



## Department of Transportation Update: Changes in the National Registry of Certified Medical Examiner's (NRCME) Guidelines for Commercial Drivers, Their Employers and Examiners

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### Topics

- Introduction
- Status of NRCME Website
- Status of Medical Examiner Certification Integration
- VA Medical Examiners
- Medications
  - Drug Testing
- Obstructive Sleep Apnea
- Diabetes and other exemptions
- Other
- Cases with pertinent section

**PART 391—QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) E****Contents****Subpart A—General**

- §391.1 Scope of the rules in this part; additional qualifications; duties of carrier-drivers.
- §391.2 General exceptions.

**Subpart B—Qualification and Disqualification of Drivers**

- §391.11 General qualifications of drivers.
- §391.13 Responsibilities of drivers.
- §391.15 Disqualification of drivers.

**Subpart C—Background and Character**

- §391.21 Application for employment.
- §391.23 Investigation and inquiries.
- §391.25 Annual inquiry and review of driving record.
- §391.27 Record of violations.

**Subpart D—Tests**

- §391.31 Road test.
- §391.33 Equivalent of road test.

**Subpart E—Physical Qualifications and Examinations**

- §391.41 Physical qualifications for drivers.
- §391.43 Medical examination; certificate of physical examination.
- §391.45 Persons who must be medically examined and certified.
- §391.47 Resolution of conflicts of medical evaluation.
- §391.49 Alternative physical qualification standards for the loss or impairment of limbs.

**Appendix A to Part 391—Medical Advisory Criteria**

Regulations • Parts • 391 • § 391.41

**391****in § 391.41: Physical qualifications for drivers.**

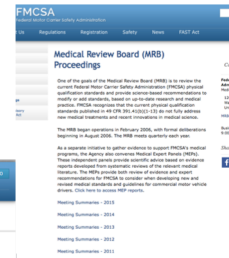
is the available interpretations for the given section. To return to the list of parts, use the Parts link. The menu to the left provides a full list of sections that have interpretations. To view interpretations for nt section, click on the menu item.

lations text of the section can be found on the eCFR website. To view the regulations text, use the link or assistance, please send an email to [FMCSA.Webmaster@dot.gov](mailto:FMCSA.Webmaster@dot.gov).

**ice Q&A****in 1: Who is responsible for ensuring that medical certifications meet the requirements?**

Q&A:

certification determinations are the responsibility of the medical examiner. The motor carrier has the bility to ensure that the medical examiner is informed of the minimum medical requirements and the istics of the work to be performed. The motor carrier is also responsible for ensuring that only y qualified drivers are operating CMVs in interstate commerce.



## Responsibilities - Guidance Q & A

- 391.41 Question 1: Who is responsible for ensuring that medical certifications meet the requirements?
- Guidance:
  - a. Medical certification determinations are the responsibility of the medical examiner.
    - Must understand difference between regulation (must) and guidance (may)
    - Medical examiner is expected to use established best medical practice
    - Must consider driving and non-driving tasks

## Responsibilities - Guidance Q & A

- 391.41 Question 1: Who is responsible for ensuring that medical certifications meet the requirements?
- Guidance:
  - b. The motor carrier has the responsibility to ensure that the medical examiner is informed of the minimum medical requirements and the characteristics of the work to be performed.
    - Minimal medical requirements taught through NRCME
    - Certification not limited to current position

## Responsibilities - Guidance Q & A

- 391.41 Question 1: Who is responsible for ensuring that medical certifications meet the requirements?
- Guidance:
  - c. The motor carrier is also responsible for ensuring that only medically qualified drivers are operating CMVs in interstate commerce.
    - ONLY required to maintain copy of MEC (currently)
    - Not required to have MER
      - If you do, know what you are looking at
    - May only perform CMV operations if able to meet FMCSRs
      - No restrictions

## Responsibilities - Guidance Q & A

- 391.45 Question 3: Must a driver who is returning from an illness or injury undergo a medical examination even if his current medical certificate has not expired?
- Guidance:
  - Examination not required
  - Unless injury or illness has impaired the driver's ability to perform his/her normal duties
  - However, the motor carrier may require a driver returning from any illness or injury to take a physical examination
  - Motor carrier has the obligation to determine if an injury or illness renders the driver medically unqualified.

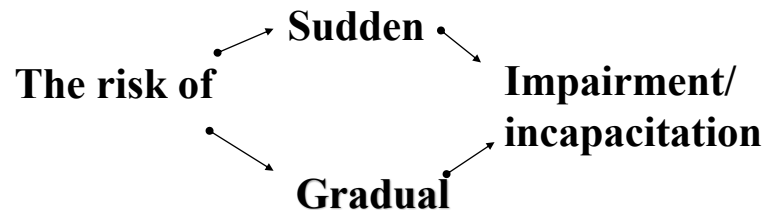
## Responsibilities - Guidance Q & A

- Question 4: May the medical examiner restrict a driver's duties?
- Guidance:
  - No.
  - Only conditions involve the use of corrective lenses or hearing aids, securement of a waiver or limitation of driving to exempt intracity zones
  - A medical examiner who believes a driver has a condition not specified in [§391.41](#) that would affect his ability to operate a CMV safely should refuse to sign the examiner's certificate.



