

NRMA RESPONSE TO THE RTA OLDER DRIVER LICENSING DISCUSSION PAPER

NRMA Motoring & Services (NRMA) welcomes the chance to provide the RTA with input into the current debate regarding the issue of older driver licensing. The release of the RTA discussion paper on Older Driver Licensing has provided an opportunity for stakeholders and the community to state their views on the issue and to suggest strategies to address the issues raised.

NRMA appreciates that the issue of balancing the road safety of all road users and the mobility of individuals is complex.

NRMA's key principle is that age should not be the sole deciding factor when determining when an older person should stop driving or have restrictions imposed on their licence. Rather, the right to a drivers licence should be determined by ability not by age.

Further we believe that the RTA's paper does not necessarily reflect the research as it relates to older drivers nor does it take into active consideration the impact that the proposed measures would have on older drivers.

Of most concern to NRMA are proposals which could force older drivers to choose between a restricted license or a driving test.

Restricting older drivers to a 10 km radius of their homes could mean they cannot access critical services like hospitals, community centres, visiting families, shopping and banks.

NRMA's response outlines how drivers aged 75 and over are among the most safety-aware groups on our roads, that they carefully monitor their own driving capacity and limit their driving to areas where they are comfortable.

NRMA also believes that there is a need for the RTA to provide drivers approaching 75 with more information on what they can do to improve their driving skills and more direction on the changes to their health and physical condition which might affect their driving ability. Such an approach has proven to make a difference in countries where it has been introduced.

A better use of the State's resources would be to provide more information to the family and friends of older drivers so that they are better equipped to identify and address changes to the health and physical condition of loved ones which might affect their ability to drive.

NRMA also advocates the RTA scrapping its current policy of forcing drivers aged 85 and over to undertake a compulsory annual in-car driving test.

NSW is one of three states in Australia that forces all drivers aged over 85 to undertake an annual driving test, yet our crash statistics are no better than those states that don't enforce the test.

Whilst the NRMA does not oppose testing outright, we believe it should be limited to those drivers who have been identified by family, friends, doctors or the Police as being a risk on the road.

Resulting from the RTA's Discussion Paper, and based on our research and consultation to date, NRMA would like to see the implementation of a range of measures to address the issues associated with older drivers. This could include measures like:

- **Greater availability of education/ information:** More readily available resources explaining the issues and options available (eg brochures, website, CD, DVD, programs)
 - for older drivers (pre testing/assessment)
 - for the family of older drivers
 - for General Practitioners/ Optometrists etc
 - for Driver Trainers
- **More appropriate testing/ assessment:** The RTA could investigate developing a training assessment scheme similar to the ADTA (Australian Driver Trainers Association) and then run trials in a number of NSW areas.
- **A review of road design/ signage:** The RTA could undertake a review of the latest research on the impact that road infrastructure has on older drivers from other jurisdictions, for example, improved fonts on signage, reflectivity of road markings, lighting, pedestrian crossings, timings of traffic signals or roundabout for potential adoption as appropriate.
- **Monitoring developments currently undertaken in vehicle design:** The RTA could keep a watching brief on the following reviews that are being taken overseas and apply as appropriate to Australia, namely;
 - the findings of the US National Highway Transportation Safety Authority investigation of in-vehicle technologies in terms of the safety impact and age-related differences
 - the American Automobile Association's (AAA) negotiations with vehicle manufacturers regarding safety features to ensure Australian vehicles meet relevant international standards
 - the European safety programs such as 'eSafety' regarding opportunities for NSW.
- **Identify better options for transport/ mobility:** Attention should be paid to identifying and addressing the issues for older people using existing public transport, with particular attention to community transport schemes for urban & regional areas and volunteer driver schemes.

There is no doubt that this is a very sensitive issue in the community. Since the RTA released its discussion paper on licensing for older drivers in July, the NRMA has been inundated with feedback from senior members and their families concerned about the implications of proposed changes to the current licensing system.



To date we have received over 200 letters and just as many phone calls supportive of our stance. A recent Gold Member Road show held in Orange attracted more than 500 members to discuss this important issue.

Based on our response, and our consultation with our Members and the community, NRMA is happy to provide further comment on our position as it relates to older drivers contained herein.

