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Report of

The Task Force to Study the Safe Mobility of Maine's Aging Population

January 15, 1995

Transportation
Committee
Room 122

PART TWO

SUPPLEMENTARY MATERIAL

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Legal Research

Pro bono legal research was conducted for the Task Force by Marsha Osgood, a second year law student at the University of Maine School of Law. Her work was guided by Howard Reben, a partner at Sunenblick, Reben, Benjamin & March, and Professor Orlando Delogu of the School of Law.

M E M O R A N D U M

TO: Kathi Freund, Task Force

FROM: Marsha L. Osgood

RE: Possible challenges to testing drivers at a certain age

DATE: May 1994

QUESTIONS PRESENTED

I. Whether drivers licensing laws providing for additional testing at a certain age may be subject to a facial challenge on equal protection/discrimination grounds based upon that age group's classification as a high risk group.

II. Whether the same provisions may be subject to an as applied challenge on due process grounds, i.e. is there deprivation of property without due process in an action by the state.

BRIEF ANSWERS

I. Probably No. The state may make regulations restricting a certain class of drivers as long as that classification is not "suspect" and the regulations are applied equally to all members of that class. Also, citizens may not be deprived of a fundamental interest. Much like Government employment, driving is not considered to be a constitutional right.

II. Probably No. The general proposition under case law appears to be that the constitution limits the state's power to terminate an entitlement whether that entitlement is determined to be a right or a privilege. If the state chooses to restrict licenses or test based upon age, a minimum level of procedure will be needed in the form of an appeals or hearing system to ensure constitutionality.

OVERVIEW

The law of licensing and regulation of motor vehicles and drivers is extensive and this discussion of the law does not purport to be exhaustive regarding licensing regulation based

upon age. The purpose of this memo is to explore licensing law and general legal concepts which are relevant to the analysis of whether a hypothetical law would sustain a legal challenge. There are many ways of looking at a law which mandates testing for renewal beginning at a certain age, and the following memo represents just a few of them.

There are a few general principles governing licensing law. Generally, the right to operate a motor vehicle is a privilege subject to reasonable regulation by the state in the exercise of its police power. The purpose underlying enactment of licensing statutes is to ensure a minimum of competence and skill in drivers. Statutes protect third parties from injury by drivers who cannot assess themselves. Under its power to license, the state may prescribe reasonable conditions precedent to the issuance of licenses and to classify drivers for special regulation provided such classifications are not unreasonable or arbitrary. (see Re Application of Stork, 167 Cal 294, 139 P 684)

Licensing regulation and review is largely an administrative function. Administrative officials make determinations pursuant to state statute regarding issuance, renewal and revocation. Therefore, largely administrative law principles are prevalent in licensing law. Two very frequent challenges in administrative law are based upon Fourteenth Amendment guarantees of equal protection under the law and due process. The discussion below refers to case law which suggests the legal analysis that would be invoked in a challenge of a state statute which mandates a

licensing re-examination or additional restriction of drivers at a certain age.

DISCUSSION

I. The Fourteenth Amendment of the Constitution of the United States provides "No State shall...deny to any person within its jurisdiction the equal protection of the laws." Equal protection analysis requires strict scrutiny of a legislative classification only when it impermissibly intereferes with the exercise of a fundamental right or operates to the disadvantage of a suspect class. When courts look at a legislative classification there are two threshold questions to be addressed. *does the legislation interfere with a fundamental right? Does the legislation implicate a "suspect class"?

The Supreme Court in Mass. Board of Retirement et al v. Murgia 427 U.S. 307 (1976), found that a Massachusetts statute mandating uniformed state police officer retirement at age 50 did not violate the Equal Protection Clause since government employment was not considered a fundamental right and a class of officers over age 50 do not constitute a suspect class. "(A) suspect class is one 'saddled with such disabilities, or subjected to such a history of purposeful unequal treatment, or relegated to such a position of political powerlessness' as to command extraordinary protection from majoritarian political process." (Murgia quoting San Antonio School District v. Rodriguez, 411 U.S. 1,28 (1973). The Court goes on ~~in~~ to say in

Murgia "old age does not define a 'discrete and insular' group, United States v. Carolene Products Co., 304 U.S. 144, 152-153, n.4(1938), in need of 'extraordinary protection from the majoritarian political process.'" The aged, in the eyes of the court, are not akin to a class such as those discriminated against on the basis of race.

The Supreme Court has also stated that a legialature need not reach perfection in making a classification - as long as the classification furthers the purpose identified by the State. In Murgia, the Court found that mandatory retirement protects the public through ensuring physical preparedness of its officers. The Court took notice of the fact that physical ability declines with age without further discussion. It found the State mandate to be "rationally related" to its public purpose objective.

(A case with high precedential value addressing age and equal protection issues American Airlines, Inc. v. C.A.B., 359 P.2d 624, cert. denied, 385 U.S> 843 (1966), was unavilable to the researcher at the time of this research. In that case, a Federal mandate of retirement of all jet pilots at age 55 was sustained.)

Is driving a fundamental right? A California case, Snelgrove v. Dept. of Motor Vehicles (1987, 1st Dist) 194 Cal App 3d 1364, 240 Cal Rptr. 281, says it is not.

A somewhat analagous area of inquiry which is case-law rich is licensing laws restricting and prohibiting minors from driving. Such laws are found sustainable despite the fact that

some minors may be fully capable of driving safely. The law views juveniles as incompetent to drive as a class. See the attached ALR3d Annotation entitled "Validity, Construction, and Application of Age Requirements for Licensing of Motor Vehicle Operators."

II. The Fourteenth Amendment of the Constition provides "nor shall any State deprive any person of life, liberty, or property without due process of law." Is a drivers license considered property under case law, or is it a mere privilege? How much process is required to ensure licenses are restricted only with good reason?

The controlling case in this area is Bell v. Burnson, 402 U.S. 535 (1971).

TORT LIABILITY OF THE STATE

See attached.

HISTORICAL NOTE & LAWS IN OTHER STATES

Historical Note: 29 M.R.S.A. §545 was a short-lived law which in part provided "Any person who has reached his 75th birthday shall be required to pass a driver's examination before his license may be renewed." It was part of a bill, the primary purpose of which, was to increase the license renewal period from 2 to 4 years. Apparently, this 1977 provision was repealed by emergency measure in 1983. This provision is found nowhere in case law. The legislative history is sketchy as to the motive for repeal.

See Attached 29 M.R.S.A. §545

Other States: Currently, Florida House Bill 1419 (still pending?) calls for closer monitoring of drivers in Florida that present a risk of injury to themselves and other drivers higher than that of the average driver. It provides that drivers 75 and older have a 3 year license. Eyesight, hearing, written and road tests are required prior to issuance or renewal. (Drivers under 75 have a 6 year license). LEXIS reveals no change in the status of the bill.

Centers for Disease Control Evaluation of Maine Functional Ability Profiles Program

This "Case Study Evaluation of Maine Functional Ability Profiles Program" was made available to the Task Force by the Centers for Disease Control. The study was initiated by the Medical Society of the State of New York to determine whether Maine's medical reporting system should serve as a model for New York.

Final Report

September 23, 1994

For Questions call:

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Case Study Evaluation of Maine Functional Ability Profiles Program

SUMMARY

This document serves as the final report to the State of Maine, Bureau of Motor Vehicles for work done by the above authors in assessing and evaluating the Functional Ability Profiles Program for drivers with certain medical conditions.

INTRODUCTION/BACKGROUND

Motor-vehicle crashes have long been recognized as one of the leading causes of injury-related death in this country, particularly for persons aged less than 34 years (1,2). In an effort to reduce traffic-related death and injury, the National Highway Traffic Safety Administration was established by the federal government in 1966 (3). The number of motor-vehicle-related deaths has decreased since then, largely due to multifaceted efforts including public information programs, promotion of behavioral change, changes in legislation and regulations and advances in engineering and technology (4).

Despite these efforts, motor-vehicle crashes continue to be a significant public health problem from several perspectives. During 1991 alone, there were two million police-reported crashes resulting in injury; the most severe injuries accounted for more than 43,000 fatalities (5,6). In addition to the years of potential life lost, the economic impact of motor-vehicle crashes is enormous due to property damage, medical-care expenses and productivity losses both in the home and workplace. It has been estimated that in 1990, more than $80 billion dollars was spent in direct costs for injuries related to motor-vehicle crashes (1).

In the United States, state-based agencies are responsible for licensing and regulating drivers. To reduce crashes, most states have adopted policies designed to restrict or revoke the licenses of drivers considered to be at high risk. One group thought to be at high risk of crashes is persons with certain medical conditions (7-18). Although these policies are based, in part, on studies that suggest an increased risk of motor-vehicle crashes associated with certain medical conditions, many medical standards are based on limited evidence. Additionally, there are a number of methodological limitations in these studies that are cause for concern. Some of the most serious problems are that disease states have not been precisely defined, comorbidity has not been addressed, and selection bias has been introduced in a number of studies by including only subjects who were known by

the department of motor vehicles to have a particular disease. These problems make firm conclusions about the effect of medical conditions on driving ability difficult, if not impossible to construct.

Given this uncertainty, it is not surprising that states have approached licensing and regulating drivers with medical conditions in many different ways. Although virtually all states have some established policy for identifying drivers with certain medical conditions (19-21), the methods for identifying and testing these drivers vary from state to state. Also, the medical conditions recognized by each state as potentially hazardous to driving vary. For example, all states attempt to identify drivers with a seizure disorder, but not all screen for drivers with cardiovascular conditions.

To further complicate matters, it is currently believed that the functional ability to drive is more important than the particular underlying medical condition itself (22-23), in other words, it is the effect the medical condition has on the performance of driving behaviors that is important, not the fact that a person has a medical condition. Thus, a few states have adopted policies utilizing functional ability assessment for decision-making regarding license regulation. Maine is one state using this approach; its current program has been in place since 1985.

A study of the Maine Functional Ability Profiles program (FAP) was initiated in August 1993 and was designed to: (1) describe the program and its operation in detail, (2) assess physicians' knowledge of, attitudes towards and use of the program, (3) estimate the impact of the program on the state's motor-vehicle crash rates, and (4) make recommendations for program improvement.

METHODS-I

Case Study of FAP Program

A case study method of program evaluation was chosen for two reasons. First, this method enables the use of several sources of data to describe a complex instance (e.g., the program) which can then be combined and compared to form conclusions based on all available information. Second, initial inquiries into the availability of more traditional, quantitative data revealed that these data did not exist in a form suitable for some study purposes. Therefore, a study design was employed that took advantage of the rich descriptive information available and also used as much quantitative data as was possible.

METHODS-II

Physician Survey

A survey, administered by mail, of physicians in the state of Maine was conducted to assess knowledge about and utilization of

the driver impairment profiles. To begin the study, a list of all physicians in the state of Maine (N=2,414) was obtained from the Maine Medical Association. Doctors of Osteopathy were then eliminated from this list because they had not been included in the formal mailing of the FAP driver impairment profiles to the Doctors of Medicine. In addition, only those medical specialties that were likely to see patients with the medical conditions specified on the driver's license application were included in the list (i.e., adolescent medicine, cardiovascular diseases, family and general practice, internal medicine, neurology, obstetrics/gynecology, occupational medicine, ophthalmology, pediatrics, physical medicine/rehabilitation, preventive medicine, psychiatry, public health, sports medicine, general surgery, infectious diseases, and other) all other specialties were eliminated. A sample of 500 physicians was chosen from this narrowed list of approximately 1500, by randomly selecting a starting point and then choosing every third person.

A cover letter, survey and stamped-return envelope were mailed to the sample of 500. Approximately five weeks later, non-responders were sent a second mailing. Six weeks following the second mailing, telephone directories were used to identify the office telephone numbers of physicians who had not responded to either mailing. Physicians were then called and asked the survey questions over the telephone.

The survey was designed to assess three domains: (1) type of practice, (2) use of the FAP driver impairment profiles, and (3) knowledge of existing liability legislation. A one-page, nine-item check-off questionnaire was developed. See Appendix A.

METHODS-III

Impact on Motor-Vehicle Crashes

The authors were supplied with a data tape that contained medical restriction and accident information for licensed drivers in the state. This tape was analyzed using SAS software on the mainframe computer at the Centers for Disease Control and Prevention in Atlanta, Georgia. Variables included in the analysis were identification number, number of accidents and date of accident, type and number of medical restrictions.

The number of accidents for persons with medical restrictions was compared with the number of accidents for persons without medical restrictions. This was done two ways, first using only accidents that happened in the last three years, then without this time restriction. The purpose of this procedure was to take into consideration the fact that partial accident information was deleted from the database for some persons with full computer records to make room for their more current accident information. It was not possible to identify which persons had complete information, however, all accident information was complete for all drivers for **at least** three years.

RESULTS-I

Program Beginnings

The FAP profiles were created by the Medical Advisory Board of the Maine Bureau of Motor Vehicles, with the purpose of helping physicians deal with the problems associated with patients who were no longer fit to drive. Prior to the implementation of this system, there were no consistent guidelines available for a physician to use when making a determination as to whether a patient should continue to drive. As a result, it was difficult for physicians to defend their position if a patient questioned their advice to stop driving. In addition, fear of legal liability and breach of patient confidentiality made the reporting of an impaired driver worrisome. The FAP was designed to meet the following objectives:

(1) to develop a reasonable and uniform standard for determining whether a patient was medically fit to drive,

(2) to preserve the doctor-patient relationship by removing the physician from the decision-making process, and

(3) to remove the legal liability of reporting medical impairment related to driving.

In order to meet these objectives, the FAP was designed to identify persons at high risk of crashes due to specific medical conditions. Once identified, a medical evaluation would be used to assess whether the patient had a functional impairment that contraindicated driving activity.

The medical advisory board worked for almost five years to first, draft non-liability legislation to protect physicians from legal prosecution, then to put together the driver impairment profiles which could then be used to assess functional ability. The driver impairment profiles, copies of the legislation, and the Bureau of Motor Vehicles reporting form were combined into a document that was distributed to all physicians (Doctors of Medicine) in the state of Maine.

Program Description

The FAP begins at the Bureau of Motor Vehicles. When applying for a driver's license, or when renewing an existing license, the driver is asked to review a list of medical conditions (i.e., epilepsy/seizures, blackouts/loss of consciousness, stroke/shock, mental/emotional, limb amputation, heart trouble, diabetes, Parkinson's disease, paralysis or other disability) and to check off any conditions that the driver has. If a condition is checked off, the Bureau of Motor Vehicles gives the driver a one-page CR-24 form (see Appendix B) to be filled out by their physician. The Bureau of Motor Vehicles also issues the driver a 60-day temporary license pending the medical evaluation. The driver then either mails the CR-24 to their physician, or makes an appointment to have the form completed. If the driver has not been examined by their physician for some time (one year or longer), the FAP requires an examination before the CR-24 form is completed. The patient is responsible for any costs associated

with completion of the form and/or examination by their physician. At the same time that the driver is given the CR-24, the Bureau of Motor Vehicles mails a copy of the initial/renewal application to the FAP staff so that the program can keep track of who is expected to complete a medical evaluation.

When the physician receives the form, which is basically a series of short fill-in answers, it can only be completed using the guidelines published in the FAP driver impairment profiles document. The physician looks up the guidelines for the specific medical condition in question and completes the CR-24 evaluation form for that patient. The physician then mails the form directly to the FAP staff.

When the FAP staff receive the completed CR-24, the medical evaluation may indicate that no further action is necessary. In this case, the staff fill out the initial/renewal application signifying that the driver has no medical restrictions and the driver takes this back to the Bureau of Motor Vehicles and is issued a license.

If the FAP staff determine that the medical evaluation indicates that some action is needed, there are three possible outcomes. First, a road test may be necessary to assess driving ability. If a road test is taken, the outcome can be license revocation, license without restriction, or license with restrictions.

Second, the license can be revoked and the person can no longer legally drive. Third, the license can be issued with one or more restrictions; for example, driving only during daylight hours. A license with restriction(s) is issued after the FAP staff fill in the restriction portion of the application and the driver takes this back to the Bureau of Motor Vehicles. See Appendix C for a flow chart of the system.

When the FAP staff are not able to make a determination for a driver, the medical advisory board is used to make the final decision. This is a rare event; typically only three or four cases a year are referred to the board. Usually, the board is not called into a special session, for example, if the driver has a medical evaluation that indicates a neurological problem, the neurologist on the board is contacted and makes the decision, likewise with other conditions.

Once a driver has been identified by the system, tracking is done to insure that the drivers complete medical evaluations at regular intervals; these intervals are dependent on the medical condition. Each month the FAP staff make a computer printout of the drivers that are up for renewal/re-evaluation and make sure that the evaluations are completed. However, the FAP does not hold up the issuance of licenses if a medical evaluation has not been completed before the license renewal date.

RESULTS-II

Physician Survey

The first survey mailing yielded a response rate of 56%. The second mailing brought the response rate up to 74%, and telephone contacts produced a final response rate of 80%. Physicians who were found to be deceased or no longer practicing in the state of Maine were dropped from the study (N=7). Some retired physicians completed the survey and others did not, therefore, all retired physicians were kept in the sample. This part of the study closed with 392 out of 493 physicians responding.

Respondent Characteristics

The majority of survey respondents (61.2%) belonged to only five medical specialties: family practice (19.9%), internal medicine (17.6%), obstetrics and gynecology (7.9%), pediatrics (7.9%), and psychiatry (7.9%), although more than 30 specialties were reported, see Table 1. Physicians also identified each type of setting they practiced in; the most commonly reported settings were solo (41.1%) and group (38.8%). A small portion of the sample, 5.9%, did not see patients at all. Table 2 summarizes reported practice settings. Additionally, physicians who were familiar with the FAP were somewhat more likely to respond to the first mailing.

Knowledge and Use of FAP

Half of the responders (53.1%) reported that they were familiar

with the FAP. Of those physicians who were familiar with the program, 88.5% had used it at least once. The most commonly reported way physicians found out about the program was by receiving the FAP booklet in the mail; see Table 3.

Selecting just those physicians who had used the FAP, 89.7% found the program useful. Appendix D contains the responses to the question, "If you HAVE used the FAP, did you find it useful? Why or why not?" For the small percentage of physicians who did not find the FAP useful, their reasons included the burden of additional paperwork and problems with the definition of terms in the FAP.

Familiarity with the FAP differed by medical specialty and practice setting; family practitioners were the most likely group to be familiar with the FAP (Table 4). Physicians who reported practicing in an HMO were more likely than those in solo or group practice settings to be familiar with the FAP (Table 5).

Knowledge of Maine Liability Legislation

A copy of the Maine legislation protecting physicians from liability when reporting their patients was included in the booklet containing the FAP profiles. It was expected that physicians who were familiar with the FAP would also be familiar with the Maine liability protection. An unexpected finding was

that only 23% of the entire sample knew that Maine did indeed have such a law; the vast majority of physicians, 73%, did not know whether there was such a law or not. There were differences in knowledge by familiarity with the FAP. Those physicians who were familiar with the FAP were more than three times as likely to know about the Maine legislation.

Table 1
Medical or Surgical Specialty of Survey Respondents

Specialty	Number	Percent
Administrative medicine	1	0.3
Adolescent medicine	1	0.3
Allergy/immunology	4	1.0
Anesthesia	1	0.3
Aviation medicine	1	0.3
Cardiology	14	3.6
Child psychiatry	3	0.8
Emergency medicine	3	0.8
Endocrinology	1	0.3
Epidemiology	1	0.3
Family practice	78	19.9
Gastroenterology	6	1.5
General practice	14	3.6
General surgery	22	5.6
Geriatrics	1	0.3
Hematology	1	0.3
Internal medicine	69	17.6
Marine medicine	1	0.3
Nephrology	4	1.0
Neurology	12	3.1
OB-GYN	31	7.9
Occupational medicine	5	1.3
Oncology	3	0.8
Ophthalmology	21	5.4
Orthopedics	2	0.5
Otolaryngology	1	0.3
Pediatric cardiology	1	0.3
Pediatrics	31	7.9
Physical medicine/rehab.	5	1.3
Psychiatry	31	7.9
Pulmonary	4	1.0
Rheumatology	3	0.8
Sports medicine	1	0.3
Vascular surgery	3	0.8
Missing	12	3.1
Total	392	100.0

Table 2
Reported Practice Settings of Survey Respondents

Setting	Number	Percent
Solo	161	41.1
HMO	20	5.1
Group	152	38.8
Academic	25	6.4
Center/Clinic	46	11.7
Training	4	1.0
Other	59	15.1
Total	467	119.2*

* Some respondents checked more than one answer.

Table 3
Answers to the question, "If you are familiar with the FAP, how did you find out about it? (Check all that apply)"

Method	Number	Percent
Information sent in mail	144	36.7
Patient brought in form	60	15.3
Talked to other physicians	25	6.4
Heard at medical meeting	5	1.3
Other	21	5.4
Total	255	65.1*

* Some respondents checked more than one answer.

Table 4
Selected* Medical Specialties of Respondents by Familiarity with FAP

Specialty	Familiar Number (%)	Not Familiar Number (%)	Missing Number (%)
Cardiology	11 (79)	2 (14)	1 (7)
Family practice	64 (82)	14 (18)	0 (0)
General practice	10 (71)	3 (21)	1 (8)
General surgery	5 (23)	15 (68)	2 (9)
Internal medicine	51 (74)	17 (25)	1 (1)
Neurology	11 (92)	1 (8)	0 (0)
OB-GYN	0 (0)	30 (97)	1 (3)
Ophthalmology	5 (24)	16 (76)	0 (0)
Pediatrics	11 (35)	19 (61)	1 (4)
Psychiatry	18 (56)	13 (41)	1 (3)

* Specialties with less than 10 respondents were not included in the table.

Table 5
Practice Settings of Respondents by Familiarity with the FAP

Practice Setting	Familiar Number (%)	Not Familiar Number (%)	Missing Number (%)
Solo	93 (58)	65 (40)	3 (2)
HMO	15 (75)	5 (25)	0 (0)
Group	92 (60)	58 (38)	2 (2)
Academic	11 (44)	14 (56)	0 (0)
Center/Clinic	30 (65)	16 (35)	0 (0)
Training	3 (75)	1 (25)	0 (0)
Other	16 (27)	37 (63)	6 (10)

RESULTS-III

Impact on Motor-Vehicle Crashes

Using the last three years of data only, the mean number of accidents for persons with medical restrictions was 0.14, while the mean number of accidents for persons without medical restrictions was 0.22, indicating fewer accidents for the medically restricted drivers. A similar comparison using all information from the tape (no three year time constraint) yielded a mean number of accidents for the medically restricted as 0.52, compared to a mean of 0.67 for those without medical restrictions.

DISCUSSION AND RECOMMENDATIONS

The primary objectives of the FAP were to develop standards for determining functional driving ability and to protect physicians from the legal liability related to reporting their patients to the Bureau of Motor Vehicles. These primary objectives have been met; standards for determining functional driving ability were first distributed to physicians in 1985 and legislation protecting physicians from liability became effective in 1986.

Based on the results of the physician survey, most Maine physicians are aware of the FAP and appear to appreciate the guidelines provided. Of those who know about the program, almost 90% have used it to assess a patient and found it helpful.

However, the survey also found that most Maine physicians are not aware of their state's legislation protecting them from liability. A survey of Connecticut physicians suggested that established, specific guidelines for assessment of driver safety, in conjunction with laws mandating reporting, and protecting against liability would alleviate most physicians' concerns about reporting patients (24). Thus, further efforts to publicize Maine's legislation might encourage increased use of the program by physicians.

The data collected by the program include information from both the driver and the physician, as well as information added by the FAP and other agencies. This information is useful to determine: (1) who should undergo medical and functional evaluation, (2) whether the license should be restricted or revoked, and (3) the interval for medical review. These data have been reviewed for drivers on an individual basis, although it would also be useful to analyze the information in aggregate form.

Given the primary objectives of the program, the data collection process was not specifically designed to answer the question whether the program decreased the rate of motor vehicle crashes in the state. If future plans include using these data to determine the effect of the FAP on motor-vehicle crash rates, we have identified some areas for improvement. However, it was possible to document that those persons with medical restrictions

had fewer accidents than those persons without medical restrictions.

Self-identification of drivers with medical conditions may result in substantial underreporting. As an illustration, using synthetic estimates from Maine (extrapolations) using data from the Health Interview Survey, approximately 30,000 persons have diabetes in the state of Maine. Taking 85% of this estimate to roughly adjust for persons who do not drive, the total estimate of drivers with diabetes in the state of Maine would be about 25,500. Approximately 12,000 drivers in the state have self-identified as diabetics to the Bureau of Motor Vehicles and have this condition listed on their driver's license record. Although these figures are rough, they suggest that many of the drivers with diabetes may not be reporting this condition on their driving (initial or renewal) applications. However, is not possible to know for certain whether this non-reporting is happening because if a driver reports a medical condition that is assessed to be non-impairing, the license is not restricted and the driver's record has no mention of the condition.

Other mechanisms of identifying potentially impaired drivers may need to be considered. Other states have mandated reporting of drivers with certain medical conditions by physicians and other health professionals, or considered training Department of Motor Vehicle personnel to screen applicants.

Doctors of Osteopathy were not included in the initial notification regarding the FAP program; they should be included in the future since they treat many patients with the medical conditions in question.

Recommendation 1 - include doctors of osteopathy in FAP dissemination efforts.

Information collected over the years by the program has not been completely consistent. Several different coordinators have managed the data collection process during the program's existence and some coding decisions have changed over the years. Specifically, there has been overlap between medical condition categories.

Recommendation 2 - Written documentation of case definitions for coding medical conditions into the categories used in the FAP profiles would help increase consistency within categories and across time and personnel.

Recommendation 3 - Written instructions for data entry personnel would also increase the consistency of data across time and personnel.

Although partial police accident reports are currently part of the information collected by the program, this information itself is subject to problems and difficult to retrieve. Information is obtained by self-reporting and may be incomplete, even though

this is information required by insurance companies for compensation. To accurately assess the impact of the program on motor vehicle crash rates, the program should consider collecting more comprehensive crash reporting data.

Recommendation 4 - It would be useful to have the ability to compare crash information that is self-reported (for insurance reasons) to police reports.

Medical categories are heterogeneous. There is a need to have the ability to sort out different diseases within broad medical categories such as cardiovascular disease or neurological problems.

Recommendation 5 - It would be useful to include a specific medical diagnosis on the CR-24 form that could then be coded and added to the database.

There is a need to keep some simple descriptive information in the database so that questions concerning the population with medical conditions can easily be answered. For example, a code for the reporting physician, or the date a person was first restricted.

Recommendation 6 - a few pieces of information should be added to the database so that important evaluation/research questions can be answered. While this will take up valuable computer space, it will also enable documentation of the success of the program, among other uses.

A small number of driving records (estimates are between 3,000 and 5,000) have been purged over time to free up space on the computer for those persons with full records. Three years appears to be the limit for this because legal constraints require accident data to be kept for this length of time. Longitudinal analysis of crashes over a time period longer than three years would be possible if it was known which records had been partially purged. For example, if a record that has been purged is selected for analysis, it would be possible to go back to the hard copy of information and retrieve the purged data.

Recommendation 7 - A marker of some kind should be included in the data base that indicates if a driving record has been partially purged.

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Appendix A: Physician Survey

Appendix B: CR-24 Physician Reporting Form

Appendix C: Flow Chart of System

Appendix D: Physician Comments From Survey

Physician Survey

Appendix A

MAINE - Functional Ability Profiles

1. **Medical/surgical specialty:** _____

2. **Type of practice setting: (check ALL that apply)** ☐ solo ☐ HMO ☐ group (non-HMO)

   ☐ academic ☐ community health center/public clinic ☐ intern/resident

   ☐ laboratory ☐ other, specify: _____

3. **Do you see patients with any of the following? (check ALL that apply)**

   ☐ cardiovascular conditions ☐ neurologic conditions

   ☐ pulmonary conditions ☐ musculoskeletal conditions

   ☐ visual or auditory conditions ☐ diabetes mellitus

   ☐ psychiatric disorders or substance abuse ☐ do not see patients

4. **Are you familiar with the Functional Ability Profiles (FAP) developed by the Maine Medical Advisory Board of the Division of Motor Vehicles, and used to assess driver competency?**

   ☐ yes ☐ no (if no, skip to 9)

5. **If you are familiar with the FAP, how did you find out about it? (check ALL that apply)**

   ☐ information sent to me in the mail ☐ talked to other physicians about it

   ☐ heard about it at a medical meeting ☐ other, specify: _____

   ☐ patient brought in form _____

6. **Have you ever used the FAP to medically assess one of your patients?**

   ☐ yes ☐ no (if no, skip to 8)

7. **If you HAVE used the FAP, did you find it useful?** ☐ yes ☐ no

   Why or why not? _____

8. **If you have NOT used the FAP, what is the primary reason?**

   ☐ difficult to use ☐ patient has never brought in form ☐ lost instruction booklet

   ☐ other, specify: _____

9. **Some states have laws to protect physicians from lawsuits if they report patients with medical conditions which potentially impair driving to the Division of Motor Vehicles. Does Maine have such a law?**

   ☐ yes ☐ no ☐ don't know

10. **Please make any additional comments on the back of this page and return this form in the enclosed envelope to:** Dr. Peter Millard
    Epidemiology Program, Bureau of Health
    Division of Disease Control
    157 Capitol Street
    Augusta, ME 04333

State of Maine

DEPARTMENT OF STATE

MOTOR VEHICLE DIVISION
AUGUSTA, MAINE 04333

DRIVER MEDICAL EVALUATION*

(Please forward this form directly to your physician for completion)

NAME _____

ADDRESS _____

DATE OF BIRTH _____

CERTIFICATE OF EXAMINATION

FOR THE REPORTING PHYSICIAN:

1. This report is requested because the issue has been raised as to the possibility that this applicant may have a mental/physical condition which could affect his/her ability to drive a motor vehicle safely. Your report will be advisory and used to assist in determining eligibility for a license.
2. A physician acting in good faith is immune from any damages claimed as the result of the filing of a certificate of examination pursuant to 29 MRSA Section 547.

DRIVER IMPAIRMENT PROFILE

Please refer to the Functional Ability Profiles for assistance in completing the driver impairment diagnostic categories and profile levels.

DIAGNOSTIC CATEGORY (eg., Cardiovascular Disorder)	PROFILE LEVEL (Please check one for each diagnostic category)						
	NONE	PAST/FULLY RECOVERED	ACTIVE A	ACTIVE B	ACTIVE C	ACTIVE D	UNDER INVESTIGATION
1. _____	☐	☐	☐	☐	☐	☐	☐
2. _____	☐	☐	☐	☐	☐	☐	☐
3. _____	☐	☐	☐	☐	☐	☐	☐
4. _____	☐	☐	☐	☐	☐	☐	☐

Date of last examination_____ How long has applicant been your patient?_____

In case of seizure disorder, please give date of last seizure: _____

Current prescribed medication(s): _____

_____

☐ No medication prescribed

Reliability in taking medication

Good ☐ Fair ☐ Poor ☐

Would the side effects from medication taken interfere with the safe operation of a motor vehicle? _____

_____

* THIS IS THE ONLY MEDICAL REPORTING FORM THAT WILL BE ACCEPTABLE TO THE MOTOR VEHICLE DIVISION.

CR-24 (Rev. 8/89)

PHYSICIAN'S COMMENTS

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of my medical history to the Secretary of State, Motor Vehicle Division, for the purpose of determining my eligibility for an operator's license by:

Dr._____ or _____ Hospital

Signature of Patient_____ Date _____
(Please forward this form directly to your physician for completion)

Being duly licensed to practice in the state of _____ I certify that I have examined this applicant.

_____ Signature

_____ Specialty

_____ Physician's Name Printed or Typed

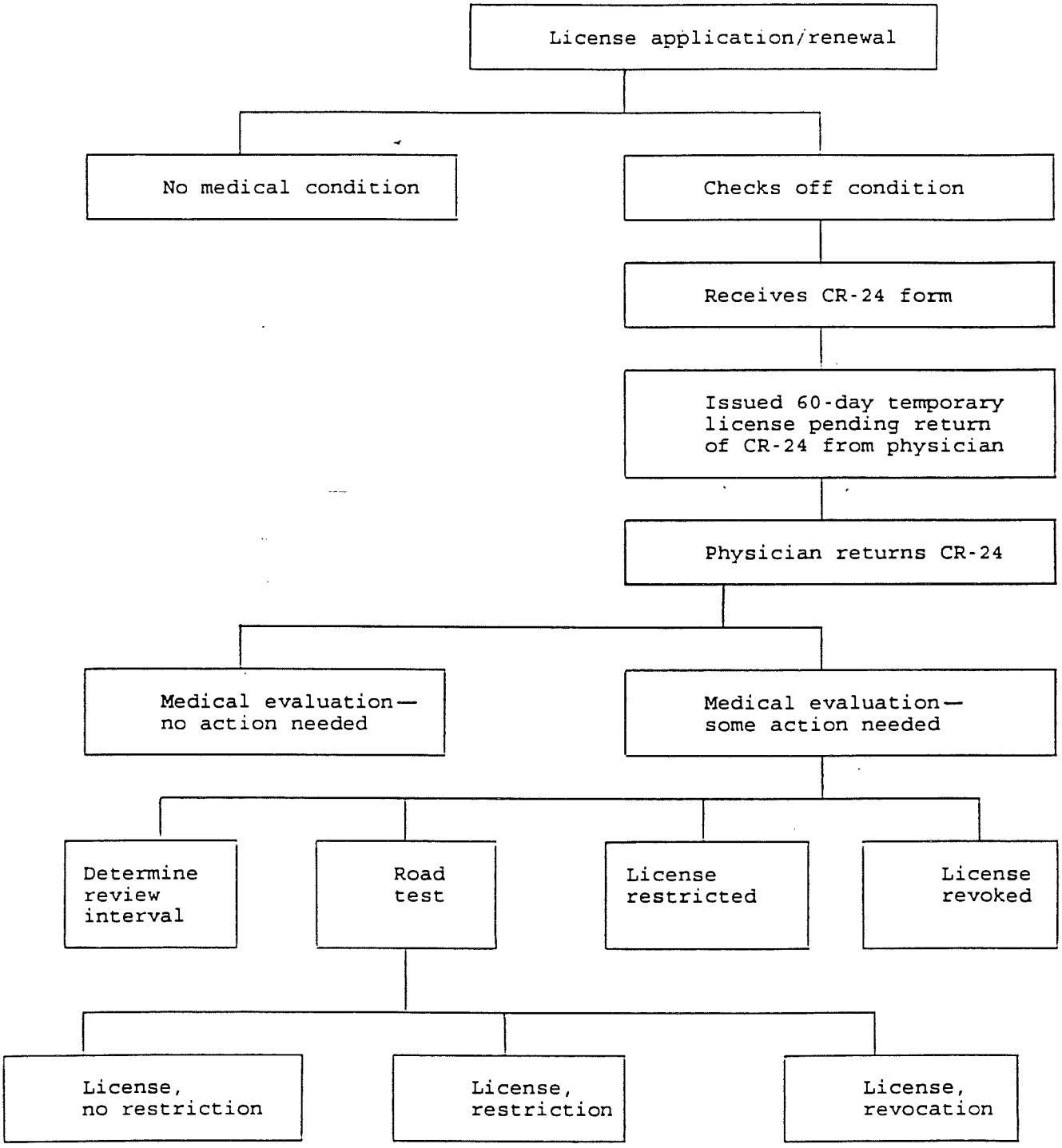
_____ Address

_____ Office Phone Number

_____ Date

Reply to: Medical Review Coordinator
Motor Vehicle Division
Station #29
Augusta, Maine 04333
Telephone: (207) 289-2879

Appendix C - Flow Chart of the System



Physician Comments From Survey

Comments to the question:

If you have used the FAP, did you find it useful? Why or why not?

1. Helpful to know what standards are recommended.

2. More paperwork to do! Despite this being one more piece of paperwork for me, in all fairness I think this program is a good idea and in general I support it. I would like to see some more guidelines in regard to obstructive sleep apnea.

3. Very much so--use FAP with each form filled out.

4. Clear guidelines for driver assessment.

5. It establishes consistent guidelines for assessing patients ability to drive.

6. Essentially removes md from deciding if pt can drive or not.

7. It allows medical input into driver safety issues.

8. Guidelines.

9. Good idea.

10. The idea is fine but the fact that the BMV form can't be filled out without memorizing the book or referring to it is a shame.

11. Criteria for functional levels seem clear.

12. Our routine care of the pt is far more extensive than your program.

13. A fair way of "pigeon-holing" patients with driving limitations.

14. It was direct and focused.

15. Good guidelines to classify patients (2 physicians).

16. It is simple and makes some sense.

17. Concise, easy to use, appropriate.

18. Provides parameters for me and the patient. Also provides a basis for explaining and rationalizing the need to restrict driving in certain situations to the patient.

19. Explains the otherwise unidentified categories on the form. Format is confusing.

20. Standardizes response.

21. It did explain the categories.

22. Need better definitions.

23. Made it easier to complete the profile.

24. Outlines limitations.

25. Did not add to my knowledge of my patients. It is easy to use and objective.

26. I find it difficult as I always have to locate the booklet--interrupts flow of seeing pts. Hate the scoring system.

27. Form fails to capture the ambiguity involved in psychiatric disability.

28. Somewhat cumbersome.

29. Form assesses illness to some extent--does not assess driver competence, therefore it becomes just one more piece of bureaucratese/paperwork w/o clear purpose.

30. But it could be refined some.

31. The driver impairment profiles are very clear and straight forward (2 physicians).

32. A chance to be specific.

33. Too restrictive--no flexibility. Form too cumbersome--very difficult to use.

34. Guidelines helpful.

35. Criteria not readily available at time of exam. Would be helpful to have criteria available with form. Not used often enough to be kept in examining room where form is completed.

36. Clear parameters and limits.

37. Very useful to objectively judge patient's ability to drive.

38. Eliminates need to certify pt. as safe driver.

39. Clear and concrete, easy to fill out form.

40. Easy to use-clear and concise.

41. Need to refer to instructions which are not on basic form.

42. Clear.

43. It is a great tool. It is purely an objective report and removes alot of the burden from the physician to make driving recommendations. We only give the data and the FAP sets the driving recommendations.

44. Instruction booklet confusing.

45. Very clear, specific, easy to use.

46. Purely bureaucratic w/o clinical significance.

47. But at times categories not clearly indicative of patients capabilities.

48. But I lost the book.

49. It is fairly clear.

50. To fill out license applications.

51. For restricted licensee.

52. Clear and concise in most cases.

53. Very easy to follow.

54. Simplifies making a report.

55. But too long.

56. Defines Bureau of Motor Vehicles guidelines.

57. No provision for a recommendation that patient be tested to assess driving ability.

If you have not used the FAP, what is the primary reason?

1. Have not seen anything other than first letter telling me about its existence.

2. Pineland clients not eligible for driver's license.

3. Never heard of it before (6 physicians).

4. Categories need to be on the form.

5. Have used only once or twice. Still not familiar with it, i.e. I don't remember using it but my nurse told me I have in the past.

6. Not asked (3 physicians).

7. Terms used that are not defined well and thus are meaningless.

8. No recent opportunity and profiles not at hand.

9. No primary care practice.

10. Practice limited to doing physicals for FAA, class II, III.

11. I have used only the eye form for driver license renewal.

12. Have not received information/form. (Have directly contacted state motor vehicle dept for patients who may be impaired drivers and are unwilling to voluntarily stop driving or seek assessment).

13. Didn't feel and need to.

14. Not involved, retiring soon.

15. System designed to "pigeon hole" patients.

16. All patients under driving age.

17. I have to use it for pts--its more paperwork to no good reason or excuse.

18. Not appropriate, I am a medical counselor-patient advocate.

19. Don't recall ever seeing the profiles.

20. Lost booklet, unsure if I ever got one.

21. No instruction booklet

22. Does not apply to most pediatrics.

General comments:

1. Some categories seem to prove impractical and somewhat arbitrary. e.g. seizures--FAP's too prohibitive, don't allow for practical gradations e.g. "no driving for 6 mo." vs. O.K. to start driving within 10 mi of own home in 3 mo. etc.

2. In the mid '80's while in private solo practice, a patient did request that I complete a form for the licensing bureau.

With his complete knowledge (and consent) I indicated his heart condition was potentially seriously disabling and even lethal as long as he continued to abuse cocaine, and that the unpredictable nature of his disability might constitute a hazard (to himself and others) while driving. He attempted to begin a lawsuit against me as a result, and with the assistance of the State we somehow persuaded him and his attorney they had no case. But, at that time I don't believe any law existed to protect practitioners from such legal action.

3. I call and ask for it every time I get a MVA form to fill out but have never received. Attach the FAP to the request form you send out.

4. I think it would be better to train a few physicians in various areas of the state and have them designated to complete FAPs.

5. There are a surprising number of older people on the road with poor vision! Renewal every 4 years does not begin to screen them out!

6. I'd also like to know how the DMV uses the information given-confidentiality?-What/how they restrict people if any. Could you let me know how the DMV interprets the FAP with regard to restricting individuals from driving, etc. I work with people with mental illness and confidentiality is a real issue. Thank you.

7. I like the concept of the profiles and they are easy to use. I do not, however, feel that conditions such as hypertension should be among the diagnoses requiring a report. I am certain that this results in vast under-reporting and, therefore, significant patient and physician liability. I suspect that inclusion of hypertension is a historic artifact due to previous use of sedating drugs such as alpha-methyldopa. Best regards, David L. Levy.

8. Having read the accompanying letter I am now aware of your program. My concerns with patient driving usually relate to post stroke: post TBG etc. problems and problems relating to cognitive status changes esp. in geriatric patients.

9. The form to be filled out by the physician for the potential driver doesn't have any numbers or letters signifying the level of disability. It just has rows of boxes. Kevin Miller, MD.

10. It is helpful to have standard guidelines. Instruction booklet is too compartmentalized. Some general guidelines, or resource with which to review special problems would be helpful. Also guides of available accommodations for particular conditions or disabilities.

11. I don't know about the law. But it hasn't stopped me from reporting impaired patients.

12. We treat several conditions that are dangerous for drivers such as sleep apnea. We would welcome a system to take these people off the road.

13. How do we address the really serious problem of healthy teenage males who are responsible for most of carnage on the highways and/or as opposed to fragile elderly and infirmed?!

14. I'm assuming you mean the book with the codes listed in "menu" format--generally I use for seizure pts.

15. This is a critical public health issue! We have many veterans with combinations of the above conditions who put themselves and the public at deadly risk.

16. There are special problems in psychiatry when an ongoing therapeutic relationship has to be maintained with sometimes hostile or suspicious patients. There should be a opinion or outside consultation when the treating psychiatrist feels unable to make the judgement.

17. This was excellent pioneer medical assessment work! Should be adopted nationwide.

18. The way in which the FAP allows me to categorize pts is very helpful.

19. Generally young healthy pts.

20. I have found the FAP program to be a great help in determining who can not safely drive a vehicle. It is fair, just, and objective. The people of our great state should be very grateful to the physicians who helped to draft the FAP program. Our roads have been made much safer but in a way that is fair to debilitated people. Gratefully, Steven Nadeau, MD.

21. The FAP is certainly useful, but in my view it should be refined. It is often difficult to fit actual cases into the boxes in a satisfactory way.

22. We frequently receive blank forms from BMV requesting to fill out re a "medical condition"--due to huge amounts of paper work we already have, it would be helpful to be told what medical condition the Bureau is concerned!

23. An ongoing effort to make us aware of this program would be worthwhile. While I don't primarily manage many conditions which would preclude driving, I see several pts a year whose ability to drive safely is highly doubtful, and I would appreciate a

mechanism to act on my observations.

24. I would like to see FAP. Have child psychiatrists been involved in preparing it?

25. I have occasionally had conditions not included in the profiles. Example: peripheral neuropathy.

26. I do not see patients with any regularity. I spend about 3 months of each year in Maine. I maintain my Maine medical license so that I may procure medications for my family or friends. I do not charge a fee for my services. I would have no reason to need to use FAP on any of the patients I see.

27. I'm embarrassed to be so unfamiliar with current legislation however I feel strongly that the elderly must demonstrate a driving proficiency to hold an active license. I've taken care of too many elderly MVA's that were due solely to driver incompetence.

28. As a child and adolescent psychiatrist I have very few clients who have a driver's license.

29. I have reviewed a copy of FAP once in regards to a young man in my practice with syncope but I do not have ready access to them and am therefore not real familiar with them.

30. I would not normally be in a position to primarily assess an individual's driving capabilities.

31. Until my retirement as chief of the ophthalmology section at Togus (3 yrs ago) I was never once asked by our ambulatory care dept (the normal entry-point into the VA system for non-emergency patients) to use the form. Having already plenty of FEDERAL forms (with which I have learned from experience to cope--or to refer to the proper bureaucrats to fill out!), I have no desire nor the authority to add another layer of forms (state) to be completed. I'd suspect that my successor shares similar thoughts. For the physician in non-government practice I'd imagine that the FAP might be much more useful. In any event, I'm semi-retired (still do a little clinical teaching at Togus) so the matter is probably moot.

32. (1) By VA policy, VA physicians do not make driver competence assessments. (2) There is not a clear relationship between kind and dose of psychotrophics and driver competence. (3) When there is, it is difficult to determine in an office interview. (4) In many, if not most cases, a driving test is necessary to determine #2.

33. I agree that this an important issue to be addressed. Thanks

34. Please explain how you knew I had not returned the first form!

35. It is disturbing to me how often my patients, to whom I have told they cannot, until cleared by D.M.V., return to driving, are told by D.M.V. staff there is no restriction on their returning to driving when I've filled out a form which, by my interpretation, would require a behind the wheel exam.

Communication From Other States

MSSNY COMMITTEE ON ACCIDENT AND INJURY PREVENTION
PROGRAM FOR MOTOR VEHICLE LEGISLATION
October 12, 1994

This committee has been considering this issue for over two years, particularly with reference to the legislation adopted in the state of Maine. The availability of the CDC study of the experience with this law provides some reasonable and favorable observations which are taken as a basis for now seeking appropriate legislation in New York state.

The CDC Report does not provide statistical evidence that the law has had any remarkable effect such as increased restriction or loss of licensure or a decrease in accidents. There are problems with the processing of data that are described in the report and which need to be addressed. Several recommendations are made, some of which parallel those made previously in New York State.

However, there are two positive observations. First, although not yet widely known by Maine Physicians, the provision of freedom from liability for participating in the authorized system is appreciated and regarded as most important. Second, the physicians who responded to the survey questionnaires were over-whelmingly satisfied with the ability to use the manual as a reference or guide in evaluating those patients that they did report to the state authorities. They made the driving decisions without requiring the physicians to make the decision but only to provide objective findings or diagnoses.

Proposed action
Legislation needs to be drafted which will incorporate the two features of the Maine law, the provision to eliminate liability of physicians for participation in the system and the provision for the Functional Ability Profiles (FAP). This would be the basic proposal while recognizing that additional measures might be added as the bill is drafted.

This would involve coordination of consideration by the Department of Motor Vehicles (DMV), the MSSNY office for Governmental Affairs in Albany (Gerry Conway, Director), and the Chairmen of the Transportation Committees of the Senate and Assembly. The AARP and AAA organizations would need to be contacted to seek their agreeing not to take positions in opposition.

The Presentation of the Subject would emphasize the public health nature of the measure intended to address the serious problem of identifying and managing impaired drivers. As such, it would not be discriminatory with regard to factors such as age or any other identified group in the population. Decisions would be made in response to objective findings or diagnoses that would be free of bias and completely verifiable. The measure would allow physicians to perform their natural function and purpose of assisting patients, their families and society while free of fear of litigious oppression and utilizing a valid and functional system.

Other Support

Laurence G. Roth, M.D., Batavia, NY is a member of the MSSNY "Prevention" Committee and has been designated as the lead person in this effort. Initially motivated by the tragic death of a son, he has devoted time and thought to the correction of the present situation which finds impaired drivers as the cause of needless accidental deaths. He is also a director and officer of the New York state Non-profit Corporation known as CARD, INc. (Concerned Americans for Responsible Driving).

CARD is now established and being organized in other states as part of the effort by similar individuals who have shared tragic experiences and desire to do something about impaired drivers, whatever the cause of impairment. This growing network is already sharing information and anticipates rapid growth that parallels the growing awareness of the significance of the impaired driver.

Dr. Roth has been in contact with his legislative representatives, Assemblymen Charles Nesbitt and Thomas Reynolds and Senator Mary Lou Rath. They are interested in continuing the support that was offered by a retired Assemblyman, R. Stephen Hawley.

Dr. Roth's son was a leader in the New York State Jaycee's organization at the time of his death. This statewide organization of young citizens who will be among the future community leaders stands ready to support any proposed legislation that will address this defined need to deal with all impaired drivers.

OTHER RECOMMENDATIONS

The proposal to follow the Maine Example is made as a beginning and certainly will not address or solve all of the related problems. To indicate the wider scope that is encompassed in the several studies and efforts that are on-going, we shall mention some of the recommendations that are being made.

CARD notes that its efforts are not aimed at the elderly drivers which would be discriminatory. Their literature mentions the problem of those who continue to drive with licenses already suspended or without liability insurance as groups of drivers who need to be identified, apprehended and dealt with.

The Traffic Safety and the Older Driver Report in New York State recommends:

1. A campaign to encourage attendance at driver safety education programs
2. An in-car skills enhancement program
3. A driving skills self-assessment program
4. A seat belt campaign targeted at older drivers
5. Highway improvements (signs, markings, design)

6. Enhance existing reexamination and evaluation programs to evaluate those referred by family, physicians, police, courts with Oregon the model.
7. Limited licensing to include loss of driving privileges
8. A non-driver identification card as an incentive to turn in licenses voluntarily.

THE CDC STUDY OF THE MAINE FUNCTIONAL ABILITIES PROGRAM (FAP)

This report also contains recommendations, primarily to make future research more valid.

1. Include Doctors of Osteopathy in the FAP efforts
2. Define cases and codes used in the FAP profiles
3. Written instructions for data entry personnel and more comprehensive crash reporting data
4. Ability to compare self-reported crash information police reports.
5. Have specific medical diagnoses on the report that could be coded
6. Add questions to the database to aid research
7. There should be a marked to indicate that part of the previous record has been purged.

THE DRAFT REPORT OF THE TASK FORCE TO STUDY THE SAFE MOBILITY OF MAINE'S AGING POPULATION

The full report will be made to the Legislature January 15, 1995. This draft has a seven page Appendix E that details the many recommendations made in this more comprehensive study. The topics are:

1. Alternative transportation-Specific data needs to be collected, senior citizens surveyed, a coordinated program is needed with volunteer drivers free of liability, and promotion of consumer-oriented transportation for the aging.
2. Making safer roads- Federal, state and regional organizations need to collaborate, select projects and implement them.National research should be joined. Municipalities need to regulate signs, land uses and traffic control devices. Information and education is needed, Address the needs of the aging and encourage seat belt use.
3. Pedestrian safety-All of the other recommendations should be considered as applied to pedestrians.
4. Medical review (FAP)-There should be <u>required</u> reporting cases of dementia and specified visual impairments. Police should be trained in detecting impairments of function, a test for cognitive function should be developed, the effects of aging should be put in the drivers manual. and health care providers need to be educated about the FAP program.

