

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:37 P.M. on March 7, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Brenda Landwehr- excused

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department

Mary Galligan, Kansas Legislative Research Department

Renae Jefferies, Revisor of Statutes' Office

Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Deb Miller, Secretary, Kansas Department of Transportation

Howard Rodenberg, Director of Health, Kansas Department of Health and Environment

Others attending:

See attached list.

The minutes for March 2 were approved.

The Chairman welcomed Deb Miller, Secretary, Kansas Department of Transportation (KDOT), and Howard Rodenberg, Director of Health, Kansas Department of Health and Environment (KDHE), both of whom provided a briefing on the Kansas highway death and injury rate. (Attachment 1) Secretary Miller informed the committee of a three-agency alliance (KDOT, KDHE, and the Kansas Highway Patrol) to raise awareness for and begin discussion on reducing highway injuries and fatalities. She introduced Mike Bowen, Federal Highway Administration, saying KDOT is working with the federal agency to develop strategies that will reduce accidents, injuries, and fatalities. Ms. Miller cited statistics to illustrate that, though the highway death rate is diminishing slightly, is still considered serious:

- 456 individuals were killed on Kansas highways in 2004;
- some 2000 suffered disabling injuries;
- nearly 23,000 more suffered less severe injuries.

She said that, on average, a Kansan dies every day in a motor-vehicle crash, and every 21 minutes someone is injured. Noting that over 90% of these accidents were caused by driver error, she identified some causes: inattention, distraction, speeding, under the influence of alcohol or drugs, and not wearing a seat belt. Regarding seat belt use, she said 81% of Kansas children under 4 were belted, but, in the 5-14 age group, only half were properly belted, noting that Kansas ranks 43rd in seatbelt use in the U.S (68% in Kansas, 80% nationally). She concluded that Kansas should be a part of the national initiative to make reduction of highway fatalities a top priority.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:37 P.M. on March 7, 2005, in Room 526-S of the Capitol.

Howard Rodenberg continued by commenting that motor vehicle deaths are at epidemic levels, affecting more lives than any other health problem. He stated that the health costs of vehicle crashes are staggering, affecting the lives of 2500 Kansans each year, costing each Kansas citizen an average of \$1015; added to that is the emotional toll and productivity drain associated with vehicle accidents. He observed that accidents involving those not wearing seat belts resulted in 50% more injuries. He concluded by saying that solutions to the problem involve complex responses.

Members queried the conferees, which prompted the following responses:

Ms. Miller said 37% of accidents occur in rural areas (defined as outside a city's limits), but 75% of fatalities occur in rural areas, 99% of which are related to driver behaviors. She also explained that accidents in rural areas increase the emergency response time, delay which increases the likelihood of complications or death. She stated that the alliance works with many organizations to encourage safer driving, noting that the national seat-belt campaign ("Click It or Ticket") has been successful.

She replied that KDOT is examining the engineering aspects of safe roads, such as experimenting with larger glass beads as reflective material to increase visibility during rainstorms, but the key to lowering fatalities is driver education; she noted, for example, that higher fines produce higher compliance rates for seat-belt usage.

A member suggested that auto insurance companies might establish premium risk levels for such things as seat-belt compliance similar to life insurance policies that distinguish between smokers and non-smokers. Members commented on distractions, such as cell phones, and on other causes of accidents, such as sleep apnea and narcolepsy. A member noted that Kansas law requires someone with epilepsy to forego driving for six months following a seizure. Ms. Miller said the Federal Accident Reporting System is used to make sure statistic reporting is consistent. She promised to provide further information to members.

Staff provided a briefing for:

SB 115, which amends the statute that establishes requirements for investigation by the Kansas Department of Social and Rehabilitation Services (SRS) of reports of exploitation, abuse, or neglect of adults. If a criminal investigation is ongoing, the bill provides an additional 60 days for SRS to make a report, and the agency may include findings from the criminal investigation. Present law, which requires an investigation be completed and a report filed within 30 days, applies if there is no criminal investigation.

