

Connecticut Motorcycle Riders Association

Opposition to House Bill 6048

February 2017

The Connecticut Motorcycle Riders Association (CMRA) appears today to express its opposition to House Bill 6048, an act requiring the use of helmets by adult motorcycle operators and passengers. Over the forty years of debate on this issue, mandatory helmet laws have not been proven to result in lower fatality rates or reduced incidences of injury when states with and without the mandate are compared. We believe the emphasis should be in measures seeking accident avoidance, not injury mitigation. Rider education of CT motorcyclists has produced significant improvements since enactment in 1982 resulting in significant reductions of both fatalities and injuries sustained in motorcycle crashes. All of this has been accomplished while continuing to allow adult motorcycle riders to choose whether or not to wear a helmet.

The CMRA has been in the forefront of every motorcycle safety initiative enacted in our state and strongly encourages motorcyclists to ride responsibly. We do not oppose or dissuade the use of a motorcycle helmet. We recognize that motorcycle safety requires a comprehensive approach that most helmet law proponents ignore. We believe there are other less intrusive and more substantive measures available to promote motorcycle safety than the one embodied in HB 6048.

In response to legislative concerns regarding motorcycle safety raised back in the 1980's, CMRA volunteers worked with the Connecticut General Assembly to address the problem. We worked with CT DOT and CT DMV and advocated for the creation of the Connecticut Rider Training Course, now known as Connecticut Rider Education Program (CONREP). Connecticut was one of the first states to do so and became nationally recognized for its excellence under its former administrator, Mr. Ray Gaulin. Since the program was established in 1982 we have assisted in expanding and improving the program, worked towards the adoption of a more stringent and demanding licensing test for new motorcycle class 'M' endorsement applicants, engaged and encouraged State and private groups in motorcycle safety public information programs, and mandated insurance discounts to raise participation in CONREP motorcycle safety courses. In 2011, we broke with virtually all other motorcycle rights organizations and withheld opposition to the proposal to require successful completion of the course as a prerequisite to obtaining the motorcycle endorsement on one's license.

In 2012 we initiated discussions for the need to accommodate trikes (three wheeled motorcycles) with respect to licensing and successfully worked with DMV and DOT to establish the trike only agreeable endorsement and training program. We continue to work on collaborative motorcyclist awareness programs within and outside the motorcycling community seeking to reduce the incidence of intoxicated riding. Our volunteers have been involved in the Strategic Highway Safety Planning program (SHSP) involving mutual efforts to reduce fatalities for all road users. The motorcycle emphasis area within the SHSP program has already been notably addressed by new road designs including changes in newly constructed barriers, traffic signal sensors, roundabout safety and more.

The efforts have worked and continue to work.

The proponents of helmet laws base their argument primarily on the premise that such a law will reduce the rate of fatalities and the severity of injuries sustained by riders involved in a crash. They portray injured motorcyclists as a "social burden" with the costs to treat such injured motorcyclists being borne by society at large. To support their argument, the proponents offer various studies. Most of those studies advance conclusions that support the proponent's argument. However, it is important to recognize that none of the proponents' studies, nor our own data, constitute "scientific evidence". Correlation analysis is not scientific evidence. Unless and until all variables are isolated and controlled, one cannot conclude with a reasonable level of confidence that there exists a "cause and effect" between helmet use and the rates of fatality and injury in a motorcycle crash. We believe there are serious and unanswered inconsistencies between the conclusions advanced by most of the studies and the actual results evidenced in motorcycle statistics compiled over the forty years since the CT motorcycle helmet law was repealed.

Currently 31 states in the nation permit adults the freedom of choice in helmet use. We continue to work with the Connecticut General Assembly, CONREP, CT DOT, and CT DMV to address motorcycle crashes, injuries and fatalities as we have since the 1970's. Adults, other than those riding on a permit, continue to choose when, where, and if they need or want to wear a helmet. We continue to monitor CT DOT statistics here in our state and the fact remains that despite no adult helmet law, the cumulative reductions in motorcycle fatalities and injuries has been substantial.

If helmet laws are the lifesavers that proponents and their studies claim them to be, then why would those states with helmet laws not exhibit substantially lower levels/percentages of fatalities? With respect to injuries, CT DOT statistics indicate a significant decline in the most serious injuries as measured from the enactment of the Rider Education Program in 1982. In our attached data summary, you will note a decline in motorcycle accidents in which an injury is sustained from 3,107 in 1982, the year in which the program became effective, to 996 in 2015. Furthermore, the decline in motorcycle accidents in which the most serious injuries are sustained declined from 1,068 in 1982 to 208 in 2015.

