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## COMMENTARY

# Putting Local All-Ages Bicycle Helmet Ordinances in Context

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In this issue of the *Journal of Law, Medicine & Ethics*, Merrill-Francis et al. review national all-ages bicycle helmet laws. Although no US states have mandatory helmet laws applying to cyclists of all ages, the authors identified 47 local ordinances and evaluated the common elements of these laws.<sup>1</sup> This is important work because, although the ethics and effectiveness of helmet laws are topics of ongoing debate, there has been little effort to determine the exact provisions of these laws, to whom they apply, and what the penalties are for noncompliance. Our goal in this commentary is to add some additional historical, cultural, and ethical context to the authors' detailed analysis of the content of local laws mandating bike helmets for riders both young and old.

In the US, a wave of motorcycle helmet laws preceded the enactment of bike helmet laws. The nation has seen a dramatic rise and fall in the number of mandatory helmet laws for motorcyclists.<sup>2</sup> By 1975, only one state lacked a mandatory motorcycle helmet law of some sort. Yet a number of these laws foundered under repeated challenges that foregrounded individuals' freedom to choose whether to use protective headgear. From the motorcycle helmet debates, public health advocates learned that seemingly reasonable measures to prevent injury and death could be viewed, and deliberately framed by the laws' opponents, as unwarranted governmental intrusion into individual liberty.

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In the light of the legislative and judicial battles over motorcycle helmet laws, bicycle helmet law advocates have trod delicately around the idea of mandating adult use. Many bicycle helmet laws apply solely to minors. Indeed, the first helmet mandates for child operators of bicycles (as opposed to passengers), in the early 1990s, were championed by pediatricians, others interested in child safety, and, sometimes, kids themselves. Almost from the start, efforts were made to extend these ordinances to adults, sometimes in the hopes that a backlash would kill any sort of bicycle helmet law but sometimes because proponents believed that helmets could and should protect riders of all ages. Between those who wanted no helmet mandates of any sort and those who wanted universal mandates, the compromise often was helmet laws that applied only to children, a population with a weaker political voice and thus less able to powerfully denounce infringement of their personal liberty. Furthermore, public health paternalism has typically been viewed as more justifiable with regard to children.

An important lesson from the experience of motorcycle helmet laws is that laws that apply only to children are associated with reduced helmet use and more injuries and fatalities among young riders.<sup>3</sup> Two possible explanations are that age-restricted helmet laws are more difficult to enforce and young riders in states with partial helmet laws may perceive helmet use as less important. Future research should investigate whether child-only bicycle helmet laws are also less effective in protecting children than all-ages laws.

Regardless of whether laws apply to all riders or only children, bike helmet policies have often incorporated both carrot and stick approaches. The carrot involves efforts to educate individuals about the benefits of helmets, to provide helmets to those unable or unwilling

to purchase their own, and to reward helmet use. For example, in some programs community police officers pull over and “ticket” children wearing bicycle helmets, with the “ticket” being a coupon redeemable for a reward, such as an ice cream cone from a local restaurant. The stick is, of course, the penalty prescribed by the laws. In many cases this was a nominal fee that could be avoided if the rider presented subsequent

health entities throughout the US recommend the use of bicycle helmets, yet bike-shares, which are often public/private partnerships that have, at the very least, permission from local governments to operate, increase the number of cyclists on the streets without more than cursory attempts to ensure that they wear head protection.<sup>5</sup> This, on the face of it, is quite at odds with policies that impose fines and even prison time for not wearing bike helmets.

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For many Americans, cycling provides transportation, exercise, and recreation. Yet for all the benefits bicycling confers, it has a risk of personal injury ranging from minor to lethal. The growing popularity of other wheeled conveyances such as scooters further highlights the public health urgency of systematically examining what has been done to address these injury risks. Understanding the intended and unintended consequences of these

proof of helmet purchase. However, in their review of all-ages helmet laws, Merrill-Francis et al. found, in Berkley, Missouri, the penalty to be a shocking fine of up to \$500 and 90 days in jail.

The fact that some bicycle helmet laws contain such stringent penalties is important because local reports suggest that these laws may be unevenly enforced in different segments of a community.<sup>4</sup> Future research should continue to examine whether laws are differentially enforced according to such factors as socioeconomic status and race. In the meantime, it is worth considering how a “nominal” fee would affect an upper middle-class family versus a family living in poverty. In the era of Black Lives Matter and concerns about police interactions with people of color, a police officer pulling over a young child riding a bike may have an impact much different from that which was intended. Efforts to prevent injury to individuals are laudable, but not at the expense of detrimental consequences to populations — particularly when such consequences may be avoided by carefully thinking through policy proposals from the vantage point of all who would be affected.

A final contextual note concerns bike-share programs. Increasingly popular worldwide, these ventures typically do not provide helmets to users. Public

mandatory helmet laws and other initiatives, such as bike lanes and education programs, is crucial to developing and implementing evidence-based best practices. Merrill-Francis and her co-authors have given us essential data from which to launch this effort.

**Note**

The authors have no conflicts to disclose.

**References**

1. M. Merrill-Francis, J.S. Vernick, and K.M. Pollack Porter, “Local All-Age Bicycle Helmet Ordinances in the United States: A Review and Analysis,” *Journal of Law, Medicine & Ethics* 47, no. 2 (2019): 283-291.
2. M.M. Jones and R. Bayer, “Paternalism and Its Discontents: Motorcycle Helmet Laws, Libertarian Values, and Public Health,” *American Journal of Public Health* 97, no. 2 (2007): 208-217.
3. K.E. Bachynski, “Playing Hockey, Riding Motorcycles, and the Ethics of Protection,” *American Journal of Public Health* 102, no. 12 (2012): 2214-2220.
4. O. Mitchell and G. Ridgeway, “Assessing the Fairness and Effectiveness of Bicycle Stops in Tampa,” *Police Quarterly* 21, no. 4 (2018): 461-485.
5. A. Bateman-House, “Bikes, Helmets, and Public Health: Decision-Making When Goods Collide,” *American Journal of Public Health* 104, no. 6 (2014): 986-992.