

## MINUTES OF THE MEETING

### PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

January 24, 1979

The sixth meeting of the Public Health, Welfare and Safety Committee met on January 24, 1979, in Room 410 of the State Capitol Building at 1:00 p.m.

ROLL CALL: All committee members were present except Senator Rasmussen, who arrived later.

CONSIDERATION OF SENATE BILL 109: Senate Bill 109 is an act to clarify the relationship between the Department of Health and Environmental Sciences and local boards of health with respect to the validation by local health officers of certain licenses issued by the Department of Health and Environmental Sciences and to limit certain supervisory functions of the department.

Witnesses supporting Senate Bill 109:

Bob Johnson, Local Health Officers' Association  
Samuel R. Kalafat, Local Health Department of Great Falls  
Douglas B. Olson, Department of Health and Environmental Sciences  
Edward Mares, Montana Nurses' Association  
Beith Veign, Family Nurse Practitioner  
Dorothy Fidinger, Montana Nurses' Association Legislative Committee  
John Anderson, Montana Department of Health

Senator Ryan, sponsor of Senate Bill 109, stated that this bill as pertains to validation of the state licenses will change nothing. Presently, the licensee qualifies for the license and pays his fee, the Department of Health and Environmental Sciences mails the license to the local health officer who signs it and delivers it to the licensee. However, the local health agency does not have any statutory approval to sign these licenses; so they are asking for this approval. Senator Ryan proposed two amendments to the bill. See Attachment "A." The amendments are requested by the local nurses and the health officers. The objection is the word "supervise." They would like this changed to provide "consultation" to local boards of health.

Mr. Bob Johnson, representative of the Local Health Officers' Association and the local health officer for Lewis & Clark County, said that their association represents most of the larger health departments in the state. Senate Bill 109 was introduced at their request because they wanted to clean up some existing language. He stated that they have no specific problems with the word "supervise," but that word at times does get to be clumsy and gets in the way of good public relations. He said they would like to change that word to make it reflect what really takes place. The nurses provide consultation and useful services and advise, but they do not supervise. He stressed that the association supports the efforts that the Board of Nursing is involved

with. This bill recognizes on a statutory basis the ability of local health officers to sign health certificates. He stated that local health officers have responsibility for actually conducted the inspections and working with the establishments to improve what needs to be improved. They feel it is important to extend what takes place unofficially now to within the scope of the law. The process that takes place is as Senator Ryan explained. That situation is an administrative courtesy, and the association would like to extend it to something more substantial.

Mr. Samuel R. Kalafat, Local Health Department of Great Falls, said that they support this bill and would like to concur with comments by Mr. Johnson.

Douglas B. Olson, Department of Health and Environmental Sciences, said the department would like to go on record in support of the proposal. However, they have several concerns. The first concern is that the present language of the bill as it is proposed to be amended would require that all local health officers validate licenses. This would pose a problem in counties that do not have local health officers. The second concern is that the proposed amendment offers no standards on which the health officer could refuse to sign a certificate; and, further, it does not have any basis for an appeal if a person is refused a validated license by the local health officer. He would suggest that the Committee adopt procedures in the Montana Solid Waste Act, Title 75, Chapter 10, part 2. If the Committee does this, the department is in favor of Senate Bill 109.

Edward Mares, Montana Nurses' Association, stated that they are opposed to Senate Bill 109 as proposed. He presented written testimony (Attachment "B") which he said deals with the positive things and the very important function the Nursing Bureau does. If the language is restored that the Department of Health would have a consultation basis for the Nursing Bureau, they would support the bill.

Beth Veign, Family Nurse Practitioner from Choteau, stated that she is in favor of the bill with the amendments proposed by Senator Ryan. See Attachment "C."

Dorothy Fidinger, Montana Nurses' Association Legislative Committee, spoke in favor of Senate Bill 109 with the amendments proposed by Senator Ryan. See Attachment "D."

John Anderson, Montana Department of Health, said that the department does concur with both amendments proposed by Senator Ryan. The changes in language will make the relationship clear to everyone.

Senator Ryan concluded testimony by stating that this bill is an administrative matter of clarifying lines between state and local boards.

Chairman Olson asked Committee members if they had any questions. Senator Rasmussen asked Mr. Johnson for his comments to Mr. Olson's proposed amendment. Mr. Johnson said that the proposed amendment would be agreeable to them. He stated that they work under that kind of arrangement now, and it would be acceptable. Senator Himsel asked Mr. Johnson who does the inspecting now in counties where there are no designated health officers. Mr. Johnson said that there is a sanitarian in every county in the state. Some counties share sanitarians. In those counties that don't have health officers, he is not aware of what process they use when a health officer's signature is required. The actual work is conducted by sanitarians. The point was brought out that by law each county is required to have a health officer. Dr. Anderson said that this is correct according to law, but the department has no way of enforcing this. Some counties cannot find a qualified person who is willing to do this. Senator Himsel wanted to know if it would ruin the intent of the bill if it were amended on line 18, page 3, if you inserted "if there were one" after health officer. If there was not a health officer, then the department's signature would prevail and the department could issue the license directly to the applicant.

Senator Himsel moved that Senate Bill 109 be amended on page 4, line 7, following "officer," on line 14, page 4, following "officer" and on line 18, page 3, following "officer" with the insert "if there is one." The motion was seconded and passed.

Senator Ryan asked Dr. Anderson what happens to the license now if there is no local health officer. Dr. Anderson said it is his understanding that the license is issued directly to the establishment. Senator Norman expressed concern about an establishment being denied a license by the health officer and going around him directly to the department and requesting one. Dr. Anderson said that the actual enforcement procedure that takes place against any restaurant still lies with the health department. There are cases of abuse under the current law, and Senate Bill 109 should lessen that problem.

The hearing on Senate Bill 109 was closed at 1:35 p.m.

CONSIDERATION OF SENATE BILL 136: Senate Bill 136 is an act to amend Section 61-9-417, MCA, to require an operator and passenger of a motorcycle to wear protective headgear.