Despite appearances to the contrary, not all studies and not all medical professionals advocate the adoption or effectiveness of mandatory helmet use laws. Not all professionals support the theory that injured motorcyclists constitute a "unique social burden". Excerpts from a 1992 study by the University of North Carolina's Highway Safety Research Center includes the following:

1. Motorcyclists admitted to trauma centers for treatment of crash related injuries were just as likely as other road trauma cases to be medically insured, and considerably better insured than non-road, cases.
2. Motorcyclists had the highest insurance payment rate of all groups.
3. Motorcyclists relied on Medicare and Medicaid considerably less than any other groups.
4. Motorcyclists had a higher rate of self-pay than any other group.
5. Motorcyclists' average medical costs were less than other road trauma cases.

Attached is a copy of a transcript of testimony presented to the Transportation Committee by Medical Doctor Alexander R. Mackenzie opposing the adoption of a mandatory helmet law in Connecticut back in 1983. Doctor Mackenzie disagreed vociferously with his medical colleagues over the efficacy of motorcycle helmets. While we do not advocate wearing or not wearing a helmet, we present this transcript to remind you that there has been a difference of opinion even among medical professionals on this issue.

We believe we have presented credible testimony and evidence creating a reasonable doubt over the arguments advanced in support of HB 6048. However, the real issue in deciding whether to require adults to wear a motorcycle helmet lies in a philosophical one: where do we draw the line between the benevolent desires of the government and the free will of its citizens? The respect for personal liberties and the rights of the individual are the basis upon which our country and society have flourished. Mandatory helmet legislation and similar type measures represent a significant departure from this philosophy of governing and are advanced by interest groups that continue to test the limits of public acceptance of trading individual discretion for the so-called public good. We as motorcyclists do not want, nor do we deserve, to have our freedom of choice taken from us. In the absence of clear, compelling and indisputable evidence that motorcyclists present a unique social burden, that substantial costs are involved, and that a mandatory helmet law is the only solution, you should not, in good conscience, take that freedom of choice away from us. The evidence presented to date does not meet that standard. We have worked long and hard to live up to the commitment we made to the Legislature back in the early 1980's to help improve motorcycle safety in our State and working together, we have achieved substantial success. This issue is not about safety. It is about being singled-out. If we are to mandate helmet use for this small segment of road users and taxpayers, then you must be prepared to be consistent and outlaw the use of tobacco products, regulate diet and regulate alcohol consumption. The Legislature governs with the consent of the governed and motorcycle riders want to retain our ability to make our own choice as adults. It is a matter of principle.

There is a good reason why 31 states continue to reject helmet laws. There is good reason why Connecticut should continue to allow adult motorcycle riders to exercise their own free will with respect to helmet use. Please vote to defeat proposed HB 6048. Thank you.