5. Driver improvement- Monitor problem drivers and make available information about remedial programs. Require classroom and driver training o re-educate and re-train. Report drivers with poor habits to the state. Required visual test at renewal after age 40. Reduce renewal intervals from 65 on. Have a graduated license system. Require development of a test for dynamic visual acuity, contrast sensitivity and night vision.
6. Publicize re-training classes that are available. Get insurance companies involved in this. More AARP and AAA instructors. Expand these training courses to behind-the-wheel time or use of a driving simulator device. Offer a service, on a fee basis, to test older driver skills. GREATLY EXPANDED EDUCATION ABOUT ALTERNATIVE PROGRAMS.

SMAAA AUG 15 1994

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING
Harrisburg, Pa. 17101-2301

August 11, 1994

Ms. Katherine Freund, Chair
Maine Task Force on Older Drivers
Southern Maine Area Agency on Aging
P.O. Box 10480
Portland, Maine 04104

Dear Ms. Freund:

We have read with interest about the activities of your task force. I would request receiving a copy of any Conference proceedings, a copy of the Phase II recommendations or report when available and any other information you think would be of interest to us.

Enclosed for your information, find a copy of some recommendations developed recently by a concensus group in Pennsylvania.

Thank you in advance.

Sincerely,

Marion Yoder

Marion Yoder
Bureau of Policy, Planning and Research

RECOMMENDATIONS OF THE OLDER DRIVERS CONSENSUS GROUP

Last October, the Department of Aging formed an Older Drivers Consensus Group in collaboration with the Hershey Medical Center, Department of Ophthalmology. We met again in February and focused more on the age 80 and over driver because accidents per mile driven show a dramatic increase at that age. The group represented physicians, optometrists, engineers, transportation specialists, gerontologists, educators, an ethicist, advocates (AARP and the Mature Drivers Task Force) and staff from the Departments of Transportation and Aging. At the end of the second session the group identified a series of suggestions as follows:

Policy Actions

1. Based upon the examples of other states and the frequency with which medical conditions and vision can change at an advanced age, we agreed that it would be wise to require drivers over age 80 to take a medical and vision examination for license renewal every two (2) years. This would address safety concerns to the extent that such testing permits.

   This clear and direct policy would eliminate the need for our current random testing which appears unpredictable and secretive to most older drivers. This would also reduce the current burden placed mostly on physicians to report changes that might affect the driving competency of their patients in this age group. We recognize the added costs and the ***limitations*** of current testing technology.

2. We would need to develop counseling and information programs that will assist people in finding alternative transportation. The service should be designed for people whose licenses are revoked and for those who chose not to renew.

3. We should develop and encourage alternative forms of transportation in addition to the Shared Ride Program. We should also consider expansion of Shared Ride making it more accessible and responsive to transportation needs of older people.

   Some alternatives and incentives may include:

   a. Award tax credits for volunteers that provide transportation;
   b. Award tax credits for businesses, residential settings/congregate housing for provision of transportation services to consumers;
   c. Justify additional funding for Shared Ride and other transportation services by showing the amount of funds and resources dedicated to transportation of young people. This would include school busing as well as private transportation via car pooling and chauffeuring children to and from events and appointments.
   d. Seek funding from insurance companies for shared ride based on the reduction of accident liabilities as a result of public efforts to provide alternatives to driving for older drivers.

Educational/Informational Actions

4. The Consensus Group recommends that we develop materials targeted towards older people and their family members that explains:

    a. The need for prudent judgment in balancing mobility and safety needs of older people;
    b. The need for self-regulation, self assessment and the availability of 55 ALIVE and other refresher courses;
    c. The availability of shared ride and other alternative transportation services in some communities;
    d. The need for prerenewal planning, information about restricted and limited licenses and other aspects and justification for vision, medical and driving tests as part of the licensing process to assure safety.
    e. A recognition of the transportation needs and its importance to the well-being of older people.

    These materials would be available at physician and optometrist offices.

5. Develop materials that inform physicians and optometrists, other health care and social work professionals of how they can counsel older drivers under their care in relation to the patient's physical, health or mental conditions that might impact on their driving.

6. Conduct video conferences for the purpose of developing referral networks that include long term care and health professionals, family members, highway safety groups and volunteers. These networks would be able to identify and direct older drivers and family members to appropriate resources for assistance.

7. Meet with the Business Roundtable and others to explore ways that could reduce transportation needs by delivering products to the homes of older non-drivers.

Study and Research

8. Survey people who self-withdraw, that is, who choose not to renew their license when they are identified, reported or required to pass a medical and vision and/or driving test to determine the impact of not being able to drive.

9. Research and evaluate multi-task testing as a means of identifying drivers with the highest probability of being involved in an accident. This is based on the high rate of accidents among older drivers involving left turns and other complex situations like merging into traffic.

10. Re-examine the Shared-ride data in relation to what it may tell us about the transportation needs of older people.

Pennsylvania Department of Aging

June 1994

Written Testimony from Private Citizens

West Kingfield Road
Kingfield, Maine 04947
Sept. 24, 1994

The Task Force to Study the Safe
Mobility of Maine's Aging Population
State House Station 3
Augusta, Maine 04333

Dear Sirs:

The impression I receive from the Print and TV News is that this Commission (Task Force) is biased against the Senior Citizens of Maine.

Please have an "open mind."

It is <u>not</u> the Seniors who (in general) are doing the speeding, passing on curves and the bases of blind hills, abusing drugs - including alcohol - while driving, and being involved in tragedies through inexperience.

There is a good reason why insurance rates are in general higher for those under the age of 25 than the population as a whole.

There are excellent drivers in their 90's, and terrible drivers in their 20's; and vice versa. We must not pit the generations against one-another.

Any "special" testing should be done for all drivers or none at all; and should include the use of "common sense" and not just reflexive actions.

Sincerely,

Charles F Brown

Rev. Charles F. Brown
West Kingfield Rd. RR 1 Box 1105
Kingfield, Maine 04947

September 5, 1994

STATE TASK FORCE on ELDERLY DRIVERS
State Office Building, Room 113
State House, Augusta, Maine

This is one of the few times in my life that I am not providing a return address or a signature on a letter to any part of State Government. I am seeing and hearing too much of mindless examination of the dissenters in order to prove the government "right" rather than determine the facts.

I heartily agree that means must be provided for transportation for the elderly who cannot safely drive their automobiles to the grocery store or the pharmacy. The days of calling the grocery and having orders delivered have been long, long gone. The days of having a pharmacist deliver prescriptions is also long, long gone. Rather than belabor you with the things we already know, I would like to tell you of a frightening experience I had when I had to take my FIRST after-65 renewal of my driver's license which I have held for 54 years. I have NEVER had an accident of any sort, although once 25 years ago I got a ticket for speeding 70 in a 55 mile zone on a super highway in Massachusetts. I have driven regularly in large cities in Central America, Argentina and Brasil.

I have had to wear safety glasses in my work for 35 years and when I needed reading glasses, had them incorporated into my glasses as bi- and tri-focals. Up until 3 years ago, the top part was plano (plane glass). Since then I have had some correction for astigmatism in my left eye for distant viewing. At this time WITHOUT GLASSES I can read my odomoter and spedometer (slight fuzziness) and any properly spaced and sized (standard) signs at 1/4 to 1/2 mile. With glasses the correction is 20/20. These are the same glasses I used when I took the test ~~with~~ at the Damariscotta portable station.

There was a long line of people waiting and I was among the first five or ten people there. Many were impatient. I HAD NEVER TAKEN THIS TYPE OF TEST BEFORE.

I was given the standard vision test of identifying various letters and had no problem with my glasses. Without glasses, things were fuzzy in smaller letters close-up which was expected by me.

Next, I was told to look for a light at the left. I assumed this was to be the left of the screen. I got a glimmer of light at my extreme left, but assumed my forehead was not properly seated in the holder and said nothing. I was then told to look to the right and saw the same glimmer - so realized it was what she wanted me to look for and said I saw it. I was then told that I would be restricted to glasses and because my peripheral vision was gone, I would be restricted to glasses (because of peripheral vision loss) and to having mirrors on both sides of any automobile I drove, (again because of loss of peripheral vision). Since they were in a hurry, I accepted their ukase and went my way.

I returned home and write the Registry of Motor Vehicles a letter describing what had happened - but thought it better not to send it since I was sure

any outcome would not include a fair retest too see what went wrong. I waited until my regular annual eye examination came up and then described to my eye doctor what had happened. She examined my eyes carefully, being sure to check my peripheral vision (I had since found that the angle must be at least 140 degrees). Mine is at least 200 degrees. So - after the expense of additional tests above and beyond what I normally have, I returned with the doctor's completed form to the Registry and had the restrictions removed. In the meantime I suffered a lot of mental distress and lost a tremendous amount of faith in the Registry of Motor Vehicles for which I once worked many, many years ago. I also had to make two trips to a Registry which was not close or convenient since I will NEVER go to a portable unit if it involves any testing of any kind.

I try not to complain unless I can offer some valid suggestions.

1. Do continue trying to make it easier for those who have lost or do not use their licenses to get at least once a week to a Grocery store and Pharmacy.

2. Keep in mind that our Post Office Department doesn't always give RFD to people who live more than 1/2 mile from the Post Office. In our town people who live across the street from the Post Office get RFD and people who live 2 miles away on a town accepted road, do not.

3. At least for their first state-run vision test accept only that of a Doctor or have them run by a skilled examiner in a less threatening atmosphere and definitely not so rushed.

4. It occurs to me that you could easily have rejected a person with excellent eyesight (mine is good) but who might be hard-of-hearing in one or both ears.

5. For those taking the test the first time, possibly set aside a separate day or make an appointment.

6. A driving road test might make sense or some sort of cognitive test. However here the test might be restricted to the sort of traveling the person being tested might expect to drive. I think of the lady who goes only to a local resteraunt (3 miles away) and to church (1/2) mile each way. Only in daylight.

I wish you every success in your search for more equitable rules, but don't be carried away with the ideas of some who feel anyone over 65 ought to drop dead. I see too many "peel" marks coming up to the ~~stop sign at the~~ end of my street at a "stop" sign to believe there won't be a horrendous crash at 12:30 a.m. at which I will be able to do more than call 911 and hope it isn't any young person I know.

Sincerely yours,

Nosmo King

NORM CAVANAUGH
10 FORE RD
ELIOT ME. 03903

KATHERINE FRENNETTE
PORTLAND ME.

I WAS GIVEN YOUR NAME IN REFERENCE TO PUBLIC TRANSPORTATION BY LAURA MARLETTA. SHE IS OUR IMPAIRED VISION REHAB CONTACT FOR YORK COUNTY.

I WAS GLAD TO LEARN THAT SOMEBODY ELSE BESIDES MYSELF IS CONCERNED ABOUT TRANSPORTATION IN MAINE. I AM RETIRED, HAVE MY HOME ALL PAID FOR, OWN 2 VEHICLES, AND I AM STUCK. I LOST MY DRIVERS LICENSE (LICENSE) 2 YEARS AGO DUE TO IMPAIRED VISION AND HERE IN ELIOT WE HAVE NO TAXI OR BUS SERVICE. (EXCEPT FOR A STREAKER THAT GOES THRU HERE AT 8 O'CLOCK WED. MORNING AND IS BACK BY 11 FROM PORTSMOUTH N.H. AND THAT IS IT FOR THE WEEK). ELIOT HAS AN AMBULANCE BUT NO HEARSE, IF YOU DIE THEY COME OVER FROM KITTERY FOR YOU.

I HAVE TOUCHED EVERY

BASE I CAN THINK OF TOUCHING. SELECT MEN, TOWN OFFICE ADMINISTRATORS, LIONS AMERICAN LEGION, COAST BUS LINES, SENIOR CITIZEN GROUPS. I HAVE GOTTEN EXACTLY ZERO. WHEN YOUR DRIVERS LICENSE GOES YOUR INDEPENDENCE GOES WITH IT. AND BUMING RIDES FROM WHOEVER WILL TAKE YOU IS NOT A GOOD WAY TO FUNCTION. I THINK I AM GOING TO HAVE TO SELL MY HOME AND MOVE INTO PORTSMOUTH... TO PUT IT MILDLY I WOULD RATHER NOT.

WE NEED PUBLIC TRANSPORTATION AND IF THERE IS ANYTHING I CAN DO TO FURTHER THE CAUSE — JUST LET ME KNOW.

SINCERELY
NORMAN L. CAVANAUGH

SMAAA 29

10 FORE RD
ELIOT ME 03903
SEPT 26 1994

KATHERINE FREUND
DEPT FOR THE AGING
PORTLAND ME

RE: ALTERNATIVE TRANSPORTATION FOR THOSE WITHOUT A DRIVERS LICENSE.

THIS IS NOT OFFERED AS A PERFECT SOLUTION TO A VERY DIFFICULT PROBLEM. RATHER IT IS A POSSIBLE OPTION WITH FLAWS THAT MAY BE WORKED OUT OR AT LEAST CONSIDERED.

EVERY COMMUNITY IN THE STATE OF MAINE HAS A FLEET OF SCHOOL BUSES THAT SIT IDLE HALF THE TIME. THEY ARE MECHANICALLY SAFE AND HAVE TRAINED DRIVERS. THEY OPERATE ABOUT 2 HRS IN THE A.M. AND 2 HRS IN THE P.M. AND TAKE THE REST OF THE DAY OFF.

MEANWHILE EVERY COMMUNITY IN MAINE HAS PEOPLE DESPERATE FOR TRANSPORTATION. WHY NOT USE THESE BUSES IN THEIR IDLE HOURS TO HELP THE PUBLIC.

(OVER)

I KNOW THERE WILL BE ARGUMENTS AND SCREAMS AGAINST IT BUT I BET IT WON'T BE FROM THE people WITH NO LICENSES.

THIS WON'T FILL ALL THE REQUIREMENTS .. THEN BRANCH OUT AND PICK UP THE LOOSE ENDS. VOLUNTEERS. MAKE USE OF THE LIONS - AMERICAN LEGION PRIVATE INDIVIDUALS ETC.

BUT WORK THE SCHOOL BUSES AND DRIVERS A FULL WORK DAY IF TRANSPORTATION IS HURTING

IT SOUNDS LIKE ONE ECONOMICAL OPTION THAT SHOULD AT LEAST BE CONSIDERED.

SINCERELY

NORMAN L CAVANAUGH
10 FORE ROAD
ELIOT ME. 03903
PHONE (207) 439-2721

FOR THE RECORD
VISUALLY IMPAIRED
100% DISABILITY RATE (V.A.)
72 YEARS OLD
BIKE & SWIM DAILY
NO DRIVERS LICENSE.

18 Ross Road
Scarborough Maine
September 26, 1994

M.S. Katherine Freund
Chairwoman, Task Force Study
Safe Mobility Maine Aging Population

Dear M.S. Freund;

I understand your aim is to make roads safer for everyone. This is a noble undertaking, but in my opinion you are starting at the wrong end of the problem.

My opinion would be to first get the drunken drivers off the road. The old excuses of needing a car for work, etc., should be considered by them before drinking and driving, possibly injuring or killing some one else. Remove their licences for a few years and make the penalty stick. (see news clipping.)

Another large problem, according to your statistics, is the 15 to 19 year olds who seem to have the idea that driving is some thing easy and they have complete control, but actually do not have the experience sense to realize the destructive power in the machine they are supposedly controling.

How about working on something preventative such as removing their licences for a year or two after they have contributed to a serious accident (not a simple traffic fender bender), being sure to drill it into their minds upon issueing the first licence the penalty of careless driving. This should make them think a little more about their actions while driving. It also would help safety statistics while they wait their time out.

They might be moving into a safer decade, as you say, but how about the damage they can do before (and if) they get there? (please see news clipping)

Over all elderly drivers are involved in far fewer

accidents than other age groups, but statistics show a different picture when measured against number of miles driven. So is this committee interested in a contest of miles driven, or having safer highways?

This point of view is comparible to requiring my wife and me to undergo training for a 6 day bicycle race in order for us to take a summer evening bicycle ride around the block now and then.

This also suggests you are charging the time I putter around in my workshop against my driving record, as I am not on the road. If I am not on the road as much, does it not make sense that my so called "hazzard" is less?

I do not suggest that elderly people who are legally blind, as the social worker states, being allowed to drive 5 miles to the store, but unless that situation comes on relatively fast, how do they pass their last vision test?

Above statements are just a few opinions of mine that your committee might think about

Sincerely,

Stan Payson

SMAAA OCT 11 1994

VICTOR A. SCHLICH

75 BERWICK STREET SOUTH PORTLAND, MAINE 04106 TEL (207) 773-3509

October 7, 1994

Safe Mobility Task Force
c/o Southern Maine Area Agency on Aging
PO Box 10480
Portland ME 04104

Gentlemen:

I have read your draft report with much interest, and some concern. Yes, I am a senior driver. Three points trouble me.

Your report needs a recommendation making seat belts mandatory. Recognized auto safety experts say this will reduce injury and death from accidents. The legislature passed such a bill in the last session. The governor vetoed it. You should challenge the legislature to pass this again.

Your report urges drivers to ask insurance companies for a discount for all completing a safe driving refresher course. You should make this mandatory in any bill sent to the legislature. That is more effective than requests from policyholders.

Your report skirts one important point. You should insist on strong linkage between tougher licensing provisions and increased mass transit. Without such linkage, Maine seniors would face loss of license with no concomitant increase in mass transit.

Surely, that is not your goal.

Sincerely,

Victor A. Schlich

13 Leighton Lane
Eliot, Me. 03903
October 2, 1994

Katherine Freud, Chairperson
c/o So. Me. Area on Aging
307 Cumberland Ave. P.O. Box 10480
Portland, Me. 04104

Dear Ms. Freud,

My husband, William, and I were unable to go up to Portland the day you had the meeting about transportation in Maine.

We are very interested in the progress of your committee. In the town of Eliot there is no public transportation and without a car and one who drives, it would be impossible to go anywhere.

We are sure that many others in this community are thinking about this situation as they grow older.

Presently, we are fortunate enough to have a daughter in Kittery Point, and if we need anything we can call on her for assistance. However, she has a family and also works so we do not like to call on her unless it is necessary.

We are interested in following the progress of your committee and hope some solution to this problem will be forthcoming.

Yours truly,

(Mrs.) Grace E. Harrington

(Mr.) William F. Harrington

10/12/94

Dear Kathy,

I received your report on the Task Force to Study the Safe Mobility of Maine's Aging Population. Thank you.

There are two items in the Education and Training section that I would like to comment on. On page 29 it states that: " Graduates of both programs receive point credits on their driving records which offset an equal number of debit points for violations." This unfortunately is not true for the AARP course. The state has approved our program for such credit but we have not been able to get by the issue of administrative costs to apply the credit. The other item is on page 30 #9. We recommended that the state "require" the insurance companies to give credit for completion of these courses.

Both of these items are very important to seniors. The insurance discount is by far the most important motovator. At the present time our students indicate that self improvement is the reason they attend. (Printer broke) Our AARP program would have many more students if the state of Maine required insurance companies to give a discount. Maine is one of the few states that do not require insurance companies to give the discount. There are around 40 states that require the discount. Our Task force should strongly recommend and back this important change.

Sincerely,

Jerry Foley

P.S. Keep up the good work! I'm sure Bangor was no fun for you.

P.O. B. 772
Bailey Is., Me. 04003
833-5951

MARGARET MISKAVAGE
6 Molta Street
Augusta, Maine 04330

September 24, 1994

Ernest Marriner
RR#1, Box 1815-P
No. Monmouth, ME 04265

Re: Safe mobility of Maine's Aging

Dear Ernest:

I have an eye exam at 10:20 am on September 30, so I won't be able to attend the hearing but for what it's worth, these are my thoughts on the subject.

I am against it. Costs are paramount. Looks like all kinds of publications, media adds, driver ed classes-- sounds like a whole new department to administer!

I feel at age 70 a certificate from the doctor reflecting the status of the elderly persons health; an affidavit from the insurance company as to safe driving qualifications, and an eye test, as is currently the case at the time of applying for a license are all that should be required. Simple, effective and inexpensive!

I served in the Legislature in 1975 and I seem to recall Rep. Libby Mitchell offered some effective testimony in support of elderly drivers. You might check with her and, if possible, hope she will be there -- most persuasive!

In the meantime, I think AARP should have speakers at their local chapter meetings to try to influence the elderly to give up their driving before it's too late-- better to be upset at the loss of their licenses than to realize you have been responsible for somebody losing their life!

I also hope the promise of greater public transportation will be in effect before they pull the rug out from under elderly drivers! An analogy could be putting mental patients out on the streets before they had a place to go-- they still don't -- don't have the money for it. Aha!

You are a better judge than I of whether or not these suggestions have been offered before. Feel free to use them as you see fit. Good luck!

Sincerely,

Margaret

Margaret Miskavage

33 Penwood Dr.
Kennebunk, Me.
04043

October 12, 1994

Ms. Katherine Freund, Chairperson
The Task Force to Study the Safe Mobility of Maine's Aging Population
c/o Southern Maine Area Agency on Aging
307 Cumberland Ave
P.O. Box 10480
Portland, Maine 04104

Dear Ms. Freund,

After reading the draft report of your task force and attending the public hearing in Saco on 09/23/94 I would like to submit some comments on your recommendations.

I am responding as a private citizen (who is over age 40), but I am sure that my 13 years of working at Maine Center for the Blind has influenced my thinking.

To my knowledge driving is a priviledge, not a right. My sense was that many of the individuals who spoke at the public hearing thought that an individual "right" was being threatened.

I think it is unfortunate that this discussion of safe mobility for the elderly is being portrayed as a discrimination issue, because the Task Force's ~~its~~ mission ~~is a~~ focus on only one segment of the driving population. The Bureau of Motor Vehicles and the citizens of Maine have in the past recognized safety problems in other specific driving segments, namely, younger and new drivers. Wisely, the Bureau initiated regulations to address the identified (speed and alcohol use) problems which contributed to high incidences of crashes. Consequently, new drivers in Maine automatically lose their licences for 30 days if they get a speeding ticket within the first year, and drivers under 21 are considered to be driving under the influence with a lower blood alcohol level than drivers over 21. As a parent of a teenager I am very thankful for these kinds of regulations which are in direct response to a recognized and statistically documented problem. I doubt that any of the individuals who spoke at the public hearing would like to see these laws changed. On page 11 of the Task Force's report I notice that the crash rate for 0-19 age group has gone down 27.5% and the rate for 20-24 yr. olds has decreased by 20.0% between 1988 and 1993. Considering that this is "total crashes" and I suspect that there are a larger number of younger drivers I think this is a significant improvement. I suspect that this has something to do with education and the above "discriminatory" laws.

I'm going to primarily talk about the "vision testing" part of your proposals, as this is what I'm most familiar with. I think that the citizens of Maine erroneously believe that someone is taking responsibility for removing drivers from the road who do not meet the state's minimum vision requirements to drive. This is not the case. In my experience physicians, without a State mandate, are very reluctant to assume this responsibility. We have a voluntary "Registry of Blindness," to which an eye doctor may refer a patient (with the patient's permission) when they reach the level of "legal blindness." "Legal blindness" is a level of vision far below what a person can legally and safely drive at in Maine. Even then, the information sent to the "Registry of Blindness" can not be shared with the BMV. Consequently, I often encounter individuals who are "legally blind," or severely visually impaired who continue to drive because their driver's licences have not yet expired. I would support the Task Force's recommendation that vision testing be done at every license renewal starting at age 40. Because an individual's vision status can change dramatically in a six year period I would recommend that licenses be renewed more frequently after age 40, or the state require mandatory reporting by eye doctors and physicians to the BMV of all individuals who have vision or other impairments which effect their ability to drive safely. Mandatory reporting would apply to individuals of any age. I also support the Task Force's recommendation that vision screening tests, which measure the kinds of vision needed to be a safe driver be developed and used.

More frequent vision testing by the BMV could be looked at as a preventative health program, as individuals might be identifed who have undiagnosed, treatable conditions, such as glaucoma and cataracts, or who just need corrective lenses to drive safely.

I applaud the Task Force's comprehensive approach to the mobility issues of Maine's elderly and am sorry that the media has focused only on the "testing" components. I think you should be congratulated for your work in exploring dignified transportation alternatives (which would benefit non-drivers of every age), and for the educational component of your recommendations.

Sincerely,

Montress Gagnon

Montress Gagnon

Carolyn K. Watkins
32 Fellows St.
Portland, Maine 04103

October 12, 1994

Katherine Freund, Member
Task force to Study the Safe Mobility...
3 Hyde St.
Portland, Maine 04103

Dear Ms. Freund,

I would have liked to attend the Public Hearing in Portland, but was unable to do so. I would therefore like to share with the Task Force what I would have said at the hearing. I am well beyond the minimum age suggested for additional testing, but am still below retirement age. First, I would like to tell you about some of the incidents I have had the displeasure to deal with or observe in just the past month--all with older drivers. (1-4)

1. A woman stopped dead at the green light at the intersection of Brighton and Riverside. I had to blow my horn to get her to move, while watching traffic bearing down on me from behind. I was hitting my brakes off and on to alert the lead vehicle in my lane, but that didn't help the driver behind him.

2. A man pulled out of a shopping center on Rt 114 across the west bound lanes to make a left turn onto 114 toward Rt. 1. He never looked in the direction of the oncoming traffic. There was a lot of squeeling brakes.

3. A woman passed the NO U TURN sign and NO LEFT TURN signs and stopped in the inside traffic lane to make a left turn into the Pinetree Shopping Center. This was during the morning rush hour traffic.

4. A woman pulled into the right turn lane on Main St. at Forest St. in Westbrook. When the light turned green, she went straight. At the next corner, she made a right turn and almost hit the curb on the left hand side of the street. I failed my first road test for doing that.

5. Several years ago, I was driving a large vehicle on a clear day on Brighton Ave. A car driven by an older man was waiting at a side street to turn right onto Brighton. He was there for some time. I foolishly thought he was waiting for me to pass, as there was no one behind me. When I was about 25 feet from the corner,

he pulled out. I had to slam on the brakes, pull into the other lane and fight to control my vehicle. That one scared me so badly, I shook for a couple of miles, which effected my driving.

These are just a few I can remember vividly. I truely believe older drivers cause accidents but are not directly involved. They drive away and others have paid the price of avoiding hitting them.

Younger drivers don't have the experience and believe they are imortal. However, they are required to take driving lessons, and have recently taken the written and road tests to get their licenses. Older drivers have the experience but have become too complacent. Either that, or some have decided their age entitles them to do what they wish, even straddle lanes.

On the attached sheet, I am sharing the story of my father who died at the age of 70. I seriously think your task force is on the right track and older drivers should have more frequent tests, refreshers in defensive driving and even road tests every 4 or 5 years. Our age group is growing in size every year. I just hope I will recognize the time when I am no longer a capable driver.

Thank you for sharing this with your Task Force.

Sincerely,

Carolyn K. Watkins

My father was born in 1901. He was absolutely enamored of driving and cars. He really grew up with the automobile.

When he moved to Texas he was 36 years old. When he went to take his test for his Texas driver's license, the officer asked him where he had driven before. He told him, Milwaukee, Chicago, St. Louis. The man said, hell, you probably know more about this than I do, and issued him his driver's license. My dad never took a driving test in his entire life. Yet he was an excellent driver. When I took defensive driving, I discovered, every thing covered had been taught to me by my father.

However, time and age took its toll. In 1964, I went home for a visit. We took a trip of about 136 miles to see my brother and his family. I think I asked him seven or eight times if I could drive. That made him mad. I was truly scared. He could no longer hear, see very well and his mind was not correctly perceiving what was going on on the highway. After that trip, I just knew I was going to get a call sometime telling me he and my mother had been killed in a car accident. When he was 66, he made a left turn into the side of a pickup truck--going the same direction he was. He was riding his motor scooter. Yet he never ever accepted the fact that he was no longer a capable driver.

P.O. Box 105
Prospect Harbor, Me. 04669
Oct. 12, 1994

Task Force on Safe Mobility
Katherine Freund, chair
P.O. Box 10480
Portland, Maine 04104

Ms. Freund,

I would like to take this opportunity to express my feelings concerning the much needed changes regarding the current laws (or lack of) dealing with the testing of elderly drivers.

Drawing from my own personal experiences I think of my grandfather, Everett Butler, who continued to drive even though his ability to do so had greatly diminished. Finally, after my grandmother refused to ride with him any longer, and family members voiced their concerns, he reluctantly gave up his driving privileges.

However, not all stories have such a happy ending.

I'm referring to an accident caused by an elderly impaired driver who has forever changed the lives of Elizabeth Hudson and

my own family. As the primary caregiver of Elizabeth, any kind of set back in her life reflects back on my own. Elizabeth lives as independently as possible given her physical condition. She is a 50 year old paraplegic dwarf woman; a former school teacher who has had more than her share of hardships, yet faces each day with tremendous faith and enthusiasm.

On August 12, 1994 in the Ellsworth Shop'n Save parking lot, Elizabeth sat waiting for me to load our groceries into her van. Suddenly, a driver backed up and struck Elizabeth from behind. Upon impact she was thrown from her wheelchair several feet before coming to rest face down on the pavement. The blood was pooling around her head as I reached her side and I could her gasping for breath. She was also bleeding from her nose, ear, mouth and leg. Her stockings had been knocked off her feet and were lying neatly side by side as if someone had placed them there. Elizabeth's catheter bag was still hanging on what was left of her wheelchair.

As I clutched Elizabeth's hand and whispered words of encouragement I could hear the horrible sounds of metal on metal. This car sped on, crashing into car after car.

I soon learned that a 79 year old woman was responsible for this horrendous act. After She struck Elizabeth she continued on, still going backwards, to hit another 9 vehicles! I was told later that this elderly driver got out of her car unassisted and walked into the store with the aid of two canes. She did not appear upset over what had happened.

Elizabeth has since come home after a 2-month hospital stay. She suffered severe injuries that included: multiple scrapes, cuts, bruising and the amputation of both legs above the knees.

Would this accident have occurred had this senior driver been required to prove her driving capabilities? I don't believe so.

There is an urgent need to change the licensing procedures regarding the elderly driver. There must be a way to seperate the impaired elderly, from the elderly who do operate their vehicles in a safe manner,

4/

One step to take, it seems to me, would be a mandatory reporting law by medical personel of elderly drivers that may not be competent to drive any longer.

I do not see proposals to increase testing for older drivers as discrimination against senior citizens. I see this simply as a fact of life. As one ages it is common to suffer from: vision problems, mobility problems, slowed reaction time and dementia.

Therefore, the right to drive a car is a privilege and when one can't operate a vehicle in a safe manner, then that privilege should end.

Elizabeth Hudson's life has been forever changed because an impaired elderly driver was still operating a vehicle when clearly she should not have been.

I pray that changes will be made in the licensing proess for the safety of both the elderly and all others who drive our highways.

No one should have to go through what Elizabeth Hudson has.

Sincerely,
Cathy Butler Dunba

P.O. Box 105
Prospect Harbor, Me. 04669
October 12, 1994

A. Mark Woodward
P.O. Box 1329
Bangor, Maine 04402

To the Editor:

I applaud the efforts of Katherine Freund as chairperson of the Task Force on Safe Mobility. The need for increased testing of older drivers is long past due. No one is suggesting that all senior drivers are a menace on the highway, the key word here is impaired drivers. Those drivers who have diminished functioning of the necessary skills and senses needed to operate a vehicle safely. It is a fact that the elderly can suffer from: vision problems, mobility problems, slowed reaction time and dementia. Therefore, senior citizens who continue to drive under these conditions pose a risk to themselves and others.

At a recent meeting in Bangor held by the Task Force to gather feedback on issues affecting elderly drivers, as reported by Nancy Garland of the Bangor Daily News, Frank Duffy an 86 year old driver was quoted as saying, "If you take away our driving permits you take both our legs away..." Well Mr. Duffy that is exactly what happened to Elizabeth Hudson.

On August 12th, a 79 year old driver backed up and struck Elizabeth as she waited for her groceries to be loaded into her van after shopping at the Shop 'n Save Store in Ellsworth. The force of the impact ejected Elizabeth from her wheelchair, she then traveled several feet through the air before striking the pavement face down. This driver then continued on for another 150 feet in reverse, hitting

another 9 vehicles before finally coming to a stop, and then only because the car got wedged in so tightly it could not move any farther. As a result of this horrifying collision Elizabeth suffered serious injuries: numerous scrapes and cuts, vision problems and the amputation of both legs. Not to mention a 2 month hospital stay and tens of thousands of dollars in medical costs. This action has forever changed the quality of life for a disabled woman into a life of even more disability.

I wonder if Georgianna Cohen, a 71 year old senior driver and opponent of the Task Force on Safe Mobility, would consider the above example just "chance negligence" as she had stated about prior incidents involving elderly drivers. Well maybe, except for the fact that several weeks later another multi-car crash occurred in nearly the same location with a 70 something driver along with an 83 year old companion. Thankfully, only minor personal injuries were involved in this particular instance.

Clearly, there are many senior citizens operating vehicles who should not be. I urge readers to contact the office of the Secretary of State to voice their concerns on this matter.

No ones independence should come before another persons safety. If you don't believe me, then just ask Elizabeth Hudson.

Sincerely,

Cathy Butler Dunbar

Cathy Butler Dunbar
963-7246

October 12, 1994

Task Force on Safe Mobility
Katherine Freund P.O. Box 10480
Portland, ME. 04104

To whom it may concern:

My name is Elizabeth Hudson. I am a 50 year old retired elementary school teacher who became a paraplegic thirteen years ago due to a fall in my classroom. I have been confined to my wheelchair ever since. I am somewhat dependent upon my caretaker, Catherine Dunbar, for my daily living management. But I pride myself on being as independent as I can be, i.e. being able to transfer from my bed to my wheelchair by myself; going in and out of my home at will; preparing my own meals without assistance and shopping for groceries and basic necessities independently. On August 12th, 1994 in the shop and save parking lot my whole world was changed forever when an elderly driver, 79, hit me with her car as I sat waiting to board my van. The blow which demolished my

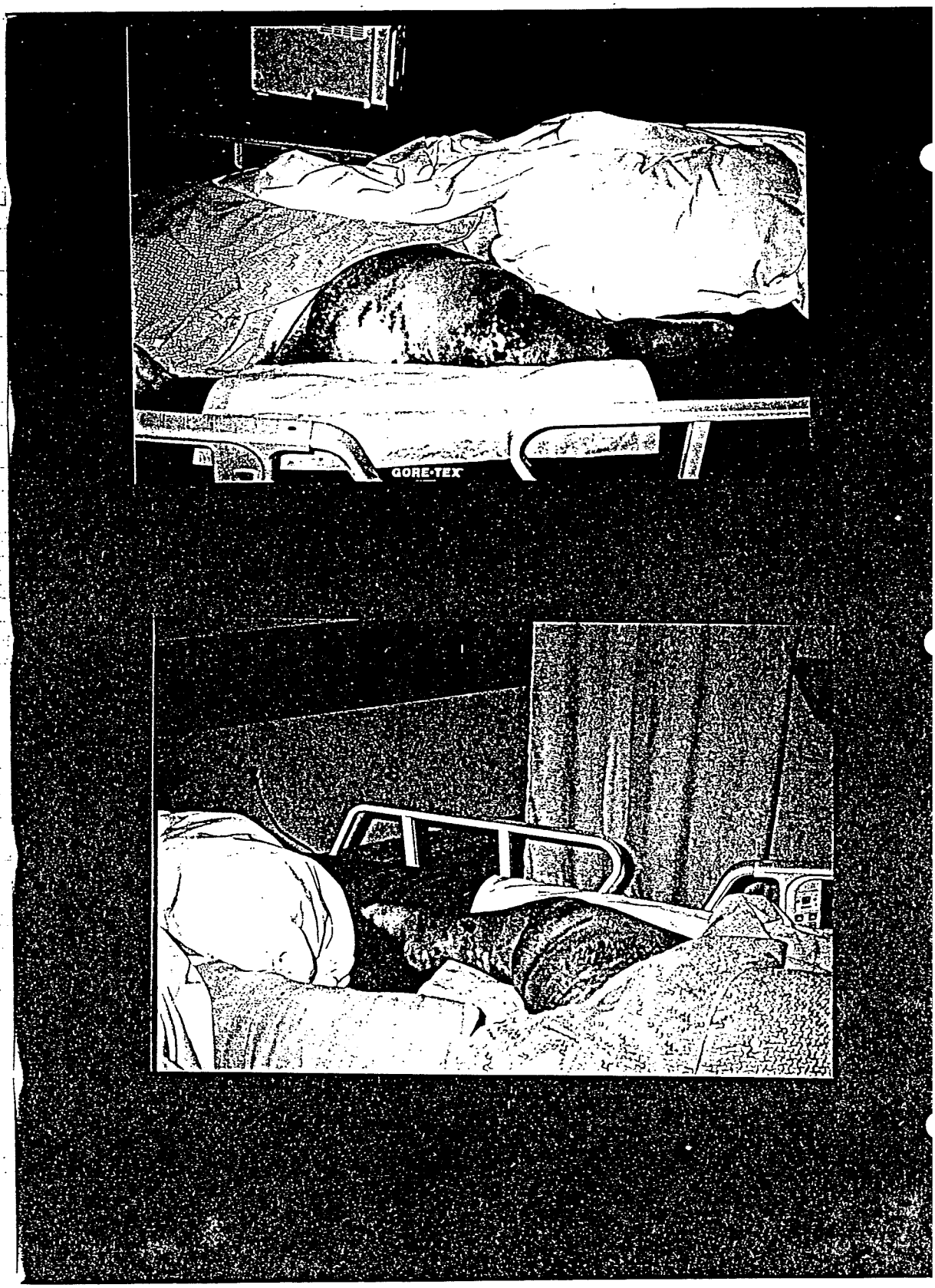
wheelchair sent me airborne 12 to 15 feet. I landed facedown on the concrete lot. When Cathy Dunbar (who had been loading my groceries into my van) reached me she thought I was dead due to my inert body, the amount of blood on the pavement and my lack of response to her calling my name. Upon turning me over, she discovered a huge gash on my forehead exposing my skull, my lips unable to focus and wandering, a deep, long heavily bleeding cut on my right thigh and my severely swollen legs which were turned at abnormal angles.

Because of this elderly driver's horrendous act, I also suffered a skull fracture, impaired vision and amputation of both legs above my knees. Due to my near death and grievous injuries, I urge the Task Force to change current laws to provide more rigorous testing of elderly drivers.

By the grace of God and excellent care by the doctors and nurses at ENMC I am able to give this testimony thereby hoping that no one else will become a victim of an elderly drivers failures.

Thank you for your attention.

Sincerely, Elizabeth Hudson


GORE-TEX

8-15-94

Driver backs into woman in wheelchair

By Stephany Boyd
Of the NEWS Staff

ELLSWORTH — A Prospect Harbor woman was listed in fair condition at a Bangor hospital Sunday after a bizarre accident in which she was knocked out of her wheelchair by a car backing up.

Police said Elizabeth Hudson, 50, had a fractured skull and fractures in both legs after the incident that turned into a multivehicle accident in the crowded Shop 'n Save parking lot on High Street Friday afternoon.

According to Officer Gil Jameson of the Ellsworth Police Department, Augusta Zima, 79, of Deer Isle was backing out of a parking place near the front of the store just after 5 p.m. when her car struck Hudson's wheelchair.

Telling police later that the 1986 Nissan accelerated when she stepped on the brakes, Zima drove backward about 150 feet in a curving line, striking nine vehicles parked to the front and north side of the store. One of the vehicles she hit struck another vehicle.

"Considering the time of day, the day of the week, and the time of year," Jameson said, he was surprised that more people weren't injured. He said Ellsworth police recall another incident involving 14

See Collision, B2, Col. 1

Woman in wheelchair injured when driver backs into her

Collision, from B1

vehicles, but none quite like this.

After the collision, Hudson was lying about four feet from her wheelchair, which had been pushed up against the van in which she had ridden to the store with Catherine Dunbar of Prospect Harbor. Hudson was taken to Maine Coast Memorial Hospital and then transferred to Eastern Maine Medical Center.

No one else was injured in the accident, but police estimated damage to the vehicles, including Hudson's wheelchair, at $30,000. The battery-operated wheelchair had $10,000 damage, and Zima's vehicle was demolished.

Police said Zima appeared confused after the incident, but not upset or visibly shaken. The car she was driving has been impounded and will be inspected for mechanical problems, with results probably available by the end of the week, Jameson said.

Sugar Brook Farm

October 10, 1994

Dear Ms. Freund,

When I read the article in Sunday's paper regarding your task force on safe driving for the elderly, it struck a chord! On Saturday night, my car was struck by an elderly driver who became confused in an intersection as the lights changed. She went halfway through, and as I was taking a left hand turn on a green arrow behind her, she inexplicably stopped, then backed up in the middle of the intersection, striking my car as I passed behind her. To make matters worse, she leaped out of her car, blaming me because it was dark, she couldn't see me, and then, she decided that she didn't have her blinker on. Fortunately, there were a number of witnesses to the accident, and she finally admitted that it was dark, the traffic was moving fast, and she was confused by all the lights both on and off the road. I was in no way at fault.

I felt sorry for her, she was so upset, and, relieved that my children, my sister and I were

all unharmed, I didn't push for a citation. Even the police officer investigating the accident said, "And I thought I'd seen everything!"

Later, as we had a chance to think about it, I became concerned that there is still a woman out there, aged 75 years old, who is not fit to drive at night. As we were waiting for the paperwork to be completed by the police, she told me that she was worried that the police would give her a hard time about her age, but she couldn't stand to be stuck at home without a car, having just lost her husband.

So, you see, I've seen both sides of this controversial issue up close and personal, these past few days. I feel sorry for a woman who, having lost a big part of her life, now needs her car to maintain independence. However, her ineptitude at the wheel could easily have cost my children and myself our lives.

We all make mistakes once in a while,

especially when driving. How many times have we thought, "That was a close one!" I do not want to deprive someone of their independence simply because I think I am a better driver... but I am concerned that some people may not be fit to drive at night after a certain age.

The age of 40 seems much too young to begin mandatory testing. I believe that some people closer to the age of 70 may not have the reflexes they once had, and certainly if they cause an accident or hit someone, their driving ability should be re-evaluated. I would feel awfully if the woman who hit me went on to kill someone just because no-one took the time to say, "Wait a minute, should this woman be behind the wheel at night?"

Sincerely,

Susan Winslow

cc: Sanford Police Department

11 Winding Brook Drive
Kennebunk, Maine 04043
October 13, 1994

Ms. Katherine Fruend, Chairperson
The Task Force to Study Safe Mobility
Of Maine's Aging Population
C/O S. M. A. A. A.
307 Cumberland Avenue
P. O. Box 10480
Portland, Maine 04104

Dear Ms. Freund:

First of all, let me congratulate you on the finished report of your study. I think the report is very complete and offers some very good recommendations.

I am very concerned about safety on the roads, which concerns all of us who are aging, and more pressing, the greater numbers of older people, who continue to drive. This is a relatively new problem as people are living longer and remaining active longer. Just as we recognized the problem with teenage drivers and took steps to curb the many accidents caused by young, inexperienced drivers, we need to address the growing problems of the elderly who continue to drive. It is a multifaceted problem--cars have become a necessicity in the twentieth century, the interstate and fast speed is the main route to getting places and people are living longer due to advances in medicine and emphasis on healthy living.

I am not sure I concurr with mandatory reporting--primarily because it is a breach of confidentiality and because one person with a particular condition may be unsafe, while another with the same condition is safe. I am coming from a different place, as a Polio survivor, I have always driven with hand controls; therefore, steering with only one hand. There are many others like myself--paraplegics and quadreplegics, who drive very safely with adaptive equipment; however, we are provided--mandated, to participate in specialized driving courses. I believe motor vehicles must develop much more comprehensive testing -- particularly after age 60. Not only should testing include eye testing, but also reaction time, and judgement. I also like the idea of more driver-safety courses being offered within the community. These courses should be free and open to anyone and there should be some benefit built in--either a reduction on car insurance, or excise tax. I believe that those individuals, who are vulnerable, and the elderly fall into this group, can learn safety techniques, in order to continue driving without mishap.

While I work for an agency for the blind, and we see some people who continue to drive, when they shouldn't, these are few. Most people do voluntarily stop driving because they don't feel safe visually. However, vision is one part of driving. I am more concerned about those drivers with cognitive and functional deficits, as these may come on gradually, and the individual may not be aware of their increasing inability to drive. Again testing must include tests that measure more than just vision.

I fully support your concept of a volunteer driver corps--door to door service. Most people need and want this type of service. It is true that the more alternatives available, the less unsafe drivers we will have.

Again, I think the study was very timely, and I appreciate your coming to Maine Center for the Blind and Visually Impaired to educate us on this important issue. I do hope some of your suggestions of more stringent motor vehicle testing, driver safety courses and alternative transportation ideas can eventually be put into effect.

Sincerely,

Laura Marletta

Laura Marletta

MOFFA & ASSOCIATES
CONSULTING ENGINEERS
5710 COMMONS PARK
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SYRACUSE, NY 13214
(315) 449-3010
Fax: (315) 449-0443

October 15, 1994

Mrs. Cathrine Freund
Southern Maine Area Agency on Aging
P.O. Box 10480
Portland, Maine 04104

Re: Task Force on Mobility of
Maine's Aging Population

Dear Mrs. Freund,

Owing to first-hand experience with the problems of the aged population and risks they pose in driving, I would like to commend the task force's effort in addressing the many areas of concern.

I would support particularly the "Driver Licensure - Additional Recommendations" dealing with renewals. It is blatantly clear from the Main DMV statistics that some steps need to be taken for drivers 75 years of age and over to protect them from themselves and others.

I would also encourage, as a top priority the state coordination and support of a volunteer effort, using AARP and our younger segment, to provide transportation for the aged. This is an essential compliment to the more stringent licensure requirements stated above. Providing transportation is no different than volunteer groups that provide transportation to those who have had too much to drink as the "I'm Smart" group in Syracuse, New York.

I suspect that many of the recommendations will not be adopted owing to administrative constraints and costs. However, to do nothing would be to ignore a major problem which can only get worse as evidenced by our increased longevity. Some steps should and must be taken.

I would ask that the Governor and local representatives adopt a program reflecting the concerns and solutions of the Task Force.

Very truly yours,

Peter E. Moffa, P.E.
PEM/crd

SMAAA OCT 19 1994

RFD 1, Box 497
Lee, Maine 04455

Oct. 19, 1994

Ms Kathy Freund
Southern Maine Area Agency on Aging
P.O. Box 10480
Portland, Maine 04104

Dear Ms Freund:

I regret that the only way by which I can judge your philosophy and intentions is by article in the press, and I realize that is not always completely fair to individuals. I am assuming that you have good intentions, but from what I have read in the Bangor Daily News and from clippings from Portland papers which have been sent to me by friends, I find myself in almost complete disagreement with you on control of driving on the part of older people. I'm enclosing a copy of my letter to the Editor of the Bangor Daily News. That will give you some background on me and my philosophy.

The title of your Agency contains the word "Southern", and quite properly so. There are at least two Maines, and they have many differences. I was born and raised in South Portland and spent the first 18 years of my life in that area and the next nine in Androscoggin County. Since 1935 I have lived in Northern Penobscot County. (I consider the northern part of Maine to consist of Penobscot County from Lincoln north, and all of Piscataquis, Aroostook and Washington Counties.) You folks in the Portland area do not (and never did, as I remember the days of my youth there) understand what it is to live in an area almost completly dependent of the forests and their products. Nor can you imagine what it is like to have to drive up to 30 miles to buy fresh fruit, vegetables and meats. (We only have to go 12 miles.)

I taught at Lee Academy for 25 years. That independent secondary school was the only high school for 12 (sometimes more) towns, plantations (I'll wager you didn't even know there were such political divisions in Maine !) and unorganized territories. Transportation by gasolene powered vehicles is absolutely essential for education, getting to work to earn a living, and for shopping for food, clothes, and most everything else.

Bus routes for anyone are economically impossible. Where they have been tried they have quickly failed financially. Madeline and I live on a dirt road 3½ miles from Lee village (the nearest place a bus could possibly run). At ages 81 and 86, walk that distance in Maine winters, and carry our groceries home in knapsacks? Or do it in July heat?

Oh! Hire some neighbor to take is in his or her car? Have you checked to see if person charges for taking passengers can do so with an ordinary license? And is their insurance valid when doing so? (It may have changed, but back when I got my first car in 1931 the answer was "no."

I do not understand the purpose of your "hearing", or whatever it was called, in Bangor on October 7. (I had intended to go to it but my wife had an appointment with a ear specialist that day.) If it was to listen to transportation problems in northern Maine, then both the place and plan of meeting were unwisely chosen. Get your map out and see what travelling from Madawaska, Presque Isle (or even Lee) is like! Put the emphasis on, "What can be done to help you if you have transportation problems." From reading newspaper articles such as the one in BDN on the meeting in Bangor you got exactly the reaction I would have expected. We old folks in the area, for example, will defend our right to drive a car to the very last ditch. To take away that privilede would be equivalent to house arrest. (And that is no exaggeration.) Because we have passed a certain age are we to lose the right to " --- liberty and the pursuit of happiness? "

All my friends and acquaintances ask is to be judged on just the same basis as everyone else. We are willing to take the same tests as everyone else, but no others.

I'm enclosing the letter, "Older drivers" and hope you will read it thoughtfully. It will be sad if your time and other people's money is wasted -- as I certainly believe they will be if you continue on the present path and go on to the Legislature. It should be no embarrassment to change one's mind and course of action. Did you ever happen to read about on of Benjamin Franklin's experiences during the convention working on the Constitution? A question came up, debated at length, and tabled. When it came up weeks later Franklin was for it instead of being against it as he had been before the tabling. A young member came to Franklin and chided him for changing sides, and asked how he could do that. Franklin's reply was, "Because now I am an older and wiser man."

Very sincerely yours,

Fred R. Dingley

Dr. Fred R. Dingley

(Please excuse any errors in typing. I never was trained at it and age has made no improvements.)

Bangor Daily News
Sept. 17-18, 1994

'Older drivers'

I recently read an article titled, "Older drivers may face more testing." Since I am 86 years old I thought it might apply to me, and read and re-read it. It appears that a woman "... whose son was injured by an elderly driver several years ago" lobbied our Legislature and it created a "Task force to study the safe mobility of Maine's aging population," and it has been working for a year or more. Now I do not question the good motives of the lobbyist, Legislature or the force, but I find some things puzzling, and some irritating. Examples:

•One proposal is "that drivers older than 40 be tested for vision and mental disabilities at each license renewal." I don't understand why the public and the driver is safe if they are 16 or 39, are half blind and have "cognitive deficit problems" (that is a new one to me!), but it *is* of concern to the state if one is *older* than 40? (What does age have to do with those factors in driving?)

•The same article refers to some "screening test," and that "it also could help licensing officials determine whether a person is a driving risk, ..."

My "cognitive abilities" are not great enough for me to imagine such a test, nor the cost of administering it. One of the adages common in my youth was, "The proof of the pudding is in eating it." Applied to the problem of license renewal, it means that if one has been driving safely, the license is renewed, (provided that everyone, young or old must pass such fundamental requirements as satisfactory vision).

