 1984, which I supported.

Ms. DANNER. This is voluntary, I know.

Mr. WOLF. This is a grant program. This is the carrot rather than the stick. The stick in 1984 was appropriate and I said before you came in that former Congressman Mike Barnes probably saved more Moms and Dads from getting a call saying this is the State Police, there's been an accident, and then telling them that their son or daughter died. But there were sanctions in that legislation. This is a grant program, the States have the option of participating or not participating.

Ms. DANNER. Thank you. Thank you, Mr. Chairman.

Mr. RAHALL. The gentleman from New Hampshire, Mr. Zelif.

Mr. ZELIFF. Thank you, Mr. Chairman. I agree with most of what's in your bill, and I guess many States like New Hampshire have been very successful in reducing highway fatalities without resorting to Federal mandates. And again, I'm getting into the seat belt and motorcycle helmet laws. I just hope that we can consider providing Federal assistance for highway safety, but also give the flexibility to adopt policies that work in particular States. Again, in New Hampshire, I think we have some of the lowest fatalities. Our education on seat belts is working, and I hate to have it tied in with having to do it or facing the loss of Federal funds.

Mr. WOLF. Your State would not have to do it, Bill. There is no provision whereby if you didn't participate, you would lose Federal funds. This is purely a grant program as an incentive, but you would not have to do that.

Mr. ZELIFF. Okay, thank you. Thank you, Mr. Chairman. Thank you for holding the hearing.

Mr. RAHALL. Floyd, Frank, thank you very much. Jane, thank you very much for being with us today. The subcommittee will now hear from a panel composed of the following individuals: Mr. Christopher A. Hart, the Acting Administrator, National Highway Traffic Safety Administration, accompanied by Michael Brownlee, the Associate Administrator for Traffic Safety Programs, and Adele Derby, the Associate Administrator for Regional Operations; and also on the panel will be Mr. Carl W. Vogt, the chairman, National Transportation Safety Board.

Lady, and gentlemen, we welcome you to the subcommittee. We do have copies of your prepared testimony, and as with all witnesses today, they will be made a part of the record. You are encouraged to summarize your prepared testimony.

Mr. Hart, do you want to proceed?

TESTIMONY OF CHRISTOPHER A. HART, ACTING ADMINISTRATOR, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, ACCOMPANIED BY MICHAEL BROWNLEE, ASSOCIATE ADMINISTRATOR FOR TRAFFIC SAFETY PROGRAMS, AND ADELE DERBY, ASSOCIATE ADMINISTRATOR FOR REGIONAL OPERATIONS; AND CARL W. VOGT, CHAIRMAN, NATIONAL TRANSPORTATION SAFETY BOARD, ACCOMPANIED BY BARRY M. SWEEDLER, DIRECTOR, OFFICE OF SAFETY RECOMMENDATIONS

Mr. HART. Thank you, Mr. Chairman and members of the subcommittee. I am very pleased to appear before you today to discuss our views on H.R. 1719, the High Risk Drivers Act, and I am particularly pleased to have the opportunity to be here with my former colleague on the National Transportation Board, Mr. Vogt.

This is my first appearance before the subcommittee on behalf of the National Highway Traffic Safety Administration and I would like you to know how much I look forward to working with the subcommittee and with the Congress on the serious issues that we face. With me today are Adele Derby, the Associate Administrator for Regional Operations and Michael Brownlee, the Associate Administrator for Traffic Safety Programs, in case the subcommittee has any questions in any detail about the programs that NHTSA operates, with the States in relation to the issues addressed by this bill.

H.R. 1719 contains valuable provisions, including several that NHTSA endorses and is currently implementing. In particular, Title II's requirements for research on issues related to older drivers, and Title III's studies of actions that are needed to improve State traffic records, are consistent with NHTSA's initiatives in both areas. We strongly support the activities and the research included in both of these titles. We also strongly support graduated licensing systems. NHTSA and the American Association of Motor Vehicle Administrators have recommended these systems for many years as a framework to motivate and to teach students essential safe driving skills and behaviors. Studies of graduated licensing systems in California, Maryland and Oregon show that they can reduce traffic violations and crashes among young drivers.

Our main concern about the bill centers on title I's creation of a \$100 million grant program. In times of shrinking budgets and increased competition among Federal programs for limited funds, we believe that it is necessary to determine first whether a proven existing program can address a problem or set of problems before considering the enactment of new legislation.

Since NHTSA is addressing young driver problems under our Section 402 State and Community Highway Traffic Safety Grant Program and is evaluating and demonstrating licensing and other youth programs under our Section 403 Highway Safety Research and Development Programs, we are concerned that this program

may compete with existing programs and we're prepared to work with the subcommittee to find ways to avoid these effects.

NHTSA currently administers four grant programs that affect youth traffic safety. The Section 402 program, which covers a broad range of activities, two incentive grant programs for States that adopt specific programs to combat drunk and drug driving, under 23 U.S.C. 408 and 410, and an incentive grant program for States that adopt both safety belt and motorcycle helmet use laws, under 23 U.S.C. Section 153.

In fiscal year 1993, these four programs provided the States with about \$161 million, \$115 million of which was provided through the Section 402 grant program. Although \$15.6 million went to programs directed at the younger driver population, the remaining funds also involved youth because these programs affect the entire population.

For fiscal year 1994, we estimate that the funds provided to the States for these four programs will be about \$8 million higher than the figures for fiscal year 1993 due to an increase by that amount to address alcohol-impaired driving among youth under the Section 402 program. Section 402 funds serve as the Federal government's principal means to improve State programs in all areas of highway safety. These grant funds are apportioned annually under the program to each State in accordance with a statutory formula.

The Section 402 program has been especially successful in funding national and State priority areas, which were established through a rulemaking process that involves all members of the highway safety community. Although youth traffic safety is not separately identified as a national priority area, many activities within priority areas do directly affect young drivers.

In the alcohol impairment priority area, for example, the Section 402 program sponsors an array of programs that are aimed at underage drinking and driving, especially activities that support age-21 minimum drinking age laws. These programs, particularly the age-21 laws, are widely recognized for contributing to significant decreases in youth-involved traffic fatalities.

Underage drinking and driving, the single biggest problem in youth traffic safety, has decreased steadily over the past several years. From 1987 to 1992, the nation experienced a 17 percent decline in the involvement rate of underage drunk drivers involved in fatal crashes. In 1987, our data show that 2,113 of 10,193 drivers aged 15 to 20 involved in fatal crashes, or 20.7 percent, had a blood alcohol content of or BAC of 0.10 or greater. Preliminary estimates for 1993 show 1,226 of 7,486 of the same driver age group, which is 16.4 percent, had a BAC of 0.10 or greater.

Despite the progress in underage drinking and driving, much more needs to be done in this and other areas of youth traffic safety. To enhance State efforts and further minimize underage drinking and driving, the Congress increased the funds for NHTSA's Section 402 program this fiscal year by \$8 million over the \$115 million level for fiscal year 1993. Both the House and Senate appropriations report language for fiscal year 1994 expressly directed that all of this \$8 million be targeted by the States to augment their efforts in this area.

The Section 402 program also can be used to fund graduated licensing systems for drivers under age 18. Thirteen States now have graduated licensing programs in some form. As NHTSA develops more information on the effectiveness of these systems, we anticipate that more States will adopt them. During fiscal year 1994 we are evaluating components of graduated licensing systems to show their effectiveness in reducing crashes and to determine the best way to implement them. This work will continue in fiscal year 1995.

Our fiscal year 1994 Appropriations Act also provided \$500,000 for the agency's older driver research in fiscal year 1994. Younger and older driver safety clearly are matters of special concern to NHTSA and we are aggressively implementing the research agenda in these areas that we transmitted to Congress in 1993. Our fiscal year 1995 budget request includes a total of \$739,000 to conduct younger and older driver research. During fiscal year 1995 we will conclude our two year study on what researchers in other health fields have learned about the risk-taking behavior of young people and how this information may be applied in youth traffic safety.

In addition, NHTSA, in consultation with the Federal Highway Administration, is now completing a draft driver education research agenda and plan of action for a strengthened research program in driver licensing and education for youth. This plan may propose the development of an improved novice driver education program that is an integral part of a graduated licensing system. This draft research agenda and plan of action will be transmitted to the Congress in final form shortly.

Finally, I would like to note that Title III's proposed review of driver licensing systems also was recommended by NHTSA in our July 1993 report to the Congress on the National Driver Register. NHTSA already has begun discussions with the Federal Highway Administration and the American Association of Motor Vehicle Manufacturers, who support the review and are eager to participate. We expect to begin that review in fiscal year 1995.

This concludes my prepared remarks. My colleagues and I will be glad to answer any questions the subcommittee may have. Thank you.

Mr. RAHALL. Thank you, Mr. Hart. Mr. Vogt, or does somebody else want to go first?

Mr. VOGT. Well, I guess I'm next.

Mr. HART. Ms. Derby and Mr. Brownlee don't have prepared remarks. We would be pleased to allow Mr. Vogt to go first and then take questions.

Mr. RAHALL. Oh, okay.

Mr. HART. As you prefer, Mr. Chairman.

Mr. VOGT. Mr. Chairman, you have, as you mentioned earlier, the text of my full remarks and I would like to present a summary. I would also like to introduce Mr. Barry Sweedler, the Director of our Office of Safety Recommendations who is with me today. Mr. Sweedler is one of our leading authorities on alcohol and driving. I would also like to say it is nice to be at the same table with Chris Hart.

The Safety Board has made a number of recommendations over a long period of time concerning alcohol and youth and driving, and

it's a particular pleasure to be here today to present our remarks on H.R. 1719, which we think is a very important piece of legislation.

As we heard earlier, we all know that no high school graduation season passes without reports of car crashes involving recent graduates and alcohol. All of us who have been or are the parents of teenagers know the dread of that time of the school year because of alcohol and driving. I thought that Miss Partridge's testimony this morning was particularly poignant, particularly for those of us who are in the situation of having these wonderful young people as parts of our families.

I would like to just review, not to be redundant, but some of the statistics supporting our position and the recommendations made which we think support many of H.R. 1719's provisions. In 1980, 53 percent of the young drivers who died in highway crashes, had a blood alcohol level of .10 percent or higher. Alcohol's role in these deaths prompted the Safety Board to issue recommendations in 1982 which we believe and understand were an important impetus to the Congress to pass legislation encouraging States to raise the drinking age to 21. There were some questions about the effectiveness of that legislation. But our statistics indicate that there is a direct correlation between the increase of the legal drinking age and a reduction in the percentage of alcohol involved accidents by teenage drivers.

In the ten years following the legislation's enactment, the 1980 53 percent figure dropped to 28 percent, a reduction of nearly half. Over the past three years or so, however, the achievements obtained were not maintained and by 1989 the percentage of fatally injured teenage drivers with a BAC of .10 or higher again started to rise, and has increased to 33 percent. These figures remain relatively constant since then.

We found a correlation between the higher drinking age law and the reduction in alcohol involvement in teenage driving fatalities. The rise in the figures led the Safety Board to review young drivers, that is drivers under age 21, and their licensing, and underage drinking and driving. As a result of the analysis, a series of recommendations were issued calling on all States to tighten and vigorously enforce their underage drinking and driving laws.

Our safety recommendations also called for improvements in driver licensing policies. For example, it is an accepted fact that young drivers are over represented in fatal crashes. Underage drinking plays a major role in these accidents. As has been stated earlier, young drivers are particularly prone to have accidents when impaired by only small amounts of alcohol. Male drivers age 16 to 20 have six times the driver fatality risk in single vehicle crashes having a blood alcohol content from .01 to .04 percent as do male drivers age 25 and older at these same blood alcohol content levels.

It is the Board's position that any level of alcohol in the blood system impairs perception and performance and that zero BAC is the only acceptable level that should be tolerated for drivers under 21, since it is illegal for those under 21 to drink. The Safety Board also believes that States should enact comprehensive laws to prohibit the purchase, the attempt to purchase, public possession, and

public consumption of alcohol by minors and should prohibit the misrepresentation of age in use of fake identification by minors to purchase alcohol.

A year has passed since we made these recommendations and significant progress in several areas has been made. I have mentioned some of these in my prepared remarks. For example, I would like to point out that five States in the last 12 months have set lower BAC levels for young drivers. Three States have lowered their already lower BAC laws; four more proposals are awaiting signature, and 20 other States have bills affecting these issues under consideration. There has also been significant progress on a range of other laws relating to teenage drivers. For example, six States passed fake I.D. laws; two States added misrepresentation of age laws by teenagers; four States made it illegal for teenagers to attempt to purchase alcohol; three States made it illegal for teenagers to purchase alcohol; two States improved their illegal sales laws; three States made it an offense for teenagers to possess alcohol; and three more States made it illegal for teenagers to consume alcohol.

A key point of our recommendations deals with inexperienced teen drivers. Research shows that because driving patterns are formed early, driver improvement actions targeted at youthful drivers need to be developed and acted upon rapidly. While progress has been made in some States, as I mentioned, this is one area in which States have been reluctant to act. We are especially concerned over the slow pace States are demonstrating in enacting provisional licensing systems and night time driving restrictions, which are an integral part of our recommendations.

Many of the provisions of the High Risk Drivers Act of 1993 are consistent with our recommendations. We particularly concur in those calling on the States to institute provisional drivers licensing as a condition for receiving grant funds. One successful strategy to reduce crashes involving young novice drivers, the Safety Board believes, has been the use of these provisional license systems in which the license can be revoked if certain conditions have been violated, and we support the establishment of provisional drivers licensing systems.

We also concur in the need to more vigorously enforce minimum age purchase laws for both sellers and buyers, and support H.R. 1719's incentives in this regard. We welcome the legislation's emphasis on establishing low BAC laws for persons under age 21. I would like to point out that we made recommendations on administrative license revocation, night time driving, and attempts to purchase, which are not included in H.R. 1719 and we would like to urge the committee to amend the bill in these areas. Thank you very much for this opportunity to be here and I would be happy to answer any questions.

Mr. RAHALL. Thank you very much, gentlemen. Let me begin my questions with you, Mr. Hart. Do you think that the Section 402 incentive grant program can be effective in getting States to adopt some or all of the criteria as proposed—as a proposed new Section 411 would if it were enacted?

Mr. HART. I would like to defer on that question to Adele Derby, who administers that program for NHTSA.

Ms. DERBY. What the 402 program does is permit the States the flexibility to put their money where their problems are. Actually that is encouraging States to pass many of the provisions in the 410 program. There is a provision in the 410 incentive program that provides for operators of motor vehicles under the age of 21 from obtaining alcoholic beverages. That is one of the basic criteria. Within that falls some of the provisions that are identified in the legislation. Every State that has qualified for 410 has qualified using this as one of the basic criteria. Some of the activity is being stimulated by the 410 program, and indeed some is stimulated also by the 402 program, where that is appropriate in the State.

Mr. RAHALL. What are some examples of the programs that are being funded with the increased 402 monies?

Ms. DERBY. With the 410 or with the increased— is the supplemental 408?

Mr. RAHALL. Yes, with the increased 402 monies that have been earmarked for underage drinking and driving.

Ms. DERBY. An interesting program is in the State of Michigan. They have a family involvement education program where minority youth who are engaged in underage drinking are targeted through family involvement in an education program. Another interesting program comes out of Massachusetts and Mississippi, where workplace programs for under age 21 employees have been put in place and training is provided to assist businesses in implementing ongoing programs for young employees. A third is one in Oregon, which is very far reaching, where they have a series of prevention programs. They use server education programs: presentations by inspectors on liquor laws: they have a law requiring anyone that looks under 26 to be asked for identification: they tag kegs. Those are some of the things that have come out of that additional earmarking on top of the 402 that was set aside specifically for youth.

Mr. RAHALL. If we were to find the funding for H.R. 1719, do you think the legislation as currently constructed is adequate or desirable, or would you propose some modifications to it?

Mr. HART. Again, I would like to defer to Mr. Brownlee for the details. But let me just say as a general matter, we are, as my remarks indicated, very much in favor of the general concept of the bill. We would like to work closely with the committee on some of the implementing aspects of it to make sure there is no duplication. For example, we would like to explore how the two-tier concept would work. We would be interested in exploring, the concept of performance standards in addition to the specific standards that are set forth, so that if a State is performing well, it doesn't have to be doing so exactly in the manner specified in the legislation, but it would still be eligible for funding. So we would be interested in exploring all of those, but for greater detail, let me defer to Mr. Brownlee.

Mr. BROWNLEE. Yes, sir, I believe that some of the criteria that are included in the bill certainly are useful and worthwhile. There are a number of criteria included that may not relate to licensing programs which might be considered for revision. We believe that the whole second tier, the supplemental system of grants that appear in the legislation, are going to be very difficult for some States to meet.

Our general reaction to the criteria included in the bill are that they could be modified in a way that would make the program more useful the States and have the effect of funding more programs in the States as well.

Mr. VOGT. Mr. Chairman, I would like to add, as I mentioned earlier, we would very much encourage an amendment to include "attempts to purchase" prohibitions, administrative license revocation, and also night time driving. All of these are factors which our research shows can be very important in reducing teenage fatalities. The experience in the States that have had enacted these kinds of provisions has been very positive, particularly, the administrative license revocation.

Mr. RAHALL. At one time research showed that driver education was not particularly effective. Can you explain why this was so?

Mr. VOGT. I certainly can't explain why it's not so, but we have made recommendations that it be pursued as part of an overall package.

Mr. HART. As you know, Mr. Chairman, we are certainly looking into that as well. We are looking into the general problem of teaching rules of the road and how to handle a car versus teaching judgment. That's been one of the problems: how to have drivers education that reaches the judgment aspect as well as the rules of the road and the skill. But let me defer more specifically to Mr. Brownlee.

Mr. BROWNLEE. The principal evaluation that affects driver education that was mentioned by Mr. Wolf in previous testimony took place in DeKalb County, Georgia. I think many of the trends that exist in driver education today and its de-emphasis is a result of that evaluation. It essentially said that the effect due to the driver education systems then in place was very small. I think the issue today is whether or not improved driver education that focuses in different ways can have effects on the entire issue of teenage driving behavior. One of the things that we are obligated to do in the report to Congress that was referred to by Mr. Hart is to examine that entire question and make recommendations with regard to the research and program that should result from it.

Mr. VOGT. Mr. Chairman, there are others here who may be more familiar with this than I am, but I seem to recall in Maryland, my home State, the provisional licensing provisions were even more effective when they were combined with teenage driver education programs. These may be different than those that were in DeKalb County, Georgia, but I think there has been some statistical analysis which would support increased education.

Mr. RAHALL. Mr. Vogt, let me ask you a couple of questions. Administrator Hart noted that few States have graduated licensing systems in place for teenage drivers. Could you tell us how many?

Mr. VOGT. I believe there are three. Are you addressing that to me, Mr. Chairman?

Mr. RAHALL. Yes.

Mr. VOGT. Yes, I believe it is three. Maryland, California and Oregon. I am going to refer here to Mr. Sweedler who is more familiar with the specifics of that.

Mr. RAHALL. Those are the three States?

Mr. SWEEDLER. Those are the three, yes, sir.

Mr. RAHALL. With respect to the .02 BAC limit for persons under the age of 21, could you tell us how many States have such a limit in place?

Mr. VOGT. Twenty two, I believe. We have a chart here which shows it precisely.

Mr. SWEEDLER. There are 22 States plus the District of Columbia, plus four States have passed legislation and are waiting for the Governor's signature, four additional States, and many other States are also considering such legislation as we speak, such as the State of Massachusetts and the State of Florida. But there are many, in fact, West Virginia has just passed that legislation and is waiting for the Governor's signature.

Mr. RAHALL. Would you be so kind as to submit that chart for the record?

[Information referred to follows:]

Attachment Page 566

State Laws on Low BAC for Youth

Current as of April 12, 1993

State	Age of Applicability	Blood Alcohol Concentration	Year of last legislative action*
Alabama			
Alaska			
Arizona	<21	0.00	92*
Arkansas	<21	0.02	93
California	<21	0.02	93
Colorado			
Connecticut			
Delaware			
D.C.	<21	0.00	93
Florida			
Georgia**	<18	0.06	92*
Hawaii			
Idaho	<21	0.02	94
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine	<21	0.02	92*
Maryland	<21	0.02	92*
Massachusetts			
Michigan			
Minnesota	<21	0.00	93
Mississippi			
Missouri			
Montana			
Nebraska	<21	0.02	93
Nevada			
New Hampshire	<21	0.04	92*
New Jersey	<21	0.01	92*
New Mexico	<21	0.02	93
New York			
North Carolina	<19	0.00	92*
North Dakota			
Ohio	<21	0.02	94
Oklahoma			
Oregon	<21	0.00	92*
Pennsylvania			
Rhode Island	<21	0.04	92*
South Carolina			
South Dakota	<21	zero***	94
Tennessee	<21	0.02	93
Texas	<21	0.07	93
Utah	<21	0.00	92*
Vermont	<18	0.02	92*
Virginia	<21	0.02	94
Washington**			
West Virginia	<21	0.02	94
Wisconsin	<19	0.00	92*
Wyoming			

* Last legislative action taken before 1993 legislative session. ** Bill awaiting Governor signature. *** No BAC specified-"any alcohol."

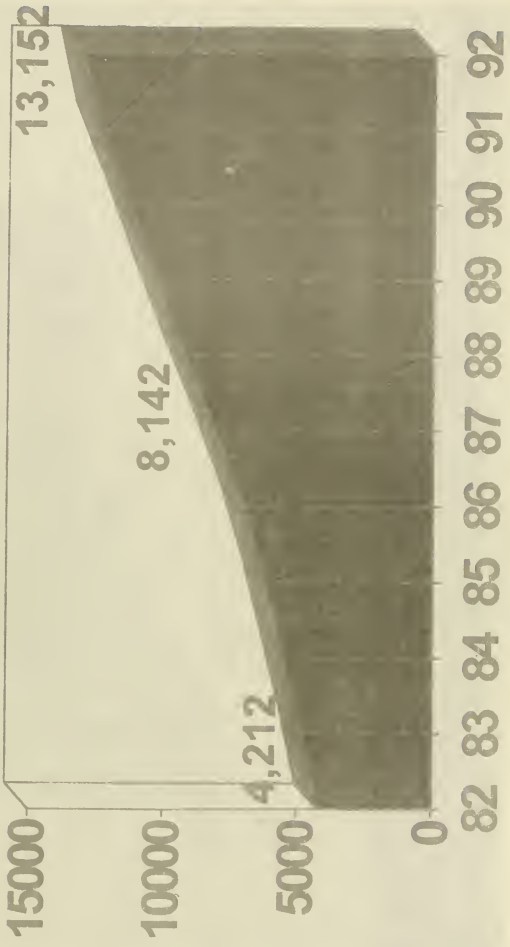
State Laws on Low BAC for Youth

Current as of March 23, 1994

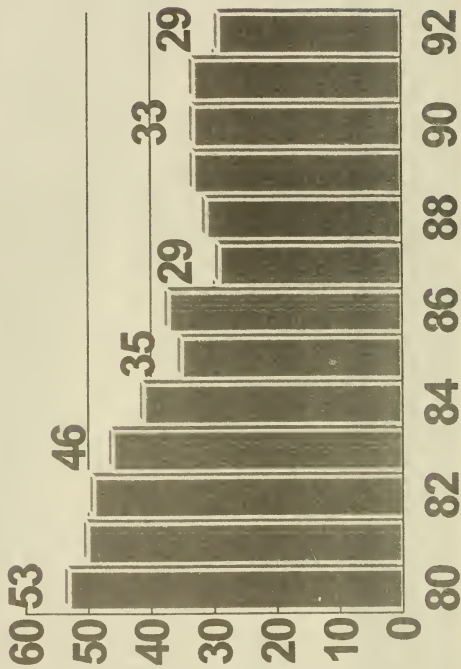
State	Age of Applicability	Blood Alcohol Concentration	Year of last legislative action*
Alabama			
Alaska			
Arizona	<21	0.00	92*
Arkansas	<21	0.02	93
California	<21	0.02	93
Colorado			
Connecticut			
Delaware			
D.C.	<21	0.00	93
Florida			
Georgia**	<18	0.06	92*
Hawaii			
Idaho			
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine	<21	0.02	92*
Maryland	<21	0.02	92*
Massachusetts			
Michigan			
Minnesota	<21	0.00	93
Mississippi			
Missouri			
Montana			
Nebraska	<21	0.02	93
Nevada			
New Hampshire	<21	0.04	92*
New Jersey	<21	0.01	92*
New Mexico	<21	0.02	93
New York			
North Carolina	<19	0.00	92*
North Dakota			
Ohio	<21	0.02	94
Oklahoma			
Oregon	<21	0.00	92*
Pennsylvania			
Rhode Island	<21	0.04	92*
South Carolina			
South Dakota**			
Tennessee	<21	0.02	93
Texas	<21	0.07	92*
Utah	<21	0.00	93
Vermont	<18	0.02	92*
Virginia**			
Washington**			
West Virginia**			
Wisconsin	<19	0.00	92*
Wyoming			

* Last legislative action taken before 1993 legislative session. ** Bill awaiting Governor signature.

Cumulative Estimated Lives Saved by Minimum Drinking Age Laws



Percent of Fatally Injured 16-20 Year Old Drivers With Illegal BACs



Mr. SWEEDLER. Yes, sir.

Mr. RAHALL. Thank you. As I noted in my opening statement, we are, of course, faced with the question of whether or not it is appropriate to create an entirely new safety grant program when the existing programs are being under funded. Your testimony focused, however, on how many of the provisions of H.R. 1719 are already being advanced through the Section 402 and Section 403 and Section 410 programs. The major difference, I believe, is that the requirements for receiving Section 402 or Section 410 grants are not as stringent as those that are proposed under the pending legislation. In other words, while Section 402 funds can be used to promote graduated licensing systems, having such a system in place is not an eligibility requirement for receiving a Section 402 grant. Is that not the case?

Mr. HART. That is correct.

Mr. RAHALL. In effect then, the Section 402 program represents a carrot without a stick, while H.R. 1719 is purely a carrot and stick approach, at least in terms of high risk driver programs. Would you agree with that assessment?

Mr. HART. I think that's a fair statement. The idea of Section 402 is to provide maximum flexibility for the States to structure the programs as they see fit in certain critical areas. In the critical areas it is easier for them to obtain funding than it is in the non-critical areas, but the idea is that they have the maximum flexibility to structure the programs to the needs of their particular State. Ms. Derby, do you have anything to add to that?

Ms. DERBY. Yes, I just had one thing to add and that is that a program not be made so strict that the States can't qualify. When 410 was first as enacted in 1988, only two States were able to qualify for that program. Congress amended it in 1991 and made it more, what you might call more user friendly, and so now it is a carrot to the States and one that they can reach.

Mr. RAHALL. Okay, thank you very much. I appreciate your testimony.

Mr. HART. Thank you, Mr. Chairman.

Mr. RAHALL. Oh, I am sorry, I forgot to recognize the gentleman from Michigan, Mr. Ehlers.

Mr. EHLERS. Thank you very much. I just have a few quick questions. First of all, Ms. Derby and the last one, I can assure you that it is still not user friendly for all States. Michigan, because of constitutional problems and other problems, cannot meet the criteria, even though our performance is far above average from most States. I just wanted to add that comment.

And Mr. Vogt, I have a question. One of the problems we have is with administrative license revocation, which is not taking place in Michigan and there are some constitutional questions on that. And yet you emphasize that this is extremely important. Two questions—first of all, I would like to know just precisely what you mean by administrative license revocation and secondly, what the substantiation for your comment that that's the most effective means.

Mr. VOGT. Well, let me give you my answer and then I am going to defer to Mr. Sweedler who is more familiar with the details. Administrative license revocation (ALR) for the most part means that

a license can be administratively confiscated by a police officer at the time of arrest in the event that the driver either tests positive for excessive blood alcohol content or refuses to take the test. Then a temporary license is subsequently issued and the ultimate penalty, after appropriate proceedings, would be the suspension of the license. Our evidence is that ALR has been quite effective in the States where it's been implemented. Mr. Sweedler can, I think, fill you in on some of the details of that.

Mr. SWEEDLER. It has a very important deterrent effect. The thought to a young person of being stopped by a police officer, failing the test, and having that very important piece of plastic possession taken away from him or her, sends a very, very strong message, and the research certainly backs that up very clearly. It's one of the most effective steps that can be taken.

Mr. VOGT. I think we find it also with adults.

Mr. EHLERS. I appreciate those comments. I am simply, once again, repeating my plea for flexibility in the case of States like Michigan which can't do that, but have developed alternative methods of doing the same thing through the courts, and yet do not qualify for funding under this because they don't meet the strict requirements of the law.

Mr. SWEEDLER. NHTSA has also joined with NTSB and States around the country in testifying in favor of administrative license revocation.

Mr. EHLERS. My point is that simply some States can't do it, so give credit for alternatives they have developed which are equally effective.

Mr. RAHALL. The gentleman from Illinois, Mr. Poshard.

Mr. POSHARD. Mr. Chairman, I'll be brief. I remember back a couple of years ago, in the State of Illinois, when some folks in the State legislature attempted to enact some State laws that would restrict older drivers from driving. I remember the incredible outrage that that sent through the elderly community, even though I thought what was being proposed was very docile in its intent. Has anyone asked the AARP and the National Council of Senior Citizens and those groups what they think about this proposal? Has anyone consulted with them? I guarantee you any attempt at trying to restrict older people with respect to their driving privileges will be viewed by that community as extremely negative. Did anybody talk to these folks when we were developing this legislation?

Mr. HART. I would like to defer to Mr. Brownlee on what we've specifically done. I'm sure you are aware of the Intelligent Vehicle Highway System, which is a matter of adding one of the things that that's focusing on. It's not so much restrictions, but making the system more user friendly for older drivers. But I would like to defer to Mr. Brownlee for some of the details.

Mr. POSHARD. I am talking about perception rather than the reality of things.

Mr. BROWNLEE. I am not familiar with the specific provisions you are talking about in the Illinois legislature, but I can tell you that the whole issue of making those kinds of decisions in a legislative body is very difficult. It is very, very difficult to generalize by age on what the response will be among the driving public. There are many people who are very old who drive very well. There are also

some exceptions to that that are much younger as well. I think the most important thing to recognize as far as older drivers are concerned is that there is a great willingness on their part to self-regulate, and if information is provided to older drivers, they are very willing to take the necessary action to limit or constrict their driving, or in some cases stop completely doing those kinds of activities that might contribute to danger. I think it is very important to get as much information to older drivers as is possible about the effects of aging on the driving process.

Mr. POSHARD. Thank you. Thank you, Mr. Chairman.

Mr. RAHALL. Does the gentleman from Michigan, Mr. Barcia, have any questions?

Mr. BARCIA. I would just like to reiterate the sentiments that my former colleague in the State senate, and present colleague in the Congress, Congressman Elhers, has just expressed. Of course, we have a panel from Michigan that will be introduced briefly to testify before the subcommittee relative to our situation in Michigan. I think Congressman Elhers spoke to it. I have also expressed those concerns as a member of the committee, and feel that in the State of Michigan we have made tremendous progress in reducing alcohol-related traffic fatalities and enhancing safety in the public transportation network in our State. We hope that the flexibility will be there to see that progress is recognized, and to hopefully have Michigan qualify for some of the Federal resources that have been available to other States who likewise have made extraordinary progress in reducing traffic fatalities.

Mr. HART. As I indicated in my remarks, consistent with the positive experience that we have had regarding the flexibility that States have under 402, we would be very happy to work with the committee on exploring performance measures to implement as part of 1719 to see if that could be helpful for the States that are doing a good job and not necessarily doing it in the specific ways enumerated in the provisions of the bill. Ms. Derby.

Ms. DERBY. Our Section 153, of course, does exactly that. It gives money in the second and third year to States who meet certain belt and motorcycle helmet use rates and it doesn't say how they have to do that, so we have some experience in working with performance measures and found those to be effective.

Mr. BARCIA. Thank you, Mr. Chairman.

Mr. RAHALL. Thank you very much. Although just one member of our next panel is present, the other two are expected momentarily as their plane just arrived a little while ago. We will go ahead at this point. And the subcommittee will hear now from Mr. James Arena, who is the Chairman of the National Association of Governors' Highway Safety Representatives. And while he is coming forward, I ask that as a part of the record the subcommittee receive the written testimony and submission from the American Association of State Highway and Transportation Officials signed by Francis Francois, their Executive Director. Mr. Arena, we have your prepared testimony, and you may proceed as you desire.

TESTIMONY OF JAMES ARENA, CHAIR, NATIONAL ASSOCIATION OF GOVERNORS' HIGHWAY SAFETY REPRESENTATIVES; COL. MICHAEL D. ROBINSON, DIRECTOR, MICHIGAN STATE POLICE; AND HON. RICHARD H. AUSTIN, SECRETARY OF STATE, STATE OF MICHIGAN

Mr. ARENA. Thank you very much, Mr. Chairman, and I will make my remarks brief. You have my written testimony, but I look forward to the opportunity to answer some questions regarding young drivers, older driver programs, ALR and some alternative approaches to the problem as well.

My name is James Arena, Chairman of the National Association of Governors' Highway Safety Representatives, NAGHSR, and Director of New Jersey Division of Highway Traffic Safety. NAGHSR is a non-profit association of State highway safety agencies. The association appreciates this opportunity to submit comments on H.R. 1719, the proposed High Risk Drivers Act.

If continued progress is to be made in highway safety, future highway safety programs must focus on special populations such as the younger and older driver; they must provide targeted assistance to these populations. Legislation such as the proposed High Risk Drivers Act is a good first step.

Although we are pleased that Congress has showed a continued interest in impaired driving and that a new incentive grant program may be created, NAGHSR's priorities also are to ensure that existing highway safety grant programs receive continued support.

Our biggest misgiving is that the proposed legislation will adversely affect the highway safety grant program that is already in place. NAGHSR's concern is that reductions will be made in the State and Community Highway Safety grant program, and the 410 impaired driving incentive program may suffer as well. In effect, existing programs and the new incentive grant program will be forced to compete for available Federal dollars. Since States use the 402 program as the foundation for everything they do in highway safety, if reductions were made in the 402 program in order to accommodate the new incentive grant program, States would have to postpone or eliminate many highway safety programs. States would not have the resources to make improvements in their traffic records, their driver licensing systems, nor would they have adequate staff to administer existing programs. At a time when more and more demands are being placed on States and their highway safety programs, increased, not decreased, 402 funding is needed. The 402 program which has been basically level-funded for the last nine years and has been consistently funded below the authorized levels, simply cannot afford any reductions at this time.

If funding reductions are made out of the 410 impaired driving incentive program, then States would be forced to trade off one impaired driving incentive program for the other. Furthermore, a reduction in the 410 program would exacerbate the problem of underfunding that already exists in that program.

As we noted in our March 1st testimony, the 410 program has been funded at the authorized level of \$25 million in both fiscal year 1993 and fiscal year 1994. But that funding has been insufficient. If all the eligible States were funded in a manner consistent with a statutory formula, \$29 million in fiscal year 1993, and at

least \$36 million in fiscal year 1994, of 410 funds should have been appropriated. In other words, the program has been more successful than even this committee originally envisioned, which has caused a shortfall in the annual program funds.

While we think the High Risk Drivers Act has considerable merit, we question the need to authorize a new incentive grant program when the existing program is not adequately and fully funded. Therefore, NAGHSR urges this committee to increase the authorization for the 410 program to \$50 million in each of the fiscal years 1995, 1996 and 1997. Furthermore, we urge House Public Works Committee members to carry the message to the House Appropriations Committee that reductions must not be made in the 402 highway safety grant program and that the 402 program as well as any new highway safety program must be funded at authorized levels.

NAGHSR supports H.R. 1719, the High Risk Drivers Act of 1993, in concept. Our rationale is explained in detail in our written statement. I would like to take the remaining moments to review some of our specific concerns about the proposed legislation.

Perhaps our most serious concern is that the eligibility criteria are too narrowly drafted and leave little room for innovative State approaches. The criteria specify what procedure the States must adopt, rather than what outcome should be achieved. This focus on procedure obscures the goals that the incentive program is designed to achieve and encourages Federal micro-management of State highway safety programs.

Concurrently, we are concerned that the bill places too much emphasis on the passage of State legislation. While legislation is important, it will only be effective if the public is educated about the legislation, if the law is strongly enforced, if the law is adjudicated in a manner consistent with the legislative intent, and if there are adequate resources to undertake the public education, enforcement and judicial efforts.

It has become increasingly difficult for State highway safety agencies to go back to their legislatures, year after year, with legislative initiatives that must be passed in order to qualify for incentive grants or to avoid sanctions. Performance based criteria would help assuage this predicament by giving the States the flexibility to address a problem by whatever means the State deems feasible, regardless of whether it is through legislation or some other approach.

We strongly urge the committee to refine the eligibility criteria so they are more performance-oriented. There are several ways this could be accomplished, as described in detail in our written statement.

The individual criteria could be rewritten so that they are more performance-oriented. Alternatively, States would be allowed to apply either under specific eligibility criteria or under a national performance standard, whichever was more beneficial to the State. Another approach would be to base the national performance standard on the impaired driving fatality rate. Another option would be to combine the procedural approach with the performance based approach. States could be required to satisfy one or two spe-

cific criteria, such as the provisional licensing program, and the .02 BAC, and then satisfy a national performance standard.

NAGHSR would be happy to work with the committee staff to help redraft the criteria so that they are more performance-based.

With respect to the grade crossing criteria, NAGHSR suggests that the issue of grade crossing enforcement could better be addressed in a separate bill. Alternatively, the criteria could be revised so that it is more directly relevant to younger drivers. NAGHSR also has reservations about asset forfeiture criteria, which is in Senate bill, S. 738. Experience with asset forfeiture laws to date has been mixed, and questions have been raised about the constitutionality of such law and the impact on persons who depend on their vehicle to get to and from work. We urge the committee to refrain from adding this criteria to the House bill until further analysis of this approach can be performed.

NAGHSR is also concerned that the proposed funding levels are too low to be much of an incentive to the States. The authorization level must be increased if the grant program is going to provide a meaningful inducement to States to change their laws and programs. We urge the committee to increase funding, particularly in the out years, so that the incentives will be large enough to motivate the States to act.

NAGHSR appreciates the opportunity to submit comments on such a timely issue and such an important piece of legislation. We look forward to working further with the committee as the bill moves forward through the legislative process. Thank you, Mr. Chairman.

Mr. RAHALL. For purposes of introducing our next panelist, the Chair recognizes the gentleman from Michigan, Mr. Barcia.

Mr. BARCIA. Thank you very much, Mr. Chairman. I want to express my gratitude and that of Congressman Ehlers, I am sure he will want to also speak on his own behalf. But I want to thank you for your leadership and bringing before this subcommittee a very important piece of legislation. The High Risk Drivers Act has the potential of creating another pool of resources for States transportation safety programs. As a legislator in the State of Michigan for 16 years prior to my coming to Washington, I have first hand knowledge of the power that such resources provide for saving the lives of our constituents. I applaud the past efforts of this committee, especially on ISTEA, in providing the resources necessary to successfully implement such programs and increasing program flexibility to draw upon other transportation funding pools to expand upon such efforts.

In addition, Mr. Chairman, I want to thank you and the subcommittee for allowing myself and Colonel Robinson to offer our views before the subcommittee today. I know that Colonel Robinson is an expert on the issues of concern to Michigan, so I will not speak long. However, I want to say prior to his presentation that I strongly support the idea that reaching the goals of our safety programs should be a primary consideration in Federal funding eligibility, rather than the process by which those goals are reached. The lives of Michigan citizens are no less valuable because Michigan safety programs do not meet a certain set of criteria. The success of our programs is well documented by the State and has been

confirmed by NHTSA. I hope that I might have the committee's help in recognizing the importance of this idea when considering any legislation that affects program eligibility.

Now, Mr. Chairman, for our expert testimony on Michigan transportation policy, as it relates to traffic safety, I would like to introduce Colonel Michael Robinson, who has served the State with distinction as the director of the Department of State Police and who has a lengthy and universally respected career in law enforcement.

Colonel ROBINSON. Thank you, Mr. Barcia.

Mr. RAHALL. Colonel, before we proceed, let me recognize the other gentleman from Michigan, Mr. Ehlers.

Mr. EHLERS. Thank you very much, Mr. Chairman. I won't repeat what Mr. Poshard has said, but I am very grateful to you for scheduling this hearing. I am pleased we have Colonel Robinson here. We should have Secretary of State Austin momentarily; I believe his plane has landed now and he is on the way. Both have been very active in improving the safety record in Michigan. We have done far better than the average of the other States in spite of our constitutional restrictions on sobriety, check lanes and administrative revocation of licenses, and basically, they, and we, are asking for a revision of the law. We have already lost \$21 million in potential funding over the past few years because of the way the law is currently written and we certainly would like to see that revised so that Michigan, in view of its record, would qualify for funding just as other States do. I look forward to hearing from Colonel Robinson and Secretary of State Austin when he arrives. Thank you.

Mr. RAHALL. Colonel Robinson, you may proceed.

Colonel ROBINSON. Thank you, Mr. Chairman, and members of the committee. You do have my written testimony so I will be very brief. The Michigan Department of State Police, as well as other law enforcement agencies in our State, are committed to improving traffic safety by strict enforcement of our laws. And a combination of tough sanctions and continued enforcement is in fact showing some very positive results. Our safety belt use is at an all time high of 64.4 percent, and this is despite the fact that we have secondary enforcement restrictions. Alcohol-related fatalities are down significantly in Michigan to 38 percent. These are significant results, especially when you consider the fact that we do not have the enforcement tools such as sobriety check lanes or administrative license revocations.

We are effective, even though we cannot follow the Federal formula for combating drunk driving in the use of sobriety check points, as I have said. But because we do not meet very strict and rigid Federal criteria, our State does not qualify for special incentive funding to enhance our already successful drunk driving efforts. Because of strong State constitutional provisions, we are prohibited from passing such laws as sobriety check lanes or administrative license revocations.

I strongly believe that Michigan's performance should be considered in determining whether to grant incentive funds. Whether Michigan can or cannot implement specific narrow procedure requirements should not be the sole basis for awarding any grant funding. These same constitutional provisions are working against

our State when we are denied Federal funds which could help save lives. Inflexible grant criteria ignore our accomplishments which surpass those of many other States. Many of these States, in fact, are grant recipients. In fact, Michigan has been denied, as Mr. Elhers has said, \$21 million in grant money over the past five years, money which we could have used to build upon our already successful accomplishments. And Michigan is not alone. Several other States face the same discouraging situation because of the limiting procedure criteria.

I see this trend continuing with H.R. 1719 and the High Risk Driver Act. I am asking that you recognize Michigan and other States and recognize what we are facing with unique constraints that currently prevent our participation in these worthwhile programs. Michigan is not asking that current criteria be eliminated, but additional criteria be added which recognizes traffic safety successes and are based in part on performance. Allowing our State to qualify for Federal funds will give us the opportunity to intensify our efforts and further reduce traffic-related deaths and injuries.

I urge you to adopt an amendment to the High Risk Driver Act that includes an alternative funding mechanism based on performance. Thank you very much.

Mr. BARCIA. Thank you, Colonel. The Secretary is not here? Colonel Robinson, do you know if the Secretary is en route?

Colonel ROBINSON. I knew the plane that he was on was supposed to land at 10:30 a.m., so I would have expected him here.

Mr. RAHALL. The Chair recognizes the gentleman from Michigan. Do you want to proceed and ask any questions?

Mr. BARCIA. Thank you very much. And again, I want to thank you for the accommodation of our two witnesses from Michigan. We're not sure where Secretary Austin is, but hopefully if he does appear before the conclusion of the hearing, we will be able to hear his perspective as the Secretary of State of the efforts, the tremendous efforts that his department have expended in helping us to achieve these goals.

I just would like to say that it would seem to me that the failure, I think, in many States to qualify for funding under safety grant programs might actually act as a disincentive to make attempts to try as hard as you might to reach the overall goals of the programs. Certainly we do not give up on traffic and driver safety because there is no money in it for our States. However, in your experience, Colonel Robinson, have you noticed that in Michigan, or among your colleagues in other States, that inability to meet all of the criteria may stifle attempts to meet some criteria which may improve overall safety? In your opinion, does the frustration that State officials may feel in meeting such a menu-driven set of requirements subvert efforts in any way to reach program goals?

Colonel ROBINSON. Well, in addition to being Director of the Department of State Police, I am the chairman of a combined accident reduction effort which is a traffic safety effort of all 50 States. This issue of having to meet narrowly restrictive criteria is a topic of discussion at nearly all of our meetings. The problem that we have in meeting that criteria is in maintaining focus and emphasis on our programs. For instance, where the 410 funding is concerned, of the 24 States that have qualified for 410 funding, only five have

lower percentage alcohol-related traffic crashes than Michigan. Only five have a greater reduction in the percentage of alcohol-related crashes than we have had in the last two years. It is a disincentive when you are talking with other law enforcement agencies within the State and across the country.

Mr. RAHALL. Mr. Ehlers.

Mr. EHLERS. Just to add to that, having just come from the Michigan Senate, it is also a disincentive to the legislature to pass some of the laws that they should pass, because no matter what they pass, Michigan will not qualify for funding due to the constitutional restrictions, and there is no way we are going to get the constitution changed on those points. There is a long history in the State of Michigan for a great deal of individual freedom and lack of intrusion on individual's lives, and that is not going to change.

I think it is important to provide other avenues for the funding, to also provide encouragement for the legislature to continue pursuing the path they have been pursuing, a very stringent legislation which achieves the same goal but does it somewhat differently than the legislation envisions.

I do have a question for Colonel Robinson. I assume you are very interested also in getting 408 and 410 rewritten so that you will qualify for funding under that? As well as making sure this new proposed act is—

Colonel ROBINSON. Yes, sir.

Mr. EHLERS. So, okay, fine. We'll try and do both. Thank you.

Mr. RAHALL. Mr. Arena, let me ask you a couple of questions. How difficult do you think it would be for the States to comply with the criteria of H.R. 1719 if it were enacted?

Mr. ARENA. I think in some cases it would be very difficult, Mr. Chairman, because a lot of States can't keep going to the well for legislation. Trying to get the .10 BAC for all DWI down to .08 BAC is one trip. A seat belt law is another trip. Zero use tolerance, .01 BAC or .02 BAC, whatever that criteria may be, is a third trip. So there are a number of issues that the State Highway Safety Office and the highway safety community need to visit the legislature. And after a fashion, you begin to burn up your chits, so it causes a lot of problems.

Secondarily, if a State has an approach that works, we may discover something in highway safety by making performance based criteria rather than strict procedural criteria. In New Jersey, I think, we enjoy probably the lowest DWI fatality rates, both over 21 and under 21, of any State in the nation. Yet we handle drunk driving a little differently. We don't meet ALR and we can't get it through the legislature. It would cost us \$2 million to implement it. The objective should be prompt and effective license suspension. That's the objective. And clearly there are numerous studies that say the revocation of the driver's license is the most effective counter-measure to drunk driving. So to the degree that license can be removed and kept from the person, I think that's the incentive. Additionally, alcohol assessment and treatment are really needed to solve this problem of DWI.

Mr. RAHALL. So you see the States moving toward enacting some or all of the criteria that are contained in H.R. 1719?

Mr. ARENA. I think in good time they would move in that direction. But I think that underage drinking is a very comprehensive problem that needs a comprehensive solution, maybe not just legislatively. I think positive peer pressure—the young people need to take control of their lives. You can come up with all kinds of laws and legislation and they will, within 48 hours, figure a way around it. But I think we need to put educational programs and values in the young people that would help them make the right decision. And that's not done through legislation, it's done through educational programs.

We have a college in New Jersey that recently said they couldn't close their pub because they needed the revenue and it kept the students on campus. Yet the same person couldn't open the gymnasium for an alternative substance-free type of activity. I find that extremely disturbing.

Mr. RAHALL. Is there a bigger problem with State resistance or is it insufficient funds?

Mr. ARENA. It's a combination, Mr. Chairman. There is a lot of resistance on the part of the State legislatures, as we hear from our colleagues across the country, that there are Federal mandates that require them to do things. Now, there are some Federal mandates that are extremely legitimate—the 21 drinking age certainly being one of them. But constant mandates for legislation really hamper the efforts of the highway safety office. And the fact that the 402 basic program has not increased also causes problems. We made a requirement in New Jersey four years ago to do Project Graduation in every high school in New Jersey. This is the alcohol- and substance-free celebration all night long that shows young people they can have fun without drinking or using drugs. We've gotten 80 percent of the high schools participating in this program. But we're doing 100 grants for Project Graduation a year which severely drains our 402 resources and we have to do that every year. And I think those are some of the important impaired driving activities that are effective. And senior drivers are another problem that need to be addressed without drawing funds away from the existing programs.

Mr. RAHALL. I understand the Secretary has just arrived, so I want to ask him to come up to the table, and again recognize the gentleman from Michigan, Mr. Barcia, for the purpose of introduction.

Mr. BARCIA. Thank you, Mr. Chairman. We appreciate the testimony that we've received this morning on this very vital issue. And to add to the testimony that we've heard on behalf of the State of Michigan from Colonel Robinson, it gives me a great honor and I consider a real privilege to be able to introduce to the committee one of the most respected officials in the history of Michigan politics, our Secretary of State for life, as he is fondly known, Secretary of State Richard Austin.

Mr. RAHALL. Mr. Ehlers, do you want to comment? Mr. Secretary, we welcome you. We have your prepared testimony and you may proceed as you desire.

Mr. AUSTIN. I want to thank you, Congressman Barcia, for a very fine introduction. I am the Secretary of State of the State of Michigan and chief motor vehicle administrator. I'm here along with

Colonel Robinson to express support of H.R. 1719 which seeks to reduce traffic fatalities and injuries by targeting youthful and other high risk drivers. While I encourage favorable action on H.R. 1719, I also encourage you to amend this legislation to give States greater flexibility in qualifying for the incentive grants outlined in the bill.

Let me share our experience with you. Michigan has substantially reduced alcohol-related fatal crashes. Yet because of Michigan's constitution which prohibits sobriety check lanes, and our legislature adopted tough anti-drunk driving laws that take an alternate approach to administrative license suspensions, we remain ineligible for alcohol incentive grant monies.

The purpose of these grants is to fund: "States which adopt and implement effective programs to reduce traffic safety problems resulting from persons driving under the influence of alcohol or controlled substance." We have done just that. That's what we've accomplished. Of the 16 States that qualified for 408 funding, only one had greater reduction in the percentage of alcohol-related fatal crashes than Michigan. Of the 24 States that qualified for 410 funding, only three had a greater reduction in the percentage of alcohol-related fatal crashes during the same time period.

Without your action, specific criteria in the High Risk Driver Act will make it impossible for successful programs to receive incentive funds. States must have flexibility to craft laws that meet their particular needs, their constituent wishes and that are effective for our communities.

Michigan's legislature has been attempting for years, certainly the past six years, to enact laws to address the misuse of alcohol by persons under age 21. Success is near; however, this legislation, which has taken six years to complete, will not qualify Michigan under H.R. 1719 because our legislature proposes suspending driver licenses of underage violators for 90 days, rather than the required six-month minimum. Michigan has had an active safety belt coalition for over 12 years now. As a result, we have a front seat safety belt law and a child passenger protection law covering children under age 16. Our safety belt usage rate has gone up from a low in the very low teens to over 64 percent. Right now we are aggressively seeking to remove the secondary enforcement restriction in our law. We are convinced, in our State, primary enforcement will save more lives than backseat passenger restraint laws. But again, that makes us ineligible for H.R. 1719 funds.

Incentive funds offer ways for States to reduce the tragedies that occur every day on our highways. Funds should be available to States that have programs that work. We are not proposing that the current system be scrapped; we are proposing additional methods for determining funding qualifications, with the understanding it may be appropriate to place limitations on the amount of funds granted for this alternative.

I know this alternative. I know there is concern about establishing specific, measurable performance-based criteria. I have no doubt, however, it can be done in a way that makes incentive funds work harder and States work smarter.

We stand ready to assist you and your staff in every way possible. Thank you very much for your time.

Mr. BARCIA. I would like to thank Secretary Austin for his timely remarks on this issue and also extend to both Colonel Robinson and Secretary of State Austin our appreciation for your lengthy travel involved in arriving here today to speak to our committee. As I understand it, Mr. Chairman, in Section 408 and 410 programs, and in the High Risk Drivers Act which we are considering today, what we are saying in effect is we have a goal of improved traffic safety, namely to save lives. If you meet that goal, we will reward you by providing resources to supplement your efforts. By the way, however, the goal is not quite as important as whether or not you accomplish it in the way we say you should.

My question to all of my colleagues on the committee, and this subcommittee, and our witnesses here today is: It more important for us to have our nation meet the standards that we set as legislators, or that our States, local governments and citizens demonstrate an ability to jump through a rigid set of bureaucratic hoops? It would seem to me that only in the first case do we guarantee the desired results. And I think that the testimony that we've heard this morning certainly is indicative of the deficiencies perhaps in the Federal code. Hopefully this subcommittee and our full committee can address the inequities that would reward not only Michigan for the tremendous progress that has been made in traffic safety, but all of the States that comprise our nation. If they are striving to reduce fatalities and improve traffic safety we should have a system of rewards and financial incentives to help recognize that effort and continue the progress that's been made. Thank you very much, Secretary Austin. Mr. Chairman.

Mr. RAHALL. The gentleman from Michigan, Mr. Ehlers.

Mr. EHLERS. Thank you, Mr. Chairman. I just wanted to add my appreciation to the panel for coming and testifying, and we will certainly continue working on the problem and try to alleviate the situation you face in Michigan. Thank you.

Mr. RAHALL. Gentlemen, thank you very much.

The subcommittee will now hear from a panel composed of the following individuals: Mr. David Snyder, the Assistant General Counsel, American Insurance Association on behalf of the Advocates for Highway and Auto Safety; Beckie Brown, the President, Mothers Against Drunk Driving; Mr. Darryl Wyland, Senior Vice-President of Public and Government Relations, American Automobile Association; and Mr. Allen Tull, member, National Board of Directors, American Association of Retired Persons.

Before the panel proceeds, the Chair will submit for the record at this point a statement from Ann Holland, International President, General Federation of Women's Clubs, testifying on behalf of the pending legislation. We welcome you to the subcommittee. We have your prepared testimonies and you are encouraged to summarize. We'll start with you, Mr. Snyder, since you are listed first.

TESTIMONY OF DAVID SNYDER, ASSISTANT GENERAL COUNSEL, AMERICAN INSURANCE ASSOCIATION, ON BEHALF OF ADVOCATES FOR HIGHWAY AND AUTO SAFETY, ACCOMPANIED BY JUDITH LEE STONE; BECKIE BROWN, PRESIDENT, MOTHERS AGAINST DRUNK DRIVING [MADD]; DARRYL WYLAND, SENIOR VICE PRESIDENT, PUBLIC AND GOVERNMENT RELATIONS, AMERICAN AUTOMOBILE ASSOCIATION; AND ALLAN TULL, MEMBER, BOARD OF DIRECTORS, AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. SNYDER. Thank you, Mr. Chairman, and distinguished members of the committee. I am David Snyder, Assistant General Counsel with the American Insurance Association. I'm here today, however, representing Advocates for Highway and Auto Safety, which is a coalition of consumer groups, health and safety, law enforcement and insurance organizations. AIA is proud to be a founding member of Advocates. With me is Judith Lee Stone, President of the Advocates.

First of all, thank you for conducting this hearing and allowing us to testify. I will summarize my remarks and I am pleased to hear that the entire statement will be added to the record.

We have seen significant progress in the area of highway safety, thanks in large part to the efforts of this committee and the Congress. The nation's fatality rate is at a record low. More and more States are adopting critical and necessary safety laws, and Advocates has been involved in the enactment of many of these recent State laws. But despite State and Federal efforts to improve safety, several categories of drivers continue to be significantly over represented in crashes—younger drivers, older drivers, and repeat offenders. Fortunately, we are seeing the conjunction of the two key elements necessary for progress: a growing public consensus that the issue presented by these high risk drivers must be addressed, and the introduction of H.R. 1719, the High Risk Drivers Act of 1993. Not only will H.R. 1719 help us save lives and prevent injuries, but such highway safety measures also have a broad base of public support.

For example, a 1993 national public opinion survey found that 78 percent of the public supports requirements to use safety belts and 78 percent of the public supports confiscation of the car of repeat drunk drivers.

Now the common thread throughout the High Risk Drivers Act is the coveted drivers license, the vital key to daily functioning in our society. Ask any law enforcement officer or motor vehicle administrator what message is most effective in communicating with hard to reach audiences, and they will tell you—challenge the driving privilege. That piece of plastic coated paper seems to carry more value than money paid in fines, sometimes even more value than time spent in jail. Society has the liberty, and indeed the responsibility, to curtail this privilege when it threatens the quality of life and safety of the community.

First, on younger drivers, H.R. 1719 takes all of this into consideration. For example, the bill encourages States to create an entire new category of licensing for young and inexperienced drivers that conditions the license on maintaining a good driving record. Provi-

sionally licensing these drivers will be a major positive step in starting inexperienced drivers out right.

Now I would like to submit for the record—and I think you have a copy—the most recent status report produced by the Insurance Institute for Highway Safety.—The lead story is about experience in other nations with graduated licensing programs. For example, provisional licensing has been in effect in New Zealand since 1987 and has reduced crash rates, especially among 15 to 19 year olds. And H.R. 1719 will make that program of provisional licensing a major key to future highway safety efforts. It is particularly important that the efforts targeted at young drivers also recognize the role of alcohol impairment in crashes in this age group. Laws such as lower BAC levels for minors and legislation that suspends a license if a minor is convicted of use or possession of alcohol, are effective responses, and H.R. 1719 encourages State adoption of these measures.

Next, the bill targets repeat offenders. One of the most tragic, frustrating, and intolerable components of the highway safety equation is that of the repeat offender. For the unrepentant multiple offender, each run-in with the system becomes a disturbing echo of past misery, broken promises and a doubtful future. Repeat offenders need to receive the powerful and effective message that dangerous driving will not be tolerated. The High Risk Drivers Act takes a firm stand. States would be encouraged to issue provisional licenses to drivers after their licenses are suspended or revoked, allowing only limited driving until the repeat offenders prove their rehabilitation.

H.R. 1719 will also help improve and make standard State motor vehicle records. These records are an important source of information for research and enforcement. Only when we are capable of identifying repeat offenders are we capable of acting against them and in favor of everyone else on the highway.

The Senate passed version of this bill encourages State vehicle confiscation programs for repeat offenders. We particularly commend this approach because it includes fair provisions for vehicles owned jointly or for one vehicle families. We urge the committee to add this language to H.R. 1719.

Finally, the issue of older drivers. As our population ages, the need grows more urgent for a solid base of research on the driving abilities and licensing of older drivers, as well as reviews of initiatives addressing this population and their effectiveness. H.R. 1719 begins this important process. In the past, Advocates and its member organizations, have helped to translate this committee's vision into action at the State level. Just as the creation of Section 153 helped to trigger seven new State safety belt and motorcycle helmet use laws, the passage of the High Risk Driver Act will move your agenda forward.

Advocates is committed to helping what you pass here in Washington become a reality through enactment of State legislation. We join with others testifying today in support of an increase in the authorization level for the Section 410 Alcohol Counter Measures Program. In our full testimony we outline our concerns about the funding for the basic safety grant programs in your jurisdiction and

our belief that the committee should consider a different approach for funding highway safety.

Safety and funding for safety should be given the same priority as critical public health initiatives. The annual \$137.5 billion cost to our nation for motor vehicle crashes translates into \$614 for every 10,000 miles driven, the distance the average car is driven in a year. Yet, these basic safety grants will receive only about 75 cents for those 10,000 miles. Seventy five cents in crash and injury prevention compared to \$614 in crash and injury costs. H.R. 1719 will help us do better.

Advocates looks forward to continuing to work with you, Mr. Chairman, and all the members of this committee toward the enactment of this legislation and in support of future safety initiatives. Thank you.

Mr. RAHALL. Thank you. Ms. Brown.

Ms. BROWN. Good afternoon, Mr. Chairman. My name is Beckie Brown and I am proud to serve as the National President of Mothers Against Drunk Driving, MADD. MADD represents the interests and concerns of 3.2 million Americans who count themselves active or supporting members of MADD. MADD has been in existence since 1980. Over the years MADD has served as an advocate for the victims of drunk driving before the Congress, State legislatures, and the courts. We have endeavored to enhance the seriousness with which American society views this violent crime and we have seen great change. No longer is it considered humorous to be impaired by alcohol.

Most Americans now see drunk driving for what it is—a violent crime, and not an accident. But the attitude of the public has not yet reached every politician. Recently a Virginia legislator was quoted as saying that further efforts to combat drunk driving would “take all the sport out of drinking and driving.” Clearly, we are not out of the woods yet. And we must be vigilant to educate each new generation of drivers that comes along.

MADD has worked with this committee for many years to stem the tide of drunk driving. This committee, with its late chairman, Congressman Jim Howard, was the catalyst for passage in 1984 of the Uniform Minimum Drinking Age Bill. This committee was also present at the creation of the National Highway Traffic Safety Administration’s incentive grant programs in 1982, 1988 and 1991.

I am particularly pleased to be here today to testify on the High Risk Driver Act, a bill which MADD supports and which will provide a vitally important focus on young drivers. As the findings section of H.R. 1719, the High Risk Driver Act, asserts, recent years have shown a marked improvement in traffic safety. In 1992 the nation saw the lowest number of highway fatalities in over 30 years. The determination of citizens groups and government at all levels played a key role in achieving this savings of lives. Yet still 45.1 percent of the 39,235 deaths on our highway in 1992 were attributable to alcohol use. A conservative estimate of the cost of drunk driving to our nation is \$46 billion a year. The medical costs associated with drunk driving are about \$5.5 billion each year. Indeed, we’ve come a long way, but there is still work to be done.

Mr. Chairman, drunk drivers don’t discriminate. They do not distinguish between rich or poor, black or white, Republican or Demo-

crat, famous or unknown, young or old. But the young are still involved disproportionately in alcohol-related crashes. Mr. Chairman, the legislation before you today concentrates attention on high risk drivers, particularly young drivers. In other words, this bill is about our children.

I got involved in Mothers Against Drunk Driving because a high risk 19 year old drunk driver killed my 18 year old son, Marcus Daniel Brown. In 1984, the Congress passed the Minimum Drinking Age legislation or 21 Bill, after "SOS" pleas from MADD, "Save Our Students." I am here today with the same message in support of legislation which focuses much needed attention on young Americans.