Witnesses supporting Senate Bill 136:

Jim Manion, Director of Legislative Affairs, Montana Automobile Assoc.  
David G. Goss, Chief of Police, City of Billings  
G. Brian Zins, Montana Medical Association  
Edward Mares, Montana Nurses' Association  
Albert Bake, Highway Safety Division  
Duane Tooley, Montana Highway Patrol  
Terry Brown, Office of Public Instruction

Witnesses opposing Senate Bill 136:

Mike Mazzola  
James Beyer  
Dal Smilie  
Doug Woodahl  
Powell Swansen  
Charles Martin  
Richard Pylypuw

Senator Norman, sponsor of Senate Bill 136, said that this bill simply strikes the statute enacted in the previous session. All it does is bring us back to the point of beginning. There is no penalty clause and no definition of helmet as there was in the original statute. He stated that you might hear some testimony about individual rights and right to my own skull, and noted that the proponents are generally people who are charged with the care of the highway and the care of the victims.

Jim Manion, Director of Legislative Affairs with the Montana Automobile Association spoke in support of Senate Bill 136. See Attachment "E."

David G. Goss, Chief of Police for the City of Billings, spoke in support of Senate Bill 136. He spoke of the tax cost for investigating a personal injury accident and a fatality. See Attachment "F."

G. Brian Zins of the Montana Medical Association spoke in support of Senate Bill 136. See Attachment "G."

Edward Mares of the Montana Nurses' Association spoke in support of Senate Bill 136. See Attachment "H."

Albert Bake of the Highway Safety Division spoke in support of Senate Bill 136. He has prepared some statistics (see Attachment "I"), and he asked the Committee members to study them carefully.

Duane Tooley, Montana Highway Patrol, spoke in support of Senate Bill 136. He passed out a booklet on helmets (see Attachment "J"). He did point out that we have helmet standards in the Code. He said that the booklet from page 15 on can answer many questions.

Terry Brown, Office of Public Instruction, stated that he concurs with what the other proponents have said. He stated that only 12 programs on motorcycle safety have been established in the state. They are expensive to operate, so there will not be a large increase in the number of these programs. Two years ago when the law was changed it was with the idea that the motorcyclists could be educated on safety, but the Office of Public Instruction has definitely had a problem in setting this program up to cover the population of Montana. Mr. Brown stated that he has a film entitled "Helmets" to show at the end of the hearing if anyone would like to stay and see it.

Mike Mazzola of Bozeman spoke in opposition of Senate Bill 136. He said that most of the guys that ride are working men. They pay for their insurance and for taxes. He pointed out that the people that are pushing the helmets usually do not ride and do not know what those helmets are like out on the road.

James Beyer of Missoula brought two helmets which he passed around to the Committee members. He said that one is DOT approved and that is the one they are required to wear. The other one is made in Japan, is a better helmet, but is not approved. He presented some statistics from the Montana Highway Patrol.

Dal Smilie stated that he has owned 15 motorcycles and that he also wears a helmet. He said that we have heard proponents quote statistics since 27 states have repealed their helmet laws and pointed out that some states take into account all kinds of bikes. He stated that although he wears a helmet he thinks that forcing some one to wear a helmet is wrong. He does feel that we should educate the driver of the motorcycle as well as the driver of the car.

Doug Woodahl, motorcycle mechanic from Missoula, said that he feels that the helmet could possibly cause a broken neck because it is so heavy. He pointed out that the heavy helmet being passed around is the only one that he can find that will fit over his glasses. He stated that 9 people were killed on motorcycles last year, but pointed out that motorcycle registration has increased. The previous year 20 people were killed. He quoted statistics from the Montana Highway Patrol (see Attachment "K"). The death rate has gone down since 1967. He referred to Mr. Mares' statement that the helmet doesn't decrease vision or impair hearing, and he feels from experience that it definitely affects hearing.

Powell Swansen from Missoula said that he is against Senate Bill 136 and is very confused about the discussion on peripheral vision. He feels that the helmet definitely impairs your vision.

Charles Martin of Missoula spoke against Senate Bill 136. He quoted statistics from OSHA on slip-stream noises and decibel ratings. He feels that the helmet needs some redesigning and pointed out that they are expensive and you usually do not know what quality construction you are buying.

Richard Pylypuw of Butte spoke in opposition to Senate Bill 136. He showed articles where deaths have occurred wearing a helmet. See Attachments "L" and "M." He stated that he has been jailed twice for not wearing a helmet, and this definitely puts people on the tax roles and welfare. He stated that he has documentation that shows that 90 percent of the DOT helmets tested failed their tests. He stated that while accidents went up in 1977 death rate went down. He pointed out that there are now 50,000 registered motorcycles, and this increased number accounts for the increase in accidents. Mr. Pylypuw stated that he feels that the biggest problem that the motorcycle has is other cars, and he doesn't see where a helmet will protect him from other cars.

Senator Norman stated that there is no doubting the sincerity and personal observations that the Committee has heard from the proponents, but there are questions about the statistical data.

Chairman Olson asked the Committee members if they had any questions. Senator Lensink questioned Mr. Smilie on why he wears a helmet. Senator Rasmussen asked Mr. Manion about his public opinion poll and what sector was polled. He stated that it went out to all members of the Montana Automobile Association. Senator Himsel asked for clarification on the type of helmets available and the cost. He also stated that the big thing in 1974 was where the farmer would be with this bill and wanted to know if the farmer would be required to wear a helmet to check cattle, ride fenceline, etc. Mr. Tooley replied that he would be required to wear a helmet if he rode on a public road. Senator Lensink asked if there is any data on injuries short of fatalities. Mr. Bake said that he has tried to obtain such statistics but has not been able to gather any of this data.

The hearing on Senate Bill 136 closed at 2:35 p.m.

ADJOURNMENT: With no further business being discussed, the meeting was adjourned at 2:35 p.m.

  
S. A. OLSON, CHAIRMAN

ROLL CALL  
PUBLIC HEALTH COMMITTEE

46th LEGISLATIVE SESSION - - 1979

Date \_\_\_\_\_

[illegible]

Each day attach to minutes.