I'm certainly not opposed to any regulation which eliminates drivers who are dangerous to themselves and to others if it applies to everyone, but I do resent the assumption that age is a negative factor. I got my first license nearly 70 years ago, bought my first car 63 years ago and have always carried insurance on my cars (and never even put in a claim for any damage other than two broken windshields from rocks thrown by trucks). I have driven through each of the 48 contiguous states and all the provinces of Canada at least twice, and totalled over a million miles and never been issued any summons by an officer, nor involved in an accident. What test can be designed that will test me better than I have been tested?

Sure, I realize that the next time I drive out of my driveway I may be sideswiped by a car, and odds are that the accident will be blamed on a poor old man of 86 who didn't know better than to drive at that age.

To end with a positive suggestion — take the monies which would have to be spent on deriving the tests and administering them and give it to the Maine State Police to add a few members to their department, and set them to work enforcing the speed limit. That would save lives, young and old.

Fred R. Dingley
Lee

84 Crescent Street
Rockland ME Ø4841
October 12 1994

Katherine Freund
Task Force on Older Drivers
Augusta ME Ø433Ø

SMAAA OCT 19 1994

I assume by now that you and your task force have decided that you should have given your recommendations much more thought before you released it on the "over 4Ø crowd". In the event that I'm unable to attend the Oct. 19th hearing in Augusta, I would like to offer an opinion or two.

Older driver, according to stats offered by the task force, are the second-highest group to get into car crashes, so why was it that you decided to have 45 recommendations to improve safe mobility for the senior citizen?? Why didn't you try this first on the ones who have the highest record (teenagers)?) Wouldn't that have made much more sense -- to crack down on the No.1 offender?

All you have to do is check out some of the cities' main streets at night and you'll see who's doing the dangerous driving, burning rubber, squealing tires, passing where it's prohibited, then cutting in again very close to the vehicle they've passed. They're not the older crowd. Also,I resent very much the insinuation that older persons can't "put two and two together". If that's true, why have we got older people in Augusta, making laws? Wouldn't this affliction make them unable to be alert and efficient? I ask you.

When the Auto Emmissions Testing swooped in here from California and was going to make only seven of the sixteen counties in the State responsible for Clean Air by having automobiles only tested, yet giving a mill in New Limerick the right to pollute more, I thought I'd heard it all. That seemed to be about as bad as it could get. (That's what I thought). Now, along comes this proposal, questioning the ability of people over 4Ø to be able to operate on the highway in a sane and sensibl way, yet apparently you're not too concerned with the younger group and their driving behavior. Maybe it would be beneficial to lawmakers in Augusta if they had tapes made of these laws and proposals that they put together and play them back a few times to see just how ridiculous and silly some of them are.

If the "older folk" are denied the right to drive, they could become a menace on the road when they have to walk to the market, doctor, dentist, etc, because if they have trouble making correct decisions, how would they know whether to walk in the road or on the side? Do you see what I mean when you analyze your proposal?

In closing, I would like to say that it would be very difficult for people in this rural state of ours to function with restrictions such as you proposed. I sympathize with you regarding the injury of your child. That's very difficult to take, I'm sure, but older folk are not the only ones causing accidents and injury. Surely, you must realize that.

Sincerely,
Newty Chambers
Ms. Newty Chambers

CLINICAL PSYCHOLOGIST

JOSEPH SCHENKEL, PH.D.
32 BELFIELD ROAD
CAPE ELIZABETH, ME 04107
(207) 799-9621

October 25, 1994

Ms. K. Freund
Southern Maine Area on Aging
P.O. Box 10480
Portland, Maine 04104

RE: Task Force to Study the Safe Mobility of Maine' s Aging population

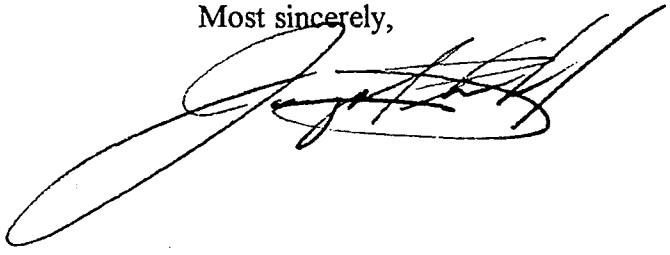
Dear Kathy,

Thanks ever so much for taking the time to talk with me over the telephone and for sending the Task Force's draft report and supporting material. I find myself far better educated now than before having spoken with you and read the various reports.

While there seems to be little doubt of its existence, I'm a bit buffaloed as to how to go about solving such a many sided problem. Oliver's ("Driving and Dementia) states the problem rather well: "While the process of getting a dementia sufferer's driving ability assessed may have been clarified for carers, there is still a pressing need to devise a standardized, accessible, appropriate driving test for dementia sufferers." Underline, of course, accessible and add valid and reliable. Interesting conundrums arise when one considers requesting mandatory reporting by medical personnel; as you've noticed only in the extreme does diagnosis become clear, if not actually simple. I'm always afraid, in situations such as this, of false positives and is that risk worth the cost to deduce the true positives; perhaps it is, but surely not to those who become diagnosed falsely and their licenses revoked. Enter, now, the poorly designed test, or the less than optimally trained tester, and the risk of false positives, and I suppose false negatives, increase profoundly. Given ably trained testers with reliable and valid instruments, the cost/benefit ratio changes to the good, but where to get personnel and methodology? Interesting, isn't it, how vision testing does not arouse the ire that cognitive testing does? Looking at the completeness of your report, I suspect none of this is any great secret to yourself or the committee. And, I fear I can add little to your accomplishments. No doubt, given your data, the problem will only increase, perhaps dramatically. I wish you luck.

Thank you again for your openness and willingness to discuss the committee's work.

Most sincerely,



10/20/94

Ms. Katherine Freund
C/O Southern Area Agency on Aging
307 Cumberland Ave.
PO Box 10480
Portland, ME 0410

Dear Ms. Freund:

The new licensing system for older drivers proposed by your state task force,was discussed at a recent luncheon meeting of downeast senior citizens.

It was stated in a news story (Bangor Daily News,10/8/9) the task force had statistics showing older drivers were the "second highest group to get into car crashes",and that "a high percentage of car accidents are fatal when senior citizens are involved". We are concerned about this,and would like to know more about your study.One would think the enormity of this senior driving problem with its high perentage of fatal accidents would have appeared previously in the media which constantly prints stories of accidents caused by excessive speed and alcoholism. We suggest a data based assessment of the cause, frequency, and severity of accidents among all driving groups before setting standards for one particular group.

But not only driving standards are at issue with the task force.News articles (this is our only source of information, the task force appears to be working without input from older drivers) state there are a further 45 recommendations "to improve safe mobility for Maine's senior citizens." This extraordinary number of recommendations suggests either an overly zealous task force or a senior citizen driving crisis of mythic proportions.We know of no other group of drivers being studied so assiduously.Without question, improvement in licensing provisions for all drivers is very much in order, particularly the ease in securing and renewing a license whether for 16, 50, or 90 year olds, and without competency knowledge of any.

We strongly believe the age of the licensee is far less the issue than competence. Functional ability wanes from many conditions (did you know poverty and depression are 2 of them?). We all know age is one of them, but today competence in the elderly generally extends far beyond age 75. Incidently, such problems rarely start at age 40 or 50.If I were that age your proposals would make me even more nervous.

We believe, Ms. Freund, your task force is caught in lingering, mid-century attitudes toward age and aging. The breadth of study and recommendations, its suddenness and sense of emergency, and age as the dominant focus,(no mention of the impact of our current

chaotic culture) suggests the task force is unsure and confused about who we are, how we are, and what we are or are not. The rapid rise in senior populations and the enormous strides in physical and mental well being,as well as their rise in financial status, has created profound social change largely unrecognized by society.The images, particularly among young people,of older people as parasites, incompetent,slow, overly cuddled,is passe, but the proposals of the task force re-inforce such images.

The improved well being of older people has restored their sense of independence, self responsibility and sufficiency. We dislike being patronized. Like other groups of citizens many of us need help,support, correction, curtailment. But Ms. Freund,your multiple, well meant plans to restrict rights and mobility of older drivers (later it will extend to other areas of functioning) is regarded by us as highly subjective and unwarranted.

We commend the task force for looking into the myriad problems of issuance and renewal of drivers licenses, and respectfully suggest it consider objective medical, psychological, and driving history of all license applicants, regardless of age.Although all drug abusers are unsafe, some but not all teen agers are speedsters,some but not all middle age drivers are good, some but not all older drivers are incompetent.

Thank you for listening to our viewpoint. We would be glad to be part of the task force study.

Sincerely yours,

Mary Forsmark,
(Mrs. Olof)

HC 60 Box 7 Birch Harbor ME 04613

c.c. Peggy Dumond, Deputy Director,Eastern Agency on Aging
238 State St., Brewer, ME 04412
Mrs. Laura Blomberg, President, Seacoast Seniors,
Milbridge, ME 04669

Written Testimony from Organizations

maine center for the
blind and visually impaired
189 park avenue, portland, maine 04102 • tel. (207) 774-6273
offices: bangor • caribou • ellsworth • lewiston • rockland • saco

September 29, 1994

SMAAA SEP 30 1994

Katherine Freund, Chairperson
c/o Southern Maine Area Agency on Aging
307 Cumberland Avenue, P.O. Box 10480
Portland, Maine 04104

Dear Katherine:

Since I was unable to attend the hearing in Portland, I am writing to comment on the Task Force Report. First let me say, it seems a very good piece of work on a variety of difficult issues.

The points that I would like to emphasize from my perspective as a person involved with people having visual impairment, many of whom are elderly, are:

1. There is a critical need for safe, convenient alternative forms of transportation for people who are no longer safe drivers. Without these alternatives, many people feel they have no choice about how they can go on living independently and in the lifestyle to which they are accustomed.

2. There are many people who make good decisions about when they need to stop driving due to visual impairment. Many others, for a variety of reasons, continue to drive when their vision has deteriorated beyond a level at which it is safe to drive. There should be an established level of visual impairment at which the relevant medical practitioner is responsible for conveying this information in a humane way to the patient and in a formal way to the state.

3. Since the liklihood of visual impairment increases with age, visual testing should be conducted on a more regular basis as we all age.

If better transportation alternatives were developed, some of the pain and fear associated with having to stop driving would be minimized, and presumably we would all be safer and happier citizens of the State of Maine.

Sincerely,

Molly A. Morell

Molly A. Morell
Director of Community Services

MAM/srt

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30341-3724

October 18, 1994

Kathy Freund
P.O. Box 10480
Portland, ME 04104

Dear Kathy,

I hope things are going a little easier for you this week. I received the draft of the report and have read it. I have some comments for you. In general I think it reads pretty well; it is a difficult topic to work with. I'll give you the more specific comments first and then the overall ones. If this is more feedback than you want, I'm sorry. I figured that it was better to give you too many comments than to do a cursory job.

Pages 11-12
Tables V and VI use absolute numbers of crashes by age group. There is nothing inherently wrong with this. However, since you mention that the population in Maine is changing (increasing for some age groups and decreasing for others) it becomes difficult to assess what a percent change really means. Does it mean that for the 25 to 29 year age group there were 18.3% fewer crashes because there were 18.3% fewer 25 to 29 year olds? Or could it mean that there was a decline in the crash rate for this age group?

Page 13
I am a little uncomfortable with the paragraph that mentions me because it could be interpreted to mean that CDC has a certain methodology that it recommends for this type of research and that as an organization, we endorse this report. I don't feel that I need to be acknowledged, but if you feel that it is important, I would be more comfortable if you could just say that you received technical assistance from the National Center for Injury Prevention and Control in developing a methodology for the exposure portion of the study.

Page 15
Figure II, typo in footnote.

Page 16
Figure III, would that be <u>Number of</u> Crashes per 1,000 Drivers - Maine 1990 ?

Page 18
Second sentence. I know what you meant, but it sounds as if you are saying that we use the same amount of health care throughout our lives; we use more health care as we get older.

Page 29
Last paragraph. I think you mean, Most violators are students who are required to take the class.

Overall, I missed having references to back up claims made in the report. I am certain that this is due to the way I normally write scientific papers, and my unfamiliarity with these types of reports. If it is not appropriate to include references in a report of this type, disregard the next few comments.

As examples, I would cite a reference for the bottom of page 13 that states younger drivers commit errors caused by inexperience and poor judgement, while older driver errors are the result of functional inability. I would also reference the sentence that states that pedestrian signals assume a walking speed that is too fast for most older pedestrians (page 24).

For the recommendations that deal with driver re-training and/or education, I would either cite literature that documents that these programs actually work, or say something along the lines of...although these programs have not been evaluated, the task force feels that they would be beneficial...I don't know whether the programs have been evaluated or not.

I was surprised at the recommendation for the Secretary of State to develop a screening test for cognitive impairment. Researchers in the field around the country are having a difficult time coming up with just such an instrument; is it feasible to ask the Maine Secretary of State to do this?

In a similar way, it is very difficult for physicians to diagnose functional impairments that might affect driving. There is a recommendation that the police be trained to do this. Is this reasonable?

I don't have information that would allow me to verify the accuracy of the data (numbers) in the tables and text.

Lastly, it looks to me that what you said about the medical review program is accurate.

I hope these comments do not give you the idea that I don't think the report is well done. You have done a good job in a difficult area.

Take care,

Ann Dellinger, Ph.D., M.P.H.
NCIPC, Centers for Disease Control and Prevention
4770 Buford Highway MS-K63
Atlanta, GA 30341

SMAAA OCT 21

Eastern Agency on Aging

Twin City Plaza, 238 State Street, Brewer, Maine 04412-1519
Tel: (207) (TDD) 941-2865 or (TDD) 1-800-432-7812

10-20-94
Katherine Freund, Chairperson
Southern Maine Area Agency on Aging
307 Cumberland Avenue, P O Box 10480
Portland ME 04104

Dear Ms. Freund,

I attended the Conference held by the Task Force on February 25, 1994 and was encouraged by the information presented on how highways can be improved to make them safer, and by the experience of other states with Senior Driver Highway Safety programs. This led me to think that the focus of the Task Force's recommendations would be positive, and looking toward the future.Therefore, I was somewhat disappointed in the draft report, as many of the recommendations instead seem to be restrictive and prescriptive in nature, tending more toward enforcement than planning. I would like to comment on some of the recommendations.

Regarding alternative transportation, the first recommendation, to design a data collection system to measure the amount of free public transportation provided to older citizens, seems to assume that the availability of free public transportation would somehow solve the problem. In the eight years I have worked at this agency, I have not heard older people demand free transportation.

Even when it is available at low or no cost, older Mainers have an aversion to riding on buses, and do not often use them. Your report quotes a national study which found that no more than 5% of seniors trips were on public transit, and this is confirmed by a recent study by the University of Florida's Center for Gerontological Studies, which showed that, of 1113 people studied,less than 3% of trips taken were on public transportation. I think it is unrealistic to expect that many people would change their behavior if more of this were available, and so to commit resources to design and implement a reporting system would be of limited benefit.

The third item in this section recommends that a statewide volunteer transportation program be implemented. This could prove to be extremely labor-intensive and expensive. Who would pay for it?

We support fully the recommendations regarding making roads safer, and on pedestrian safety.

Regarding driver licensure issues, we support all the recommendations with the exception of # 5, which requires the Secretary of State to develop a screening test for

cognitive function, and requires drivers to be tested periodically beginning at age 40. We oppose this strongly. First off, why age 40 ? There does not seem to be any correlation with the data regarding frequency of accidents with that age. Second, who would develop the test, and what exactly would it measure ? We feel that recommendation # 1, that the medical community be required to report diagnoses of dementia, would be sufficient.

Regarding education and training, there seems to be very little data that measures the effectiveness of driver re-training. We support all the recommendations of the group, and would recommend in addition that a data collection system be designed and implemented, so that we can measure the effectiveness of these programs, and amend them as we discover which parts of the training programs are most useful..

Regarding education about alternatives, while we do not oppose the recommendations, we are skeptical that they will cause older (or younger) drivers to change their behavior. Further, because for most rural Mainers, transportation alternatives either do not exist, or do not meet citizens' perceived needs, we need to direct our efforts towards the pro-active recommendations offered by your group to find ways to keep older drivers safer on the road, and to allow the safer older drivers to remain on the road longer.

Sincerely,

Peggy Dumond
Deputy Director

SMAAA

Maine Osteopathic Association

Incorporated 1912

(207) 623-1101

RR 2, BOX 1920, MANCHESTER, MAINE 04351

SEP 27 1994

September 26, 1994

Katherine Freund
Chairperson
c/o Southern Maine AAA
307 Cumberland Avenue
PO Box 10480
Portland, ME 04104

Dear Katherine:

The Maine Osteopathic Association would like to state its support for the recommendations regarding reporting of dementia and visual impairment by physicians to the Secretary of State.

We also support the intermediate goal in the Task Force Report to educate physicians and others about the need to monitor drivers with impairments.

Finally, we support the recommendation that at least one member of the Medical Advisory Board be a geriatrician.

Thank you for sharing this draft with us.

Sincerely,

David A. De Turk
Executive Director

SMAAA OCT 14 1994

Statement of
the Public Policy Committee
on behalf of the
Alzheimer's Association, Maine Chapter
October 14, 1994

On behalf of The Board of Directors of the Alzheimer's Association, Maine Chapter and the estimated 20,000 people in the State of Maine suffering from Alzheimer's Disease, the Public Policy Committee would like to make the following comments regarding the findings of the Task Force to Study The Safe Mobility of Maine's Aging Population. Of the Task Force findings relating to dementia, we agree with your conclusions - with the exception of testing for cognitive function beginning at age 40.

For the person suffering from Alzheimer's Disease (or a related disorder), the ability to drive safely becomes progressively impaired. As family members and caregivers can tell you, the characteristics of the disease - memory loss, disorientation, and changes in visual and spacial perception - cause driving to become a dangerous activity. This danger extends not only to themselves and the passengers in their car, but to other innocent people who may be traveling on the same road.

Further, the Alzheimer patient often exhibits inappropriate judgement. For this reason, one cannot rely on their ability to "self-monitor", and recognize that they should no longer sit behind the wheel of a car. This is often true even in the early stages of dementia, when the person may seem to be quite normal to the casual observer.

Because of the severity of this problem for family members and caregivers of persons with Alzheimer's Disease, the Public Policy Committee of the Maine Chapter would like to offer the following comments to the Task Force.

(1.) Requiring the medical community to report a diagnosis of dementia is a critical element of any plan to deal with this problem. For the reasons mentioned above, the Alzheimer patient often has impaired judgement which makes it unlikely that he or she will recognize when they can no longer drive safely. To date, the burden for attempting to remove these persons from the road falls on the family and caregivers. As you heard at the Task Force hearing in Augusta, this is a formidable task that involves far more than just "taking their keys away". A driver's license is more than just a piece of paper confering on someone the privilege to operate a motor vehicle. It is a symbol, of independance. This is as true for the person with Alzheimer's Disease as it is for the many elderly that have testified before you at public hearings. The medical community needs to support family and caregivers by sharing some of the burden for removing these unsafe drivers from the road.

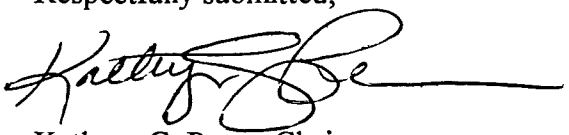
(2.) We agree that a member of the Medical Advisory Board should be a physician with a knowledge of, and an interest in, geriatrics. Alzheimer's Disease presents quite a different problem from that of the frail elderly. A physician with specialized knowledge of the problems presented by Alzheimer's Disease and related dementias should be involved.

(3.) As Alzheimer's Disease does not *typically* manifest itself until the age of 60 to 70, to administer a screeing test at age 40 is too early to be of benefit. Additionally, it should be the role of the DMV to assess driving competancy, *not cognitive skills.* The State of California has attempted to deal with this issue of evaluating the driving *competency* of people with dementia. If the Task Force has not already done so, a review of California's DMV procedures might be worthwhile. For your reference, we have attached copies of their policy. It should be noted that if a physician in California were to report a diagnosis of early dementia, it would not necessarily result in the loss of license. This is an important point. Should the person who suspects he/she may be exhibiting signs of a dementia fear the automatic loss of their license due to mandatory reporting,this fear may cause that person not to seek medical evaluation. There can be many causes of symptoms of dementia other than Alzheimer's Disease, and impediments to the seeking of medical care should not be intentionally or unitentionally placed in the way as a disincentive to seeking appropriate medical care.

(4.) Finally, we would like to echo the comments at the Augusta hearing regarding the need for alternative transportation systems. Given the rural nature of the state, it is imperative that alternative modes of transportation be available so as not to further increase the isolation of Maine's elderly population. This area should be studied further and the legislature should support this important effort.

We would like to commend the members of the Task Force for their willingness to tackle this difficult, and often emotional, issue.

Respectfully submitted,



Kathryn G. Pears. Chair
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320 Water Street
Augusta, Maine 04330
207-622-9212
1-800-639-1553
FAX (207) 622-7857

"For people as they age."

October 14, 1994

Katherine Freund, Chairperson
Southern Maine AAA
PO Box 10480
Portland, ME 04104

Dear Katherine:

Senior Spectrum

I am pleased to send you Senior Spectrum's comments on the draft report of the Task Force to Study the Safe Mobility of Maine's Aging Population. Your group has obviously put a great deal of effort and thought into preparing this report, and the goal you seek -- safer roads -- is an admirable one which will benefit everyone.

As a general comment on the strategy the legislature should take in implementing the task force's recommendations, we feel very strongly that transportation alternatives should be in place and operational before any additional testing is required or additional restrictions placed on an individual's driving privileges. Transportation in Maine currently consists of "you drive or you rot", and limiting the ability of Maine's elderly to drive without viable alternatives in place is the equivalent to sentencing many older people to life imprisonment in their homes.

Concerning specific recommendations, we have the following comments:

- ☼ We support all of the proposals for alternate transportation, especially the one concerning insurance reform to make it possible for people to act as volunteer drivers without fear of lawsuit. We have found this fear to be a major stumbling block to the recruiting of volunteer drivers.

- ☼ We support all of the recommendations for making roads safer.

- ☼ We support all of the recommendations concerning pedestrian safety.

- We support all of the recommendations concerning driver licensure issues with the following exceptions:

    1. Cognitive testing at age 40. This sounds as if you are making a conscious decision to appear as if you are not discriminating against elders. Screening and education should be ongoing from the time a person first receives a license. Testing should be done every other year after the age of 60.

    2. A process should be established whereby those who failed a licensure test could re-apply, including provisions for retraining people whenever practical.

    3. As stated above, transportation alternatives must be implemented before any increased licensing regimens are imposed.

- We support all of the recommendations concerning education and training.

Once again, thank you for all the hard work performed by your task force, and thank you for the opportunity to comment on its findings. If you have any questions about these comments please feel free to call me.

Sincerely,

Muriel A. Scott
Executive Director

SMAAA OCT 17 1994

October 14, 1994

Katherine Freund, Chairperson
Task Force on Safe Mobility of Maine's Aging Population
307 Cumberland Avenue, P.O. Box 10480
Portland, Maine 04104

Dear Chairperson Freund:

Thank you for the opportunity to comment on the Draft Report of the Task Force to Study the Safe Mobility of Maine's Aging Population. This was an ambitious project, containing many constructive recommendations. I am the Project Director of the Maine Alzheimer's Project, made possible from a three year grant from the U.S. Public Health Service, and it is from this perspective that I offer comments directed at areas which cause concern.

My comments center on Chapter 6: Driver Licensure Issues. Specifically, I believe the task force has attempted to deal with a very complicated subject such as dementia and offer simple solutions that do not reflect the complexity of the subject and the people being affected by the recommendations. In a report done by the Muskie Institute of Public Affairs, University of Southern Maine, entitled Physician Practices Regarding Alzheimer's Disease, June 1993, the authors report that most physicians currently practicing primary care to adults have had little or no formal training in geriatrics (Burton and Solomon,1993; Reuben, et.al.,1993). One of the fastest growing health problems related to the aging of America's population is dementia, yet a majority of primary care practitioners lack formal education in its diagnosis and treatment (U.S. Congress, 1987). In Maine, until recently, there was only one Geriatric Evaluation Unit available to diagnose Alzheimer's disease or a related dementia, located in Gardiner. Recognizing this large unmet need, we are using grant funds to develop additional evaluation resources in the state. These projects are in varying stages of development. Given these facts, the recommendation to require the medical community to report diagnoses of dementia raises the following concerns:

1. Do we have ample resources to diagnose adequately dementia?
2. How does this recommendation consider the fact that some dementia is treatable through proper nutrition, change in medication, or treatment of depression that has symptoms appearing like dementia?
3. At what stage of dementia is a physician required to report? When an individual is confused? How confused?

This same study also found that nearly half of all physician respondents would not perform any recommended cognitive status tests to screen for the presence of an underlying dementia. And further,

about 20% of respondents "would neither perform cognitive status tests nor refer to a specialist for further diagnostic work up". Theses findings suggest that the physician community is certainly not prepared to implement this recommendation.

This recommendation also does not begin to address the ethical issues that it raises. The report cited above also found that only about half of physicians indicated that they would likely tell Mrs. M that she had probable Alzheimer's disease, while 90% said they would tell her daughter. It not only seems inappropriate but unconscionable that a physician would report the dementia of an individual to the Department of Motor Vehicles, and not discuss this diagnosis with the individual. These are ethical issues between physician and patient, and involve trust and client patient privilege. Is the Department of Transportation prepared to counsel individuals who have been informed by DOT that they have Alzheimer's Disease?

Finally, on a personal note, I am 43 years and have two daughters aged 10 and age 5. I find it indefensible to recommend that I be screened for cognitive impairments. Our limited resources must be better directed at efforts that serve some useful purpose.

Thank you for your consideration of my comments. As I stated above, the report contains many useful recommendations, but a few of the recommendations do not adequately reflect an understanding of a very complicated subject.

Sincerely,

Romaine Turyn

Romaine M. Turyn
Project Director

SMAAA

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October 14, 1994

Katherine Freund
Chairwoman
Safe Mobility Task Force
Southern Maine Area Agency on Aging
P.O. Box 10480
Portland, Maine 04104-0480

Dear Katherine:

Thank you for sharing a copy of your committees report with me. I have read it over and I must say I am impressed with the amount of work you have accomplished on this very important issue. I, too, am concerned with the ever increasing potential for the elderly to continue driving for years with physical limitations. I agree that it is important to develop new strategies to remove these unsafe drivers from the road.

As an optometrist, I have zeroed in on the visual recommendations section of your report. Older drivers are prone to a number sight threatening disorders, such as cataracts, macula degeneration and glaucoma, which can occur rather rapidly.

I applaud your "additional recommendations" numbers 1, 2, and 4 (from page 28) as an excellent way to detect vision problems more quickly and accurately. As president of the Maine Optometric Association, I would endorse these recommendations as reasonable and effective and I encourage you to procede with your attempt to have them written into Maine law. This would be a gigantic step forward and hopefully would make medical review recommendation number 2, mandatory reporting to the Secretary of State, unnecessary as I feel this would seriously erode doctor/patient confidentiality.

Contact me if you would like additional feedback. Again I would like to congratulate you on this productive contribution to a serious safety problem.

Sincerely,

Peter C. Everett, O.D.
President
Maine Optometric Association

PCE/kc

Which Is Affiliated With
American Optometric Association

MAINE MEDICAL ASSOCIATION

P. O. BOX 190 MANCHESTER, MAINE 04351
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Executive Vice President
Gordon H. Smith, Esq.

Secretary-Treasurer
Patricia A. Bergeron

October 12, 1994

Katherine Freund
Chairperson
c/o Southern Maine Area Agency on Aging
307 Cumberland Avenue
P. O. Box 10480
Portland, Maine 04104

Dear Katherine:

On behalf of the physician members of the Maine Medical Association, I would like to take this opportunity to comment on the draft report of the Task Force to Study the Safe Mobility of Maine's Aging Population. MMA, unfortunately, could not attend the public hearing on this report and so we greatly appreciate the opportunity to offer our comments in writing.

While physicians clearly have a strong interest in the health, safety, and well being of Maine's aging population, and an equally strong interest in ensuring that older citizens who drive are safe to themselves and to others, we have several objections to the proposed draft report. Our concerns focus primarily on the recommendations contained in Chapter VI of the draft report, Medical Review Program.

Chapter VI recommendations 1 and 2 would require physicians to report diagnosis of dementia and visual impairment. This reporting requirement is, in our opinion, far too broad. There are degrees of dementia and visual impairment which do not have any bearing on individual's ability to safely operate a motor vehicle.

We would strongly recommend that the draft report be modified to encourage a physician to voluntarily report an individual whose loss of mental or visual functioning threatens their ability to safely operate a motor vehicle. Unless an individual is impaired by their dementia or visual impairment, the reporting requirement would only place an unnecessary administrative burden on Maine physicians without a corresponding positive effect on safety. It is important to note, that this burden would be placed primarily on Maine's primary care and family physicians who, by nature of their practice, would be the likely candidates for the required reporting.

We would suggest amending Sections 1 and 2 of Chapter VI of the draft

report to instead require the Secretary of State to disseminate information to physicians about the current reporting system. Current law provides immunity to physicians who report individuals whose physical, mental or emotional impairment presents an imminent threat to driving safety (See 29 MRSA §547(3)). Information about this voluntary reporting system and immunity from liability should be incorporated into recommendation 7 of Chapter VI. We stress that the reporting system should be voluntary and should focus on individuals whose impairment renders them incapable of safely operating a motor vehicle rather than a reporting system that focuses on the mere diagnosis of a condition.

Finally, we have similar concerns with recommendation 5 of Chapter VI which addresses cognitive function. "Cognitive function" is too broad a criteria. The focus should be limited to an impairment of cognitive function which would affect driver safety.

Again, we greatly appreciate the opportunity to comment on this draft report. We would be glad to participate in any further discussions on these proposed recommendations or provide any additional assistance. Please do not hesitate to contact me if you have any questions.

Very truly yours,

Joan Friendman Cohen
Director Governmental Relations/
General Counsel

JFC:pp

cc: John B. Makin, Jr., M.D., Chairman, MMA
Committee on Legislation
Gordon H. Smith, Executive Vice President, MMA

Record of Public Hearings

MEMORANDUM

TO: Task Force to Study the Safe Mobility of Maine's Aging Population

FROM: David Plimpton

DATE: September 27, 1994

RE: Public Comments and Questions at Public Hearing of September 23, 1994

While Cush Anthony moderated the public hearing, I tried to keep track of all of the public's comments and questions. I have tried to summarize them, according to the general themes expressed in the various comments, rather than listing each comment or question separately. The Task Force will need to address whether and how to respond to these points in the final draft of the Task Force Report.

1. Chronological age has nothing to do with driving ability. Therefore, older drivers drive as well as younger drivers and sometimes better, because they are more experienced, more careful and obey the rules of the road.

2. Any kind of testing or regulation of older drivers which treats them differently from any other age group is discriminatory and, therefore, illegal and wrong. Testing should be based on individual circumstances, not arbitrary groupings like age. For example, there should be defensive driving courses for drivers of all ages; drivers should be retested on the road regularly regardless of age; making roads safer should be concerned with people of all ages, and drivers should be tested every two years, regardless of age.

3. The worst groups of drivers are young drivers (who received by far the most criticism from commentators), drunk drivers, drivers who drive with suspended licenses, drivers who speed and drivers who try to do two things at once, such as use car phones. These are the problems groups with which the Task Force, the police and the legislature should be concerned, not older drivers.

4. If there are a few older drivers who are functionally impaired (older drivers don't have attitude problems), they can be picked up in the normal license renewal process or when they become a problem on the road (i.e., get into a crash).

5. Some comments focussed on the low overall crash rate for older drivers, without mentioning the related statistics on crash rates per miles driven and other factors in the draft Report.

6. The tone of the Report is too negative; we should reward positive conduct, not punish unsafe drivers.

7. Minorities are not properly represented on the Task Force. Inherent in this comment, I gather, is an assumption that policies dealing with older drivers and pedestrians, alternative transportation and road design can affect various ethnic and racial groups differently.

8. The implementation of the Task Force's recommendations will cost too much. State and Federal funds are too tight and there is not enough of a problem to justify spending money on older driver problems. Some people will lose their livelihood and have to go on welfare, therefore costing more tax dollars, if some older drivers are taken off the road.

9. As to alternative transportation, the major comments included: don't implement any dementia testing or other regulations which might stop older drivers from driving until there is adequate alternative/intermodal transportation in place; there should be a linkage between driving and alternatives, and there needs to be more public support for alternative transportation, such as from gas tax revenues.

10. Any legislation which is recommended or passed as a result of the work of the Task Force should have a sunset provision.

11. The goal of the Task Force, although not stated directly, is to get older drivers off the road.

12. Some of the comments generally supporting the recommendations and analysis of the Task Force, included those of the Maine Center for the Blind and others to the effect:

a. visual testing should be done more often; there is a dramatic increase in visual impairment as the population ages.
b. the visually impaired still drive, even though they often acknowledge they cannot do so safely, because there are no alternatives.
c. there should be mandatory reporting of visual impairment and dementia to the Secretary of State by health care professionals, with appropriate confidentiality and privilegeprotection for the reporting professional.
d. there should be increased testing as people age; it is not discriminatory because everyone is at risk if unsafe older drivers are on the road and every driver will eventually be an older driver.
e. cognitive screening is needed for older drivers, but may not be needed at earlier ages such as 40 and 50.

THE TASK FORCE TO STUDY THE SAFE MOBILITY OF MAINE'S AGING POPULATION

PUBLIC HEARING
SEPTEMBER 30, 1994
ROOM 113
STATE OFFICE BUILDING
AUGUSTA

PUBLIC COMMENTS:

1. *Jon Doyle an attorney with the firm of Doyle & Nelson in Augusta.*

Mr. Doyle stated that he was not representing anyone except himself, although he did have a mother who is in her etghties and still relies on her own vehicle for transportation. He offered the following suggestions:
1. The Task Force should hold the hearings at night or on weekends so that more working people could attend.
2. The report is so far reaching that it would not survive the legislative process.
3. Until Maine has adequate alternate transportation we should not restrict the ability to drive private automobiles.
4. No evidence to indicate a need for dementia testing at age 40. Over reaction to a problem that is not fully proven. Long expensive process.
5. Task force should place priority on alternate transportation with an emphasis on a volunteer system.
6. One excellent proposal = the medical community should be required to report individuals, who should not be driving, to the appropriate authorities.

Frank Tupper of Scarborough:
1. Stated that the motor vehicle is very important and the loss of it is a real threat to the older person's independence.
2. He questioned the statistics in the report. He felt they indicated that older drivers were the safest and that they were based on an incomplete sampling.
3. He recommended that the licensing criteria be equatable fair and simple for all.
4. He felt that there was no doubt that some older drivers do have problems and should be tested every two years.
5. There are unsafe drivers of all ages. Should use a point system restricting and suspending licenses and retested with a road test.
6. Dementia testing should be done by medical professionals and they should be required to report.

Sybil Quimensnider of the Alz. Assoc.

1. Dementia is a serious problem. At least 10% of those over the age of 65 and 50% of

those over 80 have alzheimers.
2. Driving is a real problem for this age group and she supports requiring the medical professionals to report individuals having problems.
3. Supports the recommendations that a member of the Medical Advisory Board be a physician with knowledge and interest in geriatrics.
4. Wanted the task force to know that cognitive testing requires skilled, trained personnel.

Francis Madera of Naples:

Fully supports what the task force is doing.

Julian Holmes of Wayne:
1. Supports the kind of things the Task Force is attempting to do.
2. Transportation alternatives should be top priority.
3. Does not think there should dementia testing by the State.
4. Felt that the statistics were misleading and false.
1. Said that graphs indicated that older drivers were the safest.
2. Accident rate per mile invalid.
5. Report discriminates against older drivers.
6. Safer roads is an issue to be addressed.
7. To test for mental problems is missing the boat.

Jackie Hamelton of Manchester

1. Supports many of the recommendations.
2. Drivers of all ages should be addressed.
3. Priorities should be independent living, alternate transportation, funds for public and volunteer transportation and education.

Bruce Bacchiocchi of Yarmouth

1. Stigmatizing older people when the problems are with young drivers and truck drivers who intimidate the older drivers.
2. The Task Force should have had at least one member over 80 years of age.
3. Believes that the older driver who is not capable of driving will voluntarily surrender their licenses.
4. Should have penalties based on the ability to pay.

Dave Prescott of Rockland:

1. All applicants for a first-time Maine drivers license should be required to pass the following tests:
Vision, Laws, road test and memory and functional reasoning.
2. All applicants for renewal of a license should be required to pass the same four tests.

3. Licenses should be issued for a period of ten years at a cost of $150.
4. Licenses for drivers under 25 or over 60 should be issued for a period of five years at a cost of $75.
5. Mandatory testing when requested by a close family member, or perhaps when requested by three family members.

Duffy Wilson of Westbrook:

1. Submitted statistics on Maine automobile crashes and requested that they be included with the report.
2. Alternative transportation should be a priority - but keep the tax payer in mind.

Hilde Barlow of East Boothbay:

1. First things first - Must have alternative transportation.
2. Volunteer drivers should be covered by a blanket insurance policy.

Madeline Morton of Augusta:

1. We need our cars there is no alternative. Even if we have a bus - who is going to carry my groceries.
2. Most of us are restricted to day time driving. Need to have driving classes in the day time.

Dolores Vail of Falmouth:

1. Difficult to find volunteers to drive other people because of the cost of auto insurance.

Esther Dudley of North Whitefield:

1. Was concerned about people exceeding the speed limit.

Al Bois of Topsham:

1. Concerned with the lack of public transportation and in those areas that currently have public transportation was concerned with the ability of older individuals being able to get to the pick up points.

Written Statements:
Lillian of Augusta
1. What about the mental & visual capacity of drivers between 16 & 40?
2. Speeding of younger drivers?
3. Drunk drivers should have to take driver & rehab class.

Robert Greely of Gardiner:

1. *Reduce the speed limit back to 55 MPH.*
2. *Traffic lights at all shopping malls.*

10/7/94

Public Hearings

Georgiana Cohen
Quotes - from Katherine F.
discussed Research of Kathy
feels transportion is there
concerned about "extra tests"
how difficult it would make things
"Senior citizens" resent Kathy's orchestration.

Joan Janesky -
discrimination evident.
Public Hearing - not enough notice
felt more would be here.
Eye testing OK - thinks present
requirement enough.
Concerns mobility will be taken
away.
Public Transportation not enough
in Bangor, Maine
Supports alternatives especially
at Subsidized housing.
More attention to high risk
groups under 30.

Robert Graves

Suspicious of statistics
questioned these
Wants more information
Clarified Alzheimer's +
diagnsing of these.
dementia not an easy DX.

Ellie ~~Tabbe~~ Tabb AARP - Bar Harbor Chapter

Needs are different IN different
areas - not consistent.
Can't get to medical provider
groceries - at times.
Lack of information about
transportation. Don't
know resources.
feels people only drive
as necessary when they
are older.
They want to give up
driving on their ow

Michael Griffin — Blind "Thinking of other people" on the road
Drove after being declared legally blind & feels

Frank Duffy — drives 36,000 miles/yr
has trouble ~~is~~ with 'younge people"
Concern about economy
if older people could not drive
disrespectful younger drivers
no elderly in court repor
feels older drivers are the safest.

Linda Hurt — Maine Center for the Blind.
acuity - reporting
clarify acuity
consider degrees of vision loss
not always age related.

~~Mr Hunt~~ Cont — Should be more people here to represent elderly.

People invited however "no transportation" Can't get to Bus Stops in Downeast Maine.

Needs to be more restrictions but not penalized

Jim Martin Div. of Blind. Instructor
Concern Pedestrian Safety
Increase pedestrian education

Lawrence Brewster discussed eye exams and present regulation

Statistic doesn't indicate "cause" of accidents
how would you diagnose dement
people must get needs met.
already enough laws in plac
excessive Speed a problem.

Dr. Graves – concerned elderly do not wear seat belts

feels Seniors use good judge ments about driving.

Frank Duffy – inforce present laws. Comments on safety of Rt 95.

feels manditory reporting + present regulations are Sufficient

"Highways not Safe"

feels old people are safe

Problems ~~w~~ ~~young~~ young drivers.

"Afraid" of task force. ☺

"concerned about everyone"

Several comments – re manditory VK Voluntary reporting.

XEN

John O'DEA

explained how the Task Force was established

Press clippings

These clippings represent only those stories, editorials and letters to the editor which Task Force members were able to collect. This is, therefore, only a partial record.

News Stories

Safety study to focus on older drivers

● A state task force will try to find ways to reduce the number of accidents involving the elderly.

By ALAN CLENDENNING
Staff Writer

A state task force to be formed this summer will attempt to determine whether the growing number of older drivers is affecting safety on Maine's streets and highways.

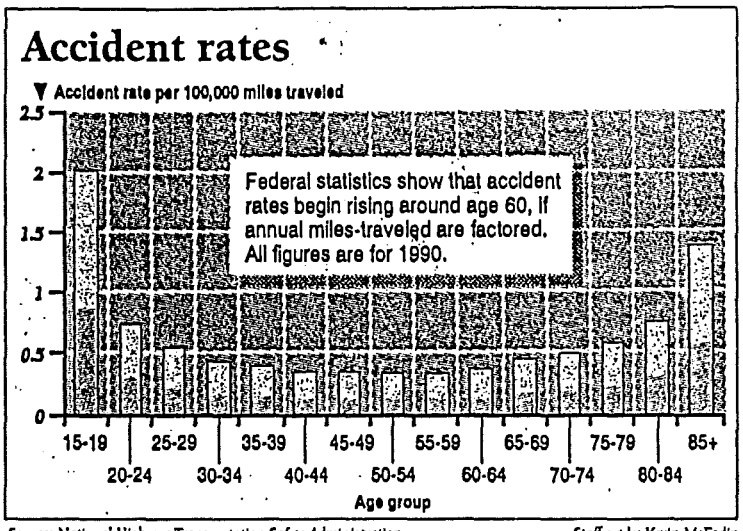
The creation of the broad-based group comes in response to concerns among some legislators about the accident records of older drivers.

The task force is the brainchild of Katherine Freund of Portland, whose son was seriously injured by an elderly driver five years ago. Freund has been researching the issue since then.

Freund assembled a package of federal statistics and other research that shows older drivers are more likely to be involved in accidents and less likely to respond to their diminished capacity to drive.

Legislators said Freund's presentation persuaded them to create the task force.

Katherine Freund
Son seriously injured by elderly driver



Source: National Highway Transportation Safety Administration — *Staff art by Kevin McFadin*

DRIVERS

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Freund says she wants to help fix the problem.

In 1988, her son Ryan, then 3, was run over and seriously injured by an elderly driver in the city's Deering Center neighborhood.

"What was (the driver) doing wrong? He was driving his car. He was being as careful as he knew how to be, but he didn't see Ryan," she said.

The task force will examine the state's licensing system and transportation alternatives for the elderly. The group also will look into ways to make the state's road system easier for older people to use, and will assess the effectiveness of existing driver education programs.

The legislation, approved last week and signed into law by Gov. John R. McKernan, marks the first time in years that the issue of older drivers has been raised at the legislative level.

The most recent political efforts have loosened licensing rules for older drivers. In 1983, a law was repealed that required Mainers over 75 to take driver's tests every four years. Two years later, the Legislature repealed a different rule requiring those over 65 to take vision tests every two years instead of every four years. Opponents of the rules said they were discriminatory and unneeded.

But Rep. William O'Gara, D-Westbrook, says it's time to revisit the issue because the number of older drivers is increasing and federal driving accident statistics raise safety concerns.

> *The most recent political efforts have loosened licensing rules for older drivers.*

"Granted, the elderly may drive only to the store or to a doctor, but the rate of accidents in that group is very high," said O'Gara, co-chairman of the Transportation Committee.

Elderly advocates for years have pointed to federal studies showing that people between age 65 and 85 have fewer accidents than all other age categories.

But other federal studies show a different picture when accidents are measured against the number of miles driven.

After beginning at a high rate for the youngest drivers, accidents decrease to their lowest point around middle age. But they start rising again at age 60. Drivers 85 and older have the second-highest accident rate. Only teen-agers rate worse.

Older drivers also are more likely to die in accidents than other drivers, according to the data from the U.S. Transportation Department.

Maine statistics show that, overall, drivers 60 and 79 have the fewest accidents. Freund believes that's because they drive less. She thinks a study in Maine factoring in mileage would show the same trend as the federal studies.

In Maine, the number of drivers over age 65 increased from 80,476 in 1980 to 134,190 last year, according to data from the Bureau of Motor Vehicles.

Experts expect the trend to continue as the ranks of people over age 60 rise more rapidly as a percentage of the total population through the first part of the next century.

Lobbyists for the elderly agree that the federal statistics identify a problem. The most important risks for older drivers are their fragility – which makes it harder to survive accidents – and a diminished capacity to drive safely, said Dawn Kelly-Duncan, a national spokeswoman for the American Association of Retired Persons.

But Kelly-Duncan and other elderly advocates say they will continue to resist any attempt to impose licensing restrictions on the elderly. They support increased research into the issue and exploration of alternative transportation modes that would allow the elderly to get around without their cars.

The Maine chapter of the AARP will be represented on the state task force, along with officials from various state agencies and members of other interest groups.

"My own personal view is that we want to be involved in the discussion and we want to be a player," said George Nilson, who serves on the Maine AARP's committee that assesses new legislation.

Nilson added that the group welcomes research into the factors that affect driving skills. He said that it would probably support improved license screening and testing methods for people of all ages who are at a high risk for accidents.

But Nilson and others said new testing rules that don't affect all age groups are discriminatory. They seem to have an ally in Secretary of State William Diamond, whose office oversees driver licensing. He said he is "uncomfortable" with testing for one age group.

"She really convinced me that we've got to help drivers – as they get older – deal with the problems of aging and transportation by getting all parties involved to face what the realities are and come up with solutions," said Sen. Joseph Brannigan, D-Portland, who co-chairs the Legislature's Transportation Committee.

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> *"I understand that nothing will ever replace the total convenience of stepping out your kitchen door and getting into your automobile."*
>
> **Katherine Freund, on elderly driving**

Freund says additional testing for the elderly may be part of the solution – but only if the task force can come up with alternative transportation methods for the elderly that will not compromise their mobility and independence.

That's where she wants the committee to do the most work. Freund is currently trying to establish a pilot program that would allow older people to phone for transportation by car when they need it.

Freund acknowledges that Maine's budget problems and rural makeup could hinder the establishment of alternative transportation for the elderly. But she is convinced that the methods are needed to get older people to stop using cars.

"I understand that nothing will ever replace the total convenience of stepping out your kitchen door and getting into your automobile. But given the dangers of elderly driving, I'm trying to put together the next best thing," Freund said.

Licenses to be valid for longer

● A Maine task force will examine safety concerns about elderly drivers.

From staff reports

All Maine drivers except those age 65 or over will renew their licenses every six years instead of every four years as of July 1.

The new law, approved by the Legislature and Gov. John R. McKernan earlier this month, is intended to reduce lines at Bureau of Motor Vehicle offices, said Secretary of State G. William Diamond.

Officials were uncomfortable about changing the rules for those age 65 and over because of the imminent formation of a task force, said Sen. Joseph Brannigan, D-Portland.

The task force will examine safety concerns about elderly drivers.

The new law means that McKernan administration officials didn't want to change the eye test rules for the elderly until the committee finishes its research.

Drivers will still be required to take vision tests every four years, but all others will take the test every six years.

License renewal fees and fees for new licenses will rise $9 – to $27 – for those people taking the test every six years.

The fee for commercial drivers will rise $13, to $38 every six years.

Portland Press Herald

6/22/93

Change urged in eldery driver study

Officials want task force to broaden focus beyond seniors

BY MAL LEARY
Capitol News Service

AUGUSTA — A task force created by lawmakers to study the driving problems of older drivers needs to be expanded to a broader study of all drivers with high accident and injury rates, say some top state officials.

"I am hoping the task force will not just look at age groups," said Secretary of State William Diamond. "The idea here should be to find out if there are weaknesses in the drivers out on the roads."

Public Safety Commissioner John Atwood said the goal of the state should be to make sure all drivers on the roads are as safety conscious as possible. He said there are specific problems faced by different age groups.

"With younger drivers the problems relate more to inexperience and less sound judgment in the use of the privilege of driving," Atwood said. "With older drivers, the issue has nothing to do with judgment, wisdom or experience. It has everything to do with the frailties of age, slowing down reaction time and the ability to see signs."

While older drivers in Maine, like the rest of the country, overall have a lower rate of fatal accidents than teen-agers or middle-aged drivers, the lower rate is due to the fewer miles they usually drive. Federal statistics show when measured by miles driven, drivers over 75 years of age have the highest rates of accidents.

"But, there are also drivers 85 and 90 that can drive as well as you or I," Diamond said. "There are also drivers in the 20s that are far more of a risk to other drivers than older drivers. We have to look at this on a more individual basis."

Col. Alfred Skolfield, chief of the Maine State Police, said there are clearly two age groups that have more accidents than the driving population as a whole. He said the youngest drivers, those 15 to 19, and the older drivers, those over 75, have the highest accident rates.

"Currently, the numbers we have generated on older drivers here in Maine do not indicate that there is a major problem," he said. "The national numbers seem to reflect more of a problem than the Maine numbers do."

Sen. Joseph Brannigan, D-Portland, co-chairman of the Legislature's Transportation Committee, said he believes with the "graying" of Maine and America, the older driver is one of the fastest growing highway safety problems. He said the question of how to remove older drivers who pose a hazard to other drivers, without unfairly discriminating against all older drivers, is a very difficult question.

"The older driver study is an attempt to bring all the players together to consider this issue," he said. "I think the dangers of the younger age group should be considered in a separate study."

Brannigan said he believes the specific problems of older drivers should be addressed by a comprehensive study. He said the panel should strive to develop policies to help older drivers keep their privilege to drive.

The scientific data indicate a person's reflexes slow down significantly after age 75. Several studies indicate cognitive abilities and eyesight start to fail at age 75 and rapidly decrease with age.

Diamond said he has greater flexibility to deal with the problems of aging drivers than most states.

"Unlike many states, I have the ability to require person to be tested for continuation of their driver's license at any time," he said. "If we get a report that a person should no longer be allowed to drive, we look into it and order the person to take a test, whether they are 35 or 85."

He said he has used his authority to order tests several times. He said he has issued restricted licenses in several cases. For example, a person may be a hazard at night, but can drive adequately during the day.

Some states are considering requiring medical professionals to report persons to the licensing authority when the person may pose a hazard to other drivers because of a medical condition.

Other states are working to develop testing procedures that go beyond the typical written and road skills tests now employed to determine whether a person should be allowed a driver's license. Several specialized tests for reaction time and physical ability are being researched. One problem being researched in Oregon, for example, deals with the problems older persons have with turning their head far enough to adequately see to back into a parking space.