Respectfully submitted,

Richard Paukner
CMRA Legislative Committee Assistant Chairman
February 2017

Comparison of Connecticut Motorcycle Data 1982 - 2015
ENDING AT MAY

YEAR	NUMBER REGISTERED MOTORCYCLES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982	NUMBER MOTORCYCLE ACCIDENT FATALITIES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982	NUMBER MOTORCYCLE ACCIDENTS WITH INJURIES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982	NUMBER MOST SERIOUS MOTORCYCLE INJURIES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982
* 1982	79932			99			3107			1,068		
1983	80317	385	0.48%	82	(17)	-17.17%	3150	43	1.38%	1,031	(37)	-3.46%
1984	79854	(78)	-0.10%	88	(11)	-11.11%	3164	57	1.83%	1,057	(11)	-1.03%
1985	61242	(18,690)	-23.38%	86	(13)	-13.13%	2865	(242)	-7.79%	896	(172)	-16.10%
1986	60964	(18,968)	-23.73%	62	(37)	-37.37%	2592	(515)	-16.58%	848	(220)	-20.60%
1987	63613	(16,319)	-20.42%	65	(34)	-34.34%	2246	(861)	-27.71%	734	(334)	-31.27%
1988	59331	(20,601)	-25.77%	61	(38)	-38.38%	1822	(1,285)	-41.36%	535	(533)	-49.91%
1989	55914	(24,018)	-30.05%	51	(48)	-48.48%	1508	(1,599)	-51.46%	458	(610)	-57.12%
1990	55876	(24,056)	-30.10%	50	(49)	-49.49%	1356	(1,751)	-56.36%	454	(614)	-57.49%
1991	54035	(25,897)	-32.40%	28	(71)	-71.72%	1346	(1,761)	-56.68%	460	(608)	-56.93%
1992	53445	(26,487)	-33.14%	37	(62)	-62.63%	1123	(1,984)	-63.86%	400	(668)	-62.55%
1993	52169	(27,763)	-34.73%	44	(55)	-55.56%	1089	(2,018)	-64.95%	369	(699)	-65.45%
1994	51375	(28,557)	-35.73%	32	(67)	-67.68%	1021	(2,086)	-67.14%	319	(749)	-70.13%
1995	48965	(30,967)	-38.74%	33	(66)	-66.67%	802	(2,305)	-74.19%	250	(818)	-76.59%
1996	48328	(31,604)	-39.54%	30	(68)	-69.70%	757	(2,350)	-75.64%	206	(862)	-80.71%
1997	48537	(31,395)	-39.28%	38	(61)	-61.62%	717	(2,380)	-76.92%	209	(859)	-80.43%
1998	50594	(29,338)	-36.70%	41	(58)	-58.59%	815	(2,292)	-73.77%	225	(843)	-78.93%
1999	53521	(26,411)	-33.04%	38	(61)	-61.62%	826	(2,281)	-73.41%	241	(827)	-77.43%
2000	54046	(25,886)	-32.39%	50	(49)	-49.49%	847	(2,260)	-72.74%	203	(865)	-80.99%

Comparison of Connecticut Motorcycle Data 1982 - 2015
CONTINUED ON PAGE 2

YEAR	NUMBER REGISTERED MOTORCYCLES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982	NUMBER MOTORCYCLE ACCIDENT FATALITIES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982	NUMBER MOTORCYCLE ACCIDENTS WITH INJURIES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982	NUMBER MOST SERIOUS MOTORCYCLE INJURIES	NET CHANGE FROM BASE YEAR 1982	PERCENTAGE CHANGE FROM BASE YEAR 1982
2001	51883	(28,049)	-35.03%	46	(53)	-53.54%	969	(2,138)	-68.81%	211	(857)	-80.24%
2002	62061	(17,871)	-22.36%	44	(55)	-55.56%	901	(2,206)	-71.00%	237	(831)	-77.81%
2003	63071	(16,861)	-21.09%	26	(73)	-73.74%	866	(2,241)	-72.13%	201	(867)	-81.18%
2004	64754	(15,178)	-18.99%	54	(45)	-45.45%	931	(2,176)	-70.04%	186	(882)	-82.58%
2005	65110	(14,822)	-18.54%	42	(57)	-57.58%	1011	(2,096)	-67.46%	235	(833)	-78.00%
2006	64959	(14,973)	-18.79%	56	(43)	-43.43%	1003	(2,104)	-67.72%	243	(825)	-77.25%
2007	64848	(15,084)	-18.87%	41	(58)	-58.58%	1221	(1,886)	-60.70%	305	(763)	-71.44%
2008	65475	(14,457)	-18.09%	61	(38)	-38.38%	1199	(1,908)	-61.41%	303	(765)	-71.63%
2009	64989	(14,943)	-18.69%	45	(54)	-54.55%	1008	(2,099)	-67.56%	227	(841)	-78.75%
2010	65567	(14,365)	-17.97%	50	(49)	-49.49%	1125	(1,982)	-63.79%	265	(803)	-75.19%
2011	97963	18,031	22.56%	33	(66)	-66.67%	976	(2,131)	-68.59%	231	(837)	-78.37%
2012	83332	3,400	4.25%	45	(54)	-54.55%	995	(2,112)	-67.98%	242	(826)	-77.34%
2013	91054	11,122	13.91%	53	(46)	-46.46%	927	(2,180)	-70.16%	195	(873)	-81.74%
2014	89332	9,400	11.76%	48	(51)	-51.52%	907	(2,200)	-70.81%	190	(878)	-82.21%
2015	86531	6,589	8.26%	54	(45)	-45.45%	996	(2,111)	-67.94%	208	(860)	-80.52%

* Date of enactment of CT Rider Education Program

Data Sources:

All registration data from Federal Highway Administration website at:

<https://www.fhwa.dot.gov/policyinformation/quickfinddata/gtvehicles.cfm>

All data for 1995-2014 on number of Motorcycle fatalities, motorcycle accidents with injuries, and most serious motorcycle injuries from the CT DOT database, and all such data for 2015 from the MMUCC database, at Uconn:

<http://ctrash.uconn.edu>

REP. BALDUCCI: (continued)

One of the things I would just like to comment on is that there are also insurance companies around, which, at the present time, offer premium reduction to particularly people over age 55. Colonial Penn Insurance and I'm not pushing any brand of insurance, of course, but one company that does give a reduction to people that are over, I believe, age 55 who have not had an accident for a period of three years or something to that effect.