MADD strongly supports the graduated licensing provisions of H.R. 1719. We have found that the most precious possession of America's youth is a driver's license. We heartily endorse the idea that a young person should demonstrate the willingness and ability to drive free of impairment or violation in order to achieve full driving privileges. We are pleased to see the incorporation in basic grant criteria of an .02 blood alcohol level content [BAC] limit, for youth under 21; stiff fines for servers who sell those under 21; restrictions on open containers of alcoholic beverages; and driver license suspensions for those who violate underage drinking laws.

Among the supplemental criteria contained in the bill, MADD strongly supports the permanent retention of records of drivers found guilty of drunk driving. At a minimum, these records should be retained for 10 years. We would, in fact, suggest that this provision be enhanced by making it a basic criterion.

MADD also supports the requirement of provisional licensing. This provision would result in longer supervision of inexperienced young drivers during their first months of driving. We also support requiring special licenses for those under 21, which can differentiate them from drivers who are of legal drinking age. And we support greater oversight of underage drinking at colleges and universities.

Mr. Chairman, I have but one major reservation about the passage of the High Risk Driver Act by Congress. This reservation is in regard, not to the substance of the bill, but a concern about promising more than is delivered.

Each time MADD has urged the Congress to take action to fight drunk driving, many people anxiously implore us not to advocate withholding highway funds from the States. No doubt they can see that withholding the highway funds does work. Witness the fact that all 50 States presently have 21 as their minimum drinking age. But MADD, which is on the front lines in the State capitals, knows that sanctioning highway funds is difficult to pass in Washington and controversial in all 50 States. So our friends tell us to advocate incentive grants and we do, as is the case today.

Nonetheless, we presently have on the books an incentive grant program that is working very well, and as we've heard from many other people testifying, the NHTSA Section 410 program. The program is working so well, in fact, that the States have qualified for more money than was authorized in the 1991 Intermodal Surface Transportation Efficiency Act [ISTEA]. NHTSA tells us that if all States received their full incentive funding for what has been done

to qualify under the statute, in fiscal year 1994, as we heard earlier, \$36 million would be needed to fund this program. However, the authorized level for fiscal year 1994 is \$25 million, as it is for fiscal years 1995 through 1997.

MADD believes that failure to fully reward the States for the positive actions they have taken to fight drunk driving, actions which they took in reasonable anticipation of additional Federal funding, serves as an active *disincentive* to further action by the States. It may be reasonable to ask if we should authorize another incentive grant program like the High Risk Driver Act when we have not adequately funded the incentive grant program already on the books. Let me state again, that MADD definitely believes in the importance of the High Risk Driver Act, the scope of which covers ground not addressed under Section 410.

In recognition of this problem, MADD would urge that the authorization level for the Section 410 program be increased to \$50 million for fiscal year 1995, so that sufficient funds can be appropriated to fully fund the States' incentive allotment. By doing this, the Congress and this committee would be acting in a manner which has always typified this committee's concern for highway safety and which is consistent with its own precedent.

Mr. Chairman, as I acknowledged earlier, we have made dramatic progress. As many as 1,000 young lives are saved each year because of higher drinking age laws. Attitudes about drinking and driving have changed, States have improved many of their DUI laws and far fewer lives are being lost on our streets and highways than in 1980. Yet we still lose 17,699 precious lives a year, including 1,833 aged 15 to 19. Each year means another new group of young drivers faced with decisions about both driving and drinking. We can't just breathe a sigh of relief over the deaths that have been prevented. We can't afford to lose the momentum that has been generated through the work of this committee and of so many citizens, law enforcement and State and local officials across the country.

Mr. Chairman, MADD is pleased to support the High Risk Drivers Act because it offers a way to help youth initiate a lifetime of safe driving. We commend its sponsors and this committee's attention to a critical issue facing our nation. We pledge to work with you as we have in the past to improve on the nation's safety record and fix our eyes on a future in which drinking and driving is something that our society once did but does not more.

Thank you, and I would be happy to answer any questions.

Mr. WYLAND. Thank you, Mr. Chairman. I am Darryl Wyland. I'm the Senior Vice President of the American Automobile Association. The AAA serves more than 35 million members who might own as many as 70 million automobiles. And we appreciate this opportunity to comment on H.R. 1719, the High Risk Driver Act of 1993. And we commend you, Mr. Chairman, for your leadership in initiating timely hearings on these important issues. We also commend those many committee members who have co-sponsored this legislation for their concern for the safety of the motoring public.

AAA strongly supports H.R. 1719 in its entirety. High risk drivers have high collision rates. This bill has the power to change that. This bill specifies safety measures that when implemented

will reduce these rates and save lives. Timely enactment of this legislation must be a high priority.

Who is at risk? Everyone—and first in line are our nation's youth. According to the Department of Transportation, over 6,000 teenage drivers were involved in fatal collisions on American roadways in 1992. Half of those teenagers died. Over 2.5 million other teenage drivers were involved in non-fatal crashes. If those numbers sound high—they are. Teenagers represent only five percent of drivers, yet they are involved in 13 percent of the collisions. If we could only eliminate the over representation of those novice drivers in collisions—just reduce that 13 percent down to five percent—thousands of lives would be saved.

AAA supports efforts to make this happen. We believe three things are needed: education, experience, and proper attitude. Driving is not the simple task we often view it as. This multi-function process requires continuous observation, decision-making and performance in an often complex and challenging environment. With lives on the line, it demands both an attitude and skill born of experience. The graduated licensing requirements in this bill will help ensure that novice drivers gain needed experience in a manner more closely matched with their skills and capabilities. Moreover, the provisional license stage will encourage novice drivers to adopt safe, responsible driving attitudes at the onset of their driving careers.

No one seriously questions the value of good education. The ever-increasing demands of our highway system—more drivers, more vehicles, more stress—require knowledgeable, well-trained drivers behind the wheel. Effective driver education and training can develop good driving skills and instill safe driving attitudes.

Yet, even though youthful drivers are incurring more fatalities and more injuries per vehicle mile than any other age group, driver education opportunities are declining. Many States no longer offer driver education programs. During the last 20 years, the percentage of students taking driver education has dropped by a third. Both public and private sector initiatives are underway to reverse this trend and fundamentally improve the quality and effectiveness of driver education programs.

This bill encourages these ongoing efforts and will stimulate timely implementation of improved driver education. H.R. 1719 directs the Department of Transportation to develop and implement effective and comprehensive policies in programs to promote safe driving behavior by young drivers; promote or engage in activities that seek to ensure that driver training programs and the delivery of such programs are advanced; and that advance is knowledge regarding the perceptual, cognitive, and decision-making skills needed for safe driving, and to improve driver training.

We understand the Department of Transportation will soon submit to Congress a plan of research and development activities that could lead to improved driver education. AAA urges aggressive follow-up of this plan. In particular, the Department of Transportation should reestablish driver education as a priority issue, complete research and development to make driver education more effective, efficient, relevant and stimulating to novice drivers; develop comprehensive guidelines for State standards covering public and

private driver education programs, including instructional content and facilities, instructor qualifications and performance, and educational strategies to positively influence safe driving attitudes of young drivers. DOT should report its findings and recommendations on the driver education initiative to Congress on a regular schedule. AAA is deeply concerned about the current erosion of driver education throughout the United States and would be pleased to form a partnership with the Department to address this issue.

Finally, AAA supports the bill's provisions on behalf of older drivers. The fact is, our population is getting older. Improvements in medicine and health care are extending our usable years. That means we are staying in the driver's seat longer. University of Florida research has shown that by the year 2000 one third of all drivers will be over 55 years of age. And just 20 years later, some 45 million drivers will be over 65. Their automobiles continue to be their primary means of travel, especially in rural and suburban areas. Whether for social, recreational or personal business reasons, 80 percent of trips made by those 65 and older are made in an automobile.

In order to enhance highway safety while preserving the mobility of older Americans, AAA supports: Graded licenses for drivers with diminishing or diminished capabilities, compatible with individual limitations and needs; specialized testing procedures for older drivers that more accurately evaluate their driving ability; screening tools that effectively identify physical and/or mental impairments to driving without reliance solely on age as a criterion; and counseling procedures that will help older drivers understand and adapt their driving to the limitations imposed by their individual aging process.

These simple steps can help our older Americans continue to enjoy the mobility and independence, while reducing their risk of death or injury on the highway. AAA would be pleased to cooperate with the Department of Transportation in these and other areas affecting older drivers as requested in this legislation. AAA believes that the remedies incorporated in H.R. 1719 address real problems of high risk drivers. We believe they can reduce crashes and save lives without restricting the mobility of the American public.

We respectively urge you to give H.R. 1719, the High Risk Driver Act of 1992, favorable consideration and move expeditiously for its passage.

Thank you, Mr. Chairman, for the opportunity to comment.

Mr. TULL. Good afternoon, Mr. Chairman. I am Allan Tull, a member of the Board of Directors of the American Association of Retired Persons, AARP. I live in Madison, Connecticut and served for four years as the New England Area Coordinator for AARP's older driver program, 55 Alive.

AARP has long been committed to reducing death and injury rates of older drivers through our 55 Alive Mature Driving Program. Since its inception in 1969, 55 Alive has provided driver education and self-assessment courses to more than four million drivers aged 50 and over. Five hundred and fifteen thousand older drivers took the course in 1993 alone. Improving driver skills and providing information on alternative transportation systems are

critical elements in AARP's efforts to promote continued mobility and independence in old age.

Mr. Chairman, I want to stress this morning that older drivers are in general good drivers. Analysis of 1991 data on accident rates among licensed drivers indicates that drivers aged 65 and older were involved in only 7.9 percent of all accidents, even though they represent 13 percent of all licensed drivers. Older drivers bring a lifetime of behind the wheel experience with driving and tend to exercise caution in hazardous driving conditions. Indeed improvement in accident rates in recent years can in part be attributed to the ageing of the population.

While we are confident that older drivers are generally safe drivers, AARP recognizes that accident rates per mile driven go up in late old age. We share the concern expressed in H.R. 1719 with the rising number of older people killed in automobile accidents. We support the kind of research and evaluation authorized by this bill. We would, however, like to add several caveats that should be kept in mind when conducting such research and demonstrations.

First, much of the higher fatality rate among older drivers can be attributed to increased physical vulnerability in old age, rather than differences in driver behavior. Increased vulnerability will not be improved by licensing and testing procedures that focus on driving behavior. Rather, fatalities due to age related vulnerability would more likely be reduced through technological innovations such as the intelligent vehicle highway system promoted in this legislation, as well as further improvements in the crashworthiness of vehicles.

Second, increased numbers of accidents and fatalities are also partly a result of the growing numbers of older persons and the higher percentage of older persons who are drivers, especially among women. Moreover, researchers should recognize tremendous individual variability in driving capabilities among older drivers, as with drivers of all ages. Old age alone is not a good predictor of driver safety and should not be used to discriminate against older drivers. In the absence of testing measures that are predictive of driver competence, AARP would strenuously oppose, and this legislation wisely does not advocate, age discrimination in testing and licensing of older drivers.

Indeed, from my own experience working in our 55 Alive program, I can attest to the effectiveness of providing information on age-related changes to enable older drivers to be their own best regulators. Building on experience with self-regulation among older drivers, H.R. 1719 would promote research on the informal network of relatives, physicians and others who often counsel older persons about driving.

This bill also recognizes the importance of mobility in old age by authorizing demonstrations to promote linkages to alternative means of transportation and provisional or graded licensing programs for those who would otherwise be denied driving privileges.

In sum, the High Risk Drivers Act provides an opportunity to improve the safety and the mobility of older persons through a sustained Federal role in older driver research. Perhaps the most valuable aspect of this legislation is the prominence it gives to the roles

of education and self-awareness in helping older drivers reduce their risk of accidents.

AARP looks forward to working with the subcommittee to promote successful enactment of this important legislation. Thank you, Mr. Chairman, for the opportunity to testify this afternoon.

Mr. RAHALL. Thank you very much for your testimony. Mr. Tull, let me begin with you. Do you feel that more attention needs to be paid to alternative transportation modes for older people, particularly those who for one reason or another cannot drive?

Mr. TULL. Yes, I think you must realize at some point that there are people who will have to give up driving for whatever reason, but yes, alternative modes of transportation are an important part of this whole issue of mobility and transportation needs.

Mr. RAHALL. You state that much of the higher fatality rate among older drivers is due more to their vulnerability than to differential driving behavior. Would you elaborate on that statement please?

Mr. TULL. Well, all things being equal, if you involve persons, say 70 years old, in a head-on crash, versus a teenager, the chances of survival just because of his or her other physical impairments and deterioration, through old age, are probably much less.

Mr. RAHALL. Mr. Snyder, let me ask you a question. Can you expand on the concept of the provisional drivers license, the successes of such programs, and if there are ways other than incentive grants that might persuade the States to adopt such laws.

Mr. SNYDER. Mr. Chairman, the status report produced by the Insurance Institute for Highway Safety gives an excellent summary of the experience with provisional drivers licenses in other countries, and they do have a proven track record of success in reducing crashes of younger drivers. It strikes me that the whole objective of provisional drivers licenses is to get the young, inexperienced drivers started out right, inculcate the right driving habits early, and those habits may stay with a person throughout that person's driving existence.

Provisional drivers licensing programs of the kind that have been proven successful in other countries and that would be furthered in the bill are rare in this country. If you then want to get the States to enact this kind of thing, you've got the carrot or the stick approach, and we fully support the incentive approach in the High Risk Driver Act. It can be effective and it has proven that it can be effective, this approach, and we're convinced that it will work. And we are committed, all of the organizations that are part of Advocates and the other organizations that support this legislation, are active at the State level, and they will follow through with what you start here.

Mr. RAHALL. Ms. Brown, let me ask you a couple of questions. Do you think that States could adopt most or all of the criteria in H.R. 1719 without Federal incentive grants?

Ms. BROWN. I happen to have had lobbied in the State of Florida for several years and I recognized as soon as I came in and started talking about money coming into the State of Florida, it didn't take seven years to pass a piece of legislation like it had in the past, it now started to take one or two years. And I think back to administrative drivers license revocation and that's a perfect point, be-

cause the government employees were saying it's not going to pass in Florida for many years, and we went and passed it within two years, and we believe solely because of the incentive grant program.

Mr. RAHALL. Do you believe that enhanced driver education classes might resolve some of the underage drinking behaviors over time, or do you believe that education isn't much good without the other elements, such as those in the pending bill?

Ms. BROWN. As I've heard different testimony today, I think back to a personal experience. I happened to go to the high school that my son graduated from that was killed with another child on parent's night and I ran into the driver's education teacher and he said, "Mrs. Brown, I had Marcus in my class in driver's education." He said, "I'm so sorry to hear that he was killed. Also, I had the boy who killed him in my class." So I absolutely believe in education, but I do believe in a higher quality of education. It must have all areas, especially they must know of the consequences of drinking at an early age and drinking and driving.

Mr. RAHALL. Mr. Wyland, in your opinion, what would it take for an effective driver education program? What should be in an effective driver education program?

Mr. WYLAND. Mr. Chairman, I think since the completion and distribution of the Dekalb study, which was referred to this morning by Mr. Hart and Mr. Vogt, that a number of factors have become apparent to the traffic safety community. And I think the principle factor that has come to our attention is that we were not doing it very well in the past. The technique was not as good as it could have been. The plan and the format was not as good as it could have been. And in many instances, the quality of instruction was not what we had hoped it would be.

We have a national task force working as I speak on the project of what we call reinventing driver education, and we hope to share our experiences and our efforts with NHTSA. We are looking at such things as increased use of simulators and interactive video, the development of standards for instructors and training courses for instructors. We have a department now that goes around the country training the trainers.

We think that the quality of the program can be improved immeasurably. What we have to work on is the attitude, which unfortunately was spawned from our experience in the 60s and 70s and buttressed by the Dekalb study that it doesn't work. We have to somehow overcome that, and we think we are. We think that the techniques available now, we think the educational experiences and the realizations that we now are aware of, that we were not aware of 15 or 20 years ago, will help us get over the hump. We think we can do it.

Mr. RAHALL. I have no more questions. Thank you very much, ladies and gentlemen.

The subcommittee will now hear from a panel composed of the following individuals: Dr. Ralph W. Hingson, Chair, Social and Behavioral Sciences Department, School of Public Health, Boston University School of Medicine and School of Public Health; Dr. Richard A. Marottoli, Assistant Professor of Medicine, Yale University School of Medicine; Ms. Nanne Scholhamer, Case Manager, Doro-

thy Adler Geriatric Assessment Center, Yale-New Haven Hospital, and Dr. Paul Rothberg, Specialist in Science and Technology, Congressional Research Service.

Ladies and gentlemen, as a reminder, we do have your prepared statements. They will be made a part of the record, and you are urged to summarize within five minutes.

TESTIMONY OF RALPH W. HINGSON, CHAIR, SOCIAL AND BEHAVIORAL SCIENCES DEPARTMENT, SCHOOL OF PUBLIC HEALTH, BOSTON UNIVERSITY SCHOOL OF MEDICINE AND SCHOOL OF PUBLIC HEALTH; RICHARD A. MAROTTOLI, ASSISTANT PROFESSOR OF MEDICINE, YALE UNIVERSITY SCHOOL OF MEDICINE; NANNE SCHOLHAMER, CASE MANAGER, DOROTHY ADLER GERIATRIC ASSESSMENT CENTER, YALE-NEW HAVEN HOSPITAL; AND DR. PAUL ROTHBERG, SPECIALIST IN SCIENCE AND TECHNOLOGY, CONGRESSIONAL RESEARCH SERVICE, THE LIBRARY OF CONGRESS

Mr. HINGSON. Mr. Chairman, my name is Dr. Ralph Hingson. I am the Chair of the Social and Behavioral Sciences Department at the Boston University School of Public Health. I would like to thank you for the invitation to meet with you this morning. It's a real privilege to offer comments to this committee. I'll try and keep my comments brief. I've given you a rather sizable packet, you'll notice it in the red folder, with a lot more detail about the things that I'm going to be talking about.

I would like to focus my comments on young drivers and two aspects of H.R. 1719, both of which I support. The first is establishing incentives or establishing a .02 percent legal blood alcohol limit for all drivers under the age of 21. The second is improving our educational and enforcement efforts, and I would like to recommend that we pay specific attention to those efforts at the community level, to reduce alcohol use and high risk driving among young drivers.

Let me briefly summarize the gist of the information that I wanted to provide to you about .02. First, it's quite clear that there is impairment well below the .10 limit for adult drivers, and even more so for younger drivers. This comes from a variety of different types of studies, from experimental laboratory studies, driver simulation course studies, roadside observational studies, and most importantly, a study which I included in your packet, an analysis done looking at fatally injured drivers in single vehicle crashes across the nation in the fatal accident reporting system, and comparing them to drivers stopped at the roadside in a national roadside survey, driving at similar times of day on similar types of roadways, who were not involved in fatal crashes. That study indicated that each .02 increase in blood alcohol level nearly doubles the risk of fatal crash involvement. And for young drivers the risk increases more rapidly with each .02 increase; for young drivers, impairment begins with the very first consumption of alcohol.

According to that research, at levels of .05 and .09, drivers aged 16 to 20, if they are males, they are 12 times more likely or at greater fatal crash risk than males over the age of 25 with the same blood alcohol level. And for females, 16 to 20, the risk is 21 times greater.

For the past ten years, I have been conducting research tracking the impact of lower legal blood alcohol limits. I will focus in on the most recent report that I've included in your packet and indicate to you that based on an analysis of the first 12 States to pass lower legal blood alcohol limits, comparing them to nearby States with similar drinking ages, that we estimate that if all States in the United States would pass a .00 or .02 provision for drivers under the age of 21, that there would be 350 to 400 fewer fatal crashes involving drivers under 21 each year in the United States.

Further, as was mentioned by Congressman Flake, the data in this study indicate that the greatest impacts from lowering legal blood alcohol limits are when the limits are lowered to 0.0 or 0.2, and I believe that is because the message which is sent with 0.0 and 0.2 is much clearer than a mixed message which is sent with lowering to .04 or .06, where teens may think that they can drive after some drinking. So I strongly encourage the retention of incentives in the bill to have all States lower BAC limits for all drivers under 21.

Of course it is not enough just to pass legislation, and much of the bill deals with legislative incentives for programs to receive funding. H.R. 1719 also calls for the Department of Transportation to "work cooperatively with States, student groups and other organizations to reinvigorate its current programs and policies to more effectively address the pressing problems of teenage drivers." I would like to recommend the use of comprehensive community based programs to achieve this goal. These are programs that coordinate at the community level various departments of city governments, such as the education department, the police department, the health department, parks and recreation, and so on, with private citizens and organizations, to help plan initiatives to meet local needs and to use evaluation data to determine what targets they will focus on. I think it is important in these programs not only to focus on driving after drinking, but to look at the access of young people to alcohol and related risky driving behaviors such as speeding, failure to wear safety belts, and the like. These are behaviors that young drivers are disproportionately likely to be involved in.

Community programs of this type have been used in other public health areas such as cardiovascular risk reduction. For the past several years I have been the principal investigator evaluating such a program in Massachusetts called the Saving Lives Program. During the first five years of that program, compared to the previous five years before the program started, fatal crashes in the targeted communities declined by 33 percent, which was significantly more than the 12 percent decline in the rest of the State. The greatest declines were among young drivers aged 15 to 19, fatal crashes in that group declined 54 percent, and among drivers 20-25, 62 percent. Most of the declines were in crashes involving alcohol and speeding, and those types of fatal crashes declined over 45 percent in those communities. Telephone surveys and direct observational studies that we conducted in those communities indicated that driving after drinking was cut in half among young persons and speeding was also cut in half.

The programs work by establishing school based education, public information programs, and highly publicized police enforcement. But the communities also developed their own unique initiatives, and I think this is a very important part of this process, to make people believe like they can come up with solutions to help solve these problems, and that not all of the solutions drift down from the Federal Government or the State government. I think the hallmark of the success of many of our efforts to reduce drinking and driving and related traffic crashes during the 1980s was efforts through groups such as Mothers Against Drunk Driving to obtain the involvement of private citizens and to have them feel like they are part of the solution.

I've included a description of the project. I believe it saved as much as ten dollars for every dollar that was placed into an investment in that, and I would encourage consideration of earmarking funds in this legislation for that type of program.

Let me conclude by introducing into the record two documents which I have put into your folder. These are reports from a national panel that was convened by a group called Join Together, a Robert Wood Johnson Foundation funded program in my department, where we invited community leaders from around the country, over 100, to testify to us about what would be the most important things that could be done to reduce the access of young people to alcohol, which is obviously a major contributor to the high risk driving problem among young people. They recommended lower legal blood alcohol limits, as has been proposed in the legislation. They recommended implementing social host and dram shop liability laws for providing alcohol to underage persons. They recommended requiring television and radio stations to provide equal air time for counter-advertisements about the risks associated with alcohol use among youth, and the health hazards associated with alcohol use. And they encouraged, and I think this is extremely important, and I would hope that something could be done with the current legislation, to encourage each community across the country to assess how young people are obtaining alcohol and what can be done to eliminate the problem within the community, and to, above all, involve young people in the process. Young people know what pressures they are being exposed to drink.

It turns out that actually most young people are supportive of most of these measures. In Massachusetts, for example, over 75 percent of young people that we surveyed in State wide general population surveys indicate that they support 0.0 or 0.2 blood alcohol limits for people their age. I think it is important to point out that efforts that look at reducing the access and the use of alcohol consumption by young people will not only improve the traffic safety problem, which is the focus of this committee, but there are a whole host of other health related problems that can be simultaneously addressed, things such as unintentional injuries, drownings and falls, homicides, suicides, unprotected sex. We've learned that teenagers are more likely to engage in unprotected sex that can lead to unplanned pregnancy or sexually transmitted disease, infection, or HIV infection, if they have been drinking. Alcohol is a gateway to the use of other illicit drugs and contributes to poor academic performance. We can draw at the community level

and at the State level people who are concerned about these other related issues to help us support, and I would hope that you would encourage your Congressional colleagues who are concerned about these issues, to help you support the passage of H.R. 1719.

Thank you very much for your time this morning.

Mr. RAHALL. Next, Mr. Marottoli.

Mr. MAROTTOLI. Good afternoon, Mr. Chairman. I would like to speak to you this afternoon in support of H.R. 1719 as a physician with both a clinical and a research interest in driving. Although my interest and research efforts have focused primarily on older drivers, I recognize the importance of casting a wide net to include younger, inexperienced drivers and those impaired by alcohol and other drugs, if we are truly concerned about individual and public safety. However, I will restrict my comments today to issues pertaining to older drivers.

My interest in this topic comes from a genuine interest and affection for both the automobile and for driving, as well as my frustration at not being comfortable judging impairment as it relates to driving ability. While I do see a selected population as an academic geriatrician practicing in our out-patient and in-patient geriatric assessment settings, I was struck by how frequently I encountered this issue and how little evidence was available to convince me, let alone my patients and their families, that they were capable of continuing to drive, or that they should restrict themselves to certain settings, or should stop driving altogether.

Even now, after several years of research in this area, and increasing familiarity with the literature, it is still often a decision that is based on clinical judgment without much scientific evidence to support it. It is also one of the most difficult decisions in counseling that we have to perform for our patients.

While we know something about the effects of individual medical conditions on driving ability, particularly when individuals are severely affected, less is known about how multiple medical conditions interact with each other, or with the medications used to treat them, to affect the visual, cognitive and motor abilities necessary to safely operate a motor vehicle. Since older individuals are more likely to develop age related declines in these organ systems, as well as various medical conditions, the multi-factorial complexity of evaluation is unique to older drivers, and to certain younger individuals who suffer severe traumatic injuries or degenerative conditions.

In my opinion, research interests that need to be addressed to help older individuals, families, clinicians, and government officials make appropriate decisions on their own regarding driving include: (1) appropriate definitions of risk. Should that be the number of crashes, in which case older drivers would be relatively low. Or should that be adjusted for the number of miles driven, in which case older drivers would seem to be at higher risk. (2) The actual means of assessing risk—how can we identify and define a high risk group rather than scrutinizing all individuals of a certain age. (3) How can we assess the nature and severity of impairment and its effect on driving ability in this presumed high risk group safely, accurately, fairly, and in a cost effective manner. (4) Once impairments are identified, can they be corrected or adapted in order to

improve performance. If not, are restrictions or cessation in order. (5) If cessation is recommended, what alternative transportation is available and what is the cost of that transportation, and also how acceptable is that to older individuals. And lastly, (6) what vehicle and road factors can be enacted to enhance safety, rather than just individual measures. These steps will lead to the development of scientific evidence to help older individuals make appropriate decisions regarding safety and to provide a safety net for those who cannot recognize their own problems.

H.R. 1719 is a necessary and important step in this process because it identifies this as an area of concern deserving further study. The ultimate goal is to develop a system that preserves and enhances the independence and autonomy of older individuals, while accounting for personal and public safety. Thank you.

Mr. RAHALL. Ms. Scholhamer.

Ms. SCHOLHAMER. Thank you. My name is Nanne Scholhamer. I'm pleased to be here. I've worked as a Case Manager at the Dorothy Adler Geriatric Assessment Center at Yale-New Haven Hospital since 1981. Yale-New Haven Hospital is the principal teaching hospital of the Yale School of Medicine. The Dorothy Adler Center will assess over 600 new patients and their families this year, with over 1,000 different patients and their families receiving care during this period. I personally have participated in the evaluation of over 2,500 patients and their families during my 13 years as a case manager. The issue of driving challenges our clinical knowledge and judgment daily. We attempt to fairly and judiciously assess the concerns for the driver's independence, yet take into account the risk to society with unsafe drivers. My comments will clearly reflect the population we serve in the Dorothy Adler Center. The majority present to us with dementing illnesses. I will not address, but readily acknowledge, that the majority of elderly persons drive safely. Older persons do limit their driving when appropriate, and stop when it is needed.

I am trained as a social worker and social work practice is based on a code of ethics that includes the right to client self-determination. In assessing driving, however, and specifically, we must weigh the right to self-determination versus our responsibility as clinicians to the public safety and the concerns of the safety of the public at large.

Driving is the most inflammatory issue that we as clinicians face at the Dorothy Adler Center. We are all aware of the emotional ramifications of recommending that an older person should stop driving. For, is not driving the last vestige of our independence, and is it not true that many elderly spouses, often women, do not drive, so that they cannot become the substitute driver. How can we ask an older person to stop driving when we know as a society that we have not yet provided them with all the viable, affordable alternatives of transportation. And finally, how can we as clinicians contribute to their increasing social isolation, recognizing already the multiple inherent losses of aging itself.

These are the very issues that we as clinicians weigh when we think about whether an older person should still be driving. Yet, in spite of our consideration of the emotional impact of driving cessation, we often take the most cautious avenue and err on the side

of recommending that someone stop driving, perhaps prematurely, given the lack of institutionalized objective measures. I support the passage of H.R. 1719 as I believe it would not only benefit those elderly who should still be driving, but those who might be stopped by us because of early dementia. Clinicians have great difficulty making consistent judgments in this critical area because we lack adequate knowledge about what predicts unsafe driving.

Let me illustrate, briefly. Mr. C. is a 76-year-old male who was seen in October of 1990 for evaluation of his memory loss and because his children were concerned that he was still driving. On exam, he was now moderately demented, having been given a diagnosis of mild dementia by his doctor in 1989. He was driving daily and he could describe the routes he took. He could tell us however the name of the sister he visited, but when we pushed he named his deceased sister as the one he visited. The clinician writes in the medical record:

Of great concern is the patient's driving, which we always find difficult to assess. We do feel confident that he would have difficulty with a stressful driving situation, although we cannot document this. We will ask his son to begin driving with him every two to three weeks as the best available test of his safety. Mrs. C. desperately wants her husband to continue driving, since it is her way of keeping him out of the house and decreasing conflict. She is not a reliable person to gauge her husband's driving safety. We also suggested that he be retested by the DMV as another mechanism of monitoring his driving safety. Driving is critical to Mr. C. because the car is his major social vehicle. Because it is a social outlet we also discussed various ways for him to substitute other events. His wife does not drive.

The patient refused to keep follow-up visits with us, fearing, perhaps appropriately, that we would tell him to stop driving. The family called to report, however, in January of 1992 that the patient was stopped by the police for erratic driving. He was ticketed for driving up on a lawn and they thought the police would report him to the DMV. No action was evidently taken as on February of 1992 the patient got lost on the turnpike and when he got back on he was going in the wrong direction and he was struck by another car. He fractured his leg and he lacerated his forehead. Luckily, the other driver was not seriously injured. Finally the patient lost his license and his car was totaled. His judgment in relation to the accident reflected his judgment in relation to his driving ability all along. He said to me, "He could see me coming and he should just have gotten out of the way." We, too, retrospectively struggled with our earlier judgments about the patient's ability to drive safely. Should we have intervened sooner?

Not all older people will have the good judgment to limit or stop driving. Most older people will not need to do so. We must, however, cooperatively design programs to test the physiological, cognitive, and perceptual factors that impact on safe driving. Not to is to allow clinicians to struggle with these issues, often making very subjective, arbitrary decisions that will affect millions of our elders. Thank you.

Mr. RAHALL. Next, Dr. Rothberg.

Dr. ROTHBERG. For the last 21 years I have worked at CRS on various aspects of highway safety. Based on this experience, I would like to comment on H.R. 1719.

If our traffic fatality rate is going to be reduced substantially below current levels, we must focus more on high risk drivers.

Judges, prosecutors and police will need to deal more effectively with younger drivers and repeat offenders. Our traffic records and licensing systems will need to be improved. The bill you are considering today pursues each of these objectives.

Despite the tremendous progress and vital State and Federal contributions, the fatality rate of younger drivers remains unacceptably high. Most States do not have the combination of tough, fair and vigorous laws and enforcement programs that appear to be necessary to deal effectively with this problem. If successfully designed and implemented, H.R. 1719 may encourage more States to take many of the concrete steps that were recommended by the National Transportation Safety Board.

The proposed grant program should reduce the medical and societal costs of losing and injuring thousands of young people each year on our Nation's highways. I've calculated that these projected benefits would outweigh likely program costs by at least a factor of ten to one. We know that traffic safety incentive grant programs work. These Federal/State partnerships have led to strengthened laws and have helped save lives. In appropriation acts, Congress has demonstrated a much greater willingness to fund new incentive programs than to increase funding for the basic 402 program. Despite support for these traffic safety incentive grant programs, the 402 program continues to contribute much to highway safety.

The U.S. DOT asks that further action on this bill be deferred. DOT argues that it is addressing a major portion of the provisions of Title I under the existing 402 program. This statement merits skepticism. First, the 402 program has no eligibility requirements that encourage the States to adopt youth-oriented traffic safety laws as does H.R. 1719. Second, the 402 program is so broad in its purpose and scope that States only use a small amount of these monies to deal specifically with the younger driver problem. H.R. 1719 establishes new eligibility criteria for grants that have never before been offered by the Federal Government. These new criteria go substantially beyond the requirements of existing programs.

To make the proposed program even more effective, you could amend this bill to reward States that enact a night time driving curfew for inexperienced, younger drivers. Experience shows that curfews are proven means of saving lives. They are appreciated by many parents, but curfews do pose some problems.

H.R. 1719 provides the States some flexibility and allows a phased-in approach of different criteria over several years. Many of the States have enacted laws that may meet some of the criteria of H.R. 1719. For example, 13 States have the graduated licensing program, a three-tiered system. Fourteen States now have the .02 BAC for those under 21 years of age. Twenty-seven States have open container laws. Twelve States have mandatory seat belts for all occupants, according to NHTSA data.

It appears that the problem is that many States do not have all of the combination of laws that H.R. 1719 requires. At first glance, it appears that at least five States may have this combination to be able to receive first year funding. If you want to increase flexibility and the number of States participating, you might consider adding a provision to the bill that would allow a State to substitute demonstrated performance for one or more eligibility criteria. Per-

formance could be measured in terms of a reduced number of young people killed or injured in traffic crashes during a specified period.

H.R. 1719 also authorizes an intensive research program to help address the older driver challenge. This effort should advance information needed to help State agencies make more informed licensing decisions, lead to improved guidelines to be used by concerned families and physicians and allied medical personnel, and assist older drivers themselves in making better decisions about their own driving practices and licenses. The bill authorizes \$1.25 million for this program for each of the fiscal years 1995 through 2000. In view of the expected growth of the older driver population and the current number of traffic fatalities which now exceed 6,500 per year, increased attention to the older driver challenge would be timely. By authorizing a specific amount of consistent funding, Congress would be sending the message that it does not support the start and stop funding that has characterized this NHTSA program during the last 20 years.

Instead of enacting this bill, Congress could continue, or perhaps slightly increase, funding for the important programs conducted by NHTSA that affect high risk driver populations. The case against this option is that it is unlikely to achieve the same types of cost effective improvements in traffic safety that could result from the programs envisioned by this bill. Thank you.

Mr. RAHALL. Thank you very much. We appreciate your testimony. I don't have any questions for you.

The subcommittee will now hear from a panel composed of Ambassador John Gavin, Chairman, The Century Council; Terrance D. Schiavone, President, National Commission Against Drunk Driving, and Jane Roemer, Executive Director, Public Policy, National Safety Council. Mr. Ambassador, welcome to the subcommittee. You may proceed.

TESTIMONY OF JOHN GAVIN, CHAIRMAN, THE CENTURY COUNCIL; TERRANCE D. SCHIAVONE, PRESIDENT, NATIONAL COMMISSION AGAINST DRUNK DRIVING; AND JANE ROEMER, EXECUTIVE DIRECTOR, PUBLIC POLICY, NATIONAL SAFETY COUNCIL

Mr. GAVIN. Thank you, Mr. Chairman. I will assume that this is the most welcome panel of the day because we are the last. And I want to commend you, sir, on your fortitude.

I appreciate this opportunity to express the strong support of the Century Council for H.R. 1719. In particular, I urge you respectfully to consider an amendment to the proposed legislation, which will promote underage administrative license revocation laws, ALR for short. I have submitted a statement for the record. With your permission, Mr. Chairman, I will summarize that statement now, although I suspect that after some 17 statements, much of what I wish to say may be repetitious.

I am Chairman of the Century Council, a national, not-for-profit organization, dedicated solely to fighting alcohol abuse. The Council is supported by almost 800 concerned brewers, distillers, vintners, and wholesalers of alcoholic beverages. The Century Council was announced in May 1991. The Council investigates, funds, and

implements innovative approaches to combat two critical alcohol abuse problems: drunken driving and illegal underage drinking.

We work in coalition with other concerned organizations such as State and local chapters of Mothers Against Drunk Driving, the National Commission Against Drunk Driving, (the president of which, Terry Schiavone, will testify also) as well as the U.S. Conference of Mayors. We have made, I believe, remarkable progress in the two-and-a-half years since we launched our programs.

The Century Council's approach to combating abuse may be unique, but we join many other people and organizations whose efforts in this arena preceded us. Great strides have been made against underage drinking and driving in the last decade. The number of drivers aged 16 through 20 involved in alcohol-related traffic fatalities declined by 60 percent in that time. Yet, statistics show that alcohol is involved in 42 percent of fatal automobile crashes among young people. Plainly, there is more to be done.

The Century Council is committing its resources to persuade State legislatures and governors in target States to adopt the most powerful known deterrent to underage drinking and driving. ALR laws linked to a zero or low tolerance blood alcohol component (BAC) for minors. I urge, therefore, that the House version of the High Risk Drivers Act, that has already been passed in the Senate, be amended to require States to enact an ALR law, in addition to the .02 underage blood alcohol concentration (BAC), now in the bill, as a condition of receiving a basic Section 411 grant. With this addition of an ALR provision, the Century Council believes the bill will become more effective. It will motivate States to adopt a powerful combination of preventive measures, ".02 BAC" and "ALR," to combat underage drinking and driving.

In brief, this .02 BAC/ALR linkage means that if a young person under 21 refuses a chemical or breath test, or registers a blood alcohol concentration level above .02 after being stopped by a law enforcement officer for reasonable cause, his or her drivers license is suspended. Make special note, please, that the license is suspended automatically and on the spot. The driver has the right to a prompt administrative appeal, which protects due process rights. But if he or she fails to contest the suspension or loses the appeal, the license is gone. The suspension generally lasts for 60 to 90 days; in some States suspension lasts for up to a year.

Automatic license suspension deters people from driving drunk because it links a swift and certain sanction to their illegal and irresponsible behavior. Violators can't take advantage of the merry-go-round of lengthy court delays and plea bargains that often mark criminal prosecution of DUI cases. And, as you may know, leniency in DUI cases can be a particular problem in the juvenile justice system.

Underage automatic license suspension works well because the threat and swift and sure loss of driving privileges is a powerful deterrent to teens. This common sense conclusion was confirmed in a national poll conducted for the Century Council in 1992. Ninety percent of the respondents aged 16 to 21 said they would be strongly deterred from drinking and driving if they knew for certain their licenses would be taken on the spot when caught.

Today, ALR for both youthful and adult drivers is on the books in 34 States and the District of Columbia. Most of the ALR laws, however, do not make a distinction between the driver of legal drinking age and the underage driver. Thus, a 16 year old with a very significant BAC level, even as high as .07 or .09, would not lose his license under most ALR laws. Other States have lower BAC levels for minors, but no ALR laws.

Mr. Chairman, a State which does not have both simply is not doing all it can to combat underage drinking and driving. Studies of underage zero tolerance ALR laws confirm their deterrent impact. For example, a 1992 National Highway Traffic Safety Administration study revealed that alcohol-related crashes among teens declined 11 percent in Maryland after that State enacted an underage ALR law. Furthermore, there was a 50 percent drop in counties where a test public information campaign was carried out to inform young drivers of the swift and sure penalty for driving after drinking.

Mr. Chairman, I respectfully submit that the High Risk Driver Act will make America's roads safer for all of us. With an underage ALR amendment, the bill can become an even stronger life saving measure.

Linking underage ALR to low BAC for teens will give many young Americans a chance to see the next century, a privilege they might otherwise be denied. This would be a legacy, Mr. Chairman, of which sponsors and supporters of the bill could be proud. Thank you very much.

Mr. RAHALL. Thank you. Now, Mr. Schiavone.

Mr. SCHIAVONE. Mr. Chairman, thank you for the opportunity to testify today on the High Risk Drivers Act of 1993. The National Commission is a non-profit organization dedicated to reducing the human and economic losses caused by impaired driving. The Commission also is the successor organization to the Presidential Commission on Drunk Driving, convened by President Reagan in 1982. On behalf of the Commission, I am speaking today in support of the High Risk Drivers Act of 1993.

By way of background, allow me to call to your attention our report entitled Youth Driving Without Impairment. I don't know whether, Mr. Chairman, you have ever seen this booklet, but it is something that is used around the country quite often in regards to youth programs and I'm very proud of the Commission's work in formulating this report. It was developed back in 1987 and 1988 after five hearings were held around the country, and I am really pleased to say that the relevant sections of House Bill 1719 are truly responsive to what the Commission heard from the experts and the public when they were addressed back there in regards to representation of young people in drunk driving statistics in this country.

Virtually all of the recommendations on legislation and licensing which came out of those hearings are covered in this act. I applaud the broad spectrum of the State initiatives this legislation will encourage. I also applaud the fact that the States are being offered incentives rather than sanctions as their motivation to act. As the former governor's highway safety representative for the State of Massachusetts, I know first hand that penalizing the States by

withholding funds is counter-productive to effective program implementation. Incentive grants are infinitely more likely to achieve the desired result.

Today I would like to particularly address three provisions in the act regarding young driver programs: First, the graduated licensing system; second, zero tolerance of underage impaired driving, and third, the act's reinforcement of the 21 year old minimum drinking age requirement now in place in all 50 States and the District of Columbia.

The graduated licensing system, the cornerstone requirement of the incentive grant criteria, is an excellent structure in which to introduce young people to the new and challenging responsibilities associated with the safe operation of a motor vehicle. As you've already heard today, in States which already have graduated licensing provisions in place, they have been shown to effectively reduce the involvement of young drivers in both motor vehicle violations and crashes. These State licensing systems gradually increase a young driver's access to the roads, especially at night, when they are more likely to collide with other unsafe drivers. They also allow the States to monitor and withhold full driving privileges from those young people who, through lack of driving experience or immature behavior, have already caused or been involved in a crash.

Just as the graduated licensing system recognizes that young people are inexperienced drivers, the act's zero tolerance criteria recognizes that they are also inexperienced, not to mention illegal, drinkers. Studies by the National Highway Traffic Administration and the National Transportation Safety Board have shown impairment and crash involvement occurs at much lower BACs for young drivers than the rest of the driving population. Legislation stipulating the per se level of .02 BAC for youth will once and for all send the clear message that it is illegal for those under 21 to drink.

Zero tolerance is the primary tool needed to stop impaired underage drivers, but what the zero tolerance criteria also needs, however, is the enforcement teeth provided by underage ALR. For State .02 BAC legislation to be effective, underage drinking drivers must know they risk losing their most prized possession, the freedom and prestige that comes with a license. That a police officer can take that license away on the spot is a very strong deterrent to underage impaired driving. I urge you to recommend incorporation of the underage ALR as an amendment in the bill when it is reported to the full House.

In addition to the zero tolerance criteria, several other provisions in the act also recognize that it is against the law for underage youth to be drinking at all, whether or not they get behind the wheel of a car. License suspension for underage purchase or possession of alcohol will, like underage ALR, provide a strong deterrent for minors tempted to drink. A supplemental criteria, readily distinguishable licenses for drivers under 21, will help States and responsible licensed beverage retailers to more easily enforce the 21 minimum drinking age laws.

A third criteria which supports enforcement of 21 MDA laws asks the States to establish systems for effective oversight of colleges and universities so they do not provide or allow the sale of alcohol to minors. I am concerned this criteria may be drawn too

narrowly. Working with academic officials to target establishments where an underage purchase might take place is certainly one method for identifying problem spots, but surely not the only one. Community coalitions, as you've heard, responsible retailers, and others, may also provide effective partnerships for such oversight. In this and other criteria, States should be allowed to demonstrate through performance that they have met the spirit, if not the letter, of the law.

Twenty one MDA laws are a good idea and have been proven to save lives when properly implemented. The States where 21 MDA is not aggressively enforced, the High Risk Drivers Act will give them incentive to make these laws the effective countermeasures they were always intended to be.

In closing, I urge the subcommittee to head the concerns you've heard also today expressed by the States regarding the authorization level of this act along with 410 provisions. States must be encouraged to implement these worthwhile and effective measures. Once the intended State action takes place, the authorization and appropriation levels must be high enough to address the States' needs. If not, the incentive programs set forth in the act could quickly turn to disincentives. Thank you very much.

Mr. RAHALL. Ms. Roemer, please proceed.

Ms. ROEMER. Thank you. Thank you, Mr. Chairman, I am Jane Roemer, Executive Director, Public Policy, for the National Safety Council. I have submitted written remarks which I would ask be included in the record and I am pleased to summarize my remarks now.

The National Safety Council is a not-for-profit public service organization working to reduce the high toll of preventable injuries in this country. We appreciate this opportunity to testify here today on the High Risk Drivers Act of 1993.

We've heard here today already about the important achievements we've seen in recent years in the effort to prevent needless deaths and injuries on our nation's roadways. Despite this progress, and as everyone before me has acknowledged, we know there is much more to do. In particular, statistics show that existing safety messages and safety laws have failed to adequately reach some driver groups which are overrepresented in crashes— young drivers, older drivers, and repeat offenders. If our highways are to be safer we must focus on these higher risk groups with special programs and greater attention.

The Council is pleased that the subcommittee is considering the High Risk Drivers Act of 1993. H.R. 1719 provides the Federal direction and assistance and we believe as well the flexibility needed for a consistent and effective national effort in this area. We support the bill's call for research into the greater crash involvement of older drivers. As our population ages, it is especially important to learn what we can do to reduce the crash rate of older drivers, while considering their need for both safety and mobility. We also support action to evaluate the need for improved identification of repeat offenders and intervention in their licensing.

It is in the area of teenage driving that the challenge to improve behavior is most critical. National Safety Council statistics confirm that motor vehicle crashes are the leading cause of death among

teenagers in the country. A rather startling Council figure is that in 1992, 30 of every 100 teenage drivers were involved in a traffic crash, a much higher rate than for any other age group.

Fortunately, there are effective ways to reduce the high crash rate of younger drivers. The High Risk Drivers Act encourages States to adopt and strengthen those measures which we know work. Provisional licensing, which limits circumstances under which beginning drivers may drive, is a key component of the bill. As Dr. Rothberg suggested earlier, it could be strengthened further by requiring night time driving restrictions for younger drivers. The Council supports such restrictions as a reasonable means of reducing the disproportionately high number of night time fatal crashes involving teenage drivers. The grant criteria aimed at preventing underage drinking and driving are critically important and reflect the significant role alcohol use plays in contributing to teenage crash involvement.

The Council strongly believes that all States should enact .02 BAC or zero tolerance laws for drivers under age 21. These laws reduce alcohol-related crashes involving underage drivers and they close a large loophole in the minimum drinking age law which has allowed minors to drink and drive.

In general, we believe that the basic grant requirements, with provisional licensing as their cornerstone, place appropriate priority on those measures proven to be most effective. A proper focus on control of the driver's license is often the best means we have of getting the attention of the problem driver.

At the same time, we believe the safety training and enforcement provisions of H.R. 1719 provide an important follow-up to passage of stronger laws and penalties. Without proper enforcement, no law will be effective in curtailing the behaviors addressed in this bill.

The National Safety Council strongly supports driver training for provisional licensees and remedial driver education for young drivers convicted of safety violations. We would recommend that remedial driver improvement instruction be expanded to include drivers of any age who incur a number of safety violations.

The Council has developed driver improvement and retraining programs over the years which are in place in many jurisdictions around the country. Our experience has convinced us of the value of such training in improving the driving behavior of poor and reckless drivers. We would also be happy to work with the subcommittee in preparing other provisions that might deal with driver training and improvement and we would be glad to lend our experience to your staff.

There is no single or simple answer to the challenge of making our highways safer. We must continue the many successful policies and programs already in place. By focusing on the high risk driver, and especially the younger driver, H.R. 1719 addresses an urgent safety problem which up until now has not been dealt with effectively.

This bill, if enacted, and sufficiently funded, will help foster a consistent national response to the problem of dangerous driving behavior by encouraging successful programs which already have been implemented in a number of States.

In conclusion, Mr. Chairman, the National Safety Council appreciates the subcommittee's leadership on this important subject and we look forward to working with you as this bill proceeds through the legislative process. Thank you for allowing us to present this testimony.

Mr. RAHALL. Thank you very much. I appreciate the panel's patience in being with us today. I have no questions. We want to again thank you for your very well prepared testimony. The subcommittee stands adjourned.

[Whereupon, at 1:27 p.m., the subcommittee was adjourned, to reconvene subject to the call of the Chair.]

PREPARED STATEMENTS FOR THE RECORD



National Association of Governors' Highway Safety Representatives

Statement of the
National Association of Governors' Highway Safety Representatives
Regarding H.R. 1719, the High Risk Drivers Act
for the
Subcommittee on Surface Transportation
House Committee on Public Works and Transportation
March 24, 1994

ORDEN, ARLINE
CLERK
GARDNER, LARRY
VICE CHAIR
HARRIS, JIM
TREASURER
SHERIDAN, BOB
SECRETARY
BY: [Signature]
DATE: [Signature]

I. Introduction

The National Association of Governors' Highway Safety Representatives (NAGHSR) appreciates this opportunity to submit comments on H.R. 1719, the proposed High Risk Drivers Act.

NAGHSR is a non-profit association of state highway safety agencies. Its members are appointed by their Governors to develop and implement their state highway safety programs and to administer the federal highway safety grant programs for their respective states. The Association is primarily concerned about driver behavior issues (such as Impaired driving, occupant protection, pedestrian, bicycle, and motorcycle safety) as well as truck safety, roadway safety, emergency medical services, and safety management systems.

Significant progress has been made over the last decade with respect to young drivers. In fact, the fatality rate for those aged 15 to 20 declined more in the last ten years than for any other group, largely due to the passage of the national minimum drinking age law and the combined efforts of federal, state, and local governments, the Mothers Against Drunk Drivers, Students Against Drunk Drivers, and other private organizations.

Nonetheless, motor vehicle crashes continue to be the leading cause of death for persons aged 6-33. Young drivers have the highest crash rate of all drivers and are over-represented in motor vehicle crashes. According to the National Transportation Safety Board, young persons under 21 were 7.1% of licensed drivers, but they accounted for 14.9% of motor vehicle deaths in 1990. The alcohol involvement rate for young drivers, based on the total licensed driver population, is about twice that of the over 21 age driver.

Older drivers are also over-represented in traffic fatalities and injuries. Although the per capita crash rate for older drivers is much lower than it is for younger drivers, the severity of older driver crashes tends to be worse and their fatality rate is disproportionately large. As the elderly population increases by the end of the decade to a projected 17% of the total population, the older driver fatality rate can be expected to increase unless new countermeasures are developed and implemented.

Past highway safety programs have worked extremely well to reduce the overall motor vehicle death rate from a high of 5.5 fatalities per 100 million miles of travel in 1966 to a record low of 1.7 fatalities per 100 million miles of travel in 1993. If continued progress is to be made, however, future highway safety programs must focus on special populations (such as the younger and older driver) and must provide targeted assistance for those populations.

II. Full Funding for Highway Safety Grant Programs

Although we are pleased that Congress has shown a continued interest in impaired driving and that a new incentive grant program may be created, NAGHSR's priorities are to ensure that the existing highway safety grant programs receive continued support.

Our biggest concern is that the proposed legislation will adversely affect the highway safety grant funding that is already in place. Given the budget deficit situation, it will be extremely difficult to fund this new incentive grant program without cutting funding from some other existing program in order to ensure a neutral budget impact. NAGHSR's concern is that the reductions will come from the base 402 State and Community Highway Safety grant program (23 U.S.C. 402) or the 410 impaired driving incentive grant program (23 U.S.C. 410). In effect, existing programs and the new incentive grant program will be forced to compete for available federal dollars.

States use the 402 program as the foundation for everything they do in highway safety. It allows them to leverage the programs and funding of other state agencies, local governments, and the private sector so that a relatively small amount of federal funding has a large impact at the state and local level. If reductions were made in the 402 program in order to accommodate a new incentive grant program, states would have to focus their federally-assisted state programs only on two or three of the highest priority issues (such as impaired driving and occupant protection) and postpone or eliminate programs that address additional priorities (such as speed control, motorcycle and bicycle safety or school bus safety). States will not have the resources to make improvements in their traffic records and driver licensing systems, nor will they have adequate staff to administer existing programs.

At a time when more and more demands are being placed on states and their highway safety programs (partly because of new requirements in ISTEA and partly because of growing Congressional concern about highway safety) increased -- not decreased -- 402 funding is needed. The 402 program, which has been basically level-funded for the last nine years as well as consistently funded below the authorized levels, simply cannot afford any reductions at this time.

If funding reductions are made out of the 410 impaired driving incentive program, then states would be forced to trade off one impaired driving incentive program for another. Under the worst case scenario, a state could

be forced to halt activities relating to the passage of administrative license revocation or .08 BAC laws in order to encourage the enactment of a graduated licensing program, a seller penalty bill, or other efforts which would bring the state into compliance with the H.R. 1719 eligibility criteria.

Furthermore, a reduction in the 410 program would exacerbate the problem of underfunding that already exists in that program. As we noted in our March 1 testimony, the 410 program has been funded at the authorized level of \$25 million in both FY 93 and FY 94, but that funding has been insufficient. If all the eligible states were funded in a manner consistent with the statutory formula, \$29 million in 410 funds should have been appropriated in FY 93. It is anticipated that at least 30 states will be eligible for 410 grants in FY 94, and at least \$36.25 million would be needed in order to fully fund those states.

Since the authorization and appropriations levels are inadequate, allocations to the states have had to be reduced from the full amount to which an eligible state is entitled. In FY 93, eligible states only received 79.9% of the amount to which they were entitled. It is anticipated that eligible states will only receive 55% of their total allocation in FY 94 since more states may qualify than the previous year. Consequently, some of the positive benefits of the 410 program have been and will be diminished. In other words, the program has been more successful than this Committee originally envisioned which has caused a shortfall in annual program funds.

While we think the High Risk Drivers Act has considerable merit, we believe that it makes little sense to authorize a new incentive grant program when the existing program is not adequately and fully funded. Therefore, NAGHSR urges this Committee to increase the authorization for the 410 program to \$50 million in each of FY 95, 96 and 97. Furthermore, we urge House Public Works Committee members to carry the message to the House Appropriations Committee that reductions must not be made in the 402 highway safety grant program and that the 402 program as well as any new highway safety program must be funded at authorized levels.

When ISTEA is reauthorized in FY 97, we urge this Committee to consider alternative ways of funding highway safety programs so that all safety programs can be adequately funded and competition for funds can be avoided. One alternative would be to earmark 1.5% - 2% percent off the top of the Highway Trust Fund, just as is done for the Highway Planning and Research (HPR) program. This would increase the total highway safety funding to the states which, in turn, would enable the states to more effectively address the safety concerns of Congress.

III. NAGHSR Position on H.R. 1719

NAGHSR supports H.R. 1719, the High Risk Drivers Act of 1973, in concept. Our specific concerns will be discussed at length in Section IV.

The proposed legislation establishes a program of incentives to states. Unlike other highway safety initiatives introduced in the House and Senate last year, H.R. 1719 does not penalize states for failure to take a specific action within a specific time period. Rather, it encourages states to adopt key highway safety legislation and develop important highway safety programs. At last count, the states were under threat of sanctions for sixteen different surface transportation issues, many of which are highway safety-related. We are pleased that the proposed High Risk Drivers bill does not add to that already burdensome list. As we noted in our March 1 testimony before this Subcommittee, NAGHSR strongly supports incentives over sanctions.

Second, the Association strongly concurs that additional federal, state and local attention must be paid to the younger driver. As noted previously, young drivers are over-represented in crashes. Their lack of driving experience and inclination to high risk behavior make them particularly vulnerable to motor vehicle crashes. These problems are exacerbated when the young driver becomes involved with alcohol. H.R. 1719 would create a new incentive program for states that would reduce the frequency and severity of younger driver crashes through a combined program of new laws, improved driving licensing processes, augmented enforcement, enhanced training, and strengthened traffic records systems.

Third, NAGHSR supports the centerpiece of H.R. 1719 -- the graduated licensing requirements for younger drivers. The goal of such a licensing program is to delay the time by which young drivers are fully licensed and to control the early driving experience. This, in turn, is intended to increase the driving experience of younger drivers, to limit their exposure to unsafe driving, and to give them time to mature. Research in New Zealand, Maryland and elsewhere has shown that graduated licensing programs are effective. NAGHSR believes that by controlling the early driving experience and reducing exposure to high risk situations, graduated licenses can significantly reduce young driver fatalities and injuries.

NAGHSR is pleased that one of the eligibility criteria requires state passage of .02 BAC legislation. Such legislation will close a loophole in the national minimum drinking age law by ensuring that those under 21 cannot drink and drive. .02 BAC laws will enable a state to declare that a driver under 21 is driving while Impaired per se if they have a BAC above the legal limit. .02 BAC laws can also be the basis for prompt license suspension laws for youth, commonly known as use/lose laws or not a drop laws. .02 BAC laws and prompt suspension laws have been found to be effective in reducing alcohol-impaired driving among youth if they are coupled with strong enforcement, prosecutors and judges who who are trained on the importance of the law, and a visible public information campaign.

NAGHSR supports penalties for alcohol sellers who knowingly sell to anyone under 21. This criteria will also help close yet another loophole in the national minimum drinking age law by limiting the accessibility of youth to

alcohol and by making sellers more accountable for their actions. Penalties for violating the under 21 law should be stiff enough so that sellers do not consider them part of the cost of doing business.

The Association also supports the requirement that states suspend the license of anyone under 21 who purchases or possesses alcohol. This proposal will strengthen the purchase and possession provisions of the national minimum drinking age law and reinforce the message that underage drinking has serious consequences. Since underage drivers typically place a high value on the driving privilege and are reluctant to take actions which would cause them to lose their license, this provision should be a particularly effective one.

NAGHSR strongly supports the education, training and enforcement requirement and is pleased to see the emphasis on both judicial training and youth involvement. State experience has shown that tough laws are not effective unless they are accompanied by a combined, intensive public information and enforcement effort as well as a training program for law enforcement officials and members of the judicial community. States have also found that youth programs are not effective if they consist of youth activities planned by adults. In order for youth prevention programs to impact their target audience, the programs must be credible and meaningful to youth. Youths must be an integral part of the planning process.

Finally, NAGHSR supports the intent of the older driver research in Title II. Title II will help determine what programs and strategies are effective in reducing older drivers' crash rates without reducing older driver mobility. Once effective programs have been identified, the states which have sizeable elderly populations and have been awaiting the development of targeted older driver programs, will move quickly to implement them.

IV. Specific Concerns

While NAGHSR generally supports the High Risk Drivers Act of 1993, we have some reservations about specific portions of the proposal.

Perhaps our most serious concern is that the eligibility criteria are too narrowly drafted and leave little room for innovative state approaches. The criteria specify what procedure the states must adopt rather than what outcome should be achieved. This focus on procedure obscures the goals that the incentive program is designed to achieve and encourages federal micro-management of state highway safety programs.

The safety belt eligibility criteria, for example, specifies that states must have mandatory safety belt laws that cover both the front and back seats. Only nine states satisfy that criteria.

NAGHSR argues that a performance standard which measures safety belt use rates is a far more effective approach. Use rates are the commonly accepted measurement of a state's performance, and the employment of safety belt use rates is consistent with the philosophy underlying the Section 153 requirements of ISTEA

States that require front and rear seat passengers to buckle up may have good legislation but may be doing little to enforce it. States that have high use rates are obviously doing a good job in educating the public and enforcing their mandatory use laws, regardless of whether the law affects all seating positions. If the intent of the safety belt criteria is to encourage states to improve occupant protection, then a performance-based approach will give the states the flexibility to increase safety belt use without dictating how to accomplish that objective.

Another example is the proposed criteria for seller penalties which NAGHSR feels is much too limited. Under H.R. 1719, a state must provide for a mandatory minimum penalty of at least \$500 for anyone who knowingly sells to minors. However, a state with a lower monetary penalty and a mandatory jail sentence would be ineligible, even though that state's laws are actually more severe. NAGHSR argues that the goal is to encourage states to enact severe seller penalties, regardless of whether the penalty is a sizeable fine, mandatory jail time, business license suspension for a fixed time period, or some other approach. A far preferable criteria would be a performance-based one that gives the states the flexibility to satisfy the criteria's intent without restricting how that criteria it is to be met.

Concurrently, we are concerned that the bill places too much emphasis on the passage of state legislation. While legislation is important, it will only be effective if the public is educated about the legislation, if the law is strongly enforced, if the law is adjudicated in a manner consistent with legislative intent, and if there are adequate resources to undertake the public education, enforcement and judicial efforts. It has become increasingly difficult for state highway safety agencies to go back to their legislature year after year with legislative initiatives that must be passed in order to qualify for incentive grants or to avoid sanctions. Performance-based criteria would help assuage this predicament by giving the states the flexibility to address a problem by whatever means the state deems feasible, regardless of whether that is through legislation or some other approach.

We strongly urge the Committee to refine the eligibility criteria so that they are much more performance-oriented. There are several ways this could be accomplished.

The individual criteria could be rewritten so that they are more performance-oriented, as was suggested in the two examples described earlier in this statement. Alternatively, states could be allowed to apply under either specific eligibility criteria or under a national performance standard, whichever was more beneficial to the state. The performance standard could, for example, allow a state to receive an incentive grant only if its motor vehicle fatality rate per 100 million miles of travel were significantly (e.g. 10%-20%) below the national rate of 1.7. Due to changes in the number of fatalities from year to year, a three-year average rate is recommended. A three-

year average will allow the states to compensate for unusual one-year fluctuations while providing a picture of fatality trends.

Another approach would be to base the national performance standard on the impaired driving fatality rate. The standard could be based on two criteria: 1) the state should have reported, on average, at least 80% of their fatally injured drivers' BAC test results for the three years prior to the grant; and 2) for the prior three years, the average rate of drunk driver fatalities per population involving those under 21 should be significantly below the national average.

In order to apply for an incentive grant, a state would have to require BAC testing of all fatally injured drivers. Although there are an increasing number of states which test and report fatally impaired drivers, only half of the states satisfied the first criterion in 1991. If more states satisfied this criterion, it would be easier to compare state performances, identify the need to implement a drunk driving program, and evaluate the effects of the program on highway safety.