New York is one state that already has started to implement a policy that increases the size of lettering on signs and increases the reflectivity of the signs as well. Most signs are designed to be visible at 50 feet, but that is a standard too difficult for many drivers, particularly those over 65 years of age.

Brannigan said the study will look at the research from other states as well as reviewing legislation that has already been adopted in other parts of the country.

7/26/93

Conference focuses on elderly drivers

By STEVEN G. VEGH
Staff Writer

A conference Friday at the University of Southern Maine promises to address "transportation as a lifelong need."

But Hilton Power fears it may be aimed at regulating one class: elderly drivers.

Presentations will include "How Drivers Change as They Age," "Accommodating Older Drivers with Better Cars and Highways," "Transportation Alternatives to the Private Automobile," and "Senior Driver Highway Safety Program."

"The major thing we'd be concerned with is that people over 65 not be singled out," said Power, 73, who scrutinizes state legislative proposals as a member of the American Association of Retired Persons.

Katherine Freund, a conference organizer, said the event will offer education about driving safety and a chance for anyone, including senior

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WHEN AND WHERE

Participants in the Feb. 25 conference must pay a $20 registration fee for senior citizens and students, $25 for others. A coffee break and lunch are provided.

Some free and reduced admissions are available; call 1-800-427-7411 for details.

The conference will be held in USM's Luther Bonney Auditorium from 8:30 a.m. to 4 p.m.

For registration information, call 780-5960, or 1-800-427-7411.

Portland Press Herald 2/23/94

DRIVE

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citizens, to speak about how the elderly can be assured of access to transportation.

Freund is chairwoman of the Task Force to Study the Safe Mobility of Maine's Aging Population. The task force was appointed by legislators after lobbying by Freund, whose young son was injured by an elderly driver several years ago.

The task force and USM's Edmund S. Muskie Institute of Public Affairs are sponsoring the conference.

Information gathered by the task force will provide the basis for its recommendations next year on how to improve driving safety and provide ready transportation for senior citizens.

The state now requires drivers to take vision tests when renewing licenses at ages 40-43, 52-55, and 65 or older. There are no requirements specifically for motorists who are senior citizens.

"Our need for transportation exists from when we are children until the very end of our lives," Freund said last week. "It does not end when our ability to drive safely ends."

The ability to drive safely has direct links to age, she said.

"As we age, it's increasingly difficult for us to process more than one piece of information at a time. What does that mean when you drive? It means it's harder to turn left," she said. Turns involve judging speed and distance and decisions that may be difficult for an older person to make quickly.

That fact, Freund said, is not recognized by everyone. "If people understood more how age changes their ability, they'd be better able to compensate for that and drive safely."

Power agreed that driving safety is an issue in Maine and nationally. It's clear, he added, that age can diminish a person's driving ability.

"But it depends on the individual," Power said. And while he will wait to see what the task force recommends, he is concerned it will restrict older drivers' privileges.

"She has singled out a certain age group by the very name of the task force," he said, referring to Freund.

Among the task force members is Robert O'Connell, director of driver licensing and control in the state Bureau of Motor Vehicles.

"My goal is to license people as long as they're competent to operate," he said. "I have no intention of requiring individuals, at this point, to undertake a test based on a certain age."

Forum cites needs of older drivers

● More training, uniform signs and alternatives to driving are debated.

By SUZANNE DELCAMP
Staff Writer

It would be easier for older drivers to negotiate the roads safely if highway signs and traffic signals were uniform nationwide, a gathering of individuals concerned about transportation concluded Friday.

"Certainly there is a need for uniformity. One of the main things that helps people with their driving ability is knowing what's ahead," said Dr. John Eberhard, chairman of the National Highway Traffic Safety Administration's committee on Safety and Mobility of Older Drivers.

Eberhard, who was responding to a list of suggestions about how transportation systems can be improved, was the keynote speaker at a conference held at the University of Southern Maine that addressed "Transportation as a Lifelong Need."

The forum, attended by more than 75 senior citizens, transportation experts, police and other officials, was held to give people a chance to talk about transportation alternatives, educational programs for the aging population and related issues.

"The issue is the diminished capacity to drive. It is true to say, as we age we have more problems. It is a normal process of aging," said Kathleen Freund, chairwoman of the Task Force to Study the Safe Mobility of Maine's Aging Population.

However, it is also important to realize that younger people can be affected by diminished driving skills, she said.

"There are things that can be done to help people out," Freund said. "But we can't do this until we acknowledge that there is an issue."

Toward the end of the forum, those attending broke into small discussion groups to talk about the problems drivers encounter, how to improve highways, and options for alternative transportation.

Improvements the groups suggested included providing more training for drivers throughout their lives; improving and coordinating transportation systems in rural areas; and implementing a national standard for traffic rules and highway markings, such as making sure all roadway stripes, signs and lights at intersections are uniform.

Kathleen Freund

Chairs task force on transportation for elderly

Eberhard questioned whether additional driver training will improve safety, saying some studies have shown extra training isn't necessarily effective.

"I've been involved in driver training for over 25 years and everybody thinks at first blush that training is the answer," he said. "We have to do a better job of finding out what people need to be told."

Eberhard also questions whether immediate changes to the nation's highway system should be made without adequate study.

"One of the things I'm concerned about is people want to go out and change things immediately and I don't know that we're ready to do that yet," he said. Dr. Loren Staplin, a research psycologist who also spoke at the forum, suggested that such changes could be made over time as it becomes necessary to update and replace current roads and traffic safety devices.

Friday's forum was sponsored by the task force and the Edmund S. Muskie Institute of Public Affairs.

The task force will incorporate Friday's findings in its November report to the state Legislature. A final list of recommendations is due in January.

Older drivers under new scrutiny

● Among proposals in a task force's draft report is additional testing for people over 40.

By ALAN CLENDENNING
Staff Writer

A state task force will consider proposals to make drivers over 75 renew their licenses every two years and to start testing drivers over 40 at each license renewal for vision and mental disabilities.

Those state law changes, if recommended, could be among the most controversial in a lengthy draft report under review by the Task Force to Study the Safe Mobility of Maine's Aging Population.

The group – made up of state officials and interest groups ranging from the elderly to insurance carriers – has studied the issue of safety, mobility and alternative transportation for the elderly for a year. It plans to give final recommendations to the Legislature in November.

The Legislature created the task force last year in response to lobbying by Katherine Freund of Portland, whose son was injured by an elderly driver several years ago.

Members studied the issue for months and broke into committees to come up with recommendations. They plan to discuss the draft report next week.

The report concluded that problems among Maine's elderly drivers are similar to a national trend.

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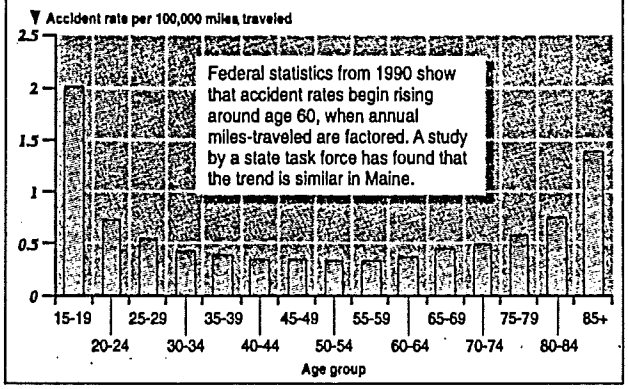
Accident rates



Source: National Highway Transportation Safety Administration *Staff art*

DRIVERS

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Overall, elderly drivers are involved in far fewer accidents than other age groups. But the statistics show a different picture when accidents are measured against the number of miles driven.

After beginning at the highest rate, among teen-agers, accidents decrease to their lowest point around middle age. But they start rising again at about 60. Maine drivers 75 and older have the second-highest accident rate.

Federal studies also show that older drivers are more likely to die in accidents than other drivers, according to data from the Transportation Department.

In Maine, the population of elderly drivers is expected to increase dramatically until 2020, while the population of younger drivers is expected to decrease, according to federal census estimates.

Currently, drivers over 65 are required to renew their licenses every four years, and there is no change when a person becomes 75, said Robert O'Connell, director of driver licensing and control for the Bureau of Motor Vehicles.

All other drivers renew their licenses every six years. Visual testing is required every other time a person over 40 renews a driver's license.

And there is no state test to gauge "cognitive deficit problems," that can hinder a person's ability to drive, said O'Connell, who serves on the task force.

Such a screening test could identify people with Alzheimer's disease or a head injury that can alter their behavior, judgment and attention span. It could also help licensing officials determine whether a person is a driving risk, he said. California is the only state that uses a cognitive test for license renewal.

To Hilton Power, the test on cognitive ability would be a way to determine "if you can't think straight enough to drive." Power, 72, is a member of the American Association of Retired Persons who has said additional license tests for the elderly are discriminatory.

"The question of age discrimination is muted by using this age 40 (level for testing), but my feeling is a lot of people will still say it is discriminatory. ... Why don't they make everyone take the tests?" he said.

However, Power said he supported many other parts of the draft report. For example, some proposals would provide insurance for volunteers who help drive the elderly and protect the volunteers from lawsuits. Those recommendations are among a host of proposals that focus on alternative transportation and education about aging for the elderly, ways to change signs and roads and the protection of elderly pedestrians.

Task force members cautioned that the draft report released Thursday may be modified before public hearings begin later this month.

The report includes a broad array of other proposals that could lead to better transportation alternatives for the elderly, the expansion of driver safety training for older people and other transportation issues that affect them.

The draft also includes recommendations requiring the "medical community" to report diagnoses of people with dementia or visual impairment to the secretary of state's office, which oversees driver licensing.

Also, the secretary of state's office would be required to develop a system to monitor drivers who have been involved in multiple accidents or have accumulated driving offenses.

The report said current medical monitoring of drivers "is ineffective in identifying on a consistent basis those individuals who may lack the functional ability to operate a motor vehicle safely." The current system relies on voluntary reporting by physicians or people concerned about drivers.

HEARINGS

The state task force on elderly drivers will hold three public hearings after it reaches a consensus on recommendations:

Sept. 23 – Portland, 10 a.m. Payson Smith Hall, Room 304, University of Southern Maine

Sept. 30 – Augusta, State Office Building, Room 113

Oct. 7 – Bangor, Bangor City Hall, 73 Harlow St., City Council chambers on third floor.

The Sept. 23 hearing will be broadcast on interactive television in Saco, Machias, Lewiston, Farmington and Presque Isle. Call 775-6503 for the locations.

RECOMMENDATIONS

The Task Force to Study the Safe Mobility of Maine's Aging Population will consider a wide range of recommendations. They include:

Studies to be performed by the Maine Department of Transportation to evaluate statewide public transportation services for people over 65.

Development of a network of volunteer drivers across the state to cover elderly people whose transportation needs are not being served, including a toll-free number for schedule, route and fare information.

New laws to provide insurance coverage for volunteer drivers and immunity from lawsuits for drivers working for an approved agency.

Pilot projects by state, federal and local agencies to improve elderly safety and mobility on roads in urban, suburban and rural areas of Maine.

A program by the Department of Public Safety to address seat belt use among the elderly.

Assessment of pedestrian safety issues for the elderly.

Providing information in the driver license examination manual on the aging process and medical conditions that can hinder driving ability.

Developing information for health care professionals about the reporting of drivers who may have problems driving.

Requiring the Secretary of State to institute programs to educate and retrain drivers who have developed poor driving habits.

Establishing a graduated driver's license system that allows people to get licenses with certain conditions, such as restrictions on nightime driving or driving within a certain local area.

Exploring development of an improved vision screening test for license renewal.

Helping older drivers improve their skills and understand the aging process through better education programs, including behind-the-wheel time.

Publicizing existing programs more extensively.

Portland Press Herald 9/2/94

Changes mulled to cover driver's license renewal

PORTLAND (GGS) — A state task force will consider proposals to make drivers over age 75 renew their licenses every two years and start testing drivers over 40 at each license renewal for vision and mental disabilities.

Those state law changes, if recommended, could be among the most controversial in a lengthy draft report under review by the Task Force to Study the Safe Mobility of Maine's Aging Population.

The group — made up of state officials and interest groups ranging from the elderly to insurance carriers — has studied the issue of safety, mobility and alternative transportation for the elderly for a year. It plans to give final recommendations to the Legislature in November.

Currently, drivers over age 65 are required to renew their licenses every four years and there is no change when a person becomes 75, said Robert O'Connell, director of driver licensing and control for the Bureau of Motor Vehicles.

All other drivers renew their licenses every six years. Visual testing is required every other time a person over 40 renews a drivers license, instead of every time.

And there is no state test to gauge "cognitive deficit problems," that can hinder a person's ability to drive, said O'Connell, who serves on the task force.

Such a test could identify people with Alzheimer's disease or a head injury that can alter their behavior, judgment and attention span.

To Hilton Power, the test on cognitive ability would be a way to determine "if you can't think straight enough to drive." Power, 72, is a member of the American Association of Retired Persons who has said additional license tests for the elderly are discriminatory.

However, Power said he supported many other parts of the draft report. For example, some proposals would provide insurance for volunteers who help drive the elderly and protect volunteers from lawsuits.

← Kennebec Journal 9/2/94

Maine Sunday Telegram → 9/4/94

● TASK FORCE PROPOSALS

Over-75 drivers could face license renewal restraints

A state task force will consider proposals to make Maine drivers over age 75 renew their licenses every two years. In addition, drivers over age 40 would be tested at each license renewal for vision and mental disabilities.

Those proposals are part of a draft report released last week by the Task Force to Study the Safe Mobility of Maine's Aging Population.

The task force comprises state officials and interest groups ranging from the elderly to insurance carriers. It plans to give final recommendations to the Legislature in November.

The report includes a broad array of other proposals that could lead to better transportation alternatives for the elderly, the expansion of driver safety training for older people and other transportation issues that affect them.

The Legislature created the task force last year in response to lobbying by Katherine Freund of Portland, whose son was injured by an elderly driver several years ago.

Federal studies show that older drivers are more likely to die in accidents than other drivers, according to data from the Transportation Department.

In Maine, the population of elderly drivers is expected to increase dramatically until 2020.

Screening tests could help identify people suffering from altered behavior, judgment and or short attention spans that impair driving.

The draft report released Thursday may be modified before public hearings begin this month.

Sun-Journal, Lewiston, Maine, Saturday, September 3, 1994

More tests mulled for older drivers

PORTLAND (AP) — Proposals to require that older motorists undergo additional license renewal tests for vision and mental disabilities may be aired at public hearings in Portland, Augusta and Bangor.

The Task Force to Study the Safe Mobility of Maine's Aging Population has spent the past year reviewing issues related to safety, mobility and alternative transportation for the elderly.

The panel, made up of state officials and interest groups ranging from the elderly to insurance carriers, plans to present its final recommendations to the Legislature in November.

Proposals likely to stir the most controversy include a requirement that drivers over age 75 renew their licenses every two years and that drivers over 40 be tested for vision and mental disabilities at each license renewal.

Under current law, drivers over age 65 are required to renew their licenses every four years and there is no change when a person becomes 75, said Robert O'Connell, director of driver licensing and control for the Bureau of Motor Vehicles.

All other drivers renew their licenses every six years. Visual testing is required every other time a person over 40 renews a driver's license.

There is no state test to gauge "cognitive deficit problems" that can hinder a person's ability to drive, said O'Connell, a task force member.

California is the only state that us-

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es such a screening test, which could identify people with Alzheimer's disease or a head injury that can alter their behavior, judgment and attention span. It could also help licensing officials determine whether a person is a driving risk, O'Connell said.

Hilton Power, a 72-year-old member of the American Association of Retired Persons, regards additional license tests for the elderly as discriminatory.

A test on cognitive ability is aimed at determining "if you can't think straight enough to drive," he said.

Power said using 40 as the age threshold mutes the discrimination issue, but he suggested that it would be even fairer to require everyone to take the tests.

However, Power said he supported many other parts of the draft report released Thursday.

The document includes proposals that could lead to better transportation alternatives and expanded driver safety training for the elderly.

The task force was created last year by the Legislature after lobbying by a Portland woman, Kathleen Freund, whose son was injured by an elderly driver several years ago.

The report noted that elderly Maine drivers, like those nationwide, are involved in far fewer accidents than other age groups. But when measured against number of miles driven, the accident rate among Maine drivers 75 and older is exceeded only by the rate among teen-agers.

The task force has scheduled hearings on Sept. 23 in Portland, Sept. 30 in Augusta and Oct. 7 in Bangor.

Hearing set on elderly drivers

● The public will comment on proposed changes in state law that would affect older drivers.

From staff reports

A state task force will hold its first public hearing Friday in Portland on a host of proposals that could affect elderly drivers.

The group's draft report includes recommendations to make drivers over 75 renew their licenses every two years and to start testing drivers over 40 at each license renewal for vision and mental disabilities.

The state law changes, if recommended, could be among the most controversial in a lengthy draft report under review by the Task Force to Study Mobility of Maine's Aging Population.

The group – made up of state officials and interest groups ranging from the elderly to insurance carriers – has studied the issue of safety, mobility and alternative transportation for the elderly for a year. Following public hearings, it plans to give final recommendations to the Legislature in November.

Drivers over 65 are now required to renew their licenses every four years, and there is no change when a person becomes 75, said Robert O'Connell, director of driver licensing and control for the Bureau of Motor Vehicles.

All other drivers renew their licenses every six years. Visual testing is required every other time a person over 40 renews a driver's license.

And there is no state test to gauge "cognitive problems" affecting behavior, judgment, attention span and a person's ability to drive.

The report also includes a broad array of other proposals that could lead to better transportation alternatives for the elderly and expansion of driver safety training for older people.

PUBLIC HEARINGS

The first public hearing on the draft report of the Task Force to Study the Safe Mobility of Maine's Aging Population is scheduled for 10 a.m. Friday in Room 304 of Payson Hall at the University of Southern Maine in Portland.

The hearing also will be broadast on interactive television in:

Saco: Saco-Biddeford Center, Main Street, Saco Island

Lewiston/Auburn: Room 159, Lewiston Auburn College, 51-55 Westminster St.

Farmington: ITV Studio, Robert's Learning Center, first floor, University of Maine at Farmington

Machias: Room 4, Torrey Hall, University of Maine at Machias

Presque Isle: Room 213, Pullen Hall, University of Maine at Presque Isle

Additional hearings:

Augusta: 10 a.m. Sept. 30, Room 113, State Office Building

Bangor: 10 a.m. Oct. 7, Bangor City Hall, city council chambers

Portland Press Herald 9/22/94

Driving proposals go before the public

● The most dramatic licensing change for people older than 40 would be a test for 'cognitive function.'

By ALAN CLENDENNING
Staff Writer

Maine could become the first state to regularly screen drivers older than 40 for mental disabilities that hinder driving ability.

The idea is part of a long list of proposals aimed at improving safety and mobility for older drivers. The proposals will get their first public hearing today.

As part of the relicensing process, people over 40 would take a brief exam, possibly a test evaluating understanding of common road signs.

They would face further scrutiny – and could ultimately lose their licenses – if they fail, said Robert O'Connell, director of driver licensing and control for the Bureau of Motor Vehicles.

O'Connell is a member of the Task Force to Study the Safe Mobility of Maine's Aging Population, which spent a year studying the issue of safe driving and alternative transportation for the elderly.

Federal statistics show that accident rates begin rising around age 60, when annual miles traveled are factored. The task force has found that the trend is similar in Maine.

The group, comprising state officials and interest groups ranging from the elderly to insurance carriers, will present its proposals today at a hearing at 10 a.m. at the University of Southern Maine.

The group plans to submit its recommendations to the Legislature in November.

New licensing provisions could be the most controversial aspects of the draft report.

The task force proposes requiring drivers over 75 to renew their licenses every two years. Drivers over 40 would be tested at each license renewal for vision and mental disabilities that can impair a person's ability to drive.

Now, drivers over 65 renew their licenses every four years. All others renew every six years. Vision testing is required every other time a person over 40 renews a driver's license, not every time.

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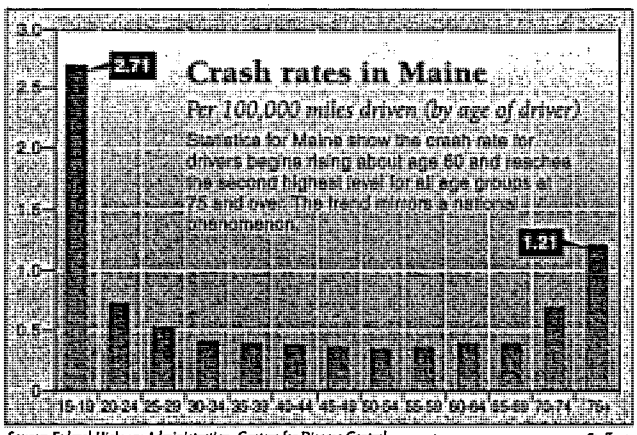

Source: Federal Highway Administration, Centers for Disease Control, Maine Dept. of Public Safety, Maine Dept. of Motor Vehicles *Staff art*

DRIVERS

Continued from Page 1A

The most dramatic licensing change would be a test for "cognitive function."

Problems of judgment

The task force found the state's current medical reporting system "ineffective in identifying on a consistent basis those individuals who may lack the functional ability to operate a motor vehicle safely."

At issue is a condition that doctors generally call "dementia." Generally, dementia is a range of problems with behavior, judgment and attention span, caused by illnesses such as Alzheimer's disease, strokes, AIDS or head injuries.

A test could help licensing officials determine whether people are driving risks because of mental problems.

Before being relicensed, Mainers who fail an initial test could face medical evaluations, further testing to gauge driving ability or both, said O'Connell.

The task force has not yet defined dementia, nor has it formally recommended the type of test that would be used to screen drivers.

Other states are experimenting with such tests, but none uses them as a general requirement for relicensing.

California is developing a pilot project for a cognition test, but has no immediate plans to require the test when people are relicensed.

California's project might involve a video simulation to assess whether people can identify driving hazards, said Dr. Mary Janke, who is heading a project on dementia and age-related frailty for the California Department of Motor Vehicles.

"The questions (a test could) answer are: Can a person pay attention to two things at once? Can a person avoid hazards? We'll also be determining their response time to hazards and ability to find destinations," said Janke.

California already requires doctors to report cases of dementia to licensing officials. A similar proposal is in the Maine task force's report.

Last year, California doctors reported that about 3,000 of the state's more than 20 million licensed drivers had mild, moderate or severe dementia.

Most of those drivers' licenses were revoked or suspended indefinitely because officials believed they were driving risks, said Patti Caraska, an analyst for the motor vehicles department.

In California, licenses are automatically revoked from drivers diagnosed with moderate or severe dementia, unless they can prove a diagnosis was incorrect. Those with mild dementia are given an oral test about driving rules. If they fail, they lose their license. If they pass, they must take a vision test and a road test.

Caraska said most of those whose licenses were taken in 1993 were men in their 60s and 70s. Many had Alzheimer's disease. Others may have had strokes or other afflictions that caused dementia, she said.

Reporting dementia

The state has not done any studies to determine how the suspensions and license revocations have affected road safety since the reporting requirement was adopted.

Caraska believes some California doctors don't report patients with dementia because doing so could damage their confidential relationships.

Physicians can be disciplined for failing to do so, but none has been so far. She said it may take a high-profile accident involving a driver diagnosed with dementia to improve the reporting process.

Among the recommendations to improve Maine's system is a requirement for physicians to report people who have dementia.

Task force members said they chose to recommend testing as of age 40 so the proposal would not be viewed as discriminatory.

O'Connell said additional testing below age 40 could kill the recommendation because it would cost much more money.

PUBLIC HEARINGS

The first public hearing on the draft report of the Task Force to Study the Safe Mobility of Maine's Aging Population is scheduled for 10 a.m. today in Room 304 of Payson Hall at the University of Southern Maine in Portland.

The hearing also will be broadcast on interactive television in:

Saco: Saco-Biddeford Center, Main Street, Saco Island

Lewiston/Auburn: Room 159, Lewiston Auburn College, 51-55 Westminster St.

Farmington: ITV Studio, Robert's Learning Center, first floor, University of Maine at Farmington

Machias: Room 4, Torrey Hall, University of Maine at Machias

Presque Isle: Room 213, Pullen Hall, University of Maine at Presque Isle

Additional hearings

Augusta: 10 a.m. Sept. 30, Room 113, State Office Building

Bangor: 10 a.m. Oct. 7, Bangor City Hall, city council chambers.

OTHER TASK FORCE PROPOSALS

Studies by the Maine Department of Transportation to evaluate public transportation services for the elderly and determine the needs of the elderly.

Development of a volunteer driver program to help the elderly get around. It would serve those not covered by Medicaid or other programs, and would include a toll-free number for schedule, route and fare information.

Pilot projects to improve signs, lighting and signals, and other highway design measures to improve safety and mobility for the elderly. Also, the state and municipalities should address issues affecting elderly pedestrians.

Expansion of existing driving programs for the elderly offered by the American Automobile Association and the American Association of Retired Persons. Include behind-the-wheel time or simulations in the courses.

A service for the elderly to have their driving abilities tested. After learning results, drivers would decide about any retraining, driving habit changes or self-imposed restrictions.

Possible development of an improved vision-screening test for license renewal.

A graduated system that licenses people with certain conditions, such as restrictions on nighttime driving or driving within a certain area.

Portland
Press Herald
9/23/94

At age 91, she knows and respects the rules of the road

By ALAN CLENDENNING
Staff Writer

Frances Peabody, 91, keeps her car seat as close as possible to the steering wheel.

She uses her left hand to open the passenger door because she has arthritis in her right hand.

She checks the adjustments on both of her hearing aids before backing out of her driveway for a spin around Portland.

It's part of Peabody's cautious driving routine, as natural as watching out for the West End neighborhood cats that occasionally sleep under her 1989 Chevrolet Nova. As natural as the decision she made last spring: To rarely drive after dark because she realized her night vision was getting worse.

Peabody, a tiny woman with white curly hair, is one of Portland's most prominent elderly people and a founding member of the AIDS Project. She supports testing to weed out potentially dangerous elderly drivers, but expresses concern about how they will get around.

Heading down Mellen Street toward Deering Oaks, Peabody slows down when cars approach stop signs at side streets: "I have to, because you never know when they'll zoom out."

On Park Avenue she flicks on the turn signal and heads left to Forest Avenue. She checks her rearview mirror constantly in heavy lunch hour traffic before signaling again and pulling into the far right lane. Peabody's speed stays constant: exactly 30 mph, the speed limit.

> *"It's a matter of eating, of going to the drugstore. They don't deliver anymore."*
> **Frances Peabody**

Pulling into Forest Avenue Plaza, Peabody idles slowly through the lot and finds a space near Burger King.

Over lunch, Peabody says she has been driving since age 14 – she learned on a Hudson – and has had one speeding ticket, received on Route 88 in Falmouth about 25 years ago.

She says she knew several elderly drivers "who should have been off the road before they were" because they were senile.

Testing to weed out drivers with mental problems like Alzheimer's disease is a good idea, she says.

"I think people can have physical changes and not be aware of how bad they are," Peabody says, sipping an iced coffee.

But Peabody wishes scrutiny of problem drivers would encompass all groups, in particular younger drivers who speed and people who flout 15 mph school zones.

"Young people, they drive so fast ... Young men in pickup trucks and girls in white cars, if you're first in a line at a light and don't go immediately, they honk you," Peabody said, "I know what they say, 'That poor old lady with white hair shouldn't be on the road.'"

Peabody says she makes a conscious effort to drive exactly at the speed limit. She thinks there would be less animosity between older and younger drivers if everyone followed suit.

And she has one big driving beef: People who don't use their turn signals. "It's so easy to do. You don't have to put your hand out the window like we used to do."

Peabody leaves the restaurant, drives along Baxter Boulevard to Washington Avenue, then south on Interstate 295.

Along the Eastern Promenade, she mutters, "Hey mister," at a man who pulls out in front of her from a parking space.

Gazing over Casco Bay, Peabody talks about the importance of driving privileges for the elderly.

For example, this week she did errands at the supermarket and the bank. She planned to go to the Maine Mall to exchange a pair of pants she had bought for a friend in a nursing home.

"It's a matter of eating, of going to the drugstore. They don't deliver anymore," she said.

Crossing Franklin Arterial, a man in a pickup truck waves to Peabody, signaling her to go through the intersection first.

"Sometimes they're nice," she says, "They see me with my white hair and let me go."

Staff photo by Doug Jones

Frances Peabody, 91, sits behind the wheel of her 1989 Chevrolet Nova, ready for a spin around Portland.

Proposed tests for older drivers stir up opponents at hearing

● Critics tell a task force its safety recommendations are unfair and misdirected.

By ALAN CLENDENNING
Staff Writer

Dozens of elderly Mainers on Friday bitterly denounced a task force's scrutiny of older drivers as discriminatory, misguided and potentially expensive for taxpayers.

Proposals to increase vision testing and begin testing for age-related mental problems at age 40 drew the most ire from the largely graying crowd at the task force's first public hearing, at the University of Southern Maine.

"Attitude is the prime factor in accidents, not age," said Bruce Bacchiocchi, 80, of Yarmouth. "The beginning of the problem is with the young ... squirt."

Many applauded as Bacchiocchi addressed members of the Task Force to Study the Safe Mobility of Maine's Aging Population, which was created by the Legislature last year.

Staff photo by John Patriquin

Arthur McDermott of Windham speaks out Friday against proposals made by a task force on older drivers. "For you to make these recommendations is ludicrous," he said.

Task force members – representing the state and interest groups ranging from the elderly to insurance carriers – spent a year studying safe driving and alternative transportation for the elderly.

The group will hold two more public hearings, assess reaction and

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submit recommendations to the Legislature in November.

Katherine Freund of Portland, who heads the task force, said the group's purpose is "to help people drive as safely as possible as long as possible" and offer alternative transportation when they can't.

But most who spoke Friday didn't believe her explanation of the recommendations in the task force's draft report. They didn't like the idea of being tested for mental problems or the prospect of renewing their licenses every two years starting at age 75.

Currently, people over 65 renew licenses every four years; all others renew every six years.

"The intent of this (report) is to get everyone over 70 off the road. Let's call a spade a spade," said Willard Boothby, 63, of Limington.

Many others pointed at problematic younger drivers, saying the task force shouldn't think of restricting elderly drivers without a thorough examination of all age groups.

"For you to make these recommendations is ludicrous," said Arthur McDermott, 68, of Windham. He acknowledged keeping an eye out for police on the road when he was younger, but added, "Now I watch out for young punks on my tail."

McDermott said some elderly drivers "are infirm, but when they get into an accident, they get taken off the road."

Alfred Waxler, 69, of Portland, said the task force's recommendations represent another well-intentioned but unnecessary example of government intrusion into a non-issue.

"God bless the government: They love to fix things that aren't broke," Waxler said.

He also criticized statistics gathered by the task force, noting that people 65 and over have the lowest number of accidents in Maine among all age groups.

Task force members, however, also compiled data showing accident rates rise sharply around age 60 when miles traveled each year are factored.

Duffy Wilson, 47, of Westbrook didn't buy the response he got after questioning task force members about the cost of implementing their recommendations.

"When you say 'minimal cost,' we're talking millions," he said.

And Esther Clenott of Portland contended that older drivers "are smarter. We know our limitations and that's why we choose when and where we should drive," often ruling out driving in bad weather or at night.

Clenott, a Cumberland County commissioner, said she found the recommendations "personally insulting and dangerous because it's discrimination."

Clenott refused to disclose her age. She was 68 in October 1992, when she was campaigning to become a county commissioner.

Only a few people, none of them elderly, spoke in favor of additional licensing requirements for older drivers.

Among them were three workers from the Maine Center for the Blind, who said they strongly support additional vision testing proposed by the task force.

Tammy Moraros, a social worker, said the center knows of people who are legally blind and "still drive five miles to the corner store." Other clients have said they can't see traffic signs.

"All of us younger people will eventually reach that age group where our vision is going to diminish," said David Marletta, a center counselor. "It's not 'Let's gang up on older folks and get them off the road.' It's 'Let's make the roads safe for everyone.'"

QUOTABLE

"We are capable, responsible and good drivers. (Young drivers) don't know how to drive: They cut you off and give you the finger."
– Allan Hugo, 72, Gorham

"I used to watch for cops. Now I watch for young punks on my tail. ... It seems to me you're attacking the wrong age group."
– Arthur McDermott, 72, Windham

"We do feel the older population should be tested more frequently."
– Lauren Goldsmith, rehabilitation teacher, Maine Center for Blind

"I have traveled over a million miles ... Age has nothing to do with driving."
– Bruce Bacchiocchi, 80, Yarmouth

"What frightens me the most is, we are gearing in on one segment of the problem. ... Don't put in regulations about dementia until you know what it means and what can be done about it."
– Esther Clenott, Portland

"I guess you could call it picking on the older generation. And you won't want to be picked on when you get older."
– Duffy Wilson, 47, Westbrook

"Younger drivers are moving into safer decades and older drivers are moving into less-safe decades."
– Katherine Freund, chairwoman of task force, Portland

Kennebec Journal
October 1-2,1994

Maine Living

Old Hands at the Wheel

As Maine's older population rises, the Legislature, seniors groups and families are paying increasing attention to driving safety

By KENNETH Z. CHUTCHIAN
Special to the KJ

AUGUSTA – If anyone needs proof that the quintessential symbol of American individuality and freedom is the automobile, all it takes is a few conversations with senior citizens to erase lingering doubt.

Senior citizens know about mortality. They think about health care, finances and keeping in touch with people who bring meaning into their lives. But many of them don't think about transportation much.

Automobile access is so embedded in the American way of life that for 30 years after the beginning of the interstate highway system, the problems faced by and created by older drivers weren't considered serious problems for public debate. Like the proverbial road that stretches forever, a lot of Americans believe they can drive until they die.

A committee created by the state Legislature is trying to change that attitude. Named the Task Force to Study the Safe Mobility of Maine's Aging Population, the group is conducting public hearings on issues concerning older drivers. The task force plans to make recommendations to the Legislature in November.

"We're aging with the automobile for the first time in this country," says Kathy Freund of Portland, chairwoman of the task force.

Freund is generally considered the person most responsible for making older drivers and the transportation needs of the elderly a public policy issue in Maine. Her son was injured by an elderly driver years ago. She has served on national committees and study groups addressing the same issue, and she wrote policy plans on the subject in graduate school.

"The test of whether the issue is a one-person campaign is that if someone else stood in my shoes and said the things I said, would those things still be true," Freund said.

By that measure, there seems to be little doubt that otherwise prudent people aren't as cautious or as prepared as they should be when natural aging erodes the physical and mental skills needed for driving.

The problem is not that older drivers don't compensate for deteriorating eyesight or slower reflexes, claims Ernest Marriner, 74, of Wayne. They make

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Kennebec Journal/MARK DAMON

Ernest Marriner, 74, of Wayne, says his vision isn't as good as it used to be. To help compensate, he bought an attachment for his rear-view mirror.

Drivers

☐ FROM PAGE M-1

make adjustments behind the wheel, but they'd rather not think about the day when they can't drive, period.

"It's so gradual," Marriner said. "I know I have certain behaviors that I didn't have 20 years ago. Now I park in a (parking) lot . . . I will walk a longer distance across the parking lot to avoid backing up."

Marriner has difficulty turning his head to the left. His peripheral and nighttime vision aren't what they used to be. So he went to a local auto parts store and bought a simple attachment for his rear view mirror that helps his sight lines.

Last year, Marriner was driving a rented car on Route 202 in Monmouth, trying to make a left turn onto Back Street, when he got "really clobbered" by a driver from behind who wasn't paying attention. Now he's wary of both left-hand turns and cars approaching his vehicle from behind.

But he said the notion of taking himself off the road hadn't occurred to him until he was interviewed for this story.

"I don't think about it," he said. "Perhaps I should."

For many, a sensitive subject

Ron Stewart, 69, of Wilton, the director of the American Association of Retired Persons in Maine, was recently forced to think about getting help to get around. He had bypass heart surgery, and for one month his wife drove him to doctor appointments and anywhere else he needed to go.

"I have no qualms about that," he said.

But he remembers a day, about 30 years ago, when he had to take the car keys out of his father's hands.

"His eyesight went bad, and he was running into things all the time," Stewart said. "Things like gasoline pumps."

Other senior citizens can't conceal their sensitivity when their adult sons and daughters suggest they curtail their driving.

"He leaves the room when I talk about it," Freund said of her father, who is 79 years old. Freund is 44.

State Rep. Jolina Beam, 47, of Lewiston, has parents who are 70 and 71 years old. She has not yet broached the subject of helping them with transportation.

"I think they're feeling threatened by the possibility of legislation," said Beam. "I know they're perfectly capable of driving. They're more careful than teen-agers.

"If they ever needed my help, I would certainly offer," she said. I don't see that day coming soon."

Maine's aging population

The day for facing the cold, hard realities of getting older and getting around in a rural state has arrived, according to the task force on transportation for the elderly.

In its draft report, the task force notes that Maine's 65-and-over population increased 15 percent between 1980 and 1990, compared to a 9 percent increase for the rest of the population. The number of Mainers 85 years of age and older increased by 27 percent in that period.

There are only 14 public transportation systems in the state, according to the report. Several of these systems have only one vehicle.

Despite many seniors' efforts to adjust their driving habits, senior citizens have more accidents on a per-mile basis than younger drivers, according to information in the task force report taken from "Transportation In An Aging Society," by A. James McKnight. Their fatal accident rate, both on a per-driver and per-mile basis "greatly exceeds that of other age groups except teenagers."

"Moreover, older drivers tend to be more often responsible for those accidents in which they are involved," the report states. "Last, they are more likely to be injured or killed in any given accident than younger drivers."

While there may be some reluctance to acknowledge the end of driving on an individual basis, most of the 175,000 members of the American Association of Retired Persons in Maine probably aren't surprised at the statistics on older drivers, say Stewart and Cliff West of Wilton, an active AARP member. There are encouraging signs that some senior citizens are addressing safety issues themselves, instead of waiting for legislative action.

Stewart has taken a driver refresher course sponsored by the AARP's 55-Alive program. He says there's a lot of interest in the classes.

"It doesn't teach them how to drive," Stewart said. "It reminds them that they're not as alert as they used to be, maybe not as sharp. It teaches them to look ahead and think about things like backing out of driveways beforehand."

As for seeking help to get around, Marriner says his AARP chapter and others encourage senior citizens to give rides to their peers. For some reason, some folks appear more willing to accept rides from older friends than from family.

West, 74, who drives hundreds of miles throughout the Northeast states to attend AARP seminars, says Maine and the country have more at stake on this issue than the loss of self-esteem and independence for senior citizens who can't drive.

WEST

He knows of two friends in their 70s who found a passion for political activism in their retirement years. Unfortunately, one friend has had to cut back on his volunteerism and the other has been forced to eliminate her committee work because they can't drive too long or too often, and because there isn't enough public transportation.

With the state crying for more citizen involvement in the political process, and with more citizens getting older, Maine may need a mobile senior citizen population more than the seniors need their cars.

"There's a big hole in public policy here, a very big hole," said Freund. "This is not a licensing issue."

"It's like motherhood — who doesn't want safe transportation?" said Marriner. "The ideal situation is to have no vehicles at all."

Not in America.

(Freelance writer Kenneth Z. Chutchian lives in South Harpswell.)

Warning signs for older drivers

N.Y. Times News Service

Warning signs that senior citizens can notice in their driving, by Al Beverburg, an instructor in the American Associated of Retired Persons' "55 Alive" course.

- **Gradual loss of peripheral vision.** You do not notice cars that suddenly appear directly behind your car or beside it.
- **Dozing at the wheel.** These lapses can occur occasionally, then more regularly, with advancing age.
- **Slower reaction time.** Reflexes decline and reactions to unexpected on-road events take longer.
- **Forgetfulness.** Even regular driving routes begin to seem unfamiliar.

Safety tips

N.Y. Times News Service

Some tips culled from the "Older Driver Skill Assessment and Resource Guide: Creating Mobility Choices" by the American Association of Retired Persons. The booklet [illegible]. For free copies, write American Association of Retired Persons, 601 E St. N.W., Washington, D.C. 20049.

- Keep a three-second safety cushion between you and the car in front of you. To do this, find a tree, traffic sign or other stationary item on the roadside. Once the rear of the car ahead passes the object, you should be able to count "1,001, 1,002, 1,003" before arriving at the same object.
- Plan your route so you can concentrate on driving rather than navigating.
- Avoid heavily traveled or high-speed areas, rush-hour traffic, difficult left turns and driving in bad weather.
- If you will be taking an unfamiliar route at night, try to make a trial run during daylight hours.

Kennebec Journal / JOE PHELAN

Ron Stewart of Wilton, director of the American Association of Retired Persons, has taken the group's 55-Alive driver refresher course. He says it reminds seniors their driving skills may not be as sharp as they used to be and shows them how to compensate.

Classes offered on driving skills

Maine chapters of the American Automobile Association and the American Association of Retired Persons offer driving courses designed to help senior citizens adapt their driving habits to their changing visions and reflexes.

AAA spokesman Matt McKenzie says the course offered by his organization uses lectures, slides and videos "to enhance safety and confidence." It includes changes in the landscape of commuter roads and new regulations that accompany those changes — such as shared left lanes in two-way traffic. Transportation engineers hadn't conocoted that complication to life on the road when most of today's senior citizens began driving.

"It's not an introductory driving course," McKenzie stressed. "Our instructors are certified."

Here is the upcoming schedule of AAA driving courses, all of which run for two sessions from 9 a.m.-noon (they will be repeated in the spring):

- Augusta, Oct. 4 and 6 at Alfred's restaurant, 282 Civic Center Drive;
- Brunswick, Oct. 11 and 13 at the Atrium hotel and convention center, Cook's Corner.
- Portland, Oct. 18, 20, 25 and 27 at the AAA headquarters on Marginal Way.

Although the courses were originally created for senior citizens, they are open to drivers of all ages. They can be used to eliminate infraction points on driving records, McKenzie said. The cost is $10 formembers, $35 for nonmembers.

AARP offers two four-hour sessions through its 55-Alive driving program. For more information, contact Charles Heath at 945-0811; Ron Stewart at 645-3208; or Larry Foley at 833-5951.

— KEN CHUTCHIAN

Mark Damon photo

Ernest Marriner, 74, of Wayne, is seen in the smaller wide-angle mirror he purchased at an auto parts store and mounted to his car's rear-view mirror to eliminate the blind spots in his rear view.

Local groups offer helpful driving courses

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— Ken Chutchian

Maine's older drivers focus of new task force

By KENNETH Z. CHUTCHIAN
Special to Sentinel

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"His eyesight went bad, and he was running into things all the time," Stewart said. "Things like gasoline pumps."

Like Stewart, Marriner sees some room for gentle humor on this subject. When he and his wife returned to Maine for retirement, she drove their pickup truck and he got the Ford Escort because the truck had an automatic transmission. Marriner enjoys the memory of a 60- something woman driving a pickup truck.

"She didn't drive off the road too much," he said.

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Despite their best efforts to adjust their driving habits to their diminished driving skills, senior citizens have more accidents on a per-mile basis than younger drivers. Their fatal accident rate, both on a per-driver and per-mile basis, "greatly exceeds that of other age groups except teen-agers," the report states.

"Moreover, older drivers tend to be more often responsible for those accidents in which they are involved," the report states. "Last, they are more likely to be injured or killed in any given accident than younger drivers."

While there may be some reluctance to acknowledge the end of driving on an individual basis, most of the 175,000 members of the American Association of Retired Persons in Maine probably aren't surprised at the statistics on older drivers, say Stewart and Cliff West of Wilton, an active AARP member. There are encouraging signs that some senior citizens are addressing safety issues themselves, instead of waiting for legislative action.

Stewart has taken a driver refresher course sponsored by the AARP's 55-Alive program. He says there's a lot of interest in the classes.

"It doesn't teach them how to drive," Stewart said. "It reminds them that they're not as alert as they used to be, maybe not as sharp. It teaches them to look ahead and think about things like backing out of driveways beforehand."

"I didn't find it obnoxious," Stewart said.

As for seeking help to get around, Marriner says his AARP chapter and others encourage senior citizens to give rides to their peers. For some reason, some folks appear more willing to accept rides from older friends than from family.

West, 74, who drives hundreds of miles throughout the Northeast states to attend AARP seminars, says Maine and the country have more at stake on this issue than the loss of self-esteem and independence for senior citizens who can't drive.

He knows of two friends in their 70s — including one in Millinocket — who found a passion for political activism in their retirement years. Unfortunately, one friend has had to cut back on his volunteerism and the other has been forced to eliminate her committee work altogether, because they can't drive too long or too often, and because there isn't enough public transportation.

With the state crying for more citizen involvement in the political process, and with more citizens getting older, Maine may need a mobile senior citizen population more than the seniors need their cars.

"There's a big hole in public policy here, a very big hole," said Freund. "This is not a licensing issue."

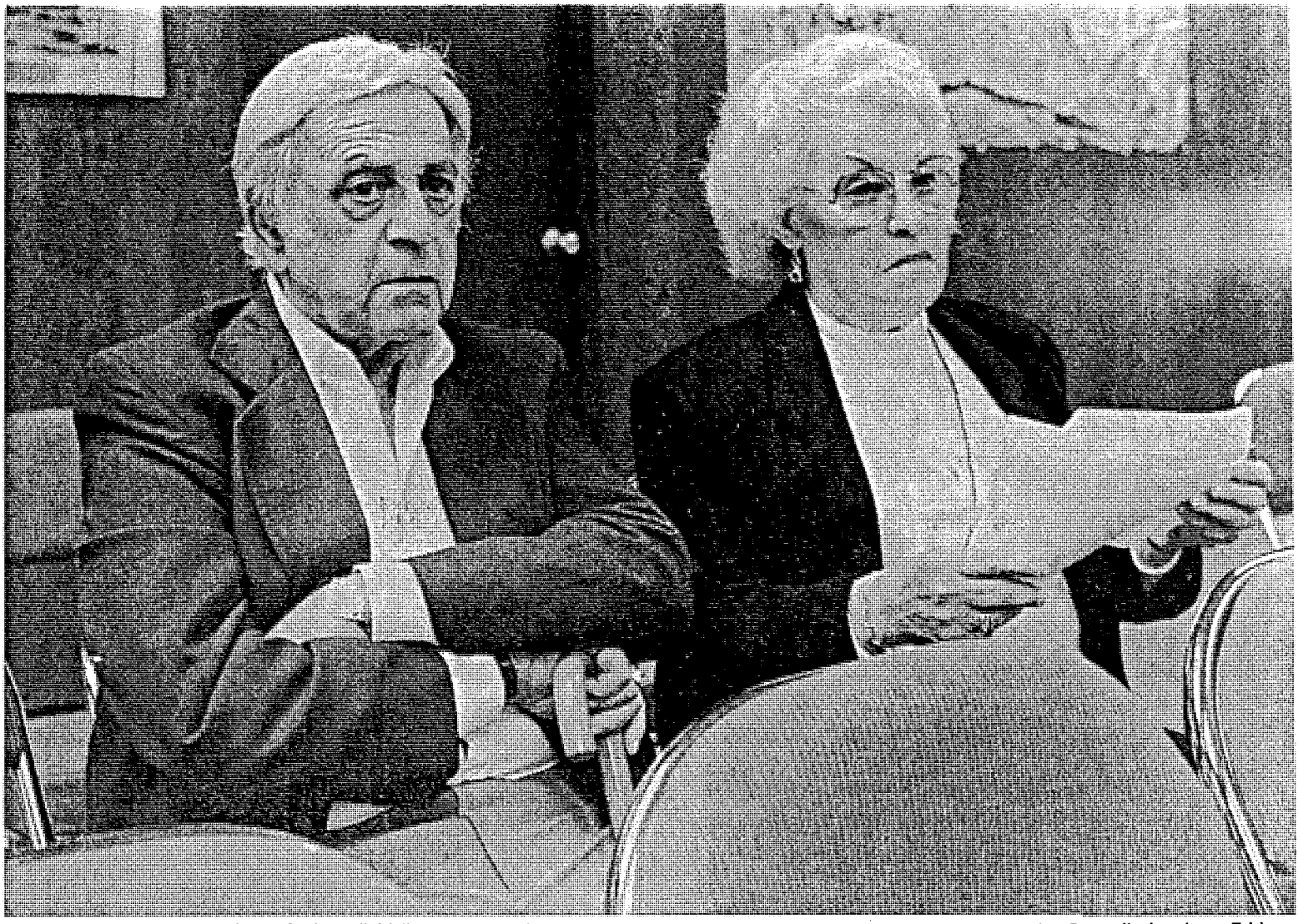
"It's like motherhood — who doesn't want safe transportation?" said Marriner. "The ideal situation is to have no vehicles at all."

Not in America.

Kenneth Z. Chutchian lives in South Harpswell.

Mark Damon photo

Ron Stewart, of Wilton, director of the American Association of Retired Persons, has taken the group's 55-Alive driver refresher course. He says it reminds seniors their driving skills may not be as sharp as they used to be and shows them how to compensate.



Gerry and Georgianna Cohen of Cherryfield listen to task force recommendations on elderly drivers at the Bangor City Council chambers Friday. Georgianna Cohen testified against any tightening of regulations on the elderly. (NEWS Photos by Scott Haskell)

Seniors blast more testing for older drivers

By Nancy Garland
Of the NEWS Staff

Sharp words and a personal attack were hurled at Katherine Freund of Portland when she brought a state task force to town Friday to gather feedback on issues affecting elderly drivers.

The crowd was small but fierce at Bangor City Hall as a contingent of riled-up senior citizens stated their opposition to proposals to increase testing for older drivers. The crowd leveled surly, no-holds-barred comments at Freund and remained mostly unconvinced by her assurances that the task force was not discriminating against senior citizens.

Called sinful and accused, in a figurative sense, of attempting to drive old people off the road, a stunned Freund refused to answer personal attacks during the public hearing. The head of the task force later denied that a hidden personal agenda existed in her dealings with the task force.

"They don't pull any punches, do they," one observer commented as elderly people interrupted one another, at one point, to hurl comments at the panel.

"I think this lady is way off base, and it's sinful what she's doing."

— Frank Duffy of Bangor, referring to Katherine Freund

The most vituperative charges were thrown at Freund by an angry 71-year-old woman from Cherryfield and a feisty 87-year-old driver from Bangor.

"I think this lady is way off base, and it's sinful what she's doing," said Frank Duffy of Bangor, pointing at Freund. Proud of the fact he had driven 36,000 miles last year, when he was 86, Duffy said the group should avoid targeting senior citizens and devote its energy to studying younger drivers who have the highest rate of automobile crashes.

Georgianna Cohen, 71, of Cherryfield, questioned Freund's personal motives in heading the task force. She read from a newspaper article that stated Freund's toddler son was seriously injured by an elderly driver five years ago.

"I resent a big sister taking over my life because of chance negligence. Her interest in the poor, demented elderly started with this accident," Cohen said.

See Drivers, A2, Col. 3

Katherine Freund of Portland, chairwoman of the task force studying elderly drivers, answers questions from some angry Maine drivers Friday in Bangor.

From Page One

Seniors blast more testing for older drivers

Drivers, from A1

The task force got the nod from the Legislature last winter to study four areas: transportation alternatives for senior citizens, licensing provisions, highway travel considerations and educational programs for the aging population. The 15-member group started with the premise that mobility is essential for Maine's senior citizens, but that drivers tend to lose at least some functional ability as they age.