SENATE Public Health COMMITTEE

COMMITTEE

BILL: SC 1364109

VISITORS' REGISTER

DATE 1-24-76

NAME	REPRESENTING	BILL #	(check one)	
			SUPPORT	OPPO.
...	...	SB 109	X	
...	City County Health Officer	SB 109	X	
Robert Johnson	Assoc. of Local Health Officers	SB 109	X	
...	SELF	SB 136		X
...	SELF	SB 136		X
...	SELF	SB 136		X
...	Office of Public Instruction	SB 136	X	
...	...	...	X	
Edward Mares	Maritime Nurses Assoc	SB 136, 109	X	
...	Maritime Nurses Association	SB 109	X	
Shelly Hopkins	M.A. Optometrists	SB 109		
...	D.A. - Highway Dept	SB 136	X	
...	Maritime Med Assoc	SB 136	X	
...	Maritime Medical Assoc	SB 136	X	
Douglas B. Olson	Int. Syst. Health & Env. Sec	SB 109	X	
D. B. Tadey	M.H.P.	SB 136	X	
...	M.H.P.	SB 109	X	

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

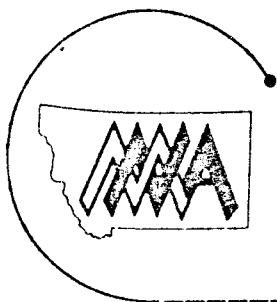
Senate Bill No. 109  
Proposed Amendment

Delete lines 23-24, page 5

Substitute

23 Provide consultation to school and local community health

24 nurses in the performance of their duties.



# Montana Nurses' Association

1716 NINTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59601

## SB 109: Limiting Certain Supervisory Functions of the Department of Health and Environmental Sciences

### Testimony of Edward Mares, Executive Director, MNA

On behalf of thirteen hundred registered nurses throughout Montana, I speak in opposition to Senate Bill 109. Specifically, the Montana Nurses' Association opposes the proposed deletion of lines 23 and 24 on page 5 which states that the Department of Health shall have the power and duty to "supervise school and local public health nurses in the performance of their duties". This may appear to you as being a somewhat minor "housekeeping" amendment, but in effect will seriously hurt quality health care in Montana today. There is presently a two-fold thrust in this Legislature to abolish the Nursing Bureau as part of the Department of Health. First, Senate Bill 109 removes any mention of nursing in the list of powers and duties of the Health Department thus removing any authority and legal basis for the Nursing Bureau. Secondly, no budget is being proposed for the Nursing Bureau which will be heard by a legislative budget sub-committee next week.

On behalf of nursing and quality public health care in Montana I appeal to the Senate Public Health Committee to amend SB109 and restore language allowing a continued function and the authority for the Nursing Bureau.

The overall goal of the Nursing Bureau in the Department of Health has been to assure all Montana residents access to community health nursing services that are provided by registered professional nurses. In 23 Montana counties we have only part-time or no generalized community health nursing services. In rural Montana there are approximately 47 generalized community health nurses serving a population estimate of 265,100. In full-time equivalents this equals one nurse per 6627 population. It is to these generalized, "solo" nurses in the rural areas that the Nursing Bureau provides its services.

The following is a list of those services:

1. Assess local needs for a community health nursing program and assist the community in the development of this area.
2. Recruit qualified nurses prepared to do community health nursing.
3. Screen and rate for the State Merit System all applicants for community health nursing positions.
4. Provide formal orientation for newly employed community health nurses.
5. Provide continuing education/workshops to meet specific agency/nurse needs and objectives.
6. Provide consultation, including follow through services.
7. Develop and implement evaluation criteria and methods.
8. Provide consultation to management personnel to upgrade supervisory and management skills.
9. Provide coordination, peer support, in-service for all department nursing personnel.
10. Provide student experience in community health nursing for schools of nursing within the state and meet with students to discuss roles, functions, activities, of community health nurses.

11. Represent community health nursing on task forces, advisory boards, and committees both within and outside the department.
  12. Provide program and expenditure data necessary to determine the MCH match required for federal funds.
  13. Provide limited quantities of educational materials to local community nursing services.
  14. Develop and provide on-going support for projects of a regional or national scope in cooperation with groups such as WICHE and the Association of State and Territorial Directors of Nursing.
  15. Provide orientation and support for local nursing advisory boards.
  16. Coordinate educational efforts with the School Nurse Interest Group.
  17. Nurse consultants employed by the Nursing Bureau perform as "team-leaders".
- We have many public health nurses in rural areas that are by themselves, don't have secretaries, and need management skill updating. The Nursing Bureau provides necessary forms and records for PHNs to utilize for clients. The Nursing Bureau is a needed peer support system for public health nurses that provides considerable continuing nursing education and information regarding public health practices. This training is emphasized. Nurses in the field choose the continuing education topics that they feel are necessary.

I have to emphasize the term "generalization" in speaking of the Nursing Bureau. The Bureau is currently served by four master's-prepared nurse generalists. The Nursing Bureau is the only state agency for nursing and is generalized so it can be effective in serving the needs of nurse generalists throughout Montana. The Department of Health does have nurses in its preventive health bureaus and maternal-child health bureau, but, the Nursing Bureau is generalized, pulling this together to best serve the needs of the solo PHNs in the rural areas and being an important liason for them.

Again, I urge this committee to oppose deletion of this language and restore the legal basis for the Nursing Bureau. Removing this language removes any hope of having quality health care in Montana for the future.

ATTACHMENT "C"

TO: Members of the Montana Senate Public Health Committee

FROM: Elizabeth C. Veign R.N., F.N.P.

DATE: January 24, 1979

SUBJECT: Testimony regarding Senate Bill 109

I am a Family Nurse Practitioner employed by the Teton Medical Center Health Underserved Rural Area (HURA) Program in Choteau, Montana. My primary area of practice is Community Health Nursing. I would like to speak in support of maintaining the Bureau of Nursing within the State Department of Health and Environmental Sciences.

