



October 22, 2008

Mr. John Horsley  
Executive Director  
AASHTO  
444 North Capitol Street, NW, Suite 249  
Washington, DC 20001

Dear John,

Earlier this year the AAA Foundation released a set of consensus-based recommendations on licensing policies for older drivers, which stemmed from our North American License Policies workshop. That workshop brought together a cross section of top transportation and health experts from federal and state governments, the insurance industry, medical professions, universities and advocates for the elderly to address the complex challenges presented by an aging population of motorists.

I am pleased to announce the release of our most recently completed project, Medical Fitness to Drive and a Voluntary Reporting Law. The findings from this study further reinforce the national licensing policy recommendations we set forth earlier this year. Researchers from Washington University and the University of Missouri at St. Louis collaborated with the Missouri Department of Revenue and Missouri State Highway Patrol on this project. They performed a detailed evaluation of the Missouri voluntary reporting law for unsafe drivers (House Bill-1536) that allows physicians, law enforcement officials, family members and others to report potentially unsafe drivers for retesting or possible license revocation.

This law not only permits voluntary reporting by a wide range of stakeholders, but it also provides immunity protection to them. In addition, the state has implemented a robust process to review and evaluate all reports.

In general, our evaluation concludes that the law is working. Individuals that are reported are being treated fairly and drivers who are medically unfit are being dealt with, and more importantly, lives are being saved. Accordingly, we believe this law should serve as a model for other states to adopt.

Enclosed you will find a copy of the press release and fact sheet from this project. If you would like a copy of the full report, you may download it from our website at [www.aaafoundation.org](http://www.aaafoundation.org).

Thank you for your support of our ongoing efforts to improve traffic safety.

Yours truly,

J. Peter Kissinger  
President & CEO

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## AAA Foundation Study Finds Missouri Law on Medically Unfit Drivers is Model for Other States

*Law to Identify and Remove Unsafe Drivers is Working*

**ST. LOUIS** – A Missouri state law designed to help families, doctors and law enforcement officials prevent unsafe motorists from continuing to drive is working effectively and should serve as a model for the nation, according to a comprehensive study released today by both AAA Missouri and the AAA Foundation for Traffic Safety.

The law ensures licensing decisions are based on a person's functional performance and medical fitness to drive safely – not their chronological age; although the study found that the average age of reported drivers was 80 years old.

“This law should be adopted nationwide because it serves as a critical safety net to identify and remove medically unfit drivers from the roads. Most seniors drive responsibly and do an excellent job of self-regulating - limiting their exposure to high-risk situations, ultimately choosing to retire from driving. Some, however, continue to drive even though they have become functionally unfit to drive, and for these individuals reporting may be necessary,” said Peter Kissinger, AAA Foundation for Traffic Safety President and CEO.

Missouri's voluntary reporting law allows concerned family members, police officers, physicians, license office staff and others to report potentially at-risk drivers for re-evaluation and possible license revocation if they are found to be medically unfit to drive. In part, the law is in response to the efforts of the Suroff family of St. Louis, who lost their 21-year-old son, Jason, to a 92 year-old wrong-way driver with dementia. Missouri is one of 44 states to allow voluntary reporting (six states have mandatory laws).

“Missouri's HB-1536 serves as a critical safety net for the identification and evaluation of medically-at-risk drivers who remain behind the wheel despite tangible functional and safety concerns. The identity of the reporter is kept confidential and the law also protects physicians and other professionals from legal action due to breach of patient confidentiality. Our data show that HB-1536 is effective, but under-utilized. More stakeholders need to know about it and how to use it for maximal effectiveness,” said Thomas M. Meuser, Ph.D., lead researcher with the University of Missouri – St. Louis.

The findings from the evaluation of Missouri's voluntary reporting law further reinforce the AAA Foundation's consensus-based national license policy recommendations set

Seniors face serious driving safety and mobility issues.



forth earlier this year. The recommendations came out of a conference that brought together top transportation and health experts from federal and state governments, the insurance industry, medical professions, universities and advocates for the elderly:

- **Increase educational efforts:** Many stakeholders in driver safety are unaware of reporting mechanisms and how to identify medically-at-risk drivers. Consistent education and training is needed for clinicians, licensing personnel and law enforcement to teach them about existing laws, regulations and proper procedures for reporting medically or functionally unfit drivers in their states.
- **Promote civil immunity:** As is done in Missouri, all states should enact laws that provide civil immunity for clinicians, law enforcement, licensing personnel, and others who report in good faith people they believe to be medically unfit to drive.
- **Amplify the role of license office staff:** Data suggest that trained license office staff can and do play a significant role in proactively identifying at-risk drivers during their interactions at the time of driver's license and auto plate renewal. There is also a need to increase the number of qualified people nationwide who can provide comprehensive driver testing and rehabilitation services.
- **Establish and fund active Medical Advisory Boards (MABs):** MABs should be in place to conduct individual case reviews and provide input on policy development. Fourteen states lack any type of MAB, and most states that already have them should enhance them by providing greater incentives for physician participation.
- **Promote mobility options for unlicensed drivers:** Voluntary reporting procedures are an important component of the mobility continuum – not simply engines for de-licensing. Most individuals who can no longer safely drive choose to retire from driving without ever being reported. Some, however, drive past the point of safety and for these drivers, reporting may be necessary. Whether an unfit driver is reported or not, state driver licensing agencies are in a good position to support on-going mobility by referring individuals and families to alternative transportation resources in their communities. The AAA Foundation provides evidence-based information and guidance on how to remain mobile after individuals give up the keys.

“The currently available mobility options are not sufficient to meet today’s demand for them, let alone the forecasted demand taking into account the burgeoning number of older Americans,” said Kissinger. “Those deemed medically unfit to drive need to have mobility options, so they can maintain an active lifestyle.”

The Missouri law does not specify age as a criterion for reporting. For instance, a 20-year-old with psychosis may be prevented from driving as could a 90-year-old with macular degeneration causing near blindness. Among older reported drivers, cognitive impairment due to dementia (e.g., Alzheimer’s disease) or other causes was the most prevalent medical condition, listed in records for half of the sample. Persons with dementia lose self-awareness over time and are at risk for continuing to drive when no longer reasonably capable of doing so.

“Missouri’s voluntary reporting law emphasizes medical-functional status over chronological age, encourages Medical Advisory Board assistance, and provides important confidentiality and legal immunity protection,” said Kissinger.

Researchers found that most reported drivers voluntarily gave up their licenses or opted not to follow through with the appeal process, which involves submitting a physician’s statement within 30 days. Based on the health status of the reported driver and physician recommendations, state licensing officials can implement immediate license revocation or require on-road testing to certify ongoing fitness to drive. At the completion of the study, only 144 of 4,100 (3.5 percent) of reported drivers retained valid licenses. While crashes and other on-road incidents were important factors in these drivers (one third were involved in crashes within 0-6 months prior to being reported), subsequent crash data indicate that these individuals likely ceased to be active drivers.

Police officers were the most likely group to report a driver under this law, followed by license office staff. Together, these reports accounted for over half of all reports coming into the Missouri Department of Revenue in 2001-2005. Police-initiated reports were made typically in response to a crash or other on-road incident, indicating that public safety was already compromised. Relatively fewer reports were received from physicians and family members, those often in the best position to identify early warning signs of a driver fitness problem. This study concludes that enhanced reporting by non-police stakeholders could enhance public safety in the future. Procedural and educational initiatives to encourage reporting by physicians, family members, and healthcare professionals are crucial to recognizing at-risk drivers before a crash occurs.

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*The evaluation project was part of an ongoing educational partnership between study authors (St. Louis Aging & Driving Research & Education Team\*\*) and officials from the Department of Revenue (DOR), the Missouri Highway Patrol, and the Division of Highway Safety, Missouri Department of Transportation. Funding support was provided by the AAA Foundation for Traffic Safety and the Washington University Center for Aging, and the 2-year project was initiated in May 2006. A team of over 30 state officials, university investigators, health professionals, and students worked to make this project possible. The research team reviewed case materials for 4,100 individuals reported to the DOR as potentially unfit during years 2001-2005.*

*\*\* Thomas M. Meuser, PhD, University of Missouri – St. Louis (Principal Investigator); David B. Carr, MD, Washington University (Co-Principal Investigator); Gudmundur F. Ulfarsson, PhD, University of Iceland (formerly with Washington University); and the following Co-Investigators: Marla Berg-Weger, PhD, Saint Louis University; Patricia Niewoehner, OTR/L, CDRS, St. Louis VA Medical Center; Joon-Ki Kim, DSc, Korea Research Institute for Human Settlements (formerly with Washington University); Thomas J. Epplein-Zapf, Washington University; Peggy Barco, MS, OTR/L, Washington University; Katherine MacLean, MSW, Alzheimer’s Association, St. Louis Chapter; and Scott Osberg, PhD, AAA Foundation for Traffic Safety.*

*Established in 1947 by AAA, the AAA Foundation for Traffic Safety is an independent, publicly funded, 501(c)(3) charitable research and educational organization. The AAA Foundation’s mission is to prevent traffic deaths and injuries by conducting research into their causes and by educating the public about strategies to prevent crashes and reduce injuries when they do occur.*