Under the second criterion, states would have to use a population-based fatality rate in order to qualify for an incentive grant. The criterion would measure the number of fatalities over a three-year period caused by drunk drivers between the ages of 14 to 20, divided by the number of people in this age group. Underage population is used in lieu of vehicle miles of travel (VMT) because age-specific VMT data is very difficult to obtain.

Another option would be to combine the procedural approach with the performance-based approach. States could be required to satisfy one or two specific criteria (such as the provisional licensing program and .02 BAC), and then satisfy a national performance standard.

NAGHSR would be happy to work with the Committee staff to help redraft the criteria so that they are more performance-based.

With respect to the grade crossing criteria, NAGHSR has some reservations. The criteria, as currently drafted, does not relate to the rest of Title I because it does not address impaired driving or underage drinking. We suggest that the issue of grade crossing enforcement could be addressed in a separate bill or that the criteria could be revised so that it is more directly relevant to younger drivers. The criteria could grant eligibility to those states that have grade crossing prevention and education programs specifically targeted to youth or those states whose young driver fatalities at grade crossings have declined by a certain percentage from the previous year's level. We also strongly urge the House Public Works Committee to increase the funding for Operation Lifesavers so that more could be done to educate the general public about the hazards of rail/grade crossings.

NAGHSR also has reservations about the asset forfeiture criteria which is in the Senate bill, S. 738. While we believe that the asset forfeiture laws are probably the next logical step after prompt license revocation laws, experience with asset forfeiture laws to date has been mixed. Oregon's program was recently terminated because the legislature felt it was too expensive to administer. Questions have been raised about the constitutionality of such laws and the hardship on persons who depend upon their vehicle to get to and from work. Until there is a definitive court case and some of the questions are addressed, it is unlikely that there will be widespread state adoption of asset forfeiture legislation. We urge the Committee to refrain from adding this criteria to the House bill until further analysis of this approach can be performed.

NAGHSR is also concerned that the proposed funding levels are too low to be much of an incentive to states. H.R. 1719 proposes that the incentive grant program be funded at \$100 million over five years, or \$20 million a year on average. The maximum amount a state can receive is 30% of its annual 402 appropriation. If the yearly appropriation is less than the authorized amount (which is highly likely), then eligible states receive a proportionately smaller amount. West Virginia, for example, would only receive \$260,000 annually under the grant program under the most optimistic scenario. This may not be enough to convince the state legislature to enact controversial legislation like asset forfeiture laws and stiff seller penalty laws. The authorization level must be increased if the grant program is going to provide a meaningful inducement to states to change their laws and programs. We urge the Committee to increase the funding, particularly in the outyears, so that the incentives will be large enough to motivate a state to act.

NAGHSR appreciates the opportunity to submit comments on such a timely issue and such an important piece of legislation. We look forward to working further with the Committee as the bill moves forward through the legislative process.



RICHARD H. AUSTIN
SECRETARY OF STATE

MICHIGAN
DEPARTMENT
OF STATE

LANSING, MICHIGAN 48918
(517) 373-2510

March 24, 1994

Oral Testimony of the Honorable Richard H. Austin, Michigan Secretary of State

Good morning, I am Michigan's Secretary of State, Richard H. Austin. As Michigan's chief motor vehicle administrator, I am here to express support for HR 1719, which seeks to reduce traffic fatalities and injuries by targeting youthful and other "high risk" drivers. While I encourage favorable action on HR 1719, I also encourage you to amend this legislation to give states greater flexibility in qualifying for the incentive grants outlined in the bill.

Let me share our experience with you. Michigan has substantially reduced alcohol-related fatal crashes. Yet, because Michigan's Constitution prohibits sobriety checklanes, and our legislature adopted tough anti-drunk driving laws that take an alternate approach to administrative license suspensions, we remain ineligible for alcohol incentive grant monies. The purpose of these grant programs is to fund "States which adopt and implement effective programs to reduce traffic safety problems resulting from persons driving while under the influence of alcohol or a controlled substance." We have done just that.

Of the 16 states that qualified for 408 funding, only one had a greater reduction in the percentage of alcohol-related fatal crashes than Michigan. Of the 24 states that qualified for 410 funding, only three had a greater reduction in the percentage of alcohol-related fatal crashes during this same time period.

Without your action, specific criteria in the High Risk Driver Act will make it impossible for successful programs to receive incentive funds. States must have flexibility to craft laws that meet their particular needs, constituent wishes, and that are effective for our communities.

Michigan's legislature has been attempting to enact law to address the misuse of alcohol by persons under age 21 for the past six years. Success is near. However, this legislation, which has taken six years to complete, will not qualify Michigan under HR 1719 because our legislature proposes suspending driver licenses of underage violators for 90-days rather than the required six-month minimum.

Richard H. Austin
March 24, 1994
Page 2

Michigan has had an active "Safety Belt Coalition" for over 12 years now. As a result, we have a front seat safety belt law and a child passenger protection law covering children under age 16. Our safety belt usage rate has gone from the low teens to over 64 percent. We are aggressively seeking to remove the secondary enforcement restriction in our law right now. We are convinced that, in our state, primary enforcement will save more lives than back seat passenger restraint laws. But again, that makes us ineligible for HR 1719 funds.

Incentive funds offer ways for states to reduce the tragedies that occur every day on our highways. Funds should be available to states that have programs that work. We are not proposing that the current system be scrapped. We are proposing additional methods for determining funding qualifications, with the understanding it may be appropriate to place limitations on the amount of funds granted for this alternative.

I know there is concern about establishing specific, measurable performance-based criteria. I have no doubt it can be done in a way that makes incentive funds work harder and states work smarter.

We stand ready to assist you and your staff in whatever way possible.

Thank you for your time.

MICHIGAN STATE SAFETY COMMISSION

COMMISSIONERS:

Hon. John Engler
Governor
Hon. Richard H. Austin
Secretary of State
Patrick M. Nowak
Transportation
Vernice Davis Anthony
Public Health
Colonel Michael O. Robinson
State Police
Dr. Robert E. Schiller
Education
Executive Secretary
Betty J. Mercer
Office of Highway
Safety Planning

Office of the Chair
Treasury Building, First Floor
Lansing, Michigan 48913-9900
Telephone: (517) 373-2510
Fax: (517) 373-0727

February 25, 1994

The Honorable Nick J. Rahal, III
United States Congressman
House Public Works Committee
Chair, Subcommittee on Surface
Transportation and Public Works
2269 Rayburn House Office Building
S Capitol St and Independence Ave SE
Washington, DC 20515

Dear Congressman Rahal:

The State of Michigan is concerned that it will not qualify for incentive grant monies under the High Risk Driver Act, SB 738, for reasons similar to those making us ineligible for funding under the 408 and 410, Title 23, United States Code, program criteria.

The State of Michigan has struggled to meet the criteria of the 408 and 410 alcohol incentive grant programs to reduce alcohol-related crash fatalities to no avail. While our efforts have been effective in reducing these crashes, we cannot meet the specific procedural criteria of the programs, therefore leaving Michigan ineligible for funding.

The program criteria require such measures as sobriety checklanes and administrative license revocation. Sobriety checklanes have just been outlawed as unconstitutional in Michigan and we have grave doubts whether the federally-proposed Administrative License Revocation would be upheld in Michigan as well. These two constitutional issues by themselves make Michigan ineligible for funding pursuant to the strict/rigid guidelines set forth.

To focus only on these specific procedural criteria ignores the fact that MI has achieved tremendous reductions in alcohol-related crash fatalities. The purpose of the federal legislation is stated in Section 410(a) of Title 23, United States Code, as follows:

"General Authority -- Subject to the provisions of this section, the Secretary shall make grants to those States which adopt and implement effective programs to reduce traffic safety



SAFETY BELTS SAVE LIVES

The Honorable Nick J. Rahal, III
 February 25, 1994
 Page 2

problems resulting from persons driving while under the influence of alcohol or a controlled substance. Such grants may only be used by recipient States to implement and enforce such programs."

Michigan has met this purpose in other ways. During the decade 1982-1992, Michigan's alcohol-related fatal crash rate declined by 31 percent. Between 1990-1992, Michigan's alcohol-related fatal crash rate declined by 14.5%. These figures clearly embody the intent of the federal legislation.

Rigid grant criteria cannot be the only effective method to reduce such crashes or states qualifying for incentive grant monies would always have lower alcohol-related fatality rates. As it is, 13 of 16 states qualifying for 408 funds had a higher percentage of alcohol-related fatal crashes. Nineteen of 24 states qualifying for 410 funds had a higher percentage of alcohol-related fatal crashes. While these states may have jumped through the requisite hoops, the ultimate goal of fewer alcohol-related fatalities has not been achieved. See the attached statistics comparing states and their accomplishments.

Grant programs should be expanded to include performance-based criteria.

The Public Works Committee intends to take testimony on the High Risk Driver Act, 1993, SB 738, in April, 1994. This bill also carries a list of procedural criteria rather than performance-based objectives.

We suggest three options to qualify for High Risk Driver Act funding:

1. Law and program state --

Retain the current criteria; or

2. Performance-based State --

Show an average alcohol-related fatal crash rate that is lower than the national average of the states and demonstrate a reasonable relationship to the countermeasures enacted.

Funding to one state could not exceed the highest funding to another state under other criteria. Further, funding to all states approved under this criterion could not exceed a certain percentage of the total funds available; or

The Honorable Nick J. Rahal, III
 February 25, 1994
 Page 3

3. Review State --

Establish an independent review board of three persons that would meet annually to evaluate states' efforts and effectiveness making application under this format.

States would be required to show:

1. Efforts made to reduce crashes.
2. Effectiveness in reducing crashes.
3. Why the state cannot meet other funding criteria.

The Board would consist of a representative of Congress, a representative of a national traffic safety organization, and a representative of a traffic safety research organization.

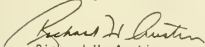
Funding to one state could not exceed the highest funding to another state under other criteria. Further, funding to all states approved under this criterion could not exceed a certain percentage of the total funds available.

Michigan has been successful in meeting the purpose of traffic safety grant programs and yet it remains unqualified for funding.

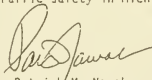
Federal grant criteria need to be focused on results and accomplishments rather than strict procedural requirements. States vary and should have some autonomy to craft laws that meet their particular needs and constituent wishes. We urge you to adopt these suggested amendments to SB 738.

Thank you for helping us improve traffic safety in Michigan.

Sincerely,



Richard H. Austin
 Chair
 Secretary of State



Patrick M. Nowak
 Vice Chair
 Director, Department of Transportation

attachments

bcc: Elaine Charney
 Phillip Frangos
 William Kennedy
 David Kilgren
 Betty Mercer
 Ann O'Connor
 John Stone

Michigan's proven track record in reducing alcohol-related fatalities

- Michigan has a lower percentage of alcohol-related fatal crashes than 36 other states.
- Only 12 states have made greater reductions in the percentage of alcohol-related fatal crashes in the last 10 years.
- In the last 10 years, only eight states have made greater reductions in the percentage of alcohol-related fatal crashes.
- During the decade 1982-92, Michigan's alcohol-related fatal crash rate declined by 31 percent.
- Between 1990 and 1992, Michigan's alcohol-related fatal crash rate declined by 14.5 percent.
- Of the 16 states that qualified for 408 funding:
 - Only three had a lower percentage of alcohol-related fatal crashes;
 - Only three states experienced a greater reduction in the percentage of alcohol-related fatal crashes in the last two years;
 - Only one had a greater reduction in the percentage of alcohol-related fatal crashes in the last 10 years.
- Of the 24 states that qualified for 410 funding:
 - Only five had a lower percentage of alcohol-related fatal crashes;
 - Only five had a greater reduction in the percentage of alcohol-related crashes in the last two years;
 - Only three had a greater reduction in the percentage of alcohol-related fatal crashes in the last 10 years.
- Four of the eight states that experienced increases in the percentage of alcohol-related fatal crashes in the last two years received 408 funding and five received 410 funding. Three of the states received both 408 and 410 funding.
- During the decade 1982-92, only four states experienced net increases in the rate of alcohol-related fatal crashes; two of which received either 408 or 410 funding.

**Michigan State Safety Commission
March 1994**

STATE COMPARISON FEDERAL FUNDING/ALCOHOL-RELATED FATAL CRASHES

STATE	SOURCE OF FUNDING FY 92 & 93		% OF ALCOHOL-RELATED FATALS						% OF CHANGE 92-90	RANK	% OF CHANGE 92-82	RANK	MADO RATING
	408	410	1992	RANK	1990	RANK	1982	RANK					
Alabama		Yes	45.4	26	49.4	24	56.8	19	-8.1	27	-18.6	31	D+
Alaska			60.2	49	48.5	21	54.3	14	24.1	50	10.9	51	C
Arizona	Yes	Yes	49.7	40	50.2	28	56.2	21	-1.0	43	-11.6	41	B+
Arkansas			46.9	33	56.0	37	61.1	36	-16.2	12	-23.2	21	C+
California	Yes	Yes	46.9	32	50.1	27	59.0	30	-6.4	33	-20.4	28	B
Colorado	Yes	Yes	48.9	38	46.5	14	62.4	39	5.0	48	-21.7	24	B
Connecticut	Yes		48.3	36	56.1	38	68.3	50	-13.9	15	-29.3	12	C
Delaware		Yes	42.1	17	62.8	49	66.4	49	-32.9	2	-36.5	5	C
Dist. of Columbia		Yes	46.0	31	64.6	51	60.0	33	-28.8	3	-23.3	20	C
Florida			45.1	24	46.4	19	46.6	4	-6.9	31	-3.2	45	C+
Georgia			40.1	11	45.2	12	58.6	27	-11.3	21	-31.5	8	C
Hawaii	Yes	Yes	51.2	41	50.3	29	61.3	37	1.8	47	-16.6	37	C+
Idaho	Yes		45.3	25	57.0	40	44.1	2	-20.5	8	2.6	49	D+
Illinois	Yes	Yes	48.6	37	50.5	30	56.6	28	-4.0	37	-17.1	35	A-
Indiana		Yes	41.4	15	44.9	10	48.5	8	-7.8	29	-14.6	39	C
Iowa			39.1	9	46.4	20	47.1	5	-19.1	11	-16.9	36	C+
Kansas	Yes		40.3	12	50.6	31	45.0	3	-20.3	9	-10.4	43	B-
Kentucky			39.5	10	41.6	5	53.9	13	8	44	-26.7	15	C+
Louisiana			56.1	48	57.6	44	54.5	15	-2.6	41	2.6	46	C-
Maine			41.6	16	43.7	9	49.4	9	-4.7	35	-15.8	56	C
Maryland			34.3	6	42.7	8	54.5	16	-19.7	10	-37.1	4	B
Massachusetts			55.1	47	57.2	42	59.6	31	-3.7	38	-7.7	44	C-
Michigan			41.1	14	48.2	18	59.6	32	-14.5	13	-31.0	9	C
Minnesota			40.8	13	44.9	11	54.6	17	-9.1	24	-25.3	17	B
Mississippi			44.8	23	52.1	34	56.3	23	-14.1	14	-20.5	27	D+
Missouri	Yes		49.4	39	53.8	36	50.1	10	-8.1	28	-1.3	46	D+
Montana		Yes	53.1	44	56.1	39	65.7	46	-5.4	34	-19.2	29	C
Nabraska	Yes	Yes	33.1	4	41.6	4	47.9	7	-20.5	7	-30.9	10	B-
Nevada		Yes	51.8	43	57.1	41	66.4	48	-9.4	23	-22.0	23	B-
New Hampshire			31.1	1	50.0	26	58.4	25	-37.7	1	-46.6	1	C
New Jersey	Yes	Yes	34.2	5	39.4	2	56.0	20	-13.3	17	-39.0	3	B
New Mexico			61.7	51	63.3	50	63.6	43	1.0	45	3.0	50	B+
New York		Yes	35.6	7	40.1	3	47.1	6	-11.3	20	-24.4	18	B-
North Carolina		Yes	43.9	21	45.3	13	60.1	35	-3.2	39	-27.0	14	B+
North Dakota		Yes	45.5	28	52.7	35	64.2	45	-13.7	16	-29.2	13	D
Ohio		Yes	32.6	3	42.7	7	56.5	24	-23.7	6	-42.3	2	B+
Oklahoma	Yes		43.8	20	42.0	6	56.2	22	24.0	49	-22.4	22	C-
Oregon	Yes	Yes	43.9	22	47.3	17	62.7	41	-7.2	30	-30.0	11	B
Pennsylvania		Yes	46.0	30	49.6	25	58.5	26	-12.9	18	-21.4	26	B
Rhode Island			54.4	45	58.3	46	65.7	47	-6.7	32	-17.2	34	C
South Carolina			38.7	8	50.8	32	58.9	29	-23.9	5	-34.4	6	B-
South Dakota			47.2	34	51.9	33	60.1	34	-9.1	25	-21.5	25	C+
Tennessee			47.5	35	49.3	23	62.4	40	-4.5	36	-23.9	19	C-
Texas			60.5	50	62.7	48	68.5	51	-2.5	42	-11.7	40	C
Utah		Yes	31.2	2	23.9	1	38.3	1	68.0	51	-18.5	32	B-
Vermont			42.7	16	57.8	45	63.6	44	-26.1	4	-32.8	7	D+
Virginia		Yes	43.1	19	48.8	21	52.8	12	-11.6	19	-18.3	33	C
Washington	Yes		51.5	42	57.3	43	63.5	42	-10.2	22	-19.0	30	C
West Virginia	Yes	Yes	45.5	27	47.1	16	50.9	11	1.6	46	-10.6	42	C-
Wisconsin	Yes	Yes	45.6	29	46.9	15	61.7	38	-2.8	40	-26.2	16	C
Wyoming			55.1	46	60.0	47	55.7	18	-8.2	26	-1.1	47	D
USA AVERAGE	16	24	45.7		49.5		57.2		-7.8		-20.2		

Source. 1993 MADO "Rating the States," page 69, based on NHTSA data preliminary 1992

MADD RATING
MADD RATINGS
1992

STATE	MADD RATING	% OF ALCOHOL-RELATED FATALS		% OF CHANGE 92-90	RANK	% OF CHANGE 92-82	RANK
		1992	Rank				
Illinois	A-	46.6	37	-4.0	37	-17.1	35
Arizona	B+	49.7	40	-1.0	43	-11.6	41
New Mexico	B+	61.7	51	1.0	45	3.0	50
North Carolina	B+	43.9	21	-3.2	39	-27.0	14
Ohio	B+	32.6	3	-23.7	6	-42.3	2
Maryland	B	34.3	6	-19.7	10	-37.1	4
Oregon	B	43.9	22	-7.2	30	-30.0	11
Minnesota	B	40.8	13	-9.1	24	-25.3	17
New Jersey	B	34.2	5	-13.3	17	-39.0	3
Pennsylvania	B	46.0	30	-12.9	18	-21.4	26
California	B	46.9	32	-6.4	33	-20.4	28
Colorado	B	48.9	38	5.0	48	-21.7	24
Kansas	B-	40.3	12	-20.3	9	-10.4	43
Nevada	B-	51.8	43	-9.4	23	-22.0	23
South Carolina	B-	38.7	8	-23.9	5	-34.4	6
Nebraska	B-	33.1	4	-20.5	7	-30.9	10
Utah	B-	31.2	2	68.0	51	-18.5	32
New York	B-	35.6	7	-11.3	20	-24.4	18
Florida	C+	45.1	24	-6.9	31	-3.2	45
South Dakota	C+	47.2	34	-9.1	25	-21.5	25
Kentucky	C+	39.5	10	8	44	-26.7	15
Hawaii	C+	51.2	41	1.8	47	-16.6	37
Iowa	C+	39.1	9	-19.1	11	-16.9	36
Arkansas	C+	46.9	33	-16.2	12	-23.2	21
Montana	C	53.1	44	-5.4	34	-19.2	29
Wisconsin	C	45.6	29	-2.8	40	-26.2	16
Virginia	C	43.1	19	-11.6	19	-18.3	33
Texas	C	60.5	50	-2.5	42	-11.7	40
Rhode Island	C	54.4	45	-6.7	32	-17.2	34
New Hampshire	C	31.1	1	-37.7	1	-46.6	1
Washington	C	51.5	42	-10.2	22	-19.0	30
Dist. of Columbia	C	46.0	31	-28.8	3	-23.3	20
Indiana	C	41.4	15	-7.8	29	-14.6	39
Georgia	C	40.1	11	-11.3	21	-31.5	8
Connecticut	C	48.3	36	-13.9	15	-29.3	12
Delaware	C	42.1	17	-32.9	2	-36.5	5
Maine	C	41.6	16	-4.7	35	-15.8	38
Alaska	C	60.2	49	24.1	50	10.9	51
Michigan	C	41.1	14	-14.5	13	-31.0	9
Tennessee	C-	47.5	35	-4.5	36	-23.9	19
West Virginia	C-	45.5	27	1.6	46	-10.6	42
Oklahoma	C-	43.6	20	24.0	49	-22.4	22
Massachusetts	C-	55.1	47	-3.7	38	-7.7	44
Louisiana	C-	56.1	48	-2.6	41	2.6	48
Alabama	D+	45.4	26	-8.1	27	-18.6	31
Vermont	D+	42.7	18	-26.1	4	-32.8	7
Missouri	D+	49.4	39	-8.1	28	-1.3	46
Idaho	D+	45.3	25	-20.5	8	2.6	49
North Dakota	D	45.5	28	-13.7	16	-29.2	13
Wyoming	D	55.1	46	-8.2	26	-1.1	47
Mississippi	D-	44.8	23	-14.1	14	-20.5	27

Source: 1993 MADD "Rating the States," page 69, based on NHTSA data preliminary 1992

RANK ORDER
PERCENT OF ALCOHOL-RELATED FATAL CRASHES
1992

STATE	SOURCE OF FUNDING FY '92 & '93		% OF ALCOHOL-RELATED FATALS	
	406	410	1992	Rank
New Hampshire			31.1	1
Utah		Yes	31.2	2
Ohio		Yes	32.6	3
Nebraska	Yes	Yes	33.1	4
New Jersey	Yes	Yes	34.2	5
Maryland			34.3	6
New York		Yes	35.6	7
South Carolina			38.7	8
Iowa			39.1	9
Kentucky			39.5	10
Georgia			40.1	11
Kansas	Yes		40.3	12
Minnesota			40.8	13
Michigan			41.1	14
Indiana		Yes	41.4	15
Maine			41.6	16
Delaware		Yes	42.1	17
Vermont			42.7	18
Virginia		Yes	43.1	19
Oklahoma	Yes		43.6	20
North Carolina		Yes	43.9	21
Oregon	Yes	Yes	43.9	22
Mississippi			44.8	23
Florida			45.1	24
Idaho	Yes		45.3	25
Alabama		Yes	45.4	26
West Virginia	Yes	Yes	45.5	27
North Dakota		Yes	45.5	28
Wisconsin	Yes	Yes	45.6	29
USA AVERAGE	16	24	45.7	
Pennsylvania		Yes	46.0	30
Dist. of Columbia		Yes	46.0	31
California	Yes	Yes	46.9	32
Arkansas			46.9	33
South Dakota			47.2	34
Tennessee			47.5	35
Connecticut	Yes		48.3	36
Illinois	Yes	Yes	48.8	37
Colorado	Yes	Yes	48.9	38
Missouri	Yes		49.4	39
Arizona	Yes	Yes	49.7	40
Hawaii	Yes	Yes	51.2	41
Washington	Yes		51.5	42
Nevada		Yes	51.0	43
Montana		Yes	53.1	44
Rhode Island			54.4	45
Wyoming			55.1	46
Massachusetts			55.1	47
Louisiana			56.1	48
Alaska			60.2	49
Texas			60.5	50
New Mexico		Yes	61.7	51

Source: 1993 MADD "Rating the States," page 69, based on NHTSA

RANK ORDER
REDUCTION IN PERCENT OF ALCOHOL-RELATED FATAL CRASHES
1982-1992

STATE	SOURCE OF FUNDING FY 92 & 93		% OF CHANGE 92-92	RANK
	408	410		
New Hampshire			-46.6	1
Ohio		Yes	-42.3	2
New Jersey	Yes	Yes	-39.0	3
Maryland			-37.1	4
Delaware		Yes	-36.5	5
South Carolina			-34.4	6
Vermont			-32.8	7
Georgia			-31.5	8
Michigan			-31.0	9
Nebraska	Yes	Yes	-30.9	10
Oregon	Yes	Yes	-30.0	11
Connecticut	Yes		-29.3	12
North Dakota		Yes	-29.2	13
North Carolina		Yes	-27.0	14
Kentucky			-26.7	15
Wisconsin	Yes	Yes	-26.2	16
Minnesota			-25.3	17
New York		Yes	-24.4	18
Tennessee			-23.9	19
Dist. of Columbia		Yes	-23.3	20
Arkansas			-23.2	21
Oklahoma	Yes		-22.4	22
Nevada		Yes	-22.0	23
Colorado	Yes	Yes	-21.7	24
South Dakota			-21.5	25
Pennsylvania		Yes	-21.4	26
Mississippi			-20.5	27
California	Yes	Yes	-20.4	28
USA AVERAGE	16	24	-20.2	
Montane		Yes	-19.2	29
Washington	Yes		-19.0	30
Alabama		Yes	-18.6	31
Utah		Yes	-18.5	32
Virginia		Yes	-18.3	33
Rhode Island			-17.2	34
Illinois	Yes	Yes	-17.1	35
Iowa			-16.9	36
Hawaii	Yes	Yes	-16.6	37
Maine			-15.8	38
Indiana		Yes	-14.6	39
Texas			-11.7	40
Arizona	Yes	Yes	-11.6	41
West Virginia	Yes	Yes	-10.6	42
Kansas	Yes		-10.4	43
Massachusetts			-7.7	44
Florida			-3.2	45
Missouri	Yes		-1.3	46
Wyoming			-1.1	47
Louisiana			2.6	48
Idaho	Yes		2.6	49
New Mexico		Yes	3.0	50
Alaska			10.9	51

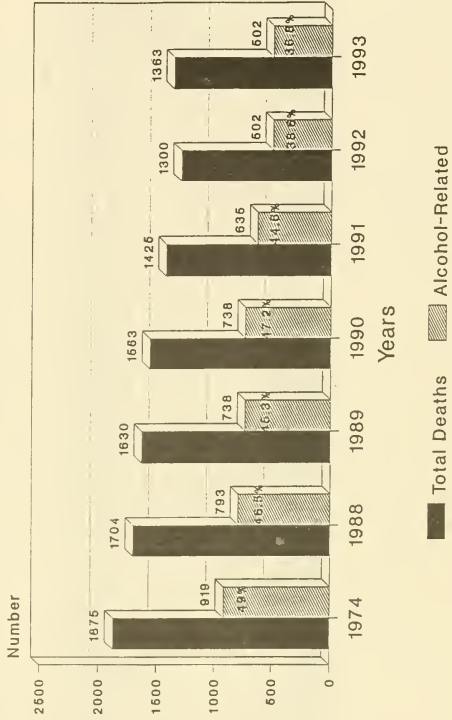
Source: 1993 MADD "Rating the States," page 69, based on NHTSA data preliminary 1992

RANK ORDER
REDUCTION IN PERCENT OF ALCOHOL-RELATED FATAL CRASHES
1990-1992

STATE	SOURCE OF FUNDING FY 92 & 93		% OF CHANGE 92-90	RANK
	408	410		
New Hampshire			-37.7	1
Delaware		Yes	-32.9	2
Dist. of Columbia		Yes	-28.8	3
Vermont			-26.1	4
South Carolina			-23.9	5
Ohio		Yes	-23.7	6
Nebraska	Yes	Yes	-20.5	7
Idaho	Yes		-20.5	8
Kansas	Yes		-20.3	9
Maryland			-19.7	10
Iowa			-19.1	11
Arkansas			-16.2	12
Michigan			-14.5	13
Mississippi			-14.1	14
Connecticut	Yes		-13.9	15
North Dakota		Yes	-13.7	16
New Jersey	Yes	Yes	-13.3	17
Pennsylvania		Yes	-12.9	18
Virginia		Yes	-11.6	19
New York		Yes	-11.3	20
Georgia			-11.3	21
Washington	Yes		-10.2	22
Nevada		Yes	-9.4	23
Minnesota			-9.1	24
South Dakota			-9.1	25
Wyoming			-8.2	26
Alabama		Yes	-8.1	27
Missouri	Yes		-8.1	28
Indiana		Yes	-7.8	29
USA AVERAGE	16	24	-7.8	
Oregon	Yes	Yes	-7.2	30
Florida			-6.9	31
Rhode Island			-6.7	32
California	Yes	Yes	-6.4	33
Montana		Yes	-5.4	34
Maine			-4.7	35
Tennessee			-4.5	36
Illinois	Yes	Yes	-4.0	37
Massachusetts			-3.7	38
North Carolina		Yes	-3.2	39
Wisconsin	Yes	Yes	-2.8	40
Louisiana			-2.6	41
Texas			-2.5	42
Arizona	Yes	Yes	-1.0	43
Kentucky			.8	44
New Mexico		Yes	1.0	45
West Virginia	Yes	Yes	1.6	46
Hawaii	Yes	Yes	1.8	47
Colorado	Yes	Yes	5.0	48
Oklahoma	Yes		24.0	49
Alaska			24.1	50
Utah		Yes	68.0	51

Source: 1993 MADD 'Reting the States,' page 69, based

ALCOHOL INVOLVEMENT IN MICHIGAN TRAFFIC CRASH FATALITIES



Source: Michigan State Police

Potential Lost Revenue to Michigan

408 Funding

• 30% Basic	
4 criteria	\$ 1,148,196
• 20% Supplemental	
8 of 22 criteria	\$ 765,464
• 10% Supplemental	
4 of 22 criteria	\$ 382,732
• 5% Special	
4 criteria	\$ 191,336
• One Year Total at 50%	\$ 1,913,660

Five Year Total w/50% **\$9,568,300**

(30% Basic and 20% Supplemental)

Five Year Total w/55% **\$10,525,130**

(30% Basic, 20% Supplemental and 5% Special)

* Based on 1983-402 Apportionment

410 Funding

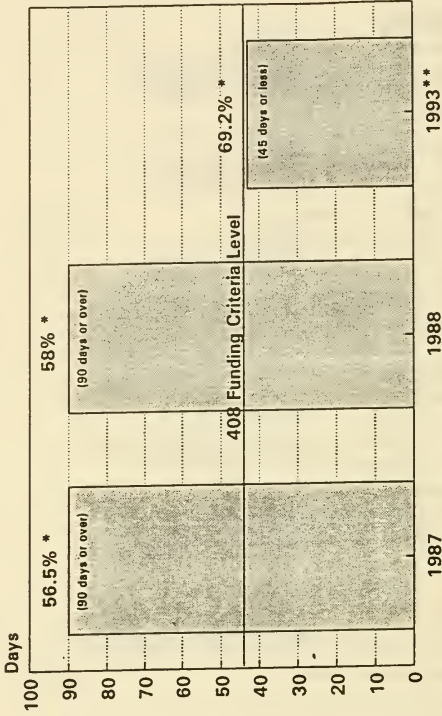
• Basic 30%	
2 Criteria	\$ 1,293,074
Administrative license revocation within 15 days	
Self-sufficiency	
• Supplemental – Not to exceed 55%	
All 4 Programs – 55%	\$ 2,370,637
Program 1 – 10% max.	\$ 431,025
Program 2 – 10% max.	\$ 431,025
Program 3 – 25% max.	\$ 1,077,562
Program 4 – 10% max.	\$ 431,025

Basic and Supplemental Yearly Max. Total **\$3,663,710**

Three Year Max. Total **\$10,991,130**

* Based on FY89-402 Apportionment of \$4,310,248

Days from Arrest to License Suspension OUIL, UBAL, OUICS and OWI



Michigan Department of State
1993 Calendar Year

* % of total cases
** average disposition time is 38 days



Mothers Against Drunk Driving

511 E. John Carpenter Frwy., Suite 700 • Irving, Texas 75062-8187 • Telephone (214) 744-MADD • FAX (214) 869-2206/2207
NATIONAL OFFICE

STATEMENT OF BECKIE BROWN, NATIONAL PRESIDENT
MOTHERS AGAINST DRUNK DRIVING
BEFORE THE
HOUSE COMMITTEE ON PUBLIC WORKS & TRANSPORTATION
U.S. HOUSE OF REPRESENTATIVES
MARCH 24, 1994

Good morning, Mr. Chairman. My name is Beckie Brown, and I am proud to serve as national president of Mothers Against Drunk Driving (MADD). MADD represents the interests and concerns of some 3.2 million Americans who count themselves members or supporters of MADD

MADD has been in existence since 1980. Over the years MADD has served as an advocate for the victims of drunk driving before the Congress, state legislatures and the courts. We have endeavored to enhance the seriousness with which American society views this violent crime. And, we have seen great change.

No longer is it considered humorous to be impaired by alcohol. Most Americans now see drunk driving for what it is: a violent crime, and not an accident. But the attitude of the public has not yet reached every politician. Recently a Virginia legislator was quoted as saying that further efforts to combat drunk driving would "take all the sport out of drinking and driving." Clearly, we are not out of the woods yet. And we must be vigilant to educate each new generation of drivers that comes along.

MADD has worked with this committee for many years to stem the tide of drunk driving. This committee, with its late chairman, Congressman Jim Howard, was the catalyst for passage in 1984 of the Uniform Minimum Drinking Age Bill. This committee was also present at the creation of the National Highway Traffic Safety Administration's Incentive Grant Programs in 1982, 1988 and 1991.

I am particularly pleased to be here today to testify on the High Risk Drivers Act, a bill which MADD supports and which will provide a vitally important focus on young drivers.

As the findings section of H.R. 1719, the High Risk Driver Act, asserts, recent years have shown a marked improvement in traffic safety. In 1992, the nation saw the lowest number of highway fatalities in more than 30 years. The determination of citizen groups and government at all levels played a key role in achieving this saving of lives. Yet, still 45.1% of the 39,235 deaths on our highways in 1992 were attributable to alcohol use. A conservative estimate of the cost of drunk driving to our nation is \$46 billion a year. The medical costs associated with drunk driving are about \$5.5 billion each year. Indeed, we've come a long way, but there is still work to be done.

Mr. Chairman, drunk drivers do not discriminate. They do not distinguish between rich or poor, black or white, Republican or Democrat, famous or unknown -- young or old. But the young are still involved disproportionately in alcohol-related traffic crashes.

Mr. Chairman, the legislation before you today concentrates attention on high risk drivers, particularly young drivers. In other words, this bill is about our children. I got involved in Mothers Against Drunk Driving because a high-risk 19-year-old drunk driver killed my 18-year-old son, Marcus Daniel Brown. In 1984, the Congress passed the minimum

Drinking Age legislation, or "21" Bill, after "SOS" pleas from MADD: "Save Our Students." I am here today with the same message in support of legislation which focuses much-needed attention on young Americans.

MADD strongly supports the graduated licensing provisions of H.R. 1719. We have found that the most precious possession of America's youth is a driver's license. We heartily endorse the idea that a young person should demonstrate the willingness and ability to drive free of impairment or violation in order to achieve full driving privileges. We are pleased to see the incorporation in basic grant criteria of an .02 blood alcohol content (BAC) limit for youth under 21; stiff fines for servers who sell to those under 21; restrictions on open containers of alcoholic beverages and driver's license suspensions for those who violate underage drinking laws.

Among the supplemental criteria contained in the bill, MADD strongly supports the 3 retention of records of drivers found guilty of drunk driving for a minimum of 10 years. We would, in fact, suggest that this provision be enhanced by making it a basic criterion.

MADD also supports the requirement of provisional licensing. This provision would result in longer supervision of inexperienced young drivers during their first months of driving. We also support requiring special licenses for those under 21 which can differentiate them from drivers who are of legal drinking age, and we support greater oversight of underage drinking at colleges and universities.

Mr. Chairman, I have but one major reservation about the passage of the High Risk Driver Act by the Congress. This reservation is in regard not to the substance of the bill but to a

concern about promising more than is delivered.

Each time MADD has urged the Congress to take action to fight drunk driving, many people anxiously implore us not to advocate withholding highway funds from the states. No doubt they can see that withholding of highway funds works; witness the fact that all 50 states presently have 21 as their minimum drinking age. But, MADD, which is on the front lines in the state capitols, knows that sanctioning highway funds is difficult to pass in Washington and controversial in all 50 states. So our friends tell us to advocate incentive grants and we do, as is the case today.

Nonetheless, we presently have on the books an incentive grant program that is working very well, the NHTSA Section 410 Program. The program is working so well, in fact, that states have qualified for more money than was authorized in the 1991 Intermodal Surface Transportation Efficiency Act (ISTEA). NHTSA tells us that if all states received their full incentive funding for what they have done to qualify under the statute, in Fiscal Year 1994, \$36 million would be needed to fund the program. However, the authorized level for Fiscal Year 1994 is \$25 million, as it is for Fiscal Years 1995 through 1997.

MADD believes that failure to fully reward the states for the positive actions they have taken to fight drunk driving, actions which they took in reasonable anticipation of additional federal funding, serves as an active disincentive to further action by the states. It may be reasonable to ask if we should authorize another incentive program like the High Risk Driver Act when we have not adequately funded the incentive grant program already on the books. Let me state, again, that MADD definitely believes in the importance of the High Risk Driver Act, the scope of which covers ground not addressed under Section 410.

In recognition of this problem, MADD would urge that the authorization level for the Section 410 program be increased to \$50 million for Fiscal Year 1995, so that sufficient funds can be appropriated to fully fund the states' incentive allotment. By doing this, the Congress and this Committee would be acting in a manner which has always typified this committee's concern for highway safety and which is consistent with its own precedent.

Mr. Chairman, as I acknowledged earlier, we have made dramatic progress. As many as 1,000 young lives are saved each year because of higher drinking age laws. Attitudes about drinking and driving have changed, states have improved many of their DUI laws and far fewer lives are being lost on our streets and highways than in 1980. Yet we still lose 17,699 precious lives a year, including 1,833 aged 15 to 19. Each year means another new group of young drivers faced with decisions about both driving and drinking. We can't just breathe a sigh of relief over the deaths that have been prevented. We can't afford to lose the momentum that has been generated through the work of this committee and of so many citizens, law enforcement and state and local officials across the country.

Mr. Chairman, MADD is pleased to support the High Risk Driver Act because of what it offers as a way to help youth initiate a lifetime of safe driving. We commend its sponsors and this committee's attention to a critical issue facing our nation. We pledge to work with you as we have in the past to improve on the nation's safety record and fix our eyes on a future in which drinking and driving is something that our society once did but does no more.

Thank you I would be happy to answer any questions you might have.

BANKING, FINANCE AND
URBAN AFFAIRS

GENERAL OVERSIGHT INVESTIGATIONS
AND THE REGULATION OF FAILED
FINANCIAL INSTITUTIONS

CHAIRMAN

FINANCIAL INSTITUTIONS
SUPERVISION, REGULATION
AND INSURANCE

CONSUMER CREDIT
AND INSURANCE

SMALL BUSINESS
MANAGED ENTERPRISE FINANCE
AND URBAN DEVELOPMENT

GOVERNMENT OPERATIONS
EMPLOYMENT TRAINING
AND AVIATION



Congress of the United States
House of Representatives

FLOYD H. FLAKE
6TH DISTRICT, NEW YORK

EDWIN C. REED
EXECUTIVE STAFF DIRECTOR

WASHINGTON OFFICE
1035 LONGWORTH BUILDING
WASHINGTON, DC 20515-3206
(202) 225-3461

ST ALBANS OFFICE
196-06 LINDEN BLVD
ST ALBANS, NY 11612
(718) 949-5600

ROCKAWAY OFFICE
20-08 SEAGRAY BLVD
FAR ROCKAWAY, NY 11691
(718) 327-9751

STATEMENT
OF
THE HONORABLE FLOYD H. FLAKE
SUBMITTED TO
SUBCOMMITTEE ON SURFACE TRANSPORTATION
HOUSE COMMITTEE ON PUBLIC WORKS
AND TRANSPORTATION
MARCH 24, 1994

Thank you Mr. Chairman and Members of the Subcommittee for permitting me to appear before you today as a parent to discuss a tragedy that is repeated every weekend somewhere in this nation when one of our children drinks and then gets behind the wheel of a car. Mine is a personal crusade. As the father of teenagers, I am only too cognizant of the legacy of fatality statistics that my children will inherit at age 16. Each story that I read in the newspaper about a senseless drinking and driving collision is a strong reminder that regardless of drinking-at-21-laws, something more must be done.

Many of you may know that I am the Pastor of a church in Jamaica, Queens. Our community is a close one. We work hard as individual families, as well as collectively to ensure the safety of our children. However, like towns and cities and suburbs all across the United States, we are painfully familiar with the ripple effect of tragedy that occurs when a neighbor's son, or a child's classmate, or the daughter of a family friend is lost to an alcohol-related crash.

Therefore, it is as a parent, as a member of my community, and as a legislator that I appeal to you to support legislation to lower the legal Blood Alcohol Concentration (BAC) for underage drivers to .02 in all fifty states. I applaud my Colleague, Congressman Wolf for his efforts in this area, and I also congratulate this Subcommittee for their commitment to addressing this National affliction.

The real tragedy of alcohol related fatalities among our children is that these car collisions are not "accidents", rather, they are highly predictable crashes. Every year, we lose more of this nation's future leaders to automobile accidents that to any other cause. The statistics are moving. Traffic crashes remain

the leading cause of death for those under 21, accounting for 40% of all deaths to persons age 15 to age 20. In 1992, 42% of traffic fatalities in the 15 to 20 age group were alcohol related. According to the National Highway Traffic Safety Administration, while only 7% of licenced drivers are age 15 to 20, they account for a staggering 15% of drivers in fatal crashes. Additionally, 21% of traffic deaths occur in crashes involving 15 to 20 year old drivers.

Adolescents with drinks in their hands, car keys in their pockets, and vehicles waiting on the curb equate to a recipe for disaster. Why? Because of inexperience and immaturity. Young drivers are less skilled behind the wheel, they are more likely to speed and to take risks. Compounding this is their inexperience with alcohol that leaves them impaired at BAC levels significantly lower than adults.

Recent studies paint a clear picture of increased risk for younger drivers as the amount of alcohol in the body increases. For example, a 25 to 34 year old driver with a .06 blood alcohol concentration is only at a slightly higher risk of being involved in a fatal crash because of consuming alcohol. In contrast, at the same .06 BAC level, a driver ages 16 to 19 runs almost 5 times the risk of involvement in a fatal crash due to the consumption of alcohol. Further, by the time the same 16 to 19 year old's blood alcohol concentration reaches the .08 level, her risk of a fatal crash has increased an astounding 400 times.

Now that we as a community are armed with this information, we must take responsibility for our young and use it to the best of our ability. As a parent, this means to me, that I must reach out to my children and the children of the community to teach them that the danger to their lives lies not in "drunk driving" as popular culture would have it, but in consuming any amount of alcohol and driving.

As legislators we are armed with statistics and information that belie our laws. Although it is illegal to sell alcohol to those under 21 in all fifty states, we send a number of mixed messages to minors through laws that are replete with loopholes and inconsistencies. Adopting .02 BAC laws gives a clear message to our youth and reinforces the life saving theme that they cannot have a drink and drive.

With communities, parents, and laws working together, we can reduce the number of our children who die in alcohol related crashes. The proof of this is in the success of twenty states that have lowered the legal blood alcohol level for drivers under the age of 21. A 1991 study compared 12 of the states which lowered BAC levels for minors to 12 states that did not. The study found that fatal crashes that involved single vehicles at night and adolescents, declined 16% in the 12 states that lowered BAC levels compared to a rise of 1% in the states that did not lower BAC levels.

In addition, the study showed that states with a .00 or a .02 BAC limit achieved a reduction in fatal night crashes among adolescents of 22% and 17% respectively, while states with .04 or .06 limits showed only a negligible effect. I firmly believe that this is because when the limit is set at .00 or .02 our children indisputably know that it is illegal to drive after any drinking and that there will be ramifications for taking the risk. In contrast, at .04 or .06 they are tempted to believe that they can handle their alcohol and that some drinking is permissible before driving.

My Colleagues, I implore you to empower parents, communities, and law enforcement by encouraging states to adopt .02 BAC laws using the most effective means possible. Adolescents do not run the same risk as adults when they drink and drive, so we must stop applying adult laws to them. Allow police officers to protect our safety and the safety of our children by permitting them to arrest young drivers who are clearly alcohol impaired, even though they do not have a BAC level above the adult limit.

Raising the age of legal alcohol purchase to 21 has saved lives. The time has come to take the next logical step and help adolescents and their families lead prosperous lives. By promoting the adoption of .02 BAC laws on a national level, we advance and clarify the idea that drinking and driving is a predictable killer of our youth and that as a nation we will not tolerate these so called "accidents" anymore.



STATEMENT OF
AMBASSADOR JOHN GAVIN
CHAIRMAN, THE CENTURY COUNCIL

ON
H.R. 1719
THE HIGH RISK DRIVERS ACT OF 1993

BEFORE THE
SUBCOMMITTEE ON SURFACE TRANSPORTATION
OF THE
COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION
UNITED STATES HOUSE OF REPRESENTATIVES

MARCH 24, 1994

Thank you, Mr. Chairman and Members of the Committee, for giving me this opportunity to express the strong support of The Century Council for H.R. 1719, and in particular to urge you to consider an amendment that will promote underage administrative license revocation -- ALR -- laws.

I have served as chairman of The Century Council since it was founded a few years ago by a group of 17 concerned brewers, vintners, distillers and wholesalers in the licensed beverage industry. The Century Council is a national not-for-profit organization dedicated solely to fighting alcohol abuse. Today, the Council is supported by almost 800 licensed beverage companies.

I have submitted, for the record, a complete list of the Council's subscribers and the distinguished members of our independent Advisory Board.

At the Council, we investigate, fund and implement innovative approaches to combat two critical alcohol abuse problems: drunken driving and illegal underage drinking. We work in coalition with other concerned organizations such as state and local chapters of Mothers Against Drunk Driving, auto safety groups, law enforcement, insurance companies and officials in federal, state and local government. We have made, I believe, remarkable progress in the first two and a half years since we launched our programs. A summary of our activities has been submitted for the record.

Our nation can take heart from the great strides made against underage drinking and driving in the last decade. The number of drivers aged 16 through 20 involved in alcohol-related traffic fatalities has declined by 60 percent in that time -- from 4,379 in 1982 to 1,751 in 1992. Yet statistics show that alcohol is involved in 42 percent of fatal

automobile crashes among young people. And crashes remain the single leading cause of death in this age group.

Plainly, there is more to be done. The Century Council is committing its resources to work with other concerned organizations to persuade state legislatures and governors in target states to adopt the most powerful known deterrent to underage drinking and driving: administrative license revocation laws linked to a "zero or low tolerance" component.

We urge, therefore, that the House version of the High Risk Drivers Act, that already has been passed in the other body, be amended to require states to enact an ALR law in addition to the .02 blood alcohol concentration (BAC) now in the bill for youth as a condition of receiving a basic Section 411 grant. With this addition of the ALR provision, we believe that the bill will become immensely more effective in motivating states to adopt particularly powerful laws to combat underage drinking and driving, thereby saving lives.

In brief, this .02 BAC-ALR linkage means that if a young person under 21 refuses a chemical or breath test or registers a blood alcohol concentration (BAC) level above .02 (after being stopped by a law enforcement officer for reasonable cause), his or her driver's license is suspended. Make special note, please, that the license is suspended automatically and on the spot. The driver has the right to a prompt administrative appeal, which protects due process rights. But if he or she fails to contest the suspension or loses the appeal, the license is gone. The suspension generally lasts for 60-90 days. In some states, the suspension lasts up to a year.

Automatic license suspension deters people from driving drunk because it links swift and certain sanctions to their illegal and irresponsible behavior. Violators can't take advantage of the merry-go-round of lengthy court delays and plea bargains that often mark criminal prosecution of DUI. Leniency in DUI cases can be a particular problem in the juvenile justice system.

Underage automatic license suspension will work particularly well because, as we all know, a driver's license is a very valuable possession to teens. Its threatened loss can be a powerful motivation not to drive after drinking (and young people should not be drinking illegally to begin with). This common sense conclusion was confirmed in a national poll conducted for the Council in 1992. Ninety percent of the respondents aged 16 to 21 said they would be strongly deterred from driving after drinking if they knew, for certain, that their licenses would be taken -- on the spot -- when caught.

Today, ALR for both youthful and adult drivers is on the books in 34 states and the District of Columbia. These laws have been proven effective. Reliable studies, including those conducted by the National Highway Traffic Safety Administration (NHTSA), show that states with ALR laws see a reduction in alcohol-related traffic fatalities of between six and nine percent.

Most of the ALR laws on the books, however, do not make a distinction between the driver of legal drinking age and the underage driver. Thus, a 16-year-old with a very significant BAC level -- even as high as .07 or .09 -- would not lose his license under most ALR laws. Other states have lower BAC levels for minors, but no ALR laws.

So, if a state has an ALR law on the books without zero tolerance or low BAC for youth, or if it has zero tolerance without ALR, that state simply is not doing all it can to combat underage drunken driving. Clearly, laws that link lower BACs and ALR are the most powerful deterrent.

The lower BAC for underage drivers is justified because studies show that in crashes, they are far more likely to kill themselves and others at low BACs than sober teens, or than adults at these low BAC levels. A position paper by the Council on underage low BAC-ALR, submitted for the record, notes this data.

Other studies of underage zero tolerance-ALR laws confirm their deterrent impact. For example, a 1992 NHTSA study revealed that alcohol-related crashes among teens declined 11 percent in Maryland after that state enacted an underage ALR law. Furthermore, there was a 50 percent drop in counties where a test public information campaign was carried out to inform young drivers of the swift and sure penalty for driving after drinking.

Since its founding, The Century Council has made the passage of ALR laws a priority. We helped get them passed in four states -- Nebraska, New Hampshire, Ohio and Texas. In the three states where the law already has gone into effect, we funded print and broadcast advertising campaigns to boost the public awareness that is essential for measures to deter drunk driving. Our polling showed that these information campaigns doubled awareness of the new laws.

Beginning early this year, we have devoted additional resources to urge states to adopt zero tolerance-underage ALR. We are working with local coalitions in our 1994 target states of Florida, Georgia, New York and Massachusetts. We are continuing our efforts to get Massachusetts and Pennsylvania to adopt basic ALR laws this year.

We are also stepping up our public awareness efforts on underage ALR. In California, which recently amended its ALR law to include a .01 BAC level for youth, we are undertaking a major public service and advertising program in partnership with the California Office of Traffic Safety and the California Highway Patrol.

Mr. Chairman, the High Risk Drivers Act will make America's roads safer for everyone. With an underage ALR amendment, the bill can become an even stronger life-saving measure.

Let me note that the companion bill passed by the other body does not include an underage ALR provision. Mr. Chairman, should the House adopt this provision, I strongly encourage you and your fellow conferees to work toward concurrence in conference.

Linking ALR to a low BAC will give more of America's youth a chance to see the next century. This would be a wonderful legacy, Mr. Chairman, of which the sponsors and supporters of this bill could be proud.

Thank you. I welcome your questions.

Membership Listing

- Abbott Square
 Acacia Winery
 Acadia Brewing Co.
 Adams Creek Ranch
 Adelaida Cellars
 Aetna Springs Cellars
 Afion Mountain Vineyards
 Agouti Vineyards
 Airlie Winery
 Airport Ranches
 Alderbrook Vineyards
 Alexander Valley Cellars, Inc.
 Alexander Valley Fruit & Trading Co.
 Alexander Valley Vineyards
 The Alamo
 Almaden Vineyards
 Amador Foothill Winery
 Amity Vineyards
 Amwell Valley Vineyard
 Anderson Family Vineyard
 Anderson Family Vineyards
 Anderson Valley Brewing Co.
 Andrew Will Cellars
 Andrew's Brewing Co.
 Andrew's Horse Heaven Ranch
 Appleton Brewing Co.
 Arbor Crest Wine Cellars
 Archic Den Hood Farm
 Arciero Winery
 Armida Winery
 Arrowsmith Farms
 Atlas Peak Winery
 Austin Nichols & Co., Inc./Pernod Ricard Group
 Autumn Hill Vineyards
 B. R. Cohn Winery
 Bacardi Imports, Inc.*
 Badger Mountain Vineyards
 Baily Vineyard and Winery
 Bainbridge Island Winery
 Balagna Winery
 Bald Peak Vineyard
 Bandiera Winery
 Baldwin Vineyards
 Barboursville Winery, Inc.
 Bardo Rodeo
 Barnard Griffin Winery
 Baron Phillippe de Rothschild, S.A.
 Bartlett Maine Estate Winery
 Barton & Guestier
 Bayfront Brewery Public House
 Beach Brewing Co., Inc.
 Beachaven Winery
 Bear Creek Vineyard Co.
 Beaulieu Winery
 Beeman Farm
 Beier Brewing Co.
 Bell Mountain Vineyards
 Belmont Brewing Co.
 Belvedere Winery
 Benmarl Wine Co., Ltd
 Beran Vineyards
 Beringer Vineyards
 Bethel Heights Vineyard, Inc.
 Biancalana & Lagamma Wine Cellars
 Biltmore Estate Wine Co.
 Bird Creek Brewery
 Birmingham Brewing Co.
 Biscuit Ridge Winery
 Black Mountain Brewing Co./ The Chili Beer Co.
 Blackwood Canyon Vintners
 Blossom Hill
 Bogle Vineyards
 Bohannon Brewing Co.
 Bonair Winery
 Bonny Doon Vineyard
 Bookwalter Winery
 Boskydel Vineyard
 Boulevard Brewing Co.
 Boushey Farm
 Bowers Harbor Vineyards
 Breckenridge Brewery
 Brewed in Telluride
 The Brewery On Martha's Vineyard
 Brewmasters Pub., Ltd.
 Brewski's Gas Lamp Pub
 Brick House Vineyards
 Broad Ripple Brewing Co.
 Brotherhood, America's Oldest Winery, Ltd.
 Brouger Ranch Vineyard
Brown-Forman Beverage Company*
 Brunker Hall Vineyards
 Buckingham Valley Vineyards
 Buena Vista Winery (Racke USA)
 Buffalo Bill's Brewery
 Buffalo Brewing Company
 Buffalo Brewpub
 Burgess Cellars
 Burkhardt Brewing Company
 Burnley Vineyards and Winery
 Byington Winery & Vineyard
 Byron Vineyard and Winery
 C & M Orchards
 Cabbage Farms
 Cadenasso Winery
 Cain Cellars
 Cakebread Cellars
 Callaway Vineyard & Winery
 Camaraderie Cellars
 Camas Winery
 Cambridge Brewing Company
 Canary Hill Vineyard, Inc.
 Canoe Co.
 Cantwell Winery, Inc.
 Capital Brewery Co., Inc.
 Carillon Importers Ltd.
 Carmenet Vineyards
 Carolina Mill & Bakery
 Caroway Vineyards
 Carpenter Vineyards
 Carver Brewing Co.
 Casa de Fruta Winery
 Casa Nueva
 Casco Bay Brewing Co.
 Catamount Brewing Co.
 Cavatappi Winery
 Cawley Vineyard
 Cedar Creek Winery
 Cedar Mt. Winery
 Cellido Vineyards
 Chaddsford Winery
 Chalet Debonne Vineyards, Inc.
 Chalk Hill Winery
 Chalone Vineyard
 Champagne Perrier Jouët
 Champoeg Wine Cellars
 Champs De Brionne
 Chappellet Vineyard
 Charbonneau Vineyard
 Charles LeFranc Cellars
 Charles Hooper Family Winery
 Chateau Beoit
 Chateau Bianca Winery
 Chateau Chevre Winery
 Chateau Diana Winery
 Chateau Elan
 Chateau Gallant
 Chateau Grand Traverse
 Chateau Montelena Winery
 Chateau Morrisette

- Chateau Souverain
 Chateau St. Jean
Chateau Ste. Michelle*
 Chateau Woltner
 Chatom Vineyards
 Cheran Orchards
 Cherryland Brewery
 Cherry Street Brewery
 Cherry Valley Vineyards
 Chestnut Hill
 Chicago Brewing Co.
 China Bend Vineyards
 Chinook Wines
 Chouinard Vineyards
 The Christian Brothers
 Christopher Creek Winery
 Cinnabar Vineyards and Winery
 Cline Cellars Winery
 Clos du Val Wine Co.
 Clos Pegase Winery
 Clos du Bois Wines Inc.
 Coeur d'Alene Brewing Co./T W
 Fishers
 Collada Ranch Farm
 Columbia Cliffs
 Columbia Country
 Columbia Crest Winery
 Columbia Winery
 Commonwealth Brewing Co., Ltd.
 Concaannon Winery
 Congdon Orchards
 Conn Creek Winery
 Conneaut Cellars Winery
 Continental Vintners
 Cornelius Pass Roadhouse & Brewery
 Courting Hill Vineyard
 Coventry Vale & Wyckoff Farms
 Covey Run Vintners & Zillah Oakes
 Cowie Wine Cellars, Inc.
 Coyote Springs Brewing Co.
 Crawford Farms
 Crested Butte Brewery & Pub.
 Creston Vineyards
 Cribari Vineyards, Inc.
 Crystal Pheasant Vineyard
 Culbertson Winery
 Cuvaion Winery
 David Bruce Winery
 Davis Bynum Winery
 De Loach Vineyards, Inc.
 de Lorimier Winery
 De Moore
 De Wijngaard Vineyards
 Delicato Vineyards
 Dempsey's Sonoma Brewing Co.
 Deschutes Brewery, Inc.
 Desert Hills
 Devil Mountain Brewery
 Devlin Wine Cellars
- Dickerson Vineyard
 Dilworth Brewing Co.
 D L. Geary Brewing Co., Inc.
 DM Vineyards
 Dock Street Brewing Co.
 Domaine Chandon
 Domaine Cheurlin
 Domaine Michel
 Domaine Whittlesey-Mark
 Draper Vineyards
 Druid Wine Co.
 Dry Creek Vineyards
 Dubuque Brewing and Bottling
 Duck Pond Cellars
 Duncan Peak Vineyards
 Dunning Vineyards
 Durney Winery
 E. B. Foote Winery
 Eagle Ridge Winery
 Eaton Hill Winery
 Ed Chuatal Farms
 Eddie Farms
 Eden Vineyards
 Edgefield Brewery
 Edmunds St. John
 Edna Valley Vineyard
 Eisele Vineyards
 Elending Vineyards
 Elliston Vineyards
 Emilio Guglielmo
 Eske's/Sangre De Cristo Brewing,
 Inc.
 The Eyrie Vineyards
 F. Korbel and Bros., Inc.
 Facelli Winery
 Fairacre Nursery
 Farfelu Vineyard
 Fenestra Winery
 Fenn Valley Vineyards
 Ferrari-Carano Vineyards & Winery
 The Fess Parker Winery
 Fetzner Vineyards
 Ficklin Vineyards
 Field Stone Winery
 Fields of Fair Winery
 Firehouse Brewing Co.
 Firelands Wine Cooperative
 Firestone Vineyard
 Fish Brewing Co.
 Flerchinger Vineyards
 Flora Springs Wine Co.
 Florida Beer Brands
 Flying Dog Brewpub
 Flynn Vineyards, Inc.
 Foothill Farms
 Foppiano Vineyards
 Forest Hill Vineyard
 Fort Spokane Brewery
 Fox Meadow Farm
- Franciscan Vineyards, Inc.
 Frederick Brewing Co.
 Frederick Wildman & Sons, Limited
 Freixenet Sonoma Caves, Inc.
 Freemark Abbey Winery
 Free State Brewing Company
 French Creek Cellars
 Friends Brewing Co.
 Frog's Leap Winery
 Fulton Pub & Brewery
 G.H. Mumm & Cie Champagne
 The Gainey Vineyard
 Gamache Farms
 Geizman Wine Growers Corp.
 Gentle Ben's Brewing Co.
 Georgia Brewing Co., Ltd.
 Geringer Vineyards
 Geyser Peak Winery
 Girard Winery
 Glen Ellen Winery
 Gloria Winery & Vineyard
 Golden Gables Vineyard
 Golden Valley Beverage
 Goose Island Brewing Co.
 Gordon-Biersch Brewing Co.
 Gordon Brothers Cellars
 Granite Springs Winery
 Graves Vineyard
 Green & Red Vineyard
 Greenwood Ridge Vineyards
 Gritty McDuff's
 Groskopf Warehouse
 Groth Vineyards & Winery
 Gunkel Orchards
Guinness/United Distillers*
 Hafner Vineyard
 Haight Vineyard, Inc.
 Hale's Ales, Ltd.
 Handley Cellars
 Hanns Kornell Champagne Cellars
 Hanzell Vineyards, Ltd.
 Harrison Hollow Inc.
 Hart Brewing Inc.
 The Hartford Brewery Ltd.
 Hartwood Winery, Inc.
 Haywood Winery (Racke USA)
 Hazlitt 1852 Vineyards
 H.C. Berger Brewing Co.
 Hedges Cellars
 Heily Vineyard
 Heitz Wine Cellars
 Helvetia Vineyards
 Henry Estate Winery
 Hermannhof Winery
Heublein Inc.*
 Heublein Fine Wine Group
 Highland Pub & Brewery
 Highland Winery
 High Street Brewery & Cafe

