Current and Complicated Issues in Commercial Driver Medical Certification (DOT Examinations)

AAPA 2021 Virtual Meeting
Natalie P. Hartenbaum, MD, MPH, FACOEM
May 2021
Recorded February 15, 2021

Disclosures - None

Topics

- FMCSA Update
  - Exemptions
  - Forms
  - OIG Audit
- Complicated and confusing issues
- Recent guidance from Medical Review Board
  - 2013 Cardiovascular Expert Panel
  - Medical Examiner Handbook
- Marijuana, CBD and the CDME

Exemptions
Possible standard/modifications
Hearing, Seizures, Vision

https://www.fmcsa.dot.gov/medical/driver-medical-requirements/driver-exemption-programs

Hearing Case

- Driver uses bilateral hearing aid
- Driver does not meet hearing standard in either ear
- How do you mark exam?

Exemptions Update - Hearing

- National Association of the Deaf Petition for Rulemaking; Rescind Hearing Requirement
  - Comments received being evaluated
    - https://www.govinfo.gov/content/pkg/FR-2019-12-16/pdf/2019-26942.pdf

Exemptions Update - Hearing

- Examiners and hearing exemption
  - MEs should select exemption OR hearing aids required
    - NOT both
  - If both marked, exemption cannot be processed
  - May result in driver being taken out of service

Seizure Exemption –ME Bulletin September 17, 2020

Attention Certified Medical Examiners: Seizure information

FMCSA has received numerous inquiries regarding recent communications indicating a change in the Federal Motor Carrier Safety Regulations (FMCSRs) and the Federal Seizure Exemption Program regarding epilepsy/seizures. The purpose of this email is to clear up any confusion that may still exist among Medical Examiners (MEs).

There has been no change to the FMCSRs regarding epilepsy/seizure or the Federal Seizure Exemption Program.

The regulation that address epilepsy/seizure or any other condition likely to cause loss of consciousness is found at 49 CFR 391.41(b)(8) and states:

Then regulation, description of advisory criteria

When guidance or recommendations are used as a basis for making a physical qualification determination, FMCSA recommends consultation with the treating physician and the reason for its application and due-diligence that is conducted to support the determination (e.g., consultation with the treating clinician) must be documented on the Medical Examination Report (MER) Form, MCSA 5875.

In addition, there has been no change to the Medical Advisory Criteria regarding epilepsy/seizure. MEs are still free to choose whether to utilize this guidance as a basis for making a physical qualification determination.

The regulation that address epilepsy/seizure or any other condition likely to cause loss of consciousness is found at 49 CFR 391.41(b)(8) and states:

(b) A person is physically qualified to drive a commercial motor vehicle if that person—

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;

Research Related to the Seizure Standard for Commercial Motor Vehicle Drivers

Presented at MRB Meeting 4/2020

- Obtain information related to seizure standard
- Literature review related to seizure standard - after 1/1/2007
- Summary of regulations/criteria for intrastate drivers
- International regulatory/medical criteria related to seizures
- Interview specialists, develop criteria
- Estimated Timeline for Award/Report - September 2020/ September 2021

2019 Seizure EB Report - https://www.fmcsa.dot.gov/regulations/medical/seizure-disorder-and-medical-certification-commercial-motor-vehicle-driver

NPRM Alternative Vision Standard
Published January 12, 2021

- Two parts to examination
  1. Vision evaluation from an ophthalmologist or optometrist
     - Findings recorded and specific medical opinions provided on a proposed Vision Evaluation Report, Form MCSA-5871
  - 2. ME performs examination and determines whether individual meets proposed vision standard, as well as FMCSA's other physical qualification standards
  - Can issue MEC up to 12 months.

- https://www.fmcsa.dot.gov/regulations/rulemaking/2020-28848

NPRM Alternative Vision Standard
Published January 12, 2021

- The criteria for the ***proposed*** vision standard are that the individual must - (changes in bold);

(1) Have in the **better** eye distant visual acuity of at least 20/40 (Snellen), with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian;

(2) be able to recognize the colors of traffic signals and devices showing standard red, green, and amber;

(3**) have a stable vision deficiency; and**

(4) have had sufficient time to adapt to and compensate for the change in vision.

