

Child Fatality Review Annual Report

Annual Report

Fiscal Year 2025

About the Child Fatality Review Program

The Massachusetts Child Fatality Review (CFR) program works to decrease the incidence of preventable child fatalities and near fatalities. The program comprises 11 local teams—one in each of the Commonwealth's judicial districts—and a state team with 16 seats. All CFR teams are multidisciplinary, comprised of state agency representatives, health experts, service providers and law enforcement. Following the death of a child under age 18, local teams conduct a review of that child's birth, death, medical, social service, and police records to better understand the circumstances surrounding the death. Following a review, the local teams submit findings to the state team, in the form of a problem statement or recommendation. The state team reviews the findings, contextualizes them with epidemiological data, and consults experts to identify opportunities to improve programs, policies, regulations, and practices that address the findings. Those opportunities are shared in the form of recommendations in an annual report to the governor and legislature pursuant to [M.G.L. Chapter 38 § 2A](#). For team membership, see Appendix B. State Team and Local Team Membership.

Acknowledgements

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The state team is immensely grateful to the local teams that carry out the psychologically taxing review of individual child fatalities. Child fatality review is not an easy task; without exception, local teams conduct professional, thorough, and thoughtful reviews that are foundational to the state team's work.

Finally, the state team would like to thank the following partners who contributed their knowledge, expertise, and personal experience to the development of this report:

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Need Help? Resources Are Available

If you or someone you know is struggling with the loss of a child, support is available:

[988 Suicide & Crisis Lifeline](#)

Call or text 988 for free, confidential support 24/7 for anyone in suicidal crisis or emotional distress.

[The Massachusetts Center for Unexpected Infant and Child Death](#)

The Center provides resources, counseling, and support to families dealing with the sudden and unexpected loss of an infant or child. Visit their website or contact them directly for assistance.

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Executive Summary

Massachusetts (MA) continues to experience relatively low rates of child and infant fatalities compared to national averages, reflecting the strength of the Commonwealth's health and human services infrastructure. In 2023, the death rate for zero- to 17-year-olds in Massachusetts was 28.1 per 100,000 population (n=384 deaths), a slight decrease from the previous year (29.5 per 100,000, n=403 in 2022). This decrease is welcome, following two years of minor but concerning increases. However, this overall progress masks disparities in age, sex, race, geography, and cause of death that demand focused attention. Infants, boys, children of color, and children in urban centers continue to see higher rates of child fatality compared to other Massachusetts children.

Unintentional injuries remained the leading cause of death among children ages one to 17, and motor vehicle (MV) collisions were the predominant mechanism. Teens ages 15 to 17 years accounted for the largest share of motor vehicle fatalities among children in Massachusetts in the last six years, and deaths in this age cohort reached a six-year high in 2023 (n=12). In response to these concerning trends, this year's Child Fatality Review (CFR) Annual Report focuses on the motor vehicle-related fatalities of teens,¹ examining risk factors and identifying opportunities for statewide prevention.

Between 2018 and 2023, 41 teen vehicle occupants ages 15 to 17 died in motor vehicle crashes on Massachusetts roadways. These preventable deaths reflect long-standing patterns in teen driver risk—nighttime driving, speeding, seatbelt nonuse, and inexperience—compounded by barriers to driver education, inequitable access to safe transportation, and evolving challenges like cannabis-impaired, distracted, and drowsy driving.

Massachusetts has implemented a number of evidence-based policies to reduce teen MV crash fatalities, including the Junior Operator License (JOL) system and required driver education for license seekers under 18 years old. However, the reach and impact of these efforts remain uneven. Cost and geographic disparities limit access to driver education, and some teens delay licensure to avoid costs and related requirements. The state lacks a primary seatbelt law despite having one of the lowest usage rates in the country and social norms around speeding, and cellphone and cannabis use further endanger inexperienced drivers.

This report analyzes recent fatal crash data involving teen motor vehicle occupants and identifies urgent opportunities for prevention. Drawing from research, national best practices, and recommendations from local experts and partners, the CFR program outlines a targeted set of policy and programmatic recommendations in three key areas:

1. Skill Building

¹ For the purposes of this report, "teen" is used to describe 15- to 17-year-olds.

- a. Strengthen access to high-quality driver education through funding, a mandated curriculum, and expanded oversight.
 - b. Reinforce JOL restrictions and explore reforms such as nighttime limits and novice driver identifiers.
 - c. Promote school-based safety programs.
- 2. High-Risk Driving Behavior Mitigation
 - a. Seatbelt Use: Promote teen seatbelt use through youth-centered campaigns and enactment of a statewide primary seatbelt law.
 - b. Speeding Prevention: Engage caregivers in safe driving habits through high-quality, required education, and promote speed reduction through roadway norms and infrastructure interventions.
 - c. Address cannabis-impaired, distracted, and drowsy driving through curriculum updates, enforcement research, and delayed school start times
- 3. Alternative Transportation Access: Engage teens in mass transit improvement and advancement conversations and expand fare reductions and after-hours service for teen users.

The findings of this report make clear that preventing teen motor vehicle fatalities requires a coordinated, multi-sector response that integrates public health, education, transportation planning, enforcement, and youth engagement. Although this report necessarily focuses on teens at the time of their death, it is rooted in the belief that change is possible and that Massachusetts can, through thoughtful action and collaboration, reduce fatalities and create a safer environment for all children and youth in Massachusetts.

Introduction

The Commonwealth of Massachusetts continues to experience some of the lowest infant and child fatality rates in the nation, reflecting the strength of our health and human services systems. In 2023,² Massachusetts recorded 384 deaths among children and infants (ages 0 to 17), a rate of 28.1 per 100,000 population.³ This represents a modest but meaningful decline, reversing an upward trend seen since 2021.^{4,5}

In 2023, infants under age one accounted for 55% of all child deaths in Massachusetts. **The infant fatality rate decreased 6.2% from 325.3 to 305.1 per 100,000 between 2022 and 2023.** Among MA children ages one to 17, the death rate remained fairly stable at 13.1 per 100,000 in 2023 compared to 13.6 per 100,000 in 2022.

Despite the low overall fatality rates, disparities persist by geography, sex, race, and ethnicity. Child mortality rates rose in Western MA, particularly in Berkshire and Hampden, as well as Bristol districts. Male infants and children continued to die at higher rates than females in 2023: 23% higher for infants and 84% higher for children ages one to 17. **The overall death rate for females fell sharply between 2022 and 2023, from 24.1 to 8.9 per 100,000.**⁶ The overall death rate for males remained similar from 34.6 to 35.1 per 100,000 between 2022 and 2023.

Racial and ethnic disparities were also stark in 2023. Black, non-Hispanic/non-Latinx (nH/nL) infants died at nearly three times the rate of White nH/nL infants, and Black nH/nL children died at 2.6 times the rate of their White peers. Hispanic/Latinx and Asian nH/nL infants also experienced higher death rates than White nH/nL infants. While some groups saw improvements, death rates rose for Black and Asian infants and White children. It is critical to recognize that these disparities stem from systemic inequities and are not inherent characteristics of any racial or ethnic group.

² Complete data is reported for the calendar year preceding the fiscal year, or January 1, 2023, to December 31, 2023.

³ All rates are based on the estimated MA population in that age and demographic group in 2020.

⁴ Xu, Jiaquan et al. (2022). Mortality in the United States, 2021, Kochanek, Kenneth D. et al. (2023). Mortality in the United States, 2022.

⁵ For additional, and more in-depth data about infant and child fatalities, see [Appendix D. State of Child Fatalities](#).

⁶ In 2024, legislation passed to establish an infant fatality review (FIMR) program within the MA Department of Public Health. Once established, FIMR is encouraged to further explore and respond to these deep inequities.

The top five causes of death for children (0 to 17) in Massachusetts in 2023 mirror national leading causes. They were:

- Congenital Malformations (n=50)
- Cancer (n=24)
- Unintentional Injuries (n=45)⁷
- Sudden Unexpected Infant Death (SUID) (n=20)
- Short Gestation/Low Birthweight (n=36)

Unintentional injuries are consistently a leading cause of death for children. In MA, the number of child deaths from unintentional injuries increased from 37 in 2022 to 45 in 2023. Year over year, motor vehicle collisions are consistently the most frequent mechanism involved in unintentional injuries. Because of the increase in unintentional injuries and consistent presence of motor vehicle collisions in the data, this year's CFR Annual Report focuses on motor vehicle collision-related fatalities.

⁷ Injuries can be unintentional (sometimes called "accidental") or intentional, such as suicide and self-harm or homicide and assault related (Injury Surveillance Program (n.d.). Massachusetts Department of Public Health. <https://www.mass.gov/injurysurveillance-program>).

Motor Vehicle Collision Fatalities Data

From 2018 through 2023, 71 Massachusetts children zero to 17 years died in unintentional motor vehicle collisions in Massachusetts.⁸ The majority of these fatalities (n=53, 74.6%) were motor vehicle occupants.⁹ Of these 53 motor vehicle occupants, 41 (77.4%) were ages 15 to 17.¹⁰ Six teens died riding a motorcycle, and 35 died in cars or light trucks. Because of the large portion of motor vehicle fatalities in this age group, this report focuses specifically on deaths of 15- to 17-year-old motor vehicle occupants.

Fatalities represent the most severe and tragic outcome from a motor vehicle collision, but there are other severe consequences to consider. Teens involved in MV collisions also experience life-altering impacts, such as spinal cord and traumatic brain injuries that can lead to lifelong disabilities. Between 2018 and 2023, there were 522 hospital stays and 11,881 emergency department visits by teens for MV collision-related injuries.^{11,12} Even if a MV collision does not result in serious injury, it could have profound effects on teens, especially if the crash affects others, such as causing the death of someone in their or another vehicle. MassDOT estimates that 33,532 crashes involved a teen driver between 2018 and 2023. Furthermore, between 2018 and 2023, 36,035 citations, warnings, and infractions were issued to teen drivers.¹³ These statistics highlight the disparate and consequential experiences teens can have on the roadways. While these experiences each merit scrutiny, because of the nature of the CFR program, this report specifically focuses on the most severe outcome: fatalities.

⁸ These include deaths due to motor vehicle collisions on public roadways or “traffic” crashes. Motor vehicles are defined as vehicles requiring a license, including cars, trucks, and motorcycles, and excluding motorized transportation such as motorized scooters, mopeds, and all-terrain vehicles.

⁹ Motor vehicle occupants include drivers and passengers of a car, light truck, or motorcycle. Motorcycles do not include mopeds and dirt bikes.

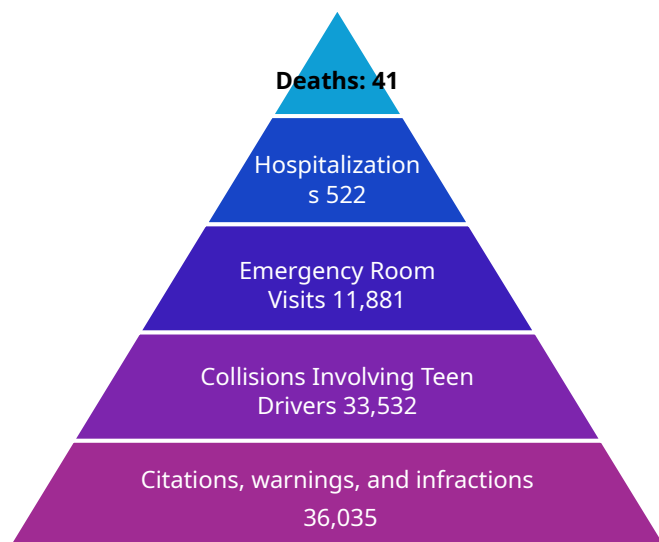
¹⁰ National Highway Traffic Safety Administration (2025). [Fatality Analysis Reporting System](#). Data accessed April 2025.

¹¹ Massachusetts Center for Health Information and Analysis, Inpatient Hospital Discharge, Outpatient Observation Stay, and Emergency Department Discharge data, MA Center for Health Information and Analysis, Federal fiscal year (FFY) 2018 - FFY2023.

¹² These counts may include multiple visits by the same person for an injury, and hospital stays include hospital discharges and outpatient observation stays.

¹³ Massachusetts Department of Transportation, *Citation Portal*. Retrieved July 2025.
<https://drivercitationdata.dot.mass.gov/cdp/home>

Figure 1. MA Teen Motor Vehicle Collisions and Driving Violations, 2018-2023



Risk of experiencing a motor vehicle occupant fatality is not evenly distributed across 15- to 17-year-olds.¹⁴ Males accounted for the overwhelming majority of MV occupant deaths (83%). The motor vehicle occupant fatality rate was about twice as high among Black, non-Hispanic teens (1.04 per 100,000 population) as among Hispanic/Latino (0.52 per 100,000 population) and White teens (0.41 per 100,000 population).

Where a teen lived did not necessarily correlate to where a teen experienced a collision. Collision districts¹⁵ where the highest number of fatal MV collisions occurred were Hampden district (n=9), followed by Plymouth and Suffolk (n=7, n=6). Residence districts¹⁶ with the highest number of teen residents who were killed in a motor vehicle collision were Hampden (n=8), followed by Middlesex and Norfolk (n=7) (Table 1). Therefore, teens who resided in Middlesex and Norfolk counties were more likely to die in MV collisions in other districts. Teens who lived outside of Plymouth or Suffolk districts were more likely to die on roadways in those districts (Table 1).

