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Testimony in support of Senate Bill 186, AN ACT REVISING LAWS RELATING TO THE USE OF SEATBELTS AND CHILD SAFETY RESTRAINTS; ELIMINATING THE SECONDARY ENFORCEMENT RESTRICTION FOR RESTRAINT VIOLATIONS

Presented to the Senate Public Health, Welfare and Safety Committee, Monday, January 14, 2013

First, why is it so important to implement a primary seat belt law to prevent the ongoing epidemic of unnecessary injury and death in Montana?

Montana has a major problem with motor vehicle related injury and deaths, and primary seat belt laws have been shown to mitigate these problems. Consider the following:

- a) Montana has one of the highest motor vehicle occupant fatality rates in the United States. Unfortunately in 2010, Montana continued to be in the top ten of states with the highest motor vehicle fatality rates. Montana was third (12.2 per 100,000), behind only Mississippi (15.5 per 100,000) and South Dakota (12.5 per 100,000).¹
- b) Between 2001 and 2010, there were 1,715 motor vehicle occupant deaths in Montana; on average, three deaths every week during these years.¹
- c) During that time period:
 - Nearly 1/3 of all motor vehicle occupant deaths occurred in Montanans under the age of 25 (n = 527).¹
 - The motor vehicle occupant death rate for white Montanans was more than twice the rate for whites elsewhere in the U.S. (15.8 per 100,000 and 6.04 per 100,000 respectively).¹
 - The motor vehicle occupant death rate for Montana American Indians was, disturbingly, three times higher than the rate for whites in MT and more than five times higher than the rate for American Indians and Alaskan Natives elsewhere in the U.S. ¹

- More than 2/3 of MT fatal motor vehicle crashes were unrestrained occupants (69%).²
- d) In Montana, childhood deaths are reviewed by a process called the Fetal, Infant, Child Mortality Review. In 2005-2006, the motor vehicle crash deaths of 40 infants and children were reviewed. Disturbingly, 95% (38) of these deaths were deemed preventable by the review teams. Lack of or improper child safety restraint use was the primary cause of death.³
- e) A recent analysis of Montana Health Care Costs of unbuckled motor vehicle crash occupants found that unrestrained crash occupants⁴:
 - Had over \$8,800 higher hospital charges than belted occupants.
 - Were less likely than those who were belted to have insurance to pay for their own hospitalization (18% reported self-pay compared to 11% among restrained occupants).
 - Were more likely to have their hospitalization costs paid for by state or federal sources (42% of unbelted occupants as compared to 26% of belted occupants).
 - Were 7 times more likely to die from injuries and over twice as likely to sustain an incapacitating injury as restrained occupants.

Do primary seat belt laws work?

Yes. As of January 2013, 32 states have enacted primary seat belt laws.⁵ In those states, seat belt use has increased and fatalities from motor vehicle crashes have decreased. Washington State has demonstrated the life-saving results of a primary seat belt law. They implemented a law that included public education and enforcement. As a result, seat belt use increased from 81% to 95%, and the motor vehicle occupant fatality rate decreased by 13%. According to the Montana Health Care Cost Report, by implementing primary enforcement in Montana would result in 48 fewer fatalities and 69 fewer incapacitating injuries per year, 46% less hospitalizations and emergency department visits for injured unbelted crash occupants, and \$2.57 million saved by state or federal sources in avoided annual costs of medical care due to fewer unbelted crash occupant injuries.⁴

Who pays the bill for unrestrained motor vehicle occupants injured in a crash?

We do. As I mentioned previously, unrestrained motor vehicle occupants are more likely to be killed or to experience injuries during a crash compared to restrained occupants. When injury occurs and the injured individual has no health insurance, or their insurance doesn't cover the extensive services they require, Montana hospitals absorb the cost of these services. Ultimately the tax payer foots the bill for many of these persons who inevitably become eligible for Medicaid or for Medicare when long-term disability compromises ability to work and otherwise care for themselves. The estimated costs paid by state and federal sources (Medicaid, Medicare, and Indian Health Services) for unbelted occupants needing medical care in 2010 and 2011 were \$10,104,124 (\$5,052,062 each year).

What is the argument against a primary seat belt law?

The general argument against enacting a primary seat belt law seems to revolve around the idea that use of seat belts and child safety seats is solely a personal responsibility, a decision that should be left to adults, including parents on behalf of children. In this view, government regulation is not appropriate for this purpose. The DPHHS would argue that the State of Montana has other laws that protect the public's health by restricting life threatening behaviors and requiring life protective choices. Among these are laws that protect both adults and children, including prevention of motor vehicle deaths by reducing impaired driving. Additionally, Montana law requires seat belt use but the secondary enforcement give the misguided perception that seat belt use is optional. Primary enforcement will remove this false perception and ultimately save lives.

Do Montanans support a primary seat belt law?

Yes. In 2012, the Department's Behavioral Risk Factor Surveillance System Program conducted a representative survey of adults across the state. Survey respondents were asked the following question: "Currently Montana has a secondary seat belt law, which means law enforcement officers cannot stop vehicles because a driver or any passenger is unbelted— there must be

another reason for the stop. A primary seat belt law allows officers to stop vehicles when they observe any unbelted driver or passenger in the vehicle. Do you support a primary seat belt law in Montana?"(Yes or no). Over 70% of Montana adults responded yes (71.1%, 95% CI 69.1-73.0).

The Department strongly supports this legislation and we thank Senator Hamlett for sponsoring it. This Bill will significantly reduce many preventable injuries and deaths among Montanans. Thank you.

References:

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4. Staplin L, Lococo K, Decina L, Schultz M. Seat belt use and health care costs in MT and Idaho, TransAnalytics, LLC. Sept 2012.
5. Governor's Highway Safety Association, accessed http://www.ghsa.org/html/stateinfo/laws/seatbelt_laws.html