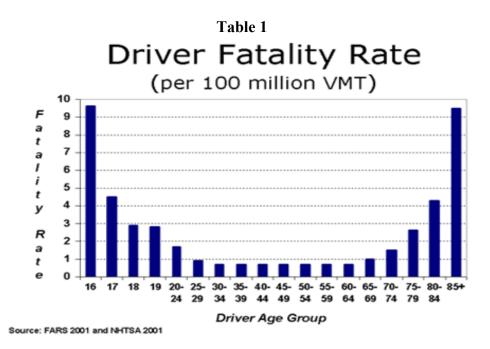


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State Laws Regarding Senior Drivers

When calculated on the basis of miles traveled, older drivers (80 years and over) have a higher fatality rate than any age group except 16 and 17 year old (see Table 1 below) (National Highway Transportation Safety Administration 2001). In 2003 (the most recent year for which data is available) 6,730 people 65 years and older, died in motor vehicle crashes (US Department of Transportation 2007). While this represented a 7.7 percent drop since 1998 in fatalities per capita, there has been growing concern over the hazards associated with older drivers, a concern that is magnified by the aging of the US population. Such concerns led the American Medical Association to issue a report encouraging doctors to help their older patients drive more safely by testing motor skills and by keeping a watch on medications (American Medical Association Council on Scientific Affairs 2003). In this report we identify the actions states have take in order to reduce the danger associated with older drivers and discuss scientific analyses that have been conducted on the effectiveness of those actions.



¹ When calculated on a per capita basis fatality rates are lower because elderly drivers drive less. Which way is the best way to measure the danger posed by elderly drivers? Using fatalities per mile traveled is best if one is concerned assessing the probability of a person being involved in a fatal accident each time they get behind the wheel.

State Policies Regarding Older Drivers

State actions in response to the dangers associated with older drivers fall into 5 different categories: laws governing license renewals, road test requirements, doctors' permission, the required reporting of medical conditions, and other special restrictions. Twenty-five states have no age specific requirements (Insurance Information Institute 2006)² Three states—MD, MA, and MN—have laws prohibiting discrimination against the elderly, effectively preventing any special provisions for driving for older drivers.

Note: states have many restrictions on teenager drivers, including: requiring learners permit for a minimum period for 6 months (in all but fourteen states); requiring intermediate or provisional licenses (all states except for three--AZ, KS, and ND); requiring restrictions on night driving except for five--AZ, AS, KS, MN, ND, VT; Requiring passenger limitations in fifteen states and sixteen states require no cell phone use in learner or intermediate stages (The Insurance Institute for Highway Safety nd).

Renewals

Special state laws for older drivers regarding license renewals range from requiring in-person license renewals to reduced renewal cycles.

- Wisconsin, Colorado, Arizona, California, Louisiana, Illinois and New Hampshire do not allow renewal by mail between ages 65-70.
- Rhode Island has a 2 year renewal cycle for drivers over age 70.
- Hawaii has a renewal cycle every 2 years for people age 72 and over. There is also a 1 year renewal cycle for people over age 87.
- Montana has reduced the renewal cycle for people age 75 and over to 4 years.
- In Maine people age 40 and older are required vision test every other renewal (licenses are renewed every 4 years) until 62 and after 62 it is every renewal
- Indiana requires people over age 75 and over to renew every 3 years
- In Maine and Kansas renewal cycle for people age 65 and over reduced to every 4 years.

Road test

New Hampshire, Illinois and D.C. are the only jurisdictions that require a Road Test for drivers over the age 75. Hawaii and Delaware have road retesting only "for cause, e.g., after specific number of accidents or other points and infractions, for specific physical conditions; sometimes at examiner's discretion" (Insurance Information Institute 2006).

Permission by Doctors for renewal

Nevada, Maryland requires medical report for renewal by mail over age of 70. In Washington D.C. a driver needs a signature from a physician in order to renew their license if they are age 70 and over.

² The states are AL, AK, DE, GA, KY, MA, MI, MN, MS, MO, NE, NJ, NY, NC, ND, OH, OK, S.C, S.D, TN., TX, VT, WA, WV, and WY.

Required Report of Medical Conditions

California, Delaware, Georgia, Nevada, New Jersey, Oregon, Pennsylvania, Utah and West Virginia require doctors to report medical conditions, which impair driving ability, to the DMV (US Department of Transportation 2001).

Other Special Restrictions

Iowa has Restrictive License for Daylight use where the driver can only travel 35 miles/hour, at the age of 70. The renewal needs to be in person and every 2 years. Iowa is the only state that allows local drivers licenses, where elderly drivers are allowed to go to designated places (US Department of Transportation Federal Highway Administration 2002).

Effectiveness of State Actions

The actions taken by each of the states have had a variety of results. In an article in the *Journal of the American Medical Association*, Graboski, Campbell and Morrisey (2004) conducted a study testing the effectiveness in various states' drivers license policies for older drivers using vehicle fatality data for the years 1990 through 2000 from the National Highway Transportation Safety Administration. Graboski *et al.* analyzed Vision Test, Road Test, Frequency of Renewals and In Person Renewals. From their multivariate analysis, Graboski *et al.* concluded that the most effective policy was the requirement for in-person license renewals. Specifically, they found that states with in-person license renewal policies had a 17 percent lower fatality rate among drivers 85 years and older than states without. The authors believe the difference is the result of a number of dynamics associated with in-person renewals. In-person renewal allows driver license examiners the ability to refer elders for medical evaluation which can lead to more comprehensive visual examinations, simulator tests, road tests and neurological tests. Additionally, Graboski *et al.* speculated that knowing one has to renew in person might make older drivers realize their limitations and not even try.

While other studies have found some support for the effectiveness of special vision tests and shorter renewal cycles for older drivers (see Levy 1995, Rock 1998, and Shipp 1998), Graboski *et al.* did not find these policies to be related to a reduction in fatalities. Graboski *et al.* argue that their findings regarding these policies are more valid because their analysis included more recent data over a longer time period and because they conducted a more sophisticated multivariate test.

Graboski's *et al.* analyses also failed to find any positive effect of special road test requirements, a finding in agreement with previous research on the matter.

Reaction of Interest Groups

The American Association of Retired Persons (AARP) and the American Automobile Association (AAA) offer courses that review good driving habits and the rules of the road for older drivers. According to the Massachusetts Registry of Motor Vehicles, a professional driving school may be helpful in helping to determine if elder adults should seek additional training or to stop driving. If a clinical assessment is needed then many hospitals and rehabilitation centers offer driving evaluations (Massachusetts Registry of Motor Vehicles 2007).

The AARP and the AAA offer locations where such programs can be found on their websites (Vermont does not have such a program offered; the closest is in New York State). The website also offer articles which identify signs older adults and caregivers should look for regarding elderly driving safety. For example this site offers the places most dangerous for elderly drivers. Intersections prove to be the most dangerous for elder drivers. In particular, statistics show the two most common reasons for collisions are: 1) failure to yield the right of way; and 2) left-hand turns (trying to turn left against on-coming traffic). These situations result in a significant number of collisions for elder drivers (Massachusetts Registry of Motor Vehicles 2007).

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Disclaimer: This report has been compiled by undergraduate students at the University of Vermont under the supervision of Professor Anthony Gierzynski. The material contained in the report does not reflect the official policy of the University of Vermont.