The task force has come up with more than 45 recommendations to improve safe mobility for Maine's senior citizens. The most controversial deal with licensing issues. One suggests making it a requirement that medical staff report to the state patients with vision problems. Right now, physicians and others only report on a voluntary basis patients who have visual problems. Another idea suggests that people go through "driver license renewal" testing at age 40, then have the testing at six-year intervals to age 65. Testing would continue at four-year intervals to age 75 and at two-year intervals beyond age 75.

The "testing-at-age-40" provision is likely to be thrown out, according to Freund. "We've heard it compared to the driver emissions testing program. People have had enough," Freund said.

Older drivers, according to statistics given by the task force, are the second-highest group to get into car crashes, outscored only by teenagers. A very high percentage of car accidents are fatal when senior citizens are involved.

Joan Janeski of Bangor testifies at the task force hearing Friday. (NEWS Photo by Scott Haskell)

Duffy was unmoved by the mitigating comments of task force member Sen. John O'Dea, D-Orono, who interrupted him at one point to say, "There's not going to be any law coming down that tells people they can't drive." Duffy, backed by an applauding crowd, pressed his point that he wanted no state interruptions to his right to drive.

"If you take away our driving permits you take both our legs away. It makes me mad. I'm scared of this task force," Duffy said, approaching the banister in council chambers as he warmed to the subject.

Other opponents to task force findings included a local physician, the president of the Bar Harbor branch of the American Association for Retired Persons, and a Bangor woman who called the task force discriminatory.

Joan Janeski of Bangor called the hearing "unfair. If it had had more publicity, this room would be filled," she said.

The crowd, mostly people over 70, rapped the task force's research and charged its members with having hidden agendas.

The assertion was backed, somewhat, by task force member Joan LeBlanc, a gerontologist from Milford. Before the hearing, LeBlanc said she was disappointed that task force recommendations appeared to focus on limitations and extra testing rather than on linking senior citizens with needed services, especially in rural Maine.

The task force will hold a public hearing in Augusta Oct. 19 and submit final recommendations to the Legislature later this fall.

Associated Press

Peter Moffa sits in the doorway of his Pompey, N.Y. home.

Injured man wants changes in Maine law

By GARY J. REMAL
Staff Writer

AUGUSTA — Peter Moffa hasn't gotten out of a wheelchair since he left Maine in August.

The Pompey, N.Y., resident can't walk, can't play tennis and only recently has been able to ride in a car.

But Moffa says he'll return to Maine, however he has to get here, if that's what it takes to convince state officials and the Legislature to change the law so someone else doesn't have to go through what he did.

On July 25, Moffa, a 54-year-old consulting engineer specializing in reducing municipal sewer overflows, was driving north on Interstate 95 in Gardiner. He was headed to a meeting between officials of the Augusta Sanitary District and representatives of state and federal environmental agencies.

Just minutes away from his destination, Moffa said he was following another car in the passing lane at about 60 mph when the car ahead suddenly veered into the righthand lane.

See: ACCIDENT
Page 4

KENNEBEC JOURNAL 10/10/94

Accident

☐ FROM PAGE ONE

To his horror, Moffa saw for the first time another car just 100 feet away, headed straight for him, illegally going the wrong way on the highway.

Moffa recalls now with humor that he had paid the extra money for collision insurance on his rented Mercury Cougar. But more importantly, the car was equipped with a driver's side air bag, which he is convinced saved his life.

The driver of the other car was not so lucky.

Eighty-four-year-old Peter Scharko of Richmond was killed instantly after apparently entering the highway by going the wrong way on an exit ramp.

When the two cars collided, Moffa's air bag protected his upper body and head. He broke his collarbone trying to get out of the car where his leg was pinned.

But his upper legs were devastated by the crash. One of his femurs, the largest bone in the human body, was broken in at least seven places, he said.

Although he hopes to walk again soon, doctors cannot say if he will ever walk normally or play tennis the way he used to. But so far he has not been able to return to work and tries to keep a handle on his business from a phone at his home.

Moffa has nothing but praise for the police, rescue workers and the staff at Kennebec Valley Medical Center. And he said he hopes to come to Maine some day to thank them personally.

But that gratitude is tinged with the nagging conviction that this accident did not have to happen. And before Moffa will feel his healing process is complete, he is determined to see that something changes in Maine to ensure a process is in place to keep drivers like Scharko off the road before they hurt someone else.

"I'm certainly not bitter. I'm alive and healing and I'm grateful for that. And I'm saddened for his family and I'm sad for him, but he should never have been allowed to drive," Moffa said in a telephone interview from his home.

"A lot of other people suffered as well for it and it should never have been allowed to happen."

Another crash in 1992

Scharko had been involved in another head-on crash on Nov. 20, 1992 and convicted of driving to endanger less than two years before.

His license had been suspended as a result of the 1992 crash and he only got it back on Sept. 10, 1993, just 10 months before the accident that claimed his life.

Richmond Police Chief Chris Fyfe said the 1992 accident on Route 24 in Scharko's hometown caused injuries to some of those involved when Scharko's car crossed the center line of the road and crashed into an oncoming car.

Fyfe said Scharko initially was charged with drunken driving following that accident. But because his blood-alcohol test was near the limit, the charge was plea bargained down to a charge of driving to endanger.

Scharko pleaded guilty, and his license was suspended.

Maine law does not require retesting of drivers whose licenses have been suspended, even when they have been involved in serious accidents, said Robert O'Connell, director of licensing and control for the secretary of state and a member of the Task Force to Study the Safe Mobility of Maine's Aging Population.

"Everybody who has their license suspended has to pay a $25 revocation fee and has to serve the suspension, and those are the only two general requirements for driving to endanger," O'Connell said.

However, Deputy Secretary of State Gregory Hanscom, who heads the Bureau of Motor Vehicles, said his agency had the authority under the law to review a person's license and require a retest of a driver after a suspension.

But Hanscom said in practical terms that never happens without a complaint known as an "adverse report" being filed by a family member, doctor, police officer or other interested party, including the victims of accidents, saying the person may be unfit to drive safely.

License reinstated

Despite the fact that Scharko was 84 years old, spoke little or no English, caused a personal-injury auto accident and was convicted of a serious motor vehicle offense, he received his license back with just a $25 reinstatement fee, Hanscom said.

The state police trooper who investigated the accident in which Scharko died and Moffa was injured said state motor vehicle officials cannot depend on family members or police to report unsafe drivers.

"I really feel bad for Mr. Moffa and about what happened. I'd like to see something come out of it," said State Trooper Thomas Bureau.

"When I went to see Mrs. Scharko and his daughter-in-law after the accident, they said they thought he wouldn't get his license back (after the suspension period for the 1992 accident)," Bureau said.

"They were praying he wouldn't get his license back. When he came back with his license without even having to take a test, they couldn't believe it."

Bureau said he believes Scharko became confused, entered the highway on an exit ramp that sent him down I-95 in the wrong direction and couldn't read the signs that would have warned him off.

"This guy couldn't read English and he was not familiar with that section of town," Bureau said. "There ought to be something after a certain age that you have to go through or a test periodically or something."

O'Connell said the Legislature has removed any automatic reviews of older drivers' licenses based on their age alone because it was discriminatory.

From his vantage point, Moffa said the state of Maine needs to do something, and he's asked the governor to take action.

"The state of Maine license bureau . . . must be held accountable for issuing Mr. S(c)harko a license to drive," Moffa wrote in a Sept. 16 letter to Gov. John McKernan.

"Mr. S(c)harko's driving record, his age, poor eyesight and the inability to read English should have made him ineligible for renewal of his license without a careful examination," he told the governor.

"Unfortunately, I must pay the consequences of his bad judgment in driving as well as the bad judgment of the state license bureau."

Moffa asked McKernan to explain how Scharko could have gotten his license back without being retested and how something similar could be prevented in the future. A spokesman for McKernan said Moffa's letter was being studied.

The governor leaves office in January and the Legislature is not scheduled to meet again until December.

"I imagine that the governor will probably meet with Secretary (of State William) Diamond to discuss the matter further," said Daniel Austin, the governor's press secretary.

Capable person

The Richmond police chief had a different view of Scharko.

Fyfe said the Richmond officer who investigated Scharko's 1992 accident would have had no reason to alert state officials to have him retested or investigated. Fyfe said Scharko was a capable driver despite his age.

"It was hard for me to believe how old he was when I found out," he said. "In my opinion, he was very able" to drive.

"I wouldn't have any doubt about his being able to do it."

But Moffa said Maine state troopers who investigated the accident apologized to him and said Scharko should never have been able to get his license back without being retested by state motor vehicle officials.

"If the law doesn't address this, probably it should be changed," Moffa said.

"My understanding is there is enough on the books to enforce."

INE

Older drivers await vote today

By GARY J. REMAL
Staff Writer

AUGUSTA — Members of a state task force looking at the safety of Maine's older drivers will meet today to vote on the panel's recommendations after several controversial public hearings.

One published report indicated the meeting would be another public hearing, but Katherine Freund, chairwoman of the Task Force to Study the Safe Mobility of Maine's Aging Population, said that is not so.

Freund said panel members will review public comments, and subsequent recommendations from the task force light of those comments. Members then will vote on final recommendations.

Freund, a research expert in transportation for senior citizens, said she was stunned by the intensity of the reaction to her panel's preliminary recommendations.

"This is my first foray into this kind of thing and the strength of people's emotional responses was something that astonished me," she said.

Older drivers crowded the public hearings to complain that the recommendations for new rules were discriminatory and unnecessary, while others said something had to be done to address a serious safety problem, Freund said.

The original recommendations can either be adopted, rejected or amended by the task force, she said.

A 15-minute public comment period has been scheduled at the end of the meeting, as the panel has done at each of its meetings. But Freund said that is likely to come only after the votes have been taken.

The task force has so many recommendations to cover, members may go beyond their scheduled noon quitting time or schedule a later meeting to continue the voting, Freund said.

The panel is scheduled to turn over its specific recommendations for changes in the law to the Legislature by Nov. 1.

"We have had so much interest and I don't think public comment is something we should rush through, especially after going to so much effort to acquire it," Freund said.

The meeting is scheduled to begin at 9 a.m. in the main conference room, second floor, of the state Bureau of Motor Vehicles building at 101 Hospital St., Augusta.

Kennebec Journal 10/19/94

Panel drops plan to test older drivers' awareness

● The group also suggests a pool of volunteers to drive elderly Mainers.

Associated Press

AUGUSTA – Elderly Mainers who can no longer drive safely would be well-served by a fleet of younger, volunteer drivers, a special task force will tell the next Legislature.

But the panel has abandoned a controversial proposal that called for testing of all motorists over age 40 for their cognitive ability, its chairwoman, Kathy Freund, said Thursday.

The Task Force to Study the Safe Mobility of Maine's Aging Population decided a day earlier to accept a series of recommendations that will be submitted to the Legislature that will be elected Nov. 8.

The panel touched a raw nerve when it advanced proposals that were seen as discriminatory. The over-40 testing generated harsh criticism at public hearings.

Freund said the task force set out to make sure older drivers who are on the road are driving safely, and those who should not be driving have a way to get around.

"For some reason, we think we'll drive forever," Freund said. "The time we should stop driving is something we approach, but never get there."

While casting aside the unpopular over-40 testing, the task force called for improvements in Maine's existing system in which medical personnel voluntarily report cases of driver dementia.

If the voluntary system fails, then a mandatory reporting program should be instituted.

Among its other recommendations are changes in frequency of eye tests, which are now given at ages 40, 52, 65 and at each license renewal after age 65.

Portland Press Herald

10/21/94

HOUSE OF REPRESENTATIVES
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October 21, 1994

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THE ISSUE OF SAFE MOBILITY FOR MAINE'S AGING POPULATION

AUGUSTA -- In an attempt to alleviate concerns surrounding the issue of safe mobility of Maine's aging population, State Rep. Carol A. Kontos, D-Windham, wanted to highlight some of the recommendations outlined in a draft report recently released.

The Task Force to Study the Safe Mobility of Maine's Aging Population compiled a report and made recommendations which are intended to help Maine's seniors maintain their transportation independence as long as possible, as safely as possible. After public input has been gathered through the public hearing process, the final report will be presented to the Legislature in November.

"The Task Force has strived to focus on maintaining the mobility of Maine's aging population, not licensing," said Kontos.

Suggestions referenced in the report included ways to expand driver re-training programs for seniors who wish to improve their skills, roadway improvements designed to make roads, sidewalks, and intersections safer for all citizens, and developing alternatives for those who can no longer drive or who have never driven.

-more-

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"As a member of the Windham's sub-committee on Elderly Housing, we identified that one of the determining factors for the elderly staying in their own homes was the issue of transportation," Kontos said.

Proposals concerning licensing will entail the requirement of all drivers over 40 having a vision test done at each renewal. After age 75, drivers will be required to have a vision test at each renewal which will occur every two years with a prorated fee. Also called for are improvements in Maine's existing system in which medical personnel voluntarily report cases of driver dementia.

"When the Task Force makes it's presentation to the Legislature, I will make a copy of the report available in the Windham Public Library for Windham residents to review," said Kontos.

"The recommendations made by the Task Force will be extremely important in dealing with the overall issues facing Maine's elderly and how mobility has a cumulative effect on the independence of elderly citizens," said Kontos.

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SENIORS

Age trend drives home highway safety issue

Maine looking to volunteers to help drive seniors around

By GLENN ADAMS
Associated Press

AUGUSTA — In rural, rugged Maine, where houses can be miles apart and public transportation is spotty at best, having a car can be a matter of survival.

And in a state known for its independent-minded inhabitants, the privilege of driving seems more like a natural right.

That explains why the reaction was so virulent when a state panel issued a report that suggested making all motorists over 40 take tests to assure they are mentally capable of driving. Many took it as a threat to their freedom and the idea was dropped.

"If you take away our driving permits, you take both our legs away," 87-year-old Frank Duffy of Bangor said at a public hearing. "It makes me mad. I'm scared of this task force."

There's a flip side.

In the past two decades, the number of drivers over 65 has doubled. The National Safety Council said older drivers have a poorer record than their middle-aged counterparts, when the number of miles driven is taken into account.

Maine's Legislature created a task force to assess the transportation needs of older people — with safety of all drivers taken into account. The tests for drivers over 40 was a preliminary proposal.

"I don't think you're going to see a test for cognitive ability of drivers until you see testing for cognitive ability of legislators," said a task force member, Sen. John O'Dea.

The task force changed its tack after the over-40 testing suggestion was abandoned and rallied around a proposal that borrows from a tradition as old as taking Granddad for a Sunday ride.

A pool of volunteer drivers would be organized so a fleet of chauffeurs would be on call to give seniors rides when they need to get to the store, the doctor, a relative or to run other chores.

Creating such a network would encourage drivers who shouldn't be behind the wheel to stop driving, without restricting their mobility. The drivers might be freed from certain liabilities so they would be willing to offer their services.

Admitting you should stop driving isn't an easy thing to do, said Kathy Freund, chairwoman of the Task Force to Study the Safe Mobility of Maine's Aging Population.

"For some reason, we think we'll drive forever," she said. "The time we should stop driving is something we approach, but never get there."

Dorothy Abbott, who turned 91 on Dec. 14, said she has always enjoyed driving. She used to make frequent trips more than 400 miles south to New Jersey but now restricts herself to 30 or 40 miles from her Portland home.

To keep her skills sharp, Abbott has completed a safe-driving course for seniors. Also, "I don't drive after dark, I drive more slowly than I used to, and I think I am more careful."

The volunteer driver proposal is going to the Legislature, which gets down to business in January. In the meantime, the American Association of Retired Persons has agreed to provide a $25,000 grant to Freund for a more detailed look at transportation alternatives for seniors.

She envisions a database of volunteer drivers who could be contacted through a toll-free telephone number. Users might be able to accumulate credits entitling them to rides in a number of ways.

For example, older people who decide to quit driving could trade their cars for blocks of credits. Younger motorists who volunteer as drivers could accumulate credits for use in their later years.

Motorists could chalk up credits by purchases through certain credit cards, said Freund, who believes any successful program would be run as a business, with users paying for the service once their credits run out. That would free the state of any financial burden.

"I'm trying to develop a very consumer-oriented service people would choose," said Freund, who would like to set up a demonstration project — the nation's first — in a year.

Why We Care: *Stranded in Maine*

- *Twenty-one year old Kathy is "mobility impaired," but able to work. She landed a job at UNUM in Westbrook, working a 3:00 to 9:00 p.m. shift. But after checking the bus schedule, Kathy had to turn down the job. The reason: the last bus left UNUM at 4:00, and she could find no practical or affordable way to get home at night.*

- *Eighty year old Bob has a Maine drivers license; but little good it does him. He avoids driving at night, in rain and in snow; noontime glare is also a problem. If he drives in bad conditions he's three times more likely to have a fatal accident than someone under 65, according to the Task Force to Study the Mobility of Maine's Aging Population.*

The elderly, the poor, the disabled, the young: people who either can't drive, have no car or have very limited use of a car, are essentially stranded in Maine, where the rural nature of our state combined with the lack of transportation options leaves them frustrated and dependent.

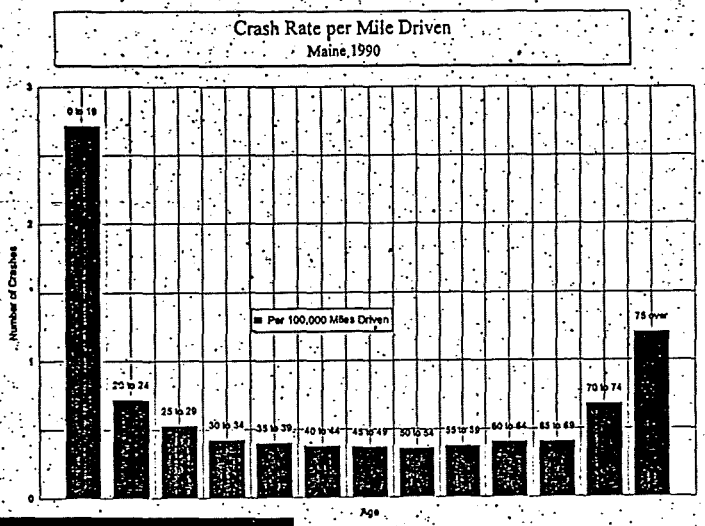
Alpha I, the state's largest advocacy group for the disabled, reports that many Mainers capable of working have to turn down jobs because they can't get there.

Kathy Freund, who chairs the *Task Force to Study the Safe Mobility of Maine's Aging Population*, says beginning at age 35, physical skills needed for driving begin to deteriorate. She says most 80-year olds have night vision equivalent to that of a 20-year old wearing welding goggles. Without alternatives, that population is either stranded or an endangerment to themselves and others.

"Asking older people to drive less because of safety issues is like asking people with breathing problems to breathe less because of air pollution."

"People are not inadequate to the automobile," she concludes. "The automobile is inadequate to us. We need to fix the system!"

Fixing the system means creating a better-balanced transportation network. Safer sidewalks and bikepaths would help many, while new and improved public transportation and more ridesharing options would mean a new burst of freedom for thousands of stranded Mainers.



Want More?

Travelling Smart is also a book! For free copies of *Travelling Smart Handbook: Ideas for Cleaner, Cheaper, More Efficient Travel in Maine*, call the Council at 622-3101.

Did you know?

- Almost 40% of all Mainers have no access to public transportation.
- Eleven percent of all Maine households have no automobile; 7% of Mainers 16 or over don't have a driver's license.
- At least one-in-three Mainers can't drive or don't have a car.

Land Use, continued from p.1

tation impacts, and developing new land use strategies.

✔ New developments should be safe for non-drivers. Maine's Department of Environmental Protection should amend the Site Law to require large new developments to be accessible by pedestrians and public transit.

"Traveling Smart" Vol. 2, No. 1 Summer/Fall 1994 Natural Resources Council of Maine

Editorials

Editorials

Study of older drivers important

Kennebec Journal
6/21/93

"Whatever poet, orator or sage may say of it, old age is still old age," wrote Longfellow.

It's still true and still difficult to admit, particularly for senior citizens with a driver's license.

Although then youngest motorists are still responsible for the highest accident rates, federal statistics show that traffic mishaps involving older drivers increase dramatically after age 60.

And since the decision whether to stop operating a motor vehicle is generally left to the individual driver — family and friends are reluctant to step in — it often takes an accident to convince the elderly motorist to give up driving.

Sometimes even that doesn't do the trick and the older driver chooses to remain on the road, a menace to other motorists and pedestrians alike.

The Legislature last week took an important step toward correcting this dangerous situation by authorizing a study of the driving habits of older Mainers.

Mild as the action is, it represents an important turnabout in legislative attitude toward older people, a group with considerable political clout.

Indeed, lawmakers have generally adopted a hands-off policy when it comes to regulating older drivers.

Ten years ago, the Legislature repealed a law requiring persons over 75 to take a road test every four years. Later, it repealed another rule requiring eye tests for drivers over 65 every two years, rather than four.

This was more of a testament to the political influence of senior citizens than a gesture toward common sense or, for that matter, public safety.

And public safety, not the sensibilities of older drivers, ought to be the guiding factor in shaping licensing policies. A driver's license is a privilege, after all, not a right. In this vein, Secretary of State William Diamond's concerns about "discrimination" are somewhat misplaced. No one wants to keep capable elderly drivers off the road. But it's nonetheless true that some age groups have more trouble than others. The sole reason the nation returned the legal drinking age to 21, for instance, was because so many young people were killing themselves and others by drinking and driving.

Meanwhile, advocates for the elderly — the American Association of Retired Persons, for instance — say they support research into the driving habits of the elderly but will resist efforts to restrict older drivers if that's what comes of a legislative study.

That's an attitude that's not at all helpful — either to the elderly or society in general.

What's needed is a system that gets potentially dangerous drivers — of whatever age — off the roads.

And if such a system relieves close relatives of the embarrassment of having to tell loved ones that they are too old to continue driving, so much the better.

Sun Journal
6/27/93

Our view

Editorial

Driver's skill, not age, critical

Gray hair is not yet a criterion for more stringent driver's license examinations, and shouldn't be. The state of Maine is embarking on a study of the problems of aging drivers, but to single out people just because they are older is age discrimination on the highways, and, like age discrimination in the employment office, should not be allowed.

That is not to say that older drivers don't have their problems. The aging process is not always kind to eyesight, flexibility, coordination, reflexes and hearing, all of which have a role in the driving of a car. As these abilities lessen, there comes a point — which the legislative commission studying the problem can perhaps determine — when drivers become a hazard, and at that point a lessening or cessation of driving privileges might well occur.

We're doing it for their own good, society might say. For the common good.

But that decision should have everything to do with driving skill, and nothing to do with a calendar.

Just because a person reaches a magic age, when "statistics show" that more people get into accidents, or "studies find" that drivers are more susceptible to distractions, doesn't mean that all people who reach this age should be singled out for special testing.

If reflexes are going to be a gauge for driving a car, then all drivers should have to pass the reflex test, regardless of age. If hearing is determined to be a crucial factor, then all drivers should be tested for hearing. Any other system would unfairly select people based on a birthday, and all 70-year-olds did not get to that age equally.

Maturity is also a factor in driving a car, one that is difficult to measure. Maine, like most states, sets a minimum age for drivers and hopes that a certain level of maturity drives up about the same time.

Undoubtedly some worthy, worldly youths are denied driver's licenses when they are quite mature enough to have them, just because they aren't old enough. Accident statistics for teen drivers -- which are high — indicate that Maine also gives licenses to some who are not quite so mature.

But beyond maturity, driving skills usually can be measured. We would urge that any study of the problems of older drivers — whose accident rates are also high — determine what contributes to the problems, and then measure those attributes in drivers of all ages.

Measuring drivers' skills would cost more, which means a driver's license would cost more. That may be the price of fairness to a spectrum of ages and abilities (and might also result in lower insurance rates for Maine drivers).

Maine shouldn't go after old drivers; it should go after bad drivers. Measuring driving skill is one way.

Portland Press Herald

Christopher M. Harte, *President*
Louis A. Ureneck, *Editor and Vice President*

George Neavoll, *Editorial Page Editor*
Warren E. Watson, *Managing Editor/Operations*
Jeannine Guttman, *Managing Editor/Reporting*

BEHIND THE WHEEL

How can this state help older drivers stay mobile?

● Conference here will seek answers tomorrow.

Between 1980 and 1990, a single segment of Maine drivers increased by an astonishing 66 percent. They are drivers over age 65, and they reflect what's been called "the graying of Maine."

As baby boomers age, their number will swiftly grow. That's why assuring safe mobility for older citizens, now and later, requires important public policy decisions.

Information to help shape that policy will emerge from a statewide conference to be held Friday at the University of Southern Maine. A state group with a daunting name – The Task Force to Study the Safe Mobility of Maine's Aging Population – will listen, learn and factor comments into recommendations it will make to the Legislature in the fall.

Few issues spark livelier or more emotional debate than proposals affecting elderly drivers. In 1983, older drivers indignantly gained repeal of a new state law that required drivers over age 75 to take a road test every four years. Two years later, they followed that success with repeal of a law requiring more frequent vision tests.

Aging drivers perceive themselves as cautious and safe, and they have powerful statistics to back them up. Federal statistics show that drivers ages 65 to 85 have fewer accidents than any other age group. In Maine, the same is true of drivers grouped ages 60 to 79.

As with most debates, however, there's another side. Measured by the low number of miles driven, federal studies report, the nation's oldest drivers have an accident rate second only to the youngest – teen-agers. Elderly drivers involved in accidents, too, are more likely to die than other motorists.

The state task force is reviewing what Maine can do to assure mobility for elderly people while minimizing their risks on the road. It's a broad agenda, ranging from highway design and driver safety to transportation alternatives.

Tomorrow's conference will affect years of important decisions.

Drivers' licensing

If there is a lesson to be learned from the late lamented auto emissions testing, it is that a perfectly good program can be sabotaged by one or two ill-conceived components.

That is something members of a panel studying safe driving by Maine's elderly residents should take heed of.

The draft report by the Task Force to Study the Safe Mobility of Maine's Aging Population contains many worthwhile recommendations concerning the issues of safety, mobility and alternative transportation for the elderly.

One of the sure-to-be controversial proposals involves testing for persons over 40 for "cognitive deficient problems" or mental disabilities at license renewal time. One task force member described the test as one way to determine "if you can't think straight enough to drive."

But why at age 40? Why not for all ages, if in fact Maine is plagued with drivers who can't think straight. Remember the discrimination charges that helped sink the emissions testing program?

There will be public hearings on the proposal beginning next month and if the report stays intact, panel members can expect to hear some complaints, especially from the generally safe middle-age drivers.

As the emissions test fiasco proved, once you start tampering with people's "right" to drive, the ozone turns blue with complaints.

Kennebec Journal 9/3-4/94

Portland Press Herald

Bruce J. Gensmer, *President*
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DRIVERS AT RISK

Aiming stricter testing at safest ages is a waste

● A proposal to begin drivers' vision and mental acuity tests at age 40 makes no sense.

Are older drivers still safe drivers? It's true that elderly drivers have the fewest accidents of any age group on the road.

However, they also drive fewer miles. Federal statistics show that the risk of accidents per miles driven – highest for ages 15 to 19 – levels off at age 20 and remains low until it begins to rise at age 60, increasing steadily thereafter.

That is why the State Task Force to Study the Safe Mobility of Maine's Aging Population is considering a variety of recommendations to make driving safer for older Mainers. They include proposals to make drivers over age 75 renew their licenses every two years, instead of the current four, and make stricter tests for vision and "mental acuity" – the latter now required only in California – mandatory at age 40.

Age 40? The national statistics show that the safest drivers on the road are those in the 40-to-60 age group.

File photo

More testing a good idea – for some.

Could it be that the real reason for setting the testing age so low is to deflect the complaints of some older drivers who perhaps feel singled out unfairly? However, any new tests should have a logical basis – and the accident statistics clearly show that driving risks increase only after age 60.

Extra testing for younger drivers just entering their decades of lowest risk is merely a waste of taxpayers' dollars.

Editorial

Don't trust any driver over the age of 40, eh?

If it weren't such serious business, the state task force proposal for drivers 40 and over would be funny.

You can picture it, can't you? A 40-year-old woman comes into the Department of Motor Vehicles pushing a stroller with one hand and guiding a toddler with the other. While she tries to quiet her not-so-late in life children, the examiner asks her to name the president.

"Last time I noticed it was Clinton," she might say as she grabs for a rubber ducky that's about to be hurled at the examiner. "But I could be wrong. I haven't had much time to read the paper lately."

The picture isn't as far off as you might think. The Task Force to Study the Safe Mobility of Maine's Aging Population is proposing, among other things, that the state begin testing drivers' mental sharpness as well as their vision beginning at age 40.

Actual testing might be more specific to driving situations, but the information it would seek would be similar to that sought in the screening of confused patients: Name the day of the week, the year, the president. And how many fingers am I holding up?

The idea is to assure that older drivers be taken off the road when they lose their grip on what's going on around them, and thus their ability to drive safely. Maine currently tests vision with every other license renewal for drivers over 40, and shortens the renewal period for drivers over 65.

Task force members were charged with finding a way to screen for unsafe drivers, and the result was the proposal aired at a first public hearing on Friday.

Drivers who fall between age 65 and senility were understandably resentful of a proposal that treats them as accidents waiting to happen, Alzheimer's cases waiting to stumble. They pointed out to the task force that they are some of the safest drivers on the road, much less likely than younger motorists to let prudence take a back seat to egos or hormones or even car phones.

They pointed out that the highest accident rates are for drivers under age 20, yet no one tests them for maturity or common sense.

They had a good point. The task force seems to have painted the problem of unsafe older drivers with too broad a brush, taking in (and offending) a whole lot of drivers who are unlikely to have any problem more serious than far-sightedness.

We might add that the brush stroke also, apparently in an effort not to offend older drivers, took in drivers who are too young to be lumped in with "older" anythings. Including drivers age 40 to 65 in the testing might save someone embarrassment, but it will waste money that could be better used in other places.

Instead of focusing on universal testing of the barely-middle-aged, the task force would make more sense if it made its recommendations match the statistics. At about age 70, drivers do seem to start having more accidents. If we're worried, we should do something about the problem. Perhaps road tests are in order after a certain age. Maybe the license renewal period should be shortened some more for drivers over 70 or 75.

Clearly, the state sometimes gets in trouble with the current system, which relies on drivers to turn in their licenses when they can't trust their driving skills anymore. Most drivers are responsible and aware enough to sense when that time comes, and some are not.

But this proposal, which makes too little distinction between the infirm and the middle-aged, seems sure to offend rather than educate. The task force needs to do some more work.

Maine Sunday Telegram

Bruce J. Gensmer, *President*
Louis A. Ureneck, *Editor and Vice President*

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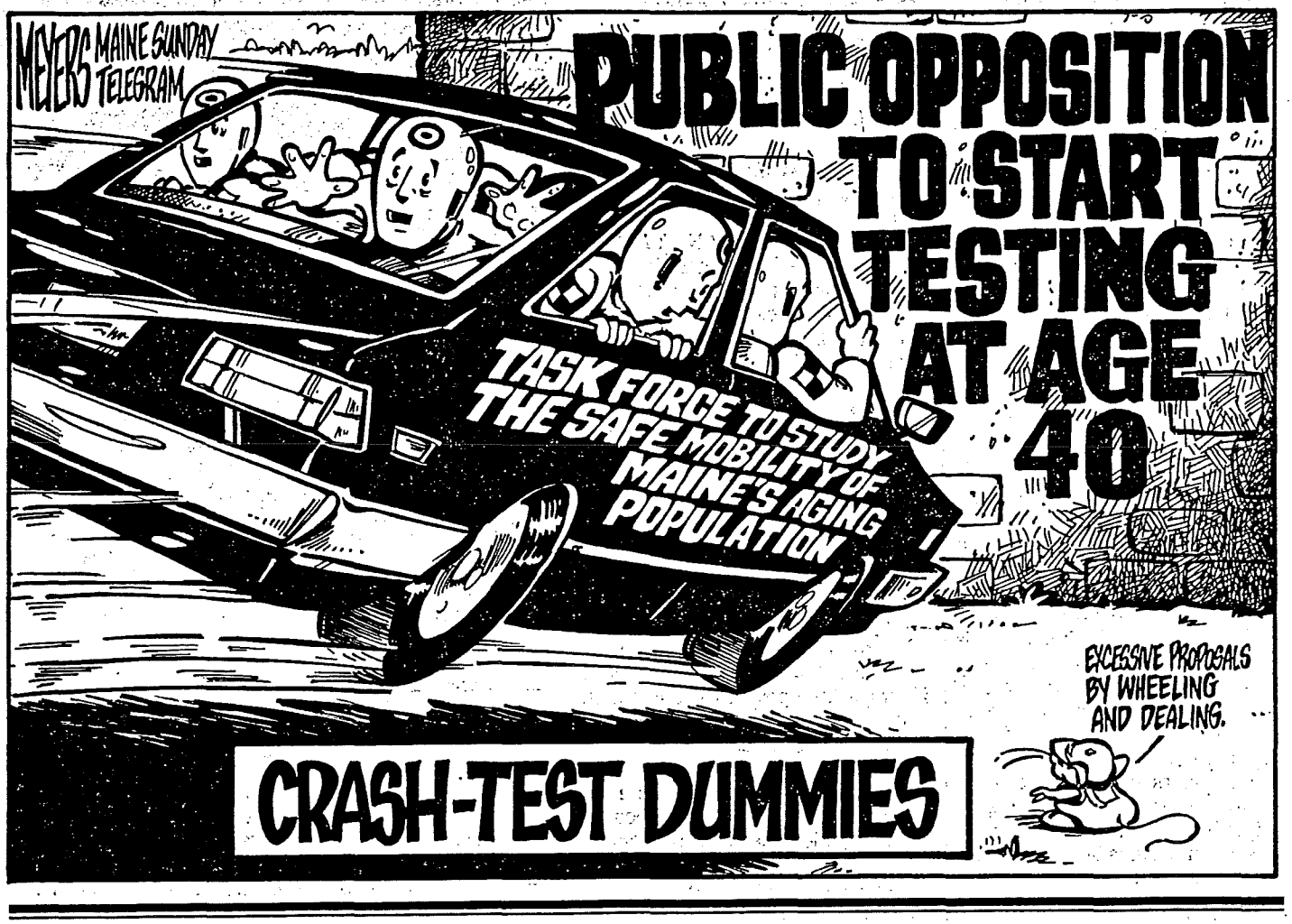
EDITORIAL

STEVE MEYERS' VIEW



TESTING OLDER DRIVERS

State has safeguards in place to weed out unsafe motorists

By BILL DIAMOND

As secretary of state, I have the privilege of heading up a team of dedicated state employees who work hard on a daily basis to improve safety on our state's roads. It is vitally important that the roads we share be safe for all drivers – young and old alike.

In this capacity I was interested when the Legislature formed a task force during the last session to study the problem of unsafe drivers. The Task Force to Study the Safe Mobility of Maine's Aging Population has now completed its draft report and is holding public hearings on its recommendations. To promote public participation, my office helped fund the public hearing held on interactive television.

I HAVE TWO REACTIONS to the recommendations. First, I want to compliment the members of the task force for their hard work and dedication to improving safety on our roads. They made many recommendations which, if adopted, will provide better education for Maine drivers regardless of their age.

They have suggested ways to increase alternative transportation, improve pedestrian safety and initiate better driver training. Most of these changes I support because they would make all of us more attentive and safer drivers.

My second reaction centers on some of the recommendations regarding driver licensing issues. A few of these recommendations seem to seek change where I am not convinced that change is necessary.

One example is requiring everyone who is 40 years old or older to take a "screening test for cognitive function" at the time of license renewal. It is unclear to me exactly what that will mean in practical terms. My concern is that such a test would be, as one physician told me, "a complete waste of time."

Not only would a test increase the time already required to renew a license, it also would add one more requirement to a system that is now overloaded from employee layoffs, furlough days and reduced work week hours. As well intended as I know this recommendation may have been, its necessity should be re-evaluated.

MAINE IS VERY FORTUNATE to have a Medical Advisory Board made up of medical doctors and others who volunteer their time to advise the secretary of state on establishing guidelines for the impact of various medical conditions on safe driving.

For example, we have standards requiring any ill person who might black out or faint to show a full recovery before being given permission to drive again. Such a definition of "recovery" could be difficult without the advice of our board.

The Medical Advisory Board has received rave reviews from all over the country. It has been a model for other states that want to create their own such board. Members of Maine's board have been asked to speak and advise other states on how to achieve similar results.

Our board has initiated many projects and programs that are considered exemplary – including educating members of their own profession – and could be credited with saving many lives on our roads. This board, which already is in place, could be the vehicle for addressing some of the task force's goals without further requirements and mandates. Maine also already has a Highway Safety Commission that might be able to assist in this process.

It is not uncommon for a relative to contact us about a loved one they feel should not be driving. They express concerns and we administer a test – either a road, written or eye exam. If the person passes, he or she continues to drive. Otherwise, we take them off the road.

Our current system of removing unsafe drivers from the road, regardless of age, is based on a combination of strict laws and individual responsibility.

It is not uncommon for a relative to contact us about a loved one they feel should not be driving. They express concerns and we administer a test – either a road, written or eye exam. If the person passes, he or she continues to drive. Otherwise, we take them off the road.

It is not a system without flaws, but no system will be. The point is that we must not be too quick to add new regulations, new laws or new requirements, even with the best of intentions, if a system is working reasonably already.

WHEN THE ISSUE of elderly driver testing was discussed last year, my position was, and still is, that we should not generalize problems based strictly on age. We should instead have a system that allows us to address problem drivers effectively, whatever their age.

I can relate instances where a 30-year-old and a 70-year-old should be tested, but to say all 30-year-old people or all 70-year-old people should be tested is not appropriate.

In addition to the Medical Advisory Board and loved ones, physicians and other health-care professional also make recommendations to us regarding potentially unsafe drivers. We follow up on those reports immediately. Maine residents should know we currently have this system in which a variety of professionals, loved ones and others notify us when there is some question about a person's ability to drive safely.

The system seems to be working. We need to be careful about adopting new regulations and requirements, especially if we can reach the same goals by making adjustments to an existing system that would avoid adding new costs and new complexities to the process.

As Maine's secretary of state, Bill Diamond oversees the Bureau of Motor Vehicles.

– MAINE SUNDAY TELEGRAM 10/9/94

Maine Sunday Telegram

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OLDER DRIVERS

Vision testing, free rides worth it to avoid crashes

● A state task force backs off an unworkable idea to get behind several better ones.

It's good that a state task force investigating the safety of older drivers has dropped its plan for special tests for vision and mental acuity for drivers over 40.

First, the age-40 threshold was much too low – drivers between age 40 and 60 are in their safest years of motoring, according to state and federal statistics that measure accidents per miles driven.

The riskiest group by that measure is, of course, teen-agers – but the task force's concern was spurred by the statistics, which showed accident rates climbing again once drivers passed their 60th birthdays.

Also, the proposals generated political heat from elderly drivers, who said they were being singled out even though they were not the riskiest drivers when total numbers of accidents were considered.

So the Task Force to Study the Safe Mobility of Maine's Aging Population has backed off. It recommends instead that the next Legislature consider authorizing a voluntary force of younger chauffeurs to get unsafe elderly drivers around. The panel urges some liability waivers be used to to encourage participation by the volunteers.

It also recommends that current vision tests, which come at ages 40, 52, 65 and each renewal thereafter, take into account that the license renewal period has been extended to six years. It asks for vision tests on each renewal after age 40 and every two years after age 65. The group also calls for greater efforts to inform senior citizens about transportation alternatives.

Those recommendations deserve adoption. We can't ignore the fact that, while most elderly drivers are among the safest on the road, some are not safe at all.

For everyone's good, they need to be identified and offered other, less hazardous ways to get where they're going.

BANGOR DAILY NEWS • MONDAY, NOVEMBER 21, 1994

OpEd

Aging along with the automobile

By Katherine Freund

As a mode of transportation, the automobile has brought us greater freedom and mobility than we have ever before enjoyed, but it has also brought us many unexpected and far-reaching problems. Among these problems are air pollution, traffic congestion, urban sprawl, and dependence on foreign oil.

As we age with the automobile for the first time in history, the safety and mobility problems of our older population are emerging as additional unintended consequences of our dependence upon the automobile. Just as no one foresaw what would happen to our cities when almost everyone drove and parked an automobile, so no one predicted what would happen when the drivers of those autmobiles grew older.

Tolstoy once said that happy families are all happy in the same way, but unhappy families are unhappy in their own way. This observation holds true for drivers, as well. Safe drivers are all safe in the same way, but unsafe drivers are unsafe in their own way. This is why it is not only important to address the problems of all unsafe drivers, but to address them in a manner appropriate to their needs.

Thus, sleepy drivers, drug-impaired drivers, inexperienced drivers, and functionally impaired drivers must all be addressed differently.

When considering the safety needs and characteristics of older drivers, it is essential to remember two things. First, despite their best efforts, some seniors develop difficulties with their driving. These difficulties may be caused by the normal changes of age, and their accidents may occur in spite of their diligent efforts to compensate.

In this context, it is important to remember that seniors are not inadequate to the transportation system. The transportation system is inadequate to the needs of normally aging people.

Second, because transportation is the key to independence, dignified, affordable alternatives to the self-driven automobile are absolutely essential if seniors are to be able to make good choices about their own driving safety. There is a dynamic relationship between alternative transportation and driving safety.

The extent to which good alternatives exist is the extent to which seniors are truly free to make sound driving decisions and still maintain their independence and quality of life.

Several converging trends make it especially important to address the safety and mobility of the aging population at this time. Not only are we aging with the automobile for the first time in history, we are aging in greater numbers than ever before in history. In 1990, 4 percent of the U.S. population was 65 and over. By the year 2020, that figure will approach 20 percent, and everyone will be driving.

Moreover, 86 percent of U.S. population growth since World Wart II has occurred in rural and suburban areas. In Maine, suburbanization is occurring in towns as small as 5,000. Such land-use patterns make walking and traditional public transit even more problematic.

The 15-member Task Force to Study the Safe Mobility of Maine's Aging Population — with broad representation from the secretary of state, the Maine Highway Safety Commission, the Bureau of Elder and Adult Services, the Department of Transportation, the House of Representatives, the Senate, the public, the American Association of Retired Persons, the Bureau of Highway Safety, citizens over age 65, the American Automobile Association, insurance providers, gerontologists, the Area Agencies on Aging, and the Maine Transit Association — has studied these complex transportation issues, as we look toward our future and age with the automobile for the first time.

Our recommendations have been developed in light of both current realities and future trends. Whether these issues seem foreign because they are not yet commonly discussed in the policy arena, or familiar because they tell the seemingly private story of a family member or friend, they are certain to emerge again and again in the years ahead.

If the Task Force to Study the Safe Mobility of Maine's Aging Population has one, clear, important message, it is this: Transportation is a lifelong need. Like the veins and arteries of our lives, transportation connects us to all we do, and need, and love, to the necessities of life, and to the quality of life.

Katherine Freund is chairwoman of the Task Force to Study the Safe Mobility of Maine's Aging Population. She is affiliated with the Southern Maine Area Agency on Aging, which is based in Portland.

Helping older drivers

Fair to say that a state task force examining the needs of older drivers in Maine now understands that limiting the access of those drivers to their cars is not a popular idea. Last October, older drivers let the task force know volubly how little they liked the idea of increasing testing for older drivers. The task force, however, may find a warmer reception when it proposes driving alternatives rather than limits.

Older drivers in rural Maine have few choices. They need their cars to get around because mass transportation rarely exists. But they also need an option when driving no longer is safe. Currently, many older drivers rely on family and friends when this happens; a few walk. Too many are forced to keep driving, imperiling their safety and others. Indeed, they are part of a demographic group identified as having the second-highest rate of accidents, a high proportion of them fatal.

The Task Force to Study the Safe Mobility of Maine's Aging Population will make proposals to the Legislature next month that could help. Among the recommendations is a program that would offer a toll-free number for a driving schedule, and route and fare information on all the transportation services available in Maine. For people who do not have access to existing programs, a volunteer driver service has been suggested that could assist a wide range of people.

Though still in the idea stage, the driver service could be organized at a low cost, making it an effective and efficient use of existing dollars. Insurance questions would need to be worked out, but such a service would be a great opportunity for local clubs and organizations looking to do volunteer work in their towns. The time commitment, properly spread out among members, would be minimal and all anyone would need to help out is a driver's license, access to a vehicle and a sense of direction.

Maine has the fifth-oldest population in the country, yet it has done little to recognize this growing group. A volunteer driver service would be a simple way to help a great number of these drivers travel safely.

BDN 12-27-94

EDITORIAL - BANGOR DAILY NEWS

Letters to the Editor

VOICE OF THE PEOPLE

Elderly drivers' bad rap based on a narrow view

It is sad that Katherine Freund has taken it upon herself to launch a campaign against a whole class of drivers, based on her unfortunate experience with one ("Safety study to focus on older drivers," June 15). The elders are not by and large poor drivers. If they were, you could bet the insurance industry would reflect it in the rates.

Accidents do happen, and the news releases frequently report stories of children being struck, not necessarily by older drivers. My teen-age grandson was severely injured several years ago when he was struck by a car as he was crossing Forest Avenue near the post office. The driver was in his 20s.

My wife and I put about 15,000 miles per year on our vehicles traveling across many states. We observe many instances of harebrained driving, not by seniors.

We have had people speed by us on the interstates cradling a telephone between shoulder and ear while writing on a pad propped on the steering wheel. These are not senior citizens. The seniors are usually less impatient and less impetuous, so are less apt to take risks.

I have a longtime friend who works for the telephone company southwest of Boston. One of his duties is to dispatch repair crews in the district. Just last year he told me that 75 percent of the poles he has to replace have been knocked down by women between the ages of 18 and 30.

I live on a short residential street in the Woodfords area. It has always been used by some as a route to escape the traffic of Woodfords Corner and Stevens Avenue.

Most pass at a reasonable speed, but a few younger drivers blast down at over 40 mph. Fortunately no child has been struck, but I am ever fearful.

David K. Lovely
Portland

↑ 6/26/93

If seniors drive badly, youngsters drive worse

Talk about discrimination! One senior citizen has an accident – an accident that anyone of any age could have had under the circumstances – and Katherine Freund and a legislator from Portland have started a move to restrict senior citizen drivers.

Never mind the fact that the accident rate among young drivers is appalling, that senior citizens do not speed or drive under the influence of drugs or alcohol as young drivers do, that the accident in question was due to someone's carelessness in allowing a 3-year-old to dart out into the street, or that younger drivers are involved in accidents much more often than senior citizens are.

All that doesn't count. The only thing that matters is that all senior citizens be made to pay because one had an accident.

Every senior citizen driver should be alert to what is going on and should make sure that the discrimination against them advocated by Katherine Freund does not occur.

Lenora Bangert
South Portland

7/28/93 ↑

Driving laws adequate for operators of all ages

Why have a new law against senior drivers?

The law we have covers people who don't drive properly.

What law could we possibly have that covers more than what we already have?

Alice Parker
Westbrook

7/22/93

Older drivers follow rules; are patient, polite

I would like to try to explain why I feel we senior citizens are still able to drive our cars sensibly, and therefore please don't take our licenses away and therefore our independence.

- We try to maintain (pretty near, anyway) the speed limit.
- We don't pass when there is a double yellow line.
- If someone in front of us isn't going as fast as we would like, we don't pass on the right; we wait until it is OK to pass legally.
- We are patient.
- We are polite!

I have many friends who have been driving for 50 years and have never had an accident or been arrested.

Can some of your younger drivers say the same?

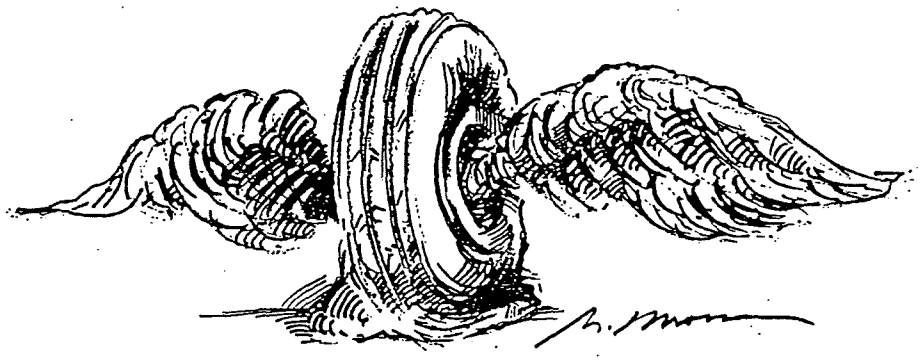
Betty O'Brien
South Portland

↑ 10/11/93

July 8, 1993

OLDER DRIVERS

Safety questions create a hot issue



I am writing in response to the article on the front page of the Press Herald, June 15, regarding a study focusing on older drivers and their ability to continue driving on Maine roads and highways.

Being a mother and grandmother, I sympathize with Katherine Freund having had a young son seriously injured.

I do, however, feel that more details regarding that accident should have been given in the paper. The only information given was the location, Deering Center, and the fact that an elderly driver was to blame.

I realize there are some older drivers who should not be driving, but that rule applies to all ages.

I get the impression that Katherine Freund would like to see most older or elderly drivers denied the chance to drive. I am not sure at what age she considers a person to be an older driver.

When there is so much recklessness on all roads today, such as people constantly running red lights, changing lanes without signaling, exceeding the speed limits and ignoring stop signs, it does not seem fair to come down so hard just on older drivers when many of all ages are a threat to others on the road.

Elizabeth Wark
Westbrook

THIS IS IN REGARD to the front page article June 15, "Safety study to focus on older drivers."

The article states that the task force which will be formed is "the brainchild" of Katherine Freund, whose child was injured by an elderly driver.

More information needs to be provided in defense of us older drivers being targeted for our own protection by Freund and her task force, stemming from an accident involving her 3-year-old child.

To refresh my memory, I called the Press Herald requesting data surrounding the accident published in the paper.

I was informed that the records were private, but I might be able to find them on microfilm at the public library.

The only information I was given was that the accident occurred sometime in 1988 and, as the reporter recalled, the child ran out into the road. Such scant information made it impossible to research the article.

Freund stated in her article of June 15, and I quote, "What was the driver doing wrong? He was driving his car. He was being as careful as he knew how to be, but he just didn't see Ryan."

One question comes to my mind: Where was this lady, who wants to have elderly drivers investigated, when her 3-year-old son ran out into the street?

Georgianna Cohen
Portland

DAVID K. LOVELY'S thoughtful June 26 letter makes several observations about the driving behavior of both older and younger drivers which I believe reflect the thoughts and concerns of many people.

He is correct to point out that drivers in their teens and early 20s get into accidents, and that seniors are "less apt to take risks."

What Lovely misses is that both teens and seniors are high-risk drivers. However, they are high-risk for different reasons.

Teens often drive over the speed limit or too fast for road conditions. Seniors, driving cautiously, are involved in low-speed collisions with other vehicles.