MR. REYNOLDS: I have recently received a letter from Signa Corporation in which they expressed - they indicated that there's nothing wrong with the bill as far as they're concerned, except for the possibility that group insurance plans might become involved. I don't know just how, but of course, they don't like to be dictated to, that it be mandatory, but, at the same time, they're willing to accept this and I also understand that one of our Hartford insurance companies is extending, in Florida, a 10% discount to people who take this same course.

Incidentally, the 55 Alive Course of AARP is being approved by Motor Vehicle Department and we expect that the program will start July 1, 1983.

REP. NIEDERMEIER: Thank you Spencer very much for your testimony.

Mr. MacKenzie followed by David Sanderson.

DR. A. R. MAC KENZIE: Madam Chairman, members of the Transportation Committee, I am a physician. I appall loquacity. I'm sitting here today. I have developed an unusual sympathy for legislators.

HB 5223, HB 5571

I am firmly opposed to the reinstatement of the helmet law in the State of Connecticut. I speak not only for myself, but for the entire membership of the Motorcycling Doctor's Association. This is a national organization which has members in almost every State and which came into being six years ago. We hold annual meetings in different parts of the country and each of us travels a very considerable distance by motorcycle to attend those scientific sessions which shows that we have a

DR. MAC KENZIE: (continued)

commitment to motorcycling. We are a mature group of physicians and dentists and like most - most of them, like myself, are in the bifocal age group, every specialty in medicine and dentistry finds representation in our membership and from an academic standpoint, we are a cross section of our professions. We can claim to have a better understanding and knowledge of the hazards and concerns of motorcyclists than do those doctors who have little or no personal experience of motorcycling.

I shall confine my remarks to the medical aspects of helmet wearing, even though I feel constitutional considerations are philosophically preeminent. Firstly, it should readily be acknowledged, on the basis of the largest studies available, namely those of the Motorcycle Safety Foundation, the American Motorcyclists Association and the Government's own fatal accident supporting system, that year in and year out, since the introduction of helmet laws throughout the 50 States, there is no significant difference in the death rate of motorcyclists in those States which have helmet laws as compared with those which do not.

However, it's easy to enlist public support for helmet laws. Such is the power of the press. They have been provided with a plethora of preliminary reports and highly selected data derived generally from single States over short periods of time by the Government agency bent in implementing a predetermined policy

DR. MAC KENZIE: (continued)

motorcycling attracts a preponderance of individuals who are the highest risks in automobiles, namely males under the age of 25. This one fact accounts for the relatively higher accident and fatality rates among motorcyclists.

Let me state the reasons that helmets are undesirable. Firstly, they are useless, they are a useless heavy impediment in any impact above four miles per hour. The standard helmet is built withstand the force of 92 foot pounds. This is equivalent to dropping a 180 pound man vertically on to his helmeted head from a height of 6½ inches. Greater impacts result in transference of the force to the brain itself producing a scrambling effect such as occurs in the boxing ring.

I have several times seen brain death occur in motorcyclists whose helmet and skull both showed no evidence of injury. Other undesirable effects of helmet wearing are the high degree of friction that occurs when a helmet first contacts the road in a sliding movement. There is an abut breaking effect between the two surfaces which leaves the brain and the rest of the body continuing in the line of motion, thereby either breaking the neck or disrupting the integrity of the brain.

Following this, the helmeted head behaves like a ping pong ball bouncing along with devastating effect on its contents. Did you every see someone who could shake an egg in its fist so fast that he broke the yoke without breaking the shell. A full coverage helmet, that's one that has a chin piece, and this is the one that's generally recommended by Government agencies, is particularly dangerous, apart from being especially heavy and difficult to get off and on. The fiberglass or plastic chin bridge is apt to fracture, resulting in the jagged ends lacerating the jugular veins and carotid arteries which are quite superficial. Victims of these accidents rapidly exsanguinate before help arrives.