## Fitness for Duty Examination

### Concern :



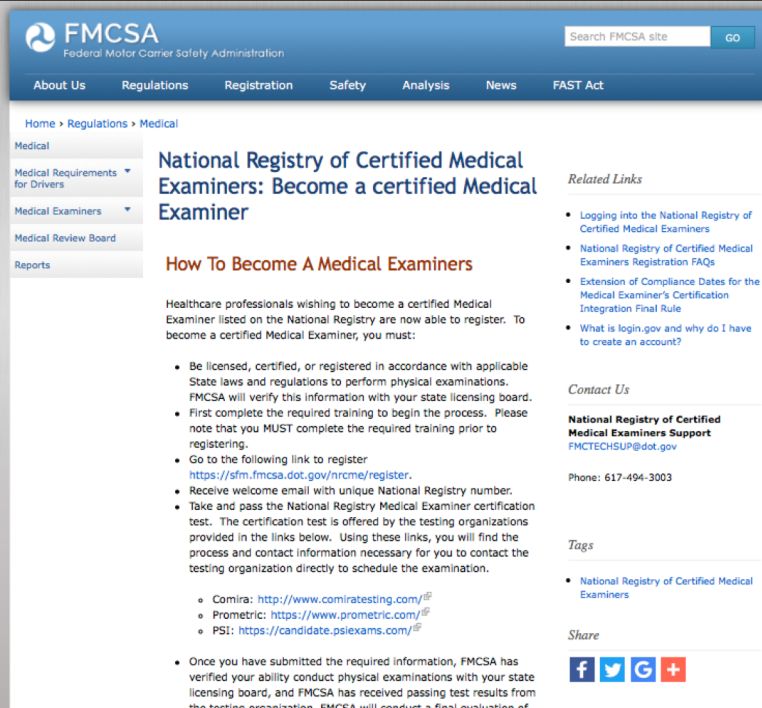
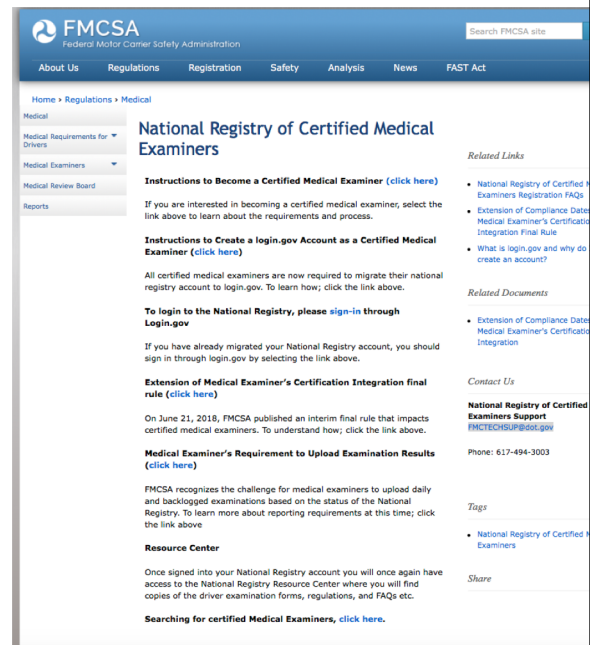
*From ME Handbook - When you determine that a driver is medically fit to drive and also able to perform non-driving responsibilities, you will certify the driver and issue a Medical Examiner's Certificate.*

### “Ability of the driver to operate a CMV safely”

- Both driving and non-driving tasks
- Examiner cannot place restrictions
  - No restrictions- driving nor non-driving tasks
  - Variances
- Concern is risk sudden or gradual impairment or incapacitation
  - Over the duration of certification

*To determine that must have medical training to understand the diagnosis, treatment and prognosis of the medical conditions you are evaluating. Goes well beyond the NRCME training.(IMHO)*

- Hacked in December 2017
- Ability to search for examiners restored first
- Then ability to add new examiners (new process)
- Examiner portal partially restored
- Examiners can upload determinations
  - Not yet for TPOs and MEAAs
- Glitches in system
- "Must" submit determinations by midnight following calendar day
- Will be adequate time to submit backlog



- *Complete training FIRST*
- *Then register*
- *Then take exam*
- *Must have signed certificate*
- *If no certificate, examinations must be redone!*

## NRCME2 – Medical Examiner Certification Integration– Interim Final Rule

- Many state CDLIS not ready to receive feed from NRCME
- Examiners
  - Continue to issue paper medical examiner certificates through 2021
  - Never change for drivers without CDL - issue paper certificates
  - No delay in determination upload requirement
- CLP/CDL Applicants/Holders:
  - Provide copy of MEC to SDLA
  - Continue to carry MEC as proof of medical certification for the first 15 days
- Motor Carriers:
  - Continue to verify examiner on NRCME
- Delay until June 22, 2021

## NRCME Update – Refresher Training

- Refresher training
  - No sooner than 4 years and no later than 5 years after the date of issuance of the medical examiner certification credential, complete periodic training as specified by FMCSA.
  - No sooner than 9 years and no later than 10 years after the date of issuance of the medical examiner certification credential complete periodic retraining and pass the test required
- Only training offered by FMCSA will be acceptable
- No fee, no CME
- Not yet ready, will have adequate time to update
- Will be based on most frequent questions/issues

## Adding VA *Physicians\** to NRCME

*Qualified VA examiner* means an advanced practice nurse, doctor of chiropractic, doctor of medicine, doctor of osteopathy, physician assistant, or other medical professional who is employed in the Department of Veterans Affairs; is licensed, certified, or registered in a State to perform physical examinations;

- 390.123 Medical examiner certification for qualified Department of Veterans Affairs examiners.
- 390.125 Qualified VA examiner certification training.
- 390.127 Qualified VA examiner certification testing.
- 390.129 Issuance of the FMCSA medical examiner certification credential.
- 390.131 Requirements for continued listing of a certified VA medical examiner on the National Registry of Certified Medical Examiners.
- 390.133 Reasons for removal of a certified VA medical examiner from the National Registry of Certified Medical Examiners.
- 390.135 Procedure for removal of a certified VA medical examiner from the National Registry of Certified Medical Examiners.

## Adding VA Physicians to NRCME

- VA examiner must complete training and pass examiner certification test
  - Developed/provided by FMCSA
  - Delivered through a web-based system operated by the Department of Veterans Affairs
- Once no longer employed by the VA, if the examiner wishes to conduct examinations
  - Must notify FMCSA within 30 days
  - Continue to meet requirements of 391.111
  - No additional training or testing required

## Adding VA Physicians to NRCME

- ONLY for veterans in VA Health System
  - Not family members – will be system to monitor
- Training and testing yet to be developed
- May be some time until implemented
- Will be closely monitored by VA system

## Medical Examination Report Form, MCSA-5875

1. Review old forms if available
2. Can obtain medical records if new examinee (FMCSA – AOHC 2018)

Form MCSA-5875 OMB No. 2120-0006 Expiration Date 8/31/2018

**Public Notice Statement**  
A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0006. A claim regarding this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, DOT-HHS, 1200 New Jersey Avenue, SE, Washington, DC 20590.