OIG Report on NRCME Audit

- 46% of the 70,208 records of CMEs as of May 2019 had outdated medical license information
- 21% of 452 exams from 2 separate samples 3 SDLAs were not recorded in the National Registry
- Number of examinations conducted by each ME per day
  - Most - 8 or fewer per day
  - 14 instances in 2015 when a ME conducted over 100 exams in a single day
    - One examiner - maximum of 156 examinations in a single day
    - Found 6 MEs, each of whom conducted more than 6,300 examinations in 2016

- FMCSA Has Not Fully Met Oversight Requirements as It Rebuilds the National Registry of Certified Medical Examiners. January 13, 2021. https://www.oig.dot.gov/sites/default/files/FMCSA%20Medical%20Certification%20Program%20Final%20Report%5E01.13.202 pdf

OIG Report on NRCME Audit

Table 2. Missing Driver Examinations Identified Through SDLA Data

State	Number of Examinations In Sample	Number Missing from National Registry (2018)	Number Missing from National Registry (Other Years)	Number Missing from National Registry (Total)
California	99	19	12	31
New York	72	8	7	15
Texas	97	9	10	19

Source: OIG analysis of a sample of SDLA driver records and FMCSA National Registry data.

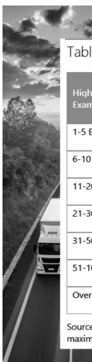


Table 5. Maximum Number of Examinations in a Single Day for Each Examiner

Highest Number of Examinations Performed	Number of Examiners in 2015	Number of Examiners in 2016	Number of Examiners in 2017	Number of Examiners in 2018
1-5 Examinations	29,806	31,676	32,711	29,037
6-10 Examinations	5,934	5,950	5,830	5,397
11-20 Examinations	2,395	2,368	2,288	1,992
21-30 Examinations	413	435	440	310
31-50 Examinations	206	168	159	132
51-100 Examinations	63	82	62	41
Over 100 Examinations	5	8	8	3

Based on our analysis, most examiners conducted 8 or fewer examinations per day.

Examiners conducting an excessive number of examinations per day may present a significant indicator for potential fraud or a higher safety risk.

Source: OIG analysis of FMCSA National Registry data. Information represents the maximum number of examinations for a single examination date, for each medical examiner.

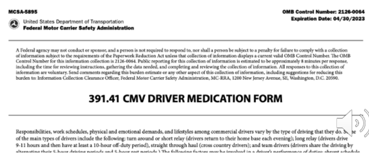
OIG Report on NRCME Audit Recommendations

As FMCSA deploys the new NRCME -

1. Implement Agency plans for eliminating the backlog of driver examination results held by medical examiners.
2. Develop a plan to allocate resources to the Medical Programs Division to fully implement requirements for medical examiner eligibility audits and random selection performance monitoring.
3. Update Agency processes for conducting periodic medical examiner eligibility audits and random selection performance monitoring as needed to incorporate upgraded National Registry tools.
4. Reinstate the conduct of eligibility audits and random selection performance monitoring of medical examiners.

Medication Form Updated

- Expiration Date of 4/30/2023
- Driver Role- top of form
- Fillable PDF
- https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-04/MCSA-5895%20Form%204-10-2020%20508.pdf


MCSA-5895
United States Department of Transportation
Federal Motor Carrier Safety Administration
OMB Control Number: 2126-0064
Expiration Date: 04/30/2023

391.41 CMV DRIVER MEDICATION FORM

Complicated and Confusing Issues

- Incomplete forms
- Federal hearing exemptions
- Issuance of ME without SPE
- Current ME information
- Login.gov
  - 17,000/70,000 not converted
- Examinations conducted during NR outage
- Periodic Training

November 25, 2020

Driver Examination Forms Submitted to FMCSA per the Driver's Request

FMCSA continues to receive large volumes of emailed and/or faxed copies of Medical Examination Report Forms, MCSA-5875 and Medical Examiner's Certificates, Form MCSA-5876 submitted by the Medical Examiner on behalf of drivers. Please note that the Federal Motor Carrier Safety Regulations require Medical Examiners to retain the original Medical Examination Report Form, MCSA-5875 and a copy of any Medical Examiner's Certificates, Form MCSA-5876 in the driver's file for at least 3 years from the date of the examination. The Medical Examiner is also required to provide the original Medical Examiner's Certificate, Form MCSA-5876 to those drivers that they determine are qualified. Medical Examiners are not required to provide either of these forms to FMCSA unless specifically requested by FMCSA. In addition, drivers are not required to provide either of these forms to FMCSA but are required to provide the Medical Examiner's Certificate, Form MCSA-5876 to their State Driver's Licensing Agency if they are a Commercial Driver's License holder. Drivers should check with their State Driver's Licensing Agency for instructions on submitting their Medical Examiner's Certificate, Form MCSA-5876.

