

Senate Business and Transportation Committee  
Rich Hanson, member, At-Risk Driver Work Group  
RE: HB 2195

Chair Beyer, Vice-Chair Starr, and members of the Committee:

My name is Rich Hanson. I am a Driver and Traffic Safety Education Consultant and Trainer with DTS Consulting, and I was a member of the At-Risk Driver Work Group over the legislative interim. The group, assembled under the mandate of HB 3185 (2011), was composed of nine professionals with expertise in various areas impacting the At-Risk Driver program, which is required under state law and is administered by the DMV. The members included Dr. Sumathi Devarajan, professor of Geriatrics at OHSU, Dr. Katherine Wild, professor of neurology and psychiatry at OHSU, Mr. Jim Ilg, our Chairman, who is an Occupational Therapist at Salem Hospital. Other expertise included AARP's Driver Safety Program coordinator for Oregon, law enforcement perspective from Oregon State Police, and research and program expertise from ODOT.

The work group reviewed reams of research, met together four times, and engaged in thoughtful and challenging discussions about the state of the program and how it could be improved. All of this was on the fundamental premise of protecting everyone on our highways while balancing the preservation of people's independence. The work group constantly drove its discussions and decisions using research and evidence, rather than "conventional wisdom" or gut feelings.

The work group's efforts were summarized in a report provided to the Legislature, and which can be found at the following link: <http://library.state.or.us/blogs/ReportsToLegislature/wordpress/?p=480> One of the main tasks of the work group was to analyze evidence-based driving assessment tools and whether any of them would identify people who should no longer be driving. We determined that there is no practical tool currently available that reliably measures driving skill and can predict crash risk.

The other findings of the Work Group included these:

1. The At-Risk Driver program is working well as currently designed, but could be improved by making it easier for people to voluntarily decide to "retire" from driving.
2. Provide further education to medical professionals about the program and how they can assist patients to "retire" from driving.
3. Do not implement age-based license renewal or testing requirements.
4. Clarify one of the standards for mandatory reporting (from "uncontrollable" impairments to "persistent" impairments).
5. Provide immunity from liability for those health care providers who report a patient to DMV when not covered by the mandatory reporting requirements.

All but the last item can be done without legislative change. HB 2195, extending immunity to those non-mandatory reporting situations, achieves the one recommendation of the work group that does require a change to statute. I commend the bill to you as one item among many to improve an already well-operating and successful program. Oregon's program is a model across the country because the decision to take away someone's driving privileges is based on functional and cognitive deficiencies, rather than a specific diagnosis. The work group recommended small changes, including this small change to encourage more medical professionals to report people when they have legitimate concerns