U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examination Report Form**  
(For Commercial Driver Medical Certification)

**MEDICAL RECORD #**  
(or sticker)

**SECTION 1. Driver Information (to be filled out by the driver)**

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Issuing State/Province: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: ☐ M ☐ F  
 E-mail (optional): \_\_\_\_\_ CLP/CDL Applicant/Holder\*: ☐ Yes ☐ No  
 Driver ID Verified By\*\*: \_\_\_\_\_

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☐ Not Sure

\*CLP/CDL Applicant/Holder: See instructions for definition. \*\*Driver ID verified by: Insert what type of photo ID was used to verify the identity of the driver, e.g., ID, other's license, passport.

**DRIVER HEALTH HISTORY**

Have you ever had surgery? If "yes," please list and explain below. ☐ Yes ☐ No ☐ Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below. ☐ Yes ☐ No ☐ Not Sure

(Attach additional sheets if necessary)

\*\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*\*

18 Page 1

**MEDICAL RECORD #**  
*(or sticker)*

**SECTION 1. Driver Information** *(to be filled out by the driver)*

**PERSONAL INFORMATION**

Last Name:  First Name:  Middle Initial:  Date of Birth:  Age:

Street Address:  City:  State/Province:  Zip Code:

Driver's License Number:  Issuing State/Province:  Phone:  Gender: ☐ M ☐ F

E-mail *(optional)*:  CLP/CDL Applicant/Holder\*: ☐ Yes ☐ No

Driver ID Verified By\*\*:

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☐ Not Sure

\*CLP/CDL Applicant/Holder: See instructions for definitions. \*\*Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

1. Consistent with prior exams?
2. Blank – oops or intentional
3. If “yes”, please understand why!

## Driver Health History

- All questions must be answered
- Comment on all “yes” or “not sure” responses
- Ask for/obtain additional information, if indicated
- Are responses consistent with prior exams or physical findings

**DRIVER HEALTH HISTORY** *(continued)*

Do you have or have you ever had:	Yes	Not Sure	Yes	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:  ☐ Yes ☐ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below.  ☐ Yes ☐ No ☐ Not Sure

(attach additional sheets if necessary)

# Testing

- Can note BMI, NC, etc
- Blood pressure
- GUIDANCE still exists
- Not required to enter uncorrected vision if wearing contacts.

TESTING							
Pulse rate:	Pulse rhythm regular: <input type="radio"/> Yes <input type="radio"/> No		Height:	feet	inches	Weight:	pounds
<b>Blood Pressure</b>	Systolic	Diastolic	<b>Urinalysis</b>	Sp. Gr.	Protein	Blood	Sugar
Sitting			Urinalysis is required. Numerical readings must be recorded.				
Second reading (optional)							
Other testing if indicated			Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.				
<div> <div> <b>Vision</b>            Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.         </div> <div> <b>Hearing</b>            Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB in better ear (with or without hearing aid).         </div> </div>							
<b>Acuity</b>	Uncorrected	Corrected	Horizontal Field of Vision		Check if hearing aid used for test: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Neither		
Right Eye:	20/	20/	Right Eye:	degrees	<b>Whisper Test Results</b>		
Left Eye:	20/	20/	Left Eye:	degrees	Record distance (in feet) from driver at which a forced whispered voice can first be heard		
Both Eyes:	20/	20/			Right Ear Left Ear		
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors			Yes <input type="radio"/> No <input type="radio"/>		<b>Audiometric Test Results</b>		
Monocular vision					Right Ear Left Ear		
Referred to ophthalmologist or optometrist?					500 Hz 1000 Hz 2000 Hz 500 Hz 1000 Hz 2000 Hz		
Received documentation from ophthalmologist or optometrist?					Average (right): Average (left):		

21

## Medical Examiner Determination Federal /State – PICK ONE

- Driver must TRULY be INTRASTATE
- Examiner must know INTRASTATE requirements for state where driver licensed
- Not to be used as restriction
- No determination pending on state
- *Examiners must remember to sign, date and enter NR number*

**MEDICAL EXAMINER DETERMINATION (Federal)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49).

☐ Does not meet standards (specify reason):

☐ Meets standards in 49 CFR 391.41; qualifies for 3-year certificate

☐ Meets standards, but periodic monitoring required (specify reason):

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify):

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type):

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Excluded)

☐ Driving within an exempt intracity zone (see 49 CFR 391.63 (Excluded))

☐ Determination pending (specify reason):

☐ Return to medical exam office for follow-up on (must be 45 days or less):

☐ Medical Examination Report amended (specify reason):

(If amended) Medical Examiner's Signature: Date:

☐ Incomplete examination (specify reason):

**If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(b), as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: \_\_\_\_\_

Medical Examiner's Name (please print or type): \_\_\_\_\_

Medical Examiner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medical Examiner's Telephone Number: \_\_\_\_\_ Date Certificate Signed: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number: \_\_\_\_\_

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): \_\_\_\_\_

National Registry Number: \_\_\_\_\_ Medical Examiner's Certificate Expiration Date: \_\_\_\_\_

**MEDICAL EXAMINER DETERMINATION (State)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

☐ Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason):

☐ Meets standards in 49 CFR 391.41 with any applicable State variances

☐ Meets standards, but periodic monitoring required (specify reason):

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify):

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type):

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

**If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: \_\_\_\_\_

Medical Examiner's Name (please print or type): \_\_\_\_\_

Medical Examiner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medical Examiner's Telephone Number: \_\_\_\_\_ Date Certificate Signed: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number: \_\_\_\_\_

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): \_\_\_\_\_

National Registry Number: \_\_\_\_\_ Medical Examiner's Certificate Expiration Date: \_\_\_\_\_

INTRASTATE MEDICAL VARIANCES			
State	Intrastate Medical variance?	SDLA Contact information	Medical Conditions / Forms
Alabama	Maybe	Alabama Dept. of Public Safety <a href="mailto:cdlmedicalmerger@dps.alabama.gov">cdlmedicalmerger@dps.alabama.gov</a>	"W restriction for Alabama issued Medical Waiver"??
Alaska	YES	Alaska Department of Administration Division of Motor Vehicles <a href="mailto:doa.dmv.ads@alaska.gov">doa.dmv.ads@alaska.gov</a> 907-428-1333	Vision
Arizona	YES	Arizona Department of Transportation Motor Vehicle Services Medical Review Program <a href="mailto:MedicalReview@azdot.gov">MedicalReview@azdot.gov</a>	Vision, Limb Impairment/Amputation, Diabetes Intrastate variances - <a href="https://azdot.gov/mvd/driver-services/commercial-driver-license/MedicalReview/intrastate-waivers">https://azdot.gov/mvd/driver-services/commercial-driver-license/MedicalReview/intrastate-waivers</a>
Arkansas	NO	Arkansas Dept. of Finance ( <a href="http://dfa.arkansas.gov">dfa.arkansas.gov</a> ) 501-682-7100	
California	YES	California Department of Motor Vehicles <a href="http://dmv.ca.gov">dmv.ca.gov</a>	No formal variances but case by case. IF DQ under Federal, driver may submit to CA DMV who review for Intrastate