January 6, 2021

Issuing Medical Examiner's Certificates to Drivers With Expired Driver's Licenses During COVID-19

FMCSA has been notified that some Medical Examiners (MEs) are refusing to issue Medical Examiner's Certificates (MECs), Form MCSA-5876 to drivers who have expired driver's licenses even though they are operating legally under the COVID-19 Emergency Declaration Waiver. Due to COVID-19 and the declaration by the President of a national emergency, FMCSA and many of the State Driver's Licensing Agencies have granted waivers from certain regulations applicable to commercial motor vehicle drivers that may result in an increase of the number of expired licenses that MEs may encounter.

Certified MEs listed on the National Registry are authorized to conduct examinations of, and issue MECs to, any driver that meets the physical qualification standards regardless of whether or not they have a current expired or unexpired driver's license. The ME is only required to use the driver's license to verify the identity of the person they are examining. An expired license is not a reason to refuse to conduct a physical qualification examination or to not issue the qualified driver an MEC.

Determination?

- Diabetic driver not previously seen in your clinic. Treated with Toujeo has current medical certificate which expires the next day.
  - 3+ sugar on urine dip
  - Denies use of insulin
  - Does not know recent HgBa1c

a) Qualify 1 year
b) Qualify 30 days
c) Disqualify
d) Qualify with exemption
e) Determination pending

What are the implications of each option?

Determination?

- Diabetic driver not previously seen in your clinic. Treated with Victoza has current medical certificate which expires the next day.
  - 3+ sugar on urine dip
  - Denies use of insulin
  - Does not know recent HgBa1c

a) Qualify 1 year
b) Qualify 30 days
c) Disqualify
d) Qualify with exemption
e) Determination pending

What are the implications of each option?

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 Evaluation

- 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

Home / Mission / MRB

- MRB Home
- About
- Meetings
- Members
- Proceedings
- Medical Expert Panel Recommendations
- Federal Advisory Committee Act

Medical Review Board

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 .

Contact Us

Federal Motor Carrier Safety Administration

Upcoming Meetings

To Be Announced

https://www.fmcsa.dot.gov/mrb

April 27 (closed) – 28, 2020	Seizure standard, Medical Examiner Handbook, Test Questions (c)
July 15 – 16, 2019	Medical Examiner Handbook, Vision and Vision Exemption
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 Joint MCSAC-MRB Meeting	Motorcoach Hours of Service; Schedule II Medications
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)..
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, 200	Schedule II Medication
November 1, 2006	Diabetes

MRB Meeting – April 27 – 28, 2020

- Test Questions
  - Closed meeting
- Seizure standard
- Medical Examiner Handbook
  - 2013 Updated Cardiovascular MEP unearthed
    - Updated Recommendation Tables

https://www.fmcsa.dot.gov/medical-review-board-mrb-meeting-topics

2013 Cardiovascular Expert Panel Recommendations

Expert Panel Recommendations

Medical Examiner Physical Qualification Standards and Clinical Guidelines for Cardiovascular Disease and Commercial Motor Vehicle Driver Safety

Medical Expert Panel Members
Dr. Heidi M. Connolly
Dr. Andrew E. Epstein
Dr. Richard E. Kerber
Dr. Chris Simpson

Presented to
The Federal Motor Carrier Safety Administration
June 5, 2013

Prepared by

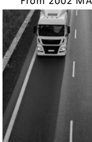
- Noted during MEH discussion
- FMCSA requested 2013 MEP review CVD guidelines
- Charged with recommending revisions
  - Prior 2002, 2007
- Presented revised Recommendations Tables to FMCSA but not to MRB
- Not included in 2020 draft of ME Handbook

https://www.fmcsa.dot.gov/advisory-committees/mrb/medical-examiner-physical-qualification-standards-and-clinical-guidelines

Appendix D: Cardiovascular Recommendation Tables

Preface

Recommendation Table in ME Handbook
From 2002 MAP



Cardiovascular Recommendation Tables

Current as of:
February, 2009

The first publication of the Cardiovascular Recommendation Tables occurred in the October 2002, **Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers,** FMCSA-MCP-02-002.
PDF Version - HTML Version

Effort has been made to ensure the accuracy of data conversion when creating these tables. Please Contact NRCME if you identify an issue.

Important Note: If you print the tables, you should periodically verify that the print file is current with the last update posted on the NRCME Web site at: http://nrcme.fmcsa.dot.gov/part_4_guide_ep.htm#lastup.

See the Cardiovascular Table Archives for descriptions of the updates. A log of changes made is posted on the NRCME Web site, on the Cardiovascular Table Archives Web page located at http://nrcme.fmcsa.dot.gov/cvs_tables_archive.htm.