Table 1. Motor Vehicle Collision-Related Fatalities in Teens Ages 15 to 17 years, by District of Residence and District of Collision.

¹⁴ The analysis in this section was supported by data from NHTSA's Fatality Analysis Reporting System, MA DPH's Registry of Vital Records and Statistics, and the 2023 MA Youth Risk Behavior and Youth Health Surveys. For more information about traffic safety surveillance and database systems, see [Appendix F](#).

¹⁵ Geographic districts refer to areas served by the 11 district attorney offices, or the seats of the local child fatality review teams. Collision district is defined as the judicial district where the motor vehicle collision occurred.

¹⁶ Resident district is defined as the judicial district where the child's resident address was located.

Judicial District	Residence District (Count)	Collision District (Count)
Bristol	5	4
Berkshire	0	0
Cape & Islands	4	4
Essex	2	1
Hampden	8	9
Middlesex	7	2
Norfolk	7	4
Northwestern	1	1
Plymouth	3	7
Suffolk	2	6
Worcester	2	3
Total	41	41

Collisions occurred disproportionately at night (n=26, 63% in dark conditions), on weekends, and in the months of May and June. The majority of cases (n=26, 63%) were single-vehicle collisions.

Of the 23 teens killed who were drivers, 17 (74%) held a Junior Operator License. Eight passengers were killed while riding in a car driven by someone with a Junior Operator License. In 12 of 21 crashes involving a driver with a Junior Operator License (57%), the driver may have been violating passenger restrictions¹⁷ related to the Junior Operator License. Five teens were killed while driving without any license.¹⁸

Over one-third of the teen occupants killed in a MV collision were not wearing seatbelts at the time of the crash (n=10, 34%),¹⁹ and 52% (n=18) of all fatal collisions involving teens were

¹⁷ As discussed later in this report, teens driving with a Junior Operator License are prohibited from driving others without a supervising adult over age 21 in the passenger front seat, excepting siblings.

¹⁸ Three unlicensed drivers were in cars and two were on motorcycles.

¹⁹ Where seatbelt use was known. This analysis excluded motorcycle drivers and passengers. Seatbelt use was known in 29 cases, and unknown in 6.

speeding-related.²⁰ Among teen fatalities, males were about five times as likely as females to be involved in speeding-related crashes.

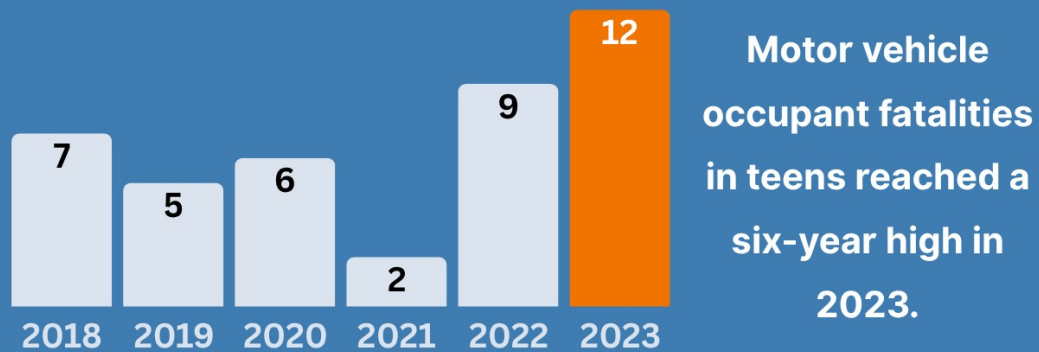
Based on extensive research, Massachusetts has developed and implemented numerous strategies to prevent motor vehicle occupant injuries and deaths.²¹ While this report does not attempt to provide a complete picture of the entire roadway safety system in Massachusetts, it does provide targeted recommendations to prevent motor vehicle occupant fatalities in Massachusetts teens ages 15 to 17 years. This narrow focus aims to identify opportunities for prevention that can reduce teen roadway fatalities, injuries, and adverse outcomes.

²⁰ Where speeding conditions were reported. A crash is considered to be speeding related if any driver in the crash was charged with a speeding-related offense or if a police officer indicated that racing, driving too fast for conditions, or exceeding the posted speed limit was a contributing factor in the crash (US DOT, [Young Drivers: 2021 Data](#)). Speeding was known in 35 of 41 cases, and unknown in 6.

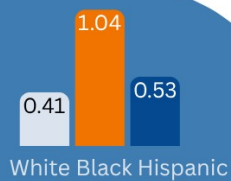
²¹ See [Appendix G](#) for Key Traffic Safety Initiatives in Massachusetts.

Motor Vehicle Occupant Fatalities in Massachusetts Teens, 2018 - 2023

41 Teen vehicle occupants ages 15 to 17 were killed in collisions between 2018 and 2023.



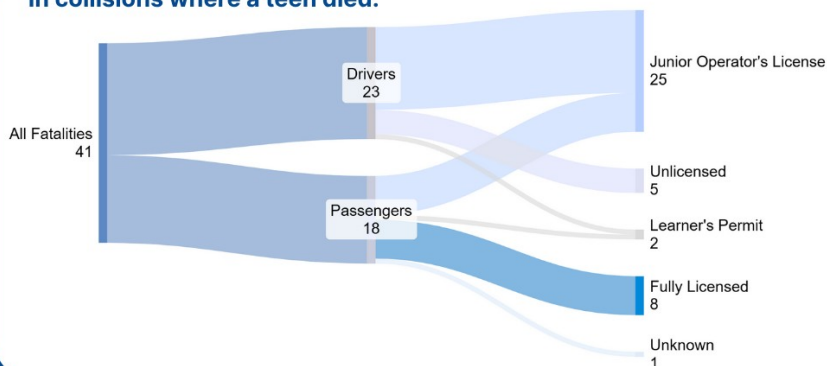
Black non-Hispanic teens were 2.5 times more likely to die compared to White teens.



Boys were 4.9X more likely to die in a collision compared to girls.



In collisions where a teen died:



61% of drivers held a Junior Operator License

12% of drivers held no license

Data Source: National Highway Traffic Safety Administration (2025). [Fatality Analysis Reporting System](#).

Motor Vehicle Occupant Fatalities in Massachusetts Teens, 2018 - 2023



TIMING

63% of deaths occurred in dark conditions. Nearly 25% of deaths occurred between 9:00 p.m. and 12:00 a.m.



VEHICLE & PASSENGERS

63% of collisions involved a single vehicle.
68% involved a vehicle that had multiple occupants.



SEATBELTS

32% of teens who died in a crash were not wearing a seatbelt.*



SPEEDING

52% of deaths involved speeding.*

FROM SURVEYS OF MA HIGH SCHOOL STUDENTS, 2023:

PHONE USE

53% of high school seniors who drove reported texting or emailing while driving in the past 30 days.

CANNABIS

16% of high school seniors who drove reported driving after using marijuana in the past 30 days.

DROWSY DRIVING

15% of high school seniors who drove reported nodding off or falling asleep while driving in the past 30 days.

Data Source: National Highway Traffic Safety Administration (2025). [Fatality Analysis Reporting System](#). MA high school student survey data is from [Joint Massachusetts YRBS and YHS Data Tables 2023](#).

*among fatalities where condition was known

Opportunities For Intervention and Improvement

Teen drivers are shaped by the roadway culture they experience long before they get their licenses, first as passengers with caregivers,²² and later through interactions with other drivers. As passengers and as new drivers, teens absorb roadway norms like speed compliance, phone-free driving, seatbelt use, and sober driving. When the surrounding culture consistently models safe, responsible driving, teens are more likely to adopt and maintain those behaviors themselves. Conversely, if risky or aggressive driving is common or glamorized, those habits can become normalized.²³

With this lens, the CFR program reviewed the current landscape of programs, initiatives, regulations, and legislation to identify where existing efforts could be expanded or refined to better support teen drivers. Massachusetts' roadway safety system is well-established, data-informed, and collaborative. Roadway safety and collision prevention are major focuses of many government agencies, departments, nonprofit organizations, and advocacy coalitions across the Commonwealth. [Appendix E](#) and [Appendix G](#) provide a high-level overview of the stakeholders, data systems, and programs addressing motor vehicle occupant safety in Massachusetts, while [Appendix F](#) lists the key data and surveillance systems monitoring collisions statewide.

Despite the robust nature of the roadway safety system in Massachusetts, several opportunities exist to better support teens. These opportunities, grounded in the trends in fatality data described earlier, fall into three main areas: skill building, high-risk driving behavior mitigation, and access to alternative transportation.

Skill Building

Learning to drive is a major developmental milestone for teens—one that fosters independence, builds responsibility, and enhances mobility. Formal and informal driver education programs offer critical opportunities to support skill-building during this transition, teaching not only the mechanics of driving but also decision-making, risk assessment, and personal accountability. Whether teens are in the classroom, practicing driving, or observing other drivers around them, quality driver education that is delivered effectively and equitably helps them develop lifelong safety habits while reinforcing broader goals of youth development, such as executive functioning, self-regulation, and social responsibility.²⁴

²² Taubman – Ben-Ari, O., Kaplan, S., Lotan, T., & Prato, C. G. (2015). Parents' and peers' contribution to risky driving of male teen drivers. *Accident Analysis & Prevention*, 81–86. <https://doi.org/10.1016/j.aap.2015.02.020>

²³ Stefanidis, K. B., Truelove, V., Nicolls, M., & Freeman, J. (2022). Perceptions matter: speeding behavior varies as a function of increasing perceived exposure to content encouraging the behavior. *Traffic Injury Prevention*, 5, 226–231. <https://doi.org/10.1080/15389588.2022.2049259>

²⁴ Akbari, M., Lankarni, L., Heydari, S., Motevalian, S., Tabrizi, R., & Sullivan, M. (2021). Is driver education contributing towards road safety? a systematic review of systematic reviews. *Journal of Injury and Violence*

Driver education is more than a licensing requirement; it is a public health and youth development intervention. As Massachusetts seeks to improve outcomes for teen drivers, a focus on expanding access, ensuring quality, and aligning driver education with teen learning needs can better prepare teens for safe, independent mobility and reduce preventable harm. The following provides information about the landscape of opportunities available to teens in Massachusetts that can help them build skills behind the wheel.

Driver Readiness

When a teen turns 15, driver licensing often enters the conversation. Many questions arise about whether a teen has the emotional maturity, cognitive capacity, and family financial resources and support necessary to embark on obtaining a driver's license. However, teens and caregivers receive few tools and resources to help them make this critical decision.

Driver-readiness assessments are a little-known but valuable resource that can help families determine whether a teen or young adult is prepared to pursue a driver's license. While these assessments are most often promoted for individuals with intellectual or developmental disabilities, they can benefit a much wider range of teens whose readiness to drive may be in question. Conducted by occupational therapists, these evaluations consider cognitive, motor, and decision-making abilities to assess whether a young person can drive safely and independently. For those identified as ready but who require accommodations, additional supports may be available throughout the licensure process, including extra time on the written permit exam and access to [adaptive driving instruction at qualified schools](#). Because of their potential to improve outcomes for all young drivers, driver-readiness assessments would benefit from greater awareness and improved access. The financial costs for assessments are paid out-of-pocket and can be burdensome. Expanding awareness, availability, and access to these assessments could help more families make informed, confident decisions about when and how their teens should begin driving. For a list of driver readiness assessment sites in Massachusetts, [visit this list maintained by MassMobility](#).

Formal Driver Education

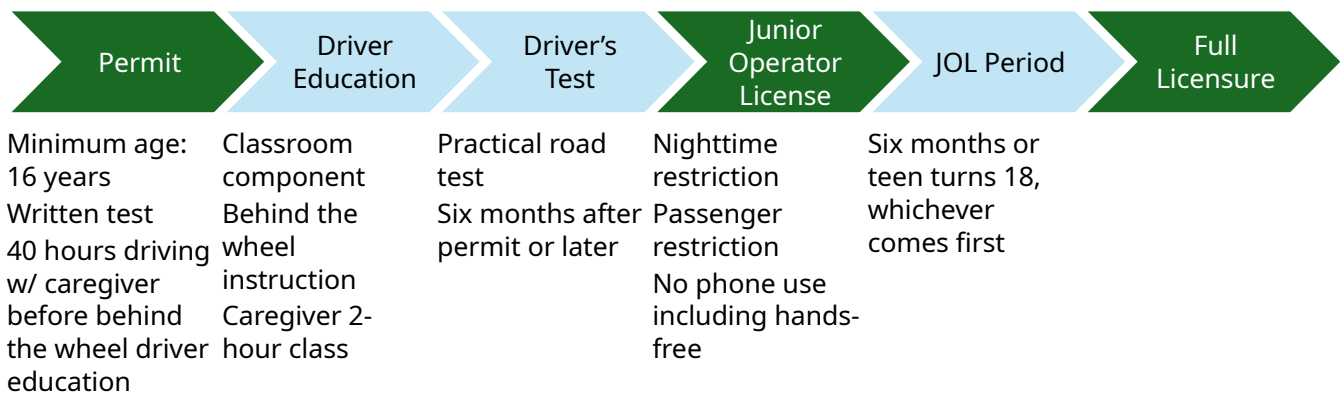
Completion of a formal driver education program is required for all JOL applicants in Massachusetts under age 18. Driver education is regulated pursuant to [MGL c. 90, § 32G](#) promulgated by MassDOT's Registry of Motor Vehicles (RMV). Driver education schools must adhere to the [16-module curriculum](#) framework outlined by the RMV and last updated in August 2024.²⁵ Requirements consist of:

Research, 1. [10.5249/jivr.v13i1.1592](#)

²⁵ *Driver Education Program*. (2014, October). Massachusetts Department of Transportation. https://www.mass.gov/files/2017-07/DriverEducationProgram_0.pdf

- 30 hours of classroom instruction,
- 18 hours of behind-the-wheel education (12 driving hours and six observation hours), and
- A two-hour classroom-based parent or guardian course.²⁶

Figure 2. Driver Education and Graduated Driver Licensing Requirements.²⁷



Department of Children and Families (DCF) Involved Youth

Many portions of the driver education process rely on caregiver involvement and financing. DCF utilizes federal John H. Chaffe Foster Care Program for Successful Transition to Adulthood funding to support driver's education and licensing fees for teens in DCF custody. For teens requiring additional driver's education, or those who received funding and did not complete the course, the Department will request funding through the [Wonderfund](#). DCF takes this life skill seriously and is creative and dedicated in making sure teens have opportunities to become licensed.