<https://drive.google.com/open?id=0B0G2yEkESk2QWGHucGZmdVNSNUk>

## Determination Pending, DQ, Short Certification

- What are the implications for employer and driver
  - Current employee or new hire
  - Off the road or able to continue work/hire
  - Do they have current valid medical certificate
    - When does it expire
  - Cost of new examination/time
  - How long for information to be obtained
  - must submit determination by midnight following calendar day
    - Most recent certificate takes priority



## Disqualification

- Driver has not completed appropriate waiting period
  - Temporary/Long term condition which disqualifies
  - Driver OFF the road NOW!
    - New determination takes precedence
      - More than one employer?
  - New examination needed, can't update
  - Driver does not meet medical criteria? Unsafe?
- ~~Need/want more information~~

## Short Certificate

- New hire - some companies ok with 3 months, others not
- Is driver "safe" for duration of new certificate
- Needs new examination (can't update/amend)
- How long to obtain information
- No specific limit to the number of successive shortened medical examiner certificates, if examiner believes appropriate

## Determination Pending

- May drive ONLY if current valid medical certificate
  - Can give less than 45 days
- Must enter 5850 – report Determination Pending
- Do NOT issue MEC
- ONLY situation where examination can be “amended (updated)”
- Examination can be amended by different examiner in same office
  - Must have and review original exam and all information
  - Submits new 5850
- Does examiner need/want more information, believes driver safe

## Incomplete

- Driver can stop exam at any time
  - Examiner reports incomplete examination – even if only blood pressure checked
- NOT for when examination is completed but attempt to avoid determination
- NOT because examiner waiting for information
- FMCSA maintains incomplete examination information

***FMCSA will review when two or more conflicting certifications submitted***

***IMHO – Do not discuss determination or duration until examination complete***

***IMHO – If driver presents for/has authorization for examination – DO IT!***

\*scope of practice may require termination of examination

### Stages of CKD

Stage	Description	GFR ml/min/1.73m <sup>2</sup>	Symptoms and signs*
1	Kidney damage with normal or increased GFR	≥90	BP +/-
2	Kidney damage with mild GFR fall	60-89	BP Lab +/-
3	Moderate fall in GFR	30-59	BP Lab + Symptoms +/-
4	Severe fall in GFR	15-29	BP Lab +++ Symptoms +
5	Established renal failure	<15 or dialysis	BP Lab +++ Symptoms ++

## Exemptions

Vision, Insulin, seizure, Hearing

- *Drivers Grandfathered into Waiver Program*
  - Still about 107 drivers in the diabetes and 2,120 in the vision waiver programs
  - Will have old letter from FMCSA – Examiner should review, if question authenticity, contact FMCSA
- Medical certification for drivers in waiver (“by operation of 49 CFR 391.64”) or exemption programs should only be certified for only 1 year
  - Waivers/exemptions are good for 2 years, but the medical certification should only be for 1 year

## Exemptions

- Insulin Exemption
  - Final Rule on eliminating the insulin exemption and moving the determination to the examiners is one step from publication.
  - Questionnaire for completion by treating clinician
  - Examiner will make qualification determination
- Vision Exemption elimination – coming soon?

The screenshot shows the FMCSA (Federal Motor Carrier Safety Administration) website. The header includes the FMCSA logo and a search bar. The main navigation bar lists: About Us, Regulations, Registration, Safety, Analysis, News, and FAST Act. A left sidebar contains links to Home, MRB Home, About, Meetings, Members, Proceedings, Medical Expert Panel Recommendations, and Federal Advisory Committee Act. The main content area is titled "Medical Review Board" and contains the following text:

The U.S. Department of Transportation's Federal Motor Carrier Safety Administration (FMCSA) is proud to announce the establishment of the Medical Review Board (MRB). FMCSA's MRB will provide a critical service in the Department's role of improving highway safety by ensuring that drivers are physically qualified to operate commercial motor vehicles in interstate commerce.

The MRB is composed of five of our Nation's most distinguished and scholarly practicing physicians. These physicians were chosen from a field of many qualified candidates who possess a wide variety of expertise and experience. MRB members specialize in the areas most relevant to the bus and truck driver population.

The MRB will provide information, advice, and recommendations to the Secretary of Transportation and the FMCSA Administrator on the development and implementation of science-based physical qualification standards.

The MRB will have a busy schedule in its efforts to review and update all current physical qualification standards and develop new ones as needed. Proceedings of the MRB will be posted on this site. For questions about the MRB, contact [MRB@dot.gov](mailto:MRB@dot.gov).

Updated: Friday, June 22, 2018

On the right side of the page, there are sections for "Upcoming Meetings" (June 25-26, 2018, National Training Center (NTC), 1310 N. Courthouse Road, Suite 600, Arlington, VA), "Announcement", "Agenda", and "Contact Us". The "Contact Us" section provides the address: 1200 New Jersey Avenue SE, Washington, DC 20590, United States, and the email [MRB@dot.gov](mailto:MRB@dot.gov). It also lists business hours: 9:00am-5:00pm ET, M-F. At the bottom right, there are social media share icons for Facebook, Twitter, Google+, and a general share icon.

The footer of the page includes the U.S. Department of Transportation logo and links to "Contact Us" and "Privacy Policy".