## Medical Fitness to Drive & A Voluntary Reporting Law: Characteristics of Reported Older Drivers & Safety Outcomes

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### The Problem

- Over 27 million Americans are 70 years old or older.
  - An estimated 20 million of them are licensed drivers.
  - Over 500,000 drivers aged 70 and older were involved in police-reported motor vehicle crashes in 2006—including 4,265 fatal crashes.
  - The U.S. Census Bureau estimates that there will be 50 million Americans aged 70 and older by the year 2030.
- Although 44 of 50 states have some form of voluntary reporting to identify drivers at risk for crashes and other safety concerns due to changes in health and function, no law is as comprehensive or detailed as Missouri's, which allows confidential reporting for anyone doing so in good faith and provides people reporting with civil immunity from prosecution.

### The Current Study

- Missouri House Bill 1536, effective January 1, 1999, provides a legal process whereby police officers, medical professionals, and family members can report a driver, believed to be unable to drive safely, for medical and driving re-evaluation and possible license restriction, suspension, or revocation. The reporter's identity is maintained as confidential. The law provides civil immunity protection from prosecution for any person who makes a report in good faith, as well as legal penalty for intentionally filing a false report (See [www.drivingsafe.org/mo\\_law.htm](http://www.drivingsafe.org/mo_law.htm)).
- The research team reviewed case materials for 4,100 individuals, aged 50 and older, reported in years 2001 through 2005 under this law. Over 15,000 document pages were extracted from microfilm, printed, reviewed, and the data hand entered to an integrative database over a 9-month period in 2007. Their driving records were also compared to those of an age- and gender-matched sample of Missouri drivers who had not been reported.
- This study was designed to evaluate the existing law and associated system, and answer the following kinds of questions:
  - What driver safety stakeholders file reports under such mechanisms?
  - To what extent are family members and health professionals involved in making reports?
  - Are drivers reported before on-road safety becomes an issue or after a crash has occurred?
  - What medical conditions are of greatest concern? What happens to drivers after they have been evaluated by the system?

Seniors face serious driving safety and mobility issues.



## Key Findings

- Missouri's voluntary reporting law is effective in moving those reported as potentially unfit into driving retirement. Roughly half of those reported in 2001-2005 retired after receiving official notice from the State, either by voluntarily surrendering their licenses or by failing to have a required physician evaluation submitted. Of the 2,028 individuals who saw their physicians, most were deemed at-risk drivers due to frailty, medical compromise, observed problematic driving behaviors, and crash history. Just 144 individuals (3.5% of those originally reported) retained a valid license to drive following medical evaluation and on-road testing (if required).
- Missouri's voluntary reporting law was developed, in part, to encourage identification and reporting of *medically-at-risk* drivers by physicians and other health professionals. Yet during 2001-2005 almost 60% of all reports were submitted by police officers (30%) and license office staff (27%). Physicians (20%) and family members (16%) were the sources for most other reports. Seven of every eight police-initiated reports were made pursuant to a crash, dangerous action, and/or traffic violation. Public safety was already compromised in many instances but, even so, the HB-1536 process did effectively move these individuals into driving retirement. In the future, an increase in reports from family members and health professionals would likely further enhance public safety by identifying at-risk drivers who are not as medically compromised, but are still deemed unsafe to drive.
- Reported drivers in this sample were quite old, with an average age of 80 years, and disproportionately male (55%), when compared to the much higher proportion of females in the older population. Half (49%) of these individuals were involved in at least one crash as a driver between 1993-2006 and almost two thirds (64%) of these had crashes within 0-6 months of being reported. In other words, crash was a precipitating factor for reporting in many cases.
- Our data suggest that dementia is a top public health concern with respect to fitness to drive in older adults. Almost half (45%) of this sample of reported drivers had an indication of dementia and/or cognitive impairment in their records. Vision problems were a distant second in prevalence, possibly because systems are already in place to address vision loss. Dementia and other forms of cognitive impairment, in contrast, can be difficult to identify, especially in those experiencing the early stages of decline. Some of those reported under Missouri's voluntary reporting law surely passed over this line and drove too long into the progression of their disease. Organizations, such as the Alzheimer's Association, have devoted significant resources to educating the public and family caregivers about dementia and driving. Our data suggest that such education is critical and can enhance public safety.
- The majority of older drivers are safe behind the wheel, but as a group they are at higher risk for driving-related problems because they have more health conditions and functional impairments. Voluntary reporting laws play an important role in helping to identify the increasingly large proportion of people who are unsafe to drive at advanced ages.
- The research team is currently following up with Missouri officials to enhance the medical review process under Missouri's voluntary reporting law and to develop targeted educational interventions to enhance stakeholder knowledge and use of this legal mechanism.