1. Introduction

NRMA Motoring & Services (NRMA) was formed in 1920 out of a sense of frustration that not enough was being done to improve the quality of roads in NSW. Our sole purpose was to be a voice for the growing number of people owning a motor vehicle.

Eighty-six years later NRMA has grown to become the nation's largest motoring group, with more than two million members in NSW and the Australian Capital Territory (ACT). NRMA currently has around 416,370 members aged 65+ of which around 188,320 are aged 75+.

NRMA's past and present includes involvement in roads, road safety, vehicle safety and a fair deal for motorists. NRMA conducts a wide range of research, individually and in partnership with other organisations (including the RTA), developing, producing and distributing resources, provision of services and advocating on behalf of its Members with the aim of achieving safer drivers in safer vehicles on safer roads.

1.1 Driver safety

NRMA has a strong record when it comes to driver safety and is involved in many aspects of driver safety. This involvement includes issues relevant to Learner drivers, Supervising drivers, P platers, fully licensed drivers, driver training and all the associated driver safety issues such as distraction, alcohol, fatigue speeding and restraints.

We also have a long history of ensuring research findings can be used to develop education and information. NRMA produces resources on key driver safety issues: a series of factsheets – Alcohol & Driving, Driver Fatigue, Driving in the Country, Driving in the City, Speeding, Slide Rules, Young Drivers, Sleep Disorders, Post Licence Training and Older Road Users.

When it comes to young drivers NRMA has developed 2 specific resources for youth - *Getting There* (A booklet for Learner Drivers and their Supervising Driver) and *SHIFT 2nd Gear* (an interactive CD)

In 2005 NRMA launched 2 state-of-the-art driving simulators which are designed to give young drivers real-life driving experience in a safe environment prior to their on-road driver training. NRMA also launched at this time *NRMA Safer Driving Schools* which are expanding across NSW and the ACT. The principle for these driving schools are that they focus not on just passing the driving test to gain a licence but that they help prepare a young person to be a safe driver for life.

NRMA's fundamental principle is that our road safety policy, products or services are always based on research.

1.2 Older drivers

NRMA is committed to having a high standard for all drivers including older drivers on our roads.

To assist older drivers stay safe on the road NRMA provides some of the following information:

- *The Years Ahead* - an educational program aimed at improving awareness among older drivers of safe driving practices. This program encourages them to monitor their own driving ability and, if necessary, seek professional advice. The Years Ahead program is free and delivered by trained NRMA presenters from within their peer age group. The one hour presentation is available free to organized groups of older people. Since this program began in 1999 there have been more than 35,000 senior participants.
- Information and resources on motorised wheelchairs (sometimes referred to as scooters). The 'Scooter Safe' package helps educate users on how to stay mobile while maximising their safety. NRMA research has highlighted the ambiguity which exists within different sections of the community as to the rights and responsibilities of the users of these mobility devices.

1.3 Working with key stakeholders

Our involvement with the issues surrounding older drivers goes back a number of years and involves numerous stakeholders. The RTA is the key stakeholder on this issue given their legislative responsibility for licensing. For this reason we have been holding informal and formal discussions on ways to address the issue and consideration of the implications of any major changes to the system.

NRMA's Board considers the issue of older drivers of such importance that it determined a policy on the issue, over a number of meetings, including discussing the complexity of finding fair, equitable and practical solutions.

Our policy, explored further in this paper contains in part a proposal to remove the mandatory testing of older drivers at the age of 85 and the introduction, in its place, of appropriate community-backed assessments.

NRMA does agree that there is a need to increase the level of road safety education being delivered to senior drivers by *The Years Ahead* program and believes that there is a greater role for the use of NRMA communication channels to deliver information to older drivers, their families and service providers.

2. The RTA Discussion Paper ‘Licensing of Older Drivers Proposals’

The RTA Discussion Paper proposes a number of changes to the current system for the licensing of older drivers. The changes proposed by the RTA are summarised in Table 1.