When I was first employed by Teton Medical Center there was no public health nurse in Teton County. The hospital Administrator was attempting to contract with the County Commissioners for me to provide Public Health Nursing services in addition to my duties on the HURA program. Since I was not able to fulfill both positions, I encouraged the Administrator to hire a full-time public health nurse because the residents of the county were flooding my office with requests for services. There ensued much procrastination on the part of the County Commissioners and the Administrator in hiring a public health nurse. I intervened by contacting the Bureau of Nursing to explain the situation. The Bureau, in turn, wrote to the Commissioners and the Administrator strongly encouraging the immediate hiring of a public health nurse. I feel that the Bureau was very effective in the eventual hiring of a full-time public health nurse in Teton County.

The Bureau of Nursing serves many functions in our state. They are the primary source of consultation on public health nursing matters to public health nurses across the state. The Bureau sets state-wide standards for the practice of public health nursing thereby ensuring quality nursing care to many communities. The Bureau serves as a team leader to coordinate public health services across the state. They provide orientation and continuing education to public health nurses who are new to the practice of community health nursing.

Without the Bureau of Nursing there would be inconsistency in public health programs from county to county because there would be no one to coordinate the services. The quality of care to communities would be lowered because there would be no set standards for the practice of public health nursing. Nurses with no prior public health experience would take public health positions with no consultative service nor any orientation to what public health nursing in Montana entails.

The Bureau has a new Chief who has only been in that position for seven months. She is a highly educated public health nurse who has brought some enlightening new ideas to the Bureau. If nothing else, I think this new Bureau Chief should have at least a year or two to demonstrate her capabilities as a leader and make the Bureau even better.

I ask that you look very carefully at the functions this Bureau performs and what it's elimination would mean in terms of public health services to the people you represent.

TESTIMONY FOR SENATE PUBLIC HEALTH COMMITTEE ON SB109 - JANUARY 24, 1979

Mr. Chairman:

I am here as a representative of the MNA Legislative Committee to speak in favor of SB109. My background includes an M.P.H. and recent experience working with a local health department. I am not currently employed by either a local or State Health Department but am seriously concerned with the quality of local health care services.

The provisions of this bill place the authority for specific services where it appropriately belongs -- with local health departments where service deliverers are cognizant of the needs of the population being served.

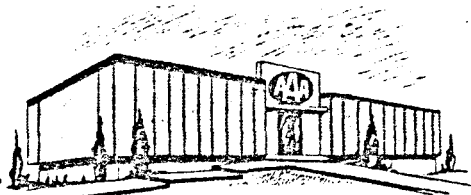
The clarification of the relationships between the local health departments and the State Health Department is long past due, and I support the efforts of this bill's sponsors to rectify the situation.

One very major aspect of that clarifying process, however, has been muddled by the deletion of a single phrase in the old law. I refer to the phrase "supervised Public Health Nursing." The deletion of this phrase can well be interpreted to mean that there no longer exists any relationship between the Bureau of Nursing and the local public health nursing, and therefore, no need for the Bureau of Nursing. While I recognize that in most instances, a supervisory relationship between state and local nurses is totally unnecessary, there does exist a major need and desire for consultative services through the Bureau of Nursing. This is particularly true for the nurses in the rural counties. Recent personnel changes in the Bureau of Nursing have made this consultative relationship eminently more possible and desirable. Even in those counties, with well prepared supervisors and directors of nursing, the availability of well qualified consultative services from the Bureau of Nursing will promote even better quality of nursing services. The deletion of consultant services to the nurses in the rural counties, I believe, would be detrimental to nursing care to the citizens of those counties. The nurses in these counties do rely on the Bureau of Nursing to assist them in upgrading their skills and performance. In addition, if one is providing nursing care in a one or two nurse county, it is essential to have an expert nurse to turn to for advice and help. To remove that resource would be an injustice not only to those nurses but also to the communities that they are serving.

In closing, I respectfully request that the Committee consider an amendment to SB109, that would clearly spell out a consultative relationship between the Bureau of Nursing and the local public health nurses.

Dorothy L. Fidinger, R.N., M.P.H.

# Montana Automobile Association



STATE HEADQUARTERS OFFICES: P. O. BOX 4129  
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PHONE 442-5920

## TESTIMONY OF THE MONTANA AUTOMOBILE ASSOCIATION ON SENATE BILL 136

*It gives me a great deal of pleasure to appear before you today on such a vital issue as protective headgear for operators and passengers of motorcycles.*

*A review of the statistics reveals the extent of the problem we are dealing with. In the past 7 years, the increased number of motorcycles on highways of Montana has reflected a national trend. By 1977, over 5 million motorcycles were registered in the United States, an average of one motorcycle for every 43 persons. Although motorcycles constituted only 3.5 per cent of all registered vehicles in the U.S. in 1976, they accounted for 8% of all motorvehicle fatalities.<sup>1</sup> In Montana in 1978, motorcycles represented 4.8 per cent of all vehicles registered, but accounted for 8.5 per cent of all fatal accidents.*

*Despite the available evidence, motorcyclists and their supporters in and out of state legislatures have raised many issues pertaining to the effectiveness of helmets. A conference organized by the American Medical Association in April, 1977, discussed the medical implications of motorcycle crashes and, on the basis of the available research and literature, responded to the most commonly raised allegations of motorcyclists.<sup>2</sup>*

*First allegation: motorcycle helmets, although reducing head injuries incurred in crashes, increase the incidence of neck injuries. Answer: on the basis of current literature, the conference reported that cervical-spine injuries are possible, whether or not the cyclist is wearing a helmet, but helmets do not by themselves contribute to or worsen the injury.*

*Second allegation: motorcycle helmets reduce the cyclist's peripheral vision and thereby create a safety hazard. Answer: studies have determined that full-coverage helmets provide only minor restrictions in horizontal peripheral vision - less than 3 per cent from that of an unhelmeted person.*

*Third allegation: motorcycle helmets reduce the cyclist's ability to hear other vehicles in traffic. Answer: according to a study carried out by the Research and Development Office of Driver and Pedestrian Research of the National Highway Traffic Safety Administration, whatever reduction in auditory capability may result from wearing a protective helmet is inconsequential in a driving situation because the noise generated by the motorcycle itself is so great that any sound loud enough to penetrate this noise is loud enough to be heard inside a helmet. The report concluded that a helmeted motorcyclist can hear a sound of interest approximately as well as a driver in an automobile when the windows are closed.*

Fourth allegation: the weight of the helmet increases rider fatigue and thus causes accidents. Answer: no documented evidence has been produced to support this argument.