- Hillsdale Brewery & Public House
 Hillside Vineyard
 Hinzerling Winery
The Hiram Walker Group*
 Hogue Cellars
 Honig Cellars
 Hoodsport Winery, Inc.
 Hop Kiln Winery
 Hope Vineyard
 Hops Bistro and Brewery, La Jolla
 Hops Bistro and Brewery, Scottsdale
 Horizon's Edge Winery
 Home Vineyards
 Hoster Brewing Co.
 The House of Sandeman
 Houston Vineyards
 Houtz Vineyards
 HRP Enterprises/Pleasant Vineyard
 Hubcap Brewery and Kitchen
 Hunter Hill Vineyards
 Hunters Valley Winery
 Husch Vineyards
 Hutch & Slupsky Vineyard
 Huntington Beach Beer Co.
 Hyatt Vineyards
 Hyland Vineyards
 IDV North America
 Indian Springs Vineyards
 Inglenook-Napa Valley
 Inglenook Napa Valley
 Ingleside Plantation Vineyards
 Inland Desert Nursery
 Ipswich Brewing Co. Ltd.
 Irons Brewing Co.
 Ivan Tamas Winery
 J.D. Nicks Restaurant and Brewery
 J. Fritz Winery
 J. Pedroncelli Winery
 Jackson Valley Vineyards
 Jacobsen's Eagle Crest Vineyard
 James Page Brewing
 Jasper Murdock Ale House
 Jekel Vineyards
 Jepson Vineyards
 John Christ Winery
 John Daniel Society (Dominus Estate)
 Johnson Creek Winery
 Johnson Turnhill Vineyards
 Jones Street Brewery & Cafe
 Jordan Vineyard and Winery
 Jordan Sparkling Wine Co.
 Inse Cuervo y Cia
Joseph E. Seagram & Sons, Inc.*
 Joseph Phelps Vineyards
 Joseph Robert Vineyards
 Juliard Vineyard
 Julius Kayser
 Justin Vineyard and Winery
 Kalthoff Vineyards
 Kelly Brewing Corp.
 Kendell Farms
 Kennebunkport Brewing Company
 Kent Rasmussen Winery
 Kenwood Vineyards
 King Estate Winery, Inc.
 Kiona Vineyards
 Klipsun Vineyards
 Knapp Vineyards
 Konocti Winery
 Kirigin Cellars
 Klingshim Winery Inc.
 Kristin Hill Winery
 L. Mawby Vineyards
 L'Ecole 41 Winery
 La Center Vineyards
 La Crema Winery
 Lake Anna Winery
 Lake Front Brewery, Inc.
 Lambert Bridge Winery
 Lamborn Family Vineyards
 Landev
 Landmark Vineyards
 Lange Winery
 Lape Winery
 Las Montanas
 Latah Creek Wine Cellars
 Latham Vineyards
 Laurel Glen Vineyard
 Laurel Ridge Winery
 Lava Cap Winery
 Lazlo's Brewery & Grill
 Lobdeter Farms, Inc.
 Leonetti Cellar
 Liefke Vineyard
 Lighthouse Brew Pub
 Linden Vineyards, Ltd.
 Liparita Wine Co., Inc.
 Livermore Valley Cellars
 Livingston Wines
 Llano Estacado Winery, Inc.
 Lompoc Cafe Inc.
 Lonz Winery
 Lopez Island Vineyards
 Los Gatos Brewing Co.
 Lost Coast Brewery
 Lost Mountain Winery
 Loudoun Valley Vineyards
 Louis M. Martini
 Lyons Brewery of Dublin
 Lytton Springs Winery
 Macauley Vineyard
 Madison Vineyard
 Madrona Vineyards
 Mahre Vineyards
 Maison Deutz Winery
 Manfred Vierthaler Winery
 Mar Dav
 Mariani Vineyards
 Marin Brewing Co.
 Mark West Vineyards & Winery
 Markin Vineyard
 Marquam Hill Vineyards
 Martin Brothers Winery
 Martini & Rossi Corporation
 Matanza Creek Winery
 Matson Vineyards
 Mattawa Vineyards
 Matthew Gloag & Son
 Maurice Carrie Winery
 Mazzocco Vineyards, Inc.
 McCrea Cellars
 McDowell Cellars, Inc.
 McKenzie River Partners
 McKinnon Vineyard
 McMenamin's
 McMenamin Pubs & Breweries
 McMenamins West Linn Brewery
 Meier's Wine Cellars
 Mejia Vineyard
 Melim Vineyard
 Mercer Ranch
 Meredith Vineyards
 Meridian Vineyards
 Merritt Estate Winery
 Merryvale Vineyards
 Milano
 Milestone Brewing Co.
 Mill Creek Vineyards
 Miller Gasper Vineyards
 Mill Stream Brewing Co.
 Miracle Brewing Co.
 Mishawaka Brewing Co.
Moet Hennessy U.S. Corporation*
 Mohr-Fry Ranches
 Momokawa Sake, Ltd.
 Mon Ami Restaurant and Winery
 Monsieur Henri Wines, Ltd.
 Mont Elise Vineyards
 Montdomaine Cellars
 Montelle Winery
 The Monterey Vineyard
 Monterey Peninsula Winery
 Montgomery Vineyard
 Montinore Vineyards
 Moonlight Brewing Co.
 Moreman Vineyards
 Morrison Fruit Co.
 Mount Baker Vineyards

- Mount Eden Vineyards
 Mount Palomar Winery
 Mount Pleasant Winery
 Mount Veeder Winery
 Mountain Cove Vineyards
 Mountain Dome Winery
 Mountain View Vineyards
 Mumm Napa Valley
 Murietta's Well
 Murphy-Goode Winery
 MWM Vineyards
 Naked Mountain Vineyard
 Nalle
 Neeley & Son Vineyard
 Neuharth Winery
 Nevada City Brewing Co.
 Nevada City Winery
 New Belgium Brewing Co., Inc.
 Noel Vineyard
 Northampton Brewery
 North Mountain Winery, Inc.
 North River Winery
 Oak Hills Brewpub
 Oak Knoll Winery
 Oak Ridge Vineyards
 Oakencroft Vineyard & Winery
 Oakwood Cellars
 Oasis Brewery
 Oasis Vineyards
 Obester Winery
 Odell Brewing Company
 Old City Brewing Co.
 Old Dominion Brewing Company
 Olde Time Brewers, Inc.
 Old Harbor Brewing
 Olmstead Orchard
 Olsen Brothers
 Onalaska Brewing Co.
 Orchard Heights Winery
 Otis Vineyards
 Otter Creek Brewing, Inc.
 Otto Brothers' Brewing Co., Inc.
 Ould Newbury Brewing Company
 Outlook Vineyard
 Oxford Brewing Company
 Pacific Star Winery
 Pacific Hop Exchange
 The Paddington Corporation
 Page Mill Winery
 Palmer Vineyards
 Paramount Distillers
 Parducci Wine Cellars
 Patrick M Paul Vineyards
 Paul Thomas Winery
 Peace Valley Winery
 Peachy Canyon Winery
 Peterson & Sons Winery
 Pike Place Brewery
 Pindar Vineyards
 Pine Ridge Winery
 Piper Farms
 Pontin Del Roza
 Potomac River Brewing Co.
 Porter Creek Vineyards
 Portsmouth Brewery
 Portteus Winery
 Premium Port Wines, Inc.
 Presque Isle Wine Cellars
 Preston Vineyards
 Preston Wine Cellars
 Prince Michel Vineyards
 Quail Ridge
 Quady Winery
 Quarry Lake Winery
 Quilceda Creek Vintners
 Quilomene Hills Vineyard
 Qivira Vineyards
 R.C. Farms
 R.S. Boast
 Ragtime Tavern/Tap Room Brewery
 Rancho Sisquoc Winery
 Rapazzini Winery
 Rapidan River Vineyards
 Rattlesnake Acres
 Ravenswood Winery
 Red River Valley Vineyards, Inc.
 Red Willow Vineyards
 Redwood Coast Brewing/DBA, Tied
 House Cafe & Brewery
 Reinhardt Vineyards
 Retzlaff Vineyards
 Revere Vineyard & Winery
 Rich Passage Winery
 Richard L. Graeser Winery
 Ridge Vineyards
 Rio Bravo Restaurant Brewery
 Rio Grande Brewing Co.
 River City Brewing Co.
 Robert Mondavi Winery*
 Robert Mondavi Woodbridge
 Robert Pepi Winery
 Robert F. Pliska & Company Winery
 Robert Stegmier Winery
 (Racke USA)
 Robert Young Vineyards, Inc.
 Rochester Brewpub
 Roche Winery
 Rock Bottom Brewery
 Rockies Brewing Company
 Rogue Ales Brewery & Tasting Room
 Rosebud Ranches
 Rosenblum Cellars
 Ross Valley Winery
 Roudon-Smith Winery
 Round Hill Winery
 Roza Berge Vineyards
 Roza Hill Vineyards
 Russell Brewery
 Rutherford Estate Cellars
 S. Anderson Vineyard
 Saddle Mountain Vineyards
 Saddleback Cellars
 Sagemoor Farms
 Sainte Genevieve Winery
 Sakonnet Vineyards
 Salamandre Wine Cellars
 Salishan Vineyards
 Salvini Farms
 San Antonio Winery
 Sand Castle Winery
 Sanford Winery
 San Francisco Bar & Grill
 The Santa Fe Brewing Co.
 Santa Ynez Winery
 Santino Wines
 Sapporo Vineyards
 Sarah's Vineyard
 Sarasota Brewing Co.
 Sausal Winery
 Schramsberg Vineyards Company
 Schug Cellars
 Seagram Classics Wine Company
 Seagram Chateau & Estate Wines
 Sebastiani Vineyards
 Seghesio Vineyards & Winery
 Sequoia Grove Vineyards
 Serendipity Cellars Winery
 Seth Ryan Winery
 Seven Hills Winery
 Seven Springs Vineyard, Inc.
 Shamrock Vineyard
 Sharky's Brewery
 Sharon Mills Winery
 Shenandoah Vineyards (CA)
 Shenandoah Vineyards (VA)
 Shuster Cellars
 Silver Falls Winery, Inc.
 Silver Mountain Vineyards
 Silver Oak Wine Cellars
 Silver Lake Winery
 Silverado Vineyards
 Simi Winery
 Sisson's Restaurant & Brewery
 Slo Brewing Co.
 Slusser Vineyard
 Smasme Farms
 Smith & Hook Winery

Smoky Mountain Brewing Co.
 Smoot's Oak Shadow Vineyard
 Smothers Wines
 Snipes Canyon Ranch
 Snoqualmie Winery
 Sonoma Vineyards, Ltd.
 Soos Creek Wine Cellars
 Soquel Vineyards
 Southern California Brewing
 Spanish Peaks Brewing Co.
 Spottswoode Winery, Inc.
 Spring Creek/Andrus & Robert
 Springhill Cellars
 Spurgeon Vineyards and Winery
 St. Supery Vineyard & Winery
 Stag's Leap Wine Cellars
 Star Hill Wines, Inc.
 Staton Hills Winery
 Ste. Chapelle, Inc.
 Stearns Wharf Vintners
 Sterling Vineyards
 Steven Thomas Livingstone Winery
 Stevenot Winery
 Stewart Vineyards
 Stonehaus Winery
 Stone Hill Wine Co., Inc.
 Stonewall Vineyards, Inc.
 Stoughton Vineyards
 Stony Hill Vineyard
 Stoney Ridge Winery
 Streblow Vineyards
The Stroh Brewery Company*
 Suncrest Knoll Vineyard
 Sunrise Winery
 Sun River Vineyards
 Sunnyside Land Group
 Sutter Home Winery, Inc.
 Swanson Winery
 Swedenburg Estate Vineyard
 Tabor Hill Winery and Restaurant
 Tagaris Winery
 Taptail Vineyard
 Tarara Vineyards
 Tefl Cellars
 Tennessee Mountain View Winery
 Thomas Kemper Brewing
 Thomas Kruse Winery
 Thompson Brewery & Public House
 Thonney Ranch
 Thurston Wolfe Winery
 Tomahawk Mill Winery
 Tomasello Winery
 Treaty Grounds Brew Pub
 Trefethen Vineyards
 Trentadue Winery
 Troquato Vineyards

Tualatin Vineyards
 Tucker Cellars
 Twin Brook Winery
 Upland Farms
 V. Sattui Winery, Inc.
 Vail Valley Vintners, Ltd.
 Valley of the Moon Winery
 Valley View Winery
 Valley Vineyards
 Vanderheyden Vineyards Winery
 Vashon Winery
 The Vermont Pub and Brewery
 Viansa
 Vichon Winery
 Victoria Lane Winery
 Viewcrest Ranch
 Villa Mt. Eden
 Vin Northwest, Ltd.
 Vine Oaks Vineyard
 Vino Farms, Inc.
 Vino's
 Vista Vineyards
 Wahlake Slope Vineyard
 Walnut Brewery
 Warner Vineyards
 Warrick Vineyard
 Washington Hills Cellars
 Waterbrook Winery
 Weeping Radish Restaurant &
 Brewery
 Weidman's Brew Pub
 Weinkeller Brewery
 Wells Landing Vineyard
 Wentz Bros.
 Westport Rivers Vineyard and Winery
 West Seattle Brewing Co.
 Westwood Winery
 Whaler Vineyard
 Whidbey Island Vineyards
 Whiskey Creed Vineyard
 Whitecraft Winery
 Whitefish Brewing
 White Heron Cellars
 White Oak Winery
 Wild Goose Brewery
 Wild Hog Vineyard
 Wild Horse Winery
 Willamette Valky Vineyards
 Willard Farm
 William Hill
 William & Scott
 William S. Newman Brewing Co.
 William Wheeler Winery
 Williamsburg Winery, Ltd.
 Wilson Vineyard
 Windham Brewery

Wine & Spirits Wholesalers Against
 Alcohol Abuse*
 Wollersheim Winery, Inc.
 Woodhall Vineyards & Wine Cellars
 Woodstock Brewing Company, Inc.
 Woodward Canyon Winery
 Woodridge Creek Vineyard
 Worden's Washington Winery
 Wyandotte Wine Cellar, Inc.
 Wynkoop Brewing Co.
 Yakima Bend Ranch
 Yakima Brewing and Malting Co.
 Yakima River Winery
 Zaca Mesa Winery
 Zayante Vineyards
 ZD Wines
 Zip City Brewing Co.
 Z Moore

* Board Member

(March 1, 1994)



ADVISORY BOARD

- **Thomas B. Adams**, former chairman, the American Association of Advertising Agencies, retired chairman, Marschalk Campbell-Ewald Worldwide
- **Reverend Patrick J. Cahalan, S.J.**, president, Loyola High School, Los Angeles
- **The Honorable William T. Coleman, Jr.**, former U.S. secretary of transportation, currently an attorney and chairman of the board, NAACP Legal Defense and Educational Fund, Inc.
- **The Honorable Peter H. Dailey**, former U.S. Ambassador to Ireland, founder and former chairman of the Dailey International Group, currently chairman of Memorex-Telex Corporation and Enniskerry Financial, Ltd.
- **J. Clayburn La Force, Jr., Ph.D.**, dean, John E. Anderson Graduate School of Management, UCLA
- **The Honorable John C. Lawn**, former administrator, Drug Enforcement Administration, currently vice president and chief of operations, New York Yankees
- **The Honorable Ann Dore McLaughlin**, former U.S. secretary of labor and former president and chief executive officer, New American Schools Development Corporation
- **John J. Ring, M.D.**, immediate past president of the American Medical Association, currently on staff of Condell Medical Center, Libertyville, Illinois
- **S. Frederick Starr, Ph.D.**, president, Oberlin College

January 1994



THE CENTURY COUNCIL

Overview

The Century Council, launched in May 1991, is a not-for-profit organization dedicated to reducing alcohol abuse across the United States. Supported by funding from more than 750 concerned brewers, vintners, distillers and wholesalers, the Council's primary focus is on drunken driving and underage drinking problems — two of the public's top safety concerns.

Headquartered in Los Angeles, The Century Council is chaired by international businessman and former U.S. Ambassador to Mexico John Gavin. An independent Advisory Board composed of leaders in the fields of business, government, academia, medicine and other relevant disciplines assists the Council in pursuing its programs and policies.

The Century Council is based on the philosophy that collective action can have a greater impact than many individual efforts. Through the Council, all sectors of the licensed beverage industry — producers, wholesalers, distributors and retailers — join forces with law enforcement, public officials, educators, insurers, health care professionals and private citizen organizations to reduce alcohol abuse.

— more —

Program Overview
Page 2

CORE PROGRAMS

The Century Cities

While preparing a national strategy to combat drunken driving and underage drinking problems, it became apparent to The Century Council that resources and results varied greatly from city to city. The Council's pilot program -- The Century Cities Coalitions -- melds the most effective elements from pre-existing local, regional and national efforts in community-based campaigns.

In its six pilot areas -- Champaign/Urbana, Ill., Eugene, Ore., Omaha, Neb., Amarillo, Texas, Portland, Maine and Long Island, New York -- the Council supports the implementation of proven anti-drunken driving strategies such as server training, effective enforcement, designated drivers and community awareness campaigns. New techniques also are introduced, including school and university outreach programs, donation of camcorders and alcohol sensors to law enforcement and retailer point-of-sale campaigns. An independent research organization will conduct studies to evaluate the impact of the program.

Administrative License Revocation Laws

The Council is working for passage of Administrative License Revocation (ALR) laws, which require the automatic suspension of the license of a suspected drunken driver who fails or refuses to take a blood alcohol test. ALR laws guarantee a speedy hearing in order to ensure due process. State highway safety departments consider ALR laws the single most effective action that government can take to reduce drunken driving crashes and fatalities, yet 16 states are without them. The Council assisted in passing ALR in Nebraska, New Hampshire and Ohio in 1992 and in Texas in 1993.

The Council also supports passage of special underage ALR laws, which are similar to ALR but contain even stricter provisions for minors. Underage ALR laws generally set a very low permissible level for blood alcohol and also provide for longer license suspension. Only nine states have adopted special ALR laws for drivers under the age of 21.

-- more --

Program Overview

Page 3

Front Lines Campaign

The Century Council's national "Front Lines" campaign is an ongoing series of distinctive programs involving licensed beverage retailers and their employees -- the servers and clerks on the "front lines" with the consumer. The campaign has distributed over three million items free of charge to retailers in all 50 states and the District of Columbia.

More than 100,000 grocery, convenience and liquor stores nationwide took part in the inaugural "Front Lines" campaign, dubbed "Here's Looking at You, Kid" for its messages designed to stop the illegal purchase of alcohol by minors. Licensed beverage industry wholesalers took the lead in distributing these materials nationwide.

A second "Front Lines" effort provided anti-drunken-driving posters to bars, restaurants and other locations where licensed beverages are served. The program was endorsed by the National Restaurant Association, Wine & Spirits Wholesalers of America, Inc. and the National Association of Beverage Retailers, among others.

The third phase of the campaign featured decals with a simple but effective anti-drunken-driving message: "Before You Celebrate, Designate." The decals are part of kits that include posters, buttons and employee information brochures. The Council also supports server training programs designed to assist employees in the identification process and to help them spot and deal with intoxicated patrons.

Hispanic Program

In the Fall of 1991 The Century Council assumed funding of a bilingual pilot program addressing drunken driving in California's Hispanic community. The Hispanic program -- named "Si Toma, No Maneje...If You Drink, Don't Drive" -- was launched in 1989 with a seed grant from the California Office of Traffic Safety to help reduce the number of drunken-driving incidents among California's large Hispanic population, which accounted for 45 percent of the state's DUI arrests in 1992.

-- more --

Program Overview

Page 4

A distinguished Advisory Board provides counsel and participates in development of new materials. Public and private partnerships have been formed with the California Highway Patrol, the California Department of Alcoholic Beverage Control, the California Department of Education, the Los Angeles Unified School District, the Catholic Archdiocese of Los Angeles, the Los Angeles Police Department, the California Department of Parks and Recreation and several major retailer organizations, among others.

Programs such as a designated driver pledge campaign, adult school "English as a Second Language" curriculum, public service announcements and a retailer point-of-sale campaign that discourages drunken driving and illegal purchase of alcoholic beverages by minors are implemented throughout California.

Program Partnerships

The Century Council encourages civic participation in the fight against alcohol abuse through the following partnerships:

- With the **National Commission Against Drunk Driving (NCADD)**, production of a national high school education program that encourages alcohol-free prom and graduation celebrations. The program features a special video with the cast of the ABC-TV series "Full House" and a teacher's lesson plan with student activity sheets. A middle school program, dealing with resisting peer pressure and other topics, also provides teacher and student materials.

In 1993, the program was distributed to 8,000 high schools and 4,000 middle schools, reaching more than one million students. It is supported by organizations such as the National Association of Governors Highway Safety Representatives, Students Against Driving Drunk, the Michigan Department of Education and departments of motor vehicles in Virginia and Arizona.

-- more --

Program Overview

Page 5

- Also with the **NCADD**, presentation of the first-ever conference on drunken driving among the 21-34 age group, which accounts for more than half of all alcohol-related motor vehicle fatalities. The conference, held in Washington, D.C., featured a panel of experts and resulted in the planning of a series of public hearings in 1994 to find ways to reach this crucial demographic group. The Council will co-sponsor two of these hearings.
- With the **United States Conference of Mayors**, sponsorship of the National Challenge to Prevent Drunk Driving, an awards program for outstanding drunken driving prevention programs in cities nationwide.
- With the **National League of Cities**, recording over 225 anti-drunken driving public service announcements with elected officials for local release, and preparation of a Directory of Anti-Drunk Driving Resources for distribution to the League's membership.
- With the **Insurance Information Institute**, production of a documentary on Maryland's Prince George's County DWI Facility, one of a handful of treatment centers that has developed innovative approaches to deal successfully with repeat drunken driving offenders.

Public Service Announcements (PSAs)

The Century Council has an ongoing PSA program featuring celebrities and athletes discussing the dangers of alcohol abuse.

Among those who have recorded PSAs for the Council are **United States Congressman Walter R. Tucker III** of California, country music star **Lee Greenwood**, television star **Ed Asner**, **Pat Corley** ("Phil" the bartender on the CBS series *Murphy Brown*), **Ada Maris** (star of the NBC-TV comedy *Nurses*), **Los Angeles Dodgers manager Tommy Lasorda**, former **Los Angeles Lakers star Michael Cooper**, **Los Angeles Clippers star Danny Manning** and **Philadelphia Phillies catcher Darren Daulton**.

-- more --

Program Overview
Page 6

The Century Council Code of Responsible Marketing and Advertising Practices

The Century Council and its members believe that licensed beverage producers are obligated to maintain responsible advertising and marketing practices at all times. The Council's voluntary Code of Responsible Marketing and Advertising Practices is the only Code to address all three industry segments -- wine, beer and spirits -- and to include both marketing and advertising practices. The Code contains, among other things, provisions that prohibit marketing and advertising practices targeted to minors. It also requires subscriber members to conduct an extensive communications program on the Code for all employees and consultants dealing with advertising, public relations and marketing.

###



THE CENTURY COUNCIL SUPPORTS UNDERAGE ADMINISTRATIVE LICENSE REVOCATION

The Century Council supports enactment of an underage administrative license revocation (ALR) law in every state. Briefly, this law requires the automatic administrative suspension of the driver's license (or delay in receipt of a license) of drivers under age 21 who, having been stopped for probable cause, fail or refuse to take a breath analysis test, with .00 or .02 as the blood alcohol content (BAC).

Research shows that this "on the spot" confiscation of the license -- outside the lengthy and uncertain judicial process -- is a powerful deterrent to youth drinking and driving. Indeed, underage ALR is the single most effective law that states can pass to combat this problem.

Great progress has been made in the last decade in reducing underage drinking and driving. The number of drivers age 16 through 20 involved in alcohol-related crash fatalities declined 56 percent in the last ten years (to 1,908 in 1992 from 4,338 in 1982). But alcohol is involved in 44 percent of fatal crashes among young people (crashes being the leading cause of death in this age group). Deaths and injuries from underage drinking and driving crashes are particularly tragic because many of them are preventable.

UNDERAGE ALR REDUCES ALCOHOL-RELATED CRASHES

Two major studies provide evidence that underage ALR laws reduce the incidents of drinking and driving by minors.

- Subsequent to enactment of Maryland's law, alcohol-related crashes declined by 11 percent. The reduction jumped to 50 percent in test counties where a public education campaign targeted to informing young drivers about the law was carried out. (Low BAC Limits for Youth: Evaluation of the Maryland .02 Law, National Highway Traffic Safety Administration. March, 1992.)

- A study comparing the first four states to adopt lower BAC-ALR laws for minors to non-ALR states concluded that, as a group, the ALR states "had significantly greater post-law reductions in night fatal crashes among adolescents...than were observed in comparison states." (Dr. Ralph Hingson, et.al. *Reduced BAC Limits for Young People, Alcohol, Drugs and Driving*, Vol. 7, No.2)

THE THREAT OF LOSS OF LICENSE IS A POWERFUL DETERRENT

The power of ALR is that it deters most people from irresponsible drinking and driving behavior. The law avoids the merry-go-round of trial delays and plea bargaining that often occur in DUI court prosecutions. ALR links swift and certain consequences to the offender's illegal act. Studies show that among adults, the certain suspension of a driver's license is a stronger deterrent than the prospect of stiff fines or jail sentences. Among young people, underage ALR's deterrent impact is particularly strong because of the importance they place on their driving privileges.

- A national poll showed that 90 percent of youth with licenses said the certain threat of losing them on the spot would strongly deter them from driving after drinking. Among those with learner's permits or no licenses, 83 percent said ALR would strongly deter them. (Double Vision: Parents, Teens and Alcohol, Peter D. Hart Research Associates, Inc. June, 1992.)
- Focus group discussion among youths age 11 through 20 and a panel discussion by eight highway safety experts identified loss or postponement of a license as among the most effective deterrents to underage drinking and driving. (Determine Feasible and Acceptable Age 21 Support Programs, National Highway Traffic Safety Administration, September, 1990.)
- Self-reported incidents of driving after binge drinking among youths in Maine dropped to 5 percent after the state adopted an underage ALR law, compared to 17 percent before the law was passed. (Hingson.)

YOUNG DRIVERS UNDER THE INFLUENCE OF ALCOHOL ARE PARTICULARLY DANGEROUS

Establishing a lower legal BAC for drivers under 21 is not unfairly discriminatory against young people. There is clear evidence that young people who drink and drive are far more dangerous to others and themselves than sober youthful drivers and than adult drivers who drive after drinking.

- At all BACs, young drivers have a greater risk of involvement in fatal crashes than adults at the same levels. And as BACs increase, the difference between the risks posed by youthful and adult drivers increases. (Barry M. Sweedler, *Strategies to Reduce Youth Drinking and Driving*, Alcohol Health and Research World, Vol. 1, No. 1, 1990.)
- Young drivers with BACs of .05 to .10 are far more likely to be killed in single vehicle crashes than sober young drivers -- 18 times more likely for males and 54 times for females. (P. Zador, *Alcohol-Related Relative Risk of Fatal Driver Injuries in Relation to Driver Age and Sex*, Journal of Studies on Alcohol, Vol. 52, Not. 4 1991.)
- Young drivers age 16 through 20 had the highest percentage of crash fatalities in 1991 at BACs of .01 to .09 of any age group at these levels. (National Highway Traffic Safety Administration, FARS 1991.)

The Century Council is a not-for-profit organization dedicated to reducing alcohol abuse. Founded in 1991 by a small group of brewers, vintners, distillers and wholesalers, it is currently supported by more than 750 concerned beer, wine and spirits companies. Headquartered in Los Angeles, the Council investigates, funds and implements innovative approaches to address this problem, and builds alliances with other concerned organizations in both the public and private sectors. Primary areas of focus are drunken driving and underage drinking problems.

Starting in the 1994 state legislative session, the Council will devote financial and staff resources to seek passage of underage ALR in several target states every year. Since it began its anti-abuse programs in mid-1991, the Council has participated in ALR coalitions that successfully promoted passage of adult ALR laws in Texas, Ohio, Nebraska and New Hampshire. The Council also is seeking adult ALR in additional states.

The Honorable William F. Goodling
The Subcommittee on Surface Transportation
hearing on
"The High Risk Drivers Act"

March 24, 1994

I am very pleased to have the opportunity to speak before the Subcommittee on Surface Transportation. I appreciate the Subcommittee's support over the years and would like to thank Chairman Rahall and Congressman Petri for extending an invitation to me.

Our efforts in Congress to eradicate the problems associated with underage drinking and drunk driving date back many years. As you remember, the 98th Congress passed legislation resulting in a National drinking age of 21. I sponsored legislation in the 100th Congress declaring drunk driving a national crisis which led Surgeon General Koop to convene a National workshop on drunk driving. National health and safety experts from across the Nation devised strategies aimed toward the elimination of drunk driving.

I would like to think our efforts to bring the issue to the forefront have been successful, however the job is clearly not finished. In fact, in 1992, my state of Pennsylvania reported 245 fatalities involving drivers under the age of 21. In 28 percent of those fatalities, the young driver was either alcohol impaired or intoxicated.

As Ranking Member on the Education and Labor Committee, I have been very interested in the impact alcohol use has on our Nation's college campuses and in our public schools. Last year, I joined researchers in releasing a Federally funded study which examined the frequency of alcohol use on college campuses and the differences between the effects of alcohol on underage drinkers and legal drinkers.

One significant finding revealed that underage drinkers at colleges across the country consume more alcohol than legal age drinkers and experience significantly more negative effects as a result of drinking. Compared to older students, underage drinkers reported twice as many physical injuries, trouble with authorities, campus crime and sexual misconduct as a result of alcohol use. However, even more troubling is this statistic: over 36 percent of the students participating in the study reported driving while intoxicated. Of that number, only 1.7 percent reported being arrested.

The knowledge derived from this report confirms that we as policymakers, are correct in addressing the serious effects of alcohol abuse on our Nation's young people. Furthermore, our efforts on the Federal level through legislation such as the "High Risk Drivers Act," the "Drug Free Schools and Community Act," and the "Campus Crime and Security Act," are in the right direction.

However, I strongly believe that our efforts must begin by keeping alcohol out of the hands of young people in the first place. To emphasize this point, I bring to your attention another study released one year ago by the National Transportation Safety Board (NTSB).

NTSB found that many states still have no laws prohibiting a person under age 21 from purchasing alcohol or from attempting to purchase alcohol; this despite the fact Congress passed the "National Minimum Drinking Age Act" in 1984. In addition, some states do not prohibit those under age 21 from consuming alcohol, from possessing alcohol, from misrepresenting his or her age to purchase alcohol, or from presenting a false identification to purchase alcohol. To remedy this problem, I recently introduced legislation, H.Con.Res. 108, which encourages States to enact comprehensive laws prohibiting an individual under 21 years of age to obtain alcohol. I would request the Subcommittee give serious attention to this issue.

I believe it is imperative for any related legislation considered by this Congress to include language making it crystal clear that States take appropriate action based on NTSB's recommendations. Although some states have taken steps to enact more comprehensive laws, far too many loopholes enabling young people access to alcohol still exist.

Congress must continue to lead the way in bringing this problem which plagues our society and threatens the health and safety of so many to an end. Again, I appreciate having the opportunity to testify and look forward to working with the Subcommittee in the future.

STATEMENT OF CHRISTOPHER A. HART
ACTING ADMINISTRATOR
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON SURFACE TRANSPORTATION
HOUSE COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

March 24, 1994

Mr. Chairman and Members of the Subcommittee:

I am pleased to appear before you today to discuss the National Highway Traffic Safety Administration's (NHTSA) views on H.R. 1719, the "High Risk Drivers Act of 1993." This is my first appearance before this Subcommittee, and I want you to know how much I look forward to working with this Subcommittee and the Congress on the serious issues that NHTSA faces. With me are Adele Derby, Associate Administrator for Regional Operations and Michael Brownlee, Associate Administrator for Traffic Safety Programs.

The Bill's substantive provisions include a policy section, which directs the Secretary to develop and implement programs promoting safe driving by high risk drivers, and three titles.

Title I ("Young Driver Programs") of the Bill would establish a five-year (FYs 94-98), \$100 million incentive grant program, funded by the General Fund, for States that implement measures to combat major causes of young driver crashes. A State would become eligible for a basic grant (limited to 30 percent of its highway safety grant under 23 U.S.C. 402 for FY 89) each

year of the program if it: (1) has a graduated licensing system for drivers under age 18, meeting specified criteria; and (2) meets a specific number of eight additional criteria for each of the program's five years.

The graduated licensing program must have three stages: (1) an "instructional license," valid for a period decided by the Secretary, during which the licensee is prohibited from driving unless accompanied by a person who has a "full driver's license"; (2) a "provisional driver's license," issued after the instructional licensee has passed a written examination on traffic safety and a road test; and (3) a "full driver's license," issued after the provisional licensee has held the provisional license for at least one year with no safety violations.

The additional requirements for basic grants include such criteria as a maximum 0.02 percent blood-alcohol content (BAC) for drivers under age 21; mandated safety belt use for front and rear seat passengers; and an open alcoholic container prohibition affecting the passenger area of a motor vehicle on a public highway. Once a State is eligible for a basic grant, it becomes eligible for one or more of eight supplemental grants for taking additional actions.

Title II ("Older Driver Programs") would earmark \$16.5 million of highway safety research and development funds, over 11 fiscal years (FYs 95-05), under Section 403 of title 23, U.S.C., for research on various issues related to older drivers. Of the Section 403 funds earmarked for carrying out this title, \$250,000 would be set aside for each of FYs 96-98 to evaluate at least one model State program on older drivers each of these years.

Title III ("High Risk Drivers") requires the Secretary to report to Congress on actions needed to improve State driver records and control systems, and whether several national information systems having to do with driver licensing should be more closely linked.

H.R. 1719 contains valuable provisions, including several endorsed and currently implemented by NHTSA. In particular, Title II's requirements for research on issues related to older drivers and Title III's study of actions needed to improve State traffic records are consistent with NHTSA's current initiatives in both areas. We strongly support the activities and research included in both of these titles.

We also strongly support graduated licensing systems. NHTSA and the American Association of Motor Vehicle Administrators (AAMVA) have recommended these systems for many years as a

framework to motivate and teach students essential safe driving skills and behaviors.

Our main concern about the Bill centers on Title I's creation of a \$100-million grant program. In times of shrinking budgets and increased competition among Federal programs for limited funds, we believe it is necessary to determine first whether a proven, existing program can address a problem or set of problems before considering the enactment of new legislation. Since NHTSA is addressing a major portion of Title I's provisions under our State and community highway safety grant program (the "Section 402" program, 23 U.S.C. 402) and is evaluating and demonstrating licensing and other youth programs under our highway safety research and development program (the "Section 403" highway safety research and development program, 23 U.S.C. 403), we recommend that further action on this Bill be deferred.

NHTSA currently administers four grant programs that affect youth traffic safety: the Section 402 program, which covers a broad range of activities (cited above), two incentive grant programs for States that adopt specific programs to combat drunk and drugged driving (23 U.S.C. 408 and 410), and an incentive grant program for States that adopt both safety belt and motorcycle helmet use laws (23 U.S.C. 153).

In FY 93, these four programs provided the States with about \$161 million, \$115 million of which was provided through the Section 402 grant program. Although \$15.6 million went to programs directed at the younger driver population, the remaining funds also involve youth, since these programs affect the entire population. For FY 94, we estimate that the funds provided to the States for these four programs will be about \$8 million higher than the figures for FY 93, due to an increase by that amount to address alcohol-impaired driving among youth under the Section 402 program.

Funds provided under the Section 402 program serve as the Federal government's principal means to improve State programs in all areas of highway safety. These grant funds are apportioned annually under the program to each State, in accordance with a statutory formula. The funds support State planning to identify and quantify highway safety problems, provide start-up or "seed" money for new programs, and give direction to existing safety programs.

The Section 402 program has been especially successful in funding national and State priority areas, established through a rulemaking process that involves all members of the highway safety community. Although youth traffic safety is not separately identified as a national priority area, many activities within priority areas directly affect youth.

In the alcohol-impairment priority area, for example, the Section 402 program sponsors a broad array of programs aimed at underage drinking and driving, especially activities that support age-21 minimum drinking age laws. These programs, particularly the age-21 laws, are widely recognized for contributing to significant decreases in youth-involved traffic fatalities.

Underage drinking and driving, the single biggest problem in youth traffic safety, has decreased steadily over the past several years. From 1987 to 1992, the Nation experienced a 17-percent decline in the involvement rate of underage drunk drivers involved in fatal crashes. In 1987, our data show that 2,113 of 10,193 drivers aged 15-20 involved in fatal crashes (20.7 percent) had a blood alcohol content (BAC) of 0.1 percent or greater. Preliminary estimates for 1993 show 1,226 of 7,486 of the same group (16.4 percent) had a BAC of 0.1 percent or greater.

Despite the progress in underage drinking and driving, much more needs to be done in this and other areas of youth traffic safety. For many years, motor vehicle crashes have been the leading cause of death among teenagers. Preliminary estimates for 1993 show 5,942 of the nation's 39,850 traffic deaths (14.9 percent) were youth aged 15-20, of which 3,283 were drivers.

To enhance State efforts and further minimize underage drinking and driving, the Congress increased the funds for NHTSA's Section 402 program this fiscal year by \$8 million over FY 93's \$115-million level. Both the House and Senate appropriations report language for FY 94 expressly directed that all of this \$8 million be targeted by the States to augment their efforts in this area.

The Section 402 program also can be used to fund graduated licensing systems for drivers under age 18. Although few States have these systems, we expect more States will establish them as data becomes available on which of their many components are most effective in reducing crashes. During FY 94, we are evaluating components of graduated licensing systems to show their effectiveness in reducing crashes and determine the best way to implement them.

Our FY 94 Appropriations Act also provided \$500,000 for the agency's older driver research in FY 94. The House Appropriations Committee stated that these funds are intended to sustain NHTSA's older driver research program, set forth in two reports NHTSA submitted to Congress last year: "Traffic Safety Plan for Older Persons" and "Addressing the Safety Issues Related to Younger and Older Drivers." Younger and older driver safety clearly are matters of special concern to

NHTSA, and we are aggressively implementing the research agenda in these areas that we transmitted to Congress in 1993.

Our FY 95 budget request includes a total of \$739,000 to conduct younger and older driver research. During FY 95, we will conclude our two-year study on what researchers in other health fields have learned about the risk-taking behavior of young people and how this information may be applied in youth traffic safety.

In addition, NHTSA (in consultation with the Federal Highway Administration) is now completing a draft driver education research agenda and plan of action for a strengthened research program in driver licensing and education for youth. This plan may propose the development of an improved novice driver education program that is an integral part of a graduated licensing system. This draft research agenda and plan of action will be transmitted to the Congress in final shortly.

Finally, I would note that Title I duplicates several existing criteria for grants under the Section 410 alcohol incentive grant program. Title I's supplemental criterion for readily distinguishable licenses for young drivers is covered by a Section 410 basic grant criterion requiring a State to have a minimum drinking age program including this provision. Also, two of Title I's criteria for basic grants duplicate existing

supplemental criteria under Section 410: a 0.02 percent BAC limit for persons under age 21, and an open container and anti-consumption law for alcoholic beverages.

This concludes my prepared remarks. My colleagues and I will be glad to answer any questions you may have.

TESTIMONY TO THE U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEE ON SURFACE TRANSPORTATION

REGARDING H.R. 1719

TO PROMOTE THE IMPLEMENTATION
OF PROGRAMS TO IMPROVE TRAFFIC SAFETY
PERFORMANCE OF HIGH RISK DRIVERS

Ralph Hingson, Sc.D.
Professor and Chair
Social and Behavioral Sciences Department
Boston University School of Public Health
85 E. Newton St. M840
Boston, MA 02118
(617) 638-5160
(617) 638-4483

My name is Dr. Ralph Hingson. For the past 15 years I have conducted research examining the effects of legislation and community programs to reduce alcohol impaired driving particularly among the nation's youth.

I currently serve as a member of the Committee on Alcohol, Drugs and Traffic Safety of the National Transportation Research Board of the National Academy of Sciences. Further, I was the first chair and continue to serve on the Prevention and Epidemiology Review Committee for the National Institute on Alcoholism and Alcohol Abuse.

I would like to focus my testimony on two aspects of HR 1719 and recommend that both be adopted as part of the legislation:

- 1) establishing a .02 legal BAC limit for all drivers under age 21, and
- 2) use of community interventions to reduce high risk driving among young drivers.

1) .02 Legal Limit for Drivers under 21

Fatal Crash Risk and Driver's Blood Alcohol Level

According to the National Highway Traffic Safety Administration during the past 10 years there were 39,335 alcohol related traffic fatalities in the United States among 15 through 20 year olds, 52% of the 76,005 traffic fatalities in that age group.

There is increasing evidence from four types of studies that blood alcohol concentrations well below the current .10% legal standard in most states impair a variety of physiologic responses that in turn impair driver performance.

First, experimental laboratory studies have shown that at .08%, a level reached by a 150 pound person consuming 4 drinks in an hour on an empty stomach, there is:

- reduced peripheral vision
 - poorer recovery from glare
 - poor performance in complex visual tracking
 - reduced divided attention performance
- (Moskowitz and Burns, 1990)

For many drivers, particularly drivers under the age of 21, the impairment cited above begins at levels well below .08%.

Second, driver simulation and road course studies have revealed poorer parking performance, driver performance at slow speeds and steering inaccuracy (Mortimer and Sturgis, 1975).

Third, roadside observational studies have identified increased speeding and breaking performance deterioration (Damkot et al., 1975).

Fourth, in a very important study published in the Journal of Studies on Alcohol in 1991, Paul Zador at the Insurance Institute for Highway Safety obtained breath alcohol samples from 2,850 drivers stopped in a national, probability sample survey of 34 localities in 1986. Although participation was voluntary, 92%

of the drivers stopped provided samples. These breath test results were compared to the breath test results of drivers killed in single vehicle traffic crashes in 1986 in the U.S. Department of Transportation's Fatal Accident Reporting System. Data were taken only from states that test at least 80% of fatally injured drivers. To match driver fatalities to the roadside breath testing exposure, crash times, days and roadway types were restricted to those used in the survey.

They found that each .02 increase in BAC limit of a driver nearly doubles the risk of being in a single vehicle fatal crash. In other words:

at .02	the risk of fatal crash involvement is	2 fold
.04	"	4 fold
.06	"	8 fold
.08	"	16 fold
.10	"	32 fold

They further found that the risk associated with drinking is even greater for drivers under 21. This study and similar research in Canada (Mayhew and Simpson, 1986) have indicated that for drivers under age 21, impairment begins with the first drink and for each .02% increase in BAC the fatal crash risk rises even more for these younger drivers than for adult drivers. According to Zador's research at .05%-.09% the single vehicle fatal crash risk for male drivers age 25+ is 9 times greater than drivers those ages who had not been drinking. However, among drivers ages 16-20 at .05%-.09% the single vehicle fatal crash risk is 21 times greater for female drivers and 12 times greater for male drivers than for male drivers 25 and older.

Effects of Lowering Blood Alcohol Limits for Drivers Under 21

In part because of these more substantial risks for young drivers, twenty states have lowered their blood alcohol limits for teenage drivers and 7 others in addition to Massachusetts are considering this law. Most administratively suspend the license of drivers caught driving with blood alcohol levels above the new lower limit.

In 1991, I published an analysis of the first four states to lower the legal blood alcohol limits for young drivers in Alcohol, Drugs and Driving (Hingson, Howland et.al., 1991). In that analysis I compared each state that lowered the blood alcohol limit to a nearby state with the same drinking age that did not lower the legal blood alcohol limit. Maine, with a .02% law was compared to Massachusetts, North Carolina with a .00% law to Virginia, New Mexico with an .05% law was compared to Arizona and Wisconsin with a .00% law was compared to Minnesota.

Equal numbers of pre and post law years were compared in each state and night fatal crash rates were examined both among adults and teens targeted by the laws. Night time fatal crashes were the focus of the analysis because the level of alcohol testing is not comparable in all states over time. However, in

states with comprehensive blood alcohol testing of drivers, night fatal crashes are two times more likely to involve alcohol than day fatal crashes.

That study found a one third greater post law decline in teen night fatal crashes in states that lowered BAL limits for adolescents than in nearby comparison states ($p < .05$). Further, the decline in teen night fatal crashes in lower BAL states was much greater than the decline in night fatal crashes involving adults. In part because of this research, this past spring the National Transportation Safety Board (1993) encouraged all states to adopt lowered legal BAL limits.

I have recently updated that analysis examining the first 12 states to lower legal blood alcohol limits for adolescents to twelve nearby states that did not. Equal numbers of pre and post law years were examined in each pair of states. In that analysis, I focused on single vehicle fatal crashes that occurred at night (9pm to 7am) because 52% of single vehicle night fatal crashes among drivers 15-20 involve alcohol compared to only 17% of all other fatal crashes and not all states comprehensively test for alcohol in fatal crashes.

We hypothesized that the proportion of fatal crashes that involve single vehicles at night would decline more among drivers in the ages and states targeted by lowered BAL limits than among persons those ages in comparison states.

A copy of that analysis is enclosed and the paper will be published later this year in Public Health Reports, a peer review scientific journal published by the U.S. Public Health Service.

Among adolescents in age groups targeted by states that lowered the BAL limit for youth, during the post law period the proportion of fatal crashes that involved single vehicles at night declined 16% from .289 to .242, while it rose 1% among adolescents the same ages in comparison states from .299 to .303 ($p < .001$).

Among adults in both groups of states there were only 5%-6% declines in the proportions of fatal crashes that involved single vehicles at night. Thus, the declines among youth targeted by the law was 10% greater than among adults in the same states 16% vs. 6% ($p < .001$).

Further, our analysis revealed that the lower the legal limit was set, the greater the impact in reducing single vehicle night fatal crashes. States with a .00% limit showed a 22% reduction in the proportion of fatal crashes among adolescents that involved single vehicles at night from .313 to .244 relative to a 2% decline in comparison states ($p < .003$).

Among targeted adolescents in states lowering limits to .02% there was a 17% decline in the proportion of fatal crashes that involved single vehicles at night from .324 to .268 while there was a 4% increase observed in comparison states.

Thus both in states that lowered legal blood alcohol limits for adolescents to .00% - .02% the decline in the proportion of fatal crashes that involved single vehicles at night was at least

20% greater than shifts observed among same aged youth in comparison states. States with .04% - .06% limits did not show significant declines among youth.

Setting BAL's at .00 or .02 sends a clearer message that it is illegal to drive after any drinking.

In 1992 nationwide there were 1960 single vehicle night fatal crashes involving drivers age 15-20. Lowering BAL's to .00% or .02% reduced the proportion of fatal crashes that involved single vehicles at night among adolescents by at least 20% more than occurred in comparison states. If all states were to lower BAL limits to .00% or .02% for adolescents at least 375 single vehicle night fatal crashes could be prevented each year among drivers aged 15-20. This law warrants implementation in all states and incentives in the High Risk Driver Act, H.R. 1719 could help to foster adoption of the law in other states.

2) Community Programs to Reduce Traffic Injury and Fatalities Among Young Drivers

H.R. 1719 also calls for "the Department of Transportation working cooperatively with the states, student groups and other organizations to reinvigorate its current programs and policies to address more effectively the pressing problems of teenage drivers."

Young drivers are more likely than older drivers to engage in a variety of behaviors that increase their risk of crash involvement and injury or death in crashes. They are more likely to drive after drinking, speed, run red lights, make illegal turns and not wear safety belts.

Comprehensive community based programs have been successfully tested in efforts to deal with other public health problems such as cardiovascular risk reduction (Farquar, 1990) and have a strong potential to reduce involvement of young drivers in crashes that result in injury and death. For the past 5 years, I have evaluated this type of program in Massachusetts. A report on that project is enclosed.

Impact of the Saving Lives Program

In March 1988 six Massachusetts cities (Haverhill, Lowell, Marlborough, Medford, Northampton and Plymouth) with a combined population of 319,000 inhabitants initiated the Saving Lives Program, a five-year comprehensive community intervention to reduce drunk driving, related high-risk driving behaviors, traffic deaths and injuries. The Saving Lives Program in each city was organized around:

- A series of task forces including public officials from several city departments and private citizens to design and oversee the programs,
- A coordinator hired by the mayor's office and supported by the city and the Saving Lives Program.

Each program included:

- Education in junior and senior high schools about the dangers of drunk driving, speeding, and failure to wear safety belts,
- Public information programs targeting all age groups,
- Enforcement of drunk driving and other traffic laws at high risk times and locations,
- Training programs for servers of alcoholic beverages,

Each city was also encouraged to pursue initiatives to address its unique traffic safety issues.

New initiatives developed by the cities included:

- Beer keg registration and surveillance of liquor outlets to reduce access of minors to alcohol,
- City ordinances requiring server training participation as a condition of liquor licensing,
- Speed watch hot lines,
- Innovative signage warning motorists to yield to pedestrians in crosswalks.

A quasi experimental design compared program communities with the rest of Massachusetts and 5 other unfunded communities with strong applications matched by population and geographic distribution. In program cities during the five program years, 1988-1993, telephone survey reports of driving after drinking in a given month declined from 19% to 9% among 16-19 year olds and 33% to 26% among adults 20+ while no change occurred in comparison areas. Observation studies revealed that the proportion of vehicles speeding 10 or more miles over the posted limit was cut in half and safety belt use increased significantly more in program cities relative to the rest of Massachusetts, 7% vs. 3%. Fatal crashes declined 33% from 178 during the five years prior to the program to 119 during the 5 program years, significantly more than a 12% decline in the rest of the state. Night injuries/100 night crashes declined 14%, significantly more than an 8% decline in the rest of the state. The greatest declines in driving after drinking, speeding, injury, fatal crash and fatal crashes involving alcohol occurred among young drivers. Fatal crashes involving drivers 15-19 declined 54% in program cities and among 20-25 years 62% during the 5 program years.

Had these comparison areas experienced the same fatal crash declines as the Saving Lives cities, there would have been 667 fewer fatal crashes during the five program years. Had the rest of Massachusetts experienced the injury decline observed in Saving Lives cities there would have been 11,847 fewer injuries and 5,175 fewer night injuries than were observed in Saving Lives cities.

The Saving Lives Program cost approximately \$1 per program city inhabitant per year to implement or \$2.1 million in direct funding to the cities. The Massachusetts Department of Public Health recently released a report on the cost of injury in

Massachusetts. According to their estimates a motor vehicle fatality typically costs society \$36,375, in hospital and medical expenses and \$420,972 in lost productivity. A traffic injury typically costs \$2,997 in hospitalization and medical and \$3,684 in lost wages. According to those figures the Saving Lives program prevented the loss of over \$25 million based on five years of fatality and 4 years of program injury data. Thus this program was associated with more than 10 times greater savings than expenditure. If adopted by greater numbers of cities, economies of scale would enable this type of program to be implemented at a substantially lower cost per city.

Community level interventions across city departments that involve private citizens and target not only alcohol impaired driving but related behaviors such as speeding and failure to wear safety belts can markedly reduce traffic crashes, injuries and fatalities. I recommend that the High Risk Driver Act, H.R. 1719 include financial incentives for states to stimulate comprehensive community programs like the Saving Lives Program, because of the substantial potential of these programs to reduce injury and death among the nation's youth.

REFERENCES

- DAMKOT, D.K.; PERRINE, M.W.; WHITMORE, D.G.; TODISSIE, S.R., AND GELLER, H.A. *On the Road: Driving Behavior and Breath Alcohol Concentration* Vol. I and II (Technical Report) DOT HS 364 37567, 1975.
- FARQUHAR, J.W., FORTMANN, S.P., FLORA, J.A. et.al. Effects of Communitywide Education on Cardiovascular Disease Risk Factors. *Journal of the American Medical Association* 264(3):359-365, 1990.
- HINGSON, R., HEEREN, T., HOWLAND, J., WINTER, M. Reduced BAC Limits for Young People (Impact on Night Fatal Crashes). *Alcohol, Drugs and Driving* 7:117-127, 1991.
- MAYHEW, D.R., DONELSON A.C., BIERNESS D.J., AND SIMPSON H.M. Youth, Alcohol and Relative Risk of Crash Involvement. *Accident Analysis and Prevention* 18:273-287, 1986.
- MORTIMER, R.G., AND STURGIS, S.P. Effects of low and moderate levels of alcohol on steering performance. In: Israelstam S. and Lambert S., eds. *Alcohol, Drugs and Traffic Safety* Toronto: Addiction Research Foundation, 1975. pp. 329-345.
- MOSKOWITZ, H., AND BURNS, M. Effects of alcohol on driving performance. *Alcohol, Health and Research World* 14:12-14, 1990.
- NATIONAL TRANSPORTATION SAFETY BOARD. Washington, D.C. *Youth Accident Experience - Recommendations*. March 11, 1993.
- ZADOR, P. Alcohol related relative risk of fatal driver injuries in relation to driver age and sex. *Journal of Studies on Alcohol* 52:301-10, 1991.

LOWER LEGAL BLOOD ALCOHOL
LIMITS FOR YOUNG DRIVERS

Ralph Hingson, Sc.D.
Timothy Heeren, Ph.D.
Michael Winter, M.P.H.

January 5, 1994

Dr. Hingson is Professor and Chair of the Social and Behavioral Sciences Department of the Boston University School of Public Health (BUSPH), Boston, MA, 02118. Dr. Heeren is an Associate Professor of Public Health (Epidemiology and Biostatistics), BUSPH. Michael Winter is a Research Data Analyst at the Data Coordinating Center, BUSPH.

Presented at the 73rd Annual Meeting of
the Transportation Research Board
January 9 - 13, 1994

In Press Public Health Reports

For correspondence:
Ralph Hingson, Sc.D.
Social and Behavioral Sciences Dept.
85 E. Newton St. M840
Boston, MA 02118

Telephone: (617) 638-5160
Facsimile: (617) 638-4483

Supported by grants from the
National Institute on Alcoholism and Alcohol Abuse
The Commonwealth Fund of New York
The U.S. Centers for Disease Control

Synopsis

To reduce the involvement of young drivers in alcohol related crashes twenty states and the District of Columbia have established lower legal Blood Alcohol Limits (BAL) for drivers under the age of 21 than for adult drivers. Twelve lowered legal BAL's for youth before 1991. To assess the impact, these 12 states were paired for comparison with 12 nearby states matched for legal drinking age and timing of changes in that law.

Among drivers 15-20 single vehicle night fatal crashes are 3 times more likely than other fatal crashes to involve alcohol. Consequently, we examined whether the proportion of fatal crashes that involved single vehicles at night declined more among young drivers targeted by lower BAL limits than among young drivers the same age in comparison states. The maximum available equal number of pre and post law years were compared in each pair.

During the post law period the proportion of fatal crashes that involved single vehicles at night declined 16% among young drivers targeted by those laws while it rose 1% among drivers the same age in comparison states where BAL limits were not changed ($p < .001$). Among adults, the proportion of fatal crashes that involved single vehicles declined 5% and 6% in the two groups of states during the post law period. The proportion of fatal crashes that involved single vehicles at night declined 22% among drivers targeted by .00% BAL limits whereas it declined only 2% among drivers the same age in comparison states ($p < .003$). Among those targeted by .02% BAL limits, the proportion of fatal crashes that involved single vehicles at night declined 17% while it rose 4% in comparison states ($p = .005$). No significant difference appeared between states that lowered BAL's to .04 - .06% relative to comparison states.

If all states adopted .00% or .02% BAL limits for drivers 15-20 at least 375 single vehicle night fatal crashes would be prevented each year.

Introduction:

All states now have a minimum alcohol purchase age of 21 and those laws have been found to reduce both the consumption of alcohol and fatal crash involvement of persons under 21.^{1,2} The National Highway Traffic Safety Administration credits drinking age increases with preventing close to 1,000 traffic deaths annually.³

Nonetheless, many persons under age 21 continue to drink alcoholic beverages. Enforcement of the 21 purchase age law varies in intensity from state to state.⁴ The Insurance Institute for Highway Safety in a recent study found 97 out of 100 outlets in Washington, D.C. sold alcohol to 17 and 18 year olds.⁵ In Minnesota, 47% of 366 attempts by women judged to be 17 or 18 resulted in alcohol purchase.⁶ A national survey of high school seniors indicated that 77% consumed alcohol in the past year and 28% consumed 5+ drinks at one time in the two weeks prior to the survey.⁷

Even at blood alcohol levels (BAL) of .02% alcohol affects driving ability and increases the likelihood that drivers will be involved in fatal crashes.⁸ A comparison of drivers involved in single vehicle fatal crashes with drivers stopped in a national roadside survey revealed that each .02% increase in blood alcohol level nearly doubled the risk of fatal crash involvement among drivers of all age groups.⁹ Drivers age 16-20 have a greater

single vehicle fatal crash risk than older drivers even at .00% BAL and their fatal crash risk has been found to increase more than drivers age 21 and above with each .02% increase in BAL.^{9,10}

In part because many persons under age 21 continue to drink and alcohol consumption produces even greater fatal crash risks among drivers under 21, traffic crashes remain the leading cause of death in that age range accounting for 40% of all deaths to persons 15 to 20. According to the National Highway Traffic Safety Administration, while 7% of licensed drivers are age 15-20, 15% of drivers in fatal crashes are that age and 21% of traffic deaths occurred in crashes involving a 15-20 year old driver. In 1992, an estimated 2,252 or 42% of traffic fatalities in the 15-20 age group were alcohol related.¹¹

Twenty states and the District of Columbia have lowered the legal blood alcohol limit for drivers under age 21 to reduce their involvement in traffic crashes. The age groups targeted and the legal BAL limits vary (Table 1). Currently 7 additional states are considering legislative proposals to lower legal BAL's for young drivers. An analysis of the first four states to reduce legal blood alcohol limits for young drivers revealed a 34% decline in night fatal crashes among adolescents targeted by lower BAL levels, a one-third greater decline than was observed in four nearby comparison states.¹² Among adults in both sets of states only a 9-10% decline in night fatal crashes was observed.

This study extends and improves upon the earlier analysis by:

- 1) examining effects of lower teen BAL laws in the 12 states in which a law has been in place for at least one year
- 2) comparing the effects of lowering the legal BAL for young drivers to .00%, .02%, or .04 - .06%
- 3) exploring single vehicle night fatal crashes which are even more likely than night fatal crashes to involve alcohol in the 15-20 age group.

METHODS

Each state that lowered the legal BAL limit for young drivers prior to 1991 was compared to a nearby state that did not lower the legal BAC limit for youth. Table 1 identifies the law and comparison states, the new BAL limit, the effective date of the law, as well as the age groups targeted. Whenever possible an adjacent state was selected but in some cases (e.g. California) no nearby state offered an appropriate comparison. Texas was picked for comparison with California. Comparison states had the same BAL limit for youth as adults. Comparison states were matched as closely as possible for legal drinking age and timing of changes in that law. Arizona, North Carolina, Oregon and Wisconsin have established a .00% BAL limit. They were compared respectively to Utah, Virginia, Washington and Minnesota. Maryland, Maine, Ohio and Vermont have .02% statutes. They were compared respectively to Pennsylvania, Massachusetts,

Indiana and New Hampshire. California, Georgia, New Mexico and Rhode Island have legal BAL limits for youth between .04% and .06%. They were compared to Texas, Alabama, Colorado and Connecticut.

For each law and comparison state, an analysis year was defined as the 12 month period beginning with the month the reduced BAL law was enacted. We use the term adolescent to refer to the ages covered by these laws when they were first implemented because the specific age of adolescent drivers covered by lower BAL laws varies across the 12 state pairs. The U.S. Department of Transportation Fatal Accident Reporting System (FARS) provided data on fatal crashes. Our analysis examined all available post law years and an equal number of pre- and post-law years from each state pair (Table 2). In two cases, Maine and North Carolina, the first states to lower BAL's for youth, the most recent full year after the law was not examined because data were not available in FARS for an equal number of pre-law years. These data were also not available from each state's own records.

Because 52% of single vehicle night fatal crashes among drivers 15-20 involve alcohol compared to only 17% of all other fatal crashes and not all states comprehensively test for alcohol in fatal crashes, we focused on single vehicle nighttime fatal crashes (9:00pm to 7:00am) as a proxy for alcohol related fatal crashes. We hypothesized that the proportion of fatal crashes

that involved single vehicles at night would decline more among drivers in the ages and states targeted by lowered BAL limits than among persons those ages in comparison states. We examined the total number of fatal crashes in the denominator to control for factors other than alcohol that may influence fatal crash trends. However, because drinking and driving is declining nationwide not only among adolescents but older drivers as well, it would be inappropriate to attribute all of the decline in nighttime fatal crashes among this younger group to the reduced BAL limit. Therefore, we also looked at fatal crashes involving adult drivers age 21 and older in each set of states. We also hypothesized that if reduced BAL's for youth have an effect, the proportion of fatal crashes that involved single vehicles at night should decline more among young drivers in those states than among older drivers. Further, if the lower BAL states and comparison states are similar on other factors that affect traffic safety, the post law trends in the proportion of fatal crashes that involved single vehicles at night involving adult drivers should be similar both in states that lower BAL's for youth and those that do not.

Log linear analysis with time (pre and post BAL law), state type (BAL reduction or comparison) and the interaction between these two items as independent variables was used to test the significance of differential shifts in the proportion of fatal crashes that involved single vehicles at night. Two sided tests

and a significance level of .05 were used. Four separate analyses were performed. The first examined all 12 states with lower BAL limits and all 12 comparison states. Then separate analyses examined states that lowered to .00%, .02% and .04 - .06% and their respective comparison states. We hypothesized that the lower the legal BAL was set, the greater would be the decline in the proportion of adolescent fatal crashes that involved single vehicles at night.

RESULTS

Table 3 presents fatal crash data from all 12 state pairs. Among adolescents in the age groups targeted by states that lowered the BAL limit for youth, during the post law period, the proportion of fatal crashes that involved single vehicles at night declined 16% from .289 to .242, while it rose 1% among adolescents the same ages in comparison states from .299 to .303 ($p < .001$).

In lower BAL states, among adults age 21 and older, the proportion of fatal crashes that involved single vehicles at night declined 6% from .290 to .272 across the study period. In comparison states the decline was similar down 5% from .325 to .310 (N.S.). Thus, the decline in the proportion of fatal crashes among adolescents that involved single vehicles at night in lower BAL states was 10% greater than among adults in those same states 16% vs. 6% ($p < .001$). Further, the decline was also

17% greater than observed among adolescents in comparison states, and 11% greater than observed among adults in comparison states.

Table 4 summarizes the results of individual analyses for each of the 12 state pairs. While analyses of individual states do not always show significance, 8 of the 12 law states experienced a decline in the proportion of fatal crashes among adolescents that involved single vehicles at night relative to comparison states.

Table 5 summarizes results of analyses that estimate separate law effects corresponding to the BAL levels of .00%, .02%, .04 - .06%. States with either a .00% or .02% BAL limit showed the greatest law effects. States with .04 - .06% limits showed little law effect.

States with a .00% limit showed a 22% reduction in the proportion of fatal crashes among adolescents that involved single vehicles at night from .313 to .244 relative to a 2% decline in comparison states ($p < .003$). Among adults the proportion of fatal crashes that involved single vehicles at night declined 8% in lower BAL from .298 to .273, and 4% from .309 to .296 in comparison states (N.S.).

Among targeted adolescents in states lowering limits to .02%, there was a 17% decline in the proportion of fatal crashes

that involved single vehicles at night from .324 to .268 while there was a 4% increase observed in comparison states ($p=.005$). Among adults in .02% states there was a 1% decline in the proportion of fatal crashes involving single vehicles at night from .299 to .296 compared to a 7% decline in comparison states .330 to .307 (N.S.). Thus both in states that lowered legal blood alcohol limits for adolescents to .00% or .02%, the decline in the proportion of fatal crashes that involved single vehicles at night involving adolescents was at least 20% greater than shifts observed among same aged youth in comparison states.