While some studies suggest that driver education reduces citations and crash risk, a 2021 meta-analysis cited by the National Highway Traffic Administration (NHTSA) found inconsistent evidence of effectiveness.²⁸ Effectiveness varies based on content quality, program accessibility, and family engagement. In Massachusetts, the RMV is statutorily mandated to set the standards of the driver education curriculum through guidance and a framework. Individual driving schools then design and implement their course based on the RMV's framework, leading to variability in content and quality. In 2024, the NHTSA Technical Assistance Team conducted an assessment of the Massachusetts Driver Education Program, and surveys of professional driving school providers reported, "concern that some schools prioritize passing the certification test, potentially neglecting comprehensive driver education, especially given the lack of support of the

²⁶ *Junior Operator License (JOL) requirements.* (n.d.). Mass.Gov. Retrieved May 21, 2025, from <https://www.mass.gov/info-details/junior-operator-license-jol-requirements>

²⁷ For more information about Graduated Driver Licensing, see [Graduated Driver Licensing \(GDL\)](#).

²⁸ Akbari, M., Lankarni, L., Heydari, S., Motevalian, S., Tabrizi, R., & Sullivan, M. (2021). Is driver education contributing towards road safety? a systematic review of systematic reviews. *Journal of Injury and Violence Research*, 1. <https://doi.org/10.5249/jivr.v13i1.1592>

standardized State curriculum leading to varied interpretations by instructors.”²⁹ As the assessment later states, “The goal of the driver education system is to prepare young adults for a lifetime of safe driving.” Through interagency collaboration and support, a statewide driver education curriculum framework as it exists now could be expanded to respond to the trends and needs of Massachusetts teen drivers to provide a holistic and comprehensive educational standard for driving schools.

Recommendation

Establish an interagency working group to develop a formalized curriculum, including content, instructional methods, and reference materials, using citation, crash, and evidence-based driver education data, and require driver education and training providers to implement the state-approved curriculum.

Grants and Subsidies for Teen Driving Education

- [Hagerty Drivers Foundation](#) (national)
- [Worcester Public Schools](#) (for enrolled students only)
- [Cape Cod Technical High School](#) (for enrolled students only)

In addition to challenges with the content of driver education, many teens face significant barriers to accessing driver education. Driving school fees are set by the privately owned and operated schools and typically range from \$800 to \$1,000. While some subsidies may be available through school districts, private foundations, or the driving schools themselves, these resources are often limited by geography, eligibility criteria, and funding caps. [S.2415, An Act Supporting Junior Operators](#), proposed for the 2025-2026 session, would establish a Junior Operator License fund to provide financial assistance to teens from households that qualify for programs such as free or reduced lunch, [MassHealth](#), [Supplemental Nutrition Assistance Program \(SNAP\)](#), [Transitional Aid to Families with Dependent Children \(TAFDC\)](#), or [Residential Assistance for Families in Transition \(RAFT\)](#).³⁰

²⁹ National Highway Traffic Safety Administration Technical Assistance Team (2024). State of Massachusetts Technical Assessment of the Driver Education Program. Available upon request to RMV, DriverEd@dot.state.ma.us

³⁰ While the establishment of a state-funded program to expand access to driver education aligns with the findings of this report, the bill also includes a provision that shortens the duration of the passenger restriction for junior operators. As noted later in this report, passengers can pose a serious distraction for inexperienced drivers, sometimes with fatal consequences. So, while the policy outlined for establishing a financial assistance program for driver education is sound, the bill in its current form does not align with best practice.

Recommendation

Establish a Driver Education Fund to provide financial assistance to students from low-income households building on eligibility criteria from existing benefit programs, and to provide funding for driver-readiness assessments for teens with intellectual or developmental disabilities.

Teens must also rely on parents or guardians or public transit for transportation to and from driver education. During the COVID-19 Emergency Order period, driver education classroom-based courses were permitted to be taken online. However, the RMV has not observed increased enrollment rates in driver education as a result of online driver education and has seen a decreased pass rate in the road test (88% pass rate in 2019 to 81% pass rates in 2023 and 2024).³¹ Based on these factors and others, as of the fall of 2025, on-line instruction will no longer be available. [*S.2345, An Act Establishing a Virtual Classroom Option for Driver Education*](#), would allow the persistence of virtual instruction, while still requiring behind-the-wheel instruction. This bill is supported by advocacy groups who argue that on-line instruction could allow more children to access driver education without the difficulty of finding transportation to and from driver education programs. Regardless of whether on-line learning sunsets or remains in place, evaluation and monitoring of driver education is tantamount to achieving the intended results.

When barriers to driver education are too great, many teens delay licensure until age 18, at which point they can obtain a license without any formal instruction on traffic laws, safe driving behaviors, or risk management. This creates significant public safety concern: Young adults may enter the road without foundational skills or structured guidance, putting themselves and others at greater risk of harm. The absence of formal training can lead to higher rates of unsafe driving behaviors, crashes, and injuries, during a period when inexperience is already a known risk factor. Despite these dangers, Massachusetts does not currently track how many drivers skip formal education. A clearer understanding of how many drivers age 18+ are licensed without training and how this correlates with crash and citation data is essential to identify gaps in safety and inform stronger policies. If driver education reduces injury and collision risk, expanding access and requiring instruction for all license seekers, regardless of age, could significantly improve roadway safety statewide. This goal aligns with MassDOT's Strategic Highway Safety Plan (SHSP), which sets objectives to "Improve Driver Education and Training for Those Under 18," and "Improve Driver Education for New Drivers Over 18 and License Transfers."³²

Recommendation

Require driver education for all new license seekers, regardless of age.

³¹ RMV data gathered August 2025.

³² 2023 Strategic Highway Safety Plan. (2023). Massachusetts Department of Transportation. <https://www.mass.gov/doc/massachusetts-shsp-2023/download>

Graduated Driver Licensing (GDL)

Graduated Driver Licensing systems impose limitations on new teen drivers that are eased over time, in an acknowledgment of the teens' inexperience and need to safely build skills while beginning to drive independently. Massachusetts implemented its current Graduated Driver's Licensing structure in 2007. According to NHTSA, GDL systems are most effective when they include a mandatory learner's permit period, strong nighttime driving restrictions, and limits on peer passengers.³³

Between 2018 and 2023, 25 teens died in vehicles in which they or another teen were a junior operator. To prevent the risk of fatality, it is crucial to understand the restrictions on Junior Operator License holders and determine whether or not they are effective. Under the GDL system, after completing driver education, holding a permit for at least six months, and passing a road test, a teen earns their JOL. The JOL period lasts for six months or until the teen turns 18, whichever comes first. After the six-month JOL period, they are fully licensed.

For teens with a JOL, Massachusetts law prohibits:

- Driving between 12:30 a.m. and 5 a.m. without a licensed adult over 21,
- Driving with passengers under age 18, unless they are immediate family members or the driver is accompanied by a licensed adult over 21 who is seated in the front passenger seat, and
- Any phone use, including hands-free use.

The nighttime driving restriction helps reduce risk during high-crash hours,³⁴ however nearly a quarter of teen MV occupant fatalities among drivers holding a JOL (n=9) occurred between 9 p.m. and 12 a.m. NHTSA recommends that nighttime driving limits begin at 9 or 10 p.m., based on national data showing elevated crash risk during these hours.³⁵ While adjusting Massachusetts' curfew to align more closely with these recommendations may restrict teens' activities such as an evening job, it could improve outcomes.

Requiring nighttime supervised driving hours as a prerequisite to obtaining a JOL is another possible alternative to reduce nighttime crashes and fatalities. Ensuring teens have experience driving in the dark before they must do it alone could reduce fatal collisions. Other states require ten hours of parentally supervised nighttime driving, while Massachusetts does not. However, the RMV recommended app for tracking supervised driving hours, [RoadReady](#), does track night

³³ Kirley, B. B., Robison, K. L., Goodwin, A. H., Harmon, K. J., O'Brien, N. P., West, A., Harrell, S. S., Thomas, L., & Brookshire, K. (2023, November). *Countermeasures that work: A highway safety countermeasure guide for State Highway Safety Offices, 11th edition, 2023* (Report No. DOT HS 813 490). National Highway Traffic Safety Administration.

³⁴ Ibid.

³⁵ Ibid.

driving, recommending at least ten hours of supervised night driving hours. Requiring nighttime driving for licensure could support families who are not leveraging the app.

Recommendation

Adjust Massachusetts' JOL curfew to align more closely with NHTSA recommended hours (9 or 10 p.m. to 5 a.m.) and require ten hours of supervised night-driving as a prerequisite to Junior Operator Licensure.

Passenger restrictions are a critical component of the JOL. This provision reflects best practice, as peer passengers significantly increase the risk of fatal crashes.³⁶ Between 2018 and 2023, there were 21 distinct collisions involving a teen driver with a JOL. Of these, **12 crashes involved vehicles with two or more occupants, including three with multiple teen fatalities.** This suggests lack of adherence to the JOL passenger restriction. As mentioned previously, [S.2415, An Act Supporting Junior Operators](#) would compress the passenger restriction period to only three months. The injury and fatality risk posed by peer distractions in this early period is not supported by the literature.

Recommendation

Uphold current GDL requirements, including the six-month restriction on passengers for junior operators.

Improving adherence to the passenger restriction could involve a range of interventions. The least intensive option is increased use of [parent-teen driving agreements](#).³⁷ These agreements help families set clear expectations about driving behavior, including rules about curfews, passengers, phone use, and seat belt use. They often mirror JOL restrictions but can be customized to each teen and revised over time. While information about parent-teen driver agreements was recommended in the 2021 [curriculum outline](#) from the RMV for the two-hour parent or guardian class, it is not included in the [current \(2024\) version](#).

Recommendation

Promote parent-teen driving agreements in the mandatory parent/guardian JOL education class.

³⁶ Ehsani, J. P., Haynie, D. L., Luthers, C., Perlus, J., Gerber, E., Ouimet, M. C., Klauer, S. G., & Simons-Morton, B. (2015). Teen Drivers' Perceptions of Their Peer Passengers. *Transportation Research Record: Journal of the Transportation Research Board*, 1, 22–26. <https://doi.org/10.3141/2516-04>.

³⁷ Massachusetts Registry of Motor Vehicles (2019). [Driver-Parent/Guardian Contract](#). Massachusetts Department of Transportation.

Another intervention to enforce passenger restrictions has been implemented internationally and in one U.S. state: In New Jersey, probationary drivers are required to identify themselves with a detachable red sticker on their license plates. The stickers are distributed through the New Jersey Motor Vehicle Commission (New Jersey's RMV counterpart) and are required for any driver under age 21.³⁸ In the two-year period following the program's 2010 implementation, researchers found a 14% increase in GDL citations and a 9% reduction in crashes.³⁹ While criticism has been lobbied against the program for identifying teen road users for potential crime or increased scrutiny from law enforcement, the New Jersey Supreme Court upheld the decal requirement, in part because a teen's age can generally be determined by their physical appearance.⁴⁰

Recommendation

Study the feasibility of a novice driver decal program, similar to New Jersey's model, and assess its potential benefits and risks in Massachusetts.

School-Based Skill-Building Education

In Massachusetts, school-based opportunities to build safe driving skills are inconsistent and often limited. While some students access formal driver education, others face barriers due to cost, transportation, or program availability, leaving many without structured preparation for one of the most common and risky activities they will undertake as young adults. Driving is not only a transportation need but a life skill that supports independence, access to employment, and community engagement. As such, the Department of Elementary and Secondary Education (DESE) has a vested interest in ensuring that all students are equipped with the knowledge and decision-making skills needed to drive safely.

Recommendation

Explore reinstating publicly funded, school-based driver education programs in underserved districts.

The [2023 Comprehensive Health and Physical Education Framework](#) from DESE briefly addresses decision-making, problem solving, and self-awareness, citing examples such as motor vehicle safety, impaired driving, and texting while driving. While these topics are important, a more

³⁸ <https://www.nj.gov/mvc/drivertopics/decals.htm>

³⁹ Curry, A. E., Pfeiffer, M. R., Localio, R., & Durbin, D. R. (2013). Graduated Driver Licensing Decal Law. *American Journal of Preventive Medicine*, 1, 1–7. <https://doi.org/10.1016/j.amepre.2012.09.041>

⁴⁰ *Trautmann v. Christie*, 211 N.J. 300, 48 A.3d 1031 (2012), *aff'd* 418 N.J. Super. 559, 15 A.3d 982 (App. Div. 2011).

holistic and sustained approach—covering safe driving practices, risk recognition, and responsible behavior—could be integrated into the school setting. Embedding this education within existing wellness programming would normalize conversations about risk, reinforce safe choices, and reach students before and after they begin driving.