Table 1: Changes to licensing of older drivers proposed by the RTA

Area	Current System	Proposed Changes
Medical Testing	Compulsory annual testing from age 80.	Compulsory annual testing from age 75.
On-Road Testing	Compulsory annual testing from age 80.	No compulsory testing.
Restrictions	Restrictions placed on drivers identified as high-risk in medical/on-road testing. Includes radius and daytime only driving restrictions.	Automatic 10km radius restriction (or home to town for rural drivers) at age 85. Can be removed through completion of an on-road driving test.
Unsafe Driving Reporting	Drivers reported as unsafe reviewed and possibly made to undertake medical or on-road testing.	Improved utilization of unsafe driving reports and follow-up action.
Heavy Vehicle Licences	Annual on-road and medical testing from age 80.	Annual on-road and medical testing from age 75.

The individual changes proposed and the NRMA position on them is as follows:

1.) *Replace the current older driver licensing system with a graduated licensing system in which restrictions are progressively placed on the older driver.*

Annual medical testing will commence from age 75 rather than at age 80.

At age 85, a 10km radius restriction will be placed on the driver’s licence in lieu of the current mandatory driving test. A ‘home to town’ restriction would be available for rural drivers. Older drivers would only be required to pass a driving test if they needed to remove or modify their radius restriction.

2.) *Enhance the system for reporting unsafe driving behaviours.*

Currently people who are concerned about a driver’s skill or ability can advise the RTA of the problem by completing an Unsafe Driver Report at a motor registry. For older drivers, these reports are generally from immediate or close friends and also from the Police and medical practitioners. When a report is received by the RTA, the matter is investigated and appropriate action taken. Depending on the outcome, a medical assessment or on-road driving test may be required.

NRMA response : Whilst not disagreeing in principle with the need for annual medical testing, NRMA does not agree with proposals for a 10km radius restriction.

Medical testing

Various analyses of age-based compulsory medical and on-road testing have found no justifiable benefit in compulsory age based testing. Studies (Fildes et al) have not found increases in safety in jurisdictions that employed mandatory age-based medical or on-road testing. Many regulatory agencies and advisory bodies eschew mandatory age based testing due to insufficient benefits to justify the financial and social costs.

Certainly some form of medical testing is needed for drivers identified as possible risks due to declines in ability. However there is evidence that standard physical and visual acuity testing are not necessarily effective at judging driving safety. Essentially standard tests do not pick up the kinds of visual and cognitive deficiencies that do impair safe driving.

A number of special purpose tests have been developed and scientifically assessed for efficacy at predicting driving performance. However it is not clear that GPs would be best placed in terms of knowledge and equipment to apply these tests. Certainly increased resources specific to assessing driving ability would need to be provided to GPs to allow them to effectively fulfil this role.

Here overseas examples could be instructive. The ageing demographic in Europe is similar to that of Australia. The *European Transport Safety Council* (ETSC) in 2004, when looking at models that would aid them in reaching the European road safety targets for 2010, considered the issue of medical testing and assessment of older drivers. The following quote from the ETSC Report is clear and relevant for the NSW situation.

“Research undertaken by the OECD has discovered that mandatory medical assessment of all drivers of a certain age to detect those who are unfit to drive is neither cost-efficient nor beneficial. This is due in part to the fact that a driver’s health does not necessarily determine his/her fitness to drive. Moreover, a project where the regular medical testing regime of Finland was introduced in Sweden showed that increased frequency at old age did not reduce accidents within this section of society.

Age determined medical testing has resulted in older drivers voluntarily giving up their driving licences, rather than undergoing testing. This carries social costs as it might lead to restricting people’s access to the mobility, freedom and independence that driving a vehicle provides for the vast majority of older people. This is particularly important in rural areas where alternative and/or accessible public transport solutions are not always readily available.” (ETSC 2004)

The ETSC position seems in line with the regulatory conditions in most countries examined. Compulsory age-based testing was not widely used. Most plans involved a multi-tiered approach to the testing of older drivers. Generally self-report or the reports of others, either friends and families or professionals carrying out normal interactions with drivers were the means of initially identifying at-risk drivers.

Driving specific visual and cognitive tests are then used to screen potentially at-risk drivers with those picked up in this screening subjected to further medical or on-road testing. This detailed testing was used to assess the ultimate ability of the person to drive and to establish any limitations to be applied to licenses. This is in-line with the model developed by Austroads¹.