States with .04 - .06% limits showed a nonsignificant decline in the proportion of fatal crashes that involved single vehicles at night among adolescents down 7% from .245 to .229 in lower BAL states while it increased 3% from .269 to .276 in comparison states. Among adults in lower BAL states there was a 6% decline in the proportion of fatal crashes that involved single vehicles at night. In comparison states there was a 3% decline (N.S.). Thus the lower the BAL limit was set the greater the decline in the proportion of adolescent fatal crashes involving single vehicles at night.

DISCUSSION

After BAL limits were lowered for adolescent drivers the proportion of fatal crashes in that age group that involved single vehicles at night dropped 16% in lower BAL states while it

increased 1% in comparison states. These findings are consistent with earlier results based on the first four states to lower BAL limits for young drivers, but extending the analysis over more states and a longer post law experience strengthens the earlier finding. Also the use of single vehicle night fatal crashes as a proxy for alcohol involved fatal crashes strengthens confidence in the results because among 15-20 year olds single vehicle night fatal crashes are 3 times more likely to involve alcohol than other fatal crashes.

Further, the results indicate that the greatest declines in the proportion of adolescent fatal crashes that occurred at night were observed when the BAL limits were lowered to .00% or .02%. Little effect was seen at .04 - .06%. It may be that .00% and .02% provide a much clearer message to teenage drivers. At these levels it is illegal to drive after any drinking whereas at .04 - .06% some drinking is permissible before driving. Analyses in Maine, and more recently in Maryland, underscore the importance of educating adolescents about the content of the laws and the penalties for violating the laws.^{12,13}

We examined whether states that lowered BAL limits for adolescents and their comparison states were similar with respect to other laws that could influence alcohol related traffic deaths (Table 6). It should be noted that states that adopted lower BAL limits for teenagers were similar to comparison states with

respect to 6 of 8 laws examined. However, during the analysis period, more states with lower BAL's for youth also have administrative license revocation laws as well as lower BAL limits for adult drivers. It is possible that some of the greater reduction in adolescent single vehicle night fatal crashes may have resulted from these other laws. Even during the pre law years the states that lowered teen BAL levels had a smaller proportion of fatal crashes that involved single vehicles at night both for adolescent drivers and adults.

To assess this possibility we stratified analyses to examine pairs of states where only the lower BAL state had an administrative license revocation law and those where both the lower BAL states and its comparison had administrative license revocation laws. The proportion of fatal crashes among adolescent drivers that involved single vehicles at night declined in lower BAL states relative to comparison states in both groupings: down 17% vs. up 2% in the pairs of states where only the lower BAL but not the comparison state had administrative license revocation and down 15% vs. no change in states where both had administrative license revocation.

We also stratified state pairs where the lower BAL state also had .08% BAL for adults but the comparison state had .10% BAL for adults and pairs of states where both the lower BAL state and comparison states had a .10% BAL for adults. Again in both

sets of states there were greater post law declines among adolescents in the proportion of fatal crashes that involved single vehicles at night in states that lowered BAL limits for youth relative to comparison states, down 14% vs. 2% and down 18% vs. a 5% increase respectively. Further, the declines in the proportion of fatal crashes that involved single vehicles at night among adults was very similar in lower BAL and comparison states suggesting that the states were evenly matched on factors that might reduce adult alcohol impaired fatal crashes during the post law period.

Thus the data support the hypotheses that lowering the legal blood alcohol limit for young drivers reduced single vehicle night fatal crashes among adolescents, the type of crash most likely to involve alcohol, and that the lower the limit is set, the greater the reduction. To date we estimate that lower BAL limits have resulted, in aggregate, in approximately 290 fewer single vehicle night fatal crashes than would have occurred in the absence of these laws. Further, in 1992 nationwide there were 1,960 single vehicle night fatal crashes involving drivers age 15 - 20. Lowering BAL's for adolescents to .00% or .02% reduced the proportion of fatal crashes that involved single vehicles at night among adolescents by at least 20% more than occurred in comparison states. If all states were to lower BAL limits to .00% or .02% for adolescents, at least 375 single vehicle night time fatal crashes could be prevented each year

among drivers age 15 - 20. This law warrants consideration in all states.

Table 1
States with Lower BAL's for Adolescents

Age Group Targeted by Law	State	Effective Date	Legal BAL Limit	Study Comparison State
16 - 21	Maine	7/83	.02	Mass.
< 18	North Carolina	9/83	.00	Virginia
< 19	Wisconsin	7/84	.00	Minnesota
< 18	New Mexico	7/84	.05	Colorado
< 18	California	1/87	.05	Texas
16 - 21	Maryland	6/89	.02	Pennsylvania
< 18	Oregon	10/89	.00	Washington
< 18	Ohio	7/90	.02	Indiana
< 18	Rhode Island	7/90	.04	Connecticut
16 - 21	Arizona	10/90	.00	Utah
< 18	Georgia	1/91	.06	Alabama
< 18	Vermont	7/91	.02	New Hampshire
16 - 21	Utah	7/92	.00	
< 21	New Jersey	12/92	.01	
16 - 21	New Hampshire	1/93	.02	
16 - 21	Arkansas	6/93	.02	
< 21	D.C.	5/93	.00	
< 21	Minnesota	6/93	.00	
< 21	Nebraska	6/93	.02	
< 21	Tennessee	7/93	.02	
< 21	Texas	9/93	.07	

Table 2
Years of Analysis
Lower BAL and Comparison States

Lower BAL State	Comparison State	Pre-Law Dates	Years	Post-Law Dates	Years
Maine	Massachusetts	7/1/75 - 6/30/83	8	7/1/83 - 6/30/91	8
North Carolina	Virginia	9/1/75 - 8/31/83	8	9/1/83 - 8/31/91	8
Wisconsin	Minnesota	7/1/76 - 6/30/84	8	7/1/84 - 6/30/92	8
New Mexico	Colorado	7/1/76 - 6/30/84	8	7/1/84 - 6/30/92	8
California	Texas	1/1/81 - 12/31/86	6	1/1/87 - 12/31/92	6
Maryland	Pennsylvania	6/1/86 - 5/31/89	3	6/1/89 - 5/31/92	3
Oregon	Washington	10/1/86 - 9/30/89	3	10/1/89 - 9/30/92	3
Ohio	Indiana	7/1/88 - 6/30/90	2	7/1/90 - 6/30/92	2
Rhode Island	Connecticut	7/1/88 - 6/30/90	2	7/1/90 - 6/30/92	2
Arizona	Utah	10/1/88 - 9/30/90	2	10/1/90 - 9/30/92	2
Georgia	Alabama	1/1/89 - 12/31/90	2	1/1/91 - 12/31/92	2
Vermont	New Hampshire	7/1/90 - 6/30/91	1	7/1/91 - 6/30/92	1

Table 3
Proportion of Fatal Crashes that Involved Single Vehicles at Night
Before and After Reduced Adolescent BAL Limits

Teens	Pre	Post	Change
Low BAL	.289 $\frac{1,707}{5,907}$.242 $\frac{1,174}{4,843}$	↓ 16% + *
Comparison	.299 $\frac{2,010}{6,726}$.303 $\frac{1,576}{5,206}$	↑ 1%
Adults			
Low BAL	.290 $\frac{15,152}{52,226}$.272 $\frac{14,018}{51,897}$	↓ 6%
Comparison	.325 $\frac{15,537}{47,883}$.310 $\frac{13,053}{42,179}$	↓ 5%

+ p < .001 Teens Lower BAL states vs. Comparison states

* p < .001 Teens Lower BAL states vs. Adults in Lower BAL states

Table 4
Proportion of Fatal Crashes that Involved Single Vehicles at Night Among
Teens Before and After Reduced BAL Limits of .00, .02, .04-.06

Law States				Comparison States			
.00	Pre	Post	Change		Pre	Post	Change
North Carolina	.313	.215	↓31%	Virginia	.341	.316	↓7%
Wisconsin	.335	.271	↓19%	Minnesota	.285	.264	↓7%
Oregon	.240	.263	↑10%	Washington	.175	.256	↑46%
Arizona	.259	.254	↓2%	Utah	.231	.277	↑20%
.02							
Maine	.407	.291	↓29%	Massachusetts	.395	.364	↓8%
Maryland	.317	.300	↓5%	Pennsylvania	.278	.341	↑23%
Ohio	.218	.184	↓16%	Indiana	.142	.188	↑32%
Vermont	.375	1.00	↑167%	New Hampshire	.333	.375	↑13%
.04-.06							
New Mexico	.299	.294	↓2%	Colorado	.253	.256	↑1%
California	.241	.220	↓9%	Texas	.271	.285	↑5%
Rhode Island	.083	.250	↑201%	Connecticut	.379	.296	↓22%
Georgia	.204	.217	↑6%	Alabama	.238	.235	↓1%
Total	.289	.242	↓16%		.299	.303	↑1%

Table 5
Proportion of Fatal Crashes that Involved Single Vehicles at Night Among
Teens Before and After Reduced BAL Limits of .00, .02, .04-.06

.00	Pre	Post		Pre	Post
North Carolina	283/903	185/859	Virginia	193/566	163/516
Wisconsin	386/1152	199/734	Minnesota	243/854	151/572
Oregon	36/150	25/95	Washington	26/149	35/137
Arizona	77/297	69/272	Utah	30/130	31/112
Total	782/2502	478/1960	Total	492/1699	380/1317
Change †22%	.313	.244	Change †2%	.290	.284*
.02					
Maine	153/376	84/289	Massachusetts	573/1450	357/981
Maryland	155/489	112/373	Pennsylvania	341/1228	306/898
Ohio	57/262	42/228	Indiana	30/211	33/176
Vermont	3/8	1/1	New Hampshire	3/9	3/8
Total	368/1135	239/891	Total	947/2898	699/2063
Change †17%	.324	.268	Change †4%	.327	.339*
.04-.06					
New Mexico	110/368	77/262	Colorado	97/384	89/348
California	398/1655	335/1524	Texas	408/1507	355/1244
Rhode Island	1/12	3/12	Connecticut	25/66	13/44
Georgia	48/235	42/194	Alabama	41/172	40/170
Total	557/2270	457/1992	Total	571/2129	497/1806
Change †7%	.245	.229	Change †3%	.268	.275

* $p < .01$

Table 6
Other Legislation that may Influence Alcohol
Related Traffic Deaths

	Lower BAC States	Comparison States
.08 BAL Limit for Adults	4	1
Safety Belt Law	10	10
Criminal Per Se Law	11	11
Administrative Per Se Law	11	6
PBT Laws	7	6
Mandatory Jail	3	5
1st Offense	12	11
2nd Offense		
Age 21 Throughout Analysis Period	7	6

REFERENCES

1. O'Malley P., Waganaar A.: Effects of Minimum Drinking Age Laws on Alcohol Use, Related Behaviors and Traffic Crash Involvement Among American Youth, 1976-1987. Journal of Studies on Alcohol. 52: 478-491 (1991).
2. General Accounting Office: Drinking Age Laws: An Evaluation Synthesis of their Impact on Highway Safety, GAO/PEMD, 87-100, March 1987.
3. National Highway Traffic Safety Administration. State Legislative Fact Sheet: Zero Tolerance Laws to Reduce Alcohol Impaired Driving by Youth. U.S. Department of Transportation, Washington, DC, November 1993.
4. Office of the Inspector General: Youth and Alcohol: Laws and Enforcement. Is the 21 Year Old Drinking Age a Myth?. U.S. Government Printing Office, Washington, D.C., OE1-09-91-00650, (1991).
5. Preusser D.F., Williams A.F.: Sales of Alcohol to Underage Purchasers in Three New York Counties and Washington D.C. Insurance Institute for Highway Safety, Washington D.C., (1991).
6. Wagenaar A.C., et. al.: Where and How Adolescents Obtain

Alcohol, Public Health Reports, 108: 459-464 (1993).

7. Johnston L.D., O'Malley P.G., and Bachman J.C.: National Survey Results on Drug Use from: Monitoring the Future Study, 1975-1992. National Institute on Drug Abuse, NIH, No. 93-3597 (1993).
8. Moskowitz H. and Burns: Effects of Alcohol on Driving Performance. Alcohol Health and Research World. 14:12-14 (1990).
9. Zador P.: Alcohol Related Relative Risk of Fatal Driver Injuries in Relation to Driver Age and Sex. Journal of Studies on Alcohol. 53: 301-10 (1991).
10. Mayhew D.R., Donelson A.C., Beirness D.J., and Simpson H.M.: Youth, Alcohol and Relative Risk of Crash Involvement. Accident Analysis and Prevention. 18:273-287 (1986).
11. National Highway Traffic Safety Administration. Traffic Safety Facts 1992. DOT HS 808 022, (1993).
12. Hingson R., Howland J., Heeren T., Winter M.: Reduced BAC Limits for Young People (Impact on Night Fatal Crashes). Alcohol Drugs and Driving. 7: 117-127 (1991).
13. Blomberg R.: Lower BAC Limits for Youth Evaluation of the Maryland .02 Law. US Dept. of Transportation; DOTHS 806 807 (1992).

Alcohol-Related Relative Risk of Fatal Driver Injuries in Relation to Driver Age and Sex*

PAUL L. ZADOR, PH.D.

Insurance Institute for Highway Safety, 1005 North Glebe Road, Arlington, Virginia 22201

ABSTRACT. The relative risks of fatal crash involvement at various blood alcohol concentrations (BACs) were examined using data on fatal driver injuries from the Fatal Accident Reporting System in conjunction with driver exposure data from the second national roadside breath-testing survey. Based on driver fatalities in single-vehicle crashes, it was estimated that each 0.02 percentage increase in the BAC of a driver with non-zero BAC nearly doubles the risk of being in a fatal crash. Crash risk was found to increase with increasing BAC among all of the six age and sex groups studied. At BACs in the 0.05–0.09 percent range, the likelihood of a crash was at least nine times greater than at zero BAC for all age groups. Younger drivers with BACs in the 0.05–0.09 range had higher relative risks than

older drivers, and females had higher relative risks than males. At very high BACs (at or above 0.15 percent), the risk of crashing was 300 to 600 times the risk at zero or near-zero BACs. These relative risk estimates are considerably higher than estimated in other studies, but other studies have based their estimates on all crashes rather than single-vehicle crashes only. In this study, relative risks were also lower when based on driver fatalities in all crashes. However, when plausible assumptions were made about the BAC distributions of other participants in multiple-vehicle crashes (whose actual BAC is often unknown), the relative risks based on the maximum BAC of the crash participants were nearly as high as those estimated in single-vehicle crashes. (*J. Stud. Alcohol* 52: 302-310, 1991)

IN MOST U.S. jurisdictions, 0.10% blood alcohol concentration (BAC) is the typical threshold set for the *per se* definition of driving under the influence, and countermeasures aimed at alcohol-impaired driving have traditionally targeted these drivers with high BACs (IIHS, 1987; Williams, 1988). The percentage of fatally injured drivers whose BAC at the time of the crash was at or above 0.10% declined steadily from 48% in 1982 to 39% in 1987 (IIHS, 1988). This decline represents a remarkable reduction in the problem of alcohol-impaired driving and attests to the combined effects of legal sanctions, media campaigns and reduced alcohol consumption (Williams, 1988).

The risk of crash involvement increases steadily with increasing driver BAC and reaches high levels well below 0.10% (Hurst, 1973; see also Moskowitz et al., 1985). About 11% of the fatally injured drivers (about 2,300) had BACs in the 0.01–0.09% range in 1986. In contrast to the decline in driver fatalities at or above the 0.10% threshold, the percentage of driver fatalities with positive BACs below it held steady between 1982 and 1987 (FARS, 1982–87). The proportion of BACs in this lower range is especially high among younger drivers and female drivers. Among 16–19 year old drivers involved in fatal crashes in 1986, about 40% of those with a positive blood alcohol concentration had a BAC below 0.10% (NHTSA, 1987). The comparable percentage for all fe-

male drivers in fatal crashes, regardless of age, was about 30%. In contrast, for male drivers in the 25–54 age group it was only about 20%.

Extensive research over the last three decades has demonstrated that the relative risk of involvement in motor vehicle crashes increases with increasing driver BAC regardless of driver age, driver sex, crash type or responsibility for the crash. The magnitude of the relative risk and the rate at which it increases with increasing BAC depend on several of these factors. Based on driver fatality data from Canada, Mayhew and colleagues (1986) reported that at all BACs (including zero) drivers aged 16–19 have higher relative risks than older drivers and that the rate at which the risk increases with BAC is also higher for the younger age group (see also Mayhew and Simpson, 1985). There are no comparably detailed investigations using U.S. driver fatality data.

Borkenstein et al. (1974) investigated relative crash risk as a function of BAC by driver age groups for police-reported crashes in Grand Rapids, Mich., during 1962–65. They reported that crash risk increases steadily with BAC in every age group and the rate of increase varied among the age groups with no systematic pattern. The relative crash risk as a function of BAC for males and females was also investigated using the same data. Crash risk was reported to increase with driver BAC for both males and females, and females were reported to have higher crash risks than males in all but the 0.01–0.04% BAC range (in that range the risks were almost the same for both groups). The interaction between BAC and driver sex was not investigated.

Received: May 2, 1989. Revision: December 9, 1989.

*This work was supported by the Insurance Institute for Highway Safety.

The relative crash risk was reported to increase more rapidly with increasing driver BAC in single-vehicle crashes than in all multivehicle crashes or in multivehicle crashes with at-fault drivers; it also increased more rapidly in multivehicle crashes with at-fault drivers than in multivehicle crashes with drivers not at fault (Borkenstein et al., 1974). The authors explain their finding by noting that, when crashing into another vehicle, high BAC drivers tend to collide with vehicles operated by "drivers from the average driving population, who for the most part have low or zero percent BACs" (p. 107).

The relative crash risk for drivers fatally injured in single-vehicle crashes provides a good measure of the true contribution of alcohol to increased risk of involvement in the serious crash. For multivehicle crashes the situation is more complicated. When the relative crash risk is estimated from BAC data for only the drivers who are fatally injured in multivehicle crashes, the estimates are for the combined risk of being fatally injured either as a responsible agent or as an innocent victim. Because data are commonly available for fatally injured drivers, this combined risk can be estimated with little difficulty; however, the risk of being fatally injured in such a crash does not measure the true contribution of alcohol to crash risk. For example, in a two-car fatal crash involving one driver with a high BAC who survives and a sober driver who dies, using the BAC of the fatally injured sober driver would indicate such a crash to be unrelated to alcohol. Only when both drivers in a two-car fatal crash are tested can the actual contribution of alcohol be determined. For fatal multivehicle crashes, the contribution of alcohol to crash risk depends not only on the BACs of fatally injured drivers but on the BACs of all the drivers involved. However, BAC data for surviving drivers are not obtained in enough cases to develop a reliable sample for analysis.

The studies reviewed here have examined the effect of driver BAC on crash risk in relation to one factor at a time (for additional reviews see Hurst, 1973; Jonah, 1986, and Warren and Simpson, 1980). The present work focuses on the joint effects of driver age and driver sex on relative fatality risk as a function of BAC in single-vehicle crashes. Some estimates for multivehicle crashes are also generated for purposes of comparison. This study is based on U.S. data on fatally injured passenger vehicle drivers for 1985 and 1986 obtained from the Fatal Accident Reporting System (FARS) and driver exposure data obtained from the 1986 national roadside breath-testing survey (Lund and Wolfe, 1991).

Method

Driver exposure data

The second national roadside breath-testing survey (Lund and Wolfe, 1991) was conducted in 1986 through-

out the contiguous United States using a controlled probability sample of 34 localities chosen to represent the almost 90% of the population that lived in counties with more than 20,000 inhabitants in 1970 (Lund and Wolfe, 1991). The surveys were conducted on Friday and Saturday nights from 10 PM to 3 AM using separate roadside sites from 10 PM-12 midnight and from 1-3 AM along heavy and medium volume roads (except freeways). Participation in the survey was voluntary and 2,350 or 92% of the 3,100 stopped drivers provided satisfactory breath samples. Only drivers of passenger vehicles (cars and light trucks, including vans, pickups and four-wheel-drive vehicles) were interviewed. The driver counts from this survey (weighted to take into account the estimates of drinking by noncooperating drivers, the traffic counts at the roadside sites and the relative populations of each of the 34 strata in the sample) provided the exposure data for the present study. The weighted counts of drivers were classified by driver age (16-20, 21-24 and 25+), driver sex, time of observation (10 PM-12 midnight and 1-3 AM) and driver BAC (0.00-0.01%, 0.02-0.04%, 0.05-0.09%, 0.10-0.14% and 0.15%+).

Driver fatality data

Driver fatalities occurring in the same passenger vehicle types included in the breath-testing survey were extracted from the FARS 1985 and 1986 data tapes. FARS is a computerized database containing virtually all motor vehicle fatalities in the United States as reported by state governments to the National Highway Traffic Safety Administration (NHTSA). To reduce the likelihood of a biased inference due to underreporting of driver BACs, the data were taken only from the 29 states that reported the BACs of at least 80% of fatally injured drivers to FARS driving 1985 and 1986 (Table 1). Also, to match driver fatalities to the roadside breath-testing survey exposure estimates, crash times and days were restricted to those used for the survey, and crashes that occurred on interstates, other urban freeways and expressways were excluded.

Driver fatalities were classified by sex, age and time of the crash in the same way as in the survey. The classification of driver BACs was as follows: 0.00-0.01%.

TABLE 1. States reporting BACs of at least 80% of fatally injured drivers to FARS in 1985 and 1986

California	Kentucky	New Mexico
Colorado	Maine	North Carolina
Connecticut	Maryland	Oregon
Delaware	Massachusetts	South Dakota
District of Columbia	Minnesota	Utah
Hawaii	Montana	Vermont
Idaho	Nebraska	Virginia
Illinois	Nevada	Washington
Indiana	New Hampshire	West Virginia
	New Jersey	Wisconsin

0.02–0.04%, 0.05–0.09%, 0.10–0.14%, 0.15%— and unknown percent. This differs from the survey-based exposure classification in that the BACs of some of the fatally injured drivers were unknown and no secondary information was available to provide acceptable estimates. The drivers with unknown BACs were eliminated from the present study. However, in states with very high levels of BAC reporting there is little chance for a systematic difference between fatally injured drivers with known BACs and fatally injured drivers with unknown BACs, so that eliminating the latter group is not likely to bias the results on the relative risks of driver crash involvement in relation to BAC.

Crashes were classified into two types: crashes involving only the fatally injured driver and all other crashes. Most analyses were restricted to driver fatalities occurring in the first category of crashes.

Statistical analyses

The intuitive idea behind the statistical analyses of these data is that the frequency of fatalities among certain types of drivers relative to the frequency of similar drivers on the road (i.e., in the roadside surveys) is indicative of how likely such drivers might be of receiving a fatal crash injury per unit of driving exposure. In other words, the relative frequency of fatalities as compared to the frequency of being included in the surveys is a measure for fatality risk for a group of drivers. By itself the numerical value of fatality risk cannot be interpreted because this value depends on how extensive the surveys were: a larger survey would result in larger driver counts and smaller "risk." However, such risks can be validly compared among different groups of drivers and drivers in high-risk groups can be said to have higher risks of receiving a fatal crash injury per unit of exposure than drivers from lower risk groups.

For this study, driver fatalities divided by the corresponding weighted driver counts in the roadside survey were termed "crash rates." The size of one crash rate relative to the size of another crash rate can be used to compare the risks measured by the two crash rates. The numerical value that results from this comparison is called relative risk. By definition, relative risk is the ratio of one crash rate divided by another crash rate. The crash rate in the denominator is called the baseline crash rate.

Crash rates were analyzed in terms of no more than four single factors (driver BAC, sex, age and time of crash in relation to midnight) and their interactions by fitting loglinear models to the driver fatality and exposure counts (see Appendix I for details). The models were fitted using the maximum likelihood option offered by the loglinear modeling facility (CATMOD) of SAS (1985).

The phrase "the model fit is adequate" means that the chi-square test based on the residuals from the maximum likelihood estimates was not statistically significant at the

5% level. All models fitted were hierarchical in the sense explained in Bishop et al. (1975) so that when a factor was included in an interaction term the main effects included in that factor and certain other lower order interaction terms were also included in the model.

The model-based crash-rate estimates were used to calculate relative risk. In one set of relative risk computations, drivers with BACs in the 0.00–0.01% range were chosen for the baseline. With this baseline choice, relative risk measures the within-group effect of alcohol on the crash risk as a function of BAC. Within-group relative risk was estimated for the whole group and for driver subgroups defined in terms of age and sex.

For another set of relative risk computations, male drivers age 25 and over were chosen as the baseline. This group was chosen because it is the largest among the six groups in the study. With this baseline, relative risk measures the effect of age and sex differences on the crash rate when BAC is controlled for.

Distribution of MBAC for drivers in two-vehicle crashes

The role of alcohol in two-vehicle crashes should be estimated from the BACs of both drivers in the crash; unfortunately, the BACs of surviving drivers are often not known. However, under certain statistical assumptions the distribution of the maximum BAC (MBAC) for drivers in two-vehicle crashes can be estimated. Specifically, if the BAC distribution of drivers who were fatally injured and the BAC distribution of drivers who survived in fatal two-vehicle crashes are statistically independent and identical, then the common distribution of these surviving and fatally injured drivers is the same as the BAC distribution of all drivers who were fatally injured in two-vehicle crashes. In this case, the MBAC distribution function is simply the square of the BAC distribution function, and the rate of crashes by MBAC group was computed from the MBAC distribution the same way as the rate of crashes was computed from the BAC distribution by BAC group.²

Partial justification for this assumption was provided by Klein (1986) who compared the BAC distributions of fatally injured and surviving drivers involved in fatal multi-vehicle crashes. In 1985, 12% among the surviving and 10% among the fatally injured drivers had BACs in the 0.01–0.09% range (see Klein, 1986, Tables 14 and 15). The corresponding percentages during the same year were 31 and 23 for the 0.10% and over BAC range. (For 1984 the percentages for surviving drivers are somewhat higher.) The percentages provided by Klein are for all multivehicle crashes on all roads and at all times and are not directly comparable to the percentages in the present study.

Results

The relative driver fatality risk estimates for different BACs are displayed in Figure 1 for single-vehicle crashes.

Using drivers with zero or near-zero BAC as the baseline (i.e., relative risk is 1 for these drivers), the relative risks are 1.4 for BACs between 0.02–0.04%, 11.1 for BACs between 0.05–0.09%, 48 for BACs between 0.10–0.14% and about 380 for drivers with BACs at or above 0.15%. Note that for positive BACs the increase in relative risk with increasing BAC is approximately linear when plotted on the logscale against the midpoints of the BAC groups. For positive BACs, this relationship can be described by the loglinear model given in Equation 1:

$$\ln(\text{RATE}) = -3.26 - 32.68 \text{ BAC} \\ (0.17)^2 \quad (1.53)$$

From Equation A.3 in Appendix 1 and the subsequent comment, it then follows that for single-vehicle crashes each 0.01% increase in BAC increases the relative risk by about 39%. [Note that $\exp(32.68 \times 0.01) = 1.387$. Also, in Equation 1 the BAC class interval midpoints were set at 0.035%, 0.075%, 0.125% and 0.20%.] The dependence of the crash rate on BAC explained most ($\chi^2 = 458$, 1 df, $p < .0001$) but not all the variation in the crash rate (likelihood ratio $\chi^2 = 12.6$, 2 df, $p = .002$).

Single factors: age, sex and time

The overall pattern of driver fatality rates in single-vehicle crashes by driver age, by driver sex and by the time of the crash is quite similar to the pooled results: For non-zero BACs the fatality risk increases steadily but not quite linearly (on the logscale) with increasing BAC. The log-

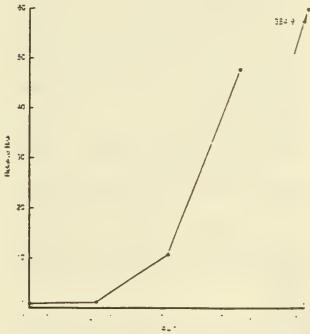


FIGURE 1. Crude relative fatality risk for drivers in single-vehicle crashes at different BACs.

TABLE 2. Analysis of variance table for the loglinear model of crash rates in single-vehicle crashes

	df	χ^2	p
Intercept	1	5.9	< .05
Age	2	61.3	< .0001
Sex	1	1.0	> .05
BAC	4	529.9	< .0001
Age \times BAC	8	12.7	> .05
Sex \times BAC	4	10.2	< .05
Likelihood ratio (residual)	10	9.0	> .05

linear models that relate these rates to BAC were found to fit the data reasonably well although all models left a small percentage of the crash-rate variation unexplained.

Multivariate models with age, sex and BAC

A simple (hierarchical) loglinear model that fits the fatality rates as measured by the likelihood ratio test includes main effects for age, sex and BAC; and two 2-way interactions, one for BAC by age and another for BAC by sex. As Table 2 shows, BAC is the most important factor followed by age and then by the BAC-by-sex interaction. The individual parameter estimates for the log-linear crash rate model are given in Table 3. Although the BAC-by-age interaction was not significant overall, it was included in this model for several reasons. First, a loglinear model that included identical terms also fitted driver fatalities in crashes other than those involving a single driver and in that model the BAC-by-age interaction was statistically significant ($\chi^2 = 23.3$, 8 df, $p = .003$). Second, it was reported by Mayhew and Simpson (1983) that relative risk rises faster with increasing BAC for drivers aged 16–19 than for older drivers. Finally, while overall the BAC-by-age term was not significant for driver fatalities in single-vehicle crashes, the two terms that were statistically significant in the present analysis (see Table 3) simply confirmed that relative risk increases more rapidly at lower BACs among the younger drivers than among drivers age 25 and over.

The model-based estimates for measuring the alcohol-related relative risk when controlling for driver age and sex are given in Table 4. Drivers with positive BACs are compared to baseline drivers with BACs less than 0.02%. The comparisons are made within the six age-by-sex groups at each of the four positive BAC groups. (The comparable crude relative risk, exposure data and fatality data are presented in Appendix II.) As the results in Table 4 show, for drivers with BACs at or above 0.15% the estimated relative risk varies between 31 and 607. The corresponding relative risk ranges from 30 to 404 for BACs between 0.10–0.14%, 9 to 54 for BACs between 0.05–0.09% and < 1–2.5 for BACs between 0.02–0.04%. It is noteworthy that although the per se limit for driving under the influence is typically set at 0.10%, in none of the

TABLE 3. Analysis of individual parameters* for loglinear model of crash rates in single-vehicle crashes

Effect	Parameter	Est.	SE	χ^2	p
Intercept	1	-0.28	0.12	5.89	<.05
Age	16	0.93	0.14	42.33	<.0001
Age	21	-0.13	0.13	1.07	>.10
Sex	Female	-0.10	0.10	0.96	>.10
BAC	0.02	-2.58	0.23	86.31	<.0001
BAC	0.05	0.26	0.18	1.60	>.10
BAC	0.10	1.75	0.23	57.90	<.0001
BAC	0.15	3.37	0.25	149.43	<.0001
AGE/BAC	16/0.02	-0.10	0.26	0.13	>.10
AGE/BAC	16/0.05	0.56	0.25	5.22	<.05
AGE/BAC	16/0.10	-0.42	0.25	2.97	<.10
AGE/BAC	16/0.15	-0.20	0.43	0.23	>.10
AGE/BAC	21/0.02	0.17	0.28	0.39	>.10
AGE/BAC	21/0.05	-0.34	0.22	2.50	>.10
AGE/BAC	21/0.10	0.60	0.25	5.70	<.05
AGE/BAC	21/0.15	-0.13	0.32	0.16	>.10
SEX/BAC	F/0.02	-0.38	0.27	1.98	>.10
SEX/BAC	F/0.05	0.38	0.19	4.00	<.05
SEX/BAC	F/0.10	0.38	0.21	3.35	<.10
SEX/BAC	F/0.15	-0.22	0.21	1.10	>.10

* For details, see SAS Institute (1985).

age-sex classes was the relative risk below 9 in the 0.05–0.10% BAC range. In other words, the alcohol-related risk of being involved in a fatal single-vehicle crash has to increase by at least ninefold before a typical per se law would trigger the penalties for driving under the influence. Figure 2 displays the estimated relative risks for male drivers age 25 and over by BAC.

Table 5 presents the ratios of model-based crash rate estimates that compare drivers from different age and sex groups to drivers age 25 and over at the same BAC. For each entry in the table, the row specifies the BAC group and the column gives the age and sex group. For each BAC group, the entry corresponding to a driver age and sex group is the crash-rate estimate for the age and sex group divided by the crash-rate estimate for male drivers age 25 and over. By definition, the entries in the column for male drivers age 25 and over all equal 1. Entries that differ only for driver sex have the same ratio in each row of Table 5 regardless of driver age because the crash-rate model does not include the three-way age-by-sex-by-BAC interaction. The fifth column in Table 5 is the model-

TABLE 4. Model based within group relative driver fatality risk estimates by sex, age and BAC in single-vehicle crashes*

Sex	Age	BAC (%)			
		0.02–0.04	0.05–0.09	0.10–0.14	0.15–
Male	25–	1.2	8.6	39.7	607.1
	21–24	2.5	11.8	135.2	600.7
	16–20	1.2	18.3	30.4	349.0
Female	25–	0.8	25.5	118.5	546.5
	21–24	1.6	35.1	403.8	540.8
	16–20	0.8	54.4	90.8	314.2

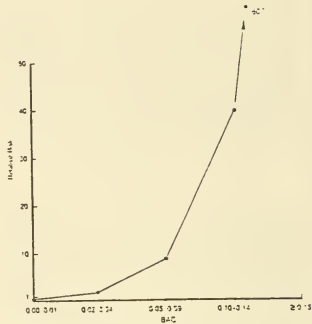
* Relative to crash risk at BAC \leq 0.01.

FIGURE 2. Relative fatality risk for drinking male drivers age 25 and over in single-vehicle crashes

based estimate for this ratio, which is a measure of the relative risk of female drivers compared to male drivers.

As Table 5 also shows, the estimated crash rates of male drivers age 16–20 are at least three times the estimated crash rate of male drivers age 25 and over in every BAC group. The excess relative risk peaks at about 12 for drivers with BACs in the 0.05–0.09% range and, as Table 3 shows, the individual parameter corresponding to this peak was statistically significant. For drivers age 20–24 the excess relative risk factor peaks at about 4 when the BACs are in the 0.10–0.14% range and the corresponding individual parameter is also statistically significant. These two sets of relative risk estimates for young male drivers compared to male drivers age 25 and older are shown in Figure 3.

Given driver age group and BAC group, the relative risk of female drivers differs from that of male drivers by

TABLE 5. Model-based relative driver fatality risk estimates by sex*, age and BAC in single-vehicle crashes (baseline of male drivers age 25 and over)

BAC (%)	Age					
	16–20		21–24		25–	
	Female	Male	Female	Male	Female	Male
0.00–0.01	3.4	5.8	0.7	1.2	0.6	1.0
0.02–0.04	2.1	5.5	1.0	2.5	0.2	1.0
0.05–0.09	21.3	12.3	3.0	1.7	1.7	1.0
0.10–0.19	7.7	4.4	7.4	4.3	1.8	1.0
0.15–	1.8	3.3	0.7	1.2	0.5	1.0

* The female-to-male ratios are the same within all three age groups because the age-by-sex-by-BAC interaction was not included in model.

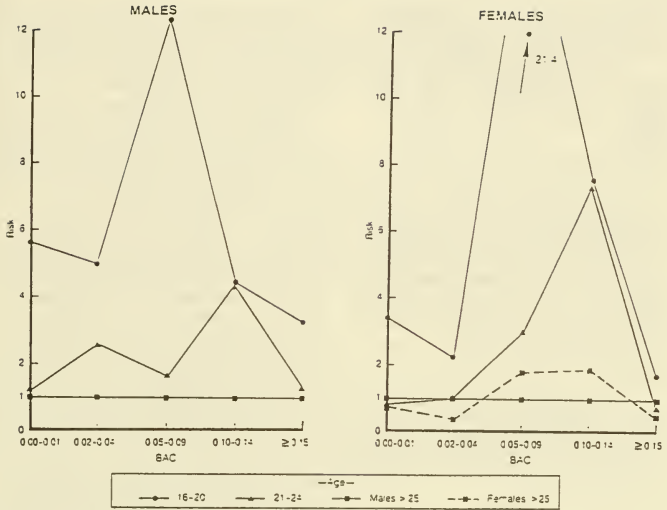


FIGURE 3. Fatality risk for drivers by age and sex relative to males age 25 and over at same BAC

0.40 to 1.78 (cf. last column of Table 5). When BACs are in the 0.05–0.14% range, the estimated relative crash rate of female drivers exceeds the estimated relative crash rate of male drivers by 1.8, and the corresponding individual parameter estimates are statistically significant (see Table 3). The relative risk for female drivers compared to male drivers age 25 and older is shown in Figure 3. Note that for female drivers age 16–19 and 20–24, the relative risk represents the total effect of age and sex differences that includes the age-by-BAC and sex-by-BAC interactions. For female drivers age 25 and older, the relative risk represents the effects for sex and the sex-by-BAC interaction.

Estimates for other crashes

Table 6 presents some results that can be used for comparing the alcohol-related risk for single-vehicle fatal crashes with comparable estimates for drivers fatally in-

jured in crashes involving more than one potentially responsible party. As discussed in the Method section, the BACs of surviving drivers are often not known so that it is not possible to give a full account of the role of alcohol in crashes with more than one potentially responsible party. It is, however, possible to estimate what the maximum BAC (MBAC) would be in two-vehicle collisions under the assumption that the BAC distribution of fatally injured drivers and the BAC distribution of surviving drivers are identical and statistically independent. This is illustrated by the results in Table 6 for male drivers age 25 and older, which show the crude risk estimates for crashes other than the single-vehicle crashes. For example, the relative risk for the highest BAC range is about 520 for single-vehicle crashes, but it is only about 90 for the other crashes. The relative risk for other crashes in terms of the crash MBACs are not substantially lower than for single-vehicle crashes. For example, the relative risk is about 440 for

TABLE 6 Crude driver fatality risk estimates based on BACs and estimated MBACs for the other group of crashes and BAC-based risk estimates for single-vehicle and all crashes (male drivers age 25 and over)

BAC range (%)	CRASH TYPE			
	Other		Single	All
	BAC	MBAC*	BAC	BAC
0.01-0.01	1.0	1.0	1.0	1.0
0.02-0.04	0.7	1.4	0.8	0.7
0.05-0.09	2.5	6.1	7.6	4.1
0.10-0.14	7.3	21.8	36.7	16.4
0.15+	90.2	236.4	521.3	224.4

* See text for definition

crashes in which the presumed MBAC is at or above 0.15%.⁴ The relative risks for all fatally injured drivers are also included in this table for purposes of comparison. Note that in every BAC group the relative risk for drivers fatally injured in all crashes is bracketed by the risk at the same BACs for drivers fatally injured in single-vehicle or in other crashes. It is likely that the relative risk in all crashes depends on the proportion of single-vehicle crashes in the mix: The larger the proportion of single-vehicle crashes, the higher the relative risk.

Time of day

The single-vehicle frequency tables that included time of day as an additional factor were too sparse for modeling. Analyses of all data combined indicated that whether the crashes occurred before or after midnight did not materially affect the main effect for BAC or the age-by-BAC or the sex-by-BAC interactions.

Discussion

This study has shown that the relative risk of fatal injury in single-vehicle crashes increases steadily with increasing driver BAC within each of the six driver age and sex groups studied. Among drivers with BACs in the 0.05-0.09% range, the model-based within-group relative risk estimates were higher among females than among males and the risk estimates increased with decreasing driver age. In the Grand Rapids study by Borkenstein and colleagues (1974) no systematic pattern for the within-age-group rate of increase in crash risk was reported. In the present study, at least for moderate BACs, a pattern does emerge.

Mayhew and Simpson (1983) estimated the relative risks of fatal driver injuries in all crashes from a study similar to the present one. (They estimated relative risk with reference to the population crash rate at 0.00 percent BAC so the relative risks given in their study need to be rescaled for comparison with the results in this study.) Their study gave separate estimates for drivers age 16-19 and drivers age 20 and over. For the younger drivers, the

relative risk was estimated to be about 3 in the 0.05-0.079% BAC range and to be about 27 in the 0.08-0.099% BAC range. These compare with the present single-vehicle estimates for the 0.05-0.09 BAC range of 18 for males and 54 for females. Given the greater representation of male drivers during these hours, these two sets of results are quite compatible.

For BACs at or above 0.15%, Mayhew and Simpson (1983) estimated the relative risk of the younger drivers at about 220 and the comparable risk for the older drivers at about 55. For this BAC range the estimates in the present study all exceed 314 and all four estimates for male and female drivers age 20 and over exceed 540. The discrepancy is most pronounced for drivers aged 25 and over. Aside from the obvious differences between the populations studied and the data sources used, the most likely explanation for this discrepancy is that Mayhew and Simpson (1983) included all crashes rather than only those with a single driver. The results in Table 6 showed that the relative risks are systematically lower in crashes that include more than one participant. In fact, the estimate here for the relative risk factor of these other crashes was only 90 among males age 25 and over. When all crashes are pooled, the relative risk estimate depends not only on the effect of alcohol but also on the mix of single-vehicle and multivehicle crashes. Such estimates provide information about the fatal injury risk of being out on the road with certain BACs, but they do not provide valid estimates for individual contributions to the alcohol-related component of the risk.

Despite the adoption by all states of 21 as the minimum alcohol purchase age (Williams, 1986), there were still approximately 2,700 drivers age 16-19 involved in fatal crashes with positive BACs in 1986 (FARS, 1986). About 1,000 or nearly 40% of these drivers had BACs below the 0.10% chosen by most states as the threshold for the per se definition of driving while impaired by alcohol. Some states, however, have recognized that the 0.10% per se threshold is too high for younger drivers. For example, in Maine, conviction of any alcohol-related charge or a BAC of 0.02% will result in a minimum one-year license suspension without a preliminary hearing. Nonetheless, most of the measures directed at alcohol-impaired driving apply to drivers with BACs over 0.10%. As this study has shown, younger drivers and female drivers have high relative risks of fatal crash involvement even at moderate BACs.

Older drivers, as well, have a risk of fatal crash involvement that is at least nine times higher at BACs between 0.05% and 0.10%. As enforcement efforts to curb alcohol-impaired driving appropriately focus on apprehending or deterring those drivers with high BACs who currently account for the vast majority of alcohol-involved fatal crashes, it should be recognized that impairment begins at more moderate BACs. To the extent that the prevalence of drivers with high BACs continues to decline

as it has in the last decade, drivers with moderate BACs will become a greater portion of the remaining alcohol-impaired motor vehicle crash problem.

Appendix I

Loglinear models for crash rates

The fatalities and the weighted traffic counts for two populations can be arranged in a two-by-two table as shown below:

POPULATION	A Baseline	Response	
		Fatalities F1 F2	Weights W1 W2

The relative risk for comparing the crash rate of the first population (F1/W1) to the baseline crash rate (F2/W2) is

$$\text{Relative risk} = (F1/W1) / (F2/W2). \quad (A.1)$$

This type of quantity is often referred to as an odds ratio (see Bishop et al., 1975; SAS Institute, 1985).

Allowing for three age groups, five BAC groups, and binary sex and time variables, one can arrange both the fatality and weighted traffic count data into two four-way tables each of which has $60 = 3 \times 5 \times 2 \times 2$ cells. As before, these two tables can be combined into a single table with 60 rows and two columns by placing the fatality counts into the first column of the combined table and the weighted traffic counts into its second column. The rows of the combined table correspond to the 60 populations that are defined in terms of the four factors (age, BAC, sex and time).

The statistical analysis of these data are based on the following observation: The logarithm of the crash rate,

$$\text{lnr} = \log (\text{fatality count/weighted traffic count})$$

is mathematically identical to the logistic transform of a probability-like quantity.

$$p = \frac{\text{fatality count}}{\text{fatality count} + \text{weighted traffic count}}.$$

By definition, the logistic transform of p is $\log (p/q)$, where $q = 1 - p$.

The variation in crash rate with age, sex, BAC and time was analyzed using a type of loglinear model called logistic regression. The objective of these analyses was to describe the variation in crash rates in terms of driver age, driver sex and driver BAC.

For a population with age, sex and BAC at levels a , s and b , respectively, $N(a,s,b,r)$ will denote the fatality count when $r = 1$ and the weighted traffic count when

$r = 2$. In Equation A.2 the logistic transform of this binary response is represented by a sum that includes an intercept, INT, the various effects due to single factors, AGE, SEX, BAC, to factors pairs, AGESEX, AGEBAC, SEXBAC, and to the factor triplet, AGESEXBAC,

$$\begin{aligned} \text{lnr}(a,s,b) = & \text{INT} + \text{AGE}(a) + \text{SEX}(s) + \text{BAC}(b) \\ & + \text{AGESEX}(a,s) + \text{AGEBAC}(a,b) + \text{SEXBAC}(s,b) \\ & + \text{AGESEXBAC}(a,s,b) \end{aligned} \quad (A.2)$$

Equation A.2 specifies a saturated loglinear model for the crash rate in terms of age effect (AGE), a sex effect (SEX) and so forth, although some of the effects and interactions included in Equation A.2 may not be required to obtain adequate model fit. The adequacy of a model's fit to the data was tested in the present study using the maximum likelihood criteria (Bishop et al. 1975, SAS Institute, 1985). Equation A.2 gives the population crash rate as a function of the logistic transform:

$$\begin{aligned} \text{Rate}(a,s,b) = & \exp (\text{lnr}(a,s,b)) \\ = & \exp (\text{INT} + \text{AGE}(a) + \dots). \end{aligned} \quad (A.3)$$

Note that a small increment in the logistic transform, say from lnr to $\text{lnr} + d$, results in an approximately 100d percent change in the crash rate (for details of model parametrization, refer to SAS Institute, 1985).

The ratio of the crash rate of one population, say females age 16-19 (F,16) with 0.05-0.09% BAC, divided by the crash rate of another baseline population, say males age 25 and over (M,25+) with the same BAC, defines the relative risk of the first relative to the second population.

$$\begin{aligned} \text{Relative risk} = & \text{Rate}(F,16,BAC5) / \text{Rate}(M,25+,BAC5) \\ = & \exp [\text{lnr}(R,16,BAC5) - \text{lnr}(M,25+,BAC5)]. \end{aligned} \quad (A.4)$$

From Equations A.2 and A.4 the natural logarithm of the relative risk is equal to sums of effect differences.

Appendix II

Exposure, fatalities and crude relative risk in single-vehicle crashes by sex, age group and BAC

Sex	Age	BAC	Expos.*	Fatal.	Rel. risk
Males	16-20	0.00-0.01	254.6	48	1.0
		0.02-0.04	48.4	11	1.4
		0.05-0.09	8.3	29	20.7
		0.10-0.14	10.2	56	32.6
		0.15+	1.0	37	505.7
	21-24	0.00-0.01	301.4	12	1.0
		0.02-0.04	63.5	7	2.3
		0.05-0.09	35.0	17	12.2
		0.10-0.14	7.3	39	133.6
		0.15+	5.2	142	680.6
	25+	0.00-0.01	985.1	33	1.0
		0.02-0.04	144.0	4	0.8

Appendix II (continued)

	Age	BAC	Expos. ^a	Fatal.	Rel. risk
MALE	25 -	0.05-0.09	91.3	23	7.6
		0.10-0.14	46.4	57	36.7
		0.15 -	16.3	285	521.3
FEMALE	16-20	0.00-0.01	125.5	16	1.0
		0.02-0.04	20.4	1	0.4
		0.05-0.09	2.4	11	35.8
		0.10-0.14	0.8	7	67.8
		0.15 -	0.8	14	137.2
	21-24	0.00-0.01	100.6	2	1.0
		0.02-0.04	23.5	0	0.0
		0.05-0.09	5.3	3	23.7
		0.10-0.14	1.0	8	419.0
	25+	0.15 -	1.7	10	297.6
		0.00-0.01	400.6	5	1.0
		0.02-0.04	35.8	2	4.5
	0.05-0.09	9.5	6	50.6	
	0.10-0.14	5.3	12	180.3	
	0.15 -	4.0	53	1056.0	

^a Weighted driver counts.

Acknowledgments

The author would like to express his thanks to Arthur C. Wolfe for providing national roadside survey data, Marvin Ginsburg for data processing, Sharon Rasmussen for editorial assistance, and Adrian Lund and Brian O'Neill for helpful suggestions.

Notes

1. The basic purpose of this survey was to estimate the change in the distribution of driver BACs from the first national roadside survey in 1973 and data collection procedures (see Lund and Wolfe, 1991).
2. Write $F(x)$ for the probability that the BAC of a driver is at or below x . Then the probability that two drivers with statistically independent BACs both have their BACs at or below x is equal to $F(x) \times F(x)$. This follows the rule of probability calculus that gives the probability of the joint occurrence of two independent probabilities, say $p_1 = F(x)$ and $p_2 = F(x)$, as their product, $p_1 \times p_2 = F(x) \times F(x)$.
3. One standard deviation of the estimate.
4. The high BAC driver may not always bear the full responsibility for a two-vehicle crash so that one would expect the risk function to increase more slowly with MBAC in two-vehicle crashes than BAC in single-vehicle crashes.

References

- BISHOP, Y.M., FIENBERG, S.E. AND HOLLAND, P.W. Discrete Multivariate Analysis: Theory and Practice, Cambridge, Mass: MIT Press, 1975.
- BORRENTSTEIN, R.F., CROWTHER, R.F., SHUMATE, R.P., ZIEL, W.B. AND ZYLMAN, R. The role of the drinking driver in traffic accidents. *Blutalkohol*, Vol. 11, Supplement No. 1, 1974, pp. 1-132.
- FATAL ACCIDENT REPORTING SYSTEM. Computerized Data Base of U.S. Fatal Motor Vehicle Crashes, Washington: Department of Transportation, 1982-1987.
- HURST P.M. Epidemiological aspects of alcohol in driver crashes and citations. *J. Saf. Res.* 5: 130-149, 1973.
- INSURANCE INSTITUTE FOR HIGHWAY SAFETY. Alcohol Fact Sheet. Washington, D.C., IHHS, 1987, 1988.
- JONAH, B.A. Accident risk and risk-taking behavior among young drivers. *Accid. Anal. Prev.* 18: 255-271, 1986.
- KLEIN, T.M. A Method for Estimating Posterior BAC Distributions For Persons Involved in Fatal Traffic Accidents, DOT HS-807-094, Washington: Department of Transportation, 1986.
- LUND, A.K. AND WOLFE, A.C. Changes in the Incidence of Alcohol-Impaired Driving in the United States, 1973-1986. *J. Stud. Alcohol* 52: 293-301, 1991.
- MAYHEW, D.R., DONELSON, A.C., BEIRNESS, D.J. AND SIMPSON, H.M. Youth, alcohol and relative risk of crash involvement. *Accid. Anal. Prev.* 18: 273-287, 1986.
- MAYHEW, D.R. AND SIMPSON, H.M. Alcohol, age and risk of road accident involvement. In: KAYE, A. AND MEYER, G.B. (Eds.) Alcohol, Drugs, and Traffic Safety. Proceedings of the Ninth International Conference on Alcohol, Drugs and Traffic Safety, San Juan, Puerto Rico, 1983, pp. 937-947.
- MOSKOWITZ, H., BURNS, M.M. AND WILLIAMS, A.F. Skills performance at low blood alcohol levels. *J. Stud. Alcohol* 46: 482-485, 1985.
- NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION Fatal Accident Reporting System, Washington: Department of Transportation, 1982-87.
- SAS INSTITUTE, INC. SAS User's Guide: Statistics, Version 3 Edition, Cary, N.C.: SAS Institute, Inc., 1985.
- SIMPSON, H. AND MAYHEW, D. Demographic trends and traffic casualties among youth. *Alcohol Drugs Driv.* 3 (No. 3-4): 45-62, 1987.
- WARREN, R.A. AND SIMPSON, H.M. Effects of measurement assumptions on estimation of risk of collision. *Accid. Anal. Prev.* 12: 143-150, 1980.
- WILLIAMS, A.F. Raising the legal purchase age in the United States: Its effects on fatal motor vehicle crashes. *Alcohol Drugs Driv.* 2 (No. 2): 1-2, 1986.
- WILLIAMS A.F. Factors Affecting U.S. Motor Vehicle Injuries in the 1980s and Beyond, Washington, D.C.: Insurance Institute for Highway Safety, 1988.

IMPACT OF THE SAVING LIVES PROGRAM

Ralph Hingson, ScD. M.P.H.
Thomas McGovern
Jonathan Howland, Ph.D. M.P.H.
Timothy Heeren, Ph.D.
Michael Winter, M.P.H.
Ronda Zakocs, M.P.H.

Boston University School of Public Health

Supported by Grants from
The Commonwealth Fund
Massachusetts Governor's Highway Safety Bureau
National Highway Traffic Safety Administration
National Institute on Alcohol Abuse and Alcoholism

March 1994

Table of Contents

	Page
Abstract	1
I. Introduction	2
A. Use of State Laws to Reduce Alcohol Impaired Driving	
B. Community Programs	
II. Methods	4
A. Process Evaluation	
B. Monitoring Arrest and Conviction Data	5
C. Independent Random Digit Dial Telephone Survey	
D. Direct Observation of Safety Belt Use, Illegal Driving at Intersections and Speeding	
E. Fatal/Injury Crash Monitoring	6
F. Data Analysis	
III. Results	7
A. Baseline Comparison of Saving Lives Cities Comparison Cities and the Rest of Mass.	
B. Program Activities	8
C. Awareness of Program Activities	10
D. Attitude Changes	
Adolescents	
Adults	11
E. Behavior Changes	
F. Fatal Crashes and Injuries	12
IV. Discussion	
V. Implications	15

Abstract

In March 1988 six Massachusetts cities (Haverhill, Lowell, Marlborough, Medford, Northampton and Plymouth) with a combined population of 319,000 inhabitants initiated the Saving Lives Program, a five-year comprehensive community intervention to reduce drunk driving, related high-risk driving behaviors, traffic deaths and injuries. In each city the program was organized around:

- A series of task forces including public officials from several city departments and concerned private citizens and organizations,
- A coordinator hired by the mayor's office and supported by the city and the Saving Lives Program.

Each program included:

- School-based education and public information programs about the dangers of drunk driving, speeding, and failure to wear safety belts,
- Enforcement of drunk driving and other traffic laws at high risk times and locations,
- Training programs for servers of alcoholic beverages.
- Initiatives developed by the cities to address their unique traffic safety issues such as: beer keg registration and surveillance of liquor outlets to reduce access of minors to alcohol, speed watch hot lines, and innovative signage to improve pedestrian safety.

A quasi experimental design compared program communities with the rest of Massachusetts and 5 other unfunded communities with strong applications matched by population and geographic distribution. In Saving Lives cities fatal crashes declined 33% from 178 during the five years prior to the program to 119 during the 5 program years, significantly more than a 12% decline in the rest of the state. Night injuries/100 night crashes declined 14%, significantly more than an 8% decline in the rest of the state. In program cities during the five program years, 1988-1993, telephone survey reports of driving after drinking in a given month declined from 19% to 9% among 16-19 year olds and 33% to 26% among adults 20+ while no change occurred in comparison areas. Observation studies revealed that the proportion of vehicles speeding 10 or more miles over the posted limit was cut in half and safety belt use increased significantly more in program cities relative to the rest of Massachusetts, 7% vs. 3%. The greatest declines in driving after drinking, speeding, injury, fatal crash and fatal crashes involving alcohol occurred among young drivers.

Community level interventions across city departments that involve private citizens and target not only alcohol impaired driving but related behaviors such as speeding and failure to wear safety belts can markedly reduce traffic crashes, injuries and fatalities.

I. Introduction:

A. Use of State Laws to Reduce Alcohol Impaired Driving

During the early 1980's national attention focused on the problem of drunk driving. From 1980-1985, over 400 local chapters of concerned citizen groups such as Mother's Against Drunk Driving (MADD) and Remove Intoxicated Drivers (RID) were formed nationwide. Media coverage of the problem and drunk driving arrests increased dramatically.¹ During the 1980's over 1,200 laws were passed by states to reduce drunken driving.² It became illegal per se to drive with a blood alcohol level above .10% in 46 states and in 8 above .08%. In 36 of those states police could administratively suspend the license of any person driving above the legal limit and all 50 states established 21 as the legal minimum drinking age.

Studies have found that raising the legal drinking age was associated with 10-15% declines in night time fatal crashes among 18 - 21 year olds.^{3,4,5,6,7} In 1988, the Insurance Institute for Highway Safety conducted a national evaluation of the relative effects on night fatal crashes of administrative per se laws, criminal per se laws and compulsory jail or community service laws.⁸ States enacting these laws in the 1978-1985 period were compared to states without such legislation. Administrative per se laws were accompanied by the greatest decline in night fatal crashes; 5% compared to 2% percent for other types of laws.

While drunk driving laws are often, but not invariably, followed by fatal crash declines,^{9,10} sometimes immediate post law declines in night fatal crashes are followed by a return to fatal crash pre-law levels. This trend has been observed in Great Britain, France, the Netherlands¹¹, Canada¹² and the state of Maine.⁹ Similar patterns of initial post law behavioral changes decaying over time in the absence of strong education and enforcement have been observed following reduction of speed limits¹³ and enactment of mandatory safety belt laws.¹⁴

Since 1984, national media attention devoted to the drunk driving problem, the numbers of drunk driving arrests, and the public perceptions that drunk drivers will be arrested have declined.^{15,16,17} Consequently, it is important to explore new strategies to strengthen public consensus about the dangers of alcohol impaired driving and related high-risk driving behaviors.

B. Community Programs

The National Academy of Sciences has recently called for the use of comprehensive multi strategy community interventions to reduce alcohol related health problems.¹⁸ Similar community approaches have demonstrated some long-term success with other public health problems. The North Karelia Project in Finland¹⁹, a ten-year demonstration project, focused on several risk factors associated with cardiovascular disease. This effort included news media, school based health education, training of doctors and other health personnel, a reorganization of the area's health services, and various policy and environmental changes, such as increasing the

availability of low-fat foods. Much of the project's work was carried out by lay people and volunteer organizations. The Project goals included reducing several interrelated high risk behaviors. It was successful in lowering smoking rates (especially among men), fat intake, blood pressure, and serum cholesterol levels (especially in men). During the study period, there was a 24% decrease in coronary mortality among middle-aged men in North Karelia, compared to a 12% drop in a nearby comparison area.

A series of new cardiovascular risk reduction projects are currently underway in the United States, each a multi-dimensional intervention often including mass media as one component.^{20,21,22,23,24} A key objective of each program is to create institutional arrangements in the host communities that foster health promotion activities to continue after the project itself ends. These programs have mobilized community involvement in planning, implementation, and management, and place considerable reliance on the efforts of trained volunteers and community leaders. This approach gives community ownership to the campaign, with messages coming from peers whose credibility is high in the community.²⁰ Recently, the the U.S. Center for Substance Abuse Prevention and private foundations adopted this model in an effort to reduce alcohol and drug abuse problems nationwide. A recent survey identified over 2,000 community substance abuse prevention programs nationwide patterned on this approach.²⁶

Whether this type of comprehensive community intervention with strong community ownership will succeed in further reducing alcohol related traffic crashes has not been tested. Previous U.S. Department of Transportation programs such as the Alcohol Safety Action Programs in the 1970s²⁷ and the Target of Opportunity Program²⁸, and more recent Community Traffic Safety interventions have focused either solely on drunk driving enforcement or publicity about enforcement.^{29,30,31,32} Less attention was devoted to community organizing of private and public officials across several departments of city government to change social norms about drunken driving, and increasing informal social pressure as a way to discourage those behaviors.

The Saving Lives Program is a five year program that sought to reduce injury and death caused by drunken drivers, expand community interest in the problem, and establish an organizational structure to pursue those goals after the program is completed.

An additional important unique feature of the Saving Lives Program is its attempt to not only reduce alcohol impaired driving but related high-risk driving behaviors. Persons who drive after heavy drinking are more likely than other drivers to speed, run red lights, receive tickets for other moving violations and they are less likely to wear safety belts.^{33,34} This association has also been observed in Saving Lives Cities.³⁵ These related behaviors can also contribute to drunk driving injuries and deaths.

The purpose of this study is to evaluate whether the Saving Lives Program generated community-based traffic safety initiatives that reduced alcohol impaired driving, related risky driving

behaviors such as speeding, running red lights and failure to wear safety belts and in turn reduced traffic deaths and the proportion of traffic crashes that result in injury.

II. Methods:

To evaluate the program a quasi-experimental study was developed comparing Saving Lives Cities to the rest of Massachusetts. A sub-analysis also compared the Saving Lives Program to five cities with strong applications for program support that were not funded. An effort was made to select comparison cities based on similar geographic distribution, and quality of their proposals and to include one city of 100,000+ population in both the study group and comparison cities. The study included:

- o A process evaluation based on monthly reports from program coordinators and annual interviews with task force leaders or other government officials, comparing initiatives to reduce drunk driving and improve traffic safety in Saving Lives Cities and the comparison cities,
- o Monitoring of newspaper stories about drunk driving and traffic safety in Saving Lives Cities and the comparison cities,
- o Monitoring of police arrests, citations, and court convictions for drunk driving and other traffic violations,
- o Four independent cross-sectional random digit dial^{36,37} telephone surveys of approximately 500 adolescents, aged 16-19 in the six Saving Lives Cities and 650-950 adolescents in comparison cities and the rest of Massachusetts, were conducted in 1988 and again in 1989, 1991 and 1993. Response rates were 87% in adolescent surveys. Similar repeat cross sectional random digit dial surveys were conducted with 1,200-1,860 adults in the six Saving Lives Cities and 500 adults in comparison cities in 1988, 1990, 1991 and 1993. Response rates varied from 63% to 72%, (Table 1)
- o A series of direct observation studies of safety belt use, running red lights, illegal turns and radar recorded speeding in 1989, 1990, 1991, 1992 and 1993. Thousands of vehicles at randomly selected locations were observed in each survey, (Table 2)
- o Monitoring of fatal traffic crashes for five years prior to and five following initiation of the program, and monitoring the rate of traffic injuries per 100 crashes for four years before and four after the start of the program.

Each component is described in detail below as are the data analysis approaches.

A) Process Evaluation We documented specific traffic safety initiatives undertaken during the five years of the Saving Lives Program to determine the levels and focus of effort these communities were making relative to traffic safety. This is based on monthly progress reports from program coordinators and annual

interviews with task force members. We also monitored a random sample of local newspapers in each program area to assess whether the volume and content of news coverage changed after the program started. This was done in the first, second and fifth program year. All daily or weekly papers in program and comparison cities that were published throughout the project period were monitored.

