

## SAFE DRIVING AND GOOD SAMARITAN REPORTING

### AAFP Position

To ensure safe driving, the AAFP [supports](#) efforts to evaluate and reduce motor vehicle fatalities and injuries due to driver distraction, including the use of cellular phones while driving and securing children without appropriate safety restraints. The Academy supports national efforts in pursuit of safe driving, including bans on the use of text messaging while driving, and legislation that conveys indemnity protections against liability claims for physicians who make good faith reports of impairment concerns to the appropriate state licensing authority. The Academy encourages family physicians to initiate and continue discussions about safe driving practices as a part of routine preventive health care.

### Older Adults and Safe Driving

The ability to drive helps older adults stay mobile and independent, enabling older adults to maintain relationships with family and social interactions.<sup>1</sup> Unfortunately, the risk of injury or death increases as people age due to complications such as stiff joints and muscles, vision and hearing decline, dementia, slower reaction time and reflexes, and medications.<sup>2</sup> In 2018, almost 7,700 older adults over 65 were killed in traffic crashes, and more than 250,000 older adults were treated in emergency departments for crash injuries.<sup>3</sup> Crash fatalities in people over 65 have increased 22% from 2008 to 2017, with the fatality risk highest among drivers older than 85.<sup>4</sup>

### Family Physician Interventions and Support

While family members are often the first to express concerns about older adults' driving, only seven percent of older adults report discussing driving safety issues with a family member.<sup>5</sup> These studies show that older drivers expect their physicians to initiate discussions about driving safety, respect physicians' opinions about driving safety, and are open to engaging in discussions during routine health visits about driving if they are centered around patient safety. Family physicians are best positioned to regularly monitor many diseases and health complications that can impact older adults and continuously assess their ability to drive.

In addition, family physicians' expertise is helpful for older adults to understand how medical conditions and medications can affect driving. Family physicians can provide referrals to appropriate services when necessary, including ophthalmology, physical therapy, or driving rehabilitation specialists, as well as counsel the patient about using alternative methods of transportation. Through longstanding, trustworthy relationships, family physicians are best equipped to consider the significant social, emotional, and psychological impacts of driving cessation for those patients, especially considering driving cessation has been associated with [depression](#) and [nursing home admission](#). Overall, most interventions to assess and improve older adults' driving, including education, physical training, and computer training, have a positive impact on improving older drivers' situational awareness and knowledge, behaviors, skills, and/or crash rates.<sup>6</sup>

<sup>1</sup> Mishori R, Otubu O. (2020). "The Older Driver." *American Family Physician*. Web.

<sup>2</sup> National Institute on Aging. (2018). "Older Drivers." Web.

<sup>3</sup> Centers for Disease Control and Prevention. (2020). "Transportation Safety: Older Drivers." Web.

<sup>4</sup> Mishori R, Otubu O. (2020). "The Older Driver." *American Family Physician*. Web.

<sup>5</sup> Ibid.

<sup>6</sup> Castellucci HI, Bravo G, Arezes PM, Lavalieri M. (2020). "Are interventions effective at improving driving in older drivers? A systematic review." *BMC Geriatrics*. Web.

#### AAFP Headquarters

11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2680  
800.274.2237 • 913.906.6000  
fp@aaafp.org

#### AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100  
Washington, DC 20036-1011  
202.232.9033 • Fax: 202.232.9044  
capitol@aaafp.org

## **AAFP Research and Resources**

The *American Family Physician* journal features a landing page for [research on geriatric care](#), which includes resources on screening and prevention for driving. The Academy developed its [Cognitive Care Kit](#) in 2017, which provides free access to selected tools and resources to help physicians, family members, and other caregivers care for individuals with, or at risk for, cognitive impairment. The toolkit contains links to several resources to promote safe driving in older adults and adults with diminished cognitive ability, including suggestions for monitoring, limiting, and stopping driving.

## **Legislation to Address Driving Concerns**

No federal standard exists to address reporting concerns for driving impairment, therefore laws vary by state. [Many states](#) either require physicians to notify motor vehicle authorities of patients who may be impaired or allow physicians to make a voluntary disclosure to authorities. In some cases, these laws protect physicians from legal liability if they report an impairment and if they don't, in the event an unreported driver causes injury to him or herself or others.<sup>7</sup>

### *Required Physician Reporting*

Seven states (CA, DE, ME, NV, NJ, OR, PA) require physicians to report patient driving concerns to the state department of motor vehicles (DMV).<sup>8</sup> In [California](#), physicians can be held liable for damages if they do not report and physicians in [Delaware](#) can be responsible for a small fine if they do not report. In [Oregon](#), primary care physicians are required to report persons presenting with impairments that are severe and cannot be corrected or controlled by surgery, medication, therapy, or driving device or technique. The state of [Pennsylvania](#) requires physicians and other clinicians to report to the state Department of Transportation any patient 15 years or older who has a condition that may impair their ability to drive. Physicians are exempted from liability only if they choose to report the impairment, although no physician has been held liable for failure to report.

The remaining 41 states encourage physician reporting but do not require it, or do not explicitly encourage physician reporting in statute but allow it. Of those states, [Kansas](#) and [Vermont](#) require physicians to obtain patient consent before reporting driving concerns in order to gain legal protection.

### *Physician Immunity and Legal Protections for Reporting*

When physicians do report driving concerns, many states offer some type of protection to ensure physicians can comfortably do so without risk of legal issues from disrupting physician-patient confidentiality. Thirty-one states (AL, AK, CA, CO, CT, DE, FL, IL, IN, IA, KS, KY, LA, ME, MD, MN, MO, MT, NV, NJ, NM, NC, ND, OK, OR, PA, RI, TN, TX, UT, WI) provide immunity for physicians for disclosure of information. Fifteen states (AL, CA, FL, IA, KS, LA, ME, MD, MO, NV, ND, OK, OR, PA, WI) offer legal protections for physicians who report driving concerns, which is often granted through a section of the state law that authorizes physicians to report driving concerns.

### *Anonymity for Physician Reporting*

Anonymity for reporting is helpful for physicians who wish to preserve patient and public safety but would like to maintain trustworthy relationships with their patients. Eleven states (AK, DE, FL, IL, KS, MD, MS, MO, NV, PA, VA) and DC provide anonymity for physicians who report. An additional ten states (AL, CA, CT, IN, LA, ME, MN, NE, OR, VT) provide anonymity with exceptions, which include if the information is required by a court of law or if the patient requests a copy of his or her medical records.

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<sup>7</sup> Black L. (2008). "Physicians' Legal Responsibility to Report Impaired Drivers." *AMA Journal of Ethics*. Web.

<sup>8</sup> American Medical Association, National Highway Traffic Safety Administration. (2010). "Physician's Guide to Assessing and Counseling Older Drivers: 2<sup>nd</sup> Edition." Web.