SB 116, which amends current law to allow injunctive authority to SRS to restrain or prevent the operation of certain facilities operating without a license. The bill is a response to an unlicensed facility in Newton taking advantage of mentally retarded individuals. Staff noted that, as the bill passed through the Senate, there were no opponents, that the Senate removed some committee amendments, and that the bill passed the Senate 39-0.

The meeting was adjourned at 2:53 p.m. The next meeting is scheduled for Tuesday, March 8, 2005.

“STOP THE EPIDEMIC”

Motor vehicle death and injury are at epidemic levels.

Presented by
Deb Miller, Secretary, Kansas Department of Transportation
Roderick Bremby, Secretary, Kansas Department of Health and Environment

Deb Miller, Secretary, Kansas Department of Transportation

Four-hundred and fifty-six¹ men, women, and children were killed in motor vehicle crashes on Kansas roadways in 2004. In addition to those who died, some two thousand others suffered disabling injuries, and nearly twenty-three thousand more suffered non-incapacitating injuries.

Four-hundred and fifty-six people. That’s more than the populations of the towns of Abbyville, Admire, Agenda, Agra, Albert, Alden, Alexander, Allen, Alta Vista, Alton, Arcadia, Assaira, Athol, Atlanta, Aurora, and Axtell. And that’s only the As.

In Kansas, on average, more than one person is killed every day in motor vehicle-related crashes and every 21 minutes, someone is injured.²

And all in spite of very aggressive KDOT maintenance and construction programs designed to make Kansas roads among the safest in the nation.

But the best roads in the world can’t protect people from what caused 99 percent of those injuries and deaths. And what caused them was *driver error*.³

Our research reveals the many kinds of driver error that contribute to vehicle crashes and their resulting injuries. Things like ...

- Distraction and inattention
- Failing to yield
- Speeding
- Following too closely
- Using alcohol and drugs
- Not wearing a seat belt

The best roads in the world can’t protect inattentive or impaired drivers. To make matters worse, the odds of these travelers surviving a crash diminish even more if they aren’t wearing a seat belt. And we know that a third of them are not wearing a seat belt.

In fact, when we look at over-all use of seat belts, a survey of child seat-belt and car-seat use in Kansas last year found that while 81 percent of children younger than four

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were belted into car seats, only *half* of their siblings ages 5 to 14 were belted in properly.⁴

Statistics also show that 32 percent of all drivers and passengers aged 14 or older do not wear seat belts.⁵ And on rural county roads, especially in western Kansas, nearly 50 percent of drivers don't wear seat belts.⁶

All of these situations are cause for concern. All of us presenting today are concerned for other reasons, too. Based on the most recently available statistics for Kansas...

- Vehicle crashes are the number one killer of Kansas children.⁷
- In rural parts of Kansas, drivers account for 37 percent of all crashes, but 75 percent of all crash fatalities statewide.⁸
- Seventy-six percent of all people killed in vehicle crashes in Kansas were not wearing a seatbelt.⁹
- Kansas ranks 43rd in seatbelt use in the U.S.¹⁰
(68% vs National 80%)

These are some of the statistics. But statistics tell only part of the story. We can't begin to quantify the feelings of the victims' families, friends, and loved ones.

It is for all of these reasons that lowering the national fatality rate is a top priority of the United States Department of Transportation. As a state, I believe we also need to make the reduction of highway fatalities a top priority. That is why I along with Secretary Bremby and Col. Seck of the Kansas Highway Patrol, have joined together to raise awareness of this issue and ultimately, to craft an action agenda to lower the fatality rate on our state roadways.

Roderick Bremby, Secretary, Kansas Department of Health and Environment

We've titled our presentation here today Stop the Epidemic. Motor Vehicle deaths and injuries are at epidemic levels. We don't have a solution today and we are not here to point fingers at any person or groups of persons or to ask you for any legislation. We are here to ask for your attention and awareness.