Both teens and seniors are more often than not responsible for those accidents in which they are involved. Tragically, because of their increased frailty, seniors have the highest fatal accident rate of any age group.

It is true that my initial interest in transportation for the elderly arose from my son's accident, but my involvement at this point has gone far beyond any personal issue.

In my studies at the Muskie Institute, where I specialized in transportation for the elderly, I have learned that almost two-thirds of our nation's elderly live in the suburbs or rural areas, where there is essentially no public transportation.

This means that many seniors are either forced to drive when it is no longer safe, or they must ask favors of friends and family, or they are without transportation altogether.

I have also learned that in 25 years, almost 20 percent of our population will be over 65.

If we, as policy-makers, do not find ways to help people plan for their future transportation needs, many people, especially seniors, will die in their cars.

It is my hope that the Task Force to Study the Safe Mobility of Maine's Aging Population will bring together thoughtful, far-sighted and compassionate citizens and policy-makers to find ways to protect the dignity and independence of our seniors without unduly risking either their safety or that of their families and neighbors.

Katherine Freund
Portland

TO OUR READERS

Editorial board meetings are open to the public, at 9:30 a.m. every weekday in the fourth-floor editorial office at 390 Congress St., Portland.

Letters to the editor should contain no more than 250 to 350 words, and include the writer's full name, address and home and work phone numbers. Not all letters are published; shorter letters, if used, usually appear more quickly.

Letters should be addressed to:

Voice of the People
Portland Press Herald
P.O. Box 1460
Portland, ME 04104-5009

Letters also may be sent to us at this fax number: (207) 780-9334.

Portland Press Herald

More older drivers tour safety issue

A letter from Thomas Oates of Yarmouth was recently printed in the Portland Press Herald. Oates was, as I understood him, protesting that the state task force on the licensing of elderly drivers was "out to lunch" before it even got started.

As a 76 year-old myself, I certainly qualify for the adjective "elderly," and I protest Oates' attitude.

Regardless of the brilliance he ascribes to his peers in Yarmouth, most of us as we age aren't that gifted.

I climb mountains much of the year and in winter go cross-country skiing and am therefore in excellent condition for my age. But are my reflexes as quick as they were 30 or 40 years ago? No. Eyesight and hearing? No. Can I play the piano fast? No. Let's be reasonable. All animal life as it gets older gets stiffer or slower or both.

An automobile can be a deadly weapon even at moderate speed. My father had his license taken away by the local police (in Pennsylvania) when it became obvious that he had become a menace as a driver. More or less, this was the case with my stepmother some years later.

People my age really should be tested on a regular basis for our own safety as well as for others. If you are still sharp enough to pass the tests required you need have no fear of losing your license.

If you can't, well, then you shouldn't be driving.

To the task force, good luck. And don't let AARP or the Oateses of this world deter you from developing a much-needed law.

Francis Madeira
Naples

Portland Press Herald

7/17/93

IT'S NOT THAT I haven't made my own comments about older drivers and their abilities to drive competently, but I have also made the same comments about younger drivers and their abilities to drive safely. I am 64 years old and therefore fall into the category of one of your "older drivers."

I have had the misfortune in the past five years to have my car struck twice by taxis that drove through stop signs.

I have also been struck by an uninsured 30-year-old woman who went through a stop sign.

And finally, I had my car totaled by a 19-year-old boy speeding to try and get through a stop light before it changed.

I may be a bit punchy by now, but the cause will be in part from being hit by younger drivers. Do I make my point?

Sally P. Witman
Portland

Task force taking elderly for unfair ride

I sincerely hope that all members of the "state task force" examining elderly driver safety are denied a license to drive a car in this state after each member reaches age 65.

Knotheads and screwballs, each one!

For myself, I am 81 and have been driving since I was 16. I can honestly say that I have not damaged or crashed up a car for 63 years.

One elderly lady living here in Yarmouth Senior Housing, age 96, drives one of the larger cars, a Cadillac.

The car always looks like it just came out of the showroom. She knows how to keep it and it shows. This car does not have even a scratch on it. She drives it herself and alone.

There are several other elderlies well over age 65 who drive their cars every day and in a period of 16 years I have seen only one car that had been damaged in an accident.

Nobody living in this senior housing establishment fails to visit a doctor, a dentist or an optician.

Some doctors call and visit their patients. A foot doctor calls on several people here each week.

Those elderlies fortunate enough to own cars and drive everyday are in excellent physical shape.

They are not the least bit interested in speed. They all pay close attention to posted speed limits.

In the days when automobile insurance was not a requirement, elderlies were enjoying their cars because they were affordable.

Not so, these days. Insurance companies "gouged" us and this caused many elderly people living here to resort to bus travel for their shopping.

My own much-loved son was killed in an automobile accident when he was only 20 years old, but not in this state.

Young drivers, full of zest for life and forever satisfying themselves with the excitement and sense of speed, are killing themselves every week, according to news reports. I wonder what percentage of elderlies are running into trees, guard rails, stone walls, etc.

An elderly inwardly knows that there isn't too much life left for him or her. So elderlies are very, very careful not to jeopardize themselves.

If we are all created equal, then why can we not be treated in that manner?

Fees for every human requiremeent are on the increase. It has been so for the last 20 years. Social Security and pensions have been unable to compete with these increases.

The state of Maine itself makes no options for elderly automobile drivers. Perhaps the state would be more pleased if we all had to walk. Let them keep on with their "enactments" and it might happen.

Thomas E. Oates
Yarmouth

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7/5/93

Eventually, we'll all be too old to drive safely

← 7/19/93 →

The people who have been responding to the article on Katherine Freund's ideas on transportation for the elderly (Press Herald, June 15) seem to have the opinion her goal is to "get the old people off the streets."

Eventually all of us will have to decide if we should continue driving, or have the decision made for us by a physician, spouse, child or the state.

Katherine's goal is to see that there are options available to the elderly without driving capabilities, so they are not left as shut-ins. When it comes time for me to stop getting behind the wheel, I hope there are options that help make that difficult decision more palatable.

Gwen Pratt
Portland

IN RESPONSE to the letter from Genevieve Breton of Bath in the June 30 edition concerning Kathy Freund: I can only believe it is through ignorance of the facts that she would accuse Freund of parental negligence in the accident involving her child and an elderly driver.

Does Breton mean to imply that children must stay totally out of the roads so confused elderly may have the convenience of stepping out of their kitchens and into their cars? Do children have the same rights these elderly had as children?

I have been subject myself to a physical attack from a confused elderly driver who prematurely stopped in the road, putting me in danger from other drivers.

This person attempted to hit me with his car when I legally attempted to pass, claimed to be a county sheriff and then attacked me with his fists for writing down his licence plate number. Is this person competent to drive when he is obviously disoriented?

Breton gives kudos to Secretary of State William Diamond because he is uncomfortable with testing for one group of drivers. Does she therefore believe that new drivers shouldn't be tested? If the elderly are protected from testing, why not the young also? This logically follows from this argument.

Let's get real. Some elderly clearly should not be driving. We all know it. Testing is a reasonable solution to a public safety problem.

Paul Wolf
Limington

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VOICE OF THE PEOPLE

OLDER MOTORISTS

Here we go again. The top secret task-force types in Augusta have older drivers under scrutiny (Portland Press Herald, Sept. 2.)

They already have messed up emissions testing, and now they want to clamp down on older drivers.

It wasn't so long ago that special tests for older drivers were repealed. But Augusta bureaucrats forget easily and never seem to learn.

It wouldn't be surprising if the Augusta geniuses begin to mandate the kind of toilet tissue we use and how to apply it. If that doesn't keep them occupied and happy, maybe they will try regulating toothbrushes or razor blades and happily cut their throats.

There must be some way we can get these clowns off our backs.

One way would be to abolish their jobs and send them back to become street cleaners and ditch diggers, provided they can pass the test by some miracle.

S.R. Mautner
Boothbay Harbor

Letters

Too old?

To the Editor:

The proposed extra testing of senior citizen drivers of Maine is unwarranted, disgraceful, and biased.

When anyone drives on public highways they are taking chances. The brakes may fail, another driver may be driving drunk, inexperienced, become ill, distracted, or confused. The ground may freeze into invisible black ice, and a police car on a chase may spin out of control.

I have been driving for 49 years, and I cannot recall ever being endangered by an older driver. While stopped, I was run into twice, once by a college student and once by a campus police car which skidded on wet pavement. I cannot imagine how either accident would have been prevented by extra testing of driving skills of individuals over 65.

To prevent accidents, keeping drunks off the road would be a good start. If more testing is needed, test everybody. But don't beat up on grandmothers and grandfathers just because they drive a bit more sanely than they used to and therby stand out in the crowd.

Bill Hanson
Northeast Harbor

Taking the safety task force to task

The idea of a task force to suggest laws to regulate the elderly drivers on the road is more unconstitutional than the auto emissions test law.

Let the old people and their old cars die of natural attrition rather than to harass them to death. If more concentration isn't placed on young drivers today, there won't be any old drivers living tomorrow.

How many carloads of elderly people get killed on the highway today? Watch TV or read the paper. Most of us old geezers are in no hurry to get to the graveyard, unlike the youngsters driving like a bat out of hell going nowhere.

The worst drivers are the legislators, identified by their license plates. Then when they get in the State House, they fall asleep at the wheel, not paying attention to what they're doing, as history has proven. Let's all get together and wake them up.

Bradbury A. Rand Jr.
Falmouth

IT IS ABSURD – and also inaccurate – that the report of the task force on older drivers should be so bitterly criticized by so many of us older drivers.

The report is not discriminatory. The task force's recommendations are based upon careful evaluation of the various actual percentages of past traffic accidents.

It is absolute medical fact that the aging process diminishes in varying degrees many phases of mental and physical competence, and government has the legal responsibility to do what it can to protect – with justice – the safety of its citizens.

So the state of Maine, having obtained carefully recorded statistics, is seeking in various ways to reduce the number and severity of traffic accidents, in general and in particular.

One way would be to include these proposed examinations of older drivers. These would be examinations that are identical for drivers of all ages – non-discriminatory. Then if the individual responses to some exam questions indicated the need, additional tests would be given whatever the driver's age.

Yes, I am an "older driver." I'm 85 years old. And I don't look forward to losing my freedom to drive, though maybe that will happen.

No matter what, I would welcome the task force's proposed approach as a plus toward helping to protect me not only from myself but also from hurting others; and possibly being hurt by others.

So let's each of us drivers do his or her best to persuade our legislators to go forward with the task force's intelligent proposals for everyone's safety.

Carolyn N. Blouin
South Berwick

I'M FURIOUS at the state's new proposal to do extensive testing on all drivers over the age of 40.

Their own statistics show that problems with some drivers don't begin to show up until they are in their 60s. I find it interesting that this is yet another idea imported from California.

Obviously, our state legislators have forgotten their own state motto, "Dirigo."

Patricia Bernard
Portland

A MAINE TASK force for driving safety is proposing that Maine drivers age 40 and over be required to be not only eye-tested when applying for their drivers licenses, but to be also tested for mental stability.

In view of the fact that the state has been rocked recently by several fatal accidents, all caused by young drivers, I would say that the "task force" is on the trail of the innocents when they should be reining in the offenders. It therefore might not be a bad idea to test the "mental stability" of the "task force" which does not seem to comprehend what is going on around them.

If we are realistic about it, we must face the fact that our "junior" or "junior miss" is a reckless driver. The driver licensing law should be changed, but not as far as the older drivers are concerned. They know when they are no longer able to handle a car and they stop driving of their own accord when that time comes.

Why not change the driving law in this way: Give a conditional license to 16- to 18-year-olds, the condition being that one infraction of the law would mean the loss of their driver's licenses?

When they reach 18 and are hopefully more mature, they can apply for a driver's license once again. This proposal may be met with disapproval by the young set but they should stop and think that its intention is to save young lives, namely their lives.

Katherine Gillis
Biddeford

IF WE OLD PEOPLE are such a hazard on the road, why is it that our insurance charges are no higher than younger people? I believe I am typical rather than the exception.

It seems to me that those who would change the relicensing process are not really sure of the exact background for these changes and are much more concerned about the outcome rather than the reasons for it.

The attorney general, secretary of state and licensing bureau should have the courage to simply ignore these cranks in their crusade who are taking from them important official time that could be spent on many more important things.

Thomas L. Rowe
South Portland

THIS LETTER is in response to the articles Sept. 23 and 24 in the Portland Press Herald regarding proposed licensing changes for people over 40.

I do not question the desire of the task force to make Maine highways safer. However, I question their wisdom as reflected in the proposals offered.

According to their published chart Sept. 23, problem drivers are those in the 15-to-19 age bracket. Their crash rate is more than twice the rate of the 75-plus driver.

As a matter of record the lowest crash rate of all drivers are those in the 40-to-59 age bracket, and there is only a slight increase until age 70. The task force better restudy their statistics.

It appears to me members of the task force are intelligent people who were behind the door when God passed out common sense.

Now if they are really serious about making our highways safer, see what they can do with the 15- to 18-year-old drivers. They are the serious offenders. Better still, tackle the problems of drunk drivers. That problem has yet to be seriously addressed.

Robert E. Bell
Rockport

I HAVE READ the draft report of the Task Force to Study the Safe Mobility of Maine's Aging Population with much interest and some concern.

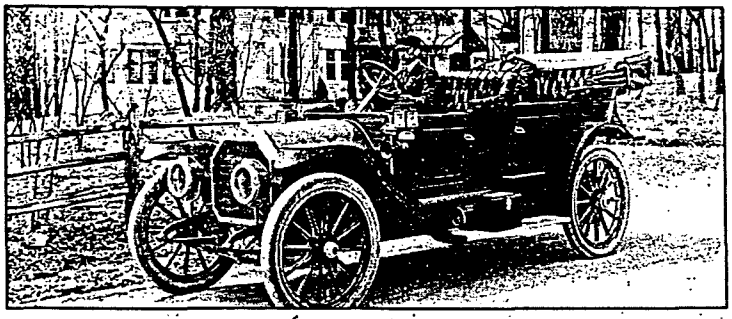
Three points trouble me.

The report needs a recommendation making seat belts mandatory. Recognized auto safety experts say this will reduce injury and death from accidents. The Legislature passed such a bill in the last session. The governor vetoed it. The task force should challenge the Legislature to pass this again.

The report urges drivers to ask insurance companies for a discount for all completing a safe driving refresher course. The task force should make this mandatory in any bill sent to the Legislature. That is far more effective than requests from policyholders.

Lastly, the report skirts one important point. The task force should insist on strong linkage between tougher licensing provisions and increased mass transit. Without such linkage, Maine seniors would face only loss of driving privileges with no concomitant increase in mass transit.

Victor A. Schlich
South Portland



File photo

Old cars are treated with respect; how about older drivers?

TO OUR READERS

Editorial board meetings are open to the public and are held at 9:30 a.m. weekdays in the fourth-floor editorial office at 390 Congress St., Portland.

Letters to the editor should contain no more than 250 words, and include the writer's full name, address, and home and work telephone numbers. Letters should be typed when possible. Those selected for publication are edited only for spelling, punctuation and grammar.

Letters should be addressed to:
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PORTLAND PRESS HERALD 10/15/94

A matter of safety

A controversial question has arisen on whether or not senior drivers should be required to take a road test to renew their driving license. Since it is such a hot potato, the issue has been dropped for the time being but it is basically a question of safety both for the senior driver and for other drivers that may be encountered on the road.

Suzanne Melancon of Burke, Va., wrote an insightful letter to the editor on the subject (BDN, Nov. 8). It is a most difficult decision for a senior driver to make as to when to stop driving because it will result in a severe loss of freedom and independence. What I would like to add to Ms. Melancon's comments is that I think it would be of great benefit to strongly encourage all senior drivers to take the "55 Alive/Mature Driving" course designed and sponsored by the AARP and available to all motorists 50 years and older. It is a refresher course where participants sharpen their driving skills, develop strategies for adjusting to age-related changes in vision, hearing and reaction time and learn about the effects of medications on driving performance.

The course is taught by AARP volunteers who have been especially trained to teach it. It is an eight-hour course given in two four-hour sessions usually on consecutive days for a nominal fee of $8. Area organizations such as women's clubs have offered it in the past. I've taken it myself and it is an excellent course.

While such a course will not eliminate the results from distractions, miscalculations of distance and space, animals suddenly appearing in the road or unforeseen weather conditions, it will remind seniors to be constantly alert, aware and watchful of all that is going on around them while driving. AARP has recently developed a new course for RV drivers as well. Information on where this course is available locally may be had by writing to:

55 Alive/Mature Driving, AARP-Program Department, 1909 K Street NW, Washington, D.C. 20049.

Nancy L. Blomquist
Castine

Letter to the Editor
Bangor Daily News 11/15/94

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Papers

How Drivers Change as They Age

Thomas A. Ranney

Liberty Mutual Research Center
Hopkinton, Massachusetts

Presented at the
Conference on Transportation as a Lifelong Need

Sponsored by the
Task Force to Study the Safe Mobility of
Maine's Aging Population

February 25, 1994

Much has been said about whether an older driver "problem" exists. One perspective comes from the following:

The other night, my mother told me that she now refuses to drive with her sister. Her sister drives too fast, tailgates and generally scares my mother. My aunt apparently insists on showing that she is as fit to drive as she ever was.

We have seen some of this self-confidence in the older subjects we have recruited for our driving experiments. In response to newspaper ads we get many enthusiastic calls from seniors and it becomes clear that part of their motivation for participating is to demonstrate that they are capable drivers. As the experiments progress, it becomes clear that for some seniors, the self-confidence is not warranted. Although we have not experienced the apparently extreme behavior exhibited by my aunt, I believe there is a fine line between self-confidence and denial. If justified by their capabilities, the self-confidence is probably constructive, but when the self-confidence is not consistent with the driver's abilities, it may be a form of denial, and this could create a very dangerous situation.

Slide: How Drivers Change as They Age

- **How people change as they age**
- **How these changes relate to driving**
- **How driving changes as drivers age**

I have broken the topic into three parts. The first topic, How people change as they age, is associated with a huge amount of experimental research. Indeed, the Handbook of the Psychology of Aging, which is just one of numerous sources, is now in its third edition. I will not attempt to be exhaustive on this topic. Rather, as suggested by the second part of the topic, I will focus on basic capabilities that relate to driving.

Finally, I will briefly discuss changes in motivation and attitude that accompany the major life changes such as retirement and loss of a spouse. These changes often have major impacts on an individual's mobility needs and thus can dramatically change driving.

Slide: What Makes a Good Driver?

I want to start by considering the question of "What makes a good driver" I recently ran a workshop on this topic and I believe some of the

results are relevant here today. The participants in the workshop included researchers, who study driving behavior, occupational therapists, who routinely evaluate driving competency, and driver education specialists, who develop curricula for driver education programs. To focus the discussion, I asked each participant to answer the following two questions:

Slide:

1. **How would you know when your child is ready to drive alone?**

2. **How would you know when your parent or grandparent is no longer able to drive?**

Each participant was given several minutes to answer these questions. As we went around the table, it became clear that the concept of "awareness" was prominent in the discussion.

Slide: **Awareness**

- **Situational**
- **Capabilities/Limitations**

We know our children are ready to drive when they demonstrate an awareness of the intentions of other road users, of where other vehicles are most likely to be coming from in a given situation. We look for an awareness of the possibility that they are not invulnerable, that maybe they are not always capable of stopping if a child runs in front of their speeding vehicle.

These same ideas are applicable to the older driver. A competent older driver must be aware of where he or she is in traffic. He or she must be aware of the intentions of other drivers. The older driver must become aware of at least the possibility, if not the fact of his or her diminishing capabilities, and be willing to develop a strategy to compensate for the inevitable changes that occur with aging.

So, what is this awareness and where does it come from? I will attempt to answer this question by introducing the concept of cognition.

Slide: **Awareness ---> Cognizance ---> Cognition**

If we are aware of something, then we are cognizant. Cognizance is defined as knowing something based on our observation. And finally, Cognition is the process of knowing, or more precisely

Slide: Cognition: " . . . all mental activity involved in knowing.."

all of the mental activity involved in knowing or thinking.

What I am trying to suggest here is that if awareness is the essential skill for safe driving, then driving is in largely a mental task. However, this was not always true. For many years, before the majority of cars were equipped with power steering and power braking, before the handling characteristics approached those of earlier high-performance cars, the task of keeping the vehicle on the road was a bigger part of driving than it is today. Early theories spoke of the driver's spare capacity, a reference to the fact that driving was not very demanding mentally, and that drivers often had a considerable amount of time to think about things unrelated to driving.

Slide: Driving: Physical and Mental components (Figure 1)

In recent years, driving has changed considerably. The number of vehicles has grown faster than the number of people. Traffic congestion is a fact of life. Dynamic displays, such as changeable-message signs, often with novel messages that must be read and understood in a short period of time, are used increasingly for traffic control. Yet as driving becomes more complex, we continue to insist on doing other things while we drive: listening to the radio, talking on the telephone, conversing with passengers, even reading. The proliferation of in-vehicle technologies, with the potential to distract the driver, shows no sign of letting up. Clearly, driving has changed from a relatively undemanding task to a complex problem of information management. This change in the driving task also points to the importance of the cognitive or mental aspects of driving.

Next I will break cognition down into its components. To do this I will introduce a model of cognition.

Slide: Model of cognition (Figure 2)

Sensory Processing-Perception-Decision-Response execution

This is a simplified generic model of human cognition. It can be used to describe driving, or walking, or playing tennis, or any of a number of tasks. According to this model, the task, in this case driving, consists of four separate components or stages. The model assumes that each stage occurs in succession. It assumes that each stage has an input and an output, that each stage transforms the information provided to it, and that each stage takes some time.

As presented the model is somewhat simplified. It does not represent the fact that driving requires us to share our **attention** among a number of competing activities. It also does not show the involvement of **memory**, which stores all of the knowledge we have obtained over a lifetime of driving and is used by us to interpret what we see.

Slide: Vehicle at stop sign crossing uncontrolled intersection (Figure 3)

To help explain how this model works, I'll describe each stage in the context of a common driving scenario. Let's assume that I am driving and I come to a stop at an intersection. The intersection has a stop sign for me, but no control for the cross traffic. I intend to continue through the intersection. Because the traffic on the cross street has no control, I have to wait until I find an opportunity to cross the street.

Sensory processing refers primarily to my vision and hearing. In this scenario, it is most important that I see the other vehicles that are crossing in front of me. It is important that I see the pedestrians who want to cross in front of me. Initially, as I come to a stop before the cross line, I may be looking straight ahead. However, as I begin to look around I detect movement with my peripheral vision. I will then move my head and eyes so that I am looking directly at the object detected. This ensures that the moving objects will appear within the central area of my eyes, so that I can see enough detail to correctly identify the moving objects.

Hearing is not particularly relevant here, unless an emergency vehicle suddenly emerges or unless someone honks a horn to indicate something out of the ordinary.

Perception. Sensory processing simply ensures that the eyes and ears register what is available. The second stage, Perception refers to my interpretation of this information. In this situation, I interpret the moving objects, and based on my past experience I perceive that that they are cars, and not low-flying birds. I recognize the object moving immediately

in front of me as a walking human and based on my knowledge of people, I conclude that he wants simply to cross the street.

Perception also refers to the judgments I make about how fast the other vehicles are moving, how fast the pedestrian is moving, and when the vehicles are likely to cross in front of us.

Decision-Response selection. At this point I have seen and interpreted all relevant information. Now I must decide whether to go or to wait for another suitable gap. In addition to the information just perceived from the immediate scenario, I may also use other information to make this decision. For example, if it is rush hour, I may decide that this particular gap is the best that I am likely to see for some time, which would encourage me to go. On the other hand, if it is the middle of the day and traffic is generally light, I may be more conservative. Similarly, if it is slippery and I cannot count on efficient acceleration, I may be inclined to wait for a better gap. This secondary information is held in my memory so that it can be used to help make my decision.

Response-execution. When I have finally decided that it is time to cross, I execute this decision, by accelerating and steering the vehicle across the street. If I have made a good decision, this may be all that is required. However, if I have made a bad decision, I may need to accelerate hurriedly and even swerve to avoid hitting one of the vehicles crossing in front of me.

I have now completed the four stages of my model and this has taken just several seconds.

Keep in mind that this is a relatively simple driving situation. This is because the vehicle is stopped while the driver is deciding when to proceed through the intersection. Most driving involves decision-making in a moving vehicle, so that the driver has a very limited amount of time to decide and is also steering and accelerating or decelerating while making this type of decision.

At this point I am going to add one more element to the scenario.

Slide: Vehicle at stop sign crossing uncontrolled intersection with opposing vehicle (Figure 4)

In this slide everything remains the same, with the exception that I have added an opposing vehicle. Referring back to the four stage-model,

first I must see that there is an object across from me in the intersection. I must perceive that it is a vehicle, and I must determine the intentions of the driver. For example if the driver intends to go straight or make a right turn, then his/her actions are unlikely to interfere with my decision making. If the driver has activated a turn-signal indicator, this would help me determine his or her intentions. However, my experience living in Massachusetts is that drivers rarely activate their turn signals for this purpose. I have learned that I must see how they are positioning their vehicle to determine if they are turning. This is an example of how I use my existing knowledge to interpret the immediate scene.

If I determine that the driver wishes to turn left, then we have a **social situation**, in which my decision-making will be influenced by the intentions of the other driver. At this point I must draw on my knowledge of rules-of-the-road to decide who has the right-of-way. For example, I was probably taught that for this type of intersection, the vehicle that arrives first at the intersection has the right of way. However, my recent experience is that often the pushier of the two drivers will take the right-of-way in this situation. So I need to ascertain how aggressive the other driver appears. If the vehicle appears to be creeping into the intersection, I may conclude that the other driver intends to take the right-of-way.

If I am uncertain, I may choose to wait until the approaching driver has completed his or her maneuver and hope that there is not another vehicle behind him promising to create the same uncertainty for me.

The point I am trying to make is that with one small addition, this relatively simple driving situation has turned into a complex situation with a relatively high degree of uncertainty and the requirement to perceive and comprehend some subtle and possibly ambiguous information. This relates to my earlier comment that driving requires that we be aware of what is going on around us, including the intentions of other road users.

Slide: **How people change as they age**

With this scenario as background, I am now going to summarize some of the main effects of aging. As an overview, I'll say that generally most of our basic cognitive or mental capacities decline with age. The rate of decline can differ tremendously for different individuals and for different components abilities.

There is also an important caution about how to interpret the effects of aging. And that is the fact that despite the sometimes dramatic age

differences reported in laboratory studies, the evidence supporting a corresponding problem in everyday activities, such as driving, is not nearly as strong. There are a number of possible reasons for this discrepancy including the possibility that lab tasks measure behaviors that are irrelevant to success in everyday tasks. Another possibility is that activities of daily living are not as demanding as the lab tasks. And finally, it is possible that the extensive overpractice associated with tasks of daily living prevents deterioration of their performance even as more basic capabilities decline. So keep in mind that the total deterioration evident in driving may not always equal the sum of the parts.

Slide: Sensory Processing

- **Hearing**
- **Vision**

All five senses decline with age. Hearing and vision are most important to driving. It has been estimated that up to 90% of the information we use while driving is obtained visually. Therefore adequate vision is most critical for driving.

Slide: Vision

- **Visual acuity**
- **Field of view**
- **Glare sensitivity**
- **Night vision**

The amount of light that reaches the retina (back of the eye) decreases with age. This makes night vision particularly difficult. The lens in our eye loses its elasticity and hardens. This reduces our ability to focus on near objects. The lens also yellows with age and thus tends to absorb much of the light that would otherwise have passed through it. The pupil or opening of the eye decreases in size and further reduces the amount of light reaching the retina.

Visual acuity refers to the ability to perceive details in stationary objects (static acuity) and moving objects (dynamic visual acuity). Static visual acuity is what most standardized eye tests measure. Visual acuity begins to decline around age 45. One study revealed that approximately 70 percent of drivers over 75 have a restriction on their license related to vision. Research increasingly indicates that static visual acuity is not a strong predictor of accidents.

Field of view refers to our peripheral vision. Research suggests a steady decline after approximately age 40, however the magnitude of the loss is not nearly as large as with visual acuity. Approximately 13 % of people over age 65 experience visual field loss. The results of studies relating visual field to accidents have not been conclusive. One study found that a subset of drivers experiencing binocular field loss had elevated crash and violation rates relative to drivers matched for age and gender (Johnson and Keltner, 1983)

Contrast sensitivity

Sensitivity to glare. The ability to see objects next to a glaring light declines with age. Light entering the elderly person's eyes is increasingly scattered as the lens yellows. At least one study has reported a correlation between glare recovery time and accident involvement. Another study reported that many older drivers attribute their decision to stop driving to increased sensitivity to glare.

The age-related deterioration in **Night vision** is very pronounced, due to the fact that less light gets to the retina of the aging eye. One author has suggested that an 80-year old may be functionally equivalent to a 20 year-old wearing welding goggles that transmit less than 10 per cent of the available light.

There is little dispute that vision losses will be associated with age. However, interestingly enough, the link between these losses and crash involvement remains tenuous. One possible reason is that existing screening procedures do a reasonable job of screening out basic visual problems. Another possibility is that drivers become aware of visual problems and self-limit their driving, either by stopping or restricting to day time.

One final note about vision. So far I have described normal age-related deterioration in visual function. This does not include the large number of disease conditions that are also more likely to develop in old age. For example, older adults are more likely to develop cataracts, glaucoma, and other disease conditions impacting on vision.

Slide: Perceptual abilities

- **Visual search**
- **Attention**

In driving, one aspect of perception is the ability to search the roadway scene to identify relevant targets, such as other vehicles, or pedestrians, or even potholes in the road. Much laboratory research has been conducted comparing the visual search skills of older and younger people. In most studies, older subjects are found to be slower than younger subjects in their ability to detect and respond to a specified target. However they appear to be particularly impaired by the presence of irrelevant information. For example, if it is snowing, the distraction caused by snow would be expected to impair older drivers' ability to identify a relevant target, such as a pedestrian crossing the street, more than it would younger drivers.

Slide: Attention

- Selection
- Switching
- Time-sharing

Closely related to visual search is the concept of attention. Attention refers to the ability to select from the objects in our visual field. For example, our attention is generally directed to the most conspicuous object in the visual field. This aspect of attention has been combined with the size of the visual field to define the Useful Field of View. The Useful Field of View incorporates, but goes beyond the size of the visual field to refer to the size of the field from which our attentional system can efficiently detect and interpret information. Researchers led by Karlene Ball have developed a precise measure of this ability and they have demonstrated a significant correlation with accidents among older drivers. An important part of this work is the conclusion that vision alone is not the important determinant of accident involvement. Rather the composite measure of attentional abilities was most predictive of accident involvement.

Slide: Attention
- Uncertainty

Attention also refers to the efficiency with which we switch our attention between several competing objects. Older adults are generally slower in switching attention. This is particularly evident when there is uncertainty about where to look for relevant information. This finding was documented in a study conducted on our driving range, where we had people responding to either signs or traffic signals. In one condition they knew where to look and in another they did not. The uncertainty

introduced by the latter condition created more of a problem for the older drivers.

Slide: Decisional abilities
- **complex situations**
- **time constraints**
- **risk-taking**

Generally, the speed with which older adults can choose between two or more alternatives is slower than the speed of younger adults. Older subjects exhibit a greater deficit in complex situations. This particular effect of aging is significant in light of my previous observation that the driving environment is increasing in complexity. If older drivers are disproportionately impaired in complex situations, it follows that the roadway environment is becoming increasingly unfriendly for the older driver.

One consequence of the slowing that occurs with age is that older adults have difficulty when they are under time pressure to make a decision. This has been demonstrated in laboratory studies and is believed to be one reason why older drivers change their driving habits to avoid situations involving time pressure.

Common wisdom suggests that older drivers are more conservative in their decision making, and thus less likely to take the types of risks that are usually associated with younger drivers. In our driving scenario, this would mean that an older driver would be expected to wait for a very wide gap before deciding to cross the intersection. Unfortunately, the existing research on this topic is not very conclusive. My own research addresses this issue and we have found no evidence to suggest that older drivers are more cautious than younger drivers. One earlier laboratory study suggests that older people are less willing to participate in the risk-taking situation, but once they have decided to participate, they are not more cautious in their decision making.

Slide: Psychomotor abilities
- **reaction time**
- **movement time**

One of the most consistent effects of aging is the slowing of reaction time. For example, it has been estimated that the average reaction time of a 70-year old is 20% slower than that of a 20-year old. However, this statement refers to the average person in each age group. Individual

differences among older adults in reaction time are huge. Many older adults actually have faster reaction times than younger adults.

Slide: Physical abilities
- **range of motion**
- **flexibility**
- **strength**

There is evidence that all of the physical abilities listed in this slide deteriorate with age. Range of motion is most important for turning our heads to see what is to the side or behind us. Grip strength has been associated with driving, that is people with weaker grip strength are more likely to have stopped driving.

As you can see from this brief review of the component skills in driving, we can expect our capabilities to decline as we age. I should note here that I have been describing normal aging. I have not considered the effects of disease conditions associated with aging, such as Alzheimer's disease, or arthritis. I have also not mentioned ways in which drugs may contribute to performance decrements associated with age.

One final comment about performance changes that occur with age is that aging is associated with increasingly variable performance.

Slide: Aging ----> Increased variability

In our driving experiments, we have found that older drivers are likely to exhibit more variability in their performance than younger drivers. In one study, we had drivers complete three sessions on successive days. We found that the middle-aged drivers were much more consistent across the three sessions than were the older drivers. Older drivers were found to differ considerably between days. It was clear that our older subjects were more likely to have good and bad days. This finding of increasingly variable performance appears to be stronger than any differences between age groups in the absolute level of performance.

This finding is consistent with the results of other laboratory work. However it becomes even more interesting in the context of discussions concerning the need to retest elderly drivers. These results suggest that any single driving test may not be a reliable indication of the individual's ability. For older drivers the results of any single driving test may overstate or understate the actual level of capabilities.

At this point I'd like to summarize, what I've presented about the effects of aging on driving. Most generally, if we continue to drive, we eventually will become slower to identify and more likely to miss relevant information, slower to decide how to respond, and slower to execute our responses. The inevitable result is that driving will become more demanding and we will be less aware of what is going on around us. In other words, if all stages of cognition slow down, such that we become increasingly consumed in the process of seeing, perceiving, deciding and responding, then this will inevitably restrict our awareness.

Slide: Impaired cognition --> Decreased awareness

There is some support for this conclusion in a study that examined the avoidance maneuvers attempted by drivers before accidents. The finding was that older drivers were more likely not to respond immediately prior to their involvement in an accident than were younger drivers. In other words, older drivers were more likely not to attempt to brake or steer immediately before an accident. Furthermore, the data suggested that this was a gradual change, with 40 year-olds less likely than 20-year olds, so that this is not something that occurs with old age.

An obvious question is when we can expect these changes to occur. Well, as I've said before, most changes occur gradually over a number of years. Many changes particularly those relating to vision are noticeable starting at around age 40. Furthermore, because of the tremendous variation between individuals, there is no hard rule about what age is associated with what level of deterioration. Indeed in my own work, I have observed older adults with faster response times that adults 20 years younger.

Despite the fact that it is politically unacceptable to point to a specific age, the Transportation Research Board made the following statement in 1988.

Slide:

"... after about age 75, the accumulated skill and judgment gained over a lifetime of driving tends to be offset by other factors."

Transportation Research Board, 1988

This suggests that most drivers will show some observable deterioration in their driving by the time they reach age 75.

Results of our research are consistent with this finding. Specifically, in two separate studies, we compared first old-old drivers (74+) with middle-aged drivers (30-50) and then young-old (65+) drivers with middle-aged drivers. We used a closed-course driving range and a battery of laboratory tasks. Driving tasks included responding to a traffic signal as it changes from green to yellow, and perceptual judgment and willingness to attempt to drive through a variable-sized stationary gap. In the laboratory we have looked at a number of measures of reaction time, and measures of attention.

In the first study, with the oldest drivers, we found large differences on a number of measures. However, more recently in the second study, the differences between middle-aged and 65+ drivers were not nearly as large. This despite the fact that we improved the sensitivity of our measures between the studies.

But even if there is some observable deterioration in driving, this does not mean that older adults, including those over 75 years of age, can no longer drive safely. There are two factors that influence our ability that are particularly relevant for the older driver. These are:

Slide: **Factors that influence driving**

- **Motivation**
- **Compensation**

In contrast to older theories, which emphasized skill, newer theories of driving ascribe importance to the driver's motivation. It is not the absolute level of skill that is important to driving, but rather how the driver decides to apply these skills to any particular situation. Our motives determine how closely we will chose to drive relative to the limits of our capabilities. For example, referring back to our intersection scenario, if I am in a hurry to get somewhere, I may choose a very small gap to cross the intersection. This decision may require precise and rapid accelerating and even some swerving to avoid the oncoming vehicles. In contrast, if I am in no hurry, I may choose to wait until there are no approaching vehicles before I decide to cross the intersection.

In the first situation, where I am in a hurry, I am driving very close to the limits of my capabilities, while in the second situation, I am not

nearly as close to the limits of my abilities. And it is my motivation that has determined exactly what level of skill to apply to the situation.

Slide: How driving changes as drivers age

This brings me to my final three topics, namely how driving changes and drivers age. The various life changes that are associated with age create different motivations for driving.

Clearly, the way in which I drive, the difficulty of the driving is determined by my motivation. And to the extent that aging causes changes in motivation, the types of driving that we will do as we age will change. When working people retire, an obvious change is that we no longer need to commute to and from work. This will eliminate the challenges of rush hour driving, and allow more freedom to do the errands and socializing that previously were scheduled around work hours.

Older people will eventually lose a spouse and this may change our driving dramatically. Living alone generally creates new social needs which usually involve driving to church or to visit friends or relatives.

One important implication of the life changes that accompany aging is that older drivers are less likely to be constrained by time. They have more freedom to choose when they will drive and are less likely to be in a hurry to get somewhere. If older drivers become aware of their limitations, this increased freedom can be used to **compensate** for declining function by selecting times and routes that will minimize the demand and thus the level of skill required.

A number of studies have examined the driving patterns of older drivers. They typically reveal a number of driving changes, including: fewer miles, shorter trips, and slower speeds.

Slide: Changes in driving among older drivers

- **fewer miles**
- **shorter trips**
- **slower speeds**

Slide: Changes in driving among older drivers

- **avoid rush hour driving,**
- **avoid nighttime driving,**
- **avoid inclement weather**

In addition, older drivers have reported avoiding, rush-hour and nighttime driving and avoiding inclement weather, such as snow. Some drivers may select specific routes to avoid having to make a large number of left turns, if they are aware of a difficulty in executing left turns.

As you can see the concept of awareness is here again. Drivers can only make strategic adjustments if they are aware of the need. In this regard, I will now summarize the major situational factors that give older drivers problems and suggest that these may be the basis for developing avoidance strategies.

Slide: Problems for older drivers

- **Complex situations**
- **Novel situations**
- **Uncertainty**
- **Time pressure**

The changes that accompany aging are inevitable. The rate at which they occur will differ considerably among individuals. It is inevitable that at some point we will modify our driving, and eventually stop driving altogether.

It is therefore important that we understand the process of aging, and plan for our future mobility needs based on the expectation of these changes. The inspiration for my interest in planning for the change is a former boss, who retired about 3 years ago. He had a theory that it takes approximately ten years to integrate oneself into a community, be it a church, a town or a professional society. In anticipation of his retirement, he and his wife chose carefully where they wanted to retire, in this case on Cape Cod. Ten years before the planned retirement date, they built a house on the Cape. Both he and his wife have failing vision, he has arthritis. He anticipated that these would make him give up driving at some point. Therefore, they chose the location of their retirement home to be within walking distance of all their needs. Because their retirement location was more than 70 miles from our work, they took an apartment

near work and for ten years they lived in the apartment during the week and drove to the Cape on weekends and during vacation. Upon retirement, they moved full-time to their retirement home in order to take up their well-planned life. They felt comfortable in their community and are enjoying their retirement. And so I will leave you with this idea:

Slide: Plan for the changes, because they are inevitable.

DRIVING TASK DEMANDS

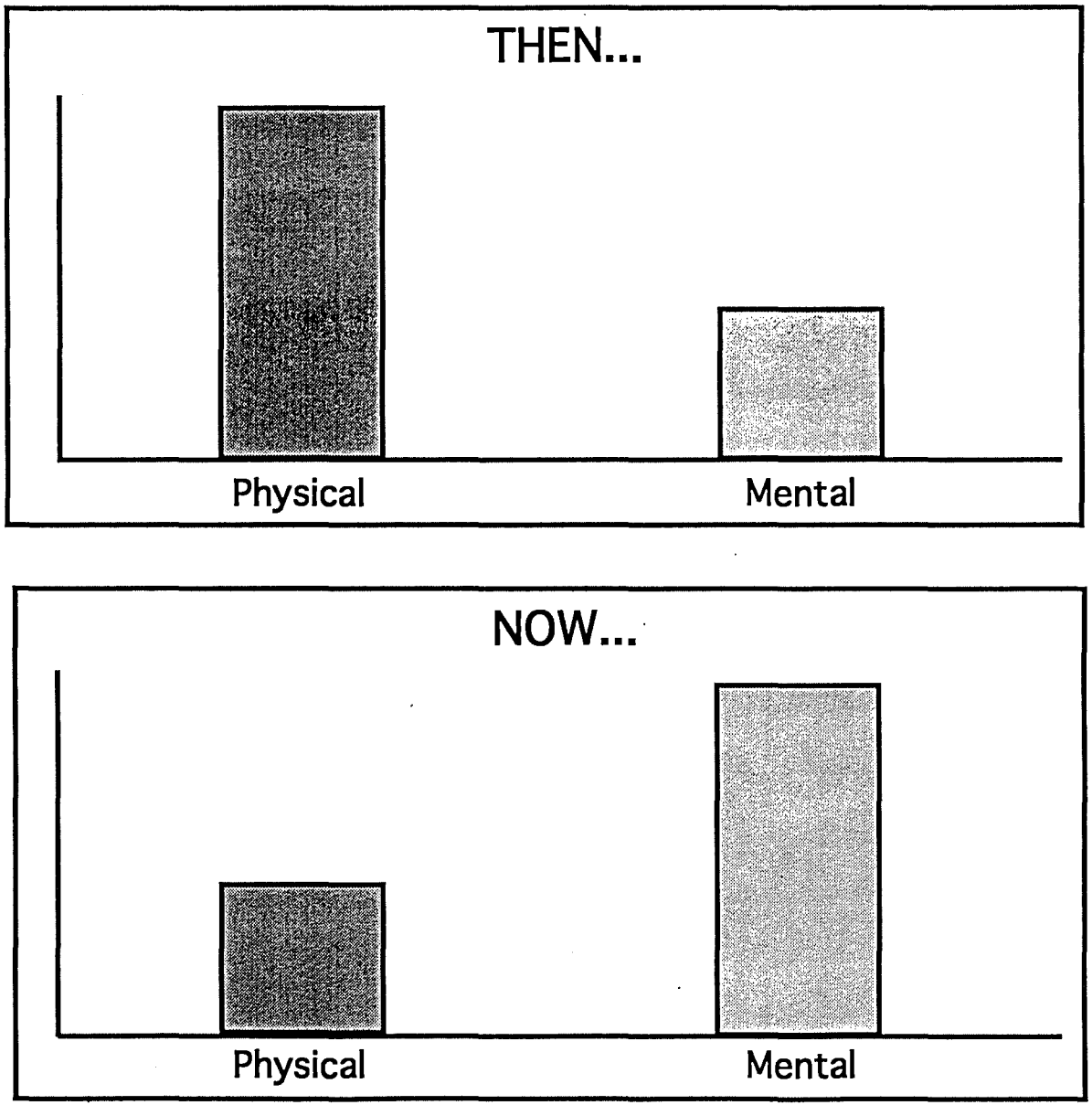
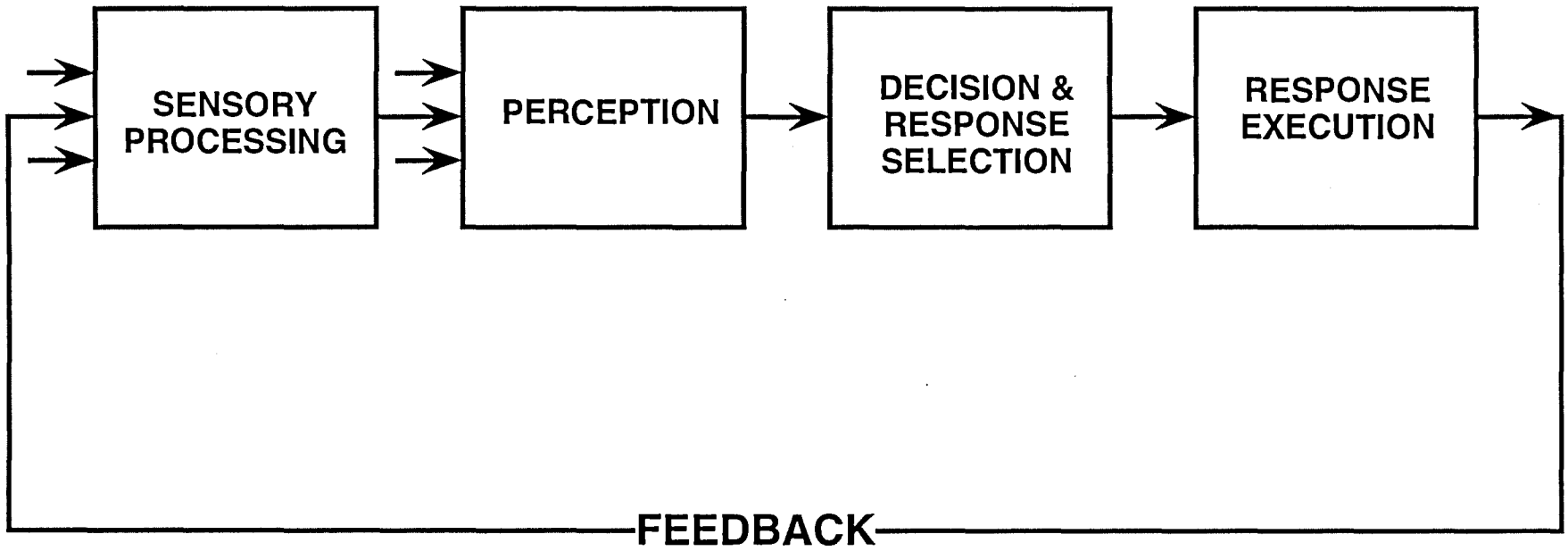


Figure 1



A simple model of human cognition

Figure 2

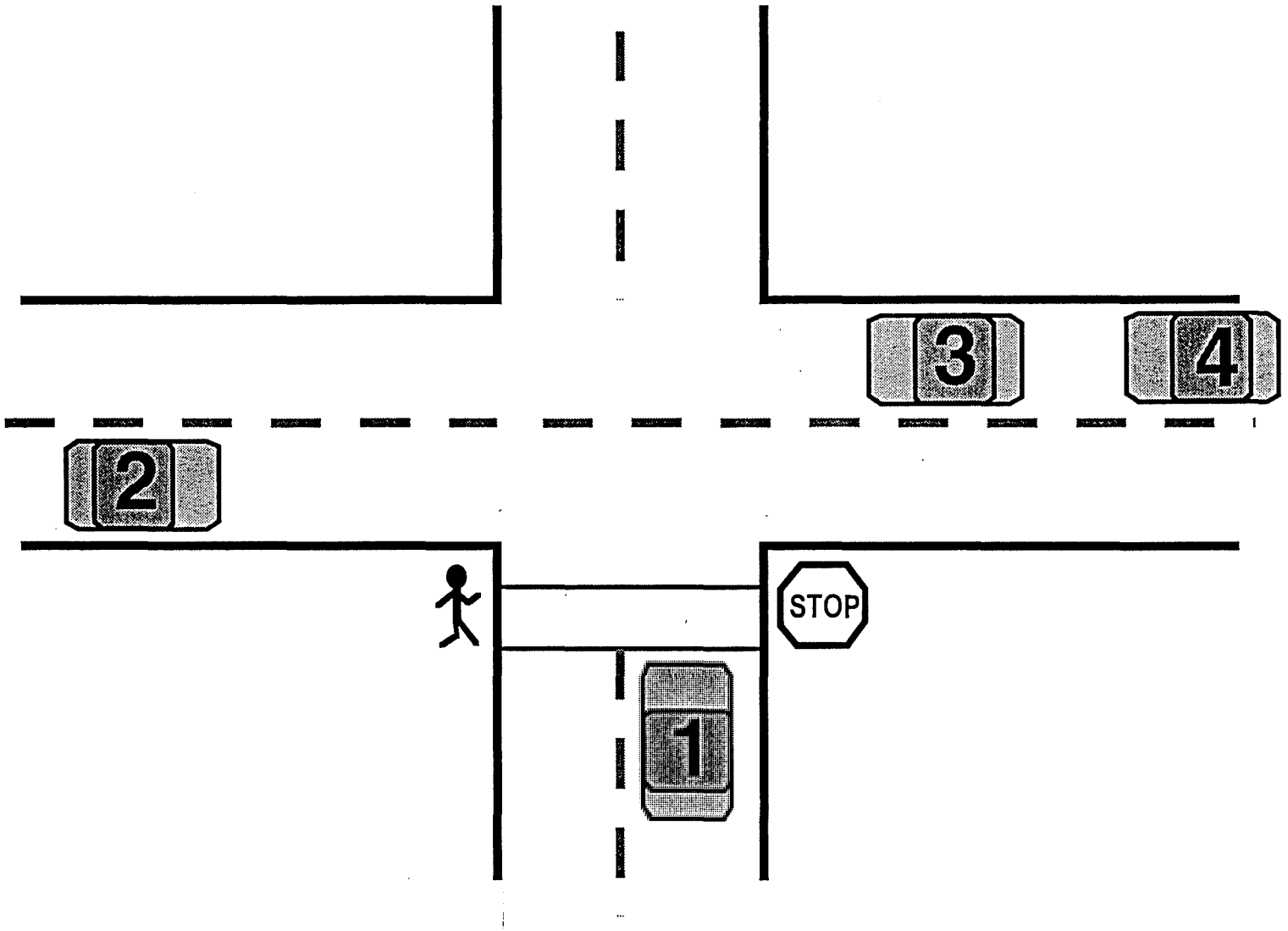


Figure 3

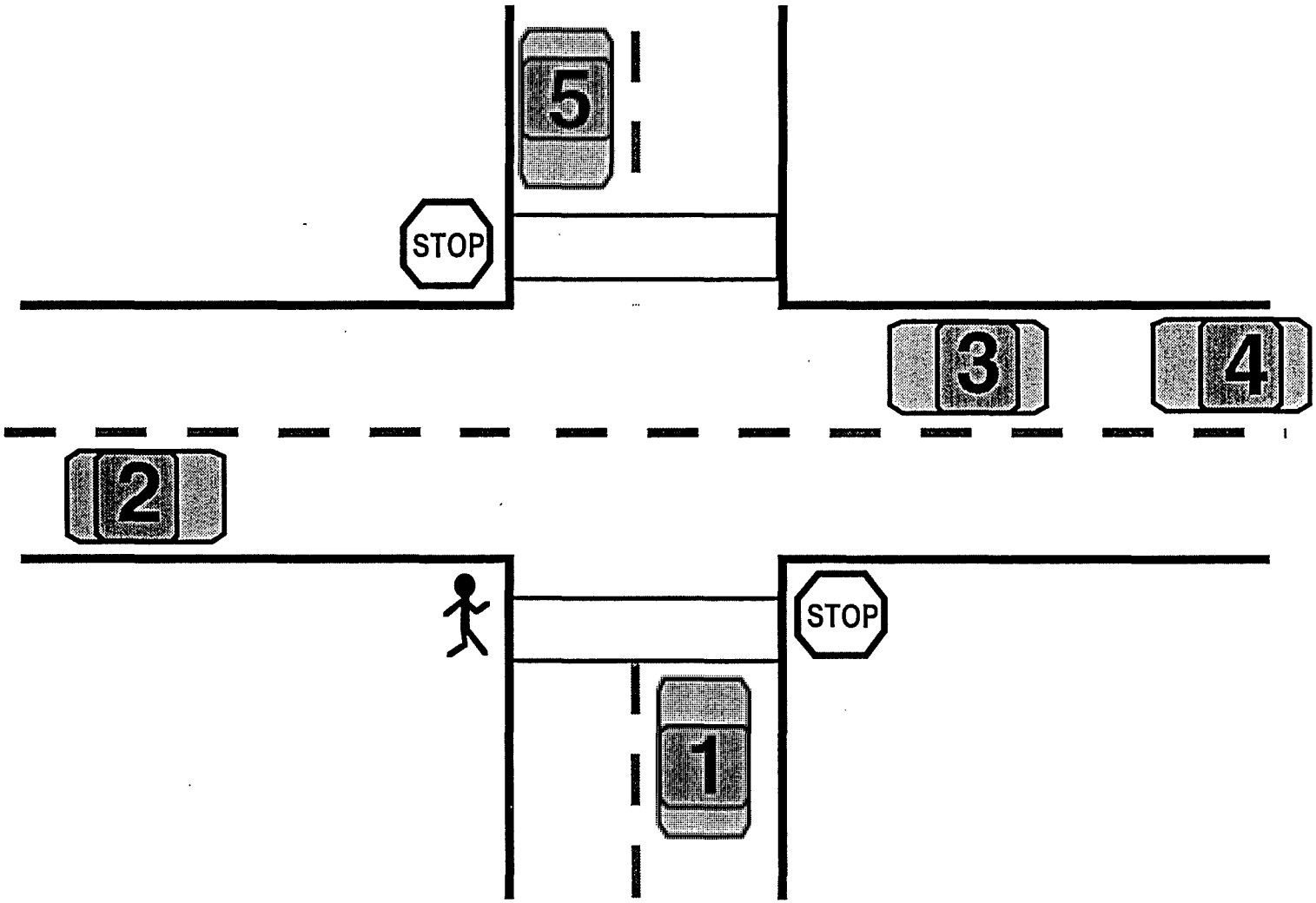


Figure 4

Presentation Summary

ACCOMMODATING OLDER DRIVERS THROUGH BETTER CARS AND HIGHWAYS

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- Safe and effective vehicle control under traffic conditions found in many everyday driving situations is a complex, demanding, and unforgiving task.