B) Monitoring arrest and conviction data for traffic violations. Each court in Massachusetts reports arrests and convictions to the Massachusetts Merit Rating Board. Each time the police charge a driver with a traffic violation a citation is issued. Up to four violations can be entered on each citation. These were monitored on an annual basis by city and offense and whether a conviction was obtained or not.

C) Independent random digit dial³⁶ telephone surveys of adolescents, teens age 16-19, and adults age 20 and older.

The surveys explored reported behavior in traffic, e.g. drunk driving, speeding, safety belt use, and attitudes about traffic safety and police and court enforcement of drunk driving and other traffic laws, and exposure to program educational activities. Most but not all questions were the same each year. When a working residential number was reached in the adult sample, an interview was attempted with one randomly selected adult using methods developed by Kish.³⁷ In the teen sample, the household was first screened for whether there were any eligible teens in the household and if so, an interview was attempted with one randomly selected teen within the eligible age range. Information from the Census indicates that there is a 95% phone ownership among residents in Massachusetts.

Response rates were based on the total number of interviewed persons divided by the total number of eligible residential households with phones. A household was included even if no phone contact was made by interviewers. Response rates ranged from 77% to 87% in the adolescent surveys and 63% to 72% in the adult surveys (Table 1).

D) Direct observation of safety belt use, illegal driving at intersections and speeding:

Intersections were sampled using a multi-stage, stratified random sampling procedure patterned after methods developed by Wagenaar and Wiviott.³⁸ A total of 200 observation sites were thus selected including at least 4 sites in each Saving Lives city and Comparison city.

Observations were made at these intersections and off-ramps of seat belt use and of traffic violations -- specifically running red lights and making illegal right hand turns. Observations were scheduled for all seven days of the week, distributed across the state. Observers recorded belt use of each occupant, location within the car, broad age categories, and gender. They also classified the type of vehicle and, if a car, its size.

The same intersections were used in the belt use and study of driver behavior at intersections. Observations were conducted at the same sites on the same day of the week each year.

Observers also recorded whether vehicles ran red lights, accelerated at yellow lights or made illegal turns or made legal turns, but did so without stopping. The first vehicle approaching

a change in light was observed.

Observers recorded speeding during day and evening hours from unmarked cars with radar at 64 randomly selected roadways in Saving Lives Cities and 45 sites in comparison cities. Observations were made during the summer months of 1989, 1990, 1991, 1992 and 1993. Table 2 lists the numbers of vehicles observed each year.

E) Fatal injury crash monitoring:

All states report fatal crash data in a comparable fashion through the U.S. Department of Transportation Fatal Accident Reporting System (FARS). We have examined fatal crashes, night fatal crashes, alcohol involved fatal crashes, fatal crashes involving speeding and overall traffic fatalities from March 1984 through February 1993 five years prior to and five years following the start of the Saving Lives Program. A crash was labeled as alcohol involved if one of the drivers in the crash had been drinking or police indicated alcohol was a factor in the crash. Speeding was considered to be a factor if an officer gave a speeding ticket, speeding was cited as a factor in FARS or one of the vehicles was traveling 20+ MPH over the posted limits.

Traffic crashes resulting in injuries are reported by both police and motor vehicle drivers to the Massachusetts Registry of Motor Vehicles. These data are also coded by time of day of the crash and severity of injury (serious involves bleeding and broken bones). The total number of traffic crashes in the state are highly correlated with miles driven. Because mileage data are not available on a community level, we used total crashes as a proxy for mileage and monitored rates of injury per 100 crashes. Intervention to reduce drunk driving, speeding and increase belt use should reduce the proportion of crashes that result in injury.

Data were available from March 1985 to February 1992, four years preceding the Saving Lives Program and four years following the program.

F) Data Analysis:

Statistical analysis was performed using the SAS Statistical Package. Results were considered significant at the two-tailed $p < .05$ level.

A BASELINE COMPARISON was made between the Saving Lives Cities, the Comparison Cities, and the rest of Massachusetts. Yearly fatality and injury rates per population over the 4 years prior to the Saving Lives Program, May 1984 - February 1988, were compared by Poisson Regression³⁹.

A preliminary analysis of telephone survey data compared the Comparison Cities to the Rest of the State. Responses from these two areas were generally similar. To improve power and simplify presentation, these two areas were pooled. Data presented in this report focuses on the comparison of the Saving Lives Program to this pooled comparison area. Baseline comparison of these two areas on survey data was made through chi-square analysis.

Yearly ARREST AND CONVICTION counts from the year preceding and the first two years after the Saving Lives Program, March 1988-February 1989, were analyzed through Poisson Regression. These analyses compared the three study areas: the Saving Lives Cities, Comparison Cities, and the Rest of the State. These analyses focus on the shift in yearly counts from the year before to the first

year of the Saving Lives Program, and control for different pre-program levels in the three study areas.

Shifts in responses to TELEPHONE SURVEY DATA with the onset of the Saving Lives Program were examined through log linear analyses for categorical data.

The individual survey questions were the dependent variables in these analyses. The primary dependent variables are traffic behaviors such as speeding, driving after drinking, running red lights and safety belt use. Secondary dependent variables include exposure to school education and media messages about traffic safety, perceptions of police, court enforcement in traffic laws and measures of informal social pressure regarding traffic safety. These are examined in an attempt to understand the reasons for any changes in reported behavior. Independent variables were study area, year, and study area by year interaction. The focus of these analyses was on a differential shift in response across study areas corresponding to the onset of the Saving Lives Program, controlling for the initial response in each area.

Differential shifts corresponding to the Saving Lives Program in data from DIRECT OBSERVATION studies of safety belt use, driving at intersections, and speeding, were analyzed through log linear models as described above.

Yearly FATAL CRASH data from FARS were analyzed through Poisson Regression. We examined five years prior to the program, March 1983-February 1988 and five years after the start of the program, March 1988-February 1992.

The rate of crashes resulting in injuries per 100 traffic crashes and the rate of night injury crashes per 100 night crashes were monitored from March 1985-February 1992, four years before and four years after the start of the program.

III. Results

A. Baseline comparison of Saving Lives Cities, comparison cities and the rest of Massachusetts: At the start of the Saving Lives Program, the Saving Lives Cities, comparison cities, and the rest of Massachusetts were similar on several demographic characteristics. (Table 3) The rest of Massachusetts was slightly more affluent than either Saving Lives or comparison cities. The three areas were also very similar on most but not all survey results regarding driving behaviors and traffic injury and fatality rates. (Tables 4, 5) Although injury and night injury rates per population were lower in Saving Lives Cities than comparison cities, trends in the rates of night injuries per 100 night crashes and the rates of injuries per 100 crashes over the four pre-program years did not significantly differ in the Saving Lives cities and the comparison areas.* Also, although fatalities per population were significantly lower in comparison cities than in Saving Lives Cities or the rest of the state, trends in fatal crashes and night fatal crashes did not differ between the Saving Lives Cities and the comparison areas.

* In Massachusetts data on mileage driven is not available on a community level. At the state level annual mileage driven is highly correlated with annual crash totals (.8), consequently we used annual crash totals as a proxy for miles traveled within each city. Program interventions to reduce alcohol impaired driving and speeding and increase belt use should reduce the proportion of crashes that result in injuries.

Second, surveys indicated that the proportions of respondents in Saving Lives Cities and comparison areas who believed drunk drivers would be stopped by the police, charged, and convicted were quite similar as were the proportions of teens offered education in school in Saving Lives Cities and comparison areas about drunk driving, speeding and safety belts. Further, adult respondents in each area were quite similar on reported driving behaviors.

However, among adolescent drivers age 16-19, speeding, and driving after drinking, were significantly more common in program cities ($p < .05$) than comparison areas. (Table 5) In Saving Lives Cities, a significantly ($p < .05$) smaller proportion of adolescents 28% and adults 31% believed speeders were very likely to be stopped by the police in contrast with 34% and 35% in comparison cities and 36% and 39% in the rest of the state. Also, during the year prior to the program, traffic citations per 1,000 population were lower in Saving Lives Cities 115/1,000 than in comparison cities 167/1,000 or the rest of Massachusetts 137/1,000, $p < .001$. The difference was largely attributed to lower rates in speeding citations in Saving Lives Cities, 38/1,000 relative to comparison cities 66/1,000 and the rest of Massachusetts 43/1000, $p < .001$.

The differences are probably due to chance. Baseline survey data were not collected until after the selection of the Saving Lives Cities. Further, injury and fatality data were not used as criteria in selection of the Saving Lives Cities, and data on police citations and injury rates per 100 crashes were not available at that time.

B) Program Activities

During the five program years, each of the Saving Lives Communities organized a central task force comprised of public officials from various departments of city government (e.g. school, police, health, recreation) as well as concerned private citizens and their affiliate organizations. Each also organized task forces targeting specific activities (e.g. public awareness, law enforcement, business). An average of 50 organizations participated in each program city. Active task force membership ranged from 20 to over 100 persons depending on the community.

According to monthly reports and annual interviews with coordinators and task force members, each community engaged in over 285 new activities each year of the program to promote program objectives. An activity could range from a school assembly to a police road block or liquor outlet surveillance, to a bicycle safety day, or placing of new traffic safety signs. The most frequent Program activities targeted alcohol impaired driving, safety belt use, and promotion of program recognition, each accounting for 19-24% of reported program activities. Speeding and Pedestrian Safety Initiatives each accounted for 10-13% of program activity. Most program activities targeted increased community awareness of traffic safety, mass media dissemination, school based programs, law enforcement activities and program planning management. (Figure 1)

To reduce alcohol impaired driving, all six communities

offered peer led educational programs in their middle and high schools about the problems associated with alcohol impaired driving and how to resist peer and other pressures to drink, drive after drinking and ride with drivers who had been drinking. All six communities established Students Against Driving Drunk (SADD) chapters in their schools, conducted mass media campaigns, business information programs, alcohol drugged and drunk driving awareness days/weeks, server training programs, holiday taxi service, police training and increased police surveillance for impaired driving. Five of the six promoted alcohol free prom nights. Four offered educational programs in the colleges and universities within their borders. Three increased police surveillance of liquor outlets to reduce teen access to alcohol. Three established ordinances requiring beer keg registration where purchasers of beer kegs registered their names, placed initial deposits for the kegs and the kegs were given serial numbers so police could trace the purchaser of kegs at under age drinking parties. Four communities obtained supplemental federal grants to reduce alcohol and other drug use.

To increase safety belt use, all six communities offered educational programs in schools to pre-schoolers and their parents, had media campaigns, police information checkpoints, business information programs, community safety belt awareness weeks/days, speaker bureaus, and undertook police enforcement checkpoints to enforce child restraint laws that applied to children under 12. Five communities offered training programs on child restraint and safety belt use to hospital staff and had information about safety belts distributed at prenatal clinics.

To reduce speeding, all six communities conducted media campaigns about speeding and increased police enforcement of speeding. Five established business information programs, speeding awareness days and posted additional road signs, regarding speeding. Five also established speed or traffic watch programs. Residents who observed speeders and reckless drivers could call in the license plate numbers of offending vehicles. The owners were then sent "friendly" warning letters notifying them that their vehicle were observed speeding or engaging in reckless driving. They were informed of enforcement fines for such violations, the numbers of persons killed and injured in the previous year by those violations and encouraged not to repeat the behavior. Police patrols were then dispatched to areas with the greatest number of complaints in an effort to "empower" the community around traffic safety. Five introduced a new school based curriculum about speeding developed specifically for the Saving Lives Program using peer leaders and exercises with parents.

To improve pedestrian safety, all six cities posted numerous signs warning motorists of a \$100 fine for failure to yield to pedestrians in crosswalks, implemented crossing guard programs near schools, and introduced pedestrian safety education at the pre-school level. Five cities engaged in media campaigns about pedestrian safety and increased police enforcement of crosswalk violations by motorists.

Comparison communities also had some police enforcement and school-based education programs around traffic safety and drunk driving. During the 4th and 5th year of the program, all 5 comparison communities received federal grants to use community organizing to reduce alcohol and other drug use. However, none developed organized community wide organizations across city government departments and including private citizens to improve traffic safety. Police arrests for traffic violations increased 3% in Saving Lives cities during the first 2 years of the program while they declined 1-2% in comparison areas ($p < .001$). Court convictions declined 4% in Saving Lives cities while they declined 6-10% in comparison areas ($p < .01$).

C. Awareness of Program Activities

Monitoring of local daily newspapers in program and comparison communities after the program began revealed a 5% increase in news stories on traffic safety issues in Saving Lives cities compared to a 12% decline in comparison cities from the first to the fifth year of the program. Examination of articles specifically discussing traffic safety within the study communities revealed a 150% increase in articles in Saving Lives cities more than twice the 63% increase in comparison cities.

By the end of the fifth program year 54% of 16-19 year old respondents and 40% of adults were aware of the Saving Lives Program significantly more than (8-10%) in comparison areas. Adults in program cities were consistently more likely in each survey after the program started to respond that their city had started some new traffic safety effort in the past six months, 13%-16%, than were respondents in comparison cities, 6%-9%. An important program activity was posting signs warning motorists to yield to pedestrians in cross walks. By the 1993 survey, 40% of adult respondents in Saving Lives cities said that there were a lot of those signs posted in their community vs. 18% in comparison areas. Also in the 1993 survey a larger proportion of adult respondents in Saving Lives Program communities said groups of citizens and officials were meeting in their city to reduce speeding 16% and improve pedestrian safety 19% than acknowledged these activities in comparison cities 11% and 13%. Seventy three percent of respondents in Saving Lives cities said traffic safety was important to city officials compared to 62% in comparison areas.

D. Attitude Changes

Adolescents

From 1988 to 1993 the proportion of teens who believed drunk drivers would be stopped by the police increased more, 44% to 54% in program cities than in comparison areas, 48% to 53%. Moreover, more teens in program cities came to believe a drunk driver's license could be suspended before a trial 61% to 76% than in comparison cities 68% to 67% ($p < .01$).

The proportion of teens who thought police were very likely to

stop speeders also increased from 27% to 31% in program cities while it declined 35% to 32% in comparison cities. Also there was a greater increase in program cities in the proportions of teens who thought drunk drivers would be charged 44% to 53%. Compared with 48% to 49% in comparison cities. The proportions who thought convicted drunk drivers would receive automatic fines and jail sentences also increased more in program cities than in comparison areas, 80% to 87% and 30% to 35% compared to 85% to 85% and 33% to 29% in comparison areas.

Adults

The proportion of adults in program cities who believed drunk drivers were very likely to be stopped by police increased 49% to 54% while there was no change in comparison cities 52% ($p < .01$). Also, in program cities more adults came to believe police were very likely to stop vehicles with unrestrained children 21-34% vs. 26-29% in comparison cities ($p < .05$).

In 1993, in Saving Lives cities, 49% of adults said police were likely to stop drivers who did not yield to pedestrians in crosswalks compared to 39% in comparison cities.

E. Behavior Changes

Drinking declined among teenagers in both program and comparison areas. However, after 1988 average daily consumption declined more in Saving Lives cities 25% than comparison areas, 13%. Reports of driving after drinking in the month prior to the interview declined from 19% to 9% among teens in program cities significantly more than in comparison cities 14% to 14%. (Figure 2) Reports by teens of speeding 20+ miles over the limit also declined more in program cities 47% to 39% than in comparison cities 41% to 40% ($p < .05$). (Figure 3) Teenage safety belt use increased in both areas 18-35%, 19-34%.

Among adults age 20+ in Saving Lives Cities and Comparison cities, the proportions who reported driving after drinking, declined from 33% to 26% while it remained unchanged in comparison cities. (Figure 2) Most of the decline in driving after drinking came among persons age 20-25 who were teenagers when the Saving Lives Program began. The proportion of adults who reported speeding 20+ miles over the speed limit remained unchanged in both Saving Lives Cities and Comparison areas. (Figure 3)

Direct observation studies revealed a greater increase in safety belt use in Program cities up from 22% in 1989 to 29% in 1993 than in comparison cities 26% to 28% or the rest of the State 26% to 30% ($p < .01$).

The proportion of vehicles observed speeding 10+ miles over the limit declined from 19% in program cities in 1989 to 9% in subsequent years, a significantly greater decline than in comparison areas 11% to 9% ($p < .001$).

An unexpected and worrisome finding was that since 1989, the proportion of vehicles running red lights increased dramatically from 7% to 18% in Saving Lives cities and 6% to 22% in the rest of the state. Differences in trends between areas were not

significant.

F. Fatal Crashes and Injuries

In Saving Lives cities, during the five years prior to the Saving Lives Program, there were 178 fatal crashes, an average of 36 per year. During the five program years there were 119 or an average of 24 per year. In the five program years fatal crashes declined by 33% significantly more than in comparison cities ($p < .01$) or the rest of Massachusetts ($p = .02$). In comparison areas, fatal crashes increased 3% from 120 to 123 remaining at an annual average of 24. In the rest of the State, fatal crashes declined only 12% from 2910 to 2570 or 582 to 514 per year. (Table 6)

Consistent with the telephone and observational surveys, most of the declines in Saving Lives cities were among young drivers and among crashes involving alcohol and speeding.

Fatal crashes involving persons with Blood Alcohol Levels above .10 declined 45% in Saving Lives Cities from 64 to 35. Fatal crashes involving speeding drivers declined 49% from 63 to 32. Fatal crashes involving drivers age 15-19 declined 54% and among 20-25 year olds 62%. This was more than twice the rate of decline among young drivers in the rest of the State ($p < .01$). Also, pedestrian fatalities declined 27% in Saving Lives cities from 45 to 33 compared to an 11% drop in the rest of the state. Of note, the Fatal Accident Reporting System allows classification of roadways where fatal crash declines occurred. On local roadways, patrolled by local police in Saving Lives cities, fatal crashes declined 36% from 155 to 99. In contrast, on superhighways that run through Saving Lives cities that are patrolled by State (not local police), there were 23 fatal crashes during the five years before the program and 20 during the five years of the program, only a 13% decline. On both superhighways in the rest of the Massachusetts and non superhighways, the decline during the 5 program years relative to the 5 pre-program years was 12%.

Examination of the proportion of crashes resulting in injuries revealed a similar trend. During the first four program years, the rate of night injuries per 100 night crashes declined 14% from 51.6 to 44.3. That was significantly greater than an 8% proportional decline from 50% to 46% in comparison areas in the state ($p < .001$). (Figure 4) During the first four program years the overall injury rate per 100 crashes declined 3.4% from 48.2 to 46.5 while in the rest of the state there was a .2% increase from 46.7 to 46.8 ($p < .0001$). (Figure 5)

IV. Discussion

In Saving Lives Program Cities there was a marked decline in fatal crashes relative to comparison cities and the rest of the state. Had those comparison areas experienced the same fatal crash declines as the Saving Lives cities, there would have been 667 fewer fatal crashes during the five program years.

It is of note that the program experienced a 20% greater decline in fatal crashes than the rest of Massachusetts. To place

this decline in perspective, the strongest drunk driving legal countermeasures in the 1980's, administrative license revocation laws, were associated with 5-7% night fatal crash declines^{3,40} and mandatory safety belt laws have been credited with 7% declines in fatal crashes.^{41,42}

Although the small numbers of fatal crashes over time warrant guarded interpretation, it appears that combined emphasis on drunk driving, speeding, safety belt use and pedestrian safety measures produce greater fatal crash declines than achieved by individual legal countermeasures.

Injury declines in Saving Lives Cities were less marked than the fatal crash declines. Two explanations can be offered. First, alcohol and speeding are much more likely to be factors in fatal than injury crashes. Alcohol is a factor in 50% of traffic fatalities but only 20% of moderate to severe injuries and 10% of all injuries.^{43,44} Speed is typically a factor in 25% or more of fatal crashes but only 20% of injury crashes.⁴⁵ Also, belt use increases in Saving Lives Cities were modest relative to comparison cities. Belt use increased 7 percentage points in Saving Lives Cities and 3 percentage points in the rest of the state. Nationwide belt laws initially produced 20-25% increases in the proportion of occupants belted, 3 times an increase in Saving Lives cities. They also produced 10-15% reductions in occupant injuries again 3 times that observed in Saving Lives Cities.⁴¹

Nonetheless, during the program period the injury rate per 100 crashes particularly night injury rate declines were greater in Saving Lives Cities than comparison cities. Had the rest of Massachusetts experienced the injury decline observed in Saving Lives Cities there would have been 11,847 fewer injuries and 5,175 fewer night injuries than were observed in Saving Lives Cities.

The Saving Lives Program cost approximately \$1 per program city inhabitant per year to implement or \$2.1 million in direct funding to the cities over 5 years. The Massachusetts Department of Public Health recently released a report on the cost of injury in Massachusetts.⁴⁶ According to their estimates a motor vehicle fatality typically costs society \$36,375, in hospital and medical expenses and \$420,972 in lost productivity. A traffic injury typically costs \$2,997 in hospitalization and medical and \$3,684 in lost wages. According to those figures the Saving Lives program prevented the loss of over \$25 million based on five years of fatality and 4 years of program injury data. If injury declines persist into the fifth year the savings may be even greater. Thus this program was associated with more than 10 times greater savings than expenditure.

Despite the strengths of the findings, four qualifications should be noted in interpreting the study results. First, because so many interventions were explored, it is difficult to tease out the benefits of any single initiative. There were disproportionate increases in the perceived likelihood speeders would be stopped in the community that first introduced the speedwatch program and disproportionate declines in traffic speeds

and injuries there that year, but over the full program period all program communities had greater increases in safety belt use and 5/6 had greater reductions in speeding than comparison areas. Further, all six had greater fatal crash and night injury rate declines, and 5/6 greater total injury rate declines than comparison areas. (Of note, the one community that did not have a greater injury decline than the rest of the State was the same one that did not have a greater speeding decline. Speeding was minimal in that city at the start of the program).

Second, on several measures program communities had more severe problems at the outset of the program than the comparison areas. Fatality rates per population were somewhat higher than in comparison cities at that time. Further, observed speeding was higher and safety belt use lower than in comparison areas. Reported teen speeding and driving after drinking was also higher in program communities. During the program years these differences were erased, but they raise the possibility that on some measures there may have been a regression to the mean effect where the program communities were by chance worse at the outset and drifted back to state norms after the program started. It should be pointed out that if this occurred, it was coincidental because the community selection was made prior to the baseline surveys and in the absence of data on injury rates per crash.

Further, it should be noted that injury rates per crash during the program period were lower in program communities than the rest of the State even though they were higher in the pre-program period. Also the proportions of teens and adults who reported driving after drinking and teens who reported speeding changed from levels higher in Saving Lives Communities at the start of the program to rates that were lower than comparison communities at the end of the program.

Another way to assess for regression to the mean effects is to extend analyses over more years. This can be done for fatal crashes because data are available for 10 pre program years. Extending the analysis over this time frame does not appreciably alter the results. The program communities still experienced a 35% decline in annual fatal crashes during the 5 program years relative to the previous 10. In both comparison communities and the rest of the state the decline was significantly less, 19% ($p < .001$).

Finally, an important question is whether the program communities will be able to sustain their efforts once their initial five year funding has been completed. Previous community enforcement demonstrations to reduce alcohol impaired driving that achieved clear crash reductions worthy of national attention were discontinued as soon as federal funds were withdrawn.⁴⁷ Currently, the Saving Lives cities are trying several strategies to sustain their effects including securing funding from city government, membership drives, charging fees for programmatic services, application to other funding agencies and making arrangements with various city departments to take over successful initiatives on a long term basis.

V. Implications

On balance, this effort to organize a public and private partnership and to coordinate efforts of several city departments to reduce alcohol impaired driving as well as related risky driving behaviors such as speeding achieved marked fatal crash declines in its first five years as well as significant but moderate injury declines. The fatal crash declines were greater than those typically achieved by individual state level legal interventions to reduce drunk driving or increase safety belt use. During this study Massachusetts was one of only five states without mandatory safety belt laws. The success of national programs⁴⁸ and community programs⁴⁹ in increasing belt use in states that have laws suggests that the Saving Lives Program approach might be even more successful in reducing motor vehicle injuries if it were located in states with belt laws. It should also be mentioned that the greatest behavioral changes, fatal crash and injury declines were observed among younger drivers. A similar pattern occurred nationwide in the 1980's with regards to alcohol impaired driving and fatal crash involvement. It may be easier to prevent the initiation of risky driving practices than change patterns once they have been established. The Saving Lives Program did not provide clear changes in social norms about alcohol impaired driving and traffic safety among all segments and age groups in program communities. It did, however provide a community organizational structure that enabled those who were concerned about the danger of impaired driving and related risky behaviors to develop innovative initiatives that had particularly important effects in reducing drunk driving, speeding, and related fatal crashes among young drivers.

Table 1
Random Digit Dial Telephone Surveys
Saving Lives Cities and Comparison Areas in Massachusetts
1988 - 1993

Respondents

	1988	1989	1990	1991	1992	1993
Saving Lives Cities						
16-19 Teens	542	501		507		519
Adults 20+	1863		1606	1630	1455	1233
Comparison Cities Rest of Mass.						
16-19 Teens	953	881		610		698
Adults 20+	522		463	488	496	507
Response Rates						
Teens	82%	87%		85%		77%
Adults	73%		72%	69%	70%	63%

Table 2
Saving Lives Program
Vehicles Observed in Speeding, Safety Belt and Intersection
Surveys 1984 - 1993

	1989	1990	1991	1992	1993
Saving Lives Cities					
Intersections-Safety Belts					
# Vehicles	2,307	2,430	2,282	2,374	2,131
Occupants	2,253	3,463	3,222	3,458	2,996
Speed	8,043	14,045	13,074	17,450	17,328
Comparison Cities Rest of Mass.					
Intersection-Safety Belts					
# Vehicles	9,119	8,931	8,745	8,445	7,813
Occupants	12,949	12,143	12,110	10,089	10,819
Speed	5,731	8,011	8,692	12,021	12,047

Table 3

Characteristics of the Saving Lives Program Cities,
Comparison Cities and the Rest of Massachusetts

	Saving Lives Cities	Comparison Cities	Rest of Mass.
1990 Population	318,974	378,666	5,318,785
Percent White	90%	89%	90%
Percent College Graduate	14%	13%	18%
Percent on Welfare	3%	4%	3%
Percent Employed	54%	50%	54%
Percent Living in Poverty	10%	13%	8%
Per Capita Income	\$15,116	\$14,284	\$17,560

Source: Horonor E. ed. Massachusetts Municipal Profiles 1991-1992, Information Publications, Palo Alto, California, 1991 (Data based on U.S. Census).

Table 4: Baseline Traffic Fatality and Injury Data Saving Lives Cities, Comparison Cities, Rest of Massachusetts 1984-1987

	<u>Saving Lives Cities</u>		<u>Comparison Cities</u>		<u>Rest of Mass.</u>	
	N	rate/1000	N	rate/1000	N	rate/1000
Population	318,974		378,666		5,318,785	
Fatalities	170	0.5	128	0.3+	2,736	0.5
Night Injury	5,722	17.9*	7,501	19.8	102,764	19.3
Total Injury	18,129	56*	25,736	68	306,983	53
<u>Night Injury**</u>						
100 Night Crashes		51.6		53.9		49.9
<u>Injuries</u>						
100 Crashes		48.2		52.0		46.3

** Trends in injuries per 100 crashes or night injuries did not significantly differ between Saving Lives Cities and the rest of Massachusetts.

* Night injuries and total injuries per population were significantly lower in Saving Lives Cities.

+ Fatalities per population were significantly lower in comparison areas than Saving Lives Cities and the rest of Massachusetts.

Table 5: 1988 Baseline Telephone Survey Results* Saving Lives Cities, Comparison Cities, Rest of Massachusetts*

	<u>Saving Lives Cities</u>		<u>Comparison Cities/Rest of MA</u>	
	Adolescent N=542	Adult N=1860	Adolescent N=953	Adult N=525
<u>Past Month:</u>				
Drove after drinking	19%	33%	14%+	30%
Drinking 5 or more drinks	7	6	5	6
<u>Past Week:</u>				
Sped 20 or more over the limit	47	23	41+	22
Ran red light	8	5	13	4
Made illegal turn	36	17	36	20
always wear safety belt	18	34	19	37

* Because no significant differences on these behaviors were reported between comparison cities and the rest of the state, data from those areas are combined for simplicity of presentation.

+ Adolescents age 16-19 in Saving Lives Cities were more likely to report driving after drinking and speeding than in comparison cities and the rest of Mass. $p < .05$

TABLE 6

FATAL CRASHES DURING THE 5 YEARS BEFORE AND
AFTER THE SAVING LIVES PROGRAM

	March 84 - Feb 85 Before Total	March 88 - Feb 93 After Total	Change
Saving Lives Cities	178	119	↓ 33%
Comparison Cities	120	123	▲ 3%*
Rest of Massachusetts	2,910	2,570	↓ 12%†

* Saving Lives vs. Comparison Cities ($p = .01$)

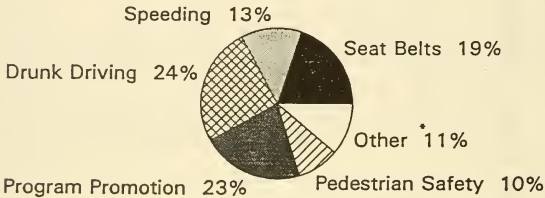
† Saving Lives vs. Rest of Massachusetts ($p = .02$)

FIGURE 1

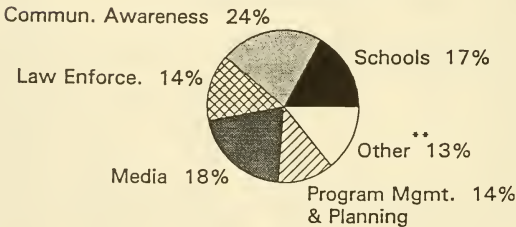
SAVING LIVES PROGRAM

Activity Objectives and Delivery Means, Year 1-5
All Communities (N = 8605)

Objectives



Delivery Means

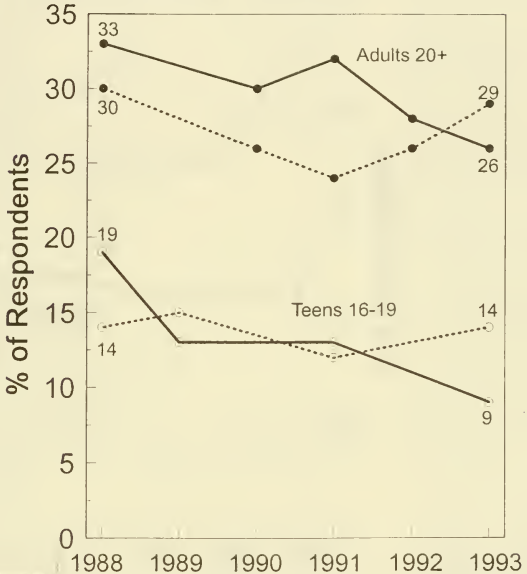


* Other = Road Design, Bicycle Safety, Motorcycle Safety, Public Transportation

**Other = Alcohol Servers, Public Policy, Direct Services, Health System, Dissemination, Community Organization, Business Community

Figure 2

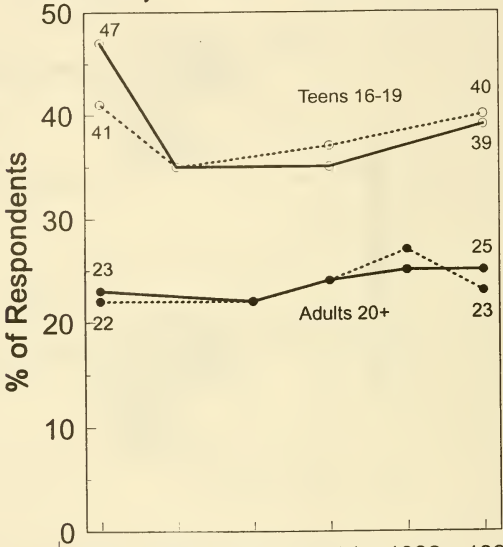
Drove After Drinking Saving Lives vs. Comparison Areas, 1988-1993



	1988	1989	1990	1991	1992	1993
SL Teens —	542	501		507		520
SL Adults —●	1,863		1,606	1,630	1,456	1,340
Comp Teens ···○	953	881		660		698
Comp Adults ···●	522		463	491	497	558

Figure 3

Reported Speeding Past Week 20+ MPH Over Limit Saving Lives vs. Comparison Areas, 1988-1993



	1988	1989	1990	1991	1992	1993
SL Teens	542	501		507		520
SL Adults	1,863		1,606	1,630	1,456	1,340
Comp Teens	953	881		660		698
Comp Adults	522		463	491	497	558

Rate of Night Injuries Per 100 Night Crashes Saving Lives Cities and Rest of Massachusetts

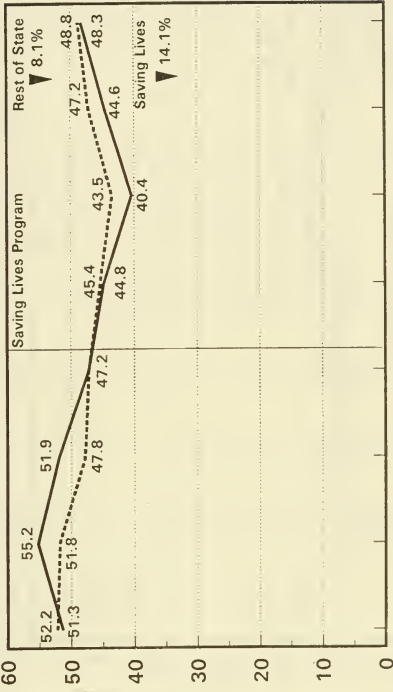
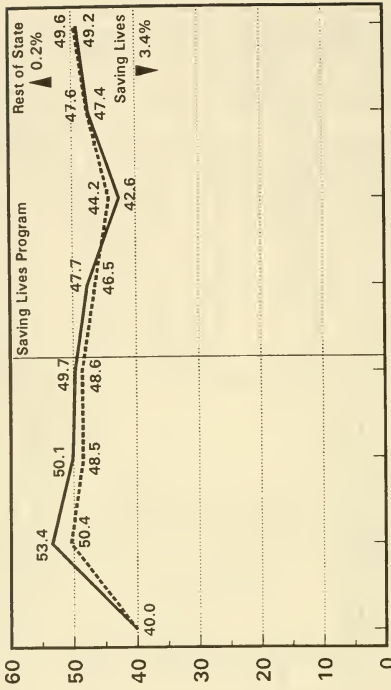


Figure 4

Year Ending February	1985	1986	1987	1988	1989	1990	1991	1992
SLC Injuries	1,697	1,682	1,221	1,122	1,111	1,096	1,088	1,093
SLC Crashes	3,308	3,047	2,351	2,378	2,482	2,713	2,439	2,264
Rate	51.3	55.2	51.9	47.2	44.8	40.4	44.6	48.3
State Injuries	35,105	31,698	22,186	21,281	20,216	21,253	20,098	18,108
State Crashes	67,269	61,246	46,432	45,054	44,517	48,885	42,574	37,079
Rate	52.2	51.8	47.8	47.2	45.4	43.5	47.2	48.8

Rate of Total Injuries Per 100 Crashes Saving Lives Cities and Rest of Massachusetts



Year Ending February	1985	1986	1987	1988	1989	1990	1991	1992
SLC Injuries	4,011	5,221	4,339	4,558	4,578	4,863	4,710	4,672
SLC Crashes	10,017	9,781	8,669	9,172	9,606	11,428	9,929	9,498
Rate	40.0	53.4	50.1	49.7	47.7	42.6	47.4	49.2
State Injuries	76,641	91,899	79,608	84,491	81,552	88,702	82,206	78,132
State Crashes	191,626	182,380	164,299	173,710	175,461	200,489	172,659	157,673
Rate	40.0	50.4	48.5	48.6	46.5	44.2	47.6	49.6

Figure 5

REFERENCES

1. McCarthy J., Wolfson M., Barber D. The Formation of Local Citizen Groups Oppose Drunken Driving, in Ecological Models of Organization. Carroll, G.R. (ed). Bullinger Press: Cambridge, MA, 71-84, 1988.
2. Hatos S., U.S. Department of Transportation Personal Communication.
3. Williams A., Zador P., Harris S., & Karpf R. The Effects of Raising the Minimum Drinking Age on Involvement in Fatal Crashes. Journal of Legal Studies 12:169-179, 1983.
4. Hingson R., Scotch N., Mangione T. Impact of Legislation Raising the Drinking Age from 18-20 in Massachusetts. American Journal of Public Health 73:163-170, 1983.
5. DuMouchel W., Williams A., & Zador P. Raising The Alcohol Purchase Age: Its effects of Fatal Motor Vehicles Crashes in 26 States. Insurance Institute for Highway Safety. Washington, D.C., 1985.
6. U.S. General Accounting Office: Drinking Age Laws - An Evaluation Synthesis of the Impact on Highway Safety. Publication No. GAO/PEMD 87-10. Washington, D.C., 1987.
7. Phelps C. Control of Alcohol Involved Driving and Through Impersonal Prevention. Alcohol Health and Research World 14:52-58, 1990.
8. Zador P., Lund A., Fields M., & Winberg K. Fatal crash Involvement and Laws Against Alcohol Impaired Driving. Insurance Institute for Highway Safety Washington, D.C., 1988.
9. Epperlien T., Initial Deterrent Effects of Crackdown in Drinking and Drivers in the State of Arizona. Accident Analysis and Prevention 19(4):2850303, 1987.
10. Hingson, R., Heeren T., Kovenack D., Mangione T., Lederman R., & Scotch N. Effects of Maine's 1981 and Massachusetts 1982 Driving Under the Influence Legislation. American Journal of Public Health 77:593-597, 1987.
11. Ross H.L. Deterring the Drinking Driver: Legal Policy and Social Control. DC Heath: Lexington, MA, 1982.
12. Liben C.B., Vingelis E.R., & Lefgen. The Canadian Drinking Driver Countermeasure Experience. Accident Analysis & Prevention 19(3):159-181, 1987.

13. Transportation Research Board: 55: A Decade of Experience. National Research Council: Washington, D.C. 1984.
14. Williams A.L., Preusser D.L., Blombert R., Fund A. Safety Belt Use Law Enforcement in El Myra, New York: A Reminder Campaign. American Journal of Public Health 77:1450-2, 1987.
15. McCarthy J.D. & Harvey D.S. Independent Citizen Advocacy: The Past and the Prospects, Surgeon General's Workshop on Drunk Driving Background Papers, Rockville, Maryland. Office of the Surgeon General, U.S. Department of Health and Human Services 247-260, 1989.
16. Voas R.B. & Lacey J.H. Issues in the Enforcement of Impaired Driving Laws in the United States. Surgeon General's Workshop on Drunk Driving Background Papers: Rockville, Maryland. Office of the Surgeon General, U.S. Department of Health and Human Services 136-156, 1989.
17. Snortum J.R. & Berger D. Drinking-Driving Compliance in the United States, Perceptions of Behavior in 1983 and 1986. Journal of Studies on Alcohol 50(4):306-319, 1989.
18. Institute of Medicine: Prevention and Treatment of Alcohol Problems Research Opportunities. National Academy Press: Washington D.C., 1989.
19. Puska P., Solomen J., Nissin A., et al. Change in Risk Factors for Coronary Heart Disease During 10 years of Community Intervention Program (North Kareila Project). British Medical Journal 287:1840-1844, 1983.
20. Blackburn H. The Minnesota Heart Health Program: A Research and Demonstration Project in Cardiovascular Disease Prevention, in Behavioral Health: A Handbook of Health Enhancement and Disease Prevention. Matarazo J.D., Miller N.E., Weiss S.M., Herd J.A. (eds). Wiley: Silver Spring, Maryland, 1984.
21. Farquhar J. The Potential Role of the Media in Public Health, Education and Health Policy, in Hammer J., Jacobs S. (eds.). The Media, Communication and Health Policy. Memphis, Center for Health Sciences, University of Tennessee, 1984.
22. Farquhar J.W., Fortmann S.P., et al. Effects of Communitywide Education of Cardiovascular Disease Risk Factors: The Stanford Five-City Project. Journal of the American Medical Association 264:359-65, 1990.
23. Farquhar J.W., Fortmann S.P. The Stanford Five-City Project: Design and Method. American Journal of Epidemiology 122:323-34, 1985.
24. Lefebvre R.C., Lassater T.M., Carleston R.A., Peterson

- G.(1987). Theory and Delivery of Health Programming in the Community: The Pawtucket Heart Health Program. Preventive Medicine 16:80-95, 1987.
25. Stunkard A.J., Felix M.R.J., Cohen R.Y. Mobilizing a Community to Promote Health: The Pennsylvania County Health Improvement Program (CHIP), in Rosen J.C., Solomon L.J. (eds.) Prevention in Health Psychology Hanover, New Hampshire, University Press of New England.
 26. Rosenbloom D., Dawkins C., Hingson R. Who is Really Fighting the War on Drugs: A National Study of Community Based Anti Drug and Alcohol Activity in America, Join Together: A National Resource for Communities Fighting Substance Abuse, Boston, Mass., 1992.
 27. Levy P., Voas R., Johnson P., & Klein Y. An Evaluation of the Department of Transportation's Alcohol Safety Action Projects. Journal of Safety Research 10:162-176, 1987.
 28. NHTSA, Office of Alcohol Countermeasures, Interim Report Target of Opportunity, 1989.
 29. Voas R.B. & Hause J.H. Detering the Drinking Driver: The Stockton Experience. Accident Analysis and Prevention 19(2)81-90, 1987.
 30. Voas R.B., Rhodenizer A.E., & Lynn C. Evaluation of Charlottesville Check Point Operation. Technical Report Contract NO. DTN#2283 C 05088. Washington, D.C. National Highway Traffic Safety Administration, 1985.
 31. Lacey J.H., Stewart J.R., Marchetti L.M., Popkin C.L., Murphy P.V., Lucke R.E., & Jones R.K. Enforcement and Public Information Strategies For General Deterrence: Arrest Drunk Driving the Clearwater and Largo, Florida Experience Pub. No. DOT HS 807 066 Springfield, VA. National Technical Information Service, 1986.
 32. Levy D.L., Shea D., & Asch P. Traffic Safety Effects of Sobriety Checkpoint and Other Local DWI Programs in New Jersey. American Journal of Public Health 79(3)291-293, 1989.
 33. Jessor R. Risky Driving and Adolescent Problem Behavior: An Extension of Problem - Behavior Theory. Alcohol Drugs and Driving 3:1-11, 1987.
 34. Hingson R., Howland J., Morelock S., & Heeren T. Legal Interventions to Reduce Drunk Driving and Related Traffic Fatalities Among Youthful Drivers. Alcohol, Drugs and Driving 4:87-98, 1988.
 35. Hingson R., Howland J., Schiavone T., & Danuate M. The Massachusetts Saving Lives Program: Six Cities Under the Focus

from Drunk Driving to Speeding, Reckless Driving and Failure to Wear Safety Belts. Journal of Traffic Medicine (18)3:123-132, 1990.

36. Waksberg J. Sampling Methods for Random Digit Dialing. Journal of the American Statistical Association 73:40-46, 1978.
37. Kish L. Survey Sampling. New York, Wiley, 1965.
38. Waganaar A., & Wiviott M. Effects of Mandatory Seat Belt Laws: A Series of Surveys on Compliance in Michigan. Public Health Reports 101:505-513, 1986.
39. Generalized Linear Regression for Discrete Data Using SAS, The American Statistician, 41:241, 1987.
40. Klein T. Changes in Alcohol Involved Fatal Crashes Associated with Tougher State Alcohol Legislation, Contract No. DTNH 2288C07045, Washington, DC, National Highway Traffic Safety Administration, 1989.
41. Campbell B.J., Campbell F.A. Injury Reduction and Belt Use Associated with Occupant Restraint Laws in Graham J. ed. Preventing Automobile Injury. Auburn House, Dover, Mass., 1988.
42. Williams A., Lund A. Mandatory Seat Belt Use Laws and Occupant Protection in the U.S.: Present States and Future Prospects in Graham J. ed. Preventing Automobile Injury. Auburn House, Dover, Mass., 1988.
43. U.S. Department of Transportation. Fatal Accident Reporting System, 1991.
44. U.S. Department of Transportation. General Estimates System, National Highway Traffic Safety Administration, DOTHS 807781, 1991.
45. National Safety Council. Accident Facts 1991 edition. Chicago, Illinois.
46. Schuster M. Injuries in Massachusetts: An Overview of Causes and Costs, Massachusetts Department of Public Health, 1992.
47. Voas R.B., Rhodenizer A.E., Lynn C. Evaluation of Charlottesville Checkpoint Operation, Technical Report Contract No. DTN#2283 C05088, Washington, DC, National Highway Traffic Safety Administration, 1985.
48. U.S. Department of Transportation, 1992.
49. Williams A., Preusser D., Bloomberg R., Lund A. Safety Belt Use Law Enforcement in Elmyra, New York: A Reminder Campaign, American Journal of Public Health, 77: 1450-2, 1987.

H.R. 1719
"High Risk Drivers Act"

Thursday, March 24, 1994
10:00 A.M.

2167 Rayburn House Office Building

Richard A. Marottoli, M.D.
Yale-New Haven Hospital
Dorothy Adler Geriatric Assessment Center
20 York Street, TMP Rm 15
New Haven, Connecticut 06504
(203)785-3344

The number of older drivers is increasing as our population ages. Concern has been raised about their safe operation of motor vehicles given the increasing likelihood with advancing age of developing conditions that may adversely affect the visual, cognitive, and motor abilities necessary for safe driving.

From one perspective, this concern is unwarranted since the absolute number of crashes involving older drivers is low. However, since older individuals drive fewer miles on average, their crash rates increase when adjusted for mileage. Older individuals are also more likely to be hospitalized and die as a result of these crashes.

Relatively little is known about the severity or combinations of impairments that put older drivers at risk. Research needs to be directed at obtaining objective evidence on the role of medical conditions and system impairments in contributing to unsafe vehicle operation and crash risk. This would allow for identification of the relatively small number of high risk older drivers who could then be evaluated in greater detail to assess the nature of impairment and its effect on driving ability. Rational decisions could then be made on the ability to continue driving or the need for driving restrictions or cessation.

Recent studies^{1,2} have shown that many older drivers make these decisions on their own based on medical conditions or social/economic factors such as decreased need, increased cost, and the availability of alternative transportation. Physicians are also concerned about their role in the evaluation process and the lack of objective guidelines for counseling older patients about continued driving³. More scientific evidence is needed to develop such guidelines. This would help individuals, family members, physicians, and government officials to make appropriate decisions regarding the self-regulation of driving practices.

Any discussion of older drivers must take into account the central issue of balancing independence and autonomy with personal and public safety. A system which evaluates relicensing must be fair, accurate, and based on scientific evidence. It must also give individuals the opportunity to self-regulate while providing a safety net for those who do not recognize their impairments or choose to ignore them. Alternate transportation systems must be available and accessible. Vehicle and roadway design should take older driver safety factors into account, and information on the effects of aging on driving ability, vehicle safety features, and the availability of alternative transportation sources should be widely disseminated.

REFERENCES:

1. Marottoli RA, Ostfeld AM, Merrill SS, et al. Driving Cessation and Changes in Mileage Driven Among Elderly Individuals. *J Gerontol: Soc Sci*, 48:S255-60, 1993.
2. Campbell MK, Bush TL, Hale WE. Medical Conditions Associated with Driving Cessation in Community-Dwelling, Ambulatory Elders. *J Gerontol: Soc.Sci*, 48:S230-34, 1993.
3. Drickamer MA, Marottoli RA. Physician Responsibility in Driver Assessment. *Am J Med Sci*, 306:277-81, 1993.

JANIE PATRIDGEStatement Regarding H.R. 1719

I was asked to address you this morning concerning H.R. 1719, otherwise known as the "High Risk Drivers Act of 1993". As stated in its documentation, the bill was developed to promote the implementation of programs to improve the traffic safety performance of high risk drivers. The term "high risk drivers" includes young adults of my age, more specifically those youth with drivers license under the age of 21. The bill discusses many ideas to promote safety among this age group, but it is to one specific component that I will wish to devote my privileged time with you. This significant component concerns the lowering of the BAC or blood alcohol concentration which deems high risk drivers to be found legally intoxicated. In my statements, it is my hope that you will see why I support this bill's proposal. It is my hope that I can make a difference through my testimony and address the concerns of your committee.

First to be discussed are the legal and regulatory aspects of this proposal. In most states, the current blood alcohol concentration deemed intoxication for drivers under the age of 21 is 0.10%, the same BAC standard upheld for those citizens who are legally permitted to drink. With a BAC of 0.10%, one's hearing, vision, speech and balance are all severely impaired. But lower blood alcohol concentrations result in no less impairing effects. A BAC of 0.02%, the concentration this bill proposes, results in affected judgment and reasoning, inhibitions are lessened and the normal procedures a driver goes through soon become difficult tasks. As stated in your documents, in 1991-6,630 youth ages 15-20 died in vehicle crashes; many cited alcohol as a key factor in the accident. Youth under the age of 21 are not permitted to consume alcoholic beverages, but, as the law now stands, these young people, as inexperienced drivers, are judged by the same blood alcohol concentrations as adults who are legally permitted to drink. In my eyes and in the eyes of many around me, this is wrong and something needs to be done about our law's inconsistencies.

Second, and most importantly to be discussed, is, if passed, this bill will aid to better the physical and emotional lives of youth today. I have made a choice according to my principles and beliefs not to consume alcoholic beverages...but I cannot deny the impact that alcohol has had in my life. Last year, at a time when most high school seniors reflect on times past and look forward to an exciting

year at college, one Langley senior fell victim to an alcohol related car accident. The accident occurred as a caravan of cars left a party at one house and, after being kicked out, went in pursuit of another house to continue their fun. As the Washington Post reported, it was in their traveling that the driver of Mary Kate's car "lost control of the [vehicle]...veered down a five foot embankment and then traveled 90 feet before ramming into a tree, tipping over and landing in a small ravine"(Post, A12,3/28/93). Mary Kate died at the scene. I remember that night as I was baby-sitting hearing helicopters flying and circling near the home where I was sitting. The kids I was sitting for awoke from their sleep and ran downstairs wondering what was going on. Unaware, I told them that everything would be all right, that there was nothing to worry about, but I was wrong. Mary Kate had died. She had died a preventable death, one that if alcohol were not involved, maybe would have never happened. Soon after the accident, students came together for support and to comfort each other as our innocence of youth was taken away in this tragic accident. Langley students decided things would change, that they had seen the danger of alcohol and would alter their lifestyles as not to face its deadly consequences. But sadly enough, almost a year after the accident most things remain the same. Kids did realize the dangers of driving drunk and now avoid consuming large amounts of alcohol when they are driving. However, having a couple of drinks is still okay; many students still think that they can drive just as well, if not better, after having had a beer or two. But I beg to differ. A beer or two can place a person's BAC anywhere from 0.02 to 0.05%, at a level when their judgment and reasoning are definitely affected and certainly not improved. Many students from Langley have not learned from their and their peers' mistakes, but it is my hope that this bill will make students aware of the dangerous levels of their illegally consumed alcohol. I know that this proposal is needed, to protect both other drivers on the road and the young drivers themselves, from the same fate that faced Mary Kate. The kids I was with on the night of the accident probably won't remember what happened to the senior at Langley High School, but they may have to face a similar situation with a classmate of their own. It is my prayer that they won't have to. I strongly support this bill and I hope that you will too. Thank you.

Jane Partridge
 President, Student Government Association
Langley High School
 McLean, Virginia 22101

Betty Mercer, OHSP
(517) 334-5175)

Col. Michael Robinson
(517) 336-6157

STATE OF MICHIGAN



JOHN ENGLER, GOVERNOR
DEPARTMENT OF STATE POLICE
714 SOUTH HARRISON ROAD, EAST LANSING, MICHIGAN 48823
COL. MICHAEL D. ROBINSON, DIRECTOR

March 24, 1994

Oral testimony for Colonel Michael D. Robinson, Michigan State Police Director

Americans are known for their ingenuity. There is always someone, somewhere looking for a better way to do business.

Certainly, the State of Michigan is a prime example. Every year the Big Three turn out cars that are better than the year before. Our state government is no exception.

The Michigan State Police is committed to improving traffic safety by strictly enforcing our laws. A combination of tough sanctions and continued enforcement is showing positive results.

Our safety belt use is at an all time high of 64.4 percent -- despite secondary enforcement restrictions. Alcohol-related fatalities are down significantly in Michigan to 38 percent. We have achieved these results without enforcement tools such as sobriety checklanes and administrative license revocation.

We *are* effective even though we cannot follow the federal formula for combatting drunk driving in the use of sobriety checklanes. Because we do not meet very strict and rigid federal criteria, our state does not qualify for special incentive funding to enhance our already-successful drunk driving efforts.

Because of strong state constitutional provisions, we are prohibited from passing such laws as sobriety checklanes or administrative license revocation. I strongly believe that Michigan's performance should be considered in determining whether to grant incentive funds. Whether Michigan can or cannot implement specific, narrow procedural requirements should not be the sole basis for awarding grant monies.

These same constitutional provisions are working *against* our state when we are denied federal funds which could help save lives. Inflexible grant criteria ignore our accomplishments -- which surpass those of many other states. Many of these states are grant recipients. In fact, Michigan has been denied a potential \$21 million in grant money over the past five years -- money which could have been used to build upon our accomplishments.

Michigan is not alone. Several other states face the same discouraging situation because of this limiting procedural criteria.

I see this trend continuing with H.R. 1719 and the High Risk Driver Act. I am asking that you recognize Michigan and other states are faced with unique constraints that currently prevent our participation in these worthwhile programs. Michigan is not asking that current criteria be eliminated, but that additional criteria be added to allow for traffic successes based in part on performance. Allowing our state to qualify for federal funds will give us the opportunity to intensify our efforts and further reduce traffic-related deaths and injuries.

Please adopt an amendment to the High Risk Driver Act that includes an alternative funding mechanism based on performance. Thank you.



A PROUD tradition of SERVICE through EXCELLENCE, INTEGRITY, and COURTESY.



Statement of Jane S. Roemer
Executive Director, Public Policy
National Safety Council
Before the
House Surface Transportation Subcommittee

March 24, 1994

Mr. Chairman and members of the Subcommittee, I am Jane Roemer, Executive Director, Public Policy, for the National Safety Council. On behalf of my organization, I thank you for this opportunity to appear here today to testify on the High Risk Drivers Act of 1993.

The National Safety Council is a not-for-profit public service organization founded in 1913 and dedicated to encouraging the adoption of safety and health policies and practices which will reduce deaths, injuries and economic losses from preventable causes.

We have a diverse membership of over 16,000 organizations and individuals committed to reducing the high toll of preventable injuries in this country. The opinions stated here represent the views of the National Safety Council but not necessarily those of each of our members.

The Council believes that so-called "accidents" are not random occurrences but rather result from unsafe practices and conditions. Viewed this way, many such accidents are preventable.

In recent times, there have been important achievements in the effort to prevent needless deaths and injuries on our

National Safety Council
March 24, 1994
Page 2

nation's roadways. In 1992, the number of highway fatalities dropped to a record low. The passage of such highway safety measures as the national minimum drinking age law, administrative license revocation and other impaired driving laws has resulted in a significant reduction in the number of fatal crashes involving alcohol. Similarly, safety belt use laws have been passed in 48 states and the District of Columbia, increasing safety belt use around the country and saving thousands of lives.

Despite this progress, the number of deaths from traffic crashes--nearly 40,000 a year--remains far too high. In particular, statistics show that safety education and safety laws alone have failed to adequately reach some driver groups which are overrepresented in crashes--young drivers, older drivers and repeat offenders. If our progress is to continue, we must focus on these higher-risk groups with special programs and greater attention.

The Council is pleased that this Subcommittee now is considering the High Risk Drivers Act of 1993. H.R. 1719 provides the federal direction and assistance needed to enable states to put in place programs which will have an impact on harder-to-reach populations. Only in this way can we hope to develop an effective and consistent national effort to address the problems posed by drivers whose behavior creates an increased risk to safety.

We support the bill's emphasis on younger drivers, about

National Safety Council
March 24, 1994
Page 3

which we will comment further, as well as its effort to address the greater crash involvement of older drivers and repeat offenders.

The Council agrees that research is needed to identify effective ways to reduce the crash rate of older drivers while taking into account their need for both safety and mobility. As our population ages, it is especially important to learn what we can do to enhance the safety of the older driver. There is a need for a comprehensive approach which will take into account the entire roadway system, including driver licensing, vehicle design and roadway design.

We also support action to evaluate the need for improved identification of repeat offenders and intervention in their licensing. Reckless drivers put everyone at risk, and for too long our society has tended not to take their behavior seriously. Improving the accuracy and uniformity of state motor vehicle records is an important first step toward deterring the repeat offender.

It is in the area of teenage driving that the challenge of improving driving behavior is most critical. National Safety Council statistics show that motor vehicle crashes are the leading cause of death among teenagers in this country. A rather startling Council figure is that in 1992, 30 of every 100 teenage drivers were involved in a traffic crash, a much higher rate than for any other age group.

National Safety Council
March 24, 1994
Page 4

The reasons younger drivers are over-involved in crashes are no mystery. In general, younger drivers are inexperienced at driving, take greater risks due to their immaturity and inexperience, and are more susceptible to impairment from even small amounts of alcohol. These factors often combine to produce tragic results.

Fortunately, however, effective remedies for controlling these risk factors and reducing the high crash rate of younger drivers are well known. By incorporating many of these remedies into a federal incentive grant program, the High Risk Drivers Act of 1993 provides a means to encourage more states to adopt and strengthen those measures which we know work.

Provisional licensing, which restricts circumstances under which beginning drivers may drive, is a key component of the bill. This eligibility criterion could be strengthened further by requiring as part of a provisional licensing system nighttime driving restrictions for younger drivers. The Council is on record as supporting such restrictions as a reasonable means of reducing the disproportionately high number of nighttime fatal crashes involving teenage drivers.

We believe it appropriate that many of the bill's basic grant criteria are aimed at encouraging states to enact laws to prevent underage drinking and driving. These are critically important measures and reflect the significant role alcohol use plays in contributing to teenage crash involvement. While the

National Safety Council
March 24, 1994
Page 5

national minimum drinking age law has had an important impact on reducing fatal crashes among younger drivers, we know that few states have adopted the ancillary laws or enforcement mechanisms which are needed to ensure the effectiveness of their under-21 alcohol purchasing laws.

The Council believes that all states should enact laws to set the permissible blood alcohol concentration at .02 (or "zero tolerance") for drivers under age 21. These laws have been shown to reduce alcohol-related crashes involving underage drivers, and they close a large loop-hole in the minimum drinking age law which has allowed minors to drink and drive.

We also endorse other basic grant criteria aimed at eliminating gaps in the minimum drinking age law, including the provision requiring license suspension for those who violate under-21 laws and the provision penalizing anyone who, in violation of the law, sells alcohol to a minor.

In general, we believe that the basic grant requirements, with provisional licensing of teenage drivers as their cornerstone, place appropriate priority on those measures proven to be most effective. These grant criteria properly focus on the driver's license and remind us that control of the driving privilege is often the best means we have of getting the attention of the problem driver.

At the same time, we believe the safety training and enforcement provisions of H.R. 1719 provide a critical follow-up

National Safety Council
March 24, 1994
Page 6

to passage of stronger laws and penalties. Without enforcement, no law will be effective in curtailing the behaviors addressed in the bill.

The National Safety Council strongly supports the sections of the bill calling for driver training for provisional licensees and remedial driver education for young drivers convicted of safety violations. We would recommend that remedial driver improvement instruction be expanded to include drivers of any age who incur a number of safety violations.

The Council has developed driver improvement and retraining programs over the years which are in place in many jurisdictions around the country. Our experience has convinced us of the value of such training in improving the driving behavior of poor and reckless drivers.

In 1987, New York State conducted a study of its driver improvement program. The study examined records of almost 77,000 drivers and found a 22.2 percent reduction in crashes among training course graduates. Even more dramatic was the 57.3 percent reduction in moving violations in this same group.

The Council has just begun a training program in Massachusetts for up to 40,000 repeat offenders a year. We plan to evaluate the effectiveness of this program on a yearly basis.

Conclusion

There is no single or simple answer to the challenge of making our highways safer. Successful policies and programs

National Safety Council
March 24, 1994
Page 7

already in place must continue. By focusing on the high-risk driver, and, in particular, the younger driver, H.R. 1719 addresses an urgent part of the safety problem which up until now has not been dealt with effectively at the national level.

This bill, if enacted--and sufficiently funded--will help foster a consistent national response to the problem of dangerous driving behavior by encouraging the proven counter-measures and successful programs which already have been implemented in a number of states.

The National Safety Council appreciates the Subcommittee's leadership on this important initiative. We look forward to working with you as this bill proceeds through the legislative process. Thank you for this opportunity to testify here today. I would be pleased to answer any questions you may have.



Testimony on H.R. 1719, High Risk Drivers Act of 1993

Before the Subcommittee on Surface Transportation of the
House Committee on Public Works and Transportation

Dr. Paul F. Rothberg
Specialist in Science and Technology
Science Policy Research Division

March 24, 1994

TESTIMONY ON H.R. 1719, HIGH RISK DRIVERS ACT OF
1993

Mr. Chairman and Members of the Subcommittee,

The Congressional Research Service (CRS) appreciates this opportunity to testify on H.R. 1719, the High Risk Drivers Act of 1993. My analysis of the possible benefits and concerns related to this bill is based in part on the 1993 CRS report entitled "Young Drivers: What is the Federal Role in Strengthening Relevant State Laws and Programs?" in addition to continuing studies on the effectiveness of various Federal traffic safety grant programs and the older driver challenge.¹

As a Nation we can be proud of the fact that we have dramatically reduced our traffic fatality rate in 1993 to the historic low of 1.7 deaths per 100 million vehicle miles traveled.² This rate is substantially lower than the rate characteristic of the 1960s of 5.3 deaths per 100 million vehicle miles traveled. Despite the substantial progress that has been made, about 39,850 people lost their lives last year in traffic crashes. If we instituted the programs necessary to achieve a national fatality rate of 1.2 deaths per 100 million miles traveled,

¹U.S. Library of Congress. Congressional Research Service. Young Drivers: What is the Federal Role in Strengthening Relevant State Laws and Programs? Report No. 93-275 SPR, by Paul F. Rothberg and Edith Fairman Cooper, Mar. 1, 1993. Washington, 1993. 58 p. (This CRS report contains much of the data and sources used in this statement.)