## MRB Meeting Dates and Topics

Meeting Date	Topic
June 25 – 26, 2018	Medical Examiner Handbook, Vision
September 26-27, 2017	Medical Examiner Handbook, Seizures
October 24-25, 2016	Medical Advisory Criteria, FDA Warnings, OSA, Driver Wellness
August 22-23, 2016	Obstructive Sleep Apnea
August 10, 2016 -Meeting of the MCSAC-MRB	Driver Health and Wellness Working Group -
Sept. 21-22, 2015 Joint Meeting with MCSAC	Driver Health and Wellness
July 21-22, 2015	Diabetes Mellitus and Vision Standard
October 27, 2014 Joint Meeting with MCSAC	Schedule II Controlled Substances
July 29-30, 2014	Schedule II Controlled Substances
September 11, 2013	Schedule II Medications
September 9-10, 2013	Motorcoach Hours of Service; Schedule II Medications
Joint MCSAC-MRB Meeting	
February 2013	Bus Driver Fatigue
October 19, 2012 -	Field of Vision.
February 6, 2012 MCSAC and MRB	Obstructive Sleep Apnea (OSA).
January 4-5, 2012 -	Obstructive Sleep Apnea (OSA)..


## MRB Meeting Dates and Topics

Meeting Date	Topic
December 2 and 5, 2011	OSA
June 30, 2011	updated Diabetes, cochlear implants, OSA
January 6, 2010 -	Parkinson's Disease, Multiple Sclerosis; Narcolepsy, Traumatic Brain Injury; Diabetes and Crash Risk
July 1, 2000	Psychiatric Disorders; Circadian Rhythm Disorders; Implantable Cardioverter Defibrillators and Cardiac Resynchronization
January 12, 2009	Stroke
October 6, 2008,	Hearing, Vestibular Function; Psychiatric Disorders
July 18, 2008,	Chronic Kidney Disease
April 7, 2008,	Chronic Kidney Disease; Vision Deficiency
January 28, 2008,	Obstructive Sleep Apnea; Seizures
July 26, 2007,	Seizures
April 25, 2007,	Cardiovascular
January 10, 2007,	Schedule II Medication
November 1, 2006 -	Diabetes

## Medications

- No list of prohibited medications aside from;
  - Anti-seizure medication for control of seizures
  - Insulin - Drivers can apply for exemption
  - Schedule 1 substances
- Methadone - ? - FAQs – prohibited, Not in REGULATION in Appendix A
- Examiners and motor carriers encouraged to obtain practitioner's written statement
  - But are not required to accept statement of treating provider
- Optional Medication Form

*But, just because a medication is not prohibited does not mean it is safe*



### 391.41 CMV DRIVER MEDICATION FORM

Driver Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The above patient/driver is being evaluated to determine whether he/she meets the medical standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle (CMV) in interstate commerce. During the medical evaluation, it was determined this individual is taking medication(s) that may impair his/her ability to safely operate a CMV. As the certified Medical Examiner (ME), I request that you review the regulations as noted below, complete this form, and return it to me at the mailing address, email address, or fax number specified below. The final determination as to whether the individual listed in this form is physically qualified to drive a CMV will be made by the certified ME.

**49 CFR 391.41, Physical Qualifications for Drivers:** A person is physically qualified to drive a CMV if that person ... (12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug. (ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a CMV.

1. List all medications and dosages that you have prescribed to the above named individual.  
\_\_\_\_\_
2. List any other medications and dosages that you are aware have been prescribed to the above named individual by another treating health care provider.  
\_\_\_\_\_  
\_\_\_\_\_
3. What medical conditions are being treated with these medications?  
\_\_\_\_\_  
\_\_\_\_\_
4. It is my medical opinion that, considering the mental and physical requirements of operating a CMV and with awareness of a CMV driver's role (consistent with "The Driver's Role" statement on page 2), my patient:
  - (a) has no medication side effects from medication(s) that I prescribe that would adversely affect the ability to safely operate a CMV; and
  - (b) has no medical condition(s) that I am treating with the above medication(s) that would adversely affect the ability to safely operate a CMV.

Page 1 of 2

## Medication Recommendations (NOT from FMCSA)

- MRB/MCSAC
  - Recommendations: The MRB and MCSAC believe that a driver should not be qualified medically to operate a CMV while he/she is under treatment with narcotics or any narcotic derivative without exception.
    - While permitted - he/she must not use the narcotic for a minimum of 8 hours (if using short-acting narcotics) or 12 hours (if using long-acting narcotics) before resuming safety-sensitive duties
- ACOEM
  - Acute or chronic opioid use is not recommended for patients who perform safety-sensitive jobs.
- FAA – Do not Issue/ Do Not Fly list

**NOT ADOPTED BY FMCSA**

## FAA Do NOT ISSUE, Do NOT FLY

**Federal Aviation Administration**

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Aircraft Airports Air Traffic Data & Research Licenses & Certificates Regulations & Policies Training & Testing

**Guide for Aviation Medical Examiners**

AMCS Login Search Guide

NavAids - Alternative Navigation for the AME Guide Application Process Decision Considerations

**Pharmaceuticals** Special Issuances Substances Dependence/Abuse Synopsis of Medical Standards

FAA Home » Offices » Aviation Safety » Offices » Aerospace Medicine » Aviation Medical Examiner (AME) Information » Guide for Aviation Medical Examiners » Pharmaceuticals

**Guide for Aviation Medical Examiners**

**Pharmaceuticals (Therapeutic Medications)**

**Do Not Issue - Do Not Fly**

The information in this section is provided to advise Aviation Medical Examiners (AMEs) about two medication issues:

- Medications for which they should not issue (DNI) applicants without clearance from the Federal Aviation Administration (FAA), AND
- Medications for which they should advise airmen to not fly (DNF) and provide additional safety information to the applicant.

The lists of medications in this section are not meant to be all-inclusive or comprehensive, but rather address the most common concerns.

For any medication, the AME should ascertain for what condition the medication is being used, how long, frequency, and any side effects of the medication. The safety impact of the underlying condition should also be considered. If there are any questions, please call the Regional Flight Surgeon's (RFS) office or the Aerospace Medicine Certification Division (AMCD).

**Do Not Issue.** AMEs should not issue airmen medical certificates to applicants who

**Do Not Fly.** Airmen should not fly while using any of the medications in the Do Not Issue section above or using any of the medications or classes/groups of medications listed below. All of these medications below may cause sedation (drowsiness) or impair cognitive function, seriously degrading pilot performance. This impairment can occur even when the individual feels alert and is apparently functioning normally - in other words, the airman can be "unaware of impair."