- Vehicles and highways have been planned to accommodate a "design driver" with assumed capabilities to see, understand, and respond to events within a "normal" range of performance; serious consideration of age differences in driver capabilities has only recently been incorporated into this process.

- Highway design elements allowing accommodation of older driver needs **include** letter size, color, brightness, contrast, and nighttime retroreflectivity of road signs, as well as sign placement, density and redundancy; pavement marking size, color, and brightness; the size, brightness, placement, and phasing of traffic signals; lane width and alignment, median and curb profiles, intersection geometry and sight distance; and the overall uniformity of traffic control devices in the U.S.

- Vehicle design elements allowing accommodation of older driver needs **include** seat shape, position, and adjustability; mirror type and placement; window size and transmissivity, and obstructions to vision inside the automobile; number, size, brightness, and location of instrument displays; position and force requirements for steering, brake, and accelerator controls; location, density, size, shape, and function of "environmental" controls; headlight brightness/distribution; and occupant protection and restraint systems.

- New technologies may soon be widely available to help with early detection/response to highway hazards; improve nighttime visibility; provide navigational assistance on unfamiliar routes or when detours are required; help avoid conflicts in "blind spots" to the sides and rear; and facilitate maneuver decisions for "gap acceptance" situations, at a minimum. Use of such devices may further increase driving task demands, however.

- Many changes in the system can and will be made to aid older drivers, but costs are considerable, and *individuals* will remain responsible for driving safely; older drivers should expect increased testing--"tough but fair" if properly implemented--and would benefit by actively seeking transportation alternatives *before* they can no longer drive.

Mobility and Safety: The Mature Driver's Challenge

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Paper No. 94-S2-O-12

ABSTRACT

As the numbers and licensure rates of older people increase, so does the need to focus on ways of ensuring the safety of all road users without unduly restricting the mobility of older drivers. The National Highway Traffic Safety Administration (NHTSA) is now conducting a coordinated research program designed to identify the safety and mobility needs of older people, with the intent of assuring that both can be satisfied.

Driving patterns and accident involvement of the elderly are reviewed, with emphasis on the role of medical conditions and functional limitations. Drivers who understand their own limitations tend to change their behavior to accommodate declining capabilities. Those unaware of limitations tend not to take corrective action, placing them at higher risk of crashes. Research under way to differentiate these groups and categorize their performance is presented. There is evidence that older drivers as a group are not a risk to others based upon their number of crashes per licensed driver.

INTRODUCTION

This paper is intended to give a better understanding of senior citizens as drivers. It presents a point of view that may be somewhat different from others. It hopes to show that by addressing the transportation issues of drivers with specific problems we can keep safer older drivers on the road.

Older Drivers as a Potential Problem

Extensive interest in the older driver issue started with the publishing of the Transportation Research Board (TRB) report: "Transportation in an Aging Society" in 1988. That report stated that there are going to be many more people over 65 after the second or third decade of the twenty-first century (Fig.1). Actually, this is going to be even more pronounced in other industrialized countries.

The TRB report indicated that older drivers were more likely to be involved in fatal crashes (Fig. 2) and crashes (Fig. 3) based upon the miles that they drove but that they have the same crash rate per licensed driver as middle age groups (Fig. 4). The report noted that older people are much more likely to be killed in a crash; and that a driver who is over 80 is approximately 3 times more likely to die than a 20 year old because of his or her relative frailness (Fig. 5). This, however, is an occupant packaging problem, not a driver safety performance problem. The report went on to note that older people have declining capabilities that could influence their driving ability. The report indicated that current licensing examinations have limited ability to detect problem drivers.

The concern about older drivers was recently highlighted in the United States by two spectacular crashes. The crashes involved similar circumstances: an older driver inadvertently stepped on the gas instead of the brake, plunging the vehicle into a group of pedestrians, killing or injuring a number of people. Both crashes made national headlines. The inference was clear: older drivers pose a problem and perhaps we need to take them off the road. But, which age group actually kills more pedestrians? As Figure 6 shows, young drivers consistently kill more pedestrians than any other age drivers and older drivers kill the least number.

As Figure 7 shows, older driver crashes are most often associated with failing to yield to traffic when merging, not responding properly to stop signs and traffic lights, or making unsafe turns. Behaviors that lead to older people's accidents seem more related to inattention or slowed perception and response than to deliberate unsafe actions, such as speeding, drinking and driving, and running traffic lights (NHTSA, 1993A).

Driving Patterns

There are those who say: "Let older drivers continue to drive, just not as much as before. Test them more frequently than younger drivers and gradually take away their driving privileges." This concept, called a "graduated license," would generally restrict older drivers to the non-rush hour times, which is when they drive (Malfetti and Winter, 1990). Most older drivers crashes occur mid-day between 10:00 AM and mid-afternoon (4:00 PM) -- the non-rush hour times (NHTSA, 1993A).

What about their driving patterns? Most older people drive in familiar areas close to home on surface streets. This is where they experience most of their crashes. This exposes them to more dangers-per-mile than high-mileage drivers because they encounter disproportionally more intersections, more congestion, more confusing visual environments, and more signs and signals (Janke, 1991). Urban roads have a higher information load and require the driver to process more information and make faster decisions than do freeway driving situations. The changes in mental and physical abilities of older drivers places them at a distinct disadvantage for the denser urban situation (TRB, 1988).

We know, as Figure 8 shows, that as people get older they drive less - far less than do younger drivers (Foley et al., 1994A; Hu and Young, 1992). Older drivers are likely to be retired, so they can largely choose when to drive to the grocery store, the senior center, the doctor's office, or their children's or friends' houses. If they don't feel well or the weather is bad, they can usually put off the trip for another day.

Despite this decline in driving miles, most older people (as well as people in every age grouping) rely heavily on private vehicles for their transportation needs (Table 1). Dependence on these vehicles has increased over the past 20 years, while walking has decreased significantly, being roughly half of what it was in the 1970s. Public transportation, on the other hand, accounts for less than 3% of trips (Hu and Young, 1992).

We must exercise the greatest caution in imposing formal restrictions on drivers who have already adapted their driving habits to fit their changing capabilities.

Research on Driving Patterns

NHTSA and the National Institute on Aging (NIA) have joined in a study to measure changes in driving patterns of older people (Foley et al., 1990; Colsher and Wallace, 1993; Marottoli et al., 1993). The following paragraphs describe some of the findings.

As drivers age they become more conservative in driving habits. Men drive less at night, less on highways, almost never on unfamiliar roads. Men over 85 years old do no long distance driving and only a third drive after dark. Women echo these changes, only more so. They drive infrequently in unfamiliar areas and almost never on long trips. Night driving declines--in fact, only 8% of women over 85 drive after dark.

In related studies [California's Marin County (Satariano, 1993), Florida's Pinellis County (Stewart et al., 1992)], the licensing rates for women were similar to two of Iowa's rural counties (Colsher and Wallace, 1993)] with approximately 80% of women in their 70's having a license, while only about 20% retained a license after age 84.

Men and women give up their licenses for different reasons (Foley et al., 1990;), Vision problems, slowed responses, loss of confidence and license problems are the main reasons men quit. Almost a third of those over 75 have licensing problems. Women quit for somewhat different reasons. Loss of confidence was cited as the main reason in one study and cost in another. Licensing problems were not the major reason why women stopped driving.

We need to find out more about the basis for older drivers' lack of confidence. We will look at whether it is due to real or imagined incompetence, concern for personal safety (e.g., after breaking down), extensive medical conditions and frailty, or safety of others.

Mobility Issues

Many people recommend that older people use a public transit system in lieu of driving. But currently, public transportation accounts for less than 3% of trips (Hu and Young, 1992).

What do those who give up driving do? They stay home much more often. Foley et al (1990) found that in both rural (Iowa) and urban (New Haven) areas current drivers go out much more frequently than former drivers or people who have never driven (Fig.9). Of those who went out less than once a week, only 6 percent were licensed to drive (Fig.10). Inability to drive or ride in a car may preclude having a quality lifestyle. We need to determine why. Is it due to their declining functional abilities or due to lack of alternative transportation? If the latter is true, we need to determine what needs to be done to correct the problem.

Licensed Drivers

Based upon trends in current drivers' ages in the United States, there will be a marked increase in females over 70 licensed to drive. This increase will be about 12 percentage points a decade for the next four decades. As Figure 11 shows, the actual number of older drivers will jump from 13 million today to about 30 million in 2020. That's a lot of older drivers! At that rate, the rush hour in large retirement communities like St. Petersburg, Florida is likely to be at 12 noon! Not only will there be more older drivers but more of them are likely to be driving more miles than drivers today.

Safety Implications

Are older drivers an increasing threat to other drivers and pedestrians? During the years from 1980 through 1989 (Table 2; Barr, 1991)[1], the crash rate for drivers who were at least 65 fell from 11.6 per 100 drivers in 1980 to 7.9 per 100 drivers in 1989. This can be contrasted to the crash rate for all drivers of 21.0 in 1980 and 14.0 in 1989. Thus, older driver crash rates fell during the decade proportionally to that of all drivers, and their risk of being involved in a crash was much lower for both time periods. Thus, contrary to information in the press, older drivers do not constitute an undue risk to other road users. Clearly the consequences of a crash are more severe for older vehicle drivers and occupants (Fig. 5), than for younger vehicle drivers and occupants. During the years from 1980 through 1989, annual fatalities of motor vehicle occupants over 65 increased, the only age group to do so (Table 2). Therefore, the primary focus of the older driver program should be protecting older people in crashes.

Up to this point, we have been talking about the majority of older drivers - those who make appropriate adjustments to their driving patterns as their capabilities decline. There are, of course, some older drivers who do not make appropriate driving decisions and place themselves and others at risk of being involved in a crash. Our goals at NHTSA are to determine any characteristics that these problem drivers share and develop methods for regulating individuals who are likely to have problems driving.

RESEARCH PROGRAM

Based to a large extent on the 1988 TRB report, NHTSA developed a traffic safety plan for older persons (NHTSA, 1988). We then held a conference that took more of a medical approach than presented in the TRB report (NHTSA, 1989). This was followed by special editions of the Human Factors journal that synthesized the literature on older drivers (Barr and Eberhard, 1991 and Eberhard and Barr, 1992). Then a 1992 TRB Circular established priorities for the research and development needed to improve the safety and mobility of older drivers. These program development efforts, plus our ongoing research, served as a basis for the 1993 Report to Congress (NHTSA, 1993A) and an update of the NHTSA traffic safety plan for older drivers (NHTSA, 1993B).

Our program is on-going and encompasses research and program development activities. It will determine what the real issues are and what to do about them. Through epidemiological studies, direct observation, accident analyses and other sources it will determine which older driver groups are at higher risk and need assistance in regulating their driving. It will develop assessment techniques for use by state Department of Motor Vehicles (DMV), police, traffic courts, doctors and allied medical specialists, individual drivers and their lay caregivers. Wherever possible, it will design means to enable the older person to self regulate, because this is what they request to do (Yee and Melichar, 1992). Since not all older people will be able to self regulate it will identify those who are in the best position to assist them do it. Obviously, if an older person must stop driving, it is imperative that reasonable transportation alternatives be identified . These activities are being coordinated with the broader NHTSA research programs dealing with crash avoidance and crash survivability for older persons.

Medical Problems

Older drivers who have driving problems are suspected to also have medical problems -- but there is not enough data to be absolutely sure. The most serious of these medical problems are dementia, diabetes, depression, Parkinson's disease and visual pathology (Retchin, 1993).

There are a number of epidemiologically-oriented studies currently underway defining how older drivers go about changing their driving behavior (NHTSA, 1993B; Retchin, 1993). Among the studies are those in Marin and Sonoma Counties in California, and in Dunedin, Florida, as well as two studies at Yale and Iowa Universities. NHTSA is sponsoring these latter two studies. These studies are beginning to give us some objective data on how functional performance and medical conditions affect the driving decision and crash involvement. For the most part, the findings indicate that functional limitations are much more likely to be predictive of when individuals reduce or stop driving than they are predictive of crash involvement (Stewart et al., 1993). Generally, as people develop more physical restrictions, they are more likely to give up driving (Retchin, 1993; Stewart, et al., 1992; Marottoli et al., 1993). This bodes well for those who believe that the older person can be in charge of when he or she should or should not drive.

Some of the results of recent research are presented in the sections that follow.

Dementia

There is currently a lot of interest in dementia, particularly Alzheimer's disease (AD). There is a growing controversy about whether drivers in the early stages of dementia should be permitted to drive and, if so, how they can be monitored for continued safe driving.

Gilley et al. (1991) found that people with dementia do drive for a number of years after onset of the disease. Drachman and Swearer (1993) found that, based on caregiver reports, AD patients were 2.25 times more likely to be in a crash than age, sex and community matched individuals. Cooper et al. (1993) using official driving records in British Columbia matched controls on age, sex and location found a similar crash over-involvement rate: 2.4. Earlier, less well designed studies indicated much higher rates of crashes, while a more recent study by Waller et al. (1993) indicated that there were no elevated risks for demented drivers.

The real issue is when people with dementia should stop driving. As shown in Table 3, Drachman and Swearer (1993) found that AD patients had more crashes per year than their controls but less so in the first three years. Additionally, demented drivers had fewer crashes per year than younger drivers (Table 4).

The Cooper study found rather different crash characteristics by AD patients as compared to other older drivers. They were much more likely to be responsible for the crash, had more night accidents and had fewer of their crashes at intersections.

Even if we were to agree that victims in the early stages of dementia could drive, do we have an adequate way to detect when they are no longer capable? Furthermore, how do they become known to the Department of Motor Vehicles?

Hunt, et al. (1993) found that caregivers are not currently in a very good position to judge when those with dementia should stop driving. If this is so, can caregivers be expected to either report them to the DMV or control them themselves? Research is needed to help identify problem older drivers, particularly those with dementia. The research will either help the community identify and regulate the problem drivers or to provide the DMV with input to re-examine and regulate them.

Visual impairments - Macular degeneration, paracentral scotomas (coincident blind areas in both eyes), glaucoma, and retinitis pigmentosis are among significant visual problems. In some of these conditions, the individual and close family members may be unaware of the problem until the driver has been involved in a motor-vehicle crash (Johnson and Keltner, 1983; Brown et al., 1993).

According to Johnson and Keltner (1983), those with overlapping scotomas had twice as many crashes in a year than age-matched drivers without the visual limitation. Those with glaucoma, another disease likely to affect peripheral vision, are also at higher risk (Wolfe, 1991).

Those with central visual acuity problems, the type of acuity tested for driver licensure, tend to reduce or stop driving if their conditions warrant it (Marottoli et al., 1993; Stewart, et al., 1993).

Perceptual/Cognitive impairments - Those with poor useful fields of view have been shown by Owsley et al. (1993) to be at much higher risk of crashes. However, a recent study (Brown et al., 1993) has not been able to confirm these findings. Performance on complex traffic sign tests have been shown to be difficult, particularly for those with dementia (Hunt et al., 1993).

Driver Regulation

The key issue is whether older drivers are able to self-regulate or whether there is need for a graduated licensing system. Recent evidence indicates that if they are aware of their deficiencies and retain their cognitive ability, older drivers seem quite able to self manage (Colsher and Wallace, 1993; Marottoli et al., 1993; Stewart et al., 1992). Studies by Drachman and Swearer (1993); Hunt et al. (1993); Johnson and Keltner (1983), indicate that some older drivers are not as aware of their deficiencies. Those who are not as aware of their limitations, such as those with dementia, and parafoveal scotomas, tend to be at higher risk.

The American Association of Motor Vehicle Administrators (AAMVA) has developed a guideline (NHTSA/AAMVA, 1992) that addresses the older driver issues - with an emphasis on a graduated license. It would systematically reduce where and when an individual can drive based on his or her capability. Unfortunately the assessment tools needed to implement the program are not available. For example, DMVs for years have restricted some drivers to daytime only driving based upon the standard visual acuity test. This test basically measures photopic or daytime acuity but is not a test of mesopic acuity or the acuity needed for night-time driving.

There is concern about the extent to which current or proposed licensing procedures or medical, police or family reporting can identify those with problems. For example, most of the research on vision testing indicates that simple visual measures do not relate to crash involvement (Shinar, 1991; Owsley et al., 1991) and that the serious visual problems such, as blind areas in both eyes and glaucoma, cannot be detected by tests now being used in the DMV. And while the problems of older drivers appear to be related to inattention, we currently have no practical test for driver inattention. Current research indicates that the problems of older drivers are far more complex than things that simple, easy-to-measure and short-time frame tests can detect. Yet the practicality of examining thousands of people necessitates simple inexpensive measures.

Can the police identify demented drivers? Possibly, particularly if they have different types of crashes as the Cooper study indicates. McKnight and Urquijo (1992) studied police referrals of older drivers for license re-examination. Data from 5 states were analyzed to see what reasons police gave as the basis for their referral (Fig.12). The most interesting finding of the study was that medical conditions were less frequently reported as the basis for referral as the age groups became older. The characteristic that did increase with age was sensory loss, which was primarily hearing loss. Since it is well known that there is an increase in medical conditions with older age, it is unclear why the oldest drivers were less frequently reported for such conditions. From the findings from Marottoli et al. (1993); Stewart et al. (1993); and Colsher and Wallace (1993), it may be that as multiple medical conditions occur, the driver simply reduces and eventually stops driving.

Can the DMV detect older problem drivers through the driver re-examination process? Possibly not under current procedures. Most states are trying to cut back on re-examination and renew by mail for those who have clean records. Furthermore, even for in-person re-examination, a study in British Columbia indicated that over 70% of people with dementia passed the standard road test (Tallman, 1992).

Can DMV personnel be trained to detect the symptoms of functional limitations likely to lead to unsafe driving in people who come in for re-examination? Can better tests be designed for use in the DMV? Since survey data indicates that they prefer to self manage (Yee and Melichar, 1992), can older drivers make their own decision on when and how much to drive? Our development program is addressing these issues and conducting studies to determine how to best assist older people regulate their driving.

Older drivers and their adult children and caregivers are becoming increasingly aware of the need for assessment. Generally, they do not know where to obtain help. Occupational therapists have indicated that they are beginning to see more clients who come for driver assessment based upon family concerns (Strano, 1993).

The American Association for Retired Persons (AARP) recently looked at the available assessment instruments that could potentially be used in AARP Evaluation Centers; however, the situation is much more complex and the number of validated tests is very limited (COMSIS, 1993). There are some simplified assessment tools available to older drivers but they seem to be too general to be of use to identify any complicated problems.

Develop Driver Assessment Procedures

In a recent conference on older drivers, the older driver panelists thought that there was a need for older drivers to be assessed but were not clear if it should be through periodic license examination or through private channels. They did indicate that the periodic license examination could be based upon the age of driver since they realized that many of the functional limitations that affect driving performance only begin to become prevalent in the upper sixties and seventies. In fact, surveys of general drivers, older drivers, physicians and others support more frequent re-examination of older drivers. The real issue is whether licensing examinations can fairly discriminate those people who need to have their license restricted or denied.

The current system in use in almost every state and Canadian province, brings drivers in for re-evaluation for some cause. The causes are an adverse traffic record, a physician report, a police officer referral after an accident or citation or a family referral.

What probably needs to be done is to improve that system and make certain that as many problem drivers as possible are detected before he or she gets into a crash. A clearer idea is needed about how older drivers go about performing the driving task and regulating their own driving. Otherwise, systems may be designed that either are not needed or cannot be used. Research into how older drivers, notably those with functional limitations, perform the tasks associated with intersection negotiation in familiar and unfamiliar areas is underway. If we find that drivers simply drive in their neighborhood during the daytime, knowing precisely where they are going, then developing elaborate night-time way-finding systems or night vision tests could be a waste of time and money.

If further research confirms that certain older drivers with extensive medical problems do not take themselves off the road, then developing elaborate, costly, time-consuming graded licensing systems may still not be necessary. A more pragmatic, acceptable, and successful way to control the riskier older driver may be to provide simple guidelines to the individual or his/her family or physician. The guidelines would enable the functionally disabled driver to judge the conditions under which they should or should not drive.

Before we can make recommendations to the states on detailed graduated licensing, procedures that identify and assess problem older drivers must be developed and rigorously evaluated. The evaluation should ensure that licensing agencies do not unnecessarily restrict capable drivers or permit drivers with real problems to slip through undetected. Unfortunately, it will be several years before the results are ready for implementation by the states. But as has been emphasized in this paper, the problem is not with all older drivers, just a select group who, comparatively speaking, are not involved with many crashes.

Alternative Transportation

If/there is a need to deny the older driver the right to drive, or restrain when they drive, then society must also be ready to provide alternatives. It is not fair nor in the best interest of society to remove someone's license without giving them alternatives. NHTSA, in conjunction with other government agencies and the private sector, needs to look into ways of maintaining the mobility of those who have to reduce their driving.

Public Information and Training

Because a lot of the pressure on DMV's to re-examine older drivers comes from the general public, the public needs to know that, as a group, they are causing far fewer crashes and are killing far fewer pedestrians than other age groups. They need to understand that older drivers are frail and, when involved in a crash, are more likely themselves to be seriously injured or killed. As research provides supporting evidence the general public needs to be told how they can help identify those older drivers who are at a higher risk and help in their regulation.

Training programs that assist older drivers and their caregivers are needed to facilitate correct driving decisions. For example, it may be necessary to look at the role confidence plays in driving decisions since our safest drivers, based on crashes per licensed drivers, are older women drivers, who quit before men. Since older women are likely to outlive their husbands by 8 to 10 years they may need to drive to maintain their mobility.

Working together, we can ensure that public safety is well served by identifying those older drivers who are truly too incapacitated to drive without infringing on the mobility that is so precious to us all.

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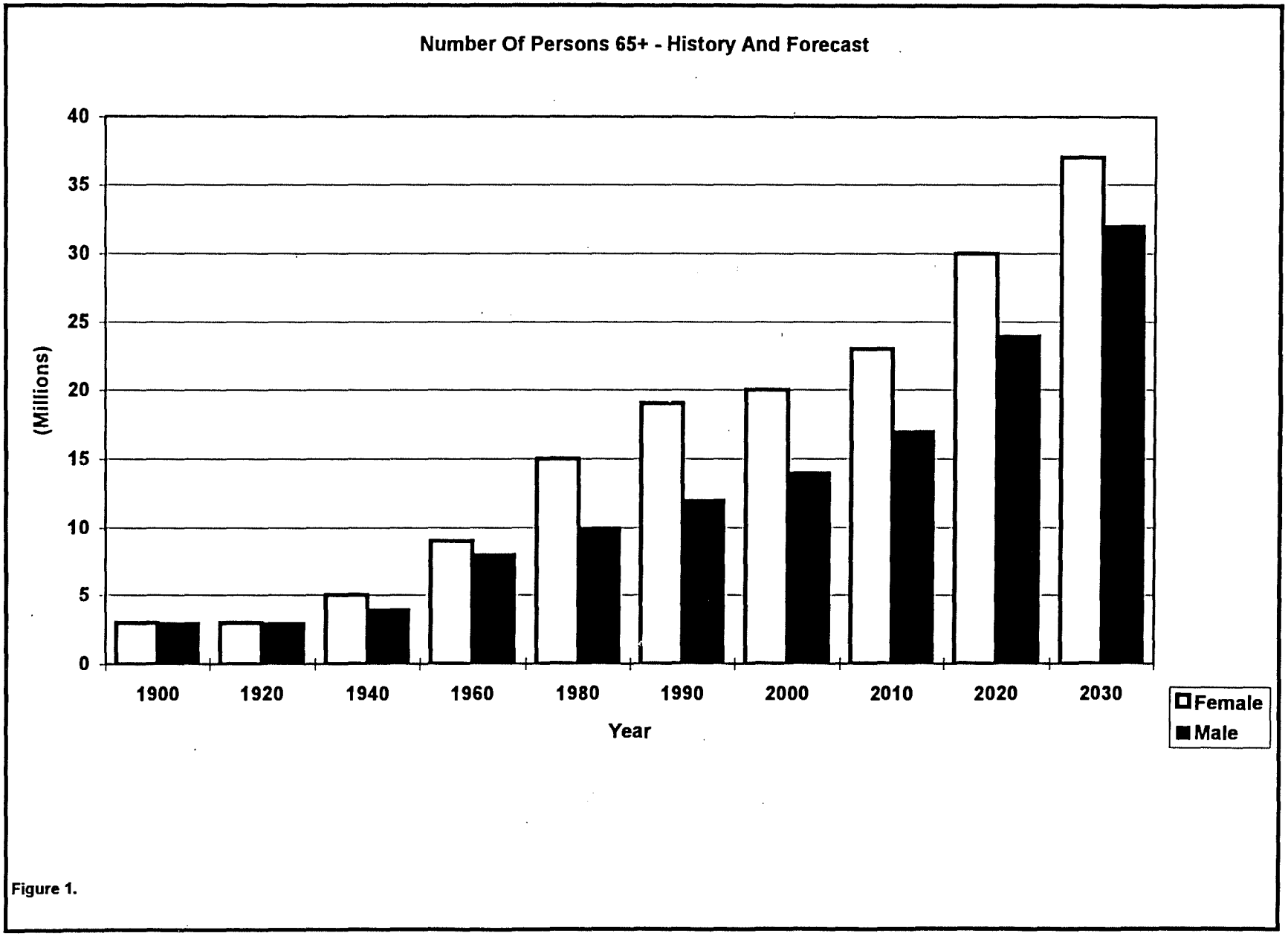
Number Of Persons 65+ - History And Forecast
(Millions)
40
35
30
25
20
15
10
5
0
1900
1920
1940
1960
1980
1990
2000
2010
2020
2030
Year
Female
Male

Figure 1.

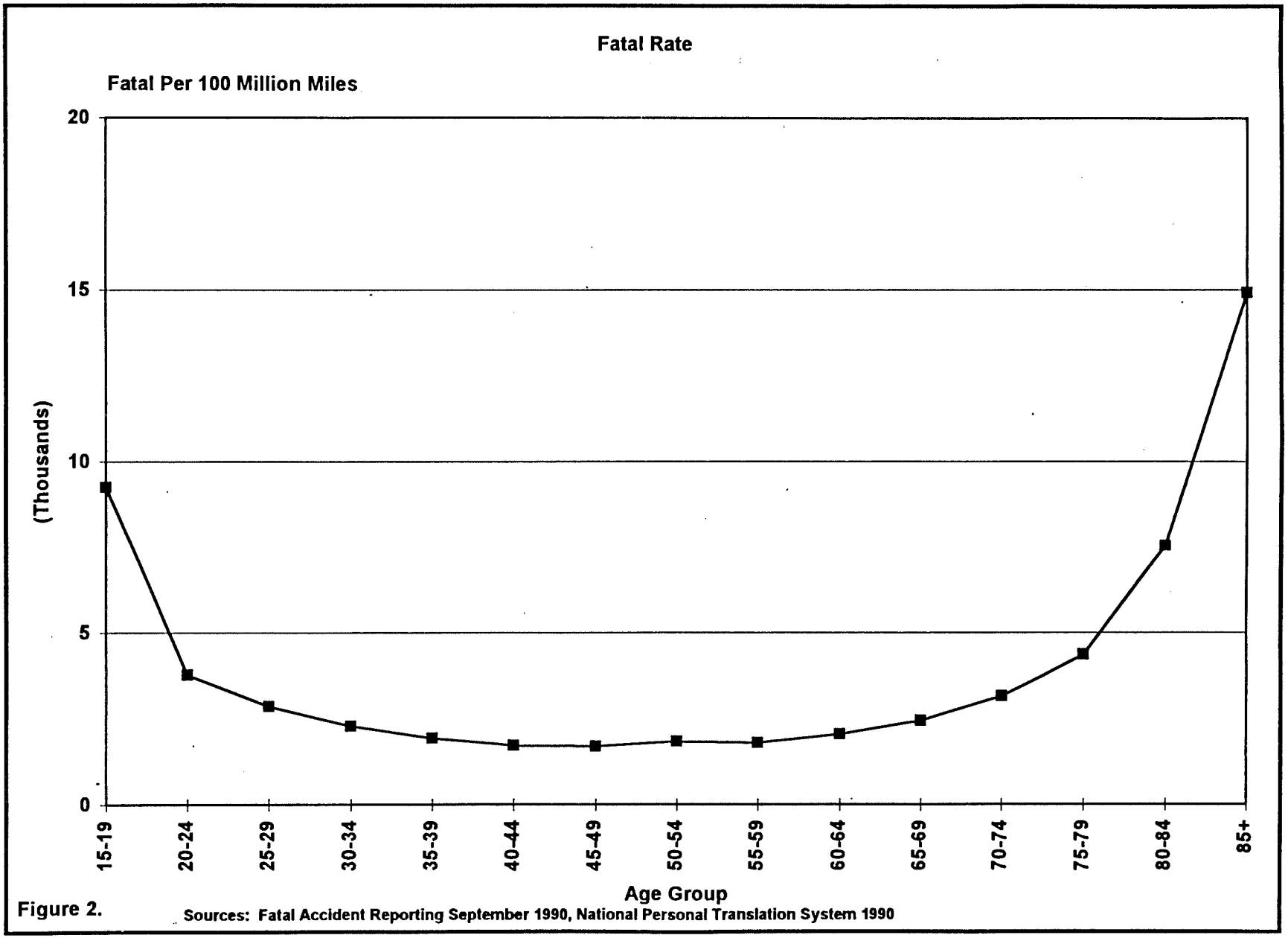

Figure 2.

Sources: Fatal Accident Reporting September 1990, National Personal Translation System 1990

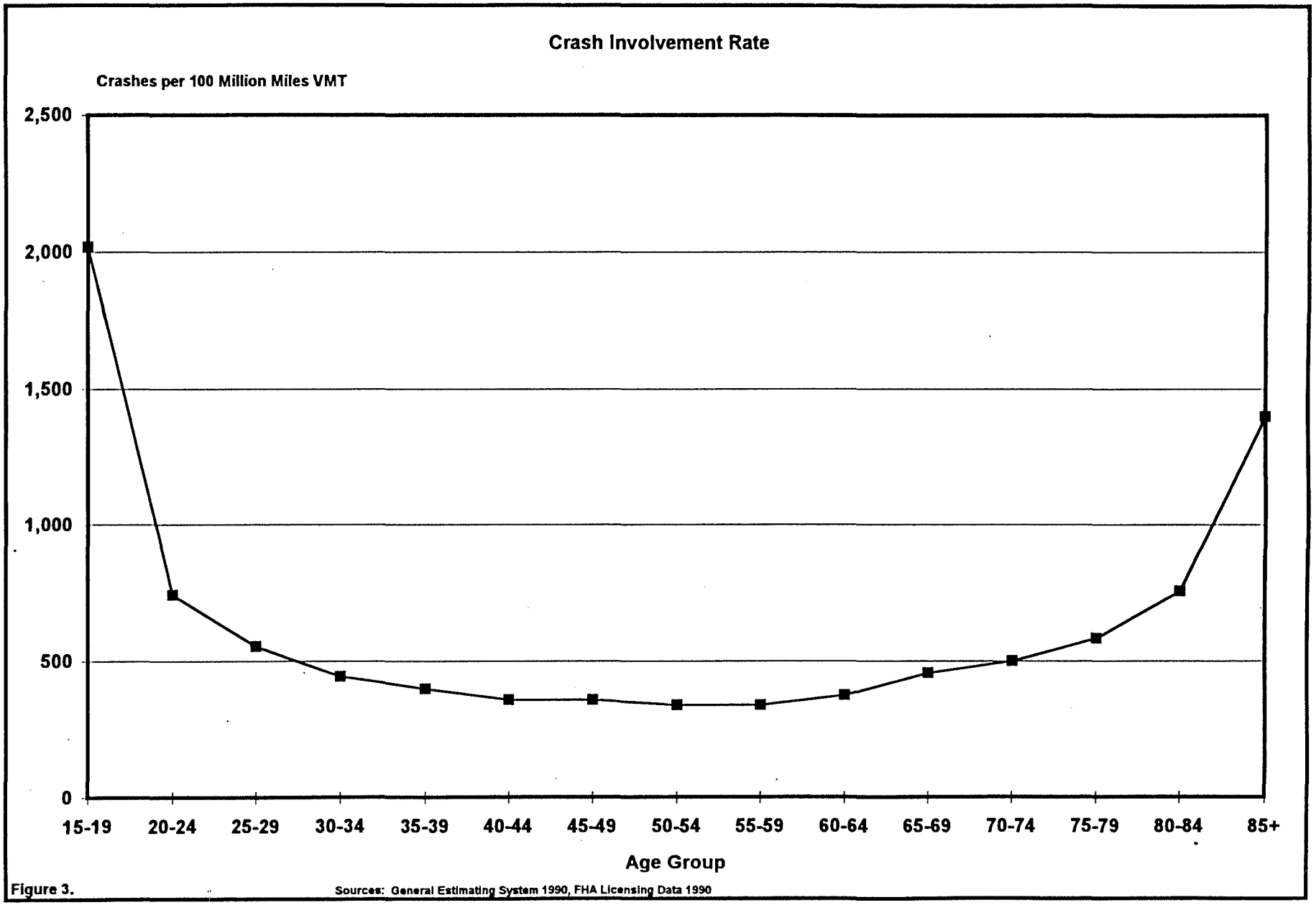

Figure 3.

Sources: General Estimating System 1990, FHA Licensing Data 1990

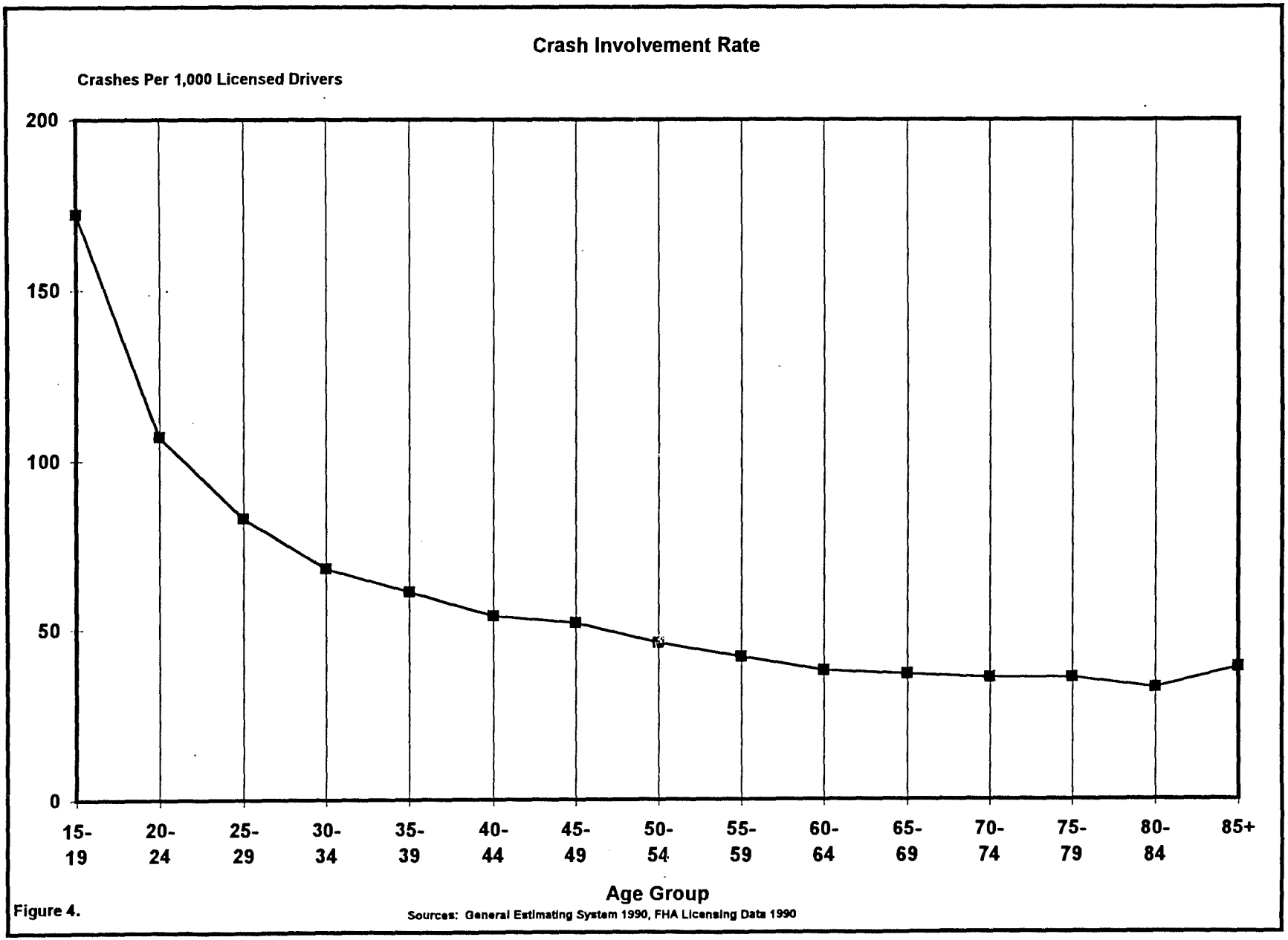

Figure 4.

Sources: General Estimating System 1990, FHA Licensing Data 1990

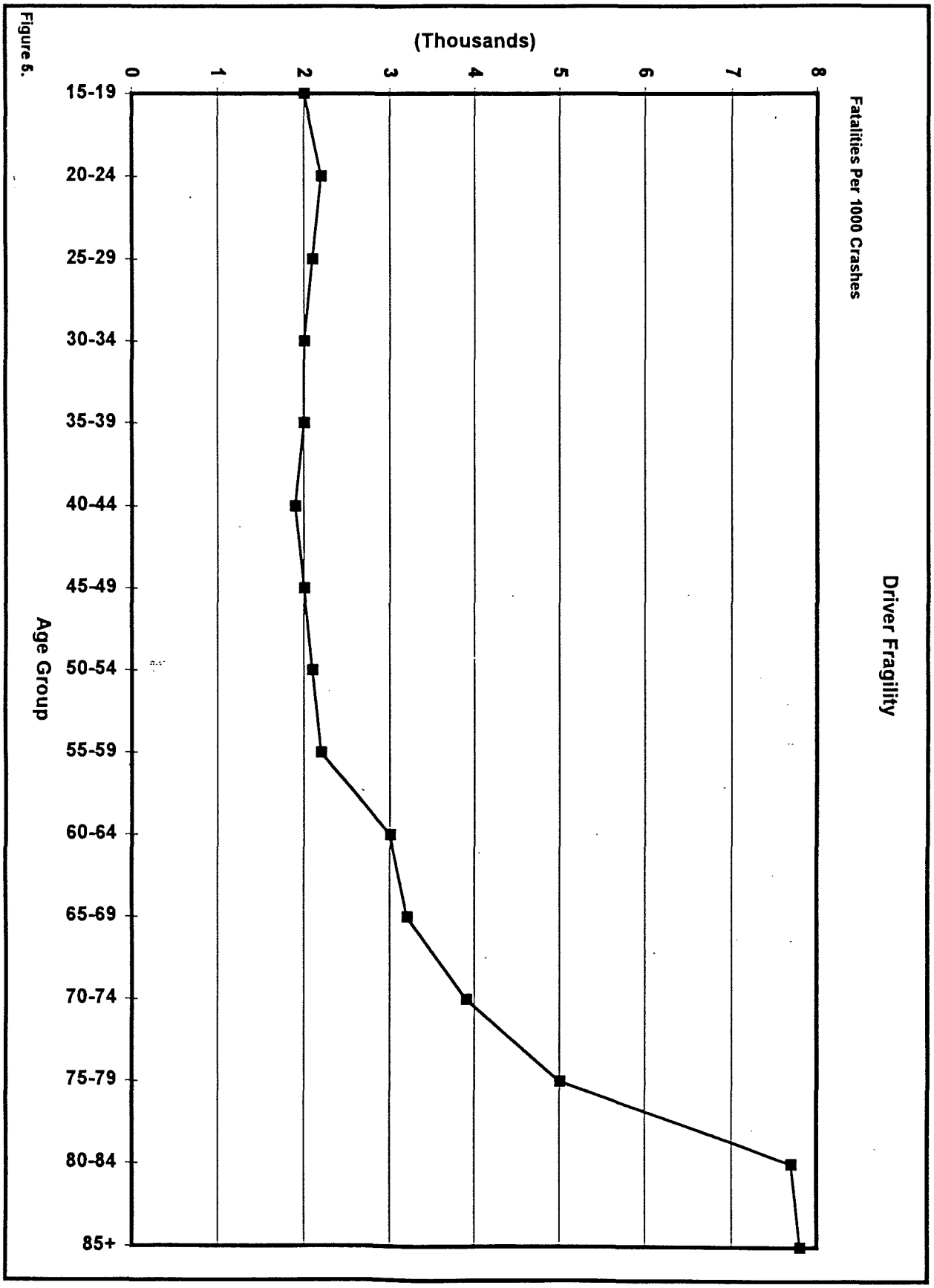
Figure 6.
Driver Fragility
Fatalities Per 1000 Crashes
(Thousands)
0
1
2
3
4
5
6
7
8
Age Group
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85+

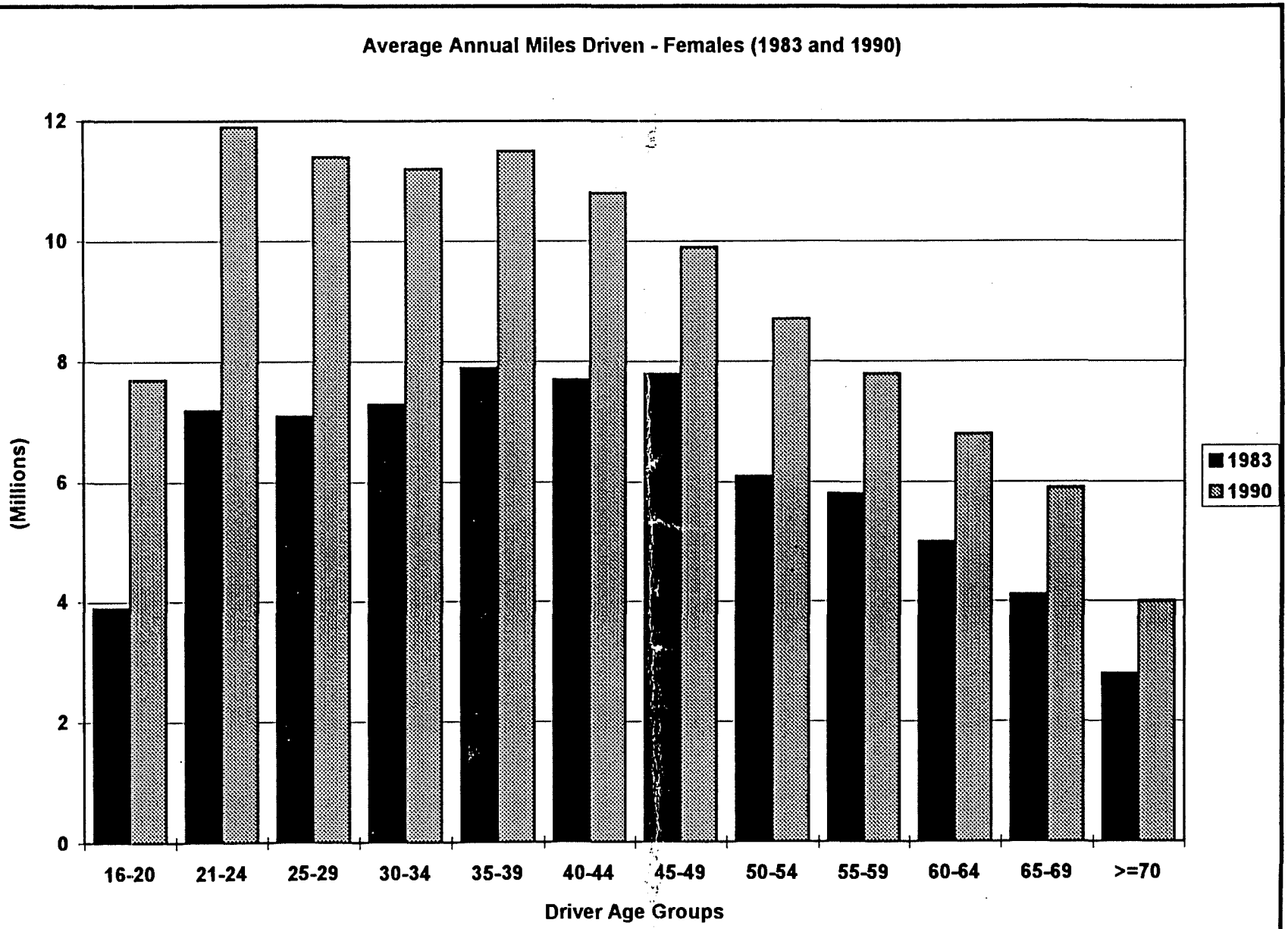
Average Annual Miles Driven - Females (1983 and 1990)
12
10
8
6
4
2
0
(Millions)
16-20
21-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
>=70
Driver Age Groups
1983
1990

Figure 6.

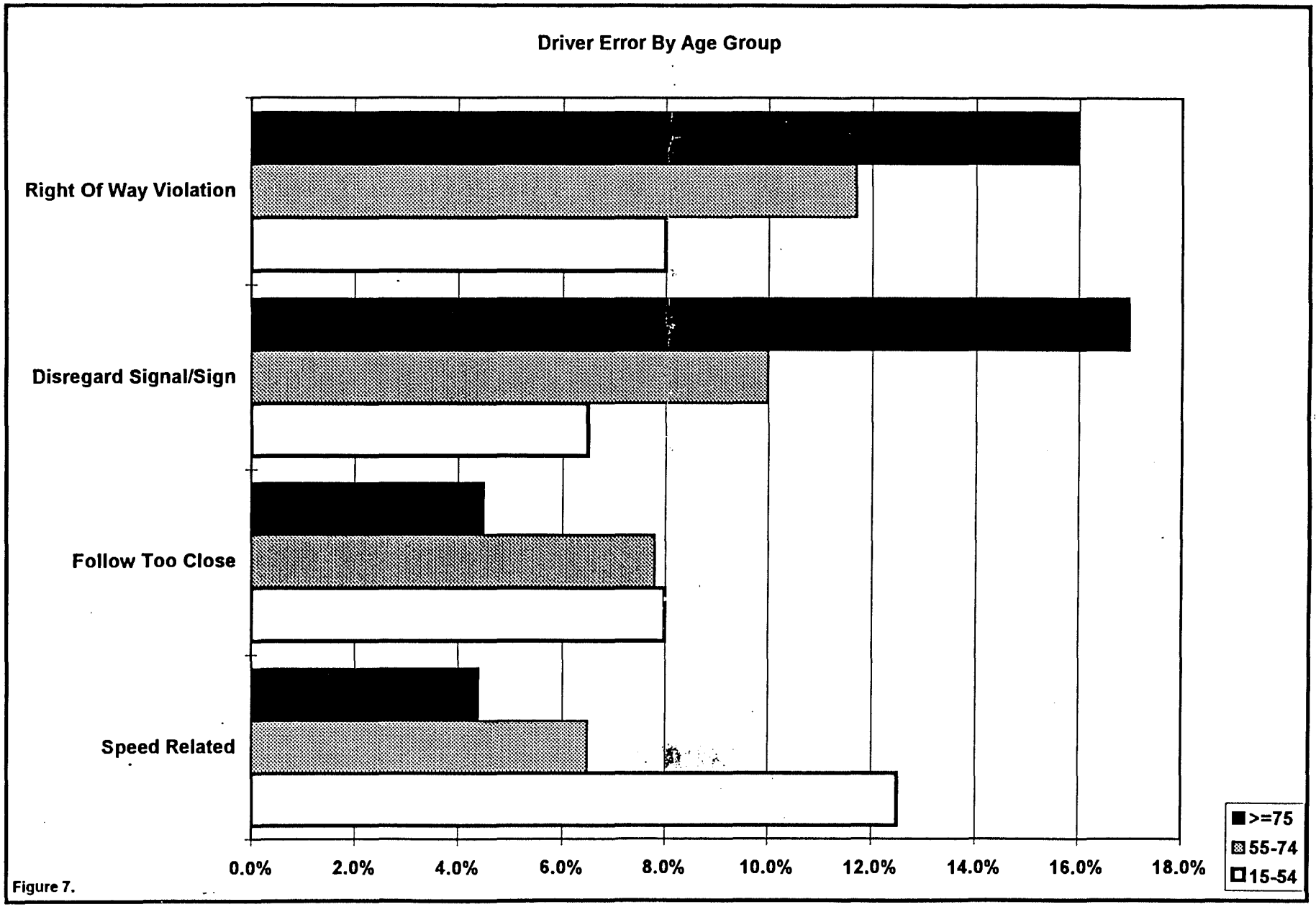
Driver Error By Age Group
Right Of Way Violation
Disregard Signal/Sign
Follow Too Close
Speed Related
0.0%
2.0%
4.0%
6.0%
8.0%
10.0%
12.0%
14.0%
16.0%
18.0%
>=75
55-74
15-54

Figure 7.