By way of comparison, Appendix 1 contains a summary table of the US state's system.

Driver restrictions

The implementation of a graduated system of increasing driving restrictions is not clearly supported by the available evidence. The evidence on the safety of older drivers does not appear to justify such uniform restrictions (Andrea 2001). The negative effects in terms of a negative opinion of older drivers among the general population and among older drivers themselves may outweigh any benefits such restrictions provide.

There is also a lack of evidence for the basis of the defined radius driving restriction measure. High complexity environments are generally recognized to exacerbate the effects of visual/cognitive impairment of older drivers. As such, increased route familiarity may help by decreasing overall cognitive load. However, this is not necessarily the case, and any advantages may be offset by the decreased attention given to driving in familiar environments. Additionally evidence on the low mileage bias suggests any reduction in the total amount of driving may increase the risks of any driving undertaken.

The RTA has only two (2) paragraphs in its discussion paper that deal with the effect of ceasing driving which is a concern given the potential impact of the proposals on the lives of older people, their families and service providers.

This gap in the RTA paper ignores the fact that limiting the driving of older people will have widespread social implications. These implications include:

- greater vulnerability for older people as pedestrians;
- mobility constraints due to little or no public transport; and
- impact on service provision to older people who can no longer drive, that is, how will services be delivered to isolated elderly people particularly in rural areas with reduced and slower or possibly no access to medical facilities.

This omission is a concern as the RTA themselves have noted in their paper that :

“... the greatest growth in the over-85 population outside Sydney will be in the coastal areas of Port Stephens, Shellharbour, Shoalhaven, Tweed and the Great Lakes. In Sydney, the greatest growth ...will be in Baulkham Hills, Blacktown, Liverpool, Penrith and Sutherland.” (Page 3)

¹ Austroads. (2000). Model Licence Re-Assessment Procedure for Older and Disabled Drivers. Austroads report AP-R176.

Residents in these areas are highly car dependent and there is little future viable public or community transport solutions evident.

There has been a concerted attempt to address the complex issue of older driver licensing by North American and European governments. Their research and programmes provide useful background learning for NSW. While it may seem desirable (cost effective\efficient) to transfer a best practice model from overseas it would be prudent to review the application of the models within the NSW context.

Care must be taken in changing the licensing of older drivers to ensure that the overall effect of any changes is positive. This involves consideration of the overall situation regarding the mobility of older drivers beyond just their safety as drivers. As older people are generally more susceptible to injury, they will be more susceptible to injuries while using forms of transport other than as a motor vehicle driver. Research has suggested that injuries among older pedestrians may have more of an impact on society than injuries caused by older drivers.

In addition, a decrease in the mobility of older drivers will have effects on their health. Loss of mobility may occasion general declines in health due to depression as well as specific health impacts due to lack of access to necessary services. It is particularly important that the effects of any proposed changes on mobility are assessed.

There is evidence that some healthy and competent older drivers are intimidated by an in-car test and may surrender their licence rather than put themselves in a situation they find extremely stressful. Additionally onerous restrictions on older drivers may mean they do not renew their licenses due to the difficulties involved. Any such reduction in mobility among older drivers who do not pose a risk on the road would have deleterious effects on society without providing any benefits.

The negative stories about older drivers that appear in the media have created myths about their road safety risk. This has been particularly evident recently and does have a negative affect on the confidence of older people.

The RTA proposal does not appear to adequately consider the broader situation regarding older drivers nor do they seek to address these concerns.

In fact the RTA's data demonstrates that drivers 80 years+ are not necessarily a significant problem when it comes to crashes. In its own discussion paper the RTA acknowledges that

“When factors such as distance travelled, frailty and licences per population are taken into account, older drivers may have marginally lower crash risk per kilometre than other drivers.” (Page 4)

Given that older drivers “may have marginally lower crash risk per kilometre than other drivers” NRMA questions why restrictions, such as those proposed by the RTA, are necessarily required.