Proponents of repeal of mandatory helmet-use laws have also raised a legal question - the constitutionality of such legislation. The constitutionality of motorcycle - helmet legislation, however, has been challenged unsuccessfully in the appellate courts of 35 states and in the courts of last resort in 27 states. <sup>4</sup>

Also heard frequently is the argument that it's an individual's own business if he chooses to ride without a helmet and he alone bears the responsibility for injury. We cannot agree that the consequences of such injuries are limited to the individual who sustains the injury... The public has an interest in minimizing the resources directly involved. From the moment of injury, society picks the person up off the highway; delivers him to a municipal hospital and municipal doctors; provides him with unemployment compensation if, after recovery, he cannot replace his lost job, and, if the injury causes permanent disability, may assume the responsibility for his and his family's subsistence.

Other costs to society may result from motorcycle injuries, such as increased insurance rates for ownership of a motorcycle, as well as increased rates for medical insurance. Ironically, the age group most often involved in serious motorcycle crashes - those 20 to 25 years old - are the ones least likely to have health insurance, so that the costs of post-injury care fall upon the victim's family or the state.

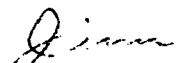
A November 1978, MAA public opinion poll showed strong support for such legislation, with 69% of the respondents in favor of a mandatory helmet law.

In light of these facts, I rise in strong support of SB 136 and urge members of this committee, as well as the legislature as a whole, to put aside the secondary concern - that of individual freedom, even if it means self-injury, and focus on the main cause of concern - the mounting mortality and morbidity associated with motorcycle crashes.

Thank you!

Respectfully submitted,

MONTANA AUTOMOBILE ASSOCIATION

  
James Marion, Director  
Legislature Affairs

#### REFERENCES

1. Motorcycle: Fatal Accident reporting system. Special report on accidents (Dot publication (HS) 803-186) Washington, DC, government printing office, 1978.
2. American medical Association: Head protection for the cyclist: A medical inquiry. Chicago, Illinois, 1977.
3. Field of view with and without motorcycle helmets. NHTSA Technical Report (Dot Publication (HS) 810-758) October 1975.
4. Commonwealth of Massachusetts, Governor's Highway Safety Bureau, Boston,



## CITY OF BILLINGS

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PHONE (406) 248-7511

I suggest that the "New Yorker" report, although  
it is not reliable. The Bulletin, during 1978, there was one sale by  
a female in a very large cage. In June 1978, a young male  
was found to have a tumor on the left side of his head, which  
was removed. It is likely that there have been other such  
cases.

There is a quantity of grain in the mill. The flour is  
not for sale for dollars, according to prices from the British Isles  
and Canada, is a small quantity. The flour is #1000.  
The flour is not for sale for dollars, according to prices from the British Isles  
and Canada, is a small quantity. The flour is #1000.

SENATE BILL NO. 136

That motorcycle helmets save lives has been proven dramatically.

1. Michigan enacted a compulsory helmet law in 1966 and the death rate for motorcycle accidents dropped 17% in 1967.
2. Michigan repealed its compulsory helmet law and the death rate increased about 33% in 1968.
3. Forty-four states as of 1973 have compulsory helmet laws and the drop in the motorcycle fatality rate in these states ranged from 6% in Arkansas to 25% in New York, after the helmet laws were enacted.

Does one have a right to risk his own safety by not wearing a helmet? Not at a cost to others.

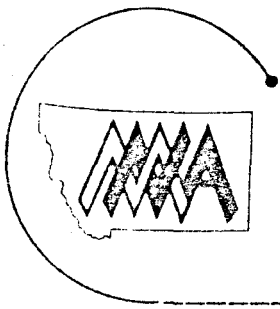
The bare-headed motorcyclist runs a larger chance of serious injury without a helmet than with one. This means that in the event of an accident, he will require more attention, more equipment, more hospitalization, more injury benefits, and more insurance reimbursement.

His accident calls for time, effort, facilities and expense on the part of police, ambulance drivers, doctors, nurses, judges, his employer and his family. Serious accidents may leave the victim dependent upon government welfare for the rest of his life. The care of an accident victim and his family is paid for by everybody in various degrees; economically and socially, and to some psychologically, as well as physically.

MONTANA MEDICAL ASSOCIATION

BY: \_\_\_\_\_

Jerome T. Loendorf



# Montana Nurses' Association

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## SB 136: Mandatory Motorcycle Helmets

### Testimony of Edward Mares, Executive Director of MNA

On behalf of a large number of concerned RNs who work in hospital operating rooms, emergency rooms and intensive care units throughout Montana, I urge your "do pass" recommendation for Senate Bill 136.

In testifying in support of this important bill, I have to emphasize its need. This legislation is not an example of a "totalitarian enactment" as is alleged by various individuals as a violation of their constitutional rights. But, it is a simple, positive action that can save the lives of many Montanans.

Since July 1, 1977 when it became legal for persons over the age of 18 years to ride motorcycles without protective headgear, the incidence of severe head injuries has increased tragically. Recent data from four states that repealed their mandatory helmet law shows that motorcycle deaths from head injuries have doubled in the last year. In speaking to registered nurses working in ER and Surgery, a deep concern is shown for people who may have experienced the joys of living had they not demolished their brains by skidding unprotected on the pavement.

In countering the argument that a helmet law infringes upon an individual's rights, a federal judge from Maryland best sums it up by stating, "From the moment of injury, society picks the person up off the street, delivers him to a municipal hospital and municipal doctor, provides him with unemployment compensation, if, after recovery he cannot replace his lost job, and if the injury causes permanent disability, may assume the responsibility for his and his family's continued subsistence. We do not understand the state of mind that permits the plaintiff to think that only he himself is concerned."