²Initial estimate by the National Highway Traffic Safety Administration.

CRS-2

this effort would result in an additional savings of some 12,000 lives per year, assuming no change in the current number of vehicle miles traveled. Reaching this ambitious goal, or even coming close, would require the use of numerous strategies, including increased focus on high-risk drivers. H.R. 1719 pursues these purposes.

This bill sets forth a clear statement of congressional desire to improve the State and Federal role in promoting the safety of young drivers, older drivers, and repeat violators of traffic safety regulations. As envisioned in H.R. 1719, the Federal Government would provide more assistance to the States by sponsoring a stronger research program, improved technical assistance, and most importantly, financial incentives for stronger State laws to deal with the younger driver challenge. H.R. 1719 is intended to help judges, prosecutors, driver educators, and State driver licensing officials conduct their traffic safety responsibilities more effectively. The bill could lead to increased law enforcement targeted at the traffic safety problems of youth; assistance to families, physicians, and allied health professionals when they participate in licensing decisions; and improvements of State driver record systems.

Under the bill, a concerted research program to improve driver training and the licensing process for high-risk drivers is required. Thus, H.R. 1719 could lead to cost effective and scientifically based procedures to reduce age-biased licensing practices affecting older drivers. This measure also would strengthen and focus ongoing activities conducted by the National Highway Traffic Safety Administration (NHTSA) and legislatively underpin expanded activities to help the States.

CRS-3

I will now discuss how H.R. 1719 might affect younger and older drivers, and comment on the specific grant provisions set forth in H.R. 1719.

YOUNGER DRIVER CHALLENGE

Motor vehicle crashes are the leading cause of death among teenagers, and teenage drivers tend to be at-fault for their fatal crashes more often than other drivers. Young drivers are vastly overrepresented in motor vehicle crashes and injuries. This is true whether the measure of exposure is based on population, miles driven, or number of licensed drivers. During 1993, according to early NHTSA estimates, the number of youths aged 16-20 who died in motor vehicle crashes was 5,460 of which 3,165 were drivers. Last year in the United States, a total of 8,119 people of all ages were killed in crashes which involved a younger driver aged 16-20. The inexperience of youth in driving, their risk-taking behavior, and their consumption of alcohol are major causes for thousands of tragic losses and hundreds of thousands of injuries annually.

H.R. 1719 creates a new traffic safety incentive grant program that is intended primarily to reduce the frequency and severity of crashes associated with young drivers. To qualify for the grant funds, a State would need to enact a mix of laws and programs that are based, to a large extent, on proven strategies to curtail dangerous drivers and practices. These may include: a provisional licensing program with a clean driving record requirement, a blood alcohol concentration threshold for convictions of drunk driving for youth that is lower than that set for other drivers, and a front and rear seat belt use law. H.R. 1719 also seeks to encourage the States to adopt laws that would set a minimum \$500 penalty for selling alcohol to anyone under 21 years of age and a minimum 6-month driving license suspension for anyone under 21 years of age

convicted of the unlawful purchase or public possession of alcohol. Such strategies should provide strong incentives to reduce access to and consumption of alcohol by youth. As numerous reports, including those by the National Transportation Safety Board and the Congressional Research Service (CRS) have concluded, many current enforcement programs in this area are not working, and more effective laws are needed to address the younger driver challenge more effectively.

H.R. 1719 provides financial incentives to the States to strengthen a wide variety of their safety laws and programs targeted at young drivers. Despite NHTSA's concerted efforts to accomplish this objective for many years, progress towards convincing States to adopt a comprehensive mix of effective laws has been relatively slow. Only about six States have the comprehensive mix of diverse laws and programs that appear to be necessary to deal comprehensively with the multiple problems associated with young drivers and to reduce the youth traffic fatality rate substantially below its current level.

SPECIFIC COMMENTS ON THE PROPOSED GRANT PROGRAM

Past and current safety incentive grant programs, which have been supported by this Committee, have demonstrated that Federal partnerships with States lead to strengthened traffic safety laws and help save lives. For roughly the last ten years, the Congress in Appropriations Acts has demonstrated a greater willingness to provide funds for new traffic safety incentive grant programs, such as the Sections 408, 410, and 153 programs, than to provide substantial increases for the existing Section 402 "State and Community Traffic

CRS-5

Safety Grant Program" in which all States participate.³ With the ending of new contract money for the Sections 408 and 153 programs, the new Section 411 program established by H.R. 1719 would be the only new traffic safety incentive grant program sponsored by the Federal Government besides the remaining Section 410 program.

If the proposed grant program were properly structured and implemented, the CRS report concluded that the resulting Federal/State partnership would be an effective means of promoting vigorous State efforts to substantially reduce traffic fatalities involving youth. The proposed program in H.R. 1719 would be funded out of the General Revenues and would cost up to roughly \$20 million per year. This new grant activity would slightly increase competition for monies needed for other national priorities.

The CRS report on younger drivers estimated that the projected benefits from the grants in reduced medical and societal costs of losing and injuring thousands of young people each year from traffic crashes would outweigh likely program costs by at least a factor of ten.⁴ Such an initiative would be consistent with at least the prevention component of the Clinton Administration's National Health Care Reform Plan.

³The Sections 408 and 410 programs deal with alcohol issues and the Section 153 deals with seat belt and motorcycle helmet concerns. For FY 1994, Congress increased funding for the Section 402 program to \$123 million, \$8 million above its typical funding level for much of the last decade of about \$115 million per year.

⁴ The Subcommittee might also consider funding the proposed Section 411 program out of the Federal Highway Trust Fund. There still are available unobligated contract monies in the Trust Fund that could be redirected to fund the grant program established by H.R. 1719.

CRS-6

In a letter to Chairman Mineta, the Department asks that further action on this bill be deferred primarily because NHTSA is addressing a major portion of the provisions of Title I of H.R. 1719 under the existing Section 402 program.⁵ This advice merits skepticism on at least three grounds. First, the Section 402 program has no eligibility requirements that encourage the States to adopt youth-oriented traffic safety laws as does the proposed Section 411 program. Second, the 402 program provides monies for a wide variety of key traffic safety priorities; consequently, the States only use a rather limited portion of these monies to deal specifically with their youth traffic safety problems. Thus, the monies authorized under the proposed Section 411 program would, if appropriated and used wisely, allow the States to improve substantially their youth-oriented traffic safety programs, considerably beyond the resources available from the existing Section 402 program. Third, although NHTSA's contributions are vital, the youth-involved fatality rate remains unacceptably high.

H.R. 1719 establishes a wide variety of new incentive grant criteria for funds that have never been offered before by the Federal Government. These are intended to encourage the States to enact a variety of new laws to deal with the multiple aspects of the younger driver challenge. These new criteria go substantially beyond the requirements of the existing Section 410 program; thus, Title I of H.R. 1719 does not "...unnecessarily duplicates several existing criteria for grants under the Section 410 alcohol incentive grant program," as

⁵Letter to Chairman Mineta from DOT expressing the Department's views on H.R. 1719. Nov. 8, 1993. NHTSA also cites current budgetary limitations.

claimed by the Department.⁶ In fact, two of the criteria offered in H.R. 1719 are basic grant criteria, whereas these are only supplemental criteria in the 410 program.⁷

If greater safety gains were sought, H.R. 1719 could be amended to include as part of the grant program a provision that encourages the States to adopt a driving curfew during certain night hours, e.g., midnight to five a.m. Such a restriction would require provisional licensees, namely beginning drivers who are less than 18 years old who have not established a one-year clean driving record, to have an adult present in the front seat during specified hours. Some might argue that a night time curfew restriction could be difficult to enforce. State licensing and enforcement agencies, however, have successfully implemented curfew programs for specified young drivers while granting limited exemptions on a case by case basis. Although concerns regarding the civil liberties of youth may well be raised, experience shows that such curfews are proven means of saving lives, and surveys show that such curfews are appreciated by many, especially by worried parents.

Some States may regard the provisions required to qualify for the proposed grant as too specific or too difficult to enact. H.R. 1719 does provide the States some flexibility and allows a phased-in approach of different criteria over several years. To further increase the flexibility of the proposed grant program, the Subcommittee might consider adding a criterion that would allow a State to remain in the program after two years if it demonstrated during this period a

⁶Ibid.

⁷Compliance with basic criteria determine eligibility for the grant program. Compliance with supplemental criteria adds to the amount of the grant.

substantial (to be defined by rulemaking) reduction in youth-involved crashes or fatalities for its under 21 population or if it had a youth-involved crash or fatality rate perhaps no less than 10 percent but no more than 20 percent (with the exact amount to be determined by rulemaking) below the national average. Such flexibility would be greatly appreciated by many States, promote innovation, and give credit to current strategies that are demonstrating safety gains. Measurement of performance, however, would require accurate traffic records. A list of several other possible amendments to H.R. 1719 that the Subcommittee might consider as it prepares to mark up this bill is presented as an appendix to this testimony.

There are alternatives to the grant program proposed in H.R. 1719. If Congress acts to promote increased youth traffic safety, it could link the potential loss or diversion of Federal Highway Trust Fund monies to a State's failure to adopt stricter laws and enforcement programs. This option, however, would likely encounter substantial opposition by most State officials as imposing too much Federal influence. This option would seem a fairly Draconian measure and since incentive approaches have helped catalyze strengthened State traffic laws, it can be argued that the incentive approach should be tried first.

OLDER DRIVER CHALLENGE

The older driver program proposed in H.R. 1719 seeks to address the research challenges identified in the Transportation Research Board's Circular entitled "Research and Development Needs for Maintaining the Safety and Mobility of Older Drivers." Over the next five to ten years, the proposed research program should advance information needed to help State agencies make more informed licensing decisions, lead to improved guidelines to be used

CRS-9

by concerned families and physicians and related medical personnel, and assist older drivers in making better decisions about their own driving practices and licenses. The measure would ensure that the National Intelligent Vehicle Highway Systems Program (IVHS) pays particular attention to the needs of the older driver. This provision would give further emphasis to the initial work that NHTSA is already undertaking in this area.

H.R. 1719 authorizes \$1.25 million for each of the fiscal years 1995 through 2000 and slightly larger amounts through FY 2005 for research on older drivers. In view of the expected growth of the older driver population and the fact that roughly 6500 people 65 years or older died last year in U.S. traffic crashes, increased attention to the older driver challenge would be timely. The challenge is so great that many in the field believe that the funding for the older driver portion of the bill ought to be increased substantially above this level, but this might adversely affect the availability of funds for other key NHTSA programs. By authorizing a specific amount of consistent funding over time, Congress would be sending the message that it does not support the start and stop funding that has characterized this NHTSA behavioral program during the last twenty years. Congress also would be signaling that it wants substantially more than \$140,000 spent on this program each year, which is roughly the average annual amount that has been spent since 1972. It should be noted that the DOT Appropriations Act last year provided \$500,000 for the older driver behavioral research program conducted by the Traffic Safety Program of NHTSA. In the FY 1995 budget, NHTSA is requesting \$444,000 for this research. But, this level of funding will not accomplish the purposes set forth in H.R. 1719 or

answer on a timely basis the pressing research questions that NHTSA has identified in a recent report that was required by Congress.

MAINTAINING THE STATUS QUO

Instead of enacting H.R. 1719 or an amended version of this Act, Congress could continue, or perhaps slightly increase, funding for the programs conducted by NHTSA that affect high-risk driver populations. These and other programs have already contributed to an impressive reduction in the national traffic fatality rate. Other arguments against an increased Federal role include: 1) many State and local governments as well as the alcohol and insurance industries and others are partly addressing the challenges posed by many high-risk drivers, and 2) many of the stronger actions that would be required to better address these problems would inherently be age-biased.

The case against maintaining the status quo is that it is unlikely to achieve the cost effective improvements in traffic safety comparable to those that could result from the programs envisioned in H.R. 1719, components of which have already been successfully implemented in several States.

APPENDIX I

**OPTIONS INTENDED PRIMARILY TO INCREASE THE
COMPREHENSIVENESS AND EFFECTIVENESS OF H.R. 1719**

The following options may be useful as the Subcommittee begins its deliberations on H.R. 1719.

1. page 4 lines 1- 6. Consider adding the concept of increasing mobility of older Americans, while increasing safety.
2. page 12, paragraph E. Consider combining the following idea with the existing provision--Require any participating State to develop a strategic plan for increased speed and impaired driving enforcement targeted at the younger driver, especially at locations identified as being high risk sites for crashes involving this population. The plan would include outreach to judges and prosecutors and the participation of student and youth groups. One purpose of the grant monies would be to implement the plan, increase enforcement substantially over the current level of activity, and improve the plan in subsequent years as a result of experience acquired.
3. page 13, paragraph G. Consider requiring some minimum level of sanction that could be determined by rulemaking for violation of a State open container law.

CRS-12

4. page 13, paragraph H. Consider eliminating this grant criterion because it dilutes the effectiveness of other grant criteria which are primarily targeted at the younger driver problem. It might be better to incorporate this concept into legislation specifically dealing with grade crossing problems.
5. page 14, paragraph f(2). Consider adding the concept of providing information to parents on the risks associated with the younger driver and their role in the driver learning process.
6. page 16, line 14. Consider adding the requirement for instructional material on speed and its role in youth-involved crashes.
7. page 19, paragraph 8. Consider expanding this provision to include a requirement for States to work with employer organizations and minority groups to provide information on youth traffic safety and the role of alcohol in crashes involving these groups.
8. page 21, paragraph h. Consider adding one, perhaps two, years to each of the dates specified in the bill, because of the time required for issuance of interim or final implementing regulations.
9. page 22, paragraph b. Consider adding one, perhaps two, years to the date when the required report is due, because of the time required for issuance of interim or final implementing regulations.
10. page 23, paragraph c. Consider adding allied medical personnel.
11. page 24, paragraph d. Consider requiring the Department of Transportation to further study alternative transportation means and effective strategies to promote mobility of older Americans.
12. page 25, line 4. Consider adding allied medical personnel.

CRS-13

In reviewing options #2-#7, the impact on any State's eligibility for the grant program would need to be considered. These additional demands, however, are rather minor compared to the other grant requirements already in the bill.



NATIONAL COMMISSION AGAINST DRUNK DRIVING

ROBERT C. STEPEL
CHAIRMAN
BOARD OF DIRECTORS

JAMES S. KEMPER, JR.
CHAIRMAN
BOARD OF TRUSTEES

BOARD OF DIRECTORS

MILTON E. MITLER
VICE CHAIRMAN
TERRANCE D. SCHIAVONE
PRESIDENT

ROBERT ANASTAS
JAMES A. ARENA
COL. CARL R. BAKER
JEFFREY G. BECKER
JOY BRICKER

BEVERLY CAMPBELL
MORRIS E. CHAFETZ, MD
THOMAS J. DONOHUE
CARLA C. DURYEE
HON. JIM EDGAR

MARK L. EDWARDS, PH.D.
EDWARD O. FRITTS
HON. JOHN GAVIN
JOHN J. GRANT
TIMOTHY HOYT

MILD KIRK
ROBERT KIRK, H.S.D.
ROBERT P. KOCH
LESTER LAMM

GERALD L. MAATMAN
MARK MACCARTHY
DANIEL F. MCNAMARA
FREDERICK A. MEISTER, JR.
HON. ANTHONY MONTELEONE
MICKY SADOFF
WILLIAM B. SNYDER
DIANE STEED
RITA P. WILSON

V.J. ADDUCI
HON. JOHN A. VOLPE
LAWRENCE H. WILLIFORD
CHAIRMEN EMERITI

STAFF

SUSAN B. HERBEL, PH.D.
VICE PRESIDENT
CHERYL H. GIATTINI
SECRETARY/TREASURER
J. SCOTT PUNK
COMMUNICATIONS OFFICER

CHARLES F. SCHILL, ESD
GENERAL COUNSEL
ADDUCI, MASTRIANI,
SCHAUMBERG & SCHILL

TESTIMONY OF

TERRANCE D. SCHIAVONE, PRESIDENT
NATIONAL COMMISSION AGAINST DRUNK DRIVING

BEFORE THE

SURFACE TRANSPORTATION SUBCOMMITTEE
PUBLIC WORKS AND TRANSPORTATION COMMITTEE
U.S. HOUSE OF REPRESENTATIVES

AT THE

HEARINGS ON H.R. 1719
HIGH RISK DRIVERS ACT OF 1993

MARCH 24, 1994

Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to testify today on provisions of the High Risk Drivers Act of 1993.

I am Terrance Schiavone and I serve as the President of the National Commission Against Drunk Driving, a non-profit organization dedicated to reducing the human and economic losses caused by impaired driving. The National Commission is the successor organization to the Presidential Commission on Drunk Driving, convened by President Reagan in 1982. Today, our efforts are led by a diverse board of directors. On our board, citizen activists, law enforcement officers, highway safety specialists and elected officials work with representatives of the automotive, alcohol, insurance and pharmaceutical industries to find common ground and workable solutions to the drunk driving problem in this country. On behalf of NCADD, I am speaking today in support of the High Risk Drivers Act of 1993 and the strengthening amendment to it being offered by Congressman Wolf.

By way of background, allow me to call to your attention our report entitled Youth Driving Without Impairment. It summarizes recommendations arising from five public hearings conducted by NCADD in 1987 and 1988. I am pleased to tell you that the relevant sections of H.R. 1719 are very responsive to what the experts and members of the public told us was needed to address the over representation of young drivers in the drunk driving statistics. Virtually all the recommendations on legislation and licensing which came out of those hearings are covered in the Act. Throughout the hearings process, we also heard a consistent call for increased parent involvement. The act's supplemental grant criteria regarding parent information encourages the participation of the one person most likely to influence a young driver's behavior. I applaud the broad spectrum of state initiatives this legislation will encourage.

I also applaud the fact that the states are being offered incentives, rather than sanctions, as their motivation to act. As the former Governor's Highway Safety Representative for the State of Massachusetts, I know firsthand that penalizing the states by withholding funding is counter-productive to effective program implementation. Incentive grants are infinitely more likely to achieve the desired result.

Today, I would like to particularly address three provisions in the Act regarding young driver programs:

- First, the Graduated Licensing System;
- second, zero tolerance of underage impaired driving and Congressman Wolf's amendment requiring states to adopt underage administrative license revocation; and
- third, the Act's reinforcement of the 21 year old minimum drinking age requirement now in place in all fifty states.

The Graduated Licensing System, the cornerstone requirement of the incentive grant criteria, is an excellent structure in which to introduce young people to the new and challenging responsibilities

associated with the safe operation of a motor vehicle. In states which already have graduated licensing provisions in place, they have been shown to effectively reduce the involvement of young drivers in both motor vehicle violations and crashes. These state licensing systems gradually increase a young driver's access to the roads, especially at night when they are more likely to collide with other unsafe drivers. They also allow the states to monitor and withhold full driving privileges from those young people who, through lack of driving experience or immature behavior, have already caused or been involved in a crash.

Just as the Graduated Licensing System recognizes that young people are inexperienced drivers, the Act's zero tolerance criteria recognizes they are also inexperienced, not too mention illegal, drinkers. Studies by the National Highway Traffic Safety Administration and the National Transportation Safety Board have shown impairment and crash involvement at much lower BACs for young drivers than the rest of the driving population. Legislation stipulating the per se level of .02 BAC for youth will once and for all send the clear message that it is illegal for those under 21 to drink; zero tolerance is the primary tool needed to stop impaired underage drivers.

What the zero tolerance criteria also needs, however, is the enforcement teeth provided by Congressman Wolf's underage ALR amendment. For state .02 BAC legislation to be effective, underage drinking drivers must know they risk losing their most prized possession - the freedom and prestige that comes with a license. That a police officer can take that license away "on the spot" is a very strong deterrent to underage impaired driving. I urge you to recommend incorporation of the underage ALR amendment in the bill when it is reported to the full House.

In addition to the zero tolerance criteria, several other provisions in the Act also recognize that it is against the law for underage youth to be drinking at all, whether or not they get behind the wheel of a car. A number of the criteria will aid in compliance with and enforcement of the 21 year old minimum drinking age legislation, commonly known as 21 MDA laws. One basic grant criteria, license suspension for underage purchase or possession of alcohol will, like underage ALR, provide a strong deterrent for minors tempted to drink. A supplemental criteria, readily distinguishable licenses for drivers under 21, will help states and responsible licensed beverage retailers to more easily enforce the 21 MDA laws.

A third criteria which supports enforcement of 21 MDA asks the states to establish systems for the effective oversight of colleges and universities so they do not provide or allow the sale of alcohol to minors. I am concerned this criteria may be drawn too narrowly. Working with academic officials to target establishments where an underage purchase might take place is certainly one method for identifying problem spots, but not the only one. Community coalitions, responsible retailers and others may also provide effective partnerships for such oversight. In this and other criteria, states should be allowed to demonstrate through performance that they have met the spirit, if not the letter, of the law.

I have raised the relationship between the Act's grant criteria and 21 MDA for two reasons. First, raising the minimum drinking age to 21 is the only recommendation of the Presidential Commission on Drunk Driving to be adopted by all 50 states. Second, these laws are a good idea and have been proven to save lives when properly implemented. For the states where 21 MDA is

not aggressively enforced, the High Risk Drivers Act will give them incentive to make these laws the effective countermeasures they were always intended to be.

In closing, I urge the Subcommittee to heed the concerns expressed by the states regarding the authorization level for the Act. States must be encouraged to implement these worthwhile and effective measures. Once the intended state actions take place, the authorization and appropriation levels must be high enough to address the states' needs. If not, the incentive programs set forth in the Act could quickly turn to disincentives.

Thank you.

H.R. 1719
"High Risk Drivers Act"

Thursday, March 24, 1994
10:00 A.M.

2167 Rayburn House Office Building

Nanne Scholhamer, M.S.W.
Yale-New Haven Hospital
Dorothy Adler Geriatric Assessment Center
20 York Street, TMP Rm 15
New Haven, Connecticut 06504
(203)785-3344

I have worked as a casemanager at the Dorothy Adler Geriatric Assessment Center of Yale New Haven Hospital since 1981. Yale New Haven Hospital is the principal teaching hospital of the Yale School of Medicine. The Dorothy Adler Geriatric Assessment Center will assess over 600 new patients and their families this year, with over 1000 different patients and their families receiving care during this period. I have participated in the evaluation of over 2500 patients and their families during my 13 years as a casemanager. The issue of driving challenges our clinical judgment and knowledge, daily. We attempt to fairly and judiciously assess driving with concerns for the driver's independence and the risk to society with unsafe drivers. My comments will clearly reflect the population we serve in the Adler Center. The majority present with dementing illnesses. I will not address, but readily acknowledge that the majority of elderly persons drive safely. Older persons limit their driving when appropriate and stop when it is needed.

I am trained as an MSW (Masters of Social Work). Social work practice is based on a Code of Ethics, that includes the right to client self determination. In assessing driving, specifically, however, we must weigh the right to self determination versus our responsibility to the public health and safety of the public at large.

Driving is the most inflammatory issue we face at the Dorothy Adler Geriatric Center. We are all aware of the emotional ramifications of the recommendation that someone should stop driving. Is not driving often the last vestige of independence? Is it not true that many elderly spouses, often women, do not drive, so that they cannot become the "substitute" driver? How can we ask an older person to stop driving knowing that we, as a society, have not yet provided them with viable, affordable alternatives? How can we as clinicians contribute to their increasing social isolation, recognizing the multiple inherent losses of aging, itself?

These are the very issues we as clinicians weigh when we think about whether a person should still be driving. Yet, in spite of our consideration of the emotional impact of driving cessation, we often take the most cautious avenue and err on the side of recommending someone stop driving, perhaps prematurely, given the lack of institutionalized, objective measures. I support the passage of HR 1719 as I believe it would not only benefit those elderly who still should be driving but who might be stopped because of early dementia. Clinicians have great difficulty making consistent judgments in this critical area because we lack adequate knowledge about what predicts unsafe driving.

Let me illustrate.

Mr. C. is a 76 year old male seen in October of 1990 for evaluation of his memory loss and because his children were concerned that he was still driving. On exam, he was now moderately demented, having been given a diagnosis of mild dementia by his doctor in 1989. He was driving daily and could describe the routes he took. He could not tell us, however, the name of the sister he visited and, when pushed, named his deceased sister.

The clinician writes "Of great concern is the patient's driving which we always find difficult to assess. We feel confident that he would have difficulty dealing with a stressful driving situation although that is difficult to document. We ask the son to begin driving with him every two to three weeks as the best available test of his safety. Mrs. C desperately wants her husband to continue driving since it is her way of keeping him out of the house and decreasing conflict. She is NOT a reliable person to gauge her husband's driving safety. We also suggested that he be retested by the DMV as another mechanism of monitoring his driving safety. Driving is especially important to Mr. C because the car is his major social vehicle. Because it is a social outlet we discussed various ways for him to substitute other events. His wife does not drive."

The patient refused to keep follow-up visits, fearing, perhaps appropriately, that we would tell him to stop driving. The family called to report, however, in January of 1992 that the patient was stopped by the police for erratic driving. He was ticketed for driving up on a lawn and they thought the police were reporting him to the DMV. No action was evidently taken as on February 1992 the patient got lost on the turnpike and when he got back on he was going in the wrong direction and was struck by another car. He fractured his leg and lacerated his forehead. Luckily, the other driver was not seriously injured. Finally, the patient lost his license and his car was totalled. His judgment in relation to the accident reflected his judgment in relation to his driving ability along. He said "He could see me coming and he should have gotten out of the way." We, too, retrospectively struggled with our earlier judgments about the patient's ability to drive safely. Should we have intervened sooner?

Not all older people will have the good judgment to limit or stop driving. Most older people will not need to do so. We must cooperatively design programs to test the physiological, cognitive, and perceptual factors that impact on safe driving. Not to is to allow clinicians to struggle with the issues, often making very subjective, arbitrary decisions that effect millions of our elders.

Thank you.

**ADVOCATES
FOR HIGHWAY
AND AUTO SAFETY**

**Co-Chairs:**

D. Richard McFarson
President & CEO
Nationwide Mutual
Insurance Co

Andrew McGuire
Executive Director
Trauma Foundation

Executive Director:
Judith Lee Stone

Consumer and Safety

Organizations:
Stephen Brobeck
Consumer Federation
of America

Joan Claybrook
Public Citizen

Clarence Dilow
Center for Auto Safety

Donald Friedman
MCR Technology Inc

Jay R. Hallon
New York Public Interest
Research Group

Ralf Hotchkiss
Wheeled Mobility Center
San Francisco State University

Janine Jagger, M.P.H., Ph.D.
Virginia Head Injury Foundation
University of Virginia

Robert J. King
Mothers Against Drunk
Driving (MADD)

Robert F. Larkin, M.D., FACEP
American College of
Emergency Physicians

Stephen Teret
American Public Health
Association

Hubert Williams
Police Foundation

Insurance and Agents

Organizations:
August P. Alegh
GEICO

Patricia Borowski
National Association of
Professional Insurance Agents

Herman Brandau
State Farm Insurance Cos

Elizabeth White Call
Independent Insurance Agents
of America

John Conners
Liberty Mutual
Insurance Co

Dale S. Hammond
The Travellers

Sonya Larkin-Thorne
JIT Hartford Insurance Group

Rodger S. Lawson, Ph.D.
Alliance of American Insurers

Gerald Maatman
Kemper National
Insurance Cos

Robert Vagley
American Insurance Association

Mare T. van Luling
Aetna Life and Casualty

TESTIMONY OF

**DAVID SNYDER
ASSISTANT GENERAL COUNSEL
AMERICAN INSURANCE ASSOCIATION**

**on behalf of
ADVOCATES FOR HIGHWAY AND AUTO SAFETY**

**BEFORE THE
SUBCOMMITTEE ON SURFACE TRANSPORTATION
COMMITTEE ON PUBLIC WORKS & TRANSPORTATION
UNITED STATES HOUSE OF REPRESENTATIVES
MARCH 24, 1994**

Thank you, Mr. Chairman. I am David Snyder, Assistant General Counsel with the American Insurance Association. I am here today representing Advocates for Highway and Auto Safety; AIA is proud to be a founding member of Advocates.

Advocates is a coalition of consumer, safety, health, law enforcement and insurance organizations working together to promote the passage of highway and auto safety laws and policies to help reduce death and injury on America's highways, and to decrease the economic losses due to motor vehicle crashes. I am accompanied by Judith Lee Stone, Advocates' President.

Thank you for conducting this hearing and allowing us to testify on this critical legislation.

Progress Has Been Made; More Needs to Be Done

Let me begin by stating that there has been significant progress in the area of highway safety. The nation's fatality rate is at a record low, the number of fatal crashes in which alcohol is a factor continues to decline, and more and more states are adopting necessary safety laws. But much more remains to be done. Approximately 40,000 people are killed every year on our roads, millions are injured, and National Highway Traffic Safety Administration estimates the annual cost of motor vehicle crashes is \$137.5 billion.

In our fight against alcohol-related crashes, we appear to be at a plateau. Alcohol impairment is too frequently a factor in motor vehicle crashes. In 1992, an estimated 17,700 people -- 45% of all motor vehicle fatalities -- died in alcohol-related traffic crashes. About 355,000 people were injured in crashes where alcohol was present. The direct costs of these crashes are estimated at \$46 billion annually.



ADVOCATES FOR HIGHWAY & AUTO SAFETY
MARCH 24, 1994
PAGE 2

After several years of dramatic progress in attacking the problem of drinking and driving, this positive trend appears to be slowing. According to the Insurance Institute for Highway Safety, the percentage of fatally injured motor vehicle drivers with blood alcohol concentrations (BACs) of 0.10 percent BAC or more declined sharply during the early 1980s, but has been hovering around 40% since 1986.

Advocates has worked on behalf of safety initiatives in state legislatures, in Congress, and in the federal regulatory agencies. Among others, we have supported the successful efforts in West Virginia, Kentucky, Massachusetts, Delaware and Vermont for safety belt use laws; and for all-rider helmet use laws in California, Washington and Maryland. We have participated in efforts to toughen the penalties for drinking and driving around the nation, including administrative license revocation laws in Georgia, Nebraska, Ohio, lower blood alcohol content (BAC) laws for young drivers and other drunk driving provisions. We have led successful fights against raising the speed limit in Virginia, Maryland and New Jersey. We've supported truck safety, restricting radar detector use, bumper labeling, auto theft and bicycle helmet use laws. In four years, we have worked in 40 different state legislatures.

I am enumerating these activities to illustrate that Congressional leadership to improve highway safety helps private organizations such as Advocates and public officials in the states to accomplish our goals. The programs you have created trigger action in your districts to encourage laws that save lives and prevent injuries.

In the four and a half years since Advocates was created, the number of states with safety belt use laws has increased from 33 to 48; all states now have a legal definition of impaired driving of at least a .10 percent blood alcohol concentration (BAC), with 10 states at a .08 percent BAC (11 if Virginia's Governor Allen signs the bill now before him); 34 states now have administrative license revocation laws (again, Virginia may make that 35); and half have all-rider motorcycle helmet use laws.

These vital safety laws are the result of public policy initiatives spurred by vocal grassroots activism supported through federal leadership. The Section 153 provisions in the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA) encouraging states to enact safety belt and all-rider motorcycle helmet use laws and the 21-year-old drinking age law are two recent examples.

On both of these issues, a consensus developed around the nation among safety, health, law enforcement professionals, insurance, and other business interests, joined by victims and their families, that more can and should be done to reduce the tragic toll of motor vehicle crashes. The conclusions were that all citizens, regardless of residency, benefit from basic occupant protection laws, and that the problem of drinking and driving by minors deserved a strong, effective national response.

The grassroots activities were bolstered when Congress provided a plan for action. Congress determined to deny a portion of federal highway construction funds to states that did not adopt a 21-year old drinking age; now every state prohibits those under 21 from consuming alcohol. Congress included in ISTEA a provision (Section 153) that encourages state adoption of safety

ADVOCATES FOR HIGHWAY & AUTO SAFETY
MARCH 24, 1994
PAGE 3

belt and all-rider motorcycle helmet use laws; so far, at least seven states have enacted such legislation since ISTEA became law in December 1991.

H.R. 1719 Targets Three Categories of Drivers

Despite state and federal efforts to require safety belts, curb speeding, and attack drunk driving, several categories of drivers continue to be significantly over-represented in crashes -- younger drivers, older drivers, and repeat offenders.

Fortunately, we are again seeing the conjunction of the two key elements necessary for progress: a growing public consensus that the issues presented by these high-risk drivers be addressed and the introduction of H.R. 1719, the High Risk Drivers Act of 1993. This bill is an important first step in providing the federal leadership vital to triggering and assisting state and local action.

It is a profound challenge to address effectively those classes of motor vehicle operators that have significantly higher crash and fatality rates that put all highway users at risk. The common thread throughout the High Risk Driver Act is the coveted driver's license, the vital key to daily functioning in our mobile, fast-paced society.

Ask any law enforcement officer or motor vehicle administrator what message is most effective in communicating with hard-to-reach audiences and they will tell you: challenge the driving privilege. That tiny piece of plastic-coated paper seems to carry more value than money paid in fines, sometimes even more value than time spent in jail. No safety improvement program should overlook its value in getting attention.

We also must remember throughout all deliberations on this and other highway safety bills: driving is a privilege, not a right. Society has the liberty, and indeed the responsibility, to curtail this privilege when it threatens the quality of life and safety of the community.

Younger Drivers

According to the Insurance Institute for Highway Safety (IIHS), teenagers are disproportionately involved in motor vehicle crashes compared with people of other ages. Although teenagers comprised 9% of the U.S. population in 1992, they constituted 13% of all motor vehicle deaths.

H.R. 1719 encourages states to tie licensing with safe driving behavior for new drivers. For example, H.R. 1719 encourages states to create an entire new category of licensing for young and inexperienced drivers. The focus of the provisional license is the message to young drivers of the importance of keeping a clean driving record, a focus Advocates strongly supports.

Provisionally licensing these drivers will be a major step and perhaps not an easy one to enact, at first. But it is this kind of bold leadership that is needed to move us off our plateau. Nine states have already initiated provisional licensing, and seven more are considering this step. So we know from a practical, administrative and enforcement point of view it can be done successfully.

It is particularly important that the efforts targeted at young drivers recognize the role of alcohol impairment in crashes in this age group. Although alcohol consumption by those under the age

ADVOCATES FOR HIGHWAY & AUTO SAFETY
 MARCH 24, 1994
 PAGE 4

of 21 is illegal in every state, 29% of fatally injured drivers aged 16 to 20 had BACs of .10 or higher. Existing drinking-age laws suffer from loopholes and lax enforcement.

We can, however, make significant public policy changes to help reverse this tragic trend. Laws such as lower BAC levels for minors and "use and lose" legislation are effective responses. "Use and lose" legislation would suspend the license of drivers under age 21 convicted of the purchase or possession of alcohol. Advocates would like to see such measures enacted in all 50 states, and we are currently supporting legislative action in several states. We would also like to see legislative fixes to close the gaps in existing drinking age laws that curb access to alcohol by minors.

H.R. 1719 will encourage states to adopt measures that not only are effective but will have popular support. A recent survey by the Insurance Research Council found that 90% said that strictly enforcing age restrictions of the purchase of alcohol would be a good or excellent idea. Two-thirds of those surveyed thought it would be a good or excellent idea to grant "provisional" licenses to drivers under 21; nearly half of the 18- to 24-year-olds surveyed supported the idea.

Repeat Offenders

One of the most tragic, frustrating and intolerable components of the highway safety equation is that of the repeat offender. Millions of Americans go their entire lives driving safely, making few or no errors of any consequence, staying on the right side of the law. Millions of others make a single, serious error, pay their debt to society and are forever reformed, cautious and prudent.

But the unrepentant multiple offender is the pariah of our efforts. Each run-in with "the system" becomes a disturbing echo of past misery, broken promises and a doubtful future. Repeat offenders need to receive a powerful and effective message. It should convey that poor and reckless driving will not be tolerated, that "the system" will no longer slap the wrist and look the other way.

The High Risk Drivers Act takes a firm stand. States would be encouraged to issue provisional licenses to drivers after their licenses are suspended or revoked, allowing only limited driving until the repeat offenders prove their rehabilitation and commitment to improvement.

The Senate-passed version of this bill encourages state vehicle confiscation programs for repeat offenders. We particularly commend this approach, because it includes fair provisions for vehicles owned jointly or for one-vehicle families. The Insurance Research Council survey found strong support -- 78% -- for the confiscation of vehicles of those convicted of multiple DUI offenses.

We support the concept of tough punishment for repeat offenders, but are aware that well-meaning programs of forfeiture could punish others beside the offender. After reviewing a successful program conducted in Portland, Oregon, since 1990, S. 738 was amended to include a fair, workable solution to vehicle forfeiture that recognizes the impact on others.

The Senate language provides that a vehicle would not be forfeited if it is owned, either solely or partially, by a person other than the drunk driver and that owner signs a binding agreement that the drunk driver will not be permitted to drive the car. To prevent undue hardship where a

ADVOCATES FOR HIGHWAY & AUTO SAFETY
MARCH 24, 1994
PAGE 5

drunk driver owns a family's only car, the car would not be forfeited if a family member signs the agreement. If the agreement is broken, the car is forfeited to the state.

We believe this is a reasonable, helpful and timely provision and we urge the committee to add this language to H.R. 1719.

Older Drivers

The proportion of our population that is elderly is expected to rise over the next 25 years. According to IIHS, people 65 years and older currently make up about 13% of our population; by the year 2020, they are anticipated to comprise 17% of the population.

The number of licensed drivers aged 70 and older is growing faster than the pool of all licensed drivers. The number of these drivers increased 100% between 1975 and 1991; in contrast, the total number of licensed drivers increased 30%.

Per mile driven, elderly drivers have higher fatal crash rates than drivers in other age groups, except teenagers. Per licensed driver, fatal crash rates begin to increase at age 65.

As our population ages, the need grows more urgent for a solid base of research and program countermeasures on the driving abilities and licensing of older drivers, as well as reviews of initiatives addressing this population and their effectiveness. H.R. 1719 begins this important process.

Sound research will lay the groundwork for developing effective, cooperative approaches to the difficult challenge of lowering the crash rates and risk of older drivers. H.R. 1719 provides for this foundation.

The Insurance Research Council survey found strong support for driver's license retesting for older drivers; 75% of all respondents and 60% of respondents over age 64 supported annual retesting for drivers age 70 or older. This is only one possible approach, but I think it illustrates the interest in and support for taking steps to assure older drivers remain safe drivers.

Adequate Funding is Vital

Once enacted, H.R. 1719 will add momentum to state and local initiatives promoting highway safety. However, enactment is only one step. If the full promise of H.R. 1719, like other safety legislation, is to be met, this first step must be followed by others. Experience shows that the grant program in H.R. 1719 will provide a true incentive only if it is sufficiently funded.

We share with this committee strong support for the basic safety programs that have laid the groundwork for the progress we have seen -- programs such as Section 402, the State and Community Highway Safety Grant Program, Sections 408 and 410, addressing alcohol-impaired driving, and Section 153, encouraging states to adopt safety belt and all-rider motorcycle helmet use laws.

ADVOCATES FOR HIGHWAY & AUTO SAFETY
MARCH 24, 1994
PAGE 6

These programs have done well despite inadequate funding. Since 1989, the shortfall between the amount this committee authorized for NHTSA Section 402 programs and the amount actually appropriated is more than \$50 million. Again this year, the budget does not come close to full funding for this basic program. The FY95 authorization is \$142 million; the amount proposed in the budget is \$123 million, a \$19 million shortfall. That's less than 50 cents per citizen for a problem that costs our nation more than \$137 billion annually.

Another example: the incentive grants in Section 153 were authorized at \$65 million; only \$41 million has been appropriated and this year's budget zeros out the program. Congressional intent was clear: these funds were to be available until expended. In other words, \$24 million you believed should be spent encouraging safety belt and motorcycle helmet use will never make it to eligible states.

I present these figures to illustrate the practice of underfunding that these safety programs have experienced. We believe that this committee must consider a new approach to safety programs if you are to ensure that the committee's vision for this and other safety programs is met.

This committee can create any number of worthy programs, but they will not be effective if they are not adequately funded. We strongly urge the committee to take steps to assure a constant, predictable, growing stream of revenue for these life-saving and cost-saving programs.

Safety and funding for safety should be given the same high priority as other public health initiatives. Of the federal highway monies spent annually, less than 1% goes for these vital safety programs. We urge the committee to set aside a percentage, such as 2%, of highway program dollars in a mandatory authorization for safety programs such as Section 402, 408, 410, 153, the High Risk Driver Act, and other safety programs you may create in the future.

We urge you to consider such an approach when you next reauthorize highway construction and safety programs.

After all, we are talking about a problem that is the leading killer of Americans under the age of 35. The annual \$137.5 billion cost to our nation for motor vehicle crashes translates into \$614 for every 10,000 miles driven (the distance driven by the average car in a year); yet these basic safety grants will receive only about 75 cents for those 10,000 miles -- seventy-five cents in prevention compared to \$614 in direct costs.

Section 410 Authorization Level

Others testifying today are calling for an increase in the authorization level for the Section 410 alcohol countermeasures program, and we join in support of that request. The program is authorized at \$25 million this year; the increase is needed because an estimated 30 states will be eligible for grants totalling approximately \$36 million in FY95. But whether or not you grant this request, again, there is no guarantee that the funding for Section 410 in the future will continue at the same or higher funding levels.

ADVOCATES FOR HIGHWAY & AUTO SAFETY
MARCH 24, 1994
PAGE 7

In Conclusion

With programs such as the High Risk Driver initiative, Section 402, Section 410 and Section 153 in place, Advocates will work to assure that the first steps your committee takes in creating and funding these programs will be followed by action in the states.

Advocates is proud of its role in translating this committee's vision into action. Just as the creation of Section 153 helped to trigger seven new state safety belt and motorcycle helmet use laws, the passage of the High Risk Driver Act will move your agenda forward. Advocates is committed to assisting this program.

This committee has been active on a wide range of safety issues, and we commend you for your leadership. Your achievements in the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA) will save thousands of lives and prevent millions of injuries. This committee's outstanding commitment to safety is well-documented, and we are proud to continue the excellent working relationship with the Members and staff of this committee and the organizations we represent.

Advocates looks forward to continuing to work with you, Mr. Chairman, Mr. Petri, and others toward the enactment of this legislation and in support of future safety initiatives.

Thank you for the opportunity to testify on these important issues. We would be happy to answer any questions you may have.



Bringing lifetimes of experience and leadership to serve all generations.

Statement of the
AMERICAN ASSOCIATION OF RETIRED PERSONS

on H.R. 1719

THE HIGH RISK DRIVERS ACT

Testimony before the
House Committee on Public Works and Transportation

by

Allan Tull

Board of Directors
American Association of Retired Persons

March 24, 1994

For further information, please contact:

Don Redfoot
Federal Affairs
434-3800

American Association of Retired Persons 601 E Street, N.W. Washington, D.C. 20049 (202) 434 2277

Lovola W. Burgess *President*

Horace B. Deets *Executive Director*

The American Association of Retired Persons (AARP) appreciates the opportunity to testify on H.R. 1719, "The High Risk Drivers Act." We appreciate Representative Wolf's introduction of this important legislation, which addresses both the safety and mobility needs of older persons.

Mobility is a major determinant in the independence, dignity, and quality of life of older Americans. Very seldom does the media report on the millions of miles older drivers travel without accidents. More frequently the media captures our attention with a few dramatic horror stories. Unfortunately, these images help perpetuate inaccurate stereotypes about all older drivers, impelling public opinion in directions that adversely impact older persons without effectively addressing driver safety. Rather than basing public policy on negative stereotypes, AARP believes that a comprehensive driving and transportation policy should promote the twin objectives of increased mobility and safety for all Americans.

AARP has long been committed to reducing death and injury rates of older drivers through its 55 ALIVE/MATURE DRIVER Program, a driver education and self-assessment course for persons aged 50 years and older. Since its inception in 1969, 55 ALIVE has retrained more than 3 million drivers -- 515,000, or one percent of all licensed drivers over age 50, in 1993 alone. Insurance companies in 32 states and the District of Columbia offer insurance discounts to older drivers for completing a defensive driving course such as 55 ALIVE. Improving driving skills and providing information on alternative transportation systems are critical elements to AARP's efforts to promote continued mobility and independence in old age.

In general, older drivers are good drivers as confirmed by age comparisons of crash and death rates. Analysis of 1991 data on accident rates among licensed drivers indicates that drivers aged 65 and older were involved in only 7.9 percent of all accidents even though they represent 13 percent of licensed drivers. Even in late old age, older drivers have fewer accidents -- drivers aged 85 and older represent .47 percent of licensed drivers but they were involved in only .33 percent of all accidents (See Appendix).

Older drivers bring a lifetime of behind-the-wheel experience with the many circumstances that can arise when driving. Moreover, older drivers tend to be more cautious in hazardous situations. Because they have greater control over times when driving will occur, older drivers can often minimize risks associated with peak traffic or inclement weather conditions. Improvements in accident rates in recent years can, in part, be attributed to the aging of the population, and more improvements can be expected as the "baby boom" bulge moves into middle age.

The advantages that older drivers bring to the road are, to be sure, tempered somewhat by sensory (e.g., vision and hearing) and cognitive (e.g., reaction times and ability to cope with distractions) decrements that often accompany the aging process. Some of the decrements in driving ability in late old age are revealed when crash rates are adjusted for miles driven. Crash rates per miles driven increase in old age, especially for those over 80 years of age for whom crash rates approximate those of drivers under 25 years of age (see Appendix).

Older people depend on automobiles to meet their transportation needs. According to the National Academy of Sciences, persons over 65 make more than 80 percent of all their trips by car either as drivers or passengers. This dependence will increase due to a demographic shift to the suburbs. For the first time, the 1990 census data indicate that a majority of older people lived in suburban communities. Despite the low crash rates among older drivers, substantial increases in the number of older persons and the older population who continue to drive have contributed to recent increases in the number of older people killed on the nation's highways. According to the National Institute on Aging, between 1980 and 1989, the total number of people killed in auto accidents fell 8.4 percent, but deaths of persons aged 65 or older rose 43 percent (see Table 1).

TABLE 1

Fatality and Crash Statistics for Drivers Aged 65 and Older for 1980 and 1989

	Drivers 65+		All Drivers	
	1980	1989	1980	1989
Total				
Fatalities	2323	3319	28,816	26,389
Deaths/100,000 population	9.0	10.7	16.7	13.8
Deaths/100,000 drivers	15.3	15.5	19.8	15.9
Crash rate/ 100 drivers	11.6	7.9	21.0	14.0

(Source: National Safety Council 1992; National Highway Traffic Safety Administration 1989)

The substantial increase in the number of older people killed in crashes along with the increased crash rate per mile driven in late old age warrant additional research and program demonstrations along the lines provided in S. 738. However, several caveats should be kept in mind when structuring and conducting such research and demonstrations. First, according to data from the 1990 National Personal Transportation Survey (NPTS), much of the higher fatality rate among older drivers is due to the increased physical vulnerability of older persons rather than differential driving behavior. Increased vulnerability will not be improved by licensing and testing procedures that focus on driving behavior. Rather, fatalities due to age-related vulnerability would more likely be avoided through technological innovations such as the Intelligent Vehicle Highway System promoted in S. 738 as well as further improvements in the crashworthiness of vehicles.

Moreover, researchers should recognize the tremendous individual variability in driving capabilities among older drivers. To date, research has not established accurate driver competency measures that differentiate individual functional abilities in a manner that provides reliable predictors of which drivers are more at risk for accidents. In the absence of measures that are predictive of driver competence, AARP would strenuously oppose -- and this legislation wisely does not advocate -- age-based discrimination in the testing or licensing of older drivers. Old age alone has not been shown to be a good predictor of the likelihood of having an accident and should not be used to discriminate against older drivers in general. In states where requirements -- such as in person renewals or more frequent testing -- have been applied to older drivers and not to younger drivers, there has been no demonstrable impact on crash rates.

AARP supports the effort to develop cost effective screening and testing measures that are predictive of driver competence as outlined in Section 201(e) of S. 738. In the absence of such measures, however, it would be premature for states to require in person renewals or retesting. Moreover, should appropriate measures of driver competence be developed, they should be applied to all drivers or, perhaps, to all drivers for whom reason exists to doubt competence. Because advancing age alone is not a good predictor of individual driver competence, AARP has opposed and will continue to oppose licensing and testing procedures that discriminate against older drivers.

Experience from our 55 ALIVE program indicates that providing information on age-related changes can help older drivers be their own best regulators. Indeed, the data above indicate that self-regulation has been very effective in limiting the number of accidents among older drivers. Building on that data, S. 738 would promote research on the network of relatives, physicians and others who often counsel older persons about driving. The bill

also recognizes the importance of mobility in old age by authorizing demonstrations to promote linkages to alternative means of transportation and provisional or graduated licensing programs for those who would otherwise be denied driving privileges. These provisions should all contribute to increased mobility for older persons provided that they are not used in a blanket fashion to discriminate against older drivers.

In sum, the "High Risk Drivers Act of 1993," provides an opportunity to improve the safety and mobility of older persons through a sustained federal role in older driver research. Perhaps the most valuable aspect of this legislation is the prominence it gives to the roles of education and self-awareness in helping older drivers reduce their risks for accidents. In addition, AARP strongly supports the emphasis placed on the coordination of programs and policies affecting older persons within the U.S. Department of Transportation and the identification of transportation alternatives to meet the mobility needs of those unable to drive. AARP looks forward to working with the Committee to promote the successful enactment of this important legislation.

TRAFFIC SAFETY
AND
THE OLDER DRIVERLicensed Drivers

- The number of deaths and injuries for the entire population due to traffic accidents continues to decline each year. Yet the numbers of drivers age 65 years or older injured or killed increases. Many argue that the growing number of older people licensed to drive contributes to the increase.
- In 1991, there were 169.2 million licensed drivers in this country. Nearly 22.5 million -- 13 percent -- were over the age of 65 years. This percentage does represent an increase in the absolute number of older drivers licensed. This helps explain some of the increase.

Traffic Accidents

- Many assume that older drivers have more accidents than the rest of the population. That is untrue.
- In 1991, 19.5 million drivers -- 11.5 percent of the total number of licensed drivers -- were involved in accidents.
- Only 7.9 percent of these accidents involved driver over the age of 65 years.
- Drivers over the age of 65 years represent 13 percent of the driving population and have a disproportionately low number of accidents.
- Even drivers 85 years of age or older account for less than one percent (.30) of those accidents. Clearly, older drivers -- even the oldest of the old -- are not over involved in traffic accidents.

Accident Exposure

- Analyzing accidents simply by counting their absolute numbers is revealing but such an analysis ignores how often a driver is exposed to the likelihood of an accident. The more miles driven, the more a driver is exposed to the likelihood of an accident.
- All other things being equal, it would follow that drivers with higher annual mileage would have higher accident rates. Conversely, the fewer miles driven should lead to lower accident rates.
- However, accident rates unadjusted for miles driven vary tremendously among age groups and generally decrease with age.
- When age-specific crash rates are adjusted for miles driven, the crash experience of those over 65 increases to approximate those under 25 years of age.
- Drivers over 85 have the highest rate of accidents per mile driven than any other age category.

Discussion

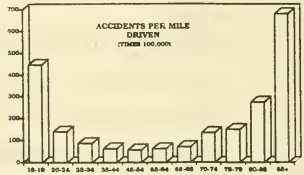
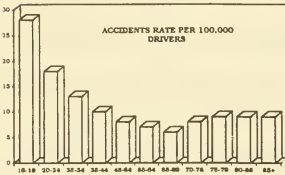
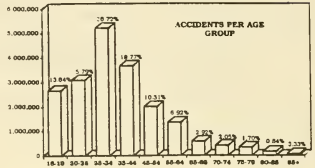
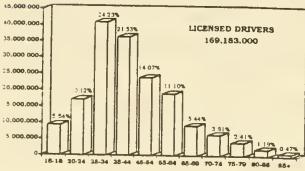
- Physiological and cognitive changes related to driving will occur with age -- decreased visual processing, slowed reaction time and restricted physical movement are among the most common.
- Those changes along with other risk factors likely cause accidents -- especially those involving older drivers. They are: individual driving habits and skills.
- Even so, there is tremendous variability among individuals as they age. Therefore, chronological age alone is a poor predictor of accident likelihood.

Conclusion

Without a universally accepted functional assessment; education and self-awareness continue to offer the greatest opportunity to help older drivers reduce exposure to accidents.

For further information about AARP transportation programs and resources, contact the AARP Area Office.
(OVER)

TRAFFIC SAFETY
AND
THE OLDER DRIVER



Sources: National Safety Council. Accident Facts. 1992.
 U.S. Department of Transportation. National Highway Traffic Safety Administration. Older Drivers, The Age Factor in Traffic Safety. 1989.
 USDOT. National Personal Transportation Survey. 1990.
 Barv, Robin. Recent Changes in Driving Among Older Adults. Human Factors. 1991.



WHERE WE STAND

AARP'S VIEWS ON
IMPORTANT ISSUES

Older Drivers

Q: What is the public perception of the older driver?

A: Unfortunately, the older motorist is perceived too often as a menace on the highway—causing a disproportionate number of accidents and endangering lives. Stories in the news media about isolated but sensational incidents involving older drivers have fueled this perception of incompetence. A number of states have adopted age-related driver's license testing requirements, and others may follow, in part because of this public perception.

Q: But aren't older drivers involved in more than their share of accidents?

A: No. In fact, the accident rate among older drivers is disproportionately low. Drivers 55 years of age and older represent 24 percent of the driving population, yet are involved in only 18 percent of all auto accidents. Older drivers are also arrested far less frequently than younger drivers for drunk driving. Alcohol is a factor in at least one-half of all driving fatalities.

Q: Does this mean that older drivers don't have problems?

A: To the contrary, older drivers have higher accident-per-mile rates than their younger counterparts. And aging can and does affect driving skills, particularly vision, hearing and reaction time. But AARP believes that these problems must be kept in perspective. *From an overall standpoint, older drivers are less of a problem than younger drivers, in terms of both number and severity of accidents.*

Q: Isn't age-related driver testing a solution?

A: No. AARP believes that such testing is discriminatory and—regardless of the age of selection—arbitrary. There is no particular age at which driving skills begin to falter; neither the medical community nor anyone else has been able to determine one. (The age requirement in states which require driver retesting varies widely.) The fact is that changes in vision, hearing, and reaction time, as well as other age-related changes, really begin in a person's twenties, not fifties, sixties or seventies.

Furthermore, there is still much doubt as to how accurately an individual's driving ability can be measured by current driver testing methods.

Q: What does AARP propose as a solution?

A: AARP supports a combination of driver education, improved driver testing methods, and the availability of alternative transportation for those who are unable to drive.

continued

Communications Division • American Association of Retired Persons
601 E Street, N.W. • Washington DC 20049 • (202) 434-2500

Older Drivers

continued

AARP's model of driver education is the 55 ALIVE/MATURE DRIVING program, specially designed to deal with the characteristics and concerns of older motorists. More than a million older drivers have taken this innovative driver improvement course since it was introduced by AARP in 1979.

We seek the improvement of every state's driver testing mechanisms so that they can realistically measure driving ability for *all* drivers. AARP will provide research, developmental and legislative support for such improvements whenever possible.

The availability of public transit also plays a key role in motor vehicle safety. Without adequate public transportation—including specialized transportation systems for older people—some individuals who would otherwise not drive may have no other choice. AARP supports the creation of needed local public transportation systems and will help publicize their availability through local AARP chapters and RTA units, and in other ways.

For further information contact: Tax-Aide and Transportation Section
(202) 434-6000

© 1987, 1990, 1991, American Association of Retired Persons



**National
Transportation
Safety Board**

Washington, D.C. 20594

Safety Information

Testimony of

Carl W. Vogt, Chairman

National Transportation Safety Board

before the

Subcommittee on Surface Transportation

Committee on Public Works and Transportation

House of Representatives

Regarding

H.R. 1719, the High Risk Drivers Act of 1993

March 24, 1994

Good morning Mr. Chairman and Members of the Committee. It is a pleasure to be here today regarding H.R. 1719, legislation to improve the traffic safety performance of high risk drivers.

No high school graduation season passes without reports of car crashes involving recent graduates and alcohol. Unfortunately, these accidents occur throughout the year as well and alcohol consumption is frequently a factor.

On March 26, 1993, a suburban Virginia teenager was killed when the car in which she and friends were riding left the road and hit a tree in McLean. After attending a party, the group left, transporting with it a beer keg that another teenager had purchased at a liquor store in the District of Columbia. Reports indicate that alcohol was a factor in the accident which killed the 17-year-old woman.

On November 10, 1991, an 18-year-old competitive swimmer celebrating after a meet was provided fortified wine by a teammate's 21-year-old girlfriend. The swimmer quickly drank 1.5 bottles of wine and drove through a residential section of Mesa, Arizona, at over 80 miles per hour (mph) in a 30-mph zone. His car struck and killed a 22-year-old college student and seriously injured a 16-year-old girl as they were walking in a crosswalk. The driver left the scene, but turned himself in to police the next day. Police were unable to obtain breath, blood or urine specimens to determine BAC, but the driver was convicted of manslaughter and aggravated assault. The 21-year-old provider of alcohol was convicted of a misdemeanor.

On May 12, 1989, four teenagers (ages 16 and 17) in nearby Montgomery County, Maryland, attended a high school graduation party at which kegs of beer were available. None of the four had been invited to the party, but all four had paid for admission. No adult continuously supervised the party and police had responded to a complaint about the party. One of the four was the designated driver who was to be alcohol-free. According to police, after leaving the party, the designated driver was speeding on a wet country road, lost control of the vehicle, and hit an on-coming car. Two passengers were killed while the driver and another passenger were seriously injured. The designated driver had a 0.05 percent Blood Alcohol Concentration (BAC).

These accidents are neither unique nor isolated. They tragically demonstrate the easy access teenagers have to alcohol and the lethal consequences of teenage alcohol use when combined with driving. And, they point up the need to take action to deal with these problems.

In 1980, 53 percent of the young drivers who died in highway crashes had a BAC of 0.10 percent or higher. Alcohol's role in these tragic deaths prompted the Safety Board in 1982 to issue a recommendation calling on each state to raise its drinking age to 21 and legislation supporting the Safety Board's recommendation was enacted by Congress in 1984.

By 1987, the 53-percent figure had dropped to 28 percent, a reduction of nearly half. Over the past three years or so, the achievements attained in the mid-1980s were not maintained and by 1989, the percentage of fatally injured teenage drivers with a BAC of 0.10 or higher had increased to 33 percent. This figure remained relatively constant until 1992 when it dropped to 29 percent.

These figures led the Safety Board to review young driver (drivers under the age of 21) licensing and underage drinking and driving research and state laws. As a result of this analysis, a series of new recommendations were issued. These recommendations call on all states to tighten and vigorously enforce their underage drinking and driving laws in order to reduce highway crashes and fatalities. They further call for improvements in driver licensing policies.

In 1991, 9,156 people died in traffic crashes involving 8,207 15- to 20-year old drivers. That is more than 22 percent of all fatalities that occurred on our nation's highways. Of the 8,207 drivers, both surviving and fatally injured, an estimated 2,419 had a positive BAC. Among fatally injured drivers under age 21, an estimated 40 percent had a positive BAC.

Young drivers are over-represented in traffic crashes and deaths. As mentioned in H.R. 1719, in 1991, drivers aged 16-20 years comprised only 7.4 percent of licensed drivers, but accounted for 15.4 percent of all driver fatalities.

Underage drinking and driving play a major role in youth traffic crashes and fatalities. Only one state (Louisiana) continues to allow the sale of alcohol to persons under age 21, the Safety Board found that most states still allow a driver under age 21 to legally drive with a substantial amount of alcohol in his or her system as long as their BAC does not exceed the state's adult legal limit (usually 0.10 percent). Research has shown, however, that young drivers are particularly susceptible to impairment by small amounts of alcohol. For example, male drivers aged 16 to 20 have six times the driver fatality risk in single vehicle crashes at BACs from 0.01 to 0.04 percent compared to male drivers age 25 and older at these low levels.

Any level of alcohol in the blood system impairs perception and performance and the Safety Board believes that to save lives, "zero" BAC is the only acceptable level that should be tolerated for drivers under 21. Drivers under the legal drinking age should not be permitted to drive with any amount of alcohol in their system, and a recommendation embodying this principle was issued to the states and the District of Columbia.

When the Safety Board issued its recommendations in 1993, fifteen states had laws to prohibit vehicle operation by underage drivers with a BAC level lower than the BAC level specified for drivers over 21. In the case of Maryland's 0.02 percent BAC law for those under 21, a study found statistically significant reductions (a minimum of 11 percent) in alcohol-related crashes. When combined with a targeted public information

and education campaign, the Maryland law resulted in a nearly 50 percent reduction in underage alcohol-related crashes over a two-year period. A law lowering the BAC to 0.02 percent for drivers under 21 has been found to be effective in reducing nighttime fatal crashes among Maine teenagers, even though only 40 to 50 percent of teenagers knew about the law.

States that have laws with a BAC of 0.00 or 0.02 percent for young drivers are significantly more effective in reducing youth fatalities than are states that have laws with higher BACs (0.04, 0.05, 0.06, or 0.07 percent). Further, states with zero BAC laws appear to be more effective in reducing youth fatalities than states with a 0.02 percent BAC law.

Laws reducing the legal BAC for youth can be strengthened by imposing administrative license revocation for drivers who are arrested with any measurable BAC. A substantial body of research supports the effectiveness of both administrative adjudication and license revocation in reducing crashes among drivers of all ages.

The Safety Board believes that states should enact comprehensive alcohol purchase laws to prohibit the purchase, the attempt to purchase, public possession, and public consumption of alcohol by minors, and should prohibit the misrepresentation of age and use of false identification by minors to purchase alcohol.

As the subcommittee recalls, the National Minimum Drinking Age Act of 1984 (NMDA) while including provisions prohibiting the purchase and public possession of alcohol, resulted in a virtually uniform national age for the sale of alcohol to minors. One state prohibits the sale of alcohol to persons under age 18, but not under age 21. But, when our recommendations were issued, five states and the District of Columbia did not prohibit the purchase of alcohol by minors. The District of Columbia also did not prohibit the public possession of alcohol by minors. Notwithstanding the law's purchase and public possession provisions, these six states and the District of Columbia were certified by the National Highway Traffic Safety Administration (NHTSA) as being in compliance with the act. In addition, 35 states allow one or more exceptions to possession of alcohol by minors.