Nationally, roadway safety is a serious public health issue. In 2003 there were 42,643 fatalities and almost 3 million injuries on our nation's roadways. Every 16 seconds of every hour of every day there is a traffic fatality or injury.

We're here to let you know that three major agencies *do* consider these deaths and injuries one of our state's most serious public health problems.

Because roadway fatalities happen one at a time, often times we don't realize the impact of the total number of lives lost. But the problem is every bit as serious as any threat of disease that would affect 25,000 people in Kansas every year.

In 2004, West Nile virus claimed a combined 540 lives in the *United States* – 456 people perished in automobile crashes in *Kansas*.¹¹

We have recounted the human and emotional toll that motor vehicle crashes take. And while we cannot place a monetary value on a human life, we must acknowledge that they also take an economic toll.

On a state level, fatal and injury crashes cost every person in Kansas more than \$1,015 every year. Last year, it totaled more than \$3 billion dollars.¹²

Indeed, the share borne by taxpayers is staggering: national averages indicate that the public pays 13 percent of the cost of crash injuries treated in an emergency department; 26 percent of the cost of injuries requiring hospitalization; and 48 percent of the cost of injuries treated in a rehabilitation hospital.¹³

According to the National Insurance Institute for Highway Safety, even the economic impact associated with not wearing a safety belt is staggering. They report that, on average, hospital costs for an unbuckled crash victim are 50 percent higher than those for a belted victim. Society bears about 85 percent of these costs, not the individual involved.¹⁴ Those costs accrue via increased automobile insurance premiums; increased health and disability premiums; lost future earnings; legal and investigation costs; long-term and home care; home and vehicle modifications; aids and appliances; medical, ambulance, hospital and rehabilitation; property damage; family services and more. We also have to consider employer productivity losses – costs that ripple through the economy as employers hire and train replacement workers.

High as these costs may be, they fail to account for the pain and suffering caused by life-altering injuries and death.

Rest assured. Those of us who are concerned for the health and safety of our citizens are not idly standing by while the death and disability statistics mount. There are efforts by the Highway Patrol to more strictly enforce existing traffic laws. KDOT is funding programs such as the new *Click It or Ticket* program and state-wide sobriety check points. KDHE leads Kansas SAFE Kids, Inc., a coalition of more than 60 statewide and regional organizations and businesses, dedicated to preventing unintentional injuries to Kansas children ages 0 to 14.

Still, there is much more that needs to be done.

We are all in a position to do something about this problem. And the time to be proactive has never been better, because the challenges facing us in the future are even more daunting:

- Certain groups, particularly older and younger drivers, are already over-represented in vehicle crashes, and those groups are expected to grow significantly.¹⁵
- Aggressive driving and speeding are becoming more common with increased travel and congestion.
- With yearly increases in travel and no improvement over our current safety performance, fatalities and injuries could increase by 50 percent by 2020.¹⁶

So, the *goal* is a simple one: to save lives; prevent injuries; reduce crashes. The *solution* is more complex.

KDHE, KDOT, and the Kansas Highway Patrol will be using our collective resources to bring attention to Kansas' roadway fatalities and injuries. We are holding community forums across Kansas in March and are stepping up our media efforts to raise awareness. We hope you will join us in this effort.

¹ From KDOT Bureau of Traffic Safety. 456 is the count to date. Official number for 2004 to be released in June 05

² From KDOT Bureau of Traffic Safety. Actual number of fatalities, per Chief of KDOT Bureau of Traffic Safety Pete Bodyk, is 1.2 persons per day.

³ KDOT Bureau of Traffic Safety. www.ksdot.org/burTrafficSaf/teen/stats.asp

⁴ KDOT Kansas Safety Belt Education Office. The Pulse. Winter 2005. Reporting results from on-going Child Safety Seat Survey, 2002 -03 survey year and 2003-04 survey year.

⁵ KDOT. State of Kansas Highway Safety Plan, FFY 2005.

⁶ Annual Kansas Safety Belt Observational Survey.