Expert Panel Recommendations
Cardiovascular Disease and Commercial Motor Vehicle Driver Safety

Panel Members
Roger S. Blumenthal, MD
Andrew E. Epstein, MD
Richard E. Kerber, MD

Presented to
Federal Motor Carrier Safety Administration
April 10, 2007

Prepared for
MANILA Consulting Group, Inc.
1420 Beverly Road, Suite 220
McLean, VA 22101

Prepared by
ECRI
5200 Butler Pike
Plymouth Meeting, PA 19462

This report is comprised of research conducted to analyze the impact of Cardiovascular Disease on Commercial Motor Vehicle Driver Safety. Federal Motor Carrier Safety Administration considers

Expert Panel Recommendations

Medical Examiner Physical Qualification Standards and Clinical Guidelines for Cardiovascular Disease and Commercial Motor Vehicle Driver Safety

Medical Expert Panel Members
Dr. Heidi M. Connolly
Dr. Andrew E. Epstein
Dr. Richard E. Kerber
Dr. Chris Simpson

Presented to
The Federal Motor Carrier Safety Administration
June 5, 2013

Prepared by

Coronary Heart Disease

Condition	Recommendation Table 2009 Update	2007 MEP	2013 MEP
Angina Pectoris (current) Asymptomatic Coronary Heart Disease (CHD) and Stable Angina (2013)	Yes if: asymptomatic. No if: • Rest Angina or change in pattern within 3 months of examination; • **Abnormal ETT** • **Ischemic changes on rest EKG;** • Intolerance to CV therapy Annual Exam, Biennial ETT at minimum	Change asymptomatic to stable	• No other exclusionary diagnoses • LVEF >40% * (*NOTE: The decision not to medically certify a commercial driver should not depend solely on the detection of multiple risk factors)*
Unstable Angina (2013)			• Has converted to stable angina • Tolerance to medications • LVEF >40% • Clearance from a cardiovascular specialist; • Develops unstable angina within 3 months of examination

Post Myocardial Infarction

Recommendation Table 2009 Update	2007 MEP	2013 MEP
No if: • Recurrent angina symptoms; • Post-MI ejection fraction <40%; • **Abnormal ETT prior to RTW;** • Ischemic changes on rest ECG; • Poor tolerance to current CV medications. Yes if: • At least 2 months post-MI; • Cleared by cardiologist; • No angina; • Post-MI ejection fraction ≥40% (by echocardiogram or ventriculogram); • Tolerance to current CV medication Annual recertification **- Biennial ETT at minimum**	No Change	• Minimum 2 months post-MI • Minimum 3 months post-MI if CABG has been performed • Tolerance and adherence to medications • LVEF >40% • Clearance by a cardiovascular specialist • Annual

HTN - Current

Reading	Category	Expiration Date	Recertification
140 - 159/ 90-99	Stage 1	1 year	1 year if ≤140/90
160- 179/100-109	Stage 2	One-time certification for 3 months	1 year from date of exam if ≤140/90
>180/110	Stage 3	6 months from date of exam if ≤140/90	6 months if <140/90

2007 MEP - Eliminate ambiguity about thresholds that define hypertension stage. Updated guidelines on hypertension stages should be consistent JNC (at the time JNC VII) but maintain Stage 3 from JNC-VI as a distinct category as it defines immediate DQ from CMV operations

2013 MEP

Disorder	Certification Approved if:	Not Approved if:	Recertification
Hypertension (<160/109mm Hg): Presents with BP measurement of 140-169/90-109 mmHg Note: Low risk for hypertension-related acute incapacitation	*For 1 year, if the following are satisfied:* It is the first examination at which the driver has BP <169/109 and the driver: Has no history of hypertension Does not use antihypertensive medication to control BP	Hypertension and BP <169/109 A history of stage 3 hypertension and BP <169/109 BP ≥170/110, regardless of any other considerations	Maximum – 1 year if BP <169/109 Note: except drivers with history of stage 3 hypertension.
Hypertension ≥170/110 Presents with BP measurement of 170/110mmHg. Note: This stage of hypertension carries a high risk for the development of acute hypertension-related symptoms that could impair judgment and driving ability.	*Yes, at recheck**, if:* BP <169/109 mmHg Tolerates treatment with no side effects that interfere with driving	BP ≥170/110, regardless of history or treatment, is immediately disqualifying **Note: Advise driver that failure to maintain BP at <169/109 will render the driver medically unqualified in subsequent examinations	Maximum – 6 months if BP <169/109