Recommendation

Integrate safe driving content into high school wellness and life skills programming, building on the Comprehensive Health and Physical Education Framework.

One promising entry point is MassDOT’s Safe Routes to School (SRTS) program, a nationally ranked, federally funded grade K-12 program which works to bridge the gap between health and student transportation. While the program’s central focus is on active transportation and safe school arrival and dismissal, its peer-led initiatives show opportunities for promoting safe teen driving behaviors overall.⁴¹ With established relationships in more than 70% of Massachusetts schools as well as over 325 non-school partnerships, SRTS already serves as a credible and coordinated presence across the Commonwealth. Its experience promoting safe behaviors and life skills makes SRTS well positioned to expand to initiatives focused on safe driving practices.

One such non-school partner SRTS collaborates with is AAA Northeast, which offers evidence-based high school programs in Massachusetts. AAA Northeast’s *Shifting Gears* uses pre- and post-surveys to measure changes in behavior and knowledge and goes beyond basic messaging to address cannabis impairment, prescription medication effects, and polysubstance use.⁴² While *Shifting Gears* is typically a one-day workshop, and not deeply enmeshed into the wellness curriculum, it has strong potential to grow through formal partnerships with school superintendents, school nurses, athletic directors, and student wellness teams. These stakeholders shape health and safety priorities in schools and can help institutionalize road safety education as part of a broader wellness strategy.

Recommendation

Develop and implement a comprehensive teen driving safety program in high schools, with targeted outreach to superintendents, school wellness staff, and school-based community education providers to promote widespread adoption and sustainability.

High-Risk Driving Behavior Mitigation

High-risk driving behaviors encompass driving unrestrained, speeding, and substance-impaired, drowsy, and distracted driving. These factors can drastically affect a teen’s injury severity, ability

⁴¹ *Safe Routes to School*. (n.d.). Mass.Gov. <https://www.mass.gov/safe-routes-to-school>

⁴² *Shifting Gears*. (n.d.). AAA Northeast. <https://northeast.aaa.com/community/Shifting-Gears/Overview.html>

to react, and decision-making, which can lead to dangerous and sometimes fatal outcomes. Equipping teens with education, enforcing laws that promote safe behavior, and advocating for safer conditions can decrease instances of unsafe driving and deaths.

Seatbelt Use

Seatbelt use is one of the most effective and accessible strategies to prevent serious injury and death in motor vehicle crashes. According to the National Highway Traffic Safety Administration (NHTSA), seatbelts reduce the risk of death for front-seat occupants by 45% and reduce the risk of moderate-to-critical injury by 50%.⁴³ **Between 2018 and 2023, 34% of teens who died in motor vehicle crashes were not wearing seatbelts at the time of the collision.**⁴⁴ This is consistent with national trends showing that teens are among the least likely age group to use restraints consistently.⁴⁵ According to NHTSA's annual *Occupant Protection Use Survey*, Massachusetts' overall seatbelt usage rate has historically lagged behind the national average. As of 2022, the estimated statewide usage rate was approximately 78.5%, compared to the national average of 91.6%.⁴⁶ Initiatives to increase seatbelt usage necessitate targeted interventions, and improving the culture around seatbelt use in Massachusetts as a whole.

The structure of the state seatbelt law also contributes to lower seatbelt use in the Commonwealth. Massachusetts is one of the few states without a primary seatbelt law, which would allow law enforcement to stop a vehicle solely for a seatbelt violation. Instead, seatbelt enforcement is a secondary sanction, meaning a driver cannot be stopped if their only violation is improper seatbelt usage. In 1994, voters overturned a previously enacted primary enforcement law via ballot referendum. Opposition to the law was largely rooted in concerns about civil liberties and fears that the law would lead to disproportionate stops and citations in communities of color.⁴⁷ While these concerns remain influential in policy debates, research on racial disparities in seatbelt enforcement presents a more nuanced picture. National studies have found that in some jurisdictions, Black and Latino drivers are more likely to be stopped or cited for seatbelt violations, but these patterns vary by state, enforcement strategy, and the presence of racial bias

⁴³ Kirley, B. B., Robison, K. L., Goodwin, A. H., Harmon, K. J., O'Brien, N. P., West, A., Harrell, S. S., Thomas, L., & Brookshire, K. (2023, November). *Countermeasures that work: A highway safety countermeasure guide for State Highway Safety Offices, 11th edition, 2023* (Report No. DOT HS 813 490). National Highway Traffic Safety Administration.

⁴⁴ When seatbelt use was known (29 of 36 cases).

⁴⁵ *Fatality Facts 2023: Teenagers*. (2022, May). Insurance Institute for Highway Safety (IIHS).

<https://www.iihs.org/research-areas/fatality-statistics/detail/teenagers>

⁴⁶ Werth, L. (2025). Occupant Restraint Use in 2023: Results from the NOPUS Controlled Intersection Study. National Highway Traffic Safety Administration.

<https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813675>

⁴⁷ Hingson, R., Levenson, S. M., Heeren, T., Mangione, T., Rodgers, C., Schiavone, T., Hertz, R. P., & Schiavonnet, T. (1988). Repeal of the Massachusetts seat belt law. *American Journal of Public Health*, 5, 548–552. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.78.5.548>

protections. Current legislation filed in the 2025–2026 session would establish a primary seatbelt law, and careful monitoring of the impacts on different demographic groups could ensure enforcement is equitable, as controlled for known seatbelt usage rates by race and ethnicity. In the [FY21 CFR Annual Report](#), the state team recommended the following:

Massachusetts policymakers implement an ethical and equitable primary seatbelt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seatbelt use geared towards audiences with the lowest seatbelt use rates and highest unbelted crash rates, and improved access to car seats and installation services.

The state team reiterates this recommendation in the context of teen vehicle occupant fatality prevention, with a new model for providing seatbelt use awareness campaigns.

Most Massachusetts residents are familiar with public awareness campaigns as a means to increase seatbelt use. While statewide campaigns like *Click It or Ticket* provide broad messaging about the importance of seatbelt use, more targeted local efforts have also played a vital role in changing behaviors in specific populations. *Buckle Up Brockton*, for example, is a MassDOT grassroots initiative to increase seatbelt use in one of the state's lowest usage communities. The program utilized community engagement and support to increase seatbelt use from 42% to 72%

in five months.⁴⁸ *Buckle Up Brockton* relied on intensive community support to develop the campaign, fostering buy-in and developing expertise within the target population. These interventions succeed because they engage the target population in the development process. Replicating a similar model with input from teens may be an effective method for increasing seatbelt use in teen vehicle occupants.

Recommendation

Develop peer-led public service campaigns designed by and for teens to increase seatbelt use.

Speeding

Speeding played a role in 52% of teen fatalities.⁴⁹ While the literature shows that teen drivers speed at higher rates than adult drivers in part due to increased risk-taking behavior, a normal part of teen development,^{50,51} we do not know whether it was the teen or another party that was speeding in fatal accidents involving teens. Teen drivers are understandably influenced by the culture of the roadways they encounter. This begins when riding in vehicles as passengers from young ages, most often with caregivers. This is also influenced by the other road users they encounter when learning to drive. Therefore, discouraging speeding among all drivers is necessary to decrease the overall incidence of roadway deaths, including among teens. Improving the roadway culture regarding speeding and aggressive driving and carefully monitoring new drivers' behaviors will afford teen drivers better opportunities to make safe choices.

Speeding Enforcement

MassDOT's Strategic Highway Safety Plan (SHSP) outlines strong strategies to discourage unsafe driving and promote a culture of speed compliance, including reviewing penalty structure efficacy, improving violation tracking, and enhancing data integration to target interventions effectively.⁵² Much of this work is supported by the Executive Office of Public Safety and Security's

⁴⁸ [Brockton Seat Belt Campaign Boosts Seat Belt Usage by Over 70 Percent](#) (2024). Massachusetts Department of Transportation.

⁴⁹ Where speeding conditions were reported (35 of 41 cases).

⁵⁰ Gheorghiu, A., Delhomme, P., & Felonneau, M. L. (2015). Peer pressure and risk taking in young drivers' speeding behavior. *Transportation research part F: traffic psychology and behavior*, 35, 101-111.

⁵¹ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on Applying Lessons of Optimal Adolescent Health to Improve Behavioral Outcomes for Youth; Kahn N.F., Graham R., editors. *Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century*. Washington (DC): National Academies Press (US); 2019 Dec 12. 3, The Current Landscape of Adolescent Risk Behavior. <https://www.ncbi.nlm.nih.gov/books/NBK554988/>

⁵² *2023 Strategic Highway Safety Plan*. (2023). Massachusetts Department of Transportation. <https://www.mass.gov/doc/massachusetts-shsp-2023/download>

Office of Grants and Research (OGR), whose [Municipal Road Safety Grant Program](#) funds local traffic enforcement and whose [Traffic Safety Information System Improvements Grant Program](#) supports data tools like the [MassDOT Crash IMPACT Portal](#).

Automated speed enforcement, though not currently authorized, remains a proven approach in other states and an objective within the SHSP. The [Governor's 2026 budget](#) proposal included a statewide speed camera program with municipal opt-in, public notice, and warning periods; while it was not adopted, research shows such programs can reduce speeding and crashes. If implemented with equity safeguards, automated enforcement could complement roadway redesign and targeted police efforts.

MassDOT and its partners are already advancing strategic speed management work. Maintaining teen drivers as a priority audience in these efforts will help establish safe driving habits early and strengthen compliance across all road users.

Recommendation

Continue [SHSP](#) speed management strategies with a focus on teen drivers and revisit opportunities for automated speed enforcement with municipal opt-in, public awareness requirements, and equity safeguards.

Speed Monitoring Apps

Examples of Speed Monitoring Apps

Speed monitoring apps are a motivating tool for novice teen drivers to adhere to speed limits. Some examples include

- Real-time monitoring: [Life 360](#), [Mama Bear](#)
- Feature disabling: [OnMyWay](#), [DriveMode](#)
- Insurer user-based interface: Check your auto insurer's app
- Gamification: [SAFE 2 SAVE](#)

Speed-monitoring apps offer another avenue for ensuring speed limit compliance by caregivers. They allow caregivers to track driving behavior, monitor location, and receive alerts for rapid acceleration or hard braking.⁵³ While some teens may resist what they perceive as surveillance, many caregivers report that these tools open productive conversations about risk and

⁵³ Vankov, D., Schroeter, R., & Rakotonirainy, A. (2023). Provisional drivers intend to speed less: The positive outcome for young drivers of a safe-driving app randomised trial. *Transportation Research Interdisciplinary Perspectives*, 100877. <https://doi.org/10.1016/j.trip.2023.100877>

accountability when paired with open dialogue and mutual understanding, rather than punishment.

Different speed monitoring apps exist with different usage structures. Apps that offer parents real-time tracking and alerts are available, usually with a monthly subscription fee.⁵⁴ Other free apps will disable features like texting, calling, music, or programming maps when the phone is in motion. Apps from car insurers offer incentives like lower insurance premiums for teens who drive safely, though premiums may rise if a teen drives recklessly. Finally, gamification apps reward safe teen drivers with deals like coupons to local restaurants for safe driving.

Still, the cost of these tools and potential impacts on trust should be considered, particularly in lower-income households or those without consistent access to smartphones.

Recommendation

Promote speed monitoring and feedback apps in the parent/guardian JOL education class.

Substance-Impaired Driving

Analysis of the 2023 Youth Risk Behavior Survey data found that 15.7% of Massachusetts 12th graders who drove reported that in the past 30 days they had driven after using marijuana. A substantial proportion of students also reported riding with impaired drivers.⁵⁵ The Massachusetts Strategic Highway Safety Plan recommends adding cannabis impaired driving to the driver education curriculum to ensure new drivers understand the dangers of driving under the influence of cannabis, particularly when combined with alcohol.⁵⁶ In 2022, Massachusetts became the first state to require driver education instruction on the dangers of cannabis-impaired driving, Module 13 of the RMV's driver education framework, The Dangers of Alcohol, Drugs & Driving, requires a discussion of the effects of cannabis on driving and clarification that operating a motor vehicle under the influence of cannabis is still illegal, despite legalization of recreational cannabis use for residents over 21. [H.3710, An Act Relative to Driver Education](#), proposed for the 2025-2026 session, would add a full module on the risks of cannabis-impaired driving to the Driver Education curriculum, though of note, the bill does not expand the number of required classroom instruction hours, meaning that accommodating this addition would require revisions to other modules. The previous recommendation could resolve these concerns: Require driver education and training providers to use a state-approved formalized curriculum and establish an interagency working group to develop the curriculum using citation, crash, and evidence-based driver education data.

⁵⁴ *Driving Safety*. (n.d.). Life360. https://www.life360.com/driving-safety?icid=nav_driving_safety_us

⁵⁵ Massachusetts Department of Public Health (2024). Joint Massachusetts YRBS and YHS Data Tables 2023. <https://www.mass.gov/doc/joint-massachusetts-yrbs-and-yhs-data-tables-2023/download>

⁵⁶ *2023 Strategic Highway Safety Plan*. (2023). Massachusetts Department of Transportation. <https://www.mass.gov/doc/massachusetts-shsp-2023/download>

Enforcement regulations for cannabis-impaired driving have lagged behind legalization of recreational cannabis use. There is no legal limit for cannabis-impaired driving, in part because intoxication is difficult to assess. A blood test can indicate recent use of cannabis, but THC may be present on a test after a person is no longer impaired. Law enforcement in Massachusetts must be equipped with realistic enforceable regulations to combat cannabis-impaired driving, among teens and all drivers who may endanger others on the road.

