



**2024 SESSION  
HOUSE BILL 639**

***Vehicle Laws – Protective Headgear Requirement for Motorcycle Riders – Exception (In Remembrance of Gary “Pappy” Broward)***

**WRITTEN TESTIMONY BEFORE THE**

**HOUSE ENVIRONMENT AND TRANSPORTATION COMMITTEE**

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**For the Maryland Association of County Health Officers (MACHO)**

***Position: Oppose – February 15, 2024***

The Maryland Association of County Health Officers (MACHO) **strongly oppose HB 639**. It is regressive and, if passed, will take us back to 1979, when the helmet law was repealed. Because of the repeal, deaths and injuries climbed, leading to reinstatement of the law in 1992. *This is one instance when maintaining the status quo is best for Maryland.*

Public health policies are steeped in science and data. The data from health and traffic safety experts in this area is *irrefutable*. The Centers for Disease Control (CDC)’s research has demonstrated that **helmets:**

- **reduce the risk of death by 37% and the risk of head injury by 69%**
- **do not reduce visibility or impair hearing**
- **save more than \$1 billion if all motorcyclists wore helmets**, each year in the U.S.

The **National Highway Traffic Safety Administration (NHTSA)** estimates that **protective headgear saved the lives of 1,872 motorcyclists in 2017**. If all motorcyclists had worn helmets, an additional 749 lives could have been saved, and in Maryland, helmets have **saved an additional 43 lives** in 2017. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812683>

**Maryland’s helmet law must remain a universal law, not a partial law.** There is strong, substantial, and clear evidence that universal helmet laws save lives, prevent injury, and save money. This is not true for partial laws. Nationally, riders 30 years and older account for over 70% of all motorcycle fatalities. More riders over the age 50 died in 2019 than riders under the age of 30. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813112>

**Non-helmeted riders injured in a crash have substantially higher healthcare costs than helmeted riders.** When a rider is insured, these costs are passed on to others in the form of higher health insurance premiums. When the rider is uninsured, medical expenses may be paid for using taxpayers’ funds. According to the CDC, in 2013 motorcycle fatalities cost Maryland \$96M. **In 2017, motorcycle helmet use saved MD nearly \$100M in direct economic costs and over \$590M in comprehensive costs (economic plus valuation for lost quality of life).** If every motorcyclist had worn a helmet, comprehensive costs savings would have been an additional \$65M. <https://crashstats.nhtsa.dot.gov/Api/Public/Publication/812867>

Helmets are an effective, low cost and non-intrusive way to prevent death and catastrophic injuries that affect many in our communities. When a non-helmeted motorcycle rider crashes and is injured, many are impacted and traumatized – not just the individual. This includes the families who now must care for their

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loved one or say goodbye, the EMT's who arrive on the scene, the nurses and doctors who treat and rehabilitate the patient; the employer who lost a good worker, the insurer who is paying the bills, and society who has lost a valuable member.

Maryland has a long history of supporting public health and public safety. This is accomplished by data driven decision making, backed by science, facts, and subject matter experts. Some of the greatest improvements in health and life expectancy over the last 100+ years are due to the very measures enacted on behalf of public health.

Maryland has many public health laws and regulations to ensure safety while pursuing activities that are potential dangerous and life threatening. These include seatbelt laws, life vest laws, hunter wearing orange/pink laws, car seat laws, cell phone laws, and speeding laws. *These laws are safety provisions that do not restrict the ability of an individual to participate in the desired activity.* Now is not the time to change what is working for our communities.

**MACHO opposes HB 639. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. This communication reflects the position of MACHO.**