Once an underage person obtains alcohol, many states have unusual provisions related to consumption or otherwise do not prohibit consumption. For example, New Jersey, New York, and Rhode Island prohibit minors from consuming alcohol in licensed establishments, apparently permitting consumption at other public locations.

Most state laws appear to place responsibility for underage drinking on the seller of alcohol, but not on the underage purchasers who also should be responsible for their actions. Current laws misplace responsibility, send a mixed message to youth, and impede enforcement. With such deficiencies, it is no surprise that alcohol is readily available to minors and that, as a consequence, alcohol-related crashes involving drivers under age 21 continue to occur.

To maximize the lives saved from the establishment of a minimum drinking age, it is essential to reduce alcohol availability and traffic fatalities, improve state minimum drinking age laws, and enforce these laws.

The Safety Board believes that the District of Columbia and the States should enact comprehensive laws to prohibit the attempt by minors to purchase alcohol and the purchase of alcohol by minors, the public possession of alcohol by minors, public consumption of alcohol by minors, and the misrepresentation of age and use of false identification by minors to purchase alcohol. Uniform laws may also help to reduce travel by underage persons to states with more permissive laws.

Another key point of the Safety Board's recommendations in this area deals with inexperienced teen drivers. Research shows that because driving patterns are formed early, driver improvement actions targeted on youthful drivers need to be identified and acted upon rapidly.

One strategy to reduce crashes involving young novice drivers has been the use of a provisional license system in which the license can be revoked if certain conditions are violated. A provisional license for teenage novice drivers combines restrictions so that their driving takes place in less dangerous circumstances (daytime and with adult supervision at night) until the driver has had an opportunity to gain experience. Restrictions would gradually be lifted after the successful completion of the learning

period. Nighttime (midnight to 5 a.m.) driving restrictions should be a component of the provisional license system. Young drivers do only 20 percent of their driving at night, but over half their crash fatalities occur during nighttime hours. First-year drivers, moreover, have twice the average number of crashes and, on a miles-driver basis, four times the number of crashes of more experienced drivers.

Now that a year has passed since our recommendations were issued, significant progress in several areas has been made. Thirty-five states, the Commonwealth of Puerto Rico, and the District of Columbia have responded to our recommendations. With regard to identifying and closing deficiencies in age 21 laws, 23 changes have been made in 11 states as of February 24, 1994.

When the Safety Board issued its recommendations only 15 states had a low BAC law for youth. In the last twelve months, five states (Arkansas, Minnesota, Nebraska, Tennessee, and Texas) and the District of Columbia have enacted low BAC legislation and three states (California, New Mexico, and Ohio) improved their legislation by either lowering the BAC, increasing the age of applicability or both. Further, 20 states are considering low BAC legislation this year. In addition, legislatures in Georgia, South Dakota, Virginia, Washington, and West Virginia have completed action and forwarded bills to the Governor for signature. Four states -- Arizona, Hawaii, Indiana, and Mississippi -- have rejected low BAC for youth bills. Some of the bills do not link low BAC for youth with administrative license revocation as recommended by the Safety Board.

No additional progress has been made by the states on the provisional licensing system recommended by the Safety Board. California and Maryland have systems that are less extensive than that recommended by the Board, and we are currently reviewing the Oregon system.

When we made our recommendations a year ago, 8 states (Idaho, Illinois, Louisiana, Maryland, Massachusetts, New York, Pennsylvania, and South Dakota) had laws requiring a nighttime driving restriction for young drivers. No additional progress has been made by the states to enact nighttime driving restrictions for teenage drivers during the first year of driving. This measure is especially important in that it promotes learning to drive, recognize, and safely react to nighttime hazards in the safest possible environment, when accompanied by an adult.

In conclusion, Mr. Chairman, the states have made substantial progress in a very short period of time on several of the Safety Board's recommendations to reduce youth highway crashes. However, highway crashes among young drivers, including alcohol-related crashes, will remain a serious and persistent problem unless further concrete and comprehensive steps are taken. To reduce these crashes, the Safety Board believes an effective combination of tough, fair laws, vigorous enforcement, and intensive and targeted education campaigns is needed. Thus, as a result of its 1993 study, the National Transportation Safety Board recommended that the states, the territories, the Commonwealth of Puerto Rico, and the mayor and city council of the District of Columbia:

- ▶ Review their drinking age (age 21) laws to determine if they prohibit persons under the age of 21 from attempting to purchase, purchasing, publicly possessing, or consuming alcoholic beverages and prohibit the sale of alcoholic beverages to person under the age of 21. Enact laws to include these provisions and to eliminate deficiencies that may exist.

- ▶ Vigorously enforce the minimum drinking age laws to achieve a significant reduction in the rate of alcohol purchase by underage persons.

- ▶ Vigorously enforce youth drinking and driving laws to increase the percentage of alcohol-impaired young drivers who are arrested.

- ▶ Vigorously enforce the minimum drinking age laws by taking driver license action against underage purchasers and vendor license action against those who sell to persons under the minimum purchase age.

- ▶ Enact comprehensive laws that prohibit drivers under the age of 21 from driving with any measurable blood alcohol concentration (any level above 0.00 BAC), to include:

- (a) provisions for administrative license revocation;
 - (b) a period of extended license suspension/revocation (including a period of loss of driving privileges without exemption) for underage offenders in addition to any criminal sanctions that may be specified; and,
 - (c) public information programs targeted to youth to enhance the effect of the new law.
- ▶ Enact laws to provide for a provisional license system for young novice drivers.
 - ▶ Enact laws that prohibit driving by young novice drivers between certain times, especially midnight to 5 a.m.

Thank you again for inviting the Safety Board to testify about this important problem and I would be happy to answer any questions you may have.

TESTIMONY OF MR. WOLF ON H.R. 1719
Committee on Public Works and Transportation
Subcommittee on Surface Transportation Hearing
March 24, 1994

Mr. Chairman, I want to thank you for your responsiveness to the urgency of the problem we will discuss today -- the loss of young drivers to crashes involving alcohol. I appreciate your scheduling this hearing before the Easter break, particularly since this subcommittee just emerged from a grueling schedule of hearings on the National Highway System (NHS) legislation.

As you know, Mr. Chairman, the Senate passed, by voice vote, the companion legislation, S. 738, introduced by Senator Jack Danforth. And I want to give Senator Danforth full credit for his authorship of this legislation and for focusing the attention of the Congress on this issue. The statistics are chilling: although teenagers comprise only 7 percent of all licensed drivers, they account for nearly 15 percent of all traffic fatalities. And alcohol involvement is a primary factor in these deaths. With the prom and graduation season right around the corner, Mr. Chairman, it is none too soon for the House to follow the Senate's lead and act on this legislation as well.

This legislation would establish an incentive safety grant program for the states to be funded at \$100 million over five years, averaging about \$20 million each year. While the loss of any life, especially young life, can never be quantified, it has been estimated by the Congressional Research Service (CRS) that the benefits in reducing the medical and societal costs of losing and injuring thousands of young people each year in traffic crashes would outweigh the program costs of this legislation by at least a factor of 10. So I would suggest that this bill represents an investment in our future, and a good investment. I know that all of us who are parents consider the costs of rearing, protecting, and educating our young the best investment we will ever make.

It may be hard for some of us to remember the halcyon days of our teens, and the heady feeling of invincibility that came with it. But that is what we are up against here, and when you add in peer pressure, you must realize that we are up against the most formidable of opponents in this battle to save our young people from preventable injury and needless death on the nation's highways.

Basically, what H.R. 1719 proposes is that we use the most effective weapon we have, the almighty driver's license. This little plastic card is the most important "currency" among the young, and we must reinforce with young drivers that possession of this card is a privilege, not a right. And they must

understand that staying sober is one the most important responsibilities that come with this privilege.

This bill is the natural evolution of a movement that began in the 1980's when 53 percent of the young drivers who died in highway crashes had a blood alcohol content (BAC) of .10 or higher. This carnage prompted the National Transportation Safety Board (NTSB) to recommend that each state raise the minimum drinking age to 21. This galvanized a tireless effort by many groups who will testify later in this hearing and resulted in the 1984 passage by Congress of the National Minimum Drinking Age Act (NMDA). This worked! The results were measurable. By 1987, the 53 percent figure had dropped to 28 percent, a reduction of almost one-half in alcohol involvement in young driver fatalities.

Unfortunately, we have hovered on this plateau without further progress. According to the National Highway Traffic Safety Administration (NHTSA), in 1992, the latest year for which complete statistics are available, 26 percent of the underage drivers involved in fatal crashes were alcohol impaired or intoxicated. This is a national average. For some states, this figure ranges as high as 40 percent. In response to my inquiry, NHTSA has provided a state-by-state breakdown of this data and, with the chairman's permission, I would like to insert this chart in the record.

What we are stymied by is a patchwork of laws across the nation which are inconsistent and often contradictory. While we banned the sale of alcoholic beverages to anyone under 21, we do not have uniform laws nationwide which would punish the attempted purchase, sale, and consumption of it. And that is where H.R. 1719 comes in. Before I summarize the provisions of this bill, Mr. Chairman, I want to emphasize that unlike NMDA of 1984, H.R. 1719 does not involve sanctions. It is an incentive safety program which would award grants to those states who implement certain provisions primarily targeted at reducing teenage drinking and driving.

Research has highlighted three groups of drivers who are over-represented in automobile crashes: (1) drivers under age 21 who exhibit risky behavior such as drinking, speeding and not using seatbelts; (2) older drivers, whose involvement is not related to behavior, but to the natural infirmities we will all experience such as vision loss and slower reaction time; and (3) repeat offenders of traffic laws.

This bill primarily focuses on young drivers, and it is important to point out that the vast majority of them drive responsibly and reach adulthood unscathed. The ones we need to reach, and early, are the risk-takers who we can help to learn

from their errors and nurture into becoming cautious and prudent drivers for the rest of their lives.

TITLE I -- YOUNG DRIVER PROGRAMS

H.R. 1719 does this by offering the states a "menu" of provisions from which they can choose in order to qualify for basic and supplemental grants. To qualify for basic grants, states may implement the following provisions:

** Graduated licensing program which would include a provisional license that must be maintained for one year with a clean driving record (no moving violations, no points assessed) before the full driver's license is issued.

** .02 BAC limit for DUI conviction (essentially zero tolerance).

** Mandatory minimum penalty of at least \$500 for knowingly, or without checking proper ID, providing or selling alcohol to someone under 21.

** Safety belt laws covering all front and rear seat occupants.

** Required license suspension of under-21 driver for unlawful purchase or public possession of alcohol. (Period of suspension to be determined by the state, but must be at least 6 months for first conviction and at least one year for subsequent conviction. License restrictions would be allowed in lieu of minimum suspension periods for cases of undue hardship.)

** State-conducted traffic safety enforcement activities, and education and training programs with the participation of judges, prosecutors, and youth and student groups.

** Membership in and compliance with the Driver's License Compact which would involve prompt and reliable transmission and receipt of interstate driver record information through electronic means.

** Prohibition of any open alcoholic beverage container or the consumption of any alcoholic beverage in the passenger area of any motor vehicle on a public highway.

** Minimum penalty of at least \$100 for driving a vehicle through, around or under any crossing, gate or barrier at a railroad crossing.

In order to qualify for a basic grant, a state must implement graduated licensing plus two of the other provisions on this list in the first year of a maximum five-year grant. Four

provisions must be on the books in the second year; five in the third year; and six in the fourth year.

In addition, states can also qualify for supplemental grants by implementing the following provisions:

** Provide, to a parent or legal guardian of any provisional licensee, general information prepared with the assistance of the insurance industry on the effect of traffic safety convictions and at-fault accidents on insurance rates for young drivers.

** Require that the provisional driver's license, or full driver's license, of any driver under 21 be readily distinguishable from those of over-21 drivers. (In my state of Virginia, for example, the photo of the young driver is a profile shot, rather than frontal.)

** Require that a provisional driver's license may be issued only to a driver who has satisfactorily completed a state-accepted driver education and training program that meets DOT guidelines and that includes information on the interaction of alcohol and controlled substances, the effect of such interaction on driver performance, and information on the importance of motorcycle helmet and safety belt use.

** Require, at a lower point threshold than for over-21 drivers, remedial driver improvement instruction and require such remedial instruction for any underage driver convicted of reckless driving or DUI.

** Require that any driver whose driving privilege is restored after license suspension or revocation shall for at least one year be subject to immediate suspension for any moving violation and that a clean driving record must be maintained for at least one year before the full driver's license is restored again.

** Require that a notation of any serious traffic conviction be maintained on the driver's permanent record for at least ten years, and provide additional sanctions for serious traffic violations committed during that ten-year period.

** Exercise effective oversight of colleges and universities to prevent the sale of alcohol to persons under 21.

TITLE II -- OLDER DRIVER PROVISIONS

This portion of H.R. 1719 would have no immediate impact on the state. It directs the Secretary of Transportation to take several steps to help older drivers keep their licenses and drive safely, including the following:

** Research the development of tests capable of predicting accident involvement or hazardous driving by older drivers, as well as specialized training of licensing examiners to increase their sensitivity to the needs and limitations of older drivers.

** Encourage information networks and counseling procedures that would involve relatives and physicians with a goal of promoting voluntary action by older drivers to limit their driving when medical or other conditions dictate. (It is important to note that research indicates that older drivers already wisely limit much of their driving to daytime and non-rush hour periods.)

** Encourage state licensing agencies to use restricted licenses instead of canceling licenses when such action is appropriate and if the interests of public safety would be served.

** Ensure that the national Intelligent Vehicle-Highway Systems (IVHS) program devotes sufficient attention to the use of IVHS technologies to help older drivers.

This legislation has been endorsed by the American Association of Retired Persons (AARP) who will testify later today.

TITLE III -- REPEAT OFFENDER PROVISIONS

Like Title II, this section would have no immediate impact on the states. It targets recidivism by directing the Secretary of Transportation to complete, within one year of enactment, a study to determine whether additional or strengthened federal activities, authority or regulatory actions are necessary to improve the driver record and control systems of the states to identify high risk drivers more rapidly and to ensure prompt intervention in the licensing of these unrepentant, multiple offenders of traffic laws.

In addition to looking at existing national data banks such as the National Driver Register (NDR), the study would consider:

** whether legislation is necessary to improve state traffic record systems,

** the feasibility of a uniform traffic ticket citation and control system,

** the need for a uniform driver violation point system,

** the need for all states to participate in the Driver License Reciprocity Program, and

** ways to encourage states to cross-reference driver license files and motor vehicle files to facilitate the identification of individuals driving illegally.

Mr. Chairman, this is a summary of a comprehensive bill which would encourage states to finish the work begun in the 1980's with the passage of the National Minimum Driver Age (NMDA). This concludes my testimony, but before relinquishing the microphone, I want to introduce the next witness, who is my guest and I want to share with the chairman and members of the committee how this young woman came to be with us today.

I have the honor of presenting my constituent, Miss Jane Partridge, who is 18 years old and a senior at Langley High School in McLean, Virginia. And I know that Mr. Emerson will also be proud of her presence today since he is a Langley parent.

Miss Partridge earned the right to come here today to urge passage of this bill. A competition was conducted in her government class to determine who would represent this group of young people who believe that this legislation is needed. As you know, this community was devastated one year ago, on March 26, with the loss of a Langley senior, Mary Kate Kelly, in an accident involving an intoxicated young driver. I think Miss Partridge will address the sense of needless loss that swept this high school, the kind of tragedy that H.R. 1719 seeks to prevent.

Mr. Chairman, the peer status of Miss Partridge and the fact that she competed for the opportunity to come here today gives me hope that we can get our arms around this problem and solve it. Surely there are no greater allies for us in this battle than the young people themselves. With that, Mr. Chairman, I would like to present my constituent, Miss Jane Partridge.

**DRIVERS UNDER THE AGE OF 21 INVOLVED IN FATAL CRASHES
BY THE DRIVER'S BAC
1992 FARS - SUB246 (26 MAY 93)**

STATE	TOTAL	BAC .00	PERCENT	BAC .01-.09	PERCENT	BAC .10+	PERCENT
Alabama	216	151	70.0	25	11.5	40	18.6
Alaska	18	12	66.5	4	7.1	5	26.4
Arizona	123	86	69.8	11	9.1	26	21.1
Arkansas	114	77	67.4	19	16.5	18	16.1
California	739	540	73.0	72	9.8	127	17.2
Colorado	112	77	69.2	14	12.3	21	18.6
Connecticut	55	45	81.0	3	6.3	7	12.7
Delaware	29	24	84.2	2	7.9	2	7.8
Dist of Columbia	8	6	69.6	0	6.2	2	24.2
Florida	421	339	80.5	28	6.6	55	13.0
Georgia	273	231	84.5	15	5.6	27	9.9
Hawaii	21	14	65.5	3	13.0	5	21.5
Idaho	55	41	74.2	5	8.4	10	17.4
Illinois	278	209	75.1	24	8.7	45	16.2
Indiana	198	156	78.7	16	8.2	26	13.0
Iowa	107	75	70.5	13	12.1	19	17.4
Kansas	96	78	81.0	5	5.2	13	13.8
Kentucky	187	144	76.8	16	8.6	27	14.6
Louisiana	177	121	68.2	22	12.4	34	19.5
Maine	38	27	70.9	6	15.8	5	13.3
Maryland	104	86	83.3	7	6.6	10	10.1
Massachusetts	95	66	69.2	11	11.1	19	19.7
Michigan	272	226	83.0	15	5.5	31	11.5
Minnesota	114	78	68.0	9	7.6	28	24.4
Mississippi	145	117	80.4	8	5.6	20	14.0
Missouri	198	140	70.6	21	10.8	37	18.6
Montana	37	24	64.8	4	11.2	9	24.0
Nebraska	66	51	76.7	7	11.2	8	12.1
Nevada	29	21	71.0	2	7.3	6	21.7
New Hampshire	14	13	92.5	0	0.2	1	7.3
New Jersey	139	119	85.3	10	6.9	11	7.8
New Mexico	68	50	73.3	5	7.4	13	19.4
New York	302	239	79.1	25	8.3	38	12.6
North Carolina	225	171	76.0	18	8.2	36	15.8
North Dakota	21	13	62.0	2	7.5	6	30.5
Ohio	296	239	80.8	15	5.0	42	14.2
Oklahoma	149	103	68.8	11	7.7	35	23.5
Oregon	81	65	79.8	5	6.5	11	13.7
Pennsylvania	245	177	72.4	21	8.5	47	19.1
Rhode Island	13	12	90.9	0	1.0	1	8.1
South Carolina	156	126	80.6	7	4.4	23	15.0
South Dakota	37	24	65.9	1	3.3	12	30.8
Tennessee	237	174	73.2	17	7.1	47	19.6
Texas	614	467	59.8	89	14.6	158	25.7
Utah	62	52	84.0	5	8.9	4	7.2
Vermont	20	11	56.3	3	13.9	6	29.8
Virginia	171	123	72.1	15	8.7	33	19.2
Washington	122	88	71.9	13	10.9	21	17.2
West Virginia	73	49	66.8	7	10.1	17	23.1
Wisconsin	146	104	71.5	20	13.6	22	14.9
Wyoming	24	15	63.0	4	16.2	5	20.8
TOTAL	7539	5590	74.1	679	9.0	1270	16.8

American Automobile Association



Washington Office

1440 New York Avenue, N.W.
Suite 200
Washington, D.C. 20005
202-942-2050

FAX 202 783-4788

**Statement of the
AMERICAN AUTOMOBILE ASSOCIATION**

on

H.R. 1719

THE HIGH RISK DRIVERS ACT OF 1993

**Prepared for the
House Public Works and Transportation Committee**

March 24, 1994

**Darryl L. Wyland, Senior Vice-President
Public and Government Relations
American Automobile Association
1440 New York Avenue, N.W. Suite 200
Washington, D.C. 20005
(202) 942-2050**

The American Automobile Association, serving more than 35 million members, appreciates this opportunity to comment on H.R. 1719, the "High Risk Drivers Act of 1993."

We commend you, Mr. Chairman, for your leadership in initiating timely hearings on these important issues. We also commend those committee members who have co-sponsored this legislation for their concern for the safety of the motoring public.

Triple-A strongly supports H.R. 1719. High-risk drivers have high collision rates. This bill has the power to change that. This bill specifies safety measures that -- when implemented -- will reduce these rates and save lives. Timely enactment of this legislation must be a high priority.

Who is at risk? Everyone -- and first in line are our nation's youth. According to the Department of Transportation, over 6,000 teenage drivers were involved in fatal collisions on American roadways in 1992. Half of those teenagers died. Over two and a half million other teenage drivers were involved in non-fatal crashes.

If these numbers sound high -- they are. Teenagers represent only 5 percent of drivers, yet they are involved in 13 percent of the collisions. If we only eliminate the overrepresentation of these novice drivers in collisions -- just reduce that 13 percent down to 5 percent -- thousands of lives would be saved.

Triple-A supports efforts to make this happen. We believe three things are needed: education, experience, and proper attitude.

Driving is not the simple task we often view it as. This multi-function process requires continuous observation, decision-making and performance in an often complex and challenging environment. With lives on the line, it demands both an attitude and skill born of experience. The graduated licensing requirements in this bill will help ensure that novice drivers gain needed experience in a manner more closely matched with their skills and capabilities. Moreover, the provisional license stage will encourage novice drivers to adopt safe, responsible driving attitudes at the onset of their driving careers.

No one seriously questions the value of good education. The ever-increasing demands of our highway traffic system -- more drivers, more vehicles, more stress -- require knowledgeable, well-trained drivers behind the wheel. Effective driver education and training can develop good driving skills and instill safe driving attitudes.

Yet, even though youthful drivers are incurring more fatalities and more injuries per-vehicle-mile than any other age group, driver education opportunities are declining. Many states no longer offer driver education programs. During the last 20 years, the percentage of students taking driver education has dropped by a third.

Both public and private sector initiatives are underway to reverse this trend, and fundamentally improve the quality and effectiveness of driver education programs. This bill encourages these ongoing efforts and will stimulate timely implementation of improved driver education.

H.R. 1719 directs the Department of Transportation to:

- develop and implement effective and comprehensive policies and programs to promote safe driving behavior by young drivers,
- promote or engage in activities that seek to ensure that driver training programs and the delivery of such programs are advanced, and
- advance knowledge regarding the perceptual, cognitive and decision making skills needed for safe driving and to improve driver training.

We understand the Department of Transportation will soon submit to Congress a plan of research and development activities that could lead to improved driver education. Triple-A urges aggressive follow up of this plan. In particular, the Department of Transportation should:

- Reestablish driver education as a priority issue.
- Complete research and development to make driver education more effective, efficient, relevant and stimulating to novice drivers.
- Develop comprehensive guidelines for state standards covering public and private driver education programs -- including instructional content and facilities, instructor qualifications and performance, and educational strategies to positively influence safe driving attitudes of young drivers.

DOT should report its findings and recommendations on the driver education initiative to Congress on a regular schedule.

Triple-A is deeply concerned about the current erosion of driver education throughout the United States and would be pleased to form a partnership with the Department to address this issue.

Finally, Triple-A supports the bill's provisions on behalf of older drivers. The fact is - our population is getting older. Improvements in medicine and health care are extending our usable years. That means we're staying in the driver's seat longer. University of Florida research has shown that by the year 2000 one-third of all drivers will be over 55 years of age. And just twenty years later, some 45 million drivers will be over 65. Their automobiles continue to be their primary means of travel, especially in rural and suburban areas. Whether for social, recreational or personal business reasons, 80 percent of trips made by those 65 and over are made in an automobile.

In order to enhance highway safety while preserving the mobility of older Americans, Triple-A supports:

- Graded licenses for drivers with diminished capabilities compatible with individual limitations and needs.
- Specialized testing procedures for older drivers that more accurately evaluate their driving ability.
- Screening tools that effectively identify physical and/or mental impairments to driving without reliance solely on age as the criterion.
- Counseling procedures that will help older drivers understand and adapt their driving to the limitations imposed by their individual aging process.

These simple steps can help our older Americans continue to enjoy their mobility and independence, while reducing their risk of death or injury on the highway.

Triple-A would be pleased to cooperate with the Department of Transportation in these and other areas affecting older drivers as requested in this legislation.

Triple-A believes that the remedies incorporated in H.R. 1719 address real problems of high risk drivers. We believe they can reduce crashes and save lives without restricting the mobility of the American public.

We respectfully urge you to give H.R. 1719, the "High Risk Drivers Act of 1993," favorable consideration and to move expeditiously for its passage.



American Association of
State Highway and
Transportation Officials

Howard Yerusolim, President
Secretary of the
Pennsylvania Department
of Transportation

Francis B. Francois
Executive Director

March 21, 1994

Honorable Nick Rahall, Chairman
Subcommittee on Surface Transportation of the
Committee on Public Works and Transportation
B-376 Rayburn House Office Building
Washington, DC 20515-0515

Dear Mr. Chairman:

In a recent letter, Congressman Frank R. Wolf encouraged us to either request the opportunity to testify before your Subcommittee on March 24, or submit written testimony, concerning H.R. 1719, the "High Risk Drivers Act," of which he is a co-sponsor. We have chosen to respond to his request by submitting this letter.

Many features of this bill deal with matters not normally assigned to the AASHTO member departments, and thus for which we have no established policies. However, the state departments of highways and transportation do have important safety responsibilities, and some portions of H.R. 1719 do touch on them.

Attached are copies selected AASHTO policies and policy resolutions from our 1994 AASHTO Transportation Policy Book which comport with portions of H.R. 1719.

From those you will note it is AASHTO's position that:

- Highway safety programs should be goal oriented, and thus help public agencies include safety enhancement in their overall mission. (Policy Statement H-61)
- Our departments actively support programs to reduce driver error, which occurs more frequently among the high risk drivers targeted by the bill. (Policy Statement H-62)
- AASHTO strongly supports the findings of TRB Report 218 on the safety of older persons, which is cited in the bill. (Policy Resolution PR-6-91)

Honorable Nick Rahall
March 21, 1994
Page Two

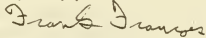
- AASHTO has actively studied and commented on the Safety Management System requirement contained in the 1991 ISTEA, and looks to this System as developed in each state as a mechanism for improving many aspects of highway safety, including special problems of high risk drivers. (Policy Resolution PR-8-92)

Also submitted herewith is a copy of AASHTO's A Guide for Enhancement of Highway Safety Directed to Agencies, Programs and Standards, prepared by our Standing Committee on Highway Traffic Safety and which has been widely distributed and utilized. It states AASHTO's general philosophy that concern about highway safety should be incorporated in decisions affecting the planning, design, construction, maintenance and operations of our highways.

In short, there are several areas where AASHTO policy is in accord with provisions of H.R. 1719. Together with Congressman Wolf and members of your Committee, AASHTO supports the cause of highway safety, and the special needs of high risk drivers in particular.

We ask that this letter be submitted for the record of the hearing on H.R. 1719, and we will be pleased to provide any further assistance requested.

Very truly yours,



Francis B. Francois
Executive Director

FBF:DJH:mlm

cc: Honorable Thomas Petri
Honorable Frank R. Wolf
Caryll Rinehart

SAFETY

Policy on Highway Safety Programs

H61 Both construction and non-construction highway safety programs at the federal, state and local levels should be goal-oriented. Those goals and objectives, expressed in terms of accident rates per unit exposure, measures of public compliance with safety-related laws and regulations, or other quantitative and qualitative measures of improved safety, help provide direction to the management and staff of public agencies in their efforts to include enhancement of highway safety in their overall missions.

Federal laws and regulations should focus on national priorities. However, the safety programs should also recognize the uniqueness of each state; of the highway transportation problems in each state; and of the organization structure and mission of state and local agencies having safety responsibilities.

A state or local highway safety program should include a planning, implementation and quality assessment management process. Through a problem identification process, state and local agencies should develop plans that incorporate national priorities and local priorities. Such agencies should not be required to engage in countermeasure activities intended to address federal safety priorities which are not identified as problems through the local problem identification process. Nor should federal priorities discourage state and local highway safety agencies from addressing locally identified safety problems.

Countermeasure programs to address such safety problems and priorities should be eligible for federal financial assistance, provided only that proposed countermeasure programs can be shown to have a reasonable likelihood of being effective. When countermeasure programs prove ineffective, federal and state policy should allow them to be discontinued.

AASHTO strongly supports the concept of federal incentive programs to encourage state and local agencies to respond to nationally identified highway safety needs and priorities.

Legal sanctions at the federal level, such as withholding highway funds, are counterproductive and retard rather than advance progress toward a safer highway system.

AASHTO continues to support the consolidation of federal highway safety programs into two broad categories, one for safety construction projects, and the other for an array of non-construction safety initiatives directed toward the drivers, vehicles, enforcement, emergency response and system operations.

Driver and Vehicle Safety Programs

H62 The American Association of State Highway and Transportation Officials recognizes the importance of and actively supports highway safety programs to reduce driver error and improve vehicle safety as a viable method of providing long lasting and widespread safety benefits.

Support for TRB Special Report 218, Transportation in an Aging Society Improving Mobility and Safety for Older Persons

(June 22, 1991)

PR-6-91 WHEREAS, AASHTO recognizes the number of older drivers on the highways is increasing significantly each year; and

WHEREAS, the older driver may have had physical constraints which impede his/her ability to safely operate a motor vehicle; and

WHEREAS, AASHTO is dedicated to the premise that every reasonable effort should be made to make the nation's highways safe for the travelling public; and

WHEREAS, the AASHTO Standing Committee on Research approved three safety related projects for the FY 1992 NCHRP aimed at the needs of the older driver, and further has requested a priority listing of project recommendations from the Standing Committee on Highway Traffic Safety based on TRB Special Report 218 and other source documents for their consideration in formulating the NCHRP program for FY 1992 this September;

NOW, THEREFORE, BE IT RESOLVED, that AASHTO strongly supports TRB Report 218 and recommends the FHWA and NHTSA undertake the necessary studies to support the development of new standards for design of highways and to support the development of national standards for testing and screening driver license applicants; and

BE IT FURTHER RESOLVED, that recognizing current financial constraints and the large number of recommendations in TRB Special Report 218, the Standing Committee on Highway Traffic Safety undertake the prioritization of its recommendations from a cost-effectiveness point of view, for use by NCHRP, FHWA, NHTSA and other safety research efforts in formulating their respective programs.

Safety Management System

(July 27, 1992)

PR-8-92 WHEREAS, Section 1034 of the Intermodal Surface Transportation Assistance Act of 1991 requires the establishment of six management systems by the fiscal year following September 30, 1995, with one of those systems designated as Highway Safety, and

WHEREAS, Section 1034 further provides that the Secretary may withhold up to 10 percent of all federal aid apportionments to a state under Titles I and III of the ISTEA unless the state has a Highway Safety Management System (SMS) in operation as provided for in federal regulations, and

WHEREAS, Section 1034 further provides that the aforementioned regulations be issued within one year of the date of enactment, i.e., December 17, 1992, and

WHEREAS, the Federal Highway Administration and the National Highway Traffic Safety Administration are currently engaged in the rulemaking process, and there is now an open ANPRM on all six management systems, including the SMS, with a docket closure date of August 3, 1992, and

WHEREAS, the AASHTO Standing Committee on Highway Traffic Safety at its mid-year meeting in April, 1992 in Daytona Beach, Florida considered the SMS requirement in some depth and approved a series of recommendations thereon for the consideration of the AASHTO Member Departments in preparing their comments to the rulemaking docket on this matter, and

WHEREAS, AASHTO has provided a representative at the invitation of the FHWA to a series of workshops on the SMS held May 29, June 1, and June 20, 1992 to serve as a panelist in discussions on a series of questions on the SMS, including, *inter alia*, the appropriate scope of the SMS, and

WHEREAS, in passing the ISTEA, the Congress indicated its interest in many aspects of highway traffic safety, including such topics as motorcycle helmet laws, seatbelt usage laws, non-construction safety programs, motor carrier safety and others, in other sections and titles of the ISTEA, with many of these provisions bearing their own incentive and/or sanction provisions,

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of the American Association of State Highway and Transportation Officials, that the recommendations of the Standing Committee on Highway Traffic Safety be endorsed and attached and included with this Policy Resolution, and

BE IT FURTHER RESOLVED, that AASHTO hereby supports the position that the final SMS regulation should strongly encourage and require that the safety management activities of the state highway agency be closely coordinated with the safety activities of other state and local agencies having regulatory or other responsibilities with respect to vehicles and drivers such as motor vehicle administration, driver's license administration,

law enforcement, emergency medical services, safety training and education, and others, and

BE IT FURTHER RESOLVED, that AASHTO hereby further supports, however, that the scope of the SMS in terms of its mandated elements subject to the sanction provision of Section 1034, including elements related to the inclusion of vehicles, drivers, and the driving environment, as well as the extent of the system of highways covered by the SMS, be limited to such functions and responsibilities as are under the control of each state highway agency, which is the agency which will bear the burden of any applied sanctions, and

BE IT FURTHER RESOLVED, that this resolution with its attachment be placed in the docket of the currently outstanding ANPRM on the six management systems for consideration and as a matter of record.

Safety Management System (Attachment)

The Standing Committee on Highway Traffic Safety's Recommendations for Initiating a Safety Management System

- State Highway Agencies (SHA) should initiate developing and finalizing an effective Safety Management System (SMS) by October 1, 1994. The complete process for developing and implementing an SMS should be completed by October 1, 1996.
- The current systems - Highway Safety Improvement Programs and existing databases should provide the foundation for SMS.
- SMS must allow the SHA the flexibility to achieve the goals and objectives for the system within the framework of their respective organizational structures.
- SMS should define and identify those safety enhancements and features in construction and maintenance operations which would qualify as safety improvements or which are not considered safety enhancements.
- A system for prioritization of safety enhancements should be developed for projects and be incorporated as a specific part of the State's overall highway management process. Accident reduction should be considered in development of project priorities.
- Safety needs should be defined in the earliest stages of all projects to identify inter-agency coordination and resource allocations.
- Coordination, cooperation and communication should be incorporated not only within the SHA but also between the Governor's highway safety representatives, law enforcement, local entities, emergency response, etc.
- Lines of responsibility must be established within the SHA. A network of coordination and communication should be considered as necessary to achieve consistency, resolve disputes and allocate resources with accountability invested on specific individuals within the respective agencies. The design, construction, maintenance and traffic operation elements should all be involved in the SHA Safety Management System.
- Training of personnel is needed to insure a safety consciousness as well as technically oriented perspectives within design, construction, traffic and maintenance operations.
- Cross-training between the SHA and other highway safety agencies should be encouraged to create an awareness of each's responsibilities and to maintain lines of communication. Training should also be extended to consultants and contractors.

- Monitoring and evaluation of highway safety activities should be required to guide SMS and provide for a maximum level of effectiveness in expenditure of resources in safety engineering.
- In the later stages of development of the SMS, the needs of Emergency Response Systems must be assessed for communications, access, care and evacuation. This would apply to all emergency responders: law enforcement, fire, hazardous material and medical.
- Public information programs should be an integral part of SMS to provide education, information and awareness and to reinforce the need for continued emphasis on highway safety.
- SMS must be coordinated with the other management systems being developed.
- The SMS should encompass the State highway system.
- The States should encourage the local agencies to develop an SMS for their highway systems.



GFWC INTERNATIONAL

1734 N Street, N. W. • Washington, DC 20036-2990
Telephone (202) 347-3168 • Fax (202) 835-0246

Hearing Statement by

**Ann Holland
International President
General Federation of Women's Clubs
on**

**High Risk Drivers Act
H.R. 1719
before the**

**House Public Works Committee
Subcommittee on Surface Transportation**

March 24, 1994

On behalf of the General Federation of Women's Clubs (GFWC) I would like to thank you, Chairman Rahall, for convening today's hearing on H.R. 1719, the High Risk Drivers Act, sponsored by Congressman Frank Wolf. We support H.R. 1719.

I am the president of the General Federation of Women's Clubs, the oldest and largest women's organization dedicated to community service. Our 350,000 U.S. members belong to 8,500 clubs in all 50 states. We also have clubs in 30 foreign countries.

GFWC has long advocated for safe driving measures. We regularly testify in support and work for passage of safety belt, child safety seat, anti-drunk driving, "55 Alive," motorcycle and bicycle helmet and limited truck size laws in every state. We support Section 153 of the Intermodal Surface Transportation Efficiency Act and we oppose harmonization of trucking standards in NAFTA. One of the most popular programs we offer is our Highway Safety Program. Through funding from the Allstate Foundation we conduct seminars across the country on effective strategies to discourage drunk driving and to encourage safe driving. We help distribute child restraint seats to low-income parents. We provide our communities with safety videos. We work with schools to promote driver education courses. Over the years we have joined forces with the National Highway and Traffic Safety Administration, the Governors' Highway Safety Representatives, Advocates for Highway and Auto Safety, Mothers Against Drunk Driving, Citizens for Reliable and Safe Highways and the American Association of Retired Persons to promote safe driving practices.

I urge the House to pass the High Risk Drivers Act, as the Senate did. Incentive grants such as those contained in H.R. 1719 work. We all know of tragedies resulting from young, intoxicated drivers. And many of us need support in finding ways to encourage safer driving for elderly adults which will result from the research efforts contained in this legislation.

GENERAL FEDERATION OF WOMEN'S CLUBS
Founded in 1890



recycled paper

Katherine Freund
 c/o Southern Maine Area Agency on Aging
 307 Cumberland Avenue
 P.O. Box 10480
 Portland, Maine 04104
 Phone & Fax 207 775-6503

March 31, 1994

Honorable Nick J. Rahall II
 Chairman, Subcommittee on Surface Transportation
 B376 Rayburn House Office Building
 Washington, DC 20512

Dear Chairman Rahall,

I respectfully submit, for your review and inclusion in the Congressional Record, the enclosed testimony on the High Risk Drivers Act of 1993. My comments are directed toward Title II--Older Driver Programs, Sec. 201. Older Driver Safety Research, (c) Counseling Procedures and Consultation Methods, (d) Alternative Transportation Means, (g) Intelligent Vehicle Highway Systems, and (i) Authorization of Appropriations.

Specifically, I recommend that the Act be amended as follows (changes in bold):

(c) COUNSELING PROCEDURES AND CONSULTATION METHODS.--The Secretary shall encourage and conduct research and disseminate information to support and encourage the development of appropriate counseling procedures and consultation methods with relatives, physicians, the traffic safety enforcement and the motor vehicle licensing communities, **transit providers**, and other concerned parties. Such procedures and methods shall include the promotion of voluntary action by older high risk drivers to restrict or limit their driving when medical or other conditions indicate such action is advisable, **and the coordination of such counseling procedures with information on available transportation alternatives designed to promote mobility and well being for older drivers.** The Secretary shall consult extensively with the American Association of Retired Persons, the American Association of Motor Vehicle Administrators, the American Automobile Association, the Department of health and Human Services, the American Public Health Association, and other interested parties in developing educational materials on the interrelationship of the aging process, driver safety, **and the driver licensing process, and the existence of adequate transportation alternatives.**

(d) ALTERNATIVE TRANSPORTATION MEANS.--The Secretary shall ensure that the agencies of the Department of Transportation overseeing the various modes of surface transportation coordinate their policies and programs to ensure that funds authorized under the Intermodal Surface Transportation Efficiency Act of 1991 (Public Law 102-240; 105 Stat. 1914) and implementing Department of Transportation and Related Agencies Appropriation Acts take into account the transportation needs of older Americans by promoting alternative transportation means whenever practical and feasible. **The Secretary shall encourage and conduct research**

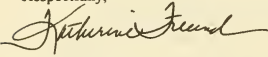
into privately funded, consumer oriented transportation alternatives which can supplement or replace the private automobile for older drivers who have restricted their driving for safety reasons.

(g) INTELLIGENT VEHICLE-HIGHWAY SYSTEMS.-- In implementing the Intelligent Vehicle-Highway Systems Act of 1991 (23 U.S.C. 307 note), the Secretary shall ensure that the National Intelligent Vehicle-Highway Systems Program devotes sufficient attention to the use of intelligent vehicle-highway systems to aid older drivers in safely performing driver functions, **and to developing consumer oriented alternative transportation systems and services for those high risk older drivers who can no longer perform safely.** Federally sponsored research, development, and operational testing shall ensure the advancement of night vision improvement systems, technology to reduce the involvement of older drivers in accidents occurring at intersections, and other technologies of particular benefit to **those older drivers who retain the ability to drive, and to those who must relinquish the driving role for safety reasons.**

(i) AUTHORIZATION OF APPROPRIATIONS.--Of the funds authorized under section 403 of title 23, United States Code, \$1,250,000 is authorized for each of the fiscal years 1995 through 2000, and \$1,500,000 is authorized for each of the fiscal years 2001 through 2005, to support older drivers programs described in subsections (a), (b), (c), **(d)**, (e), and (f).

Thank you for your time and your consideration. I am available, at your convenience, to discuss any of these suggested changes.

Respectfully,



Katherine Freund, MA
 Chair, Task Force to Study the Safe Mobility of Maine's Aging Population
 Member, Committee for the Safety and Mobility of Older Drivers, Transportation Research Board
 Chair, Subcommittee on Alternative Transportation
 Committee for the Safety and Mobility of Older Drivers, Transportation Research Board

Enclosure

Testimony for the Congressional Record
for consideration with
The High Risk Drivers Act of 1993

submitted by

Katherine Freund
 March 31, 1994

Background: Katherine Freund has a Masters degree (1992) in Public Policy from the Edmund S. Muskie Institute of Public Affairs, where she specialized in alternative transportation for the elderly, and a BA in English Literature from the State University of New York at Buffalo (1972). She presented her Master's degree research project, *Diminished Capacity Older Drivers: Letting Go of the Keys*, at the 13th National Conference on Accessible Transportation and Mobility (1992), and a policy analysis, *The Politics of Older Driver Legislation: A Case Study of Maine's 1983 "Act to Eliminate the Requirement that Persons Over 75 Years of Age Take Periodic Driving Tests"* at the 44th Annual Scientific Meeting of the Gerontological Society of America (1991). She is a member of the Transportation Research Board's Committee on the Safety and Mobility of Older Drivers, for which she chairs the Subcommittee on Alternative Transportation. In Maine, where she resides, she helped develop the legislation to create the Task Force to Study the Safe Mobility of Maine's Aging Population, which she currently chairs.

* * * * *

The High Risk Drivers Act of 1993 states that "A major objective of United States transportation policy must be to promote the mobility of older Americans while at the same time ensuring public safety on our nation's highways." (Sec.2 Findings, Subsec.7) This stated objective cuts to the heart of the older driver dilemma: How can policy makers balance the private need for mobility with the public need for safety?

The efforts described in Sec. 201. of this Act, Older Driver Safety Research, attempt to find some of the answers to this question. Through better prediction of high risk older drivers, specialized training for licensing examiners, counseling programs for diminished capacity older drivers, alternative transportation, progressive licensing practices, improved medical screening, use of IVHS technology, and an awareness of intermodalism, this research program reaches earnestly into the future and the unknown for the tools and methods to help older Americans find the balance between safety and mobility in their own lives and in the communities in which they live.

In this testimony, I suggest changes to four sections of this Act. These changes alter neither the spirit, nor the intent, nor the budget of this legislation. Rather, I believe they help the Act better accomplish the objective of promoting mobility and ensuring safety. The reasoning behind these suggested changes derives from an appreciation for the role of choice in decision making, and an analysis of some of the assumptions which underlie current thinking about alternative transportation for seniors in the United States.

All of the suggested changes relate to some aspect of alternative transportation. The changes for each section are in bold. Following each section, I will present my reasons for suggesting the changes.

- ♦ (c) **COUNSELING PROCEDURES AND CONSULTATION METHODS.**--The Secretary shall encourage and conduct research and disseminate information to support and encourage the development of appropriate counseling procedures and consultation methods with relatives, physicians, the traffic safety enforcement and the motor vehicle licensing communities, **transit providers**, and other concerned parties. Such procedures and methods shall include the promotion of voluntary action by older high risk drivers to restrict or limit their driving when medical or other conditions indicate such action is advisable, **and the coordination of such counseling procedures with information on available transportation alternatives designed to promote mobility and well being for older drivers.** The Secretary shall consult extensively with the American Association of Retired Persons, the American Association of Motor Vehicle Administrators, the American Automobile Association, the Department of health and Human Services, the American Public Health Association, and other interested parties in developing educational materials on the interrelationship of the aging process, driver safety, **and the driver licensing process, and the existence of adequate transportation alternatives.**

Common sense tells us it is folly to attempt a sound decision in a context of no alternatives. Yet, since almost two-thirds of today's elderly live in the suburbs or rural areas, where there is no public transportation, this is exactly what we ask older drivers to do when we ask them to decide whether or not it is safe for them to drive. How much easier would their decision be if there were a *bona fide* alternative to the private automobile? The High Risk Drivers Act recognizes the importance of alternative transportation in Sec. (d) Alternative Transportation Means. The changes I have suggested here in Sec. (c) more thoroughly incorporate the role of alternative transportation by including transit providers in the development of counseling procedures, and by including information on transportation alternatives in discussions with seniors about voluntarily restricting their driving for safety reasons.

- ♦ (d) **ALTERNATIVE TRANSPORTATION MEANS.**--The Secretary shall ensure that the agencies of the Department of Transportation overseeing the various modes of surface transportation coordinate their policies and programs to ensure that funds authorized under the Intermodal Surface Transportation Efficiency Act of 1991 (Public Law 102-240; 105 Stat. 1914) and implementing Department of Transportation and Related Agencies Appropriation Acts take into account the transportation needs of older Americans by promoting alternative transportation means whenever practical and feasible. **The Secretary shall encourage and conduct research into privately funded, consumer oriented transportation alternatives which can supplement or replace the private automobile for older drivers who have restricted their driving for safety reasons.**

In the past, transportation for the elderly planning has been hampered by two false assumptions. The first is the people who can no longer drive safely can no longer afford to pay for their own transportation. Stated another way, planners have assumed that people who can afford to pay for their own transportation can also provide it (usually in automobiles.) The second assumption is that people who have driven in private automobiles all their lives will find transportation in vans or buses acceptable.

Currently, alternative transportation for the elderly is provided with public dollars, in high occupancy vehicles, primarily for low income seniors. The thinking which produces these systems entirely overlooks the opportunity to design a privately funded alternative transportation system. After all, most seniors have been paying for their own transportation all of their adult lives; they might welcome an opportunity to continue to pay for their own transportation--if there were a service for them to buy. This is an especially important concept in light of both the unlikelihood of the government ever having enough resources to pay for transportation for the aging population, and the already stated safety need for a transportation alternative for diminished capacity older drivers.

- ♦ (g) INTELLIGENT VEHICLE-HIGHWAY SYSTEMS.-- In implementing the Intelligent Vehicle-Highway Systems Act of 1991 (23 U.S.C. 307 note), the Secretary shall ensure that the National Intelligent Vehicle-Highway Systems Program devotes sufficient attention to the use of intelligent vehicle-highway systems to aid older drivers in safely performing driver functions, **and to developing consumer oriented alternative transportation systems and services for those high risk older drivers who can no longer perform safely.** Federally sponsored research, development, and operational testing shall ensure the advancement of night vision improvement systems, technology to reduce the involvement of older drivers in accidents occurring at intersections, and other technologies of particular benefit to **those older drivers who retain the ability to drive, and to those who must relinquish the driving role for safety reasons.**

Limiting Intelligent Vehicle-Highway Systems technology to the development of safety features in automobiles implies either that everyone will be able to drive until the day they die, or that only people who drive have mobility needs which merit the benefit of this promising new technology. The changes I have proposed extend the benefits of IVHS technology to the development of alternative transportation for high risk older drivers. An example of an IVHS application to alternative transportation is the use of smart cards to manage payments and trips for seniors in a privately funded transit system.

- ♦ (i) AUTHORIZATION OF APPROPRIATIONS.--Of the funds authorized under section 403 of title 23, United States Code, \$1,250,000 is authorized for each of the fiscal years 1995 through 2000, and \$1,500,000 is authorized for each of the fiscal years 2001 through 2005, to support older drivers programs described in subsections (a), (b), (c), (d), (e), and (f).

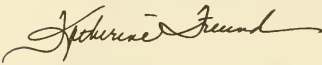
High Risk Drivers Act of 1993

Testimony submitted by Katherine Freund

Without expanding the allocation for this Act, I have included Sec. (d) in the Authorization of Appropriations. I have done this because there is a clear relationship between safety and the existence of alternative transportation.

Transportation is a lifelong need. Our ability to lead safe, happy, and productive lives depends upon our ability to access basic necessities, and to enrich ourselves through friendship and the joy of giving to others. These basic needs do not disappear when we lose our ability to drive safely, nor do they diminish as we gradually compromise mobility to compensate for diminished capacity. Our ability to form sound decisions about driving safety will not take shape realistically until we have a transportation system which allows us to maintain our quality of life. Transportation alternatives are not a part of sound safety decisions, they are the basis.

Respectfully submitted, March 31, 1994

A handwritten signature in cursive script, reading "Katherine Freund". The signature is written in dark ink and is positioned above the printed name.

Katherine Freund



Red Coleman
President

John B. Burcham, Jr.
Executive Director

March 30, 1994

The Honorable Nick Joe Rahall, II
Chairman
Subcommittee on Surface Transportation
House Public Works and Transportation Committee
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Please find enclosed two position papers prepared by the National Association of Beverage Retailers (NABR). The first position paper supports passage H.R. 1719 which was a subject of discussion at the Oversight Hearing on March 24, 1994 before the Subcommittee on Surface Transportation of the House Public Works and Transportation Committee.

NABR supports the passage of H.R. 1719, "The High Risk Drivers Act," as well as passage of legislation mandating Graduated Driver Licensing, the topic of the second NABR position paper. There are concerns with regard to a number of concepts proposed in H.R. 1719 which are addressed in the document.

I am confident that you will find the paper's content informative and I welcome any comments or questions you may have with regard to this or other issues.

Sincerely,

John B. Burcham, Jr.
Executive Director

5101 River Road, Suite 108, Bethesda, MD 20816-1508
301-656-1494 ■ fax 301-656-7539

Issue:

H.R. 1719 and companion S. 738

"THE HIGH RISK DRIVERS ACT"

A Position Paper Prepared by:

The National Association of Beverage Retailers
5101 River Road, Suite 108
Bethesda, MD 20816-1508
(301) 656-1494

March 30, 1994

**POSITION OF THE NATIONAL ASSOCIATION OF BEVERAGE RETAILERS
(NABR)
IN SUPPORT OF PASSAGE OF LEGISLATION WHICH HOLDS DRIVERS FROM
HIGH RISK CATEGORIES ACCOUNTABLE FOR THEIR ACTIONS**

Background

Strong and direct measures which provide solutions and establish accountability and responsibility among problem drivers are critical steps toward making our highways safer for all Americans. The alcohol beverage industry -- and the nation -- should encourage the Congress of the United States of America to address the issue of high-risk driving among motorists, young and old.

Position

The National Association of Beverage Retailers supports the passage of "The High Risk Drivers Act" which addresses the problem of beverage alcohol misuse in high-risk categories and the sometimes fatal results of irresponsible consumption with driving.

Reasons

- The legislation demonstrates a welcome shift in thinking that places greater responsibility on the shoulders of those persons that obtain alcohol beverages by false, misleading and/or illegal means. These include the underage consumer who uses false identification; the legal-age consumer who provides alcohol for underage consumers; or the chronic abuser who continues to endanger his or her life and the well-being of others.
- The authors of the High Risk Drivers Act are absolutely on target in calling for punishment of an underage person who intentionally violates the law by purchasing and possessing alcohol beverages; operates a vehicle while intoxicated; or violates the conditions of a provisional driver's license.
- The alcohol beverage industry is working to provide real and workable solutions to the problem of underage purchase and consumption of alcohol beverages and is allied with a number of organizations to educate and inform the public and our consumers. These include point-of-sale programs by The Century Council, server/seller training and other programs aimed at raising awareness about legal, responsible consumption, service and sales of beverage alcohol.
- The Licensed Beverage Information Council (LBIC), which is comprised of almost all national alcohol beverage industry associations, has been sponsoring major efforts for 15 years to reduce underage purchases of alcohol beverages. LBIC is a non-political, non-adversarial organization dedicated to education and action in the areas of identifying and treating alcoholism; preventing alcohol abuse during pregnancy; preventing drunk driving; and preventing underage drinking.

-- more --

- It is a central philosophy of NABR and the alcohol beverage industry to communicate and cooperate with federal and state governments and other organizations concerned with alcohol beverage issues and to solve the problems associated with alcohol misuse.
- The alcohol beverage industry faces a dilemma in its efforts to address the crisis of misuse and abuse of its products. On one hand, the industry is wrongly criticized for inaction with respect to these problems. On the other hand, the industry is sometimes told that its efforts to educate and inform the public with respect to responsible and lawful consumption are tainted.
- The alcohol beverage industry is unique in that it spends a vast amount of its resources to educate our society and work toward a healthier, more informed national community.

Conclusion

Laws must be realistic, enforceable and aimed directly at solving the problem at hand. And, while NABR supports the wisdom behind the passage of the High Risk Drivers Act, there are a number of concerns with the language used and a number of the concepts within the proposed legislation. (1) In the legislation, some of the focus is shifted from preventing and punishing the underage, high risk driver to a focus on alcohol beverage retailers who, despite preventive measures, in many cases unknowingly sell to underage persons using false or altered identification which misrepresents the true age, identity or intent of the perpetrator of an illegal purchase. Obviously, any retailer who knowingly accepts false identification or sells to underage persons should receive appropriate disciplinary action.

(2) The bill contains superfluous language in that it is already illegal to knowingly make sales to underage persons. To create additional laws and the corresponding red tape provides a distraction from the original intent of the bill. (3) The bill would place oversight responsibilities of private retail establishments on colleges and universities. Only after illegal consumption occurs on campus can a university or college implement action. NABR strongly believes that through education and information, and with the cooperation and resources of an educational institution, legal consumption and moderation can be addressed on campus.

The National Association of Beverage Retailers (NABR) is a national association comprised of twenty-five state associations of both on and off-premise alcohol beverage licensees. NABR's off-premise members operate businesses in the "licensed" or "open" states.

NABR is a joining of the two major branches of alcohol beverage retailers into a single unified organization. Through unity, retailers, the industry, consumers and government benefit through open communication, education and the retailers contribution to the economy and community well-being.

Issue:
Graduated Driver Licensing
(H.R.1719 and Senate Companion S.738)

A Position Paper Prepared by:

The National Association of
Beverage Retailers
5101 River Road, Suite 108
Bethesda, MD 20816-1508
(301) 656-1494

March 30, 1994

**POSITION OF THE NATIONAL ASSOCIATION OF BEVERAGE RETAILERS
IN SUPPORT OF H.R.1719: INCENTIVES FOR GRADUATED DRIVER
LICENSING**

Background

Young and inexperienced drivers continue to be disproportionately involved in motor vehicle accidents, particularly at night. In some cases, the performance of these drivers is further compromised by the illegal use of alcohol. Graduated driver licensing systems erect an enforcement scheme aimed directly at the high risk behaviors of novice drivers and, by curbing them, will reduce highway deaths.

Position

The National Association of Beverage Retailers supports the institution of incentives encouraging states to adopt a graduated driver licensing system. The use of such systems appropriately addresses the poor individual choices made by drivers in the target group and establishes penalties that will effectively deter high risk behavior amongst novice drivers.

Reasons

1. Data estimates for 1992 indicate that forty percent (40%) of deaths for people in the ages from 15 to 20 result from motor vehicle accidents.
2. Younger drivers not only suffer from the lack of judgement that often accompanies youth, but their lack of experience is often compounded by the fact that driving is a complex psychomotor task where errors in the early stages of the learning process are frequent and inevitable.
2. The use of a provisional licensing system by the state of Maryland, which restricted operation by youthful drivers between the hours of midnight and five a.m. and other features contributed to a five percent (5%) reduction in accidents and a ten percent (10%) reduction in convictions for 16 and 17 year old drivers.
3. Youthful drinking and driving still persist, despite efforts to curb it through increases in the legal drinking age. In 1991, approximately one third of the fifteen to twenty year old drinking drivers involved in such fatal crashes had consumed alcohol before driving.

4. The impact of alcohol consumption on the youngest and newest drivers is magnified as a result of their decreased judgement, inexperience and relatively undeveloped driving skills.
5. Provisional or graduated licensing programs, through the use of low or "zero tolerance" BAC (Blood Alcohol Content) restrictions provide meaningful sanctions for those who are old enough to drive but lack an adult's capability to make responsible individual choices regarding the use of alcohol.
6. Graduated or provisional licensing programs facilitate the issuance of special format licenses to those in age or experience restricted groups. **Clearly marked and distinctive provisional licenses will further the progress already made by retailers in detecting underage consumers seeking to buy alcohol beverages.**
7. The potential loss of a driver's license to a youthful driver is a more tangible event than what appears to be the more distant possibility of injury or death.
8. Graduated or provisional licensing reinforces the concept that an unrestricted license must be earned regardless of age.

Conclusion

The National Association of Beverage Retailers (NABR) supports incentives for graduated or provisional licenses because this concept simply makes sense. Despite the progress that has been made within our industry, by state measures to assist in identifying underage consumers, and in the message that society as a whole sends to young people, the problem of youthful drinking and driving continues to result in tragic deaths and injuries. Simply increasing the drinking age has done little to solve the problem of drinking and driving among the young.

Graduated or provisional licenses will not only make identification of underage consumers easier, it will do a great deal to deter and prevent irresponsible underage drinking. Few, if any, events in an adolescent's life are more eagerly anticipated than obtaining a driver's license. The potential loss of driving privileges implicit in the provisional or graduated licensing concept creates a substantial incentive for underage drivers to obey the law. Lower BAC limits for youthful drivers reinforce the message that younger drivers are more likely to be impaired by drinking, that the drinking of alcohol beverages is an adult activity that must be approached responsibly, and that as individuals, the failure to act responsibly will have dire consequences.

NABR's support of H.R.1719 demonstrates that the beverage industry wants to be part of the solution to the tragedy of underage drinking and driving -- not part of the problem.



UNIVERSITY OF
FLORIDA

Center for Gerontological Studies

94 APR -6 PM 2:36
3355 Turlington Hall
Gainesville, FL 32611-2036
Tel: (904) 392-2116
Fax: (904) 392-8524

Ms. Caryll Reinhart
Staff, Subcommittee on Surface Transportation
B376 Rayburn House Office Building
Washington, DC 20512

March 31, 1994

Dear Ms. Reinhart.

I am enclosing a written testimony to be submitted to the Subcommittee on Surface Transportation.

Ms. Katherine Freund of the Maine Older Driver TaskForce encouraged us to submit this testimony to Mr. Rahall's subcommittee. We hope that it arrives in time.

Thank you for the opportunity to try to emphasize the importance of alternative transportation for our elderly population. If there is inadequate forms of alternative transportation, what is proposed will not be used, and cost for providing more home care or even nursing home care will surely rise.

Sincerely,

A handwritten signature in cursive script, appearing to read "Otto von Mering".

Otto von Mering
Professor and Director



UNIVERSITY OF
FLORIDA

Center for Gerontological Studies

3355 Turlington Hall
Gainesville, FL 32611-2036
Tel: (904) 392-2116
Fax: (904) 392-8524

TO: Chairman, Subcommittee on Surface Transportation
Nick J. Rahall II
B376 Rayburn House Office Building
Washington, DC 20512

FROM: Otto von Mering, Professor and Director, Center for Gerontological Studies,
College of Arts and Sciences, University of Florida, Gainesville, FL
Alternative Transportation Subcommittee, Committee on the Safety and
Mobility of Older Drivers, Transportation Research Board, Washington, D.C.

DATE: March 29, 1994

SUBJECT: High Risk Drivers Act of 1993

As Director of the Center for Gerontological Studies at the University of Florida, I am acutely aware of the increasing problems facing older drivers and society; their reluctance to retire from the road, their increased risk of death due to injury from automobile crashes, and especially their lack of options when it is necessary to give up their cars.

As you know, Florida has the highest percentage of older drivers (23%) in the nation, so the plight of older drivers and their impact on the rest of the population in the state is well known. Moreover, 42 of Florida's 67 counties are classified as rural and only 18 counties have any form of public transit, leaving the majority of Floridians without any alternative transportation. As is eminently obvious, Florida is an automobile-dependent state.

Recent opinion surveys conducted by our center and other research centers show that the majority of Americans are long-term automobile drivers and cannot conceive of an independent life without personal automotive mobility. More than 90% of older men and 80% of older women had active licenses in 1991, a number which will increase with the highly mobile lifestyles of the younger generations.

While the High Risk Drivers Act intends to "promote the mobility of older Americans while at the same time ensuring public safety on our nation's highways" (Sec.2 Findings, Subsec.7), policy makers must exert extreme care in balancing the private need for mobility and access to essential services with the public need for safety. It must also be understood that the policy makers of the past have had a significant share in augmenting this dependence on the private automobile. They helped promote highway building, inadequate city and regional planning with respect to aging and aging in place, and encouraged hidden subsidies which accommodate the need and ease of driving a private vehicle.

Our main concern lies in Subsec.(d) which addresses the mobility of elders when they can no longer drive: How does public policy define "mobility" for the elderly? Is it today's definition: Paratransit on fixed routes which do not serve the needs of the elderly in their effort to socialize; or the legitimate demand responsive transit which ends up requiring a three day waiting time? For most drivers who have been driving for up to 60 years or more as an independent, empowered person and as a self-sufficient driver to become dependent on strangers, family, or friends who may not drive as well, to resign to becoming a passenger is tantamount to a "social death".

This restricted mobility is not sufficient for most elders, as it would not be for any person who needs to tend to activities of daily living.

We have reviewed the High Risk Drivers Act of 1993 and have some comments to offer which we hope you will find constructive.

The High Risk Drivers Act as passed by the U.S. Senate on November 20, 1993 does not address options when licenses are restricted or suspensions occur. While state-level activities designed to reduce the fatality and crash rate of drivers who have identifiable risk characteristics such as frailty or diminished driving capability are useful and necessary, they do not address options to sustain the essential independence once held with ready access to a vehicle.

Consumer-oriented, fully funded, reasonable alternatives to driving the private automobile must be developed, especially in rural and suburban locales. But to be used, these alternatives must be accepted by the elderly non-drivers. Focus group, grass-roots recommendations as to what would be the most beneficial mobility means would accelerate acceptance and use by the elderly.

To that end, we encourage funds for research into practical transportation alternatives for older drivers who must retire from the road, but not from life. We strongly suggest that demonstration projects be funded to promote these transportation alternatives.



BOSTON PUBLIC LIBRARY



3 9999 05983 392 9

ISBN 0-16-045827-7



90000



9 780160 458279