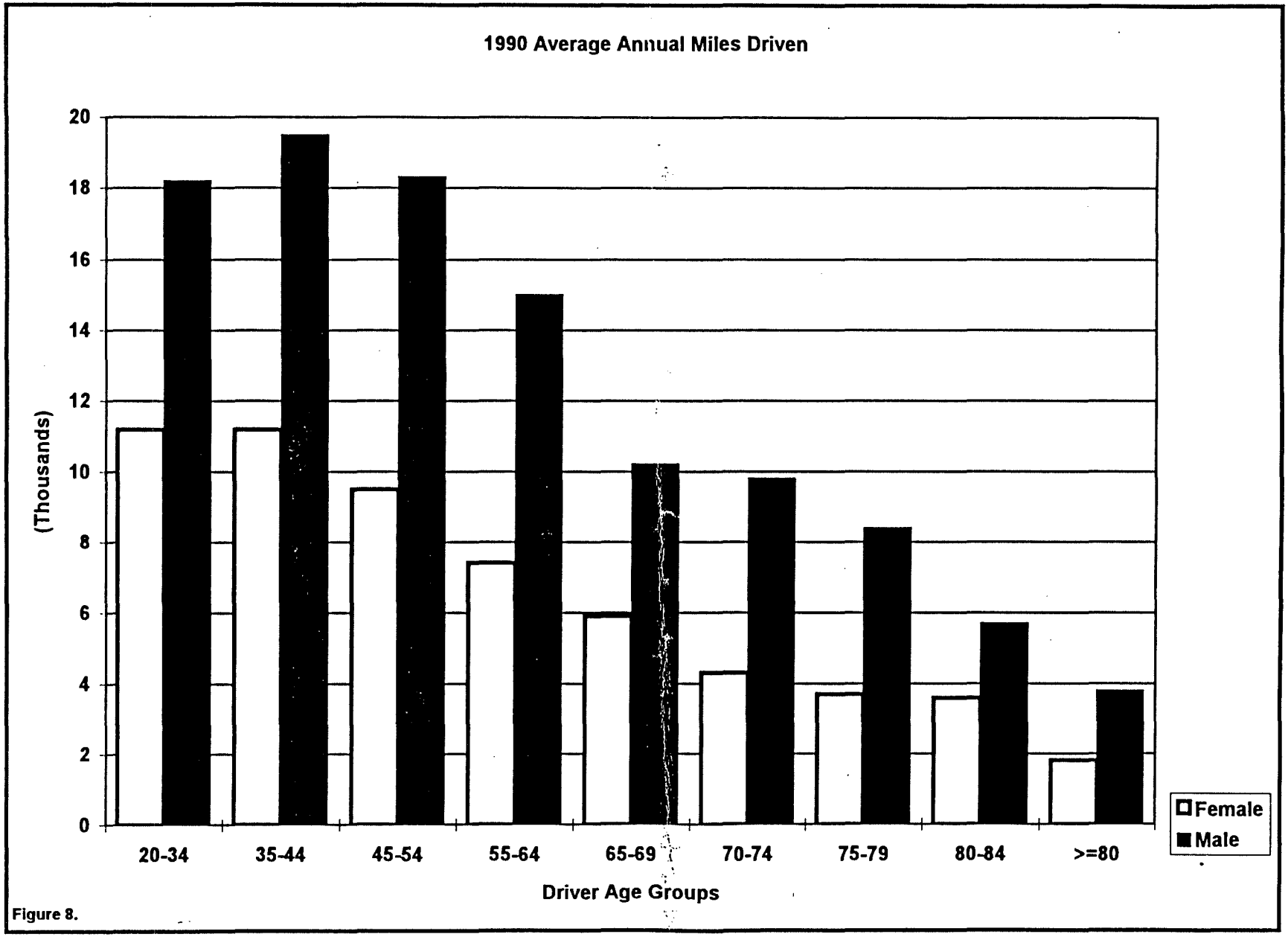
1990 Average Annual Miles Driven
(Thousands)
20
18
16
14
12
10
8
6
4
2
0
20-34
35-44
45-54
55-64
65-69
70-74
75-79
80-84
>=80
Driver Age Groups
Female
Male

Figure 8.

Perceived Mobility

% Reporting That They Are Able To Go Places As Often As They Would Like

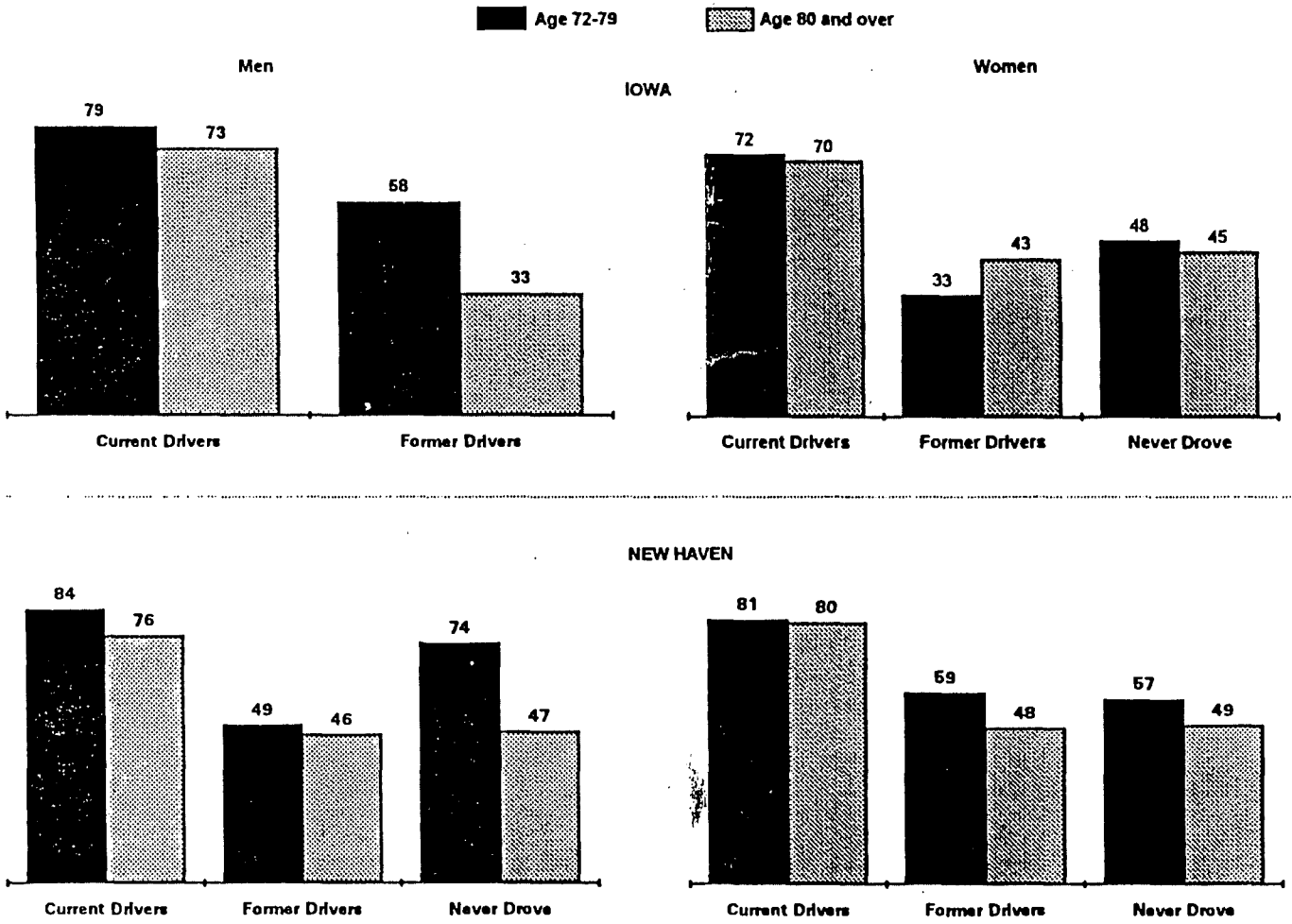

Figure 9.

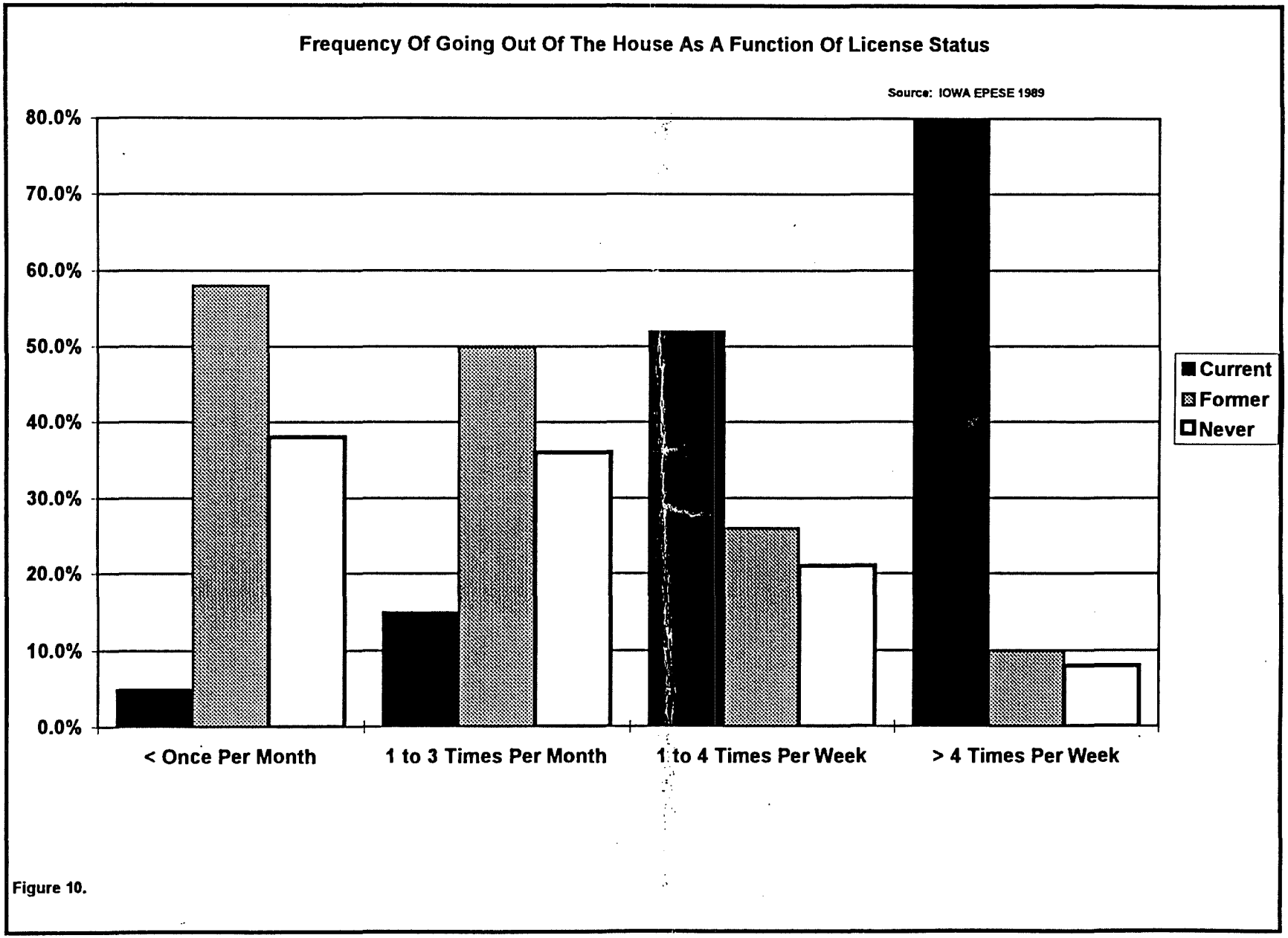
Frequency Of Going Out Of The House As A Function Of License Status
Source: IOWA EPESE 1989
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
< Once Per Month
1 to 3 Times Per Month
1 to 4 Times Per Week
> 4 Times Per Week
Current
Former
Never

Figure 10.

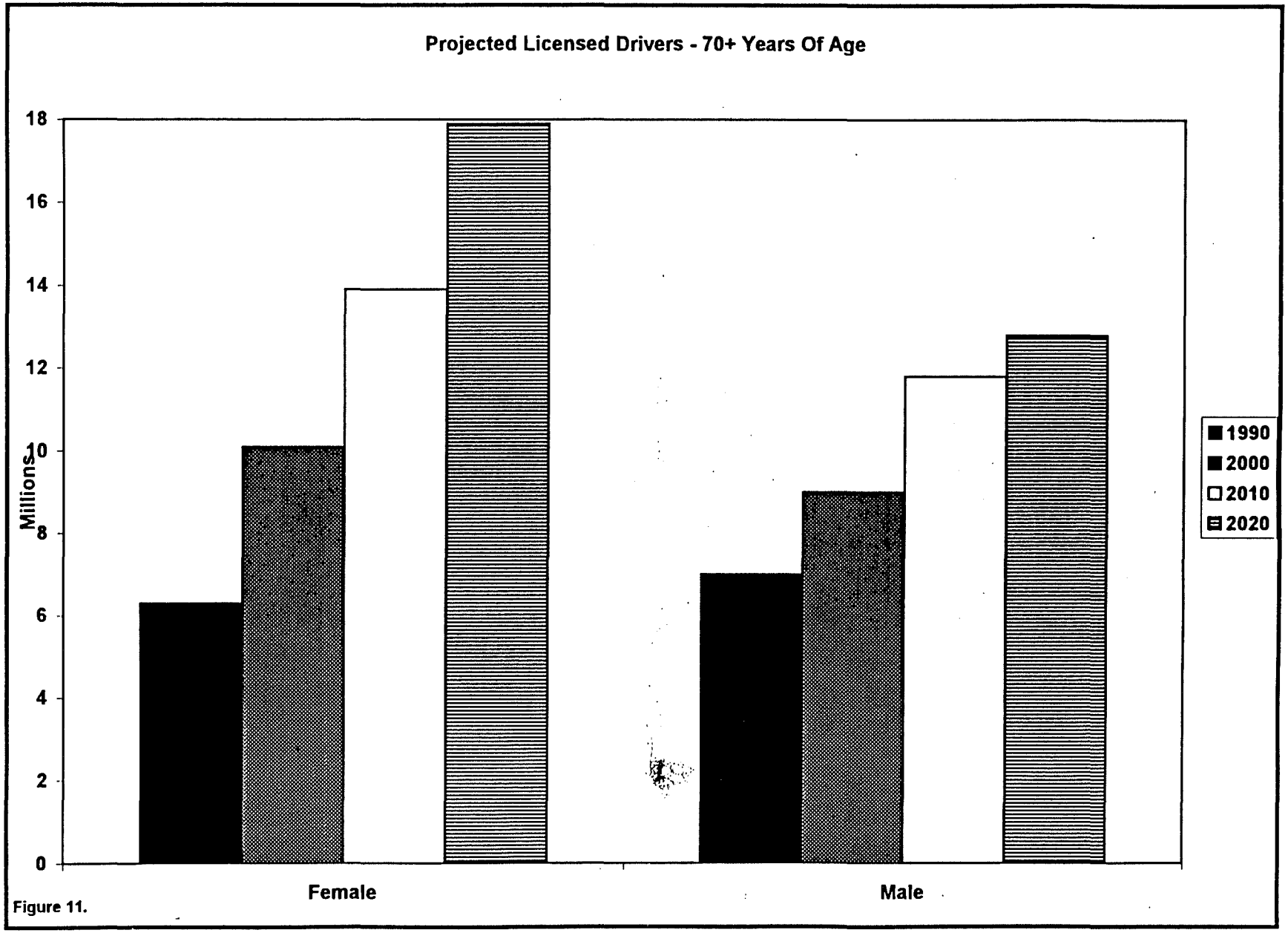
Projected Licensed Drivers - 70+ Years Of Age
Millions
18
16
14
12
10
8
6
4
2
0
Female
Male
1990
2000
2010
2020

Figure 11.

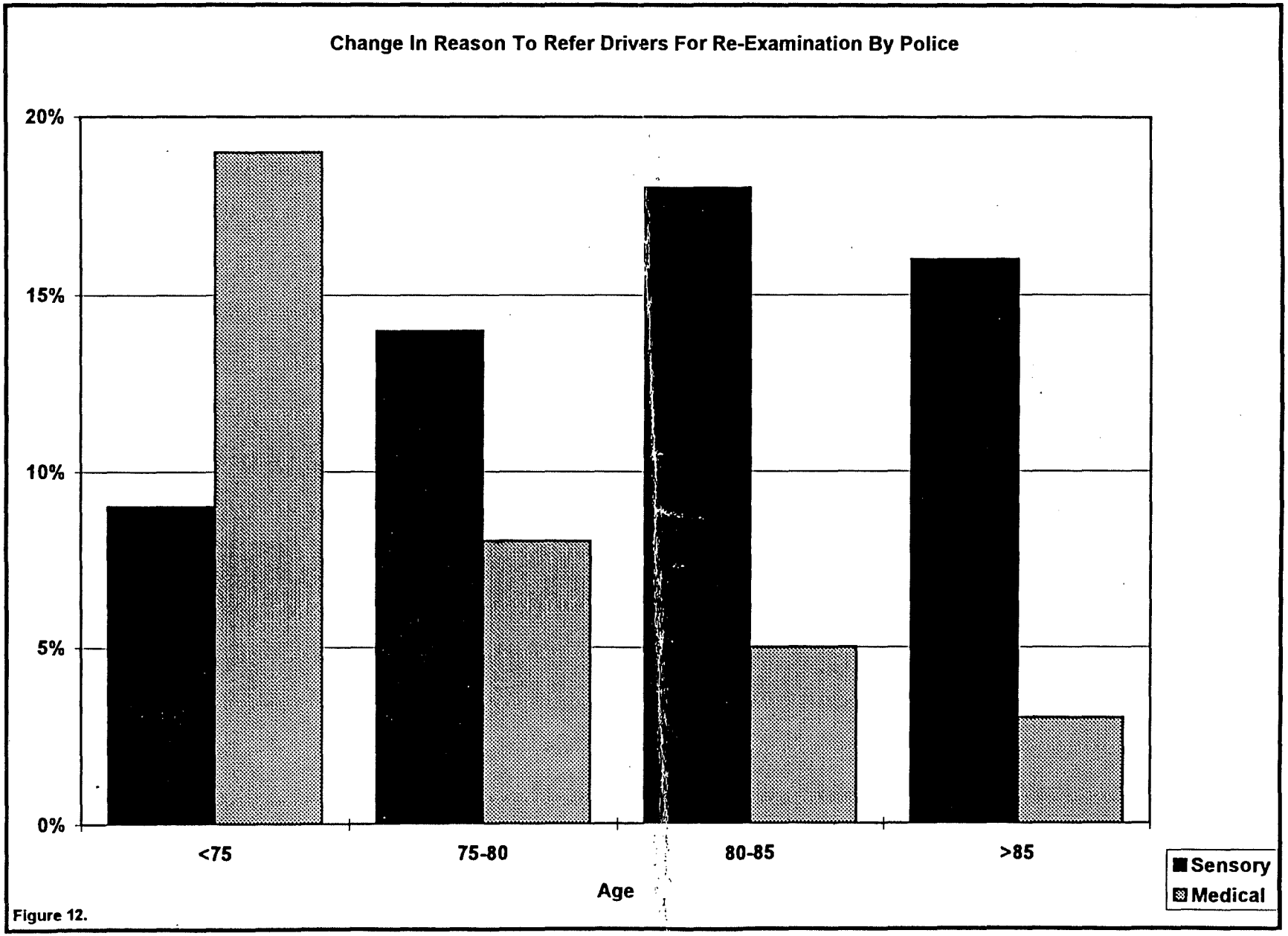
Change In Reason To Refer Drivers For Re-Examination By Police
20%
15%
10%
5%
0%
<75
75-80
80-85
>85
Age
Sensory
Medical

Figure 12.

Urban Travel Modes For All Trips Bys Cohort Over 60
1983 and 1990

	60-64		65-69		70-74	
Mode	1983	1990	1983	1990	1983	1990
Private Vehicle	87.1%	92.9%	82.2%	89.4%	83.3%	89.7%
Public Transit	2.5%	1.7%	3.4%	2.2%	5.4%	2.2%
Taxi	0.1%	0.1%	0.2%	2.0%	0.2%	0.3%
Walking	8.0%	4.6%	12.6%	7.3%	10.1%	7.3%
All Others	2.3%	7.0%	1.6%	0.9%	1.0%	0.5%

	75-79		80-84		>=85	
Mode	1983	1990	1983	1990	1983	1990
Private Vehicle	81.8%	87.0%	75.7%	82.6%	74.6%	76.5%
Public Transit	1.5%	4.5%		1.0%	7.8%	2.9%
Taxi	1.3%	0.5%	1.4%	0.8%		2.9%
Walking	12.0%	7.8%	22.2%	13.6%	17.6%	16.2%
All Others	3.4%	0.2%	0.7%	2.0%	0.0%	1.5%

Source: Trip Files

FHWA; NPTS 1990 & 1983

Table 1.

Fatality And Crash Statistics For Drivers Aged 65 And Older And All Drivers For 1980 and 1989

	Drivers 65+		All Drivers	
Measure	**1980**	**1989**	**1980**	**1989**
Total Fatalities	2,323	3,319	28,816	26,389
Deaths per 100 000 Population	9	10.7	16.7	13.8
Deaths per 100 000 Licensed Drivers	15.3	15.5	19.8	15.9
Crash Rate per 100 Licensed Drivers	11.6	7.9	21	14

Source: BARR 1991

Table 2.

Annual Crashes Per Year Rates For Each Year After The Onset OF AD

Drachman and Swearer (1993)

YR.	Patient Total	Control Totals
1	0.081	0.041
2	0.134	0.039
3	0.087	0.073
4	0.200	0.000
5+	0.110	0.000

Table 3.

Crash Rate Per Year

Drachman and Swearer (1993) Data	
AD Group (n=83)	0.091
Control (n=83)	0.040
1990 National Data	
Drivers 65+	0.037
Males 16 - 24	0.148

Table 4.

AARP ▫
AMERICAN ASSOCIATION OF RETIRED PERSONS

FOUNDED - 1958

- TODAY: 34 MILLION MEMBERS
- 3500 LOCAL CHAPTERS
- 2500 RETIRED TEACHERS ASSOCIATION UNITS

AARP - A VITAL FELLOWSHIP FOR PEOPLE OVER FIFTY

- MEMBER SERVICES —
- RESEARCH AND INFORMATION
- LEGISLATIVE ACTIVITIES
- PROGRAMS —

55 ALIVE/MATURE DRIVING

- 1969 — members in four states volunteer to offer the National Safety Council's Defensive Driving Course.
- 1979 — 4,000 Volunteer Instructors Trained
  — 400,000 Graduates
- New Course Developed — 55 Alive/Mature Driving
- 1993 — 3 Million+ Graduates

Research and Advocacy

- OLDER DRIVER ISSUES —
  - Safe Personal Mobility and Quality of Life
  - Declining Skills and Abilities
  - Increasing Accident Rate per Mile Driven
  - Greater Risk of Accident, Injury and Death
  - ITT HARTFORD/AARP STUDY, 1993 — Predicting Accidents and Insurance Claims among Older Drivers

Tools to Address the Issues

- SELF REGULATION
  - *Older Driver Skill Assessment and Resource Guide: Creating Mobility Choices*
- DRIVER EDUCATION — 55 Alive/Mature Driving;
- IMPROVED DRIVER TESTING
- GRADUATED LICENSES

Graduated Licensing: Practices and Policies

Pepared by Dr. Lori Temple, PhD.

Department of Psychology, University of Nevada, Las Vegas

Prepared for the American Association of Retired Persons

January, 1992

GRADUATED LICENSES -- BACKGROUND

History

- 1974 — National Conference on the Aging Driver

  Sponsored by: American Medical Association

  American American Association of Motor Vehicle Administrators

- PURPOSE — How to keep safe drivers on the road while finding ways to remove unsafe drivers"

GRADUATED LICENSES -- BACKGROUND

1974 Conference Recommendation on Licensure:

ENCOURAGE LICENSING AGENCIES TO DEVELOP SCREENING PROGRAMS THAT WOULD BE MORE EFFECTIVE BY DEALING MORE MEANINGFULLY WITH AGE-RELATED IMPAIRMENT.

IMPLEMENTATION STRATEGIES - 5

1) Train driver examiners to recognize signs of age-related impairment.

2) Require drivers 60 and older to appear in person for relicensure. Require road tests for anyone with questionable funtional ability.

3) Give examiners access to crash and violations records to help establish driving ability.

4) Issue official identification cards to those whose licenses have been revoked or voluntarily surrendered.

5) To help individuals drive as long as possible, issue limited licenses to drivers whenever possible.

1989 - NHTSA Technical Report

Licensing the Older Driver: A Summary of State Practices and Procedures

Hawley and Tannahill, 1989

- PURPOSE — To determine how much progress has been made in improving the mobility and safety of older drivers since the 1974 National Conference on the Aging Driver.

PROGRESS REPORT ON 1974 STRATEGIES

1) Specialized Training for Driver Examiners

- FORMALLY REALIZED IN NINE STATES
- INFORMAL PROCEDURES MAY EXIST IN 27 STATES AND PROVINCES

PROGRESS REPORT, CONTINUED

2) TESTING OVER 60: REJECTED

- RENEWAL BY MAIL – Allowed in three states for drivers under 70 with accident and violation free records.

- AGE-RELATED RESTRICTIONS — Mostly for drivers over 70

- LICENSING PROCEDURES BASED ON ADVANCED AGE — In only 16 states; just three states require a road test as part of the renewal procedure for drivers over a specific age (IL - 69; IN - 75; NH - 75)

- TREND – Away from regulations calling for actions based solely on age toward regulations ties to driving ability.

PROGRESS REPORT, CONTINUED

3) Examiners' Access to Crash/Violations Records

- INFORMATION MANAGEMENT ADVANCES – have improved exchange of information between licensing divisions and law enforcement agencies.
- IMPROVEMENTS WILL CONTINUE
- TECHNICAL ADVANCES — will make possible more reliable identification of drivers who may need to be interviewed or re-examined by licensing divisions.

PROGRESS REPORT, CONTINUED

4) IDENTIFICATION CARDS

- FOLLOWED ALMOST UNIVERSALLY
- MOST STATES OFFER FOR NON-DRIVER
- AT LEAST ELEVEN STATES OFFER THEM FREE TO OLDER ADULTS

5) LIMITED LICENSES

- LIMITED LICENSES — Keep drivers on the road as long as possible.

- FINDINGS —
  - Wide variety in forms of progress being made.
  - About a fourth of the states indicated that they issued older drivers retrictd licenses.
  - Most frequent restriction: Corrective Lenses

  - CONCLUSION — Researchers (Malfetti and Winter) strongly favor a graded licensing sytem for older drivers.

GRADUATED LICENSES: TOWARD A DEFINITION

1974:

A license designed to avoid full revocation of the license as long a possible and to allow the older driver to stay on the road as long as safely possible (National Conference on the Aging Driver)

GRADUATED LICENSES: TOWARD A DEFINITION

1990:

A license that falls somewhere in between full driving privileges and revocation that is compatible with the needs and abilities of the driver issued the license (Malfetti & Winter, 1990)

OTHER TYPES OF LICENSES

- PROVISIONAL LICENSE — Used mainly with younger drivers; involves rigid requirement.
- CLASSIFIED LICENSE — For different types of vehicles
- HARDSHIP LICENSE — For those who need driving privileges but who have had their licenses suspended or revoked
- PROBATIONARY LICENSE — Restriction-free, for trial period
- LEARNER'S PERMIT — For drivers who have not yet reached the legal driving age for their state of residence
- RESTRICTED LICENSE — A license with a type of condition attached, *eg.,* special mechanical devices.

GRADUATED LICENSES: TOWARD A DEFINITION

Graduated License: 1992 (Temple)

- A LICENSE THAT FOR ONE REASON OR ANOTHER HAS HAD A RESTRICTION ATTACHED TO IT. HOLDERS OF SUCH A LICENSE MUST MEET SOME SPECIAL REQUIREMENT IN ORDER TO OPERATE A MOTOR VEHICLE OR MUST RESTRICT THEIR DRIVING PRACTICES IN SOME WELL SPECIFIED FASHION.

Broader than a "restricted license." Though a graduated license would include the need for special equipment, it also includes provisions for driving under very rigidly specified conditions such a time of day, certain destinations, and certain vehicles.

(a)The department upon issuing a driver's license shall have authority whenever good cause appears to impose restrictions suitable to the licensee's driving ability with respect to special mechanical control devices required on a motor vehicle which the licensee may operate or such other restrictions applicable to the licensee as the department may determine to be appropriate to assure the safe operation of a motor vehicle by the licensee.

(b)The department may either issue a special restricted license or may set forth such restrictions upon the usual license form.

(c) The department may upon receiving satisfactory evidence of any violation of the restrictions of such licenses suspend or revoke the same but the licensee shall be entitled to a hearing as upon a suspension or revocation under this chapter.

(d) It is a misdemeanor for any person to operate a motor vehicle in any manner in violation of the restrictions imposed in a restricted license issued to him.

(Driver Licensing Laws Annotated, 1980)

PRACTICES NATIONWIDE

- 23 STATES — Have adopted a restricted licensing policy in close agreement with the uniform vehicle code

- 14 STATES — Have adopted regulations similar to the code, but with additional restrictions

- REMAINING STATES — Have statutes concerning restricted licenses or general statutes about the issuance and renewal process but do not specifically codify the policy on restrictions.

GRADUATED LICENSES - RESTRICTIONS

Types of Restrictions

- CORRECTIVE LENSES
- OUTSIDE MIRROR
- DAYTIME ONLY
- CITY LIMITS ONLY
- NO FREEWAY
- YEARLY TESTS
- SPECIFIC RESTRICTIONS

MAINE:

- Uniform Vehicle Code plus specific restrictions:
  - Type of Vehicle
  - Daylight Hours
  - Within Designated Areas

GRADUATED LICENSES - A SUMMARY

- Restricted licenses in use in every state
- Number of restrictions ranges from 1 to 50
- "Corrective Lenses" is the most frequently used restriction
- Restructuring is underway in some states
- States are changing systems to meet the demands of
  - Changing Demographics
  - The need for safe roads and highways for all drivers

Future Needs I

- UNIFORM RESTRICTIONS — Include as many restrictions as possible as part of the Uniform Vehicle Code.

- UNIFORMITY IN IMPLEMENTATION POLICIES

  - Training for those involved in licensing process

    - Administrators, Examiners, other staff
    - Law enforcement personnel, physicians, other health care workers

  - Education for those seeking licensure and relicensure

Future Needs II

- INCREASED PUBLIC AWARENESS

  — Public needs to understand the role of the licensing agencies in keeping roads and highways safe through educational programs specifically designed to address the special needs and concerns of drivers of different ages across the lifespan.

- RESEARCH

  — Re-examination practices require thorough investigation

LOCAL LEVEL IMPLEMENTATION - I

Motor Vehicle Offices form Speakers' Bureaus

- EDUCATE THE PUBLIC ABOUT
  - The effects of aging on safe driving
  - The availability of graduated licenses
  - Procedures involved in the re-examination process

LOCAL LEVEL IMPLEMENTATION - II

Local AARP Branches contact Motor Vehicle Administrators

- PROVIDE RESOURCES FOR TRAINING ON
  - Age-related problems affecting driving performance
  - The needs and desires of older drivers

LOCAL LEVEL IMPLEMENTATION - III

Joint Meetings

- PERSONNEL FROM LICENSING DIVISION AND LOCAL AND STATE LAW ENFORCEMENT AGENCIES MEET TO:
  - Encourage exchange of ideas about:
    - How to implement current licensing policies
    - How to improve the policies to ensure mobility and safety

STATE LEVEL IMPLEMENTATION - I

- **WRITTEN KNOWLEDGE TESTS** — To increase awareness of changing policies, require written knowledge tests for all drivers upon renewal of licenses.

- **DEVELOP EDUCATIONAL MATERIALS** — Pamphlets, etc., to inform older drivers of licensing options.

- **HOLD FREQUENT MEETINGS** — Licensing agency administrators and state and local police share information involving use of restricted licenses and special needs of licensees. Encourage parallel meetings at local level.

STATE LEVEL IMPLEMENTATION - I I

- **LEGISLATION AND WRITTEN GUIDELINES**

  — In selected states, propose legislation that clarifies the existing procedures regarding restricted licenses.

  — Assist motor vehicle administrators to prepare written guideline explaining how the statutes are to be implemented.

STATE LEVEL IMPLEMENTATION - III

- TRACKING PROGRAM

  For use in improving the graduated licensing program, institute a tracking program for drivers with restricted licenses to help assess their effectiveness

  Collect data on:

  - Accidents
  - Traffic violations
  - Violations of the restrictions
  - Miles driven
  - Psychological impact of restrictions

NATIONAL LEVEL IMPLEMENTATION - I

- **MODIFY THE UNIFORM VEHICLE CODE** — Include comprehensive list of restrictions that would enable states to implement graduated licensing system without creating 50 different systems.

- **PROVIDE HIGH-LEVEL TRAINING** — For motor vehicle and law enforcement administrators, to provide information needed to train their staff on the special needs and abilities of older drivers.

NATIONAL LEVEL IMPLEMENTATION - II

- **CERTIFICATION** — Support an American Association of Motor Vehicle Administrator's Examiner's Certification Program that includes training in recognizing the physical difficulties associated with age that affect driving.

- **INVESTIGATE RELICENSURE AND RE-EXAMINATION PRACTICES** — Identify the most promising programs, institute similar programs in other states, and evaluate the effectiveness of the programs.

NATIONAL LEVEL IMPLEMENTATION - III

- **STUDY FACTORS AFFECTING DRIVING BEHAVIOR ACROSS LIFESPAN** — Ensure that the information gleaned from research is disseminated to policy makers and included in training and educational programs.

- **INVOLVE AMERICAN MEDICAL ASSOCIATION** — Ask AMA to provide information about re-examination programs to physicians.

NATIONAL LEVEL IMPLEMENTATION - 1111

- FOCUS GROUPS — Identify the advantages and disadvantages of mandatory reporting laws for physicians.

- TO BE INCLUDED IN FOCUS GROUPS:

  - Motor Vehicle Administrators
  - Law Enforcement Personnel
  - Physicians
  - Other Health Care Workers
  - Concerned Citizens, including
    - Older individuals with licenses
    - Older individuals whose licenses have been revoked on the advice of their physician

Evaluations

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent___ good✓ fair____ poor____
2. I thought the guest speakers were
   excellent✓ good____ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good✓ fair____ poor____

4. I would improve the conference
by Include Some Youth High School Students College Students

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is
NOTHING HAPPENS

7. My highest hope for the Task Force is
That a practical progressive PLAN is Developed that Climits a Course For THE FUTURE Recognizing IT TOOK 100 years TO CREAT AND will TAKE TIME TO CHANGE CONDITIONS THAT WE NOW HAVE

8. Name & Address (optional)
CONRAD WEILER
MTA
430 Riverside ST
Portland, ME 04103

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent √ good____ fair____ poor____
2. I thought the guest speakers were
   excellent √ good____ fair____ poor____
3. The thought the breakout sessions were
   excellent____ good √ fair____ poor____

4. I would improve the conference
by (a) more small groups for discussion.

5. Something I thought about at the conference but didn't have an opportunity to say is
More and better public transportation
Emphasizing "responsibility for people who drive"

6. My worst fear about the Task Force is
The final decision might require that all people over 65 be given a driving test every year. Also, that licenses may be revoked with out an appeal.

7. My highest hope for the Task Force is
I hope there will be a uniform standard of traffic signs.

8. Name & Address (optional)
Mrs. Margaret O'Neill, President of Me. Assoc. of Retirees
3 Peter Paul Lane
Biddeford, Me. 04005

Good Job. Katherine!

Task Force to Study the Safe Mobility of Maine's Aging Population
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Transportation as a Lifelong Need:
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Conference Evaluation Form 3/17/94

1. I thought the information presented at the conference was
   excellent ✓ good____ fair____ poor____
2. I thought the guest speakers were
   excellent___ good ✓ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good ✓ fair____ poor____

4. I would improve the conference
by Over —

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is

7. My highest hope for the Task Force is
There can be recommendations to the legislature to increase the safety for all drivers and there will not ass legislation!!

8. Name & Address (optional)
Hildegard "Hilde" Barlow
Barlow Hill Rd. (Barlow Hill Rd.)
P.O. Box 223
East Boothbay, Me 04544

Please correct your mailing address. I am a volunteer with Senior Spectrum and my registration was lost from there. Thanks, Hilde

I was most impressed with the organization and the selection of speakers. Congratulations!

Comment: Some of the speakers were quite long — especially when requested to shorten — It was a long day as it really took us work.

I do like that I am especially interested in attending the Task Force meetings when possible. It is on my Calendar.

MB

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent___ good✓ fair____ poor____
2. I thought the guest speakers were
   excellent___ good✓ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good____ fair✓ poor____

4. I would improve the conference
by - not sure. USM was a fine place to meet. Coffee & lunch was excellent - enjoyed the speakers. In fact they were very important to the importance of what we were there for.
5. Something I thought about at the conference but didn't have an opportunity to say is
What is the record of professional drivers after they give up their profession - in other words do "old" professional drivers become better "old" drivers? Do all the years of training and experience make a difference as we age as against the average driver. might be good research material.
6. My worst fear about the Task Force is
(1) That Washington will tell us in Maine what is the best for us. (2) We won't come up with a method to "turn in" older drivers who are a danger on the road!
7. My highest hope for the Task Force is
(1) There will be a recognization that age alone will not be the reason for denying a person the right to drive. (2) That driver education for older drivers really makes a difference.
8. Name & Address (optional)

Larry Foley
P.O. B. 772
Bailey Island, Me. 04003
207 - 833 - 5951

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent X good____ fair____ poor____
2. I thought the guest speakers were
   excellent X good____ fair____ poor____
3. The thought the breakout sessions were
   excellent____ good____ fair X poor____

4. I would improve the conference by having more time for breakout sessions. This was an excellent opportunity to share & connect, but too short.

5. Something I thought about at the conference but didn't have an opportunity to say is There needs to be more coalition among agencies instead of ownership. Transportation issues are growing every month for the elderly - and we need to be finding solutions, not causing problems with all territory issues.

6. My worst fear about the Task Force is that it will be a spinning wheel that will not make any ground. Transportation in Maine especially rural — elderly is terrible and needs definite improvement.

7. My highest hope for the Task Force is To get the job done - I hope a plan can come forth that will provide transportation to those who can no longer get themselves around.

8. Name & Address (optional)
   Linda Kennedy-Webber Senior Spectrum also a member of RTAC.
   P.O. Box 3112
   Skowhegan, Maine
   04976

I have been struggling for 4 years to improve transportation in Somerset County for the elderly. Funds that are available are very short - they need to be pulled in from other sources.

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent___ good✓ fair____ poor____
2. I thought the guest speakers were
   excellent___ good✓ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good____ fair____ poor✓

4. I would improve the conference
by There was too much to cover in time allotted. Perhaps split in in two. More time for discussion.

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is
It will lead to recommendations which will overly restrict older persons' right to drive

7. My highest hope for the Task Force is
It will lead to a comprehensive program allowing older persons to drive safer longer and that it will lead to development of viable transportation alternatives to driving own car

8. Name & Address (optional)

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent X good ____ fair ____ poor ____
2. I thought the guest speakers were
   excellent X good ____ fair ____ poor ____
3. The thought the breakout sessions were
   excellent ____ good ____ fair X poor ____

4. I would improve the conference
by BREAKOUT SESSIONS NEED TO BE LONGER AND MORE DIRECTED

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is
WILL DEVELOP LICENSE REQUIREMENTS WHICH ARE TO STRICT

7. My highest hope for the Task Force is

8. Name & Address (optional)
JIM HILLY, RTP

Good Work!
Jim

Task Force to Study the Safe Mobility of Maine's Aging Population
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent X good____ fair____ poor____
2. I thought the guest speakers were
   excellent X good____ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good____ fair X poor____

4. I would improve the conference by_____

5. Something I thought about at the conference but didn't have an opportunity to say is
I thought the conference was spectacular - well planned and well run.

6. My worst fear about the Task Force is
not enough publicity

7. My highest hope for the Task Force is

8. Name & Address (optional)
William L. Searle
502 Ferry Rd
Saco Me 04072

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good ____ fair ____ poor ____
2. I thought the guest speakers were
   excellent ✓ good ____ fair ____ poor ____
3. The thought the breakout sessions were
   excellent ✓ good ____ fair ____ poor ____

4. I would improve the conference
by PERHAPS THE CONF. COULD BE EXPANDED TO two days, LEAVING MORE TIME FOR BREAK-out SESSIONS. ALSO, SOME thought could BE given to more PRESENTATIONS ON ALTERNATIVES
5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is

7. My highest hope for the Task Force is
That it achieves institutional legitimacy with A specific SET OF STATE MANDATES WITH RESPECT TO STRATEGIC planning ON trans. ALTERNATIVES.
8. Name & Address (optional)
JOHN VICKERS
EASTERN TRANS. SVCS., INC.
278 MAIN ST.
BANGOR, ME. 04401

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good____ fair____ poor____
2. I thought the guest speakers were
   excellent 1 good 4 fair 1 poor____
3. The thought the breakout sessions were
   excellent ✓ good____ fair____ poor____

4. I would improve the conference
by expanding opportunities for small group participation, possibly having two breakout sessions devoted to different exercises.

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is
that it will get bogged down on the issue of whether "older drivers are dangerous" or not.

7. My highest hope for the Task Force is
that it will offer recommendations aimed at improving safe mobility for older Maine citizens, regardless of physical status or geographic location or economic status.

8. Name & Address (optional)
Donna E Nicoll
9 Highland St
Portland ME 04103-3004

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ and good ✓ fair____ poor____
2. I thought the guest speakers were
   excellent___ good ✓ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good____ fair ✓ poor____

4. I would improve the conference
by — extending the time to 2 days
— It was OK for an overview
— Too much info to cover in one days.
— need to run another conference with specialized segments eg. alternatives etc. extended for at least a day
5. Something I thought about at the conference but didn't have an opportunity to say is
— there is information available about how many seniors ride in the State of Maine through "MDOT" transportation services" marketing analysis. the current State-wide level of service should be considered
6. My worst fear about the Task Force is
— that it will not be on-going.
— that it will not obtain detailed information by region as to what services are currently taking place.
— and that without a complete picture, it will be ineffective
7. My highest hope for the Task Force is
— that it remain as a part of Maine plan; in place; to assure responsive, action "ongoing" manner in order to create new opportunities for mobility of all Maines Seniors who can no longer drive on graduated licenses.
8. Name & Address (optional)

Charles S. Baker
RTP
127 St. John St
Portland ME · 04102

Task Force to Study the Safe Mobility
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Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent X good____ fair____ poor____
2. I thought the guest speakers were
   excellent X good____ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good X fair____ poor____

4. I would improve the conference
by making clear what is already in force.

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is

7. My highest hope for the Task Force is

8. Name & Address (optional)

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good____ fair____ poor____
2. I thought the guest speakers were
   excellent ✓ good____ fair____ poor____
3. The thought the breakout sessions were Unable to attend ... Sorry!
   excellent____ good____ fair____ poor____

4. I would improve the conference
by Overall, it was very well planned!

5. Something I thought about at the conference but didn't have an opportunity to say is I would have liked to have had more time for discussion

6. My worst fear about the Task Force is that it won't have enough time to do its work

7. My highest hope for the Task Force is

8. Name & Address (optional)
Kathryn G. Pears
c/o Muskie Institute of Public Policy
96 Falmouth St.
Portland, ME 04103

* Kathy, could you supply me w/ the name & address of the keynote speaker. He mentioned several studies on people w/ dementias, particularly Alzheimer's, and I'd love to try to get a copy of those

Task Force to Study the Safe Mobility of Maine's Aging Population
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good____ fair____ poor____
2. I thought the guest speakers were
   excellent___ good ✓ fair____ poor____
3. The thought the breakout sessions were
   excellent ✓ good____ fair____ poor____

4. I would improve the conference
by MORE INTERACTION BETWEEN SPEAKERS & THOSE PEOPLE WHO ATTEND THE CONFERENCE. DIRECT QUESTIONS DIRECTLY TO MEMBERS IN THE AUDIENCE

5. Something I thought about at the conference but didn't have an opportunity to say is
WHY ARE SENIOR CITIZENS TARGETED FOR THE NATIONS MOBILITY PROBLEMS. I WONDER IF THE YOUNGER GENERATION HAS TAKEN A HARD LOOK AT THEIR MOBILITY & HOW THEY COPE WITH IT.

6. My worst fear about the Task Force is
THE END RESULT THAT LAWS ARE PASSED & ENACTED THAT SINGLES OUT SENIORS & LIMIT THEIR MOBILITY

7. My highest hope for the Task Force is
DEVELOP A PLAN OR PLANS TO REVIEW ALL FORMS OF TRANSPORTATION & COME TO A SENSIBLE WAY TO ALLOW OR PROVIDE MOBILITY MEANS THAT DOES NOT HAMPER OR RESTRICT MOBILITY FOR SENIORS.

8. Name & Address (optional)
MR ELWYN R. WALKER LEGISLATIVE CHAIRPERSON YORK COUNTY RETIRED TEACHERS ASSOC.
36 LEBANON STREET
SANFORD, ME 04073-3894.

P.S. I PLAN TO ATTEND THE NEXT MEETING ON 4/14/94
I HOPE MY COMMENTS ARE HELPFUL TO YOU.

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good____ fair____ poor____
2. I thought the guest speakers were
   excellent MOST good____ fair 1 poor____
3. The thought the breakout sessions were
   excellent ✓ good____ fair____ poor____

4. I would improve the conference
by fewer speakers, maybe break conference into 2 or 3 monthly
certaps - lengthen question & answer segments - both
speaker and audience seemed to benefit from these.

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is

7. My highest hope for the Task Force is
That good, safe, reliable public transportation is one of its
objectives. We must create add public trans. and educate
people at an early age to use it. Dr. Eberhard said safety programs
has little effect on older drivers. It seems driving habits
8. Name & Address (optional)
James Smedley
Community Concepts, Inc.
2 Court St.
Auburn, ME. 04210

Also like graduated license concept.

... are set early in life. Now we let 15 & 16 year old children on the road after 30 hours of classroom and 6 hours of road training and hope they make adult decisions. If people educated early in life to public transportation more likely to use it throughout life.

Task Force to Study the Safe Mobility of Maine's Aging Population
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent X good___ fair___ poor___
2. I thought the guest speakers were
   excellent___ good X fair___ poor___
3. The thought the breakout sessions were
   excellent___ good___ fair___ poor X

4. I would improve the conference by Posing the questions, issues for discussion prior to the meeting so that everybody would be thinking before they brainstormed
5. Something I thought about at the conference but didn't have an opportunity to say is Most everything that people discussed to assist the elderly would also benefit every man woman and child who needs transportation. What we need is better funding for these improvements.
6. My worst fear about the Task Force is that they will cause more regulations and enforcement problems
7. My highest hope for the Task Force is that alternatives will be developed for elderly drivers that will be able to be implemented.
8. Name & Address (optional)

Great conference, a real eye opener

Task Force to Study the Safe Mobility of Maine's Aging Population
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent___ good ✓ fair____ poor____
2. I thought the guest speakers were
   excellent___ good ✓ fair____ poor____
3. The thought the breakout sessions were
   excellent___ good ✓ fair____ poor____

4. I would improve the conference by a conference of longer duration so that attendants might have more input.

5. Something I thought about at the conference but didn't have an opportunity to say is To improve the 'quality' of 'certified' driving instructor!

6. My worst fear about the Task Force is That it avoid stigmatizing the older drivers but instead expect troublesome drivers of 'all ages' to meet the required standard especially by repeating their driver exams including proper attitudes and reasonings.

7. My highest hope for the Task Force is that will succeed. That it reminds that 'speed limits' are meanth to control all drivers including the younger careless driver that tailgates the responsible drivers of all ages and probably more so whenever there's a bald he... ahead.

8. Name & Address (optional)

Task Force to Study the Safe Mobility of Maine's Aging Population
(P.L. 1993 Chapter 297)

Transportation as a Lifelong Need:
A Statewide Conference and Public Forum

Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good ____ fair ____ poor ____
2. I thought the guest speakers were
   excellent ✓ good ✓ fair ____ poor ____
3. The thought the breakout sessions were
   excellent ____ good ✓ fair ____ poor ____

4. I would improve the conference
by having it in a more accessible place - closer parking & no stairs.

5. Something I thought about at the conference but didn't have an opportunity to say is

6. My worst fear about the Task Force is
It will do all that work and nothing will come of it.

7. My highest hope for the Task Force is
A fair system that will protect elders from unnecessarily losing their licenses but will work when needed — Education, changing attitudes from young on up.

8. Name & Address (optional)

Task Force to Study the Safe Mobility of Maine's Aging Population
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Transportation as a Lifelong Need:
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Conference Evaluation Form

1. I thought the information presented at the conference was
   excellent ✓ good ____ fair ____ poor ____
2. I thought the guest speakers were
   excellent ____ good ____ fair ✓ poor ____
3. The thought the breakout sessions were
   excellent ____ good ✓ fair ____ poor ____ - very rushed

4. I would improve the conference
by using less overheads. Visual aids are great, but the overheads were overdone. There was too much information on them and they were not referred to very much.

5. Something I thought about at the conference but didn't have an opportunity to say is
Why don't more services go to elderly people in their own homes? Could doctors do house visits? Deliver groceries to homes.

6. My worst fear about the Task Force is
That a lot of time and money will be spent on studying the issues and coming up with some really great ideas, but nothing will change or happen. How will the information gathered be disseminated?

7. My highest hope for the Task Force is
that the elderly people in Maine will be alleviated of many of the transportation problems that now exist. Also, that there will be a better transportation system for the elderly by the time the baby boomers need it.

8. Name & Address (optional)
Lori Hathaway
4 Wild Rose Dr
Brewer, ME
04412-1443