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⁷ KDHE. Table 56. Deaths from 39 Selected Causes by Age-Group and Sex of Decedent, Kansas, 2003.
For children aged 1 – 21.

⁸ KDOT Bureau of Traffic Safety.

⁹ KDOT Bureau of Traffic Safety.

¹⁰ KDOT Bureau of Traffic Safety.

¹¹ U.S. Center for Disease Control.

¹² KDOT Bureau of Traffic Safety.

¹³ National Highway Traffic Safety Administration. *NHTSA 2020 Report*.

<http://www.nhtsa.dot.gov/nhtsa/whatis/planning/2020Report/2020report.html>. Future Trends.

¹⁴ National Insurance Institute for Highway Safety.

¹⁵ National Center for Injury Control and Prevention. <http://www.cdc.gov/ncipc/cmprfact.htm> and
NHTSA 2020 Report.

¹⁶ National Highway Traffic Safety Administration. *NHTSA 2020 Report*.

Stop the Epidemic

Motor vehicle death and injury are at epidemic levels and we need cures.

FACT SHEET

Consider this: Mad Cow Disease has killed about 300 people *worldwide* since 1990. Another much-publicized condition, West Nile Virus, claimed a combined 540 lives in the U.S. in 2002 and 2003.

Now consider this: Last year in Kansas alone, 456 people perished in vehicle crashes. An additional 2,000 suffered disabling injuries and some 23,000 suffered other injuries.

The Kansas Highway Patrol and the Departments of Transportation and Health and Environment are teaming up to raise awareness of this epidemic. Toward that end, we offer the following information:

- In 2004 in Kansas, on average, more than one person was killed each day, and one person was injured every 21 minutes in vehicle crashes.
- The overwhelming majority of traffic crashes are a result of driver error and are, thus, preventable.
- Traffic crashes are the number one killer of children in Kansas.
- Only half of Kansas children age 5-14 wear seat belts.
- 76 percent of all people killed in vehicle crashes in Kansas were not wearing seatbelts.
- Alcohol is a factor in 44 percent of all fatal crashes in Kansas.
- More than 21,000 people are arrested in Kansas every year for DUIs.
- Kansas ranks 43rd among the states in seatbelt use.
- Fatal and injury crashes cost every person in Kansas more than \$1,015 a year. Last year, the total cost exceeded \$3 billion.
- Kansas teens account for 7% of all registered drivers but 21% of all crashes.
- Drivers in rural areas, who are the least likely to wear seat belts, account for 37% of Kansas crashes, but 75% of crash fatalities.

Sources: Mad Cow and West Nile disease data provided by *U.S. Center for Disease Control*. All other statistics per KDOT Bureau of Traffic Safety.

The Kansas Department of Transportation, the Kansas Department of Health and Environment, and the Kansas Highway Patrol have come together to raise awareness about the problem of fatalities and injuries on Kansas roadways.

- To help raise awareness, four community forums will be held across the state. These forums will be a time for groups and individuals to come and speak about the impact of fatalities and injuries on our roadways. Representatives from KDOT, KDHE, and KHP will be there to listen and learn. The forums will be held:

Colby, KS

Tuesday, March 15, 2005
4:30 – 6:30 PM

City Limits Convention Center/
Comfort Inn
Chardon Room
2225 South Range Ave.

Wichita, KS

Thursday, March 24, 2005
4:30 – 6:30 PM

Sedgwick County Extension Office
Bison Room
21st & Maize Road

Pittsburg, KS

Tuesday, March 22, 2005
4:30 – 6:30 PM

Memorial Auditorium & Convention Ctr.
503 North Pine

Lawrence, KS

Wednesday, March 30, 2005
4:30 – 6:30 PM

Lawrence Visitor Information Center
Union Pacific Depot - Community Room
402 N. 2nd St.

(Additional parking available to the
south)

Any groups or individuals that are interested in participating in a community forum are invited to contact Maggie Thompson with the Kansas Department of Transportation at 785-296-5613 or maggiet@ksdot.org.