For aviation safety, airmen should not fly following the last dose of any of the medications below until a period of time has elapsed equal to:

- 5-times the maximum pharmacologic half life of the medication; or
- 5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours (5 times 6)

**Label warnings.** Airmen should not fly while using any medication, prescription or OTC, that carries a label precaution or warning that **it may cause drowsiness or advises the user "be careful when driving a motor vehicle or operating machinery."** This applies even if label states "until you know how the medication affects you" and even if the airman has used the medication before with no apparent adverse effect. Such medications can cause impairment even when the airman feels alert and unimpaired (see "unaware of impair" above).

## Chantix - New FAQ

**My doctor wants me to begin a smoking cessation program that includes a medicine to help stop smoking, is it okay to start the medicine and drive?**

- The Federal Motor Carrier Safety Regulations (FMCSRs) does not include a list of prohibited medications.
- **The Agency relies on the certifying medical examiner to evaluate and determine whether an underlying medical condition, medication, or combination of medications and substances used by an individual driver will impair his or her ability to safely operate a commercial motor vehicle (CMV).**

## Chantix - New FAQ

- Medical Examiners may disqualify a driver who takes any medication or combination of medications and substances that may impair or interfere with safe driving practices.
- All medications must be assessed to determine the potential risk of adverse side effects, which include but are not limited to: dizziness, drowsiness, and sleepiness, and the direct impact the potential side effects have on CMV driving and operation safety.



## Chantix - New FAQ

- The medical examiner may confer with the treating medical specialist(s) who is familiar with the driver's health history.
- **The final decision to certify the driver rests with the certifying medical examiner.**
- The certifying medical examiner may consider utilizing the optional medication form when communicating with the treating prescribing clinician.
- This is applicable to ALL medications

## Marijuana - New FAQs - 10/23/17

- Reminds examiners that Schedule I substances, including marijuana are not permitted
- Driver may not use marijuana even if is recommended
- Legalization of marijuana use by States and other jurisdictions - no change in DOT drug testing regulations
  - Dronabinol is not a Schedule I (Schedule III)
  - Epidiolex – Cannabidiol – approved for resistant seizures

## Driver Advised to Use CBD Oil

- Purchased from internet and listed as THC free
- What would employer advise?
- What will examiner do if listed under OTC meds
- What about MRO if THC positive

## CBD OIL (Cannabidiol) AND COMMERCIAL DRIVERS

- Use of CBD oil prohibited in CMV operators
- CBD extract - Schedule I drug under the Controlled Substances Act
- CBD is distinguishable from THCA
  - Other cannabinoids, including THC, may be found in CBD products
  - Multiple FDA memos
- Memo on CBD products from SAMHSA recently sent to MROs and others.

## (Revised) Mandatory Guidelines for Federal Workplace Drug Testing Programs - highlights

Substance Abuse and Mental Health Services Administration  
January 23, 2017

- **Allows** federal executive branch agencies;
  - Test for additional Schedule II drugs
  - To authorize collection of an alternate specimen (*e.g.*, oral fluid) when donor unable to provide a sufficient urine
  - MROS to have routine request D,L stereoisomers of amphetamine and methamphetamine
- Does Not allow MRO to have routine request for additional opioids – nor-hydrocodone or nor nor-oxycodone or THC-V

## Final Rule: Procedures for Transportation Workplace Drug and Alcohol Testing Programs Changes

November 13, 2017

- Testing for four semi-synthetic opioids
- Stop testing for MDEA, add MDA as initial analyte
- Eliminate blind specimen testing
- Add three more fatal flaws to the list of reasons when a laboratory would report a 'rejected for testing' specimen
- MROs have authority to conduct D,L stereoisomer and THC-V testing
- Timing for communicating significant safety risk has been modified
- Process for verifying prescription specified
- Term Prescription clarified



## What is a Legally Valid Prescription?

- Prescription – must be “consistent” with Controlled Substances Act (CSA)
  - “A prescription is an order for medication which is dispensed to or for an ultimate user.” (DOJ/DEA – Diversion Control)
- Prescription Requirements – In order for a prescription to be valid, it must be;
  - Issued for a legitimate medical purpose
  - In the usual course of professional practice by a practitioner
  - Who has conducted at least one in-person medical evaluation of the patient or by a covering practitioner

## What is a Legally Valid Prescription - DOT?

- Used for reason dispensed?
  - Not role of MRO (maybe)
- Appropriately prescribed or appropriate dose?
  - Not role of MRO
- How old is too old
  - Confusing

## Prescriptions - How Old is Too Old?

- DEA does not have specifics
  - State may limit how old to fill/refill
- DOT silent (ish)
  - No “bright-line”
    - “MROs are highly qualified individuals who Part 40 requires to make judgment calls.
    - MROs must take into account differences in medications, and other case-specific factors”.
- HHS - Medical Review Officer Guidance Manual – 2017



## DHHS - Medical Review Officer Guidance Manual – 2017

### Legitimate Use

MRO may consider;

“whether a medication was used during the time period for which it was legitimately prescribed.

If a donor’s use was not medically authorized, the specimen will be reported as positive“



## Part 40.135 - What does the MRO tell the employee at the beginning of the verification interview?

You must also advise the employee that, before informing any third party about any medication the employee is using pursuant to a legally valid prescription consistent with the Controlled Substances Act, you will allow 5 business days from the date you **report** the verified negative result for the employee to have the prescribing **physician** contact you to **determine**

**if the medication can be changed to one that does not make the employee medically unqualified or does not pose a significant safety risk.**

If, in your reasonable medical judgment, a medical qualification issue or a significant safety risk remains after you communicate with the employee's prescribing physician or after 5 business days, whichever is shorter, you must follow § 40.327. If, as the MRO, you receive information that eliminates the medical qualification issue or significant safety risk, you must transmit this information to any third party to whom you previously provided information under § 40.327.

## Safety Concern - Employee Notice

"As of January 1, 2018, prior to the MRO reporting your information to a third party you will have up to five days to have your prescribing physician contact the MRO. You are responsible for facilitating the contact between the MRO and your prescribing physician.

**Your prescribing physician should be willing to state to the MRO that you can safely perform your safety-sensitive functions while taking the medication(s), or consider changing your medication to one that does not make you medically unqualified or does not pose a significant safety risk."**

## Safety Concern - Thoughts

- 5 day pause for medication NOT medical conditions
  - What about ADD/ADHD and amphetamine
  - What about chronic pain and opioids
- Likely to discontinue or change
  - How long has individual been on medication (or similar)
  - What is it treating?

