

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 2  
(A-26)

Introduced by: Matthew Vo, MD

Subject: Supporting Regulations for More Stringent Safety Measures for Micromobility

Referred to: OMSS Reference Committee  
(, MD, Chair)

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1 Whereas, E-scooters and e-bikes create serious injuries, leading to excessive healthcare costs  
2 for everyone with the injuries being often severe involving neurosurgical, orthopedic, and  
3 maxillofacial problems and requiring multiple specialty surgeries with riders and pedestrians  
4 often suffer the worst—even fatal—injuries, especially among children; and  
5

6 Whereas, E-bicycle injuries doubled every year from 2017 to 2022, from 751 injuries in 2017 to  
7 23,493 injuries in 2022 while e-scooter injuries rose by 45 percent each year, from 8,566 injuries  
8 in 2017 to 56,847 injuries in 2022; average costs for an e-scooter injury was \$95,710 while  
9 median costs for e-bike injuries in certain regions exceeded \$14,000 with long ICU/hospital  
10 stays; and  
11

12 Whereas, safety issues with e-bikes and e-scooters are multi-faceted; they include being made  
13 with poor quality lithium-ion batteries that can spark fires that are exceptionally difficult to control  
14 and can reignite days or weeks after burning due to energy that remains stored inside damaged  
15 battery cells, rechargeable batteries that must be changed often and present a higher risk of fire  
16 and explosion, and extra care and maintenance of the device in order to keep it operating  
17 properly; and  
18

19 Whereas, e-bikes are currently classified into three classes that come not from the federal  
20 legislation but mostly from federal land management regulations written for off-road use—Class  
21 1, a pedal-assisted e-bike with a motor that provides assistance only when the rider is pedaling  
22 and only up to a speed of 20 miles per hour; Class 2, equipped with a motor that can be used  
23 exclusively to propel the bicycle with the use of a throttle and a maximum speed of 20 miles per  
24 hour; and Class 3, a pedal-assist bike with a motor that provides assistance up to 28 miles per  
25 hour; and  
26

27 Whereas, there is very limited federal law regarding micromobility devices with the most  
28 significant being a 2002 law establishing that e-bikes with a top speed of 20 mph are consumer  
29 products, but not motor vehicles, meaning most low-speed micromobility devices do not share  
30 the same regulatory environment as cars and motorcycles and leaving states to regulate these  
31 devices on their own; therefore be it  
32

33 RESOLVED, that our American Medical Association endorse the following policies to help  
34 improve safety for micromobility (e-bikes and e-scooters) usage:

- 35 1. Helmets, certified by the US Consumer Safety Product Commission and rated for speed,  
36 should be worn for all and be mandatory for Class 3 e-bikes and all scooters;
- 37 2. Additional gear should include elbow pads, knee pads, wrist guards, closed-toe footwear  
38 and high-visibility or reflective gear for use at nighttime;
- 39 3. Headphones should be avoided during use;

- 1 4. E-scooters and Class 3 e-bikes should have a minimum age of 16 to operate;
- 2 5. Require education and training for Class 3 e-bikes;
- 3 6. Define where e-bikes can be ridden both on and off-road, including speed limits on
- 4 shared paths and no operation allowed on sidewalks;
- 5 7. No distractions while operating;
- 6 8. No passengers while operating;
- 7 9. Regulate out-of-class products and anti-tampering;
- 8 10. Training required to operate devices, including smooth and consistent braking at high
- 9 speeds and basic traffic rules;
- 10 (Directive to Take Action).
- 11

Fiscal Note: (Assigned by HOD)

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## **RELEVANT AMA POLICY**

### **Helmets for Riders of Motorized and Non-motorized Cycles H-10.964**

General Helmet Use: Our AMA: (1) encourages physicians to counsel their patients who ride motorized and non-motorized cycles to use approved helmets and appropriate protective clothing while cycling; (2) encourages patients and families to inform and train children about safe cycle-riding procedures, especially on roads and at intersections, the need to obey traffic laws, and the need for responsible behavior; (3) encourages community agencies, such as those involving law enforcement, schools, and parent-teacher organizations, to promote training programs for the responsible use of cycles; (4) urges manufacturers to improve the safety and reliability of the vehicles they produce and to support measures to improve cycling safety; (5) advocates further research on the effectiveness of helmets and on the health outcomes of community programs that mandate their use; (6) encourages efforts to investigate the impact of helmet use by riders of motorcycles and all bicycles, in order to establish the risk of major medical trauma from not wearing helmets, the costs added to the health care system by such behavior, and the payers of these added costs (i.e., private insurance, uncompensated care, Medicare, Medicaid, etc.); (7) supports the exploration of ways to ensure the wearing of helmets through the use of disincentives or incentives such as licensing fees, insurance premium adjustments and other payment possibilities.

Bicycles: Our AMA: (1) actively supports bicycle helmet use and encourages physicians to educate their patients about the importance of bicycle helmet use; (2) encourages the manufacture, distribution, and utilization of safe, effective, and reasonably priced bicycle helmets; and (3) encourages the availability of helmets at the point of bicycle purchase.

Scooters: Our AMA: (1) recommends the use of protective gear (certified helmets, elbow and knee pads, closed-toe shoes) for riders of scooters, especially children and adolescents; (2) encourages physicians to counsel patients, and their parents when appropriate, that full protective equipment should be worn and appropriate safety measures should be taken to prevent scooter injuries (e.g., riding away from traffic, and close supervision of riders under the age of eight); and (3) urges companies that manufacture or sell scooters to include appropriate information about the safe use of scooters on the scooters themselves, on or inside scooter packaging, on their web sites, and at the point of sale.

Motorcycles: Our AMA: (1) encourages physicians to be aware of motorcycle risks and safety measures and to counsel their patients who ride motorcycles to wear appropriate protective gear and helmets that meet federal safety standards, receive appropriate training in the safe operation of their motorcycle, comply with state licensing laws, and avoid riding a motorcycle while under the influence of alcohol and other drugs; (2) endorses the concept of legislative measures to require the use of helmets when riding or driving a motorcycle; (3) supports federal regulatory rules to make the receipt of federal highway funds by a state dependent on passage of mandatory motorcycle helmet laws by that state; (4) urges constituent societies to support the enactment or preservation of state motorcycle helmet laws; and (5) supports rider education legislation, which is more easily implemented and more effective than legislation requiring manufacturers to emphasize the dangers of operating motorcycles.

Citation: CCB/CLRPD Rep. 3, A-14

### **Motor Vehicle and Bicycle Safety H-15.960**

The AMA supports legislation that would make safety belt non-use by any occupants in automobiles and other enclosed motor vehicles a "primary offense" in all states; supports extension of motorcycle helmet laws to include motorized vehicles such as mopeds, scooters and all-terrain vehicles, and to cover all age groups; and supports legislation that would require helmet usage for riders of bicycles, including passengers.

Citation: Res. 226, A-95; Reaffirmed: BOT Rep. 12, A-05; Reaffirmed: CSAPH Rep. 1, A-15

### **Options for Improving Motorcycle Safety D-15.999**

Our AMA encourages physicians to: (a) be aware of motorcycle risks and safety measures; and (b) counsel their patients who ride motorcycles to wear appropriate protective gear and helmets that meet federal safety standards, receive appropriate training in the safe operation of their motorcycle, comply with state licensing laws, and avoid riding a motorcycle while under the influence of alcohol and other drugs.

Citation: CSA Rep. 6, I-98; Modified and Reaffirmed: CSAPH Rep. 2, A-08; Modified: CSAPH Rep. 1, A-18