3.) Proposed changes for heavy vehicle licence holders

Annual medicals and driving tests for heavy vehicle drivers currently begin at age 80. It is proposed that the current system of annual driving tests commencing at age 80 be retained, while medical and vision tests would be aligned with the new requirements for class C and R licences which is age 75.

NRMA response NRMA does not disagree in principle with the need for annual medical testing.

While much of the research on compulsory testing of the normal driving population applies to compulsory testing of heavy vehicle drivers, there are additional considerations to be made in this area.

The increased demands of heavy vehicle driving may mean that age related deficits are of more importance among older heavy vehicle drivers. The role of self-regulation in offsetting deficits is also less viable for heavy vehicle drivers, who may have less choice of driving situations.

Additionally the costs and benefits of compulsory testing among heavy vehicle drivers differ from that for normal drivers so must be assessed separately. There is a higher-cost of heavy vehicle accidents due to their increased severity. Finally the effect of restrictions to heavy vehicle drivers is most likely to impact on their employment, where as restrictions on general driving impact on general mobility.

Still, it is not clear that the costs of these changes are justified by the benefits they will provide.

3. Issues surrounding older drivers

NRMA's response to key components of the RTA's Discussion Paper should be viewed in the overall context of the status of older drivers in the community, their growing prevalence and some of the core issues surrounding the issue.

3.1 The ageing population

There are three outstanding differences between the current older population (65 years plus) and that of the future that any changes to licensing need to be considerate of:

- (i) There will be more of them as a total number and as a percentage of the total population. In Australia, as with North America, Japan and most of Europe there will be 1 in 4 people aged 65 years or over by the year 2030;
- (ii) They will be, on average, better educated, healthier and more active; and
- (iii) They will be more likely to drive to meet their mobility needs.

The future older population are different to the current or previous older groups as they have had access to cars for most of their lives and most adults possess a drivers licence, including women.

This is a group who for all of their lives have depended on the car for most of their mobility needs.

3.2 Research on older drivers

Potential effect of visual and cognitive impairments on older drivers

There is some evidence that visual and cognitive impairments that afflict older drivers can have a negative impact on their driving ability. Specific visual impairments such as glaucoma and cataracts and specific cognitive impairments such as dementia and Alzheimer's can have a deleterious effect on driving ability. These conditions can be prevalent among the elderly.

In addition, general age related declines in visual and cognitive processing have been found on occasion to impact negatively on driving ability. In terms of visual processing, usable field of view and contrast sensitivity have been found to be important for driving and decrease with age. Cognitively, visual-spatial attentional declines and degraded arrival time judgments have been found to negatively influence driving ability.

Such deficits are particularly relevant in high-complexity road environments such as at intersections, when there are large amounts of other traffic or when complex road manoeuvres are needed.

Safety of older drivers

While there is some evidence that specific impairments affecting older drivers and general age related decline do have an impact on driving ability, it is not clear that these deficits have a major impact on the safety of older drivers.

According to statistics provided in the RTA discussion paper those over 65 have a higher involvement in fatal motor vehicle crashes than any other age group with the risk increasing markedly with age. However such figures are skewed by the increased susceptibility of older drivers to injury due to their increased frailty. Older drivers involved in a crash, whether or not they were the cause, are more likely to be seriously injured than younger drivers. One study which controlled for the frailty of older drivers found that they had a 16% higher risk of being killed in a crash than adult drivers, 25-64, while young drivers, 24 or less, had a 188% increase in risk over adult drivers².

Additionally those who drive low distances are over-represented in crashes. When distance travelled is controlled, older drivers are safer than all other age groups except among low-distance older drivers where there is a very high crash rate³.

² Loughan DS, Seabury SA & Zakaras L. (2007). Regulating Older Drivers – Are New Policies Needed? RAND Institute for Civil Justice Report.

³ Langford J, Koppel S, Charlton JL, Fildes B & Newstead S. (2006). A Re-Assessment of Older Drivers As A Road Safety Risk. IATSS Research, 30(1), 27-37; Langford J, Methorst R & Hakaimés-Blomqvist L. (2006). Older Drivers Do Not Have A High Crash Risk – A Replication of Low Mileage Bias. Accid Anal Prev., 38, 574-578.