Another argument is that a helmet restricts one's vision. In response it can be stated that full facial coverage helmets allow a peripheral vision of 180 degrees, well above the 140 degrees that most states require to drive an automobile.

It is also argued that helmets hamper one's ability to hear. In order to hear other sounds, such sounds must be louder than those made by the cycle. The helmet does reduce the loudness of both the sound of interest and the motorcycle noise proportionately, but does not alter the signal-to-noise ratio between the two sounds. Therefore, critical traffic signals are not lost but may be helped when wind noise, etc. is minimized. The more critical sounds become louder.

In conclusion, there is not one valid argument in support of an optional helmet law. A mandatory law will be in the best interests of everyone in Montana. The Montana Nurses' Association urges your do-pass recommendation for this important measure.

# MOTORCYCLE ACCIDENT FACTS

HIGHWAY TRAFFIC SAFETY  
Capitol Station  
Helena, Montana 59601

I. Since the helmet law was repealed, motorcycle fatalities in Montana have increased substantially.

- - - In 1978, there were 23 motorcycle fatalities- the highest since 1972 and the largest percent of all fatalities in history.

	<u>Motorcycle Fatalities</u>	<u>Per 10,000 Reg, Motorcycles</u>	<u>Motorcycle Registration</u>	<u>Motorcycle Fatalities as Percent of All</u>	<u>All Fatalities</u>
1978	23	4.3	53,792	8.5	27
1977	9	1.9	47,196	2.8	320
1976	20	4.8	41,297	6.7	30
1975	15	3.8	39,619	5.0	298
1974	13	3.3	39,951	4.3	295
1973	9	2.4	37,133	2.8	
1972	25	7.2	34,894	6.3	395

	<u>Persons killed/10,000 Registered Motorcycles</u>	<u>Before Helmet Law 1971 - 1972</u>	<u>While Helmet Law Enacted 1974 - 1976</u>
- - -		6.62	3.9

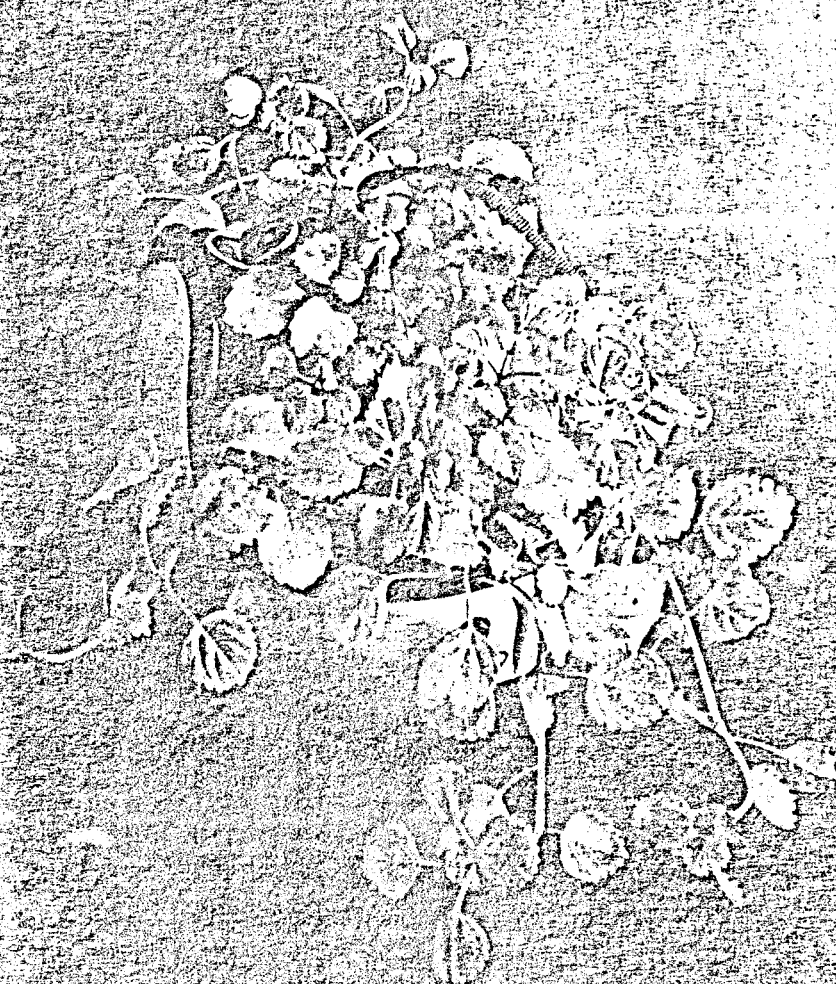
Since Helmet Law Repealed  
1978  
4.3

II. Other states that have repealed their helmet laws have experienced a similar increase in fatalities.

- - - Motorcycle fatalities in the fourteen states that repealed their laws during 1977 increased 41 percent, compared with 21 percent in states that retained their helmet useage.

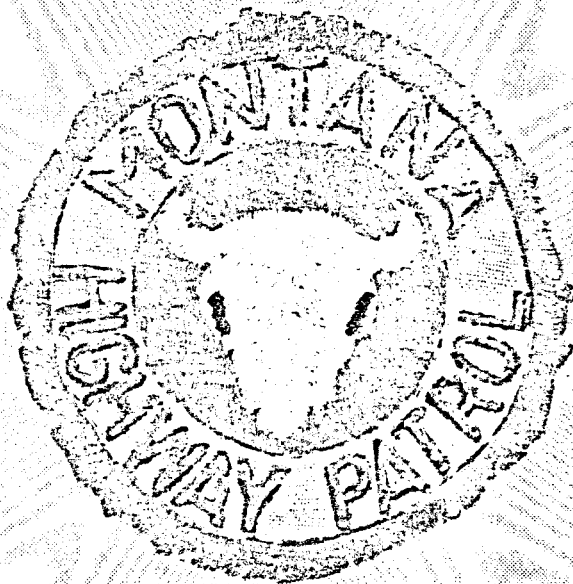
- - - In the 15 states without helmet laws that report whether cyclists involved in accidents were wearing helmets, deaths of helmeted cyclists decreased 20 percent between 1975 and 1977. But deaths of unhelmeted cyclists rose 169 percent in the same period.