## MRO /Examiner Role in Fitness for Duty

- Now more blurred
  - Except NRC
- MRO is not required to accept statement of provider that safe (but many will)
- Examiner is not required to accept statement that driver safe (but many will)
- What if one says yes and other no?
- Let the lawyers decide?
- Medical Marijuana (not dronabinol) is still not permitted

## Employer Questions???? Discussion

For the test results showing opiates use on a legal prescription but with MRO safety concerns which remain unresolved, this appears to be a disqualifying test result even though listed as negative.

- Should follow up testing be done to verify no longer taking
- Fall under random or post-accident?
- What if changed to different medication?
  - Should follow up testing be done?
  - What if another safety concern

## PDMPs and MRO / Examiners

- What is a PDMP
  - PDMPs serve multiple functions, including: patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool.
  - They help prescribers avoid drug interactions and identify drug-seeking behaviors or “doctor shopping.”
  - PDMPs can also be used by professional licensing boards to identify clinicians with patterns of inappropriate prescribing and dispensing, and to assist law enforcement in cases of controlled substance diversion.

Office of National Drug Control Policy



## PDMPs and MRO / Examiners

### •Office of National Drug Control Policy

- “Protecting patient privacy is of the utmost importance.
- PDMPs ensure protection of patient information just as well as, if not better than, any other medical record.
- Law enforcement may not access patient-specific PDMP data unless they have an active investigation, and healthcare providers can access only the PDMP data relevant to their patients. “

## PDMPs and MRO/ Examiners

- Read state laws carefully on who may access PDMP
  - California – PDMP MUST NOT be used for any pre-employment or other evaluation, specifically including CDL. It is explicitly and exclusively for providers engaged in the treatment of patients. Criminal charges are cited as a possibility.
  - New York —information only used in relation to treatment of a person or dispensing of a controlled substance to a person who comes before the practitioner, pharmacist or designator in his or her professional capacity
  - Pennsylvania - If prescribers improperly use the system, including knowingly or intentionally obtaining information for purposes other than for treatment or dispensation of controlled substances, they are subject to civil and/or criminal penalties. Failure to comply with the mandates set forth in Act 191 of 2014 could result in disciplinary action against one’s professional license. Disciplinary actions of professional licenses fall under the purview of the Department of State.”

DRIVER HEALTH HISTORY (continued)			
Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Have you ever had a blood sugar test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## OSA Screening Recommendations/Rulemaking Cliff Notes Version

- Joint Task Force
  - BMI >35 AND neck circumference or HTN
- 2008 MEP – BMI 33
- 2008 MRB – BMI 30
- April 2012 - Proposed Recommendations on Obstructive Sleep Apnea - Request for Comments

## OSA Screening Recommendations/Rulemaking Cliff Notes Version

- Public Law 113–45. OCT. 15, 2013.
- 2016 MRB – BMI 40 or 33-39 and 3 or more of other risk factors
- March 2016 – ANPRM (FRA and FMCSA) – Request for Comments
- August 2017 - ANPRM withdrawn



NRCMESupport@dot.gov  
To: NRCMESupport@dot.gov  
January 20, 2015 at 6:10 PM  
FMCSA Bulletin to Medical Examiners and Training Organizations Regarding Obstructive Sleep Apnea

**U.S. Department of Transportation  
Federal Motor Carrier Safety Administration  
National Registry of Certified Medical Examiners**

**FMCSA Bulletin to Medical Examiners and Training Organizations Regarding Obstructive Sleep Apnea**

The purpose of this bulletin is to remind healthcare professionals on FMCSA's National Registry of Certified Medical Examiners (the National Registry) of the current physical qualifications standard and advisory criteria concerning the respiratory system, specifically how the requirements apply to drivers that may have obstructive sleep apnea (OSA). To access the bulletin click on the link below:

<https://nationalregistry.fmcsa.dot.gov/NRPPublic/IDocuments/OSA%20Bulletin%20to%20MRB%20and%20Training%20Organizations-01122015.pdf>

Federal Motor Carrier Safety Administration Website: [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)  
Medical Review Board Website: [mr.b.fmcsa.dot.gov](http://mr.b.fmcsa.dot.gov)  
National Registry of Certified Medical Examiners Website: [nrcme.fmcsa.dot.gov](http://nrcme.fmcsa.dot.gov)

Please do not respond to this email. If you have questions or comments about FMCSA, the MRB, or the National Registry, please send an email to [fmcsamedical@dot.gov](mailto:fmcsamedical@dot.gov).

*2015 FMCSA – Do something*

**Plan to update the 2015  
Bulletin to Examiners by end  
of 2018**

### **FMCSA Bulletin to Medical Examiners and Training Organizations Regarding Obstructive Sleep Apnea**

The purpose of this bulletin is to remind healthcare professionals on FMCSA's National Registry of Certified Medical Examiners (the National Registry) of the current physical qualifications standard and advisory criteria concerning the respiratory system, specifically how the requirements apply to drivers that may have obstructive sleep apnea (OSA).

#### **Current Physical Qualifications Standard for Respiratory Conditions**

FMCSA's physical qualifications standards prohibit individuals from receiving a medical examiner's certificate to operate commercial motor vehicles in interstate commerce if they have an "established medical history or clinical diagnosis of a respiratory dysfunction likely

## OSA ANPRM Withdrawal – August 8, 2017

*“The Agency reminds medical examiners that there are no FMCSA rules or other regulatory guidance beyond what is referenced in this paragraph above (2015 Bulletin and 2016 MRB recommendations) with guidelines for screening, diagnosis, and treatment of OSA in CMV drivers. Medical certification determinations for such drivers are made by the examiners based on the examiner’s medical judgment rather than a Federal regulation or requirement.”*

## MRB Recommendation on OSA

MRB Task 16-1 - October 2016

- Drivers with a BMI > 40 - 90 day conditional certification
  - Referred for sleep studies and treatment if indicated.
- Drivers should be immediately disqualified
  - Excessive fatigue or sleepiness while driving
  - Been in a sleep-related crash
  - Non-compliant with treatment.