Older drivers may be more likely to cause crashes than younger drivers. One study found older drivers to be 1.5 times more likely to be responsible for a crash than other age groups⁴. Though the authors suggested this had a negligible effect on the overall road toll.

There is a general recognition that many older drivers self-regulate by restricting the amount of driving and avoiding high-risk driving situations. The role of self-regulation among those with specific impairments is more questionable. While some studies found correlations between driving impairments and self-regulation others questioned the adequacy of self-regulation in off-setting specific visual or cognitive impairments. There is specific evidence that education of drivers with specific visual or cognitive impairments leads to increased self-regulation. Though whether the increased self-regulation entirely offsets impairment related deficits is still an open issue.

The general consensus, endorsed by the RTA discussion paper, is that older drivers are either safer than or very slightly less safe than other age groups. While perhaps older drivers are less able than younger drivers, this does not seem to have a marked effect on overall safety. Self-regulation is probably a major contributor here.

“As a public health problem, lack of transport safety affects older road users most when using less protected modes. Older people are not so much risky as at risk in traffic, mainly because of their increasing physical vulnerability...It is important to note that for older road users, driving their own car is one of the safest ways to travel and it is far more risky for them to participate in traffic as unprotected road users.”

Liisa Hakamies-Blomqvist, Fifth European Transport Safety Lecture
“Ageing Europe: Challenges and Opportunities for Transport Safety”.

⁴ Austroads. (2005). Assessing Responsibility for Older Drivers' Crashes. Austroads report AP-R265/05.

4 Planning for all aspects of mobility for older drivers

The RTA could also utilise the wealth of knowledge developed in other jurisdictions and working with key stakeholders including the NRMA to consider its applicability to the NSW situation. In 2001 an OECD Report *'Ageing And Transport: Mobility Needs and Safety Issues'* identified the issues of older persons mobility and transport for the near future.

The 8 major policy priorities identified in OECD Report were:

- Support and funding to enable lifelong mobility.
- Support for older people to continue driving safely.
- Provision of suitable transport options to the private car.
- Safer vehicles for older people.
- Development of safer roads and infrastructure.
- Appropriate land-use practices.
- Involvement of older people in policy development.
- Educational campaigns to promote maximum mobility and safety for older people.
(OECD 2001)

These 8 policy priorities are equally appropriate in the context of NSW and could form a rigorous a base for a NSW strategy in this area.

5 Practical programmes for older drivers

NRMA also believes that there is a need for the RTA to investigate the below suggestions for delivering and facilitating practical programmes for older drivers.

5.1 Application of new technologies

Vehicle manufacturers working with universities are conducting extensive research on the design integration of intelligent transportation systems and their promise to promote lifelong safe driving.

5.2 Education programmes

Education programs have been found to have positive benefits on older drivers. In particular educational campaigns have been found to increase self-regulation among older drivers, particularly those with specific visual or cognitive impairments. The effect of education on driving ability is less clear, with some evidence that there is no effect on driving safety. Further research is needed in this area though it does seem to be a promising avenue to pursue.

5.3 Other initiatives

The following is a summary of information available from overseas. There is a wealth of resources to consider and the RTA does not appear to have considered such options..

- Partnerships with universities (in the USA) have applied approaches from gerontology, psychology and social work to better understand how older drivers choose to limit their driving, including the role of experience, technology, and the availability of options. This work is being used to create practical tools for older adults and their families - such as *The Guide to Alzheimer's Disease, Dementia and Driving*.
- The (US) AAA Foundation has a range of resources including a Senior Drivers website which has information on driver safety, driver fitness, a Self Rating Form of Questions, Facts And Suggestions For Safe Driving (for the 55 years plus), a Test Yourself On Traffic Acumen quiz.
- The USA's NHTSA (National Highway Traffic Safety Administration) mission with respect to older road users is to keep them safely mobile through programs directed toward reducing traffic-related injuries and fatalities among older people. NHTSA conduct research and outreach activities and programs to help ageing individuals recognize their changing abilities and adapt their transportation practices appropriately. Whether driving, walking or cycling, if unsafe choices are made, family, friends, physicians, other health-care providers, and licensing officials can be pivotal in providing older persons with options for maintaining safe mobility. These individuals can also identify drivers with functional limitations that impair driving performance and direct older drivers to safer transportation alternatives. The resources include a *Drive Well Toolkit: Promoting Older Driver Safety and Mobility in Your Community*. *Polypharmacy and Older Drivers: Identifying Strategies to Study Drug Usage and Driving Functioning Among Older Drivers*, and a large range of publications - *How to Understand and Influence Older Drivers* ; *Driving and Alzheimer's* ; *Driving When You Have Diabetes* ; *Driving When You Have Arthritis* ; *Driving When You Have Glaucoma* ; *Driving When You Have Cataracts* ; *Driving When You Have Macular Degeneration* ; *Driving When You Have Parkinsons* ; *Driving When You Have Had a Stroke* and also for professionals on *Assessing and Counseling Older Drivers*, and a *Physician's Guide to Assessing and Counseling Older Driver.*