# **MOTORCYCLE HELMETS...**



## **WHO NEEDS THEM?**

1977



ANNUAL REPORT



# POSITION

## TOPIC:

MANDATORY HELMET LEGISLATION:

THE AMA VIEWPOINT

November, 1978

The issue presented to legislators by a bill to repeal the mandatory helmet law for motorcyclists is whether or not motorcyclists should be required by the state legislature to wear helmets as opposed to voluntarily wearing them. In order to decide this question, state legislators will have to make two basic determinations: first, whether or not their motorcycling constituents are really opposed to mandatory helmet laws, and second, whether there exist any factors that would justify overlooking a significant opposition on the contention of improved safety afforded the motorcyclist by laws requiring use of a helmet.

In order to answer the first question, a short background is appropriate. As a direct result of the Federal Aid Highway Act of 1975, legislatures were freed to decide whether their motorcycling citizens over 18 years of age must continue to wear helmets, no longer under the pressure and threat of loss of certain federal highway funds. Since that bill was signed in March, 1976, the following states have repealed or modified their helmet provision:

Alaska	Idaho	Nebraska	Rhode Island
Arizona	Iowa	New Hampshire	South Dakota
Colorado	Kansas	New Mexico	Texas
Connecticut	Louisiana	North Dakota	Utah
Delaware	Maine	Ohio	Washington
Hawaii	Minnesota	Oklahoma	Wisconsin
Indiana	Montana	Oregon	

Based upon the immediate and overwhelming response to the federal legislation taken by the states, the validation for constituency support is apparent.

Other sources may validate the contention that motorcyclists prefer to voluntarily use helmets. Attitude surveys in various states and by the AMA show between 56% and 80% of a state's motorcyclists are so disposed. Some surveys will undoubtedly be presented which purport to show that "motorists" or even "accident-involved" motorcyclists feel that all motorcyclists should be forced to protect themselves. Legislators are cautioned that these surveys are essentially meaningless when the question bears only on motorcyclists' judgments and on how cyclists feel about forced protection.

In order to answer the second question above about support for forcing cyclists to wear helmets for reasons of "improved safety," some background information is also necessary. First of all, the traditional position of the AMA is frequently misunder-

# AMA GOVERNMENT RELATIONS INFORMATION

TOPIC:

COMMENTS ON NHTSA'S  
DESIRE TO REINSTATE  
MANDATORY HELMET LAWS

January 15, 1979

In an early January news conference and press release, National Highway Traffic Safety Administration (NHTSA) Administrator Joan Claybrook has made her strongest statements yet on the subject of motorcycle safety and mandatory helmet laws. Her claim is that "lately [motorcycling] has been made even more dangerous by the repeal in many states of laws which require motorcyclists to wear helmets." This conclusion was drawn from three recent NHTSA sources: studies conducted in four repeal states (Kansas, Colorado, South Dakota, and Oklahoma); an incomplete study of accident cause factors and countermeasures in southern California; and fatal accident data in the Fatal Accident Reporting System file of the Administration (FARS).

Different conclusions have been reached by the American Motorcyclist Association, whose examination of the NHTSA data finds their results instead strongly in support of rider training, stricter licensing for motorcyclists, and methods of making auto drivers more aware of the presence of motorcycles on the nation's highways. In short, while NHTSA continues to emphasize a single aspect of injury and fatality reduction--mandatory helmet laws--the agency has failed to acknowledge the data supporting effective methods for accident prevention.

Work on the four NHTSA repeal studies was begun after two states (Kansas, Oklahoma) had repealed laws, and after two others had set a later date for repeal (Colorado, South Dakota). The California study examined 899 motorcycle accidents in depth over a period of almost two years. "Only a brief overview of...significant findings" was presented at the press conference.

The release of the studies by the NHTSA and the conclusions reached strongly suggest that (1) the studies were undertaken by the NHTSA with a preconceived outcome; (2) the results of the studies as described by Claybrook point to a very selective use of data with complete disregard for conflicting information; and (3) the final injury countermeasure recommendation (mandatory helmet laws) made by the Administrator is not warranted and is in fact a distortion of the joint priorities suggested in the studies.

While the NHTSA has determined that "head injury rates have doubled" in the final reports of three of the four repeal studies, it fails to address the seventeen states that in 1977 did not repeal helmet laws, yet experienced raw fatality increases ranging between 8 percent and over 200 percent. In its alarmist view of helmet law repeal, NHTSA fails to con-

NAME: Gregory J. Klinger DATE: 1/21/71

ADDRESS: 116 W. 24th St. N.Y.C.

PHONE: 772-8671

REPRESENTING WHOM? W. J. Adams, Advertising Co.

APPEARING ON WHICH PROPOSAL: 277161

DO YOU: SUPPORT?   X   AMEND?   X   OPPOSE?

COMMENTS:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COMMENTS:

NAME: Jim Mason DATE: 1/24/79

ADDRESS: 607 W. Jackson

PHONE: 442-5920

REPRESENTING WHOM? M A A

APPEARING ON WHICH PROPOSAL: SB 136

DO YOU: SUPPORT? X AMEND?        OPPOSE?       

COMMENTS: Strong support on behalf of the  
53,000 members of the Montana Auto Assn.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: David C. Goss DATE: 1/24/78

ADDRESS: 3727 Koe Ave F - Bldg

PHONE: 248-7014

REPRESENTING WHOM? Chief of Police - Billings

APPEARING ON WHICH PROPOSAL: SB 136

DO YOU: SUPPORT? X AMEND? \_\_\_\_\_ OPPOSE? \_\_\_\_\_

COMMENTS: interviewed

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Prof. Dr. T. L. von Borstel

DATE: 1-24-79

Keating and

442-1650

G WHOM? ~~Atty Gen~~ Winston Medical Assoc.