I know from personal experience that on a hot day the decreased dissemination of body heat in those wearing helmets can result in fatigue, heat stroke and unconsciousness. For some armchair bandit to delcare that a helmet

87
gpr

TRANSPORTATION

March 11, 1983

DR. MAC KENZIE: (continued)

has a cooling effect when the temperature gets over 100 degrees fahrenheit is absolute bolderdash and yet I can show you this in a Government publication, produced with the aid of the American Medical Association, I advise against reinstatement of a helmet law in Connecticut.

In comparison with New York, where I reside, you have a better record. In 1981, with exactly half as many motorcycle registrations in New York, Connecticut had 85 deaths. New York had 206.

One last thought, in 60% of all highway fatalities, automobile or motorcycle, the driver has been drinking. Something which upsets me far more than the helmet issue is to see a group of motorcycles parked outside a bar. I thank you for hearing me and allowing me to present views of the Motorcycling Doctor's Association.

REP. NIEDERMEIER: Are there any questions. Rep. Miscikoski.

REP. MISCIKOSKI: What would you say, do you think it's a good idea to make passengers wear their helmet. If this is a problem in driving a motorcycle, to protect the passengers who sit there.

DR. MAC KENZIE: No, except under special circumstances. I see that there's no advantage for anyone to wear a helmet, the exceptions being perhaps off road driving or race track driving.

REP. MISCIKOSKI: How about children under 16.

DR. MAC KENZIE: Well, I've had my sons on the back of the bike when they were 12 or 14. Not for long distances. I wouldn't do that because of the fatigue factor, boredom, inattention. I really don't think it's a good idea.

REP. MISCIKOSKI: You don't think we should have a law to protect the people from themselves and their minors.

DR. MAC KENZIE: Well, fathers generally take care of the children.

88
gpr

TRANSPORTATION

March 11, 1983

REP. MISCIKOSKI: When I see them coming down the road, I look the other way.

DR. MAC KENZIE: I've observed this too and I've had feelings like that, but I've also observed that they drive very carefully.

REP. MISCIKOSKI: You never can be too careful doctor.

REP. NIEDERMEIER: Excuse me, did you say that the members of your association are physicians to treat motorcyclists or are many of them also motorcyclists.

DR. MAC KENZIE: We are all motorcyclists. That's the thing that we all have in common.

REP. NIEDERMEIER: Rep. Esposito.

EP. ESPOSITO: I didn't intend to ask you any questions, but you made a remark that would recommend people wear helmets off road and in races. Why would you recommend them to wear it one time, as for a safety factor I assume, and not in normal operation of a vehicle? I don't understand that situation.

DR. MAC KENZIE: Well, I don't have any personal experience of either of those things and I'm really not on good ground on making that recommendation. I would just as soon pass on that issue.

REP. MISCIKOSKI: Besides doctor, if I was a doctor, I wouldn't get on a motorcycle. I want to enjoy life.

REP. NIEDERMEIER: Rep. Bates.

REP. BATES: Dr. MacKenzie, I know several speakers that have preceded you have stated that in speeds in excess of 15 miles an hour, a motorcycle helmet was totally ineffective, and I thought I heard you say 4 miles an hour.

DR. MAC KENZIE: Yes, would you allow me to explain that?

REP. BATES: No, let me finish my questioning. I haven't seen too many motorcycle operators driving at speeds less than four miles an hour. I'm assuming what you're

REP. BATES: (continued)
saying, that is, at all times practically, they're
completely ineffective.

DR. MAC KENZIE: I find that a helmet is useful if I bump
my head on a shelf in the garage.

REP. BATES: Not while your riding a motorcycle though?
I just sometimes wonder, why does the NFL and the NHO
require helmets if they don't seem to be any protection?
I'm sure they skate faster than four miles an hour.
I know we're talking about two different things.

DR. MAC KENZIE: I don't think it is required. There are
some professional ice hockey players who do not wear
helmets.

REP. BATES: They are protected by a grandfather's clause.

REP. NIEDERMEIER: Thank you sir. David Sanderson followed
by Robert Brooks.

MR. DAVID SANDERSON: Thank you HB 5222, HB 5919, HB 6158, HB 6328
Rep. Niedermeier, members of
the Committee. My name is David Sanderson and I'm here
before you today speaking in support of various bills to
supply appropriate registration for mopeds and appropriate
treatment for all varieties of mopeds.