Appendix 1

US Driver licensing procedures for older drivers (As at August 2007)

Initial licensing procedures vary substantially in the United States. Renewal procedures, however, are not as varied. Applicants' driving records are checked to ensure there are no suspensions or revocations and, if not, upon payment of renewal fees new licenses are issued. Most states require renewal applicants to appear in person and to pass a vision test. The significant differences are the length of time between renewals, ranging from 2 to 8 years, and the existence of provisions in 25 states and the District of Columbia designed to guarantee that older adults continue to meet license requirements.

Renewal procedures for older drivers include accelerated renewal cycles that provide for shorter renewal intervals for drivers older than a specified age, typically 65 or 70; a requirement that they renew their licenses in person rather than electronically or by mail where remote renewal is permitted; and testing that is not routinely required of younger drivers (vision and road tests, for example). These special renewal procedures for older drivers apply in addition to the license renewal procedures that exist in all states for dealing with licensed drivers of any age who no longer meet the standards for licensure because of physical or mental infirmities.

If a person's continued fitness to drive is in doubt, because of the person's appearance or demeanor at renewal or because of a history of crashes or violations, reports by physicians, police, and others, state licensing agencies may require renewal applicants to undergo physical or mental examinations or retake the standard licensing tests (vision, written, and road). States typically have medical review boards composed of health care professionals who advise on licensing standards and on individual cases in which a person's ability to drive safely is in doubt.

After reviewing a person's fitness to drive, the licensing agency may allow the person to retain the license, refuse to renew the license, or suspend, revoke, or restrict the license. Typical restrictions prohibit night time driving, require the vehicle to have additional mirrors, or restrict driving to specified places or a limited radius from the driver's home. Where the renewal cycle is not shorter for older drivers, licensing agencies have the authority to shorten the renewal cycle for individual license holders if their condition warrants.

The following chart indicates for the 50 US states and the District of Columbia the periods for which licenses can be renewed, any accelerated renewal periods for older drivers, and other miscellaneous provisions applicable to older drivers.

State	Length of renewal cycle	Special provisions for older drivers	
		Accelerated renewal	Other provisions
Alabama	4 yr.	None	None
Alaska	5 yr.	None	Mail renewal not available to people 69 and older and to people whose prior renewal was by mail.
Arizona ¹	Until age 65 ¹	5 yr. for people 65 and older	People 70 and older may not renew by mail.
Arkansas	4 yr.	None	None
California	5 yr.	None	At age 70, mail renewal is prohibited. No more than two sequential mail renewals are permitted, regardless of age.
Colorado	10 yr.	5 yr. for people 61 and older	Mail or electronic renewal not available to people 61 and older and to people whose prior renewal was electronic or by mail.
Connecticut	4 yr. or 6 yr.	None that are safety related ²	None that are safety related ²
Delaware	5 yr.	None	None
District of Columbia	5 yr.	None	At age 70, or nearest renewal date thereafter, a vision test is required and a reaction test may be required. Applicant must provide a statement from a practicing physician certifying the applicant to be physically and mentally competent to drive. ⁴
Florida	6 yr. with clean record; 4 yr. otherwise	None	Renewal applicants 80 and older must pass a vision test administered at any driver's license office or if applying for an extension by mail must pass a vision test administered by a licensed physician or optometrist. ³
Georgia	5 or 10 yrs., at the option of the driver; Veterans' licenses are valid until age 65	5 yr. for people 60 and older	Vision test for people 64 and older
Hawaii	6 yr.	2 yr. for people 72 and older	None
Idaho	4 yr.	Drivers ages 21-62 have the choice of a 4- or 8-yr. license; drivers 63 and older will receive a 4-yr. license	None
Illinois	4 yr.	2 yr. for drivers ages 81-86; 1 yr. for drivers 87 and older	Renewal applicants 75 and older must take a road test.