IN WHICH PROPOSAL: SB 136

SUPPORT? ✓

AMEND? \_\_\_\_\_

OPPOSE? \_\_\_\_\_

attached

NAME: EDWARD MARES DATE: 1/24/79

ADDRESS: P.C. Box 5218 Helena

PHONE: 442-6710

REPRESENTING WHOM? MONTANA NURSES' ASSOCIATION

APPEARING ON WHICH PROPOSAL: SB 109, 136

DO YOU: SUPPORT?  AMEND?            OPPOSE?           

COMMENTS: \_\_\_\_\_

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PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: J. Paul Taylor DATE: 1-26-79

ADDRESS: Box 1, Katoomba

PHONE: 449-5900

REPRESENTING WHOM? MHF

APPEARING ON WHICH PROPOSAL: 55136

DO YOU: SUPPORT?  AMEND?        OPPOSE?       

COMMENTS: \_\_\_\_\_

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Terrell Brown DATE: 1/27/79

ADDRESS: Capitol Station

PHONE: 449-3187

REPRESENTING WHOM? Office of Public Instruction

APPEARING ON WHICH PROPOSAL: 513 136

DO YOU: SUPPORT? 6 AMEND?            OPPOSE?

COMMENTS:

DO NOT PLACE LEAD IN ANY DEDICATED STATEMENTS WITHIN THE COMMITTEE SECRETARY

NAME: Michael A. Mazzola DATE: 1-24-79

ADDRESS: 505 N. Grand Bozeman, MT.

PHONE: 587-7557

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL: SB-136

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? X

COMMENTS: I oppose this bill as it infringes upon my personal freedoms and I believe that this bill is not going to solve any problems as far as the health & welfare of the State.

Mike Mazzola

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: James S Beyer DATE: 1/24/79

ADDRESS: 2111 W. Sussex, Missoula

PHONE: A 721-1418

REPRESENTING WHOM? \_\_\_\_\_

APPEARING ON WHICH PROPOSAL: SB 136

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? X

COMMENTS: ~~be~~ I am opposed to the requirement that I be forced to wear a "protective head gear" when riding a motor cycle. I feel that these devices actually endanger my safety by reducing my ability to see and hear possible hazards on the road. Helmets also promote driver fatigue by adding to neck strain and driver discomfort. I have lived for six years with motor cycles. I would hate to die now because some "safety expert" says I would be better off with ~~at~~ helmets. I now have the choice to wear or not wear helmets. Preserve this freedom of choice. Thank you.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: DAL Smilie DATE: 1/24/79

ADDRESS: Box 764 303 N. Montana E. Helena, MT

PHONE: \_\_\_\_\_

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL: SB 136

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? X

COMMENTS: I believe that the data base of most  
auto helmet studies is inaccurate. I believe there  
should be more self choice and less government  
regulation. I question the effectiveness of  
this proposal. I think constituents are basically  
against it and a more complete hearing should  
be held when most of those concerned could  
show up to testify.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Doreen Wahl DATE: 1/24/50

ADDRESS: 4125 Mount Olive Mount

PHONE: 7212154

REPRESENTING WHOM? Self, personal freedom

APPEARING ON WHICH PROPOSAL: SB 136 Helmut Lee proposal

DO YOU: SUPPORT?        AMEND?        OPPOSE? X

COMMENTS: I raise maternal for a living, I

am a motherly person & have been for past

ten years. I believe the right to determine

my own affairs essential to my health and

well-being. I oppose any control in personal situation

and this!

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PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME:

gpp  
Powell Swansen

DATE:

Jan 24-79

ADDRESS:

Box 33241 Missoula

PHONE:

721-3962

REPRESENTING WHOM?

Community of business associates in  
Homestead

APPEARING ON WHICH PROPOSAL:

Bill 136

DO YOU:

SUPPORT?

AMEND?

OPPOSE?

X

COMMENTS:

I feel This bill is un-researched  
fully and contradictory to  
our rights

NAME: C. J. Martin DATE: 1/24/79  
ADDRESS: 2327 So. Av. West / Missoula Mont  
PHONE: 728 4979

REPRESENTING WHOM? Myself - and all who ride - and  
I like their freedom  
APPEARING ON WHICH PROPOSAL: Helmet SB 136

DO YOU: SUPPORT?            AMEND?            OPPOSE? ☒

COMMENTS: I do not believe that a helmet law  
will effect the loss of life in a motor  
cycle accidents. Fact and figures show  
that states that still have the helmet  
laws have a higher death rate than  
states with out a helmet law. Better  
education of the younger motorcycle rider  
and of people who drive the car towards  
the motor cycle.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: RICHARD W. Pylypow DATE: 1/24/79

ADDRESS: 725 S. Arizona, Butte, MT 59701

PHONE: 723-3169

REPRESENTING WHOM? SELF

APPEARING ON WHICH PROPOSAL: ~~SB-136~~ SB-136

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? X

COMMENTS: I BELIEVE ADULTS SHOULD HAVE THE RIGHT  
TO DECIDE WHETHER OR NOT TO WEAR A HENET.  
THROUGH YEARS OF STUDYING THEM I AM CONVINCED  
THEY CAUSE MORE HARM THAN GOOD

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: RAY DOTSON JR. DATE: 1-24-79

ADDRESS: 1024 UTAH AVE. BUTTE.

PHONE: 792-7643

REPRESENTING WHOM? SELF.

APPEARING ON WHICH PROPOSAL: SB - 136

DO YOU: SUPPORT? \_\_\_\_\_ AMEND? \_\_\_\_\_ OPPOSE? X

COMMENTS: I think when people tell you  
what to wear they are in the  
wrong business.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME:

John W. Johnson

DATE:

1/24/79

ADDRESS:

Rt 2 Sunset West

PHONE:

549-4884

REPRESENTING WHOM?

- C. D. Blue Welding Machine

APPEARING ON WHICH PROPOSAL:

136 - Nebut Law

DO YOU:

SUPPORT?

AMEND?

OPPOSE?

X

COMMENTS:

The law as it is at present is adequate.