I've been working with the Connecticut Motorcycle Dealers
Association on behalf of the Motorcycle Industry Counsel
which is a National Trade Association representing the
manufacturers and distributors of motorcycles, mopeds
and related parts and accessories.

I've prepared a handout which I'll go through very
quickly which I think outlines the major issues here and
may give you some information which will help you to
make the decisions that you have to make and I will just
summarize it here.

Moped is a unique vehicle. It's unique because it is
one of the few vehicles on the road which is defined
by performance limitations. Moped cannot travel more
than 30 miles per hour, cannot have more than two horse-
power, cannot displace more than 50 cubic centimeters,
and must have an automatic transmission. This is how



FACT OR FICTION?

Motorcycle Riders Foundation, 1325 G Street NW, Suite 500, Washington, DC 20005, 202-546-0983, www.mrf.org

Possible Errors? When errors and inaccuracies are discovered in reports or statistics, it calls into question the integrity of the results. None of these facts are intended to argue against motorcycle helmet use, but rather to demonstrate that a mandatory motorcycle helmet law is not the solution to motorcycle safety.

FACT There is no evidence to support the claim that laws allowing adult motorcycle riders to choose whether or not to wear a helmet result in increased health care costs. In its recent review of hospital expenses around the country, the Kaiser Family Foundation broke down inpatient hospital expenses per day in 2012. They did this for each state and the District of Columbia. From that information they were able to estimate how much a single day of inpatient care costs in each state. The average daily cost for states which had mandatory motorcycle helmet laws was \$2,047. The average daily cost for states which allowed adult riders to choose whether or not to wear a motorcycle helmet was \$1,987.

FACT There is no evidence to support the claim that laws allowing adult motorcycle riders to choose whether or not to wear a helmet result in increased yearly health care premiums. The most recent report of the Joint Economic Committee of the United States Congress on state by state premiums looked at yearly premium payments through 2006. The average yearly premium in 2006 for single coverage health care in states which had mandatory motorcycle helmet laws was \$4,390. The average yearly premium for single coverage health care in states which allowed adult riders to choose whether or not to wear a motorcycle helmet was \$4,335. Likewise, the average yearly premium for family coverage health care in states which had mandatory motorcycle helmet laws was \$11,847. The average yearly premium for family coverage health care in states which allowed adult riders to choose whether or not to wear a motorcycle helmet was \$11,490.

FACT There is no evidence to support the claim that laws allowing adult motorcycle riders to choose whether or not to wear a helmet result in increased monthly health care premiums. The most recent report on the subject of average monthly individual health care premiums by the Kaiser Family Foundation looked at average monthly individual health care premiums by state for the year 2013. The average monthly individual health care premium in states which had mandatory motorcycle helmet laws was \$267.53. The average monthly individual health care premium in states which allowed adult riders to choose whether or not to wear a motorcycle helmet was \$245.26.

FACT There is no evidence to support the claim that laws allowing adult motorcycle riders to choose whether or not to wear a helmet result in increased motor vehicle insurance rates. Insure.com recently released its report on motor vehicle insurance rates for 2014, which looks at average motor vehicle insurance rates for each state. The average motor vehicle insurance rate in states which had mandatory motorcycle helmet laws was \$1,582.45. The average motor vehicle insurance rate in states which allowed adult riders to choose whether or not to wear a motorcycle helmet was \$1,451.45.

FACT Groups such as the Centers for Disease Control (CDC) and Advocates for Highway and Auto Safety take the position that training and education is of little to no value when it comes to motorcycle safety, and that universal motorcycle helmet laws are the key to saving the lives of riders. Yet according to the latest information published by the National Highway Traffic Safety Administration (NHTSA), between 2005 and 2012 motorcycle registrations have increased 36% nationwide while motorcycle fatalities per 100,000 registered motorcycles have decreased 20%. Additionally, motorcycle vehicle miles traveled have increased 104% during that same timeframe, while motorcycle fatalities per 100 million vehicle miles traveled have decreased 47%. Between 2005 and 2012 there has been an increased emphasis on motorcycle training and education, with 47 states currently having state legislated motorcycle training programs in place. During that same time frame not a single state promulgated a universal helmet law. In fact, one state, Michigan, repealed their universal helmet law and gave adult riders the right to choose whether or not to wear a motorcycle helmet.

For more information, contact the Motorcycle Riders Foundation, 202-546-0983, legislative@mrf.org