State	Length of renewal cycle	Accelerated renewal	Special provisions for older drivers Other provisions
Indiana	4 yr.	3 yr. for drivers 75 and older	None
Iowa	5 yr.	2 yr. for drivers 70 and older	None
Kansas	6 yr.	4 yr. for drivers 65 and older	None
Kentucky	4 yr.	None	None
Louisiana	4 yr.	None	Mail renewal not available to people 70 and older and to people whose prior renewal was by mail.
Maine	6 yr.	4 yr. for drivers 65 and older	Vision test required at first renewal after driver's 40th birthday and at every second renewal until age 62; thereafter, at every renewal.
Massachusetts	5 yr.	None	None that are safety related ⁴
Michigan	4 yr.	None	None
Minnesota	4 yr.	None	None that are safety related ⁴
Mississippi	4 yr.	None	None
Missouri	6 yr.	3 yr. for drivers 70 and older and 21 and younger	None
Montana	8 yr., 4yr. if by mail, or on 75th birthday, whichever occurs first	4 yr. for drivers 75 and older	None that are safety related ³
Nebraska	5 yr.	None	None
Nevada	4 yr.	None	None that are safety related ⁴
New Hampshire	5 yr.	None	Renewal applicants age 75 and older must take a road test.

State	Length of renewal cycle	Special provisions for older drivers	
		Accelerated renewal	Other provisions
South Carolina	10 yr. ⁶	5 yr. for drivers 65 and older	Vision test required for people 65 and older.
South Dakota	5 yr.	None	None
Tennessee	5 yr.	None	None that are safety related ^{4,5}
Texas	6 yr.	2 yrs. for drivers 85 and older (eff. 9/1/07)	Mail or electronic renewal not available to people 79 and older (eff. 9/1/07)
Utah	5 yr.	None	Vision test required for people 65 and older.
Vermont	4 yr.	None	None
Virginia	5 yr.	None	Vision test required for people 80 and older. (eff. 7/1/04)
Washington	5 yr.	None	None
West Virginia	5 yr.	None	None
Wisconsin	8 yr.	None	None
Wyoming	4 yr.	None	None

¹In Arizona, the license is valid until age 65. Any person 65 years and older who is renewing by mail must submit a vision test verification form, provided by the department, or verification of an examination of the applicant's eyesight. The vision test or examination must be conducted not more than 3 months before.

²In Connecticut, people 65 and older may choose a 2-year or 6-year renewal cycle. A personal appearance at renewal generally is required. Upon a showing of hardship, people 65 and older may renew by mail.

³In Florida and Montana, only two successive renewals may be made electronically or by mail, regardless of age.

⁴Some states' licensing laws specifically prohibit licensing administrators from treating people differently solely by virtue of advanced age. The District of Columbia specifically states that an applicant shall not be required to retake the written or road test based solely on advanced age. Maryland law specifies that age alone is not grounds for reexamination of drivers; applicants for an initial license age 70 and older must provide proof of previous satisfactory operation of a vehicle or physician's certificate of fitness. Massachusetts law prohibits discrimination by reason of age with regard to licensing. Minnesota and Nevada law specify that age alone is not a justification for reexamination. In Nevada, applicants for mail renewal age 70 and older must include a medical report. In North Carolina, people 60 and older are not required to parallel park in the road test. In Tennessee, licenses issued to people 65 and older do not expire.

⁵License fee reduced for drivers 62-64 and are waived for drivers 65 and older in Oklahoma; fees are reduced for drivers 60 and older in Tennessee.

⁶Beginning October 1, 2008 every licensee will be required to submit to a vision test every 5 years.