In the absence of a clear legal threshold, law enforcement officers must rely on behavioral assessments to determine impairment. One such tool is the Drug Recognition Expert (DRE) program, which trains officers to identify signs of drug impairment through a standardized evaluation. The Massachusetts Cannabis Control Commission published [A Baseline Review and Assessment of Cannabis Use and Public Safety](#) in 2019 evaluating the state's use of DREs between 2010 and 2017. The report included data on the number and distribution of certified DREs as well as findings from a statewide survey of local police departments.⁵⁷ The report identified key limitations, including a shortage of trained personnel, inconsistent deployment across jurisdictions, and concerns about the reliability of DRE evaluations.

Given the prevalence of cannabis use among teen and adult drivers,⁵⁸ a follow-up analysis is warranted. Such a study could assess the current effectiveness of DRE deployment, examine whether enforcement is equitably applied and upheld in courts, and explore emerging tools or protocols that might strengthen detection and deterrence. Understanding how cannabis-impaired driving is currently addressed—and where gaps remain—is critical for developing a public safety strategy that protects teens and all road users.

Recommendation

Regulating and monitoring agencies should consider a follow-up to the Cannabis Control Commission's 2019 baseline study on cannabis use and enforcement.

Drowsy Driving and School Start Times

Drowsy driving is an under-recognized but significant contributor to teen motor vehicle crashes. Teens are uniquely vulnerable to sleep deprivation due to biological changes in circadian rhythm during puberty, combined with the demands of school, extracurricular activities, familial obligations, and part-time work. The consequences are serious: In 2023, 12.2% of Massachusetts high school drivers reported nodding off or falling asleep while driving in the past 30 days,

⁵⁷ Massachusetts Cannabis Control Commission (2019). [A Baseline Review and Assessment of Cannabis Use and Public Safety](#)

⁵⁸ In a 2018 report summarizing findings from a Massachusetts survey, 34.3% of adults who used marijuana reported driving under its influence. Overall, 7.2% of the total adult population surveyed reported driving while impaired by cannabis in the past 30 days (Massachusetts Department of Public Health (2018). [Marijuana Baseline Health Study Report of Findings](#)).

according to the Massachusetts Youth Health Survey.⁵⁹ This represents more than one in ten teen drivers engaging in a behavior that severely impairs reaction time, attention, and decision-making—on par with driving under the influence of alcohol or drugs. Several studies have confirmed the relationship between insufficient sleep and elevated crash risk in teens.^{60,61}

Research shows that teens who sleep fewer than six hours per night are significantly more likely to be involved in a crash compared to their well-rested peers.⁶² Analysis of data from the 2023 Massachusetts Youth Health Survey found that among high school students who drive, those who reported getting 6 hours of sleep or less on an average school night were 93% more likely to report falling asleep at the wheel in the past 30 days than students who reported getting 7 hours of sleep or more on an average school night (18.4% vs. 10.4%).⁶³ The problem is compounded by school schedules that require early start times, often forcing teens to wake well before their natural biological rhythms would otherwise allow.

Massachusetts is beginning to respond to this evidence. A growing number of school districts—including Boston, Nauset Regional, Hanover, Sharon, Duxbury, Hingham, and Scituate—have already begun shifting to later start times for high school students, citing both academic and health benefits. These changes are supported by studies showing that even modest delays in school start times result in longer sleep duration, improved academic performance, and measurable reductions in crash rates among student drivers.⁶⁴

At the state level, legislative proposals such as [H.467, An Act Relative to School Start Times for Middle and High School Students](#) aim to expand this approach statewide. The bill, proposed for the 2025-2026 session, would require public middle schools to start no earlier than 8 a.m. and high schools no earlier than 8:30 a.m., aligning school schedules with teen sleep needs. This policy is backed by sleep medicine and public health research as well as a growing body of traffic safety

⁵⁹ Massachusetts Department of Public Health (2024). Joint Massachusetts YRBS and YHS Data Tables 2023. <https://www.mass.gov/doc/joint-massachusetts-yrbs-and-yhs-data-tables-2023/download>

⁶⁰ Bin-Hasan, S., Kapur, K., Rakesh, K., & Owens, J. (2020). School start time change and motor vehicle crashes in adolescent drivers. *Journal of Clinical Sleep Medicine*, 16(3), 371-376. <https://doi.org/10.5664/jcsm.8208>

⁶¹ Vorona, R. D., Szklo-Coxe, M., Lamichhane, R., Ware, J. C., McNallen, A., & Leszczyszyn D. (2014) Adolescent crash rates and school start times in two central Virginia counties, 2009-2011: A follow-up study to a southeastern Virginia study, 2007-2008. *Journal of Clinical Sleep Medicine*, 10(11), 1169-77. <https://dx.doi.org/10.5664/jcsm.4192>

⁶² Foss, R. D., Smith, R. L., & O'Brien, N. P. (2019). School start times and teenage driver motor vehicle crashes. *Accident Analysis & Prevention*, 126, 54-63. <https://doi.org/10.1016/j.aap.2018.03.031>

⁶³ Massachusetts Department of Public Health (2024). Joint Massachusetts YRBS and YHS Data Tables 2023. <https://www.mass.gov/doc/joint-massachusetts-yrbs-and-yhs-data-tables-2023/download>

⁶⁴ Bin-Hasan, S., Kapur, K., Rakesh, K., & Owens, J. (2020). School start time change and motor vehicles crashes in adolescent drivers. *Journal of Clinical Sleep Medicine*, 16(3), 371-376. <https://doi.org/10.5664/jcsm.8208>

evidence. A statewide approach would also be effective in eliminating some of the concerns with delaying school start times, including disruptions to extracurricular activities, like sports and jobs. A statewide measure will shift the expectations for release times.

Recommendation

Require later high school start times statewide to reduce drowsy driving among teens.

Distracted Driving and Phone Use

Phone use increases the risk of collision, particularly for teen drivers.⁶⁵ **In 2023, 53% of 12th graders who drove reported texting or emailing while driving in the past 30 days.**⁶⁶ Massachusetts has a hands-free phone use law, prohibiting handheld use for all drivers, and the Graduated Driver Licensing restrictions extend further by prohibiting any phone use for teens, including hands-free use. Junior Operator License driver indicator stickers could aid in enforcing these phone-free requirements. Caregiver and teen driving agreements can also explicitly restrict phone use, with penalties tied to driving privileges. In addition, many speed-monitoring apps track phone use while driving, alerting parents or locking phone functions while the app is active. Modeling safe behaviors by other road users and family members further reinforces good decision-making. Taken together, these approaches highlight the need for consistent systemic efforts that combine policy, enforcement, technology, and family involvement to reduce phone use and improve teen driver safety.

Access to Alternative Transportation

It is crucial for teens and all drivers to have multiple transportation options beyond a motor vehicle. Making the choice to take mass transit instead of driving can be a risk reduction option when someone is tired, inebriated, or uncomfortable driving in different weather conditions. For teens without a license, mass transit may be their only means of transport. One instance of fatal unlicensed driving reviewed by a local team resulted in a problem statement related to investigating alternative transportation options. With alternative, safer transportation options, more teens will have safer, non-driving methods to travel when they are unlicensed or incapable. Improved mass transit options would also increase a teen's ability to access driver education programming.

Unlike other demographic groups, teens have been largely absent from transit research in Massachusetts, leaving policymakers with little information on how young people experience

⁶⁵ Klauer, S. G., Guo, F., Simons-Morton, B. G., Ouimet, M. C., Lee, S. E., & Dingus, T. A. (2014). Distracted Driving and Risk of Road Crashes among Novice and Experienced Drivers. *New England Journal of Medicine*, 1, 54–59. <https://doi.org/10.1056/nejmsa1204142>

⁶⁶ Massachusetts Department of Public Health (2024). Joint Massachusetts YRBS and YHS Data Tables 2023. <https://www.mass.gov/doc/joint-massachusetts-yrbs-and-yhs-data-tables-2023/download>

mass transportation or how transit access—or lack of it—shapes their mobility choices. This absence of youth-centered data around access and perceptions of mass transportation makes the [2021 Boston Youth Transportation Survey](#) (BYTS) particularly valuable. Conducted to better understand how Boston teens navigate their city, the BYTS gathered insights from high school students about their transportation habits, concerns, and preferences. The findings were clear: teens frequently cited affordability, reliability, and safety as major barriers to using public transit. Many students reported long travel times to school or after-school activities, difficulty affording MBTA fares, and discomfort with riding alone due to safety concerns.⁶⁷ These barriers not only impact educational and social opportunities but may also push some teens toward driving or riding with peers before they are ready or fully licensed, potentially increasing their risk of motor vehicle injury.

Integrating youth voices and experiences more directly into planning and policy would allow Massachusetts to align its long-term transportation goals with immediate public health benefits. For teens, having access to safe, affordable, and dependable public transit provides a meaningful alternative to driving. Ensuring diversity in opinions, including teens in urban centers such as but not limited to Boston, as well as teens in rural areas could lower fatality risk across the state. Expanding youth fare programs, improving after-hours service, and ensuring safety at stations and stops are not just investments in transit; they are concrete, evidence-informed steps to reduce teen crash risk and promote safer communities.

Recommendation

Expand safe, affordable public transit options for teens, including fare reduction programs and after-hours service.

Recommendations

Between 2018 and 2023, 41 Massachusetts residents ages 15 to 17 died in crashes involving cars, trucks, or motorcycles. Review of case data highlights several preventable and actionable risk factors:

- **Junior Operator License compliance:** 25 deaths involved a driver or passenger in a JOL-operated vehicle; 12 of 21 crashes likely involved violations of JOL passenger limits.
- **Crash timing:** 63% of fatal crashes occurred in dark conditions; nearly 25% of JOL-operator involved crashes occurred between 9 p.m. and 12 a.m.
- **Licensure status:** Five teens were killed while driving without a license.

⁶⁷ Ko, L. (2018, December). *Boston Youth Transportation Project*. Office of Michelle Wu. https://assets.ctfassets.net/1hf11j69ure4/76UiX1C67Xwy8cw4K70Nzk/dc63d68a41ff29590d235df2c4e53033/BYPT-Report_final.pdf

- **Seatbelt use:** Nearly one-third of teens killed were unrestrained.⁶⁸
- **Speeding:** 52% of fatal crashes were speeding related.⁶⁹
- **Impairment and fatigue:** 15.7% of Massachusetts 12th graders who drove reported driving after using marijuana; 12% of teens reported nodding off while driving.

While the state has implemented many evidence-based policies to reduce teen motor vehicle occupant fatalities, several gaps remain. Access to driver education is limited by cost and geography, and many teens delay licensure to avoid driver education requirements.

Massachusetts lacks a primary seatbelt enforcement law, and statewide seatbelt usage (78.5%) lags behind the national average (91.6%). A culture of speeding endangers inexperienced drivers who are pressured to drive faster than what is safe. Cannabis-impaired driving among teens is high, yet few driving safety programs directly address cannabis impairment, and updated research into drug recognition expert enforcement efforts is needed. Over one in ten teens report nodding off while driving. Public transportation may be inaccessible and is under-researched as a reliable alternative for teens.

The CFR program offers these recommendations to the Legislature, Governor, and general public in three key areas:

- Skill building
- High-risk driving behavior
- Access to alternative transportation

The following recommendations are organized by thematic area, with tiers to guide policymakers from the most ambitious, high-impact reforms to more incremental and feasible actions.

1. Increase access to evidence-based education for driving skills.

In Massachusetts, cost, geography, and scheduling constraints limit many teens' access to formal driver education, while those over 18 can obtain a license without any training. By expanding availability, improving content quality, and embedding safe driving in school wellness programs, the state can ensure all young drivers gain the skills and judgment needed to drive safely.

Transformative Action

- Establish an interagency working group to develop a formalized curriculum, including content, instructional methods, and reference materials, using citation, crash, and evidence-based driver education data; and require driver education and training providers to implement the state-approved curriculum.

⁶⁸ Where seatbelt use was known.

⁶⁹ Where speed conditions were known.

- Explore reinstating publicly funded, school-based driver education programs in underserved districts.
- Require driver education for all new license seekers, regardless of age.
- Adjust Massachusetts' JOL curfew to align more closely with NHTSA-recommended hours (9 or 10 p.m. to 5 a.m.).
- Study the feasibility of a novice driver decal program, similar to New Jersey's model, and assess its potential benefits and risks in Massachusetts.

Significant Impact

- Establish a Driver Education Fund to provide financial assistance to students from low-income households, building on eligibility criteria from existing benefit programs and funding for driver-readiness assessments for teens with intellectual or developmental disabilities.
- Require ten hours of supervised night-driving as a prerequisite to JOL.
- Integrate safe driving content into high school wellness and life skills programming, building on the Comprehensive Health and Physical Education Framework.

Incremental Change

- Promote parent-teen driving agreements in the mandatory parent/guardian JOL education class.
- Uphold current GDL requirements, including the six-month restriction on passengers for junior operators.
- Develop and implement a comprehensive teen driving safety program in high schools, with targeted outreach to superintendents, school wellness staff, and school-based community education providers to promote widespread adoption and sustainability.