MEP Cardiomyopathies and CHF

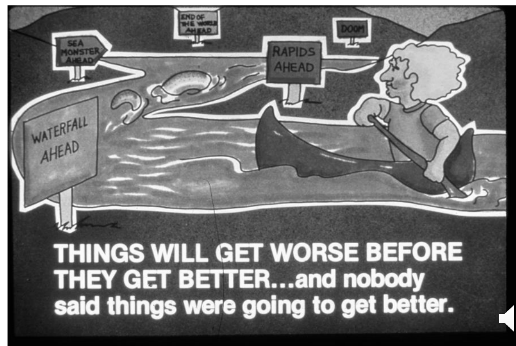
Condition	Recommendation Table 2009 Update	2007 MEP	2013 MEP
Hypertrophic Cardiomyopathy	**No**	Those with hypertrophic cardiomyopathy at low risk* be permitted to drive	**Approved if:** • **No history of cardiac arrest** • **No spontaneous sustained VT** • **No non-sustained VT** • **No family history of premature sudden death** • **No syncope** • **Left ventricular septum thickness <30 mm** • **Cleared by cardiologist** • Not approved if; • Provokable/resting peak gradient ≥50 • Medical examiner believes the nature and severity of the medical condition may interfere with safe driving ability and is a risk to public safety Recertification Maximum – 1 year Low-risk individuals must be followed closely for changes in risk status

ICD
Primary and Secondary Prevention

Recommendation Table 2009 Update	2007 MEP	2013 MEP
No	No Change	No ***Appeal*** *may be possible if*: Condition that precipitated implantation has been resolved The ICD was inappropriately implanted AND has been turned off

Heart Transplantation

Current	2013 MEP
• At least 1 year post-transplant;	• **Maximum 6 months post- transplant**
• Asymptomatic;	• NYHA Class I or II – LVEF ≥40%
• Stable on medications;	• No signs of rejection
• No rejection;	• Meets all other criteria
• Consent from cardiologist to drive commercially	• Clearance from appropriate specialist
	• No if - implanted ventricular device
Biannual	6 months for first year then annually

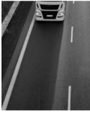


- MRB VIRTUAL Meeting – April 23, 2020
- Only some sections reviewed by MRB
- Less guidance

Federal Motor Carrier Safety Administration (FMCSA)
NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS PROGRAM:
Medical Examiner Handbook
2020 Edition

https://www.fmcsa.dot.gov/medical-review-board-mrb-meeting-topics

Federal Motor Carrier Safety Administration
(FMCSA)
Medical Examiner Handbook



- ME Handbook first posted in 2008
- Provided ***guidance*** to MEs.
- MEs and stakeholders 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

Part III - Examination Guidelines - 2019

- "Other sources of guidance, which can be used by the medical examiner **include, but are not limited to, medical expert panel reports, medical reports from literature, and Medical Review Board (MRB) recommendations."**
  - *2019 - But are they taught in training programs – should be!*
  - *2019 - No link to MRB proceedings or reports – suggested*
  - *2020 – This statement NOT in 2020 draft*
    - *But some MEP recommendations are included*

Cardiovascular Tests for Further Assessments - 2020

- Detection of an undiagnosed heart or vascular finding during a physical examination may indicate the need for further testing and examination to adequately assess whether a driver meets the physical qualification standards .
- Diagnostic-specific testing may be required to detect the presence and/or severity of cardiovascular diseases.

Cardiovascular Tests for Further Assessments - 2020

Types of cardiovascular tests include:

- Echocardiography- Left ventricular ejection fraction (LVEF) may be assessed by echocardiography. Imaging studies have superior sensitivity and specificity compared to the standard exercise tolerance test (ETT) and are indicated in the presence of an abnormal resting electrocardiogram or non-diagnostic standard ETT.
- Exercise Tolerance Test (ETT)- The exercise tolerance test is the most common test used to evaluate workload capacity and detect cardiac abnormalities

Abdominal Aortic Aneurysm 2020 Draft ME Handbook

The majority of abdominal aortic aneurysms (AAAs) occur in the sixth and seventh decades of life and occur more frequently in males than in females by a 3:1 ratio. Smoking is a major risk factor . The majority of AAAs are asymptomatic. Clinical examination identifies approximately 90% of aneurysms greater than 6 cm. Auscultation of an abdominal bruit may indicate the presence of an aneurysm. The risk of rupture increases as the aneurysm increases in size. Monitoring of an aneurysm is advised because the growth rates can vary and rapid expansion can occur. Ultrasound has almost 100% sensitivity and specificity for detecting an AAA and can monitor changes in size .

An AAA:

- Less than 4 cm rarely ruptures.
- 4 cm to 5 cm has a 1% to 3% per year rate of rupture.
- 5 cm to 6 cm has a 5% to 10% per year rate of rupture.
- Greater than 7 cm has approximately a 20% per year rate of rupture.

Pulmonary