<https://www.fmcsa.dot.gov/advisory-committees/mcsac/mrb-task-16-01-letter-report>

## MRB Recommendation on OSA

Task 16-1 - October 2016

Conditional certification - BMI 33 to 39 and 3 of following 11 risk factors;

- |   |   |
|---|---|
| 1. Hypertension (treated/ untreated)                      | 6. Micrognathia or retrognathia               |
| 2. Type 2 diabetes (treated/ untreated)                   | 7. Witnessed apnea symptoms                   |
| 3. Neck size - male > 17 inches or<br>female >15.5 inches | 8. Hypothyroidism                             |
| 4. A history of stroke, CAD or arrhythmias                | 9. Age 42 or older                            |
| 5. Loud snoring   | 10. Male or post-menopausal female            |
|   | 11. Mallampati Scale score of class 3<br>or 4 |

## Management of Obstructive Sleep Apnea in Commercial Motor Vehicle Operators: Recommendations of the AASM Sleep and Transportation Safety Awareness Task Force,

### Primary Criteria for Evaluation by a Sleep Medicine Specialist

1. BMI  $\geq 40$  kg/m<sup>2</sup> or
2. BMI  $\geq 33$  kg/m<sup>2</sup> and either
  - a. Hypertension requiring  $\geq 2$  medications for control or
  - b. Type 2 diabetes
3. Sleepiness-related crash or accident, off-road deviation, or rear-ending another vehicle by report or observation
4. Fatigue or sleepiness during the duty period

Management of Obstructive Sleep Apnea in Commercial Motor Vehicle Operators: Recommendations of the **AASM Sleep and Transportation Safety Awareness Task Force**

**Secondary Criteria for Evaluation by a Sleep Medicine Specialist**

**1. Symptoms of OSA, which include but are not limited to:**

- Loud, habitual snoring
- Witnessed apneas
- Sleepiness during the major wake period\*

Management of Obstructive Sleep Apnea in Commercial Motor Vehicle Operators: Recommendations of the **AASM Sleep and Transportation Safety Awareness Task Force**

**2. BMI 28–33 kg/m<sup>2</sup> with any of the following risk factors of OSA\*\***

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Small or recessed jaw</li> <li>• Small airway (modified Mallampati classification of 3 or 4)</li> <li>• Neck size <math>\geq</math> 17 inches (men), <math>\geq</math> 15.5 inches (women)</li> <li>• Hypertension (especially if resistant)</li> </ul> | <ul style="list-style-type: none"> <li>• Type 2 diabetes, particularly if accompanied by obesity</li> <li>• Cardiovascular disease</li> <li>• Hypothyroidism (untreated)</li> <li>• Age 42 years or older</li> <li>• Family history of OSA</li> <li>• Male, or postmenopausal female</li> </ul> |
|--|---|

- ME Handbook first posted in 2008
- Provided guidance MEs.
- MEs and stakeholders have have applied information as if regulation
- Removed from website in 2015.
- MEs should make physical qualification determinations on a case by case basis
- Revised MEH to be used in conjunction established best medical practices to make determination



**Federal Motor Carrier Safety Administration  
(FMCSA)**

**Medical Examiner Handbook**



## ME Handbook - MRB Task 17-1

### MRB Meeting 6/25-26/2018

#### **III. Task**

- The Agency tasks the MRB with reviewing and streamlining the MEH. This includes the removal of non-regulatory directive language and the update and removal of obsolete information.

## ME Handbook

### MRB Meeting 6/25-26/2018

- Remove directive guidance
- Can guidance be included at all?
  - MEP recommendations, MRB recommendations, Evidence based reviews
  - If not included, can each section link to relevant “resources”?
  - If not included, can each section link to all MRB related documents
    - Will be easy to access chart of meeting topics
  - What about Waiting Period, Recommend to Disqualify, etc.
    - Ok if aligned with medical advisory criteria

## ME Handbook

### MRB Meeting 6/25-26/2018

- Remind examiners that once certified, driver can do any task
  - Certification not current position specific
- Training organizations SHOULD teach OPTIONAL resources of established best practice
- Intent to remove all medical education from handbook
  - Assume that LHCP, licensed by their state to perform physical examinations know how to do so.
  - Assume that LHCP know how to evaluate medical findings and diagnosis



## ME Handbook

### MRB Meeting 6/25-26/2018

- Examiners SHOULD use established best medical practice and stay current
  - Documentation and decision making
- Bottom line – understand what is regulation (must) vs guidance (may)
- Communicate accurately to driver and employer

## IMHO

- We created this problem
- This is not a cookbook exam
- “MEs make physical qualification determinations on a case by case basis. “
- Examiners MUST stay current with “established best medical practices.”

## Resources

- NRCME
  - <https://www.fmcsa.dot.gov/regulations/medical/national-registry-certified-medical-examiners>
- FMCSA Medical Programs website
  - <https://www.fmcsa.dot.gov/regulations/medical>
- MRB Task 16-1 – Recommendations on OSA
  - <https://www.fmcsa.dot.gov/advisory-committees/mcsac/mrb-task-16-01-letter-report>
- FMCSA Optional Medication Form
  - <https://www.fmcsa.dot.gov/regulations/medical/39141-cmv-driver-medication-form-mcsa-5895-optional>
- Federal Aviation Administration - Do Not Issue/Do Not Fly
  - [https://www.faa.gov/about/office\\_org/headquarters\\_offices/avs/offices/aam/ame/guide/pharm/dni\\_dnf/](https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf/)

## Resources

- Mandatory Guidelines for Federal Workplace Drug Testing Programs Substance Abuse and Mental Health Services Administration - January 23, 2017
  - <https://www.gpo.gov/fdsys/pkg/FR-2017-01-23/pdf/2017-00979.pdf>
- Final Rule: Procedures for Transportation Workplace Drug and Alcohol Testing Programs Changes. November 13, 2017
  - <https://www.gpo.gov/fdsys/pkg/FR-2017-11-13/pdf/2017-24397.pdf>
- Office of Drug & Alcohol Policy & Compliance List serve Notices
  - [https://www.transportation.gov/odapc/ListServe\\_Notices](https://www.transportation.gov/odapc/ListServe_Notices)
- Department of Health and Human Services – MRO Guidance Manual
  - [https://www.samhsa.gov/sites/default/files/workplace/mro-guidance-manual-oct2017\\_2.pdf](https://www.samhsa.gov/sites/default/files/workplace/mro-guidance-manual-oct2017_2.pdf)