2. Reduce high-risk driving behaviors in teens through education, enforcement, and legislative intervention.

Transformative Action

- Implement an ethical and equitable primary seatbelt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seatbelt use geared toward audiences with the lowest seatbelt usage rates and highest unbelted crash rates.
- Continue [SHSP](#) speed management strategies with a focus on teen drivers, and revisit opportunities for automated speed enforcement, with municipal opt-in, public awareness requirements, and equity safeguards.
- Require later high school start times statewide to reduce drowsy driving among teens.

Significant Impact

- Develop peer-led, public service campaigns designed by and for teens to increase seatbelt use.
- Consider a follow-up study to the Cannabis Control Commission's 2019 baseline study on cannabis use and enforcement.

Incremental Change

- Integrate seatbelt safety and healthy driving habits into existing peer leadership or health promotion programs in schools, ensuring consistent messaging across districts.
- Promote speed monitoring and feedback apps in the parent/guardian JOL education class.
- Integrate education on the combined risks of alcohol, cannabis, prescription medications, and fatigue into health curricula and parent outreach in schools.

3. Expand alternative transportation access and utilization among teens who are not ready, comfortable, or able to drive.

- Expand safe, affordable public transit options for teens, including fare reduction programs and after-hours service.

Conclusion

Improving outcomes for teens will require a coordinated strategy that blends education, outreach, enforcement, engineering and youth engagement. Stronger skill building and risky behavior mitigation can save lives. Collecting better data on enforcement, impairment, and access barriers and involving teens directly in the design of interventions will help ensure that solutions are not only evidence-based but equitable and effective.

The deaths of these 41 Massachusetts teens are tragedies that have immeasurable and resounding effects on families, communities, and our state. This program necessarily takes a narrow snapshot on the worst day in their and their loved ones' lives and does not represent the lives and choices prior to the culmination of the unfortunate factors that led to their deaths. The work of this program is rooted in the hope that by addressing these difficult circumstances, we will be able to close gaps in our state's systems and institutions to ensure that in the future children and their loved ones do not face a similar loss.

Appendix A. FY25 CFR Program Activities

State CFR Team

The state team met a total of four times in FY25, including one joint in-person meeting with local team leaders and coordinators. The meetings focused on providing resources and workflow guidelines for the local teams, determining team priorities, and directing the development of the motor vehicle collision-related fatalities in teens research project. The joint in-person meeting allowed for collaboration and information exchange between state team members and local team leaders, and perspective sharing on teen driver safety, the state of child fatalities and other relevant topics to the program.

Local CFR Teams

In FY25, seven of the 11 local teams met a total of 20 times and reviewed 77 fatalities. The Worcester local team held its first meetings after a hiatus. The Berkshire, Bristol, Cape and Islands, and Hampden local teams did not meet in FY25. The Berkshire and Cape and Islands teams engaged deeply with the CFR program, including attending local team collaborative sessions and the in-person joint meeting, with hopes of restarting reviews in FY26. Local team meetings resulted in 54 prevention-based problem statements and recommendations, and four continuous quality improvement recommendations. The state team is currently analyzing those recommendations with the support of subject matter experts to generate recommendations for the legislature and other audiences.

Technical Assistance

The CFR coordinator provided technical assistance to the local teams for application of the Local Team Guidelines, meeting facilitation and organization, and relationship building through quarterly collaborative sessions open to all local team leadership and through one-on-one support. The CFR coordinator offered technical assistance to all teams, including the teams that did not meet in FY24 and FY25.

Appendix B. FY24 Team Membership

State Team Membership

Dr. Mindy Hull

Chief Medical Examiner, Chair

Amanda Paull

Designee of the Attorney General

Dr. Eileen Costello

Designee of the Commissioner of the Department of Children and Families

Joseph Rucker

Designee of the Commissioner of the Department of Early Education and Care

Katharine Folger

Representative of the Massachusetts District Attorneys Association

Julia Lane

Designee of the Commissioner of the Department of Public Health

Michelle Harris

Designee of the Commissioner of the Department of Developmental Services

Rachelle Engler Bennett

Designee of the Commissioner of the Department of Elementary and Secondary Education

Shari Krauss and Alex Friedman

Directors of the Massachusetts Center for Unexpected Infant and Child Death

Karine Martirosyan

Designee of the Commissioner of the Department of Youth Services

Maria Mossaides

Director of the Office of the Child Advocate

Dr. Nandini Talwar

Designee of the Commissioner of the Department of Mental Health

Chief John Paciorek, Jr.

Designee of the Massachusetts Chiefs of Police Association

Dr. Celeste Wilson

Representative of the Massachusetts Chapter of the American Academy of Pediatrics with experience in child abuse and neglect

Alex Levie

Representative of the Massachusetts Health & Hospital Association

The team positions for Colonel of the State Police or designee and Chief Justice of the Juvenile Division of the Trial Court or designee are vacant. The CFR statute also allows for attendance at state team meetings by other individuals with information relevant to fatalities under review.

Local Team Leadership

Berkshires

Timothy Shugrue, District Attorney

Team Leader: Andrew Giarolo,
Assistant District Attorney

Bristol

Thomas Quinn, District Attorney

Team Leader: Dennis Collins,
Assistant District Attorney

Cape and Islands

Robert J Galibois, District Attorney

Team Leader: Courtney Scalice,
Assistant District Attorney

Essex

Paul Tucker, District Attorney

Team Leader: Kate MacDougall,
Assistant District Attorney

Hampden

Anthony Gulluni, District Attorney

Team Leader: Eileen Sears,
Assistant District Attorney

Middlesex

Marian Ryan, District Attorney

Team Leader: Katharine Folger,
Assistant District Attorney

Norfolk

Michael Morrissey, District Attorney

Team Leader: Elizabeth McLaughlin,
Assistant District Attorney

Northwestern

David Sullivan, District Attorney

Team Leader: Lori Odierna,
Assistant District Attorney

Plymouth

Timothy Cruz, District Attorney

Team Leader: Shanan Buckingham,
Assistant District Attorney

Suffolk

Kevin Hayden, District Attorney

Team Leader: Laura Montgomery,
Assistant District Attorney

Worcester

Joseph Early, District Attorney

Team Leader: Mark McShera,
Assistant District Attorney

Appendix C. Previously Issued Recommendations

Year	Recommendations	Updates and Information
FY24	Collect autism spectrum disorder (ASD) diagnosis as part of child fatality review criteria in all cases.	Internally implemented.
FY24	Identify or create and promote a centralized hub of educational resources, material goods, service providers, and funding opportunities for caregivers and providers of children with ASD.	DDS Autism, Wandering & Water Safety awareness campaign includes a webpage of additional resources related to wandering prevention.
FY24	Develop and disseminate a standardized tool for asking caregivers about elopement risk with provider education about wandering behavior, associated risks, and prevention.	DDS Autism, Wandering & Water Safety awareness campaign includes conversation guide and talking points for connection to services for providers and educators.
FY24	Conduct an elopement screening and provide caregiver education, including emergency preparedness, during provider interactions.	DDS Autism, Wandering & Water Safety awareness campaign includes conversation guide and talking points for connection to services for providers and educators.
FY24	Establish a pilot program for home safety modifications.	No updates at this time. The Home Modification Loan Program provides no-interest loans up to \$50,000 for eligible homeowners, but does not offer grants or subsidies.
FY24	Provide insurance coverage for prevention methods such as home modifications, elopement risk screenings, swim lessons, and tracking devices.	H.1171, An Act Concerning the Safety of Autistic and Alzheimer Individuals would provide insurance coverage for tracking devices. This bill is currently sitting with the Committee on Financial Services.
FY24	Create a centralized intake for applied behavior analysis therapies.	S.1392, Resolve Providing for a Study and Recommendations by a Special Commission Relative to Access to Behavioral Health Services for Children

Year	Recommendations	Updates and Information
		<i>and Families in the Commonwealth</i> would provide funding to study behavioral health service access. This bill was sent to study.
FY24	License and regulate applied behavior analysis centers.	MassHealth requirement for accreditation for out-of-home ABA providers.
FY24	Create a strategy for growing the workforce that supports children with ASD, including but not limited to: board certified behavior analysts, registered behavior technicians, and aquatics professionals	<i>H.283, An Act Relative to a Loan Repayment Program for Human Services Workers</i> would provide student loan repayment for human service workers, including those working with children with ASD. This bill was heard by the Joint House and Senate the committees on <i>Children, Families and Persons with Disabilities</i> in May 2025.
FY24	Create strategies for meeting DESE's Comprehensive Health and Physical Education objective for children to have the "ability to apply strategies for staying safe...around water" that are adapted to the specific needs of children with ASD.	No updates at this time, though <i>H.655, An Act to Promote Comprehensive and Inclusive Curriculum in Schools</i> provides a model for funding inclusive curricula development and implementation.
FY24	Identify and/or develop a model curriculum for personal safety standards and provide guidance for adapting the curriculum to students with special needs.	No updates at this time, though <i>H.286/S.1600 An Act Relative to Autism Education Reform</i> would require additional training for special education providers regarding working with children with ASD.
FY24	Increase funding for adaptive swim lessons.	No updates at this time, though municipal programs like Boston's Learn to Swim Program offer free adaptive lessons for residents.
FY24	Conduct an assessment to determine	<i>H.2671 An Act Relative to Massachusetts</i>

Year	Recommendations	Updates and Information
	the extent to which first responder training regarding children with autism has spread across the Commonwealth, the availability of radio tracking devices and reverse 9-1-1, and create a strategy to improve access as necessary.	<i>Policy and Procedures for Missing and Abducted Children</i> would require minimum standards for law enforcement departments' missing child policies, and would include children with mental and physical limitations. This bill was heard in July 2025 by the Joint Committees on Public Safety and Homeland Security.
FY24	Develop and promote in-service training on public safety risks, including elopement of people with ASD for first responders.	<i>H.286/S.1600 An Act Relative to Autism Education Reform</i> would develop an in-service training for law enforcement officers related to interactions with people with ASD. <i>DDS Autism, Wandering & Water Safety</i> awareness campaign includes key takeaways for locating a child with ASD for emergency response workers.
FY24	Encourage parents to maintain a packet of information that is easy to access in a moment of crisis, and/or proactively speak with local first responders. The packet should include information about the child's key interests, points of concern near the home, and considerations for how best to approach the child when they are located.	<i>DDS Autism, Wandering & Water Safety</i> awareness campaign includes information on creating an emergency information packet.
FY24	Create and promote a standardized practice in first responder agencies to identify and maintain information about children with ASD.	<i>H.2633, An Act Relative to More Accessible 911 Disability Indicator Forms</i> is a current bill to increase 911 disability form access, utilization, and accessibility.
FY24	Expand access to respite care for caregivers of children with ASD.	No legislative updates, though the Federation for Children with Special Needs offers <i>C2C</i> , a caregiver-to-

Year	Recommendations	Updates and Information
		caregiver respite network.
FY22	Develop guidance to support municipalities and communities in the establishment of community schools and expansion of availability of and resources for school-based health centers.	No updates at this time. In January 2021, DESE released Massachusetts Family, School, and Community Partnership Fundamentals 2.0 . These guidelines are a strong first step toward establishing more community schools.
FY22	Expand programs that support the deployment of active and passive cooling technologies—including in residences, rental properties, and schools—with an emphasis on growing heat pump use in environmental justice communities.	H.3498, An Act to Expand the Low Income Home Energy Assistance Program would increase state assistance for active cooling technologies for low-income residents. This bill was referred to the Committee on Telecommunications, Energy, and Utilities.
FY22	Require the use of integrated pest management as standard practice by licensed pesticide applicators and subsidize the provision of such services to residents in environmental justice communities.	S.617, An Act Relative to the Pesticide Board would create a pesticide board to study, among other things, integrated pest management strategies. The bill has been referred to the Committee on Environment and Natural Resources.
FY22	Study the feasibility of a program that pairs home safety assessments with subsidized home modifications to mitigate injury risk among children.	No updates at this time. The Home Modification Loan Program provides no interest loans up to \$50,000 for eligible homeowners, but does not offer grants or subsidies.
FY22	Create a statewide Fetal and Infant Mortality Review program to examine the circumstances surrounding individual fetal and infant deaths and to make recommendations that would prevent similar deaths in the future.	An Act Promoting Access to Midwifery Care and Out-of-Hospital Birth Options was passed in August 2024 and includes the creation of a fetal and infant mortality review board within the Department of Public Health.
FY21	Massachusetts policymakers should petition the FDA to reconsider the inclusion of corn masa in their fortification requirements, and work to	No updates at this time. However, the Center for Science in the Public Interest released Food Companies Thwarting Success of FDA Fortification Policy, Report

Year	Recommendations	Updates and Information
	create incentives for corn masa manufacturers to fortify their products, for food manufacturers to use fortified corn masa in their products, and for retailers to stock products that contain fortified corn masa.	Finds in February 2023.
FY21	Massachusetts policymakers should implement an ethical and equitable primary seatbelt law, alongside updated, linguistically appropriate, culturally responsive, and accessible education campaigns about the importance of seatbelt use geared towards audiences with the lowest seatbelt usage rates and highest unbelted crash rates, and improved access to car seats and installation services.	H.2630, An Act Relative to Primary Enforcement of Seatbelt Violations would make unrestrained driving a primary sanction. The bill was heard in April 2025 by the Senate Committee on Public Safety and Homeland Security.
FY20	The state team continues its support for legislation moving the responsibility for administering the CFR program from Office of the Chief Medical Examiner to the Office of the Child Advocate (OCA), with OCA and Department of Public Health representatives becoming designated co-chairs of the state team.	H.B234 An Act Relative to Child Fatality Review would move the chair position of the CFR program to the OCA and DPH. The bill was referred to the House Committee on Ways and Means in August 2025.
FY20	The Commonwealth should study the feasibility of requiring public and semi-public swimming pools to have emergency service activation systems or call boxes within the pool's fence perimeter and in a form that complies with ADA accessibility guidelines.	No updates at this time. 105 CMR 435.00 Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V) was updated in June 2023 and now requires semi-public and public swimming pools to have an emergency phone available, as described in section 435.25.
FY20	The Commonwealth should work with	MassDOT's Strategic Highway Safety

Year	Recommendations	Updates and Information
	providers to increase cell phone coverage in underserved areas, particularly along roadways.	Plan includes an objective to “improve post-crash care through improved cell services and data linkage.”
FY20	In order to practice, licensed mental health clinicians and social workers should be required to have continued education/training on suicidality, screening for suicide risk, and suicide prevention strategies.	S.D809, An Act Expanding Licensure Opportunity for School Counselors would expand licensure for school counselors and testimony has been submitted to amend the bill to include mandatory training on suicidality.
FY20	Commonwealth executive branch agencies should collect gender identity in their data sets.	The Juvenile Justice Policy and Data Board (pg. 76), the LGBTQ+ Commission, the Human Rights Campaign , and the National LGBTQIA+ Health Education Center have all released similar recommendations.
FY20	In order to better coordinate care for children across state providers, all Executive Office of Health and Human Services agencies should use a standard confidential information sharing mechanism for client case records.	No updates at this time.
FY20	Adults operating a motorboat or other motorized personal watercraft in Massachusetts should be required to take a boating safety course.	An Act Relative to Boater Safety to be Known as the Hanson Milone Act was passed into law and signed by the Governor in January 2025.

Appendix D. Data: The State of Child Fatalities

For all Massachusetts children aged zero to 17 years in 2023, the top five causes of death were congenital malformations (n=50), unintentional injuries (n=45)⁷⁰, short gestation/low birthweight (n=36), cancer (n=24), and sudden unexpected infant death (SUID)⁷¹ (n=20). The top three causes of death in children in Massachusetts were also the top three causes nationally. Causes of death that ranked higher in Massachusetts than nationally were congenital malformations (first in MA vs. third nationally), cancer (fourth in MA vs. sixth nationally), and SUID (fifth in MA vs. less than 15th nationally). Causes of death that ranked lower in Massachusetts than nationally were homicide (less than fifth in MA vs. fourth nationally) and suicide (less than fifth in MA vs. fifth nationally).⁷²

Compared with the 2022 top causes of deaths in Massachusetts, in 2023 there was an increase in deaths due to unintentional injuries (45 deaths in 2023 and 37 in 2022) and short gestation/low birthweight (36 deaths in 2023 and 29 in 2022). Deaths from congenital malformations (50 deaths in 2023 and 49 in 2022), cancer (24 deaths in 2023 and 20 in 2022), and SUID (20 deaths in 2023 and 17 in 2022) remained stable or decreased.

⁷⁰ Unintentional injuries are bodily harm resulting from events that are not deliberately inflicted. They are commonly referred to as accidents, even though they are often predictable and preventable. The most frequently occurring mechanisms of unintentional injury are car crashes, falls, drowning, fire, guns, poisonings and drug overdoses, sharp objects, being struck by something, tripping on a sidewalk, and more.

⁷¹ Sudden unexpected infant death is defined as is the sudden and unexpected death of an infant under age 1 year where a cause is not immediately known before investigation by the Department of Public Health. SUID encompasses deaths from accidental suffocation and strangulation in bed (ASSB), sudden infant death syndrome (SIDS), and undetermined causes. For the purposes of comparison, Massachusetts SUID deaths were compared to national rates of death from SIDS as the definition for SIDS differs between Massachusetts and other states.

⁷² Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2025.
<http://wonder.cdc.gov/ucd-icd10-expanded.html>

Table D1. Leading Causes of Death by Age Group in Massachusetts in 2023

Rank	Infants (<1 year)	1-4 Years	5-9 Years	10-14 Years	15-17 Years	1-17 years	0-17 Years (Total)
1	Congenital malformations (n=36); Short Gestation/Low Birth Weight (n=36)	Unintentional Injuries (n=7)	Congenital Malformations (n=6)	Cancer (n=8)	Unintentional injuries (n=26)	Unintentional Injuries (n=44)	Congenital Malformations (n=50)
2	Sudden Unexpected Infant Death (SUID) (n=20)	Congenital Malformations (n=5)	Cancer (n=5)	Unintentional Injuries (n=7)	Cancer (n=7)	Cancer (n=24)	Unintentional Injuries (n=45)
3	Pregnancy Complications (n=18)	Cancer (n=4); Ill-Defined Conditions, Signs and Symptoms (n=4)	Unintentional Injuries (n=4)	Homicide (n=5)	Homicide (n=6); Suicide (n=6)	Homicide (n=16)	Short Gestation / Low Birth Weight (n=36)
4	Complications of Placenta (n=8)	Homicide (n=3); In situ Neoplasms (n=3); Other Infections (n=3)	Heart Disease (n=2); Homicide (n=2)	Heart Disease (n=3)	In situ Neoplasms (n=3)	Congenital Malformations (n=14)	Cancer (n=24)
5	Intrauterine Hypoxia (n=7)	Heart Disease (n=2); Influenza and Pneumonia (n=2)	All Other Causes (n=11)	Cerebral Palsy (n=2); Suicide (n=2); Stroke (n=2)	Congenital Malformations (n=2); Heart Disease (n=2); Other Infections (n=2)	Heart Disease (n=9)	Sudden Unexpected Infant Death (SUID) (n=20)
Total Deaths by Age Group	212	42	30	41	59	172	384

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2023

Infants

Massachusetts has one of the lowest infant death rates in the country. In 2023, the infant death rate in Massachusetts was 42% lower than the national rate (MA: 327.9 deaths per 100,000 births; U.S.: 560.7 deaths per 100,000 births). The leading five causes of infant death in Massachusetts in 2023 were congenital malformations (n=36), short gestation/low birthweight (n=36), SIDS (n=20), pregnancy complications (n=18), complications of placenta (n=8), and intrauterine hypoxia (n=7). These were similar to the leading causes of infant death nationally, with the exception of unintentional injuries being among the top five causes of infant death nationally but not in Massachusetts.⁷³

Ages One to Four

For Massachusetts one- to four-year-olds, in 2023 the leading causes of death were unintentional injuries (n=7), congenital malformations (n=5), cancer (n=4), ill-defined conditions-signs and symptoms (n=4), homicide (n=3), in situ neoplasms (n=3), and other infections (n=3), heart disease (n=2), and influenza/pneumonia (n=2). These were similar to the leading causes of death in this age group nationally.⁷⁴

Ages Five to Nine

For Massachusetts five- to nine-year-olds in 2023, the leading causes of death were congenital malformations (n=6); cancer (n=5); unintentional injuries (n=4), heart disease (n=2), and homicide (n=2). These were also the leading causes of death nationally, although their rankings differed somewhat. Congenital malformations were the leading cause of death for five- to nine-year-olds in MA but the third leading cause nationally. Unintentional injuries ranked lower in MA than nationally (third in MA vs. first nationally).⁷⁵

Ages Ten to Fourteen

For Massachusetts ten- to 14-year-olds in 2023, the leading causes of death were cancer (n=8), unintentional injuries (n=7), homicide (n=5), heart disease (n=3), and cerebral palsy (n=2), stroke (n=2), and suicide (n=2). Causes of death that ranked higher in Massachusetts than nationally were cancer (first in MA vs. third nationally) and homicide (third in MA vs. fourth nationally). Causes of death that ranked lower in Massachusetts than nationally were suicide (fifth in MA vs. second nationally) and unintentional injuries (second in MA vs. first nationally).⁷⁶

⁷³ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2025.
<http://wonder.cdc.gov/ucd-icd10-expanded.html>

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Ibid.

Ages Fifteen to Seventeen

For Massachusetts 15- to 17-year-olds in 2023, the leading causes of death were unintentional injuries (n=26), cancer (n=7), homicide (n=6), and suicide (n=6), in situ neoplasms (n=3), congenital malformations (n=2), heart disease (n=2), and other infections (n=2). While unintentional injuries, homicide, and suicide also ranked among the top three causes of death in this age group nationally, causes that ranked higher in Massachusetts than nationally were cancer (second in MA vs. fourth nationally) and in situ neoplasm (fourth in MA vs. 14th nationally).⁷⁷

Infants

Death Rates by Geographic Area

In 2023, the infant death rate was highest in Berkshire District with 590.6 deaths per 100,000 population followed by Hampden with 459.2, Bristol with 454.8, and Plymouth district with 387.9. From 2022 to 2023 Bristol, Norfolk, and Suffolk districts saw an increase in the infant death rate while Essex, Hampden, and Worcester districts saw a decrease (See Table D2). Middlesex and Plymouth districts remained stable (See Table D2). The remaining districts had infant death rates that were unstable due to small numbers in either 2022 or 2023.

⁷⁷ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2025.
<http://wonder.cdc.gov/ucd-icd10-expanded.html>

Table D2. Infant Deaths (ages <1 year) by Geographic District in 2022 and 2023

District	2022		2023	
	Deaths	Death Rate*	Deaths	Death Rate*
Berkshire	--	--	6	590.6
Bristol	19	332.4	26	454.8 ↑
Cape & Islands	6	328.2	--	--
Essex	40	463	16	185.2 ↓
Hampden	24	500.9	22	459.2 ↓
Middlesex	42	252.8	42	252.8
Norfolk	13	185.6	15	214.2 ↑
Northwestern	--	--	--	--
Plymouth	19	387.9	19	387.9
Suffolk	24	272.9	30	341.1 ↑
Worcester	33	381.6	28	323.8 ↓
Total	226	325.3	212	305.1 ↓

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2022-2023

Counts of five or less and rates for counts of five or less have been suppressed and any rates for counts of 20 or less are unstable and should be interpreted with caution.⁷⁸

Arrows indicate directional change in death rate between 2022 and 2023.

**per 100,000 population*

Death Rates by Birth Sex

In 2023, based on sex at birth, the Massachusetts death rate for male infants under age one was 23% higher than for female infants (333.6 per 100,000 male births vs. 272.1 per 100,000 female births). Between 2022 and 2023 the infant death rate decreased for both male and female infants from 367.2 deaths per 100,000 births for males and from 278.0 deaths per 100,000 births for females in 2022.

Table D3. Infant Deaths (ages <1 year) by Sex at Birth in 2022 and 2023

Male Infants				Female Infants			
2022		2023		2022		2023	
Deaths	Death Rate*	Deaths	Death Rate*	Deaths	Death Rate*	Deaths	Death Rate*
131	367.2	119	333.6	94	278.0	92	272.1

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2022-2023

**per 100,000 population*

⁷⁸ Rates calculated for small populations are often unstable because a small change in the number of cases can lead to large percentage changes in the rate.

Death Rates by Race and Ethnicity

In 2023, Black, non-Hispanic/non-Latinx (nH/nL), Asian, nH/nL, and Hispanic/Latinx infants in Massachusetts had significantly higher death rates than White, nH/nL infants. The death rate for Black, nH/nL infants in Massachusetts was nearly three times the rate among White, nH/nL infants (724.3 vs. 252.6 per 100,000 infants). Deaths rates for Asian, nH/nL infants (371.9 per 100,000) and Hispanic/Latinx infants (361.2 per 100,000) were approximately 45% higher than for White, nH/nL infants. Between 2022 and 2023 the infant death rate decreased among Hispanic/Latinx and White, nH/nL infants and increased among Black, nH/nL and Asian, nH/nL Infants. (See Table D4).

Table D4. Infant Deaths (ages <1 year) by Race and Ethnicity in 2022 and 2023

Race/Ethnicity	2022		2023*	
	Deaths	Death Rate	Deaths	Death Rate
American Indian/Alaska Native, Non-Hispanic/Non-Latinx	--	--	--	--
Asian, Non-Hispanic/Non-Latinx	7	144.6	18	371.9
Black, Non-Hispanic/Non-Latinx	38	688.1	40	724.3
Hispanic/Latinx	61	393.4	56	361.2 ↓
White, Non-Hispanic/Non-Latinx	103	279.7	93	252.6 ↓

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2022-2023

Counts of five or less and rates for counts of five or less have been suppressed and any rates for counts of 20 or less are unstable and should be interpreted with caution.

Arrows indicate directional change in death rate between 2022 and 2023.

**per 100,000 population*

Children (One -17 years)

Death Rates by Geographic Area

In 2023, the child death rate (ages one to 17) was highest in Hampden District at 19.2 deaths per 100,000 population. Child death rates increased in Bristol, Essex, and Norfolk districts and decreased in Hampden, Plymouth, and Worcester districts as well as the Northwestern District from 2022 to 2023 (See Table D5). Middlesex and Suffolk districts remained stable (See Table D5). The remaining districts had child death rates that were unstable due to small numbers in either 2022 or 2023.

Table D5. Child Deaths (ages 1 to 17 years) by Geographic District in 2022 and 2023

District	2022		2023	
	Deaths	Death Rate*	Deaths	Death Rate*
Berkshire	--	--	--	--
Bristol	14	12.5	19	17.0 ↑
Cape & Islands	--	--	--	--
Essex	17	10.6	22	13.7 ↑
Hampden	22	23.5	18	19.2 ↓
Middlesex	28	9.3	31	10.3 ↑
Norfolk	9	6.4	16	11.3 ↑
Northwestern	9	26.0	6	17.3 ↓
Plymouth	20	18.8	16	15.0 ↓
Suffolk	18	15.1	19	16.0 ↑
Worcester	32	18.8	18	10.6 ↓
Total	177	13.6	172	13.3

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2022-2023

Counts of five or less and rates for counts of five or less and counts of five or less have been suppressed and any rates for counts of 20 or less are unstable and should be interpreted with caution.

Arrows indicate directional change in death rate between 2022 and 2023.

**per 100,000 population*

Death Rates by Sex at Birth and Age Group

Death rates among male children ages one- to- 17 in Massachusetts were 84% higher than for female children in 2023 (17.1 per 100,000 males vs. 9.3 per 100,000 females; also based on sex at birth). From 2022 to 2023 the overall death rate for females declined from 24.1 to 8.9 per 100,000 with the largest percentage change observed among the one-to-four and five-to-nine age groups (See Table D6). The overall death rate for males remained similar from 34.6 to 35.1 per 100,000 with the largest percentage change observed in the ten-to-14 age groups (See Table D6).

Table D6. Infant and Child Deaths by Sex and Age Cohort in 2022 and 2023

Age in Years	Male				Female			
	2022		2023		2022		2023	
	Deaths	Death Rate*	Deaths	Death Rate*	Deaths	Death Rate*	Deaths	Death Rate*
<1	131	367.2	119	333.6 ↓	94	278.0	92	272.1 ↓
1-4	29	19.7	32	21.8 ↑	12	8.6	10	7.1
5-9	17	9.0	17	9.0	19	10.5	13	7.2
10-14	19	9.7	24	12.3 ↑	18	9.6	17	9.0
15-17	45	34.7	40	30.8 ↓	18	14.3	19	15.0
1-17	110	16.6	113	17.1 ↑	67	10.5	59	9.3 ↓
Total	241	34.6	232	35.1 ↑	161	24.1	151	8.9 ↓

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2022-2023

Any rates for counts of 20 or less are unstable and should be interpreted with caution.

Arrows indicate directional change in death rate between 2022 and 2023.

**per 100,000 population*

Death Rates by Race and Ethnicity

Black, nH/nL children in Massachusetts ages one to 17 have significantly higher death rates than other racial/ethnic groups. In 2023, the death rate for Black, nH/nL children was 2.6 times as high as among White, nH/nL children (30.3 vs. 11.7 per 100,000 children). The death rate among Massachusetts Hispanic/Latinx children was 36% higher than among White, nH/nL children (15.9 vs. 11.7 per 100,000). The death rate among Asian, nH/nL children in Massachusetts in 2023 was lower than for White, nH/nL (6.4 v. 11.7 per 100,000), but this rate may be unstable due to low counts. Between 2022 and 2023 the child death rate decreased somewhat for all race/ethnicities except White, nH/nL, where a slight increase was observed.

Table D7. Child Deaths (ages 1-17 years) by Race and Ethnicity in 2022 and 2023.

Race/Ethnicity	Deaths	2022 Death Rate*	Deaths	2023* Death Rate*
American Indian/Alaska Native, Non-Hispanic/Non-Latinx	--	--	--	--
Asian, Non-Hispanic/Non-Latinx	11	11.7	6	6.4 ↓
Black, Non-Hispanic/Non-Latinx	35	33.1	32	30.3 ↓
Hispanic/Latinx	44	18.0	39	15.9 ↓
White, Non-Hispanic/Non-Latinx	79	10.6	87	11.7 ↑

Data Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2022-2023

Counts of five or less and rates for counts of five or less and counts of five or less have been suppressed and any rates for counts of 20 or less are unstable and should be interpreted with caution.

Arrows indicate directional change in death rate between 2022 and 2023.

**per 100,000 population*

Appendix E. Massachusetts Organizations Working on Transportation Safety

Organization	Description
<u>Massachusetts Department of Transportation (MassDOT)</u>	The state agency responsible for the planning, construction, maintenance, and oversight of the Commonwealth's transportation system, including highways, bridges, public transit, and aeronautics. It also encompasses safety initiatives and infrastructure improvements.
<u>Registry of Motor Vehicles (RMV)</u> <i>(a Division of MassDOT)</i>	The division of MassDOT that oversees vehicle registration, driver licensing (including Junior Operator Licenses), road testing, driver education regulations, and driver safety programs in Massachusetts.
<u>Executive Office of Public Safety and Security (EOPSS)</u>	The state agency responsible for coordinating public safety policy and funding, overseeing entities such as the State Police, Office of Grants and Research (OGR), and Homeland Security initiatives.
<u>State and Local Police Departments</u>	Law enforcement agencies responsible for enforcing traffic laws, conducting crash investigations, promoting roadway safety through enforcement and public awareness, and responding to collisions on roadways.
<u>Massachusetts Department of Public Health (DPH)</u>	The state agency overseeing population health initiatives, including injury prevention, data surveillance, and public education related to motor vehicle safety, traumatic brain injury, substance use, and emergency response.
<u>Municipal Road Safety Grant Program</u>	A Massachusetts state funding initiative that provides municipalities with grants to implement local traffic safety projects, education, and enforcement efforts aimed at reducing roadway injuries and fatalities.
<u>AAA Northeast</u>	A nonprofit member organization providing roadside assistance, travel and insurance services, and advocacy for safe driving practices. It also conducts public education programs and teen driver safety outreach.
<u>Brain Injury Association of Massachusetts (BIA-MA)</u>	A nonprofit organization that provides support, advocacy, and education for individuals affected by brain injuries, including those resulting from motor vehicle crashes. It also promotes prevention strategies.

Organization	Description
<u>Governors Highway Safety Association (GHSA)</u>	A national nonprofit representing state highway safety offices, including in Massachusetts, that promotes best practices and policy advocacy to improve roadway safety.
<u>Safe Roads Alliance</u>	A Massachusetts-based nonprofit that provides educational programs and public awareness campaigns focused on safe driving behaviors, including distracted driving prevention and parent-teen driver agreements.
Massachusetts Traffic Safety Coalition	A cross-sector group of state agencies, nonprofits, and advocates working collaboratively to reduce traffic fatalities and serious injuries through education, enforcement, engineering, and policy.
<u>Vision Zero</u>	A national and local advocacy movement focused on eliminating traffic fatalities and severe injuries by promoting safe street design, lower speed limits, and equitable mobility solutions. Several Massachusetts municipalities participate in Vision Zero initiatives.
<u>Regional Transit Authority (RTA) Council</u>	A coalition of advocacy organizations and stakeholders that support Massachusetts' 15 regional transit authorities. The Council promotes transit equity, safety, accessibility, and investment in local public transportation systems.
<u>Cannabis Control Commission</u>	The state regulatory body tasked with safely, equitably, and effectively implementing and administering the laws that enable access to both medical and adult-use cannabis across the Commonwealth.
<u>WalkMassachusetts</u>	A nonprofit organization that advocates for safer, more accessible walking options across the state to promote health, sustainability, and equitable transportation.
<u>MassBike (Massachusetts Bicycle Coalition)</u>	A nonprofit advancing bicycling for everyday transportation and recreation across Massachusetts through advocacy, education, and community engagement.

Appendix F. Traffic Safety Data and Surveillance Systems

System	Description
Impact Portal	A robust, next to real-time database of all fatal and non-fatal motor vehicle collisions in Massachusetts maintained by MassDOT. It does not include crashes that occur in non-public areas, such as driveways and parking lots.
Fatality Analysis Reporting System (FARS)	A national database of fatal collisions maintained by the National Highway Traffic Safety Administration, part of the U.S. Department of Transportation.
Road Safety Audits (RSAs)	Formal safety reviews of an existing, or planned road or intersection conducted by an independent, multidisciplinary team to identify potential safety issues and opportunities for safety improvements. RSAs are maintained by MassDOT's Highway Safety Division and are not publicly accessible.
MA Crash-Related Injury Surveillance System (MA CRISS)	MA CRISS combines information from police crash reports, emergency medical services, emergency departments, hospital records, and driver's license/history data to reduce crash-related injuries and deaths on Massachusetts roadways. Maintained by the Injury Surveillance Program within DPH.
MassDOT SharePoint System	A MassDOT database of collisions labeled with key contributing factors to the collision. Not publicly accessible.
Registry of Vital Records and Statistics	DPH registry of official records including death certificates. Death statistics include injury mechanisms,

System**Description**

like motor vehicle collisions, as well as demographic information that can be used to examine disproportionalities.

Appendix G. Key Traffic Safety Initiatives

Strategic Highway Safety Plan

In order to receive the Highway Safety Improvement Program federal grant, Massachusetts must undertake a [Strategic Highway Safety Plan](#) (SHSP) every 5 years.⁷⁹ The 2023-2027 SHSP establishes a statewide framework to reduce all traffic-related fatalities and serious injuries based on the federal Safe Systems framework and a process that engaged more than 270 stakeholders, yielding over 400 ideas, synthesized into six core initiatives with 31 action items.

While the SHSP does not focus exclusively on teen road users, it acknowledges the heightened risk faced by new drivers. Notably, it includes action items such as improving driver education for individuals under 18 and expanding education for parents and guardians of new drivers. Other initiatives address systemic factors that contribute to unsafe driving behaviors among all road users, such as speeding and impaired driving prevention and safe vehicle design.

The Beyond Mobility 2050 Transportation Plan

[MassDOT's long-range plan](#) for addressing transportation system priorities was developed over the course of two years. To identify priority issues, MassDOT convened stakeholders, surveyed over 3,000 residents, held multi-lingual focus groups, and conducted needs assessments across the Commonwealth. The findings from this process were condensed into six focus areas, including safety, reliability, clean transportation technology, connectivity, resiliency, and transportation experience.

Safe Speed Initiative

In 2022 MassDOT launched an initiative to help communities target safer speeds and prevent roadway fatalities and serious injuries due to crashes. [Safe Speeds](#) provides information about speed management, roadway treatments, funding opportunities, zoning and regulatory information for communities. Teen drivers and teen behavior are not explicitly named in these tools and resources.

Complete Streets

The [MassDOT Complete Streets Funding Program](#) addresses critical gaps in transportation networks by giving Massachusetts municipalities tools and funding to advance Complete Streets in their community. Complete Streets provide safe and accessible options for all travel modes—walking, biking, transit and vehicles—for people of all ages and abilities. The program provides technical assistance and construction funding to eligible municipalities. To be eligible,

⁷⁹ In federal fiscal year 2023, Massachusetts received approximately \$12.09 million in Highway Safety Improvement Program (HSIP) federal grant funding ([HSIP 2023 Annual Report](#)).

municipalities must adopt a Complete Streets Policy and develop a Complete Streets Prioritization Plan. Teen drivers and teen behavior are not explicitly named in these tools and resources.

Boston Youth Transportation Survey

Directed by the Mayor's office, Boston has conducted youth-focused mobility listening efforts, including the [Boston Youth Transportation Project \(2021\)](#), which surveyed 264 youth and held 23 focus groups on travel barriers and safety. Teens frequently cited affordability, reliability, and safety as major barriers to using public transit. Many students reported long travel times to school or after-school activities, difficulty affording MBTA fares, and discomfort with riding alone due to safety concerns.

Safe Routes to School

MassDOT's [Safe Routes to School \(SRTS\)](#) program helps elementary, middle, and high schools increase safe walking, biking, and rolling through education, engagement, and infrastructure grants. Recent funding rounds have supported design and construction around school campuses. While SRTS centers active travel, its school partnerships and peer-led model can be leveraged to support teen driver safety messaging in high schools.

National Highway Traffic Safety Administration Technical Assessment of the Driver Education Program

Massachusetts completed an internal NHTSA-facilitated Driver Education State Assessment in 2024, and the RMV is currently developing an action plan in response. These efforts create a timely vehicle for integrating stronger teen-focused content, crash and injury data, and outcomes evaluation into driver education.

AAA Northeast: Shifting Gears

AAA Northeast is a regional nonprofit offering traffic safety education and resources to schools and communities, including high-school presentations on impairment, distraction, and decision-making.

Appendix H. Glossary of Key Terms

Key terms and abbreviations used in this report include:

AAA NE

American Automobile Association Northeast

BYTS

Boston Youth Transportation Survey

CCC

Cannabis Control Commission

CFR

Child Fatality Review

DCF

The Massachusetts Department of Children & Families

DDS

The Massachusetts Department of Developmental Services

DESE

The Massachusetts Department of Elementary and Secondary Education

DPH

The Massachusetts Department of Public Health

DRE

Drug Recognition Expert

EOHHS

The Massachusetts Executive Office of Health and Human Services

EOPSS

The Massachusetts Executive Office of Public Safety & Security

FY25

Fiscal Year 2025 (July 1, 2024 - June 30, 2025)

GDL

Graduated Driver Licensing

JOL

Draft—For internal discussion purposes only. Not for dissemination.

Junior Operator License

MassDOT

The Massachusetts Department of Transportation

NHTSA

National Highway Traffic Safety Administration

OCA

The Massachusetts Office of the Child Advocate

OCME

The Massachusetts Office of the Chief Medical Examiner

OGR

The Massachusetts Office of Grants & Research

SHSP

Strategic Highway Safety Plan

SRTS

Safe Routes to School

SUID

Sudden Unexpected Infant Death