

NOTE: As provided in LFC policy, this report is intended only for use by the standing finance committees of the legislature. The Legislative Finance Committee does not assume responsibility for the accuracy of the information in this report when used for other purposes.

The most recent FIR version (in HTML & Adobe PDF formats) is available on the Legislative Website. The Adobe PDF version includes all attachments, whereas the HTML version does not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR: Lopez DATE TYPED: 03/16/03 HB _____

SHORT TITLE: Child Helmet Safety Act SB 637/aSPAC

ANALYST: Geisler

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
		Indeterminate	Indeterminate		

(Parenthesis () Indicate Expenditure Decreases)

Duplicates HB 664

SOURCES OF INFORMATION

Department of Health

SUMMARY

Synopsis of SPAC Amendments

The Senate Public Affairs Committee Amendments to Senate Bill 637:

1. Insert “aged seventeen and under” in various sections of the bill to reinforce the bill’s intent that youth aged seventeen and under are required to wear safety helmets while engaged in bicycle riding, skateboarding, etc.
2. Replace “contributory negligence” with “negligence” to reflect the appropriate legal doctrine. The text of the section now reads “failure to wear a protective helmet shall not be considered evidence of negligence and shall be inadmissible in any civil action.
3. Insert “public skateboard park” in paragraph A of section 4 to clarify that helmet use is required in public skateboard parks.
4. Amend the penalty section to provide for a discounted protective helmet in exchange for four hours of community service.

5. Insert language allowing a municipality to establish laws similar to the Child Helmet Safety Act.

Synopsis of Original Bill

Senate Bill 637 would require a person 17 years of age or younger, who is a user, operator or passenger of a bicycle, in-line or roller skates, non-motorized scooter or skateboard on a public roadway, public bicycle paths, public skateboard parks or other public rights of way to wear a protective helmet at all times that is fastened securely upon his head with the straps of the helmet. The Act is intended to reduce the incidence of traumatic brain injury death and disability. Penalties for violation of the Act are included.

Significant Issues

Brain injuries are the leading cause of death and disability among children, teenagers and young adults (NM Brain Injury Advisory Council). Given the steady increase in the popularity of scooters, skateboards, and in-line skates, in addition to the consistent volume of bicycle use among children and adolescents, injury and death rates for minors continue to be significant. The steady increase in automobile congestion on public roadways, in addition to the even more dramatic increase in the number of public skateboard parks, are contributing factors.

For skateboard users, injuries increased more than 100% between 1994 and 1999, and the large majority of hospitalizations were for head injuries. Twenty nine percent (29%) of serious scooter injuries in 2000 were head injuries (Consumer Product Safety Commission); 25% of those head injuries resulted from a collision with an automobile (Consumer Product Safety Commission). Helmets reduce the risk of head injury by 85% and brain injury by 88% (Insurance /institute for Highway Safety and CDC). An estimated 76,000 minors were injured seriously enough while in-line skating in 1996 to require emergency medical care (American Academy of Pediatrics, 1998). It was estimated that if all bicyclists in the United States had worn helmets between 1984 and 1988, approximately 2500 deaths and 750,000 head injuries would have been prevented (CDC, 1993).

In the case of permanent disability, the cost is continuous for a lifetime. Hospital treatment for the first year may cost \$125,000 to \$150,000, and much of this expense is often passed on to the taxpayers (NM Brain Injury Advisory Council). It also currently costs New Mexico taxpayers \$56,000 per year to provide even a mildly disabled person employment, and this does not begin to calculate the related costs to the immediate family (Brain Injury Advisory Council).

FISCAL IMPLICATIONS

On the second offense and all subsequent offenses, a minor fine of \$25 is imposed.

OTHER SUBSTANTIVE ISSUES

The average traumatic brain injury incidence rate is 95 per 100,000 population (Center for Disease Control and Prevention, 2002). Twenty-two percent of people who have a traumatic brain injury die from their injuries. The risk of having a traumatic brain injury is especially high among adolescents, young adults, and people older than 75 years of age.

There are 508,574 people living in New Mexico under the age of 18 years (2000 Census). Between 1996 and 2000, traumatic brain injury was the cause of 3.74 hospitalizations per 1,000 population in New Mexico. Across these same years, the rate of traumatic brain injury hospitalizations was 2.84 per 1,000 children under 15 years of age.

According to a 1998 report by the National Institutes of Health, there are 5 million new head injuries in the United States each year. Of that number, 2 million sustain brain injuries that result in lifelong difficulties in areas of work, school and family. About 100,000 of the most severely injured never return to meaningful, productive lifestyles (Brain Injury Resource Center).

Dr. C. Everett Koop, Sc.D, former Surgeon General and Chairman of the National SAFE KIDS Campaign states that brain injury is the leading killer and disabler of children. New research unveiled by the National SAFE KIDS Campaign (NSKC) this year reveals that 47% of children hospitalized for bike-related injuries suffer from a traumatic brain injury. However, less than half of those surveyed wore a helmet every time they rode a bicycle, and less than a third wore a helmet while riding scooters, skateboards or inline skates (National SAFE KIDS Campaign, 2003). SAFE KIDS urges parents and kids to wear a helmet on any wheel-related activity. It can reduce the risk of brain injury by 88%.

Eleven states currently have state helmet laws. Most are for bicycle helmets:

Alabama (under 16), Arizona (Tucson, Yuma, under 18), California (Rider under 18, scooters, skateboards, in-line skates), Connecticut (under 16), Delaware (under 16), District of Columbia (under 16), Florida (under 16), Georgia (under 16), Hawaii (under 16), Illinois (Barrington, Inverness--under 17 and 16, Chicago--all ages), Kentucky (Louisville--under 12), Louisiana (under 12), Maine (under 16), Maryland (under 16), Massachusetts (Passenger under 5, Riders under 13), Michigan (4 communities--ages 16 to all ages), Missouri (2 communities--all ages and under 17), Montana (Billings--under 16), Nevada (2 communities--under 17), New Jersey (under 14), New York (State law--passengers under 5 and riders under 14, some other areas all ages), North Carolina (under 16), Ohio (varies by community--ages 6 to under 18), Oregon (under 16), Pennsylvania (passengers under 5, riders under 12), Rhode Island (under 16), Texas (varies by community--under 18 to all), Tennessee (under 16), Virginia (mandated by community--under 15 for all that mandate), Washington state (mandated by community--all ages to under 16), West Virginia (mandated by community--15 to all ages), Wisconsin (Port Washington--under 17),

Canada, Finland, Iceland, New Zealand and Australia have helmet laws. A helmet law for bicyclists in Victoria, Australia increased helmet use from 31% to 75% in only one year (1991), resulting in a decrease in the death or head injury rate by 51%.

It is estimated that every \$10 bike helmet saves the United States taxpayers \$30 in direct health costs, \$95 in other tangible costs, and \$270 in quality of life, a total of \$395 in potential savings for taxpayers for every helmet worn (National SAFE KIDS Campaign).

Skating helmet standards have merged with bicycle helmet standards (BHSA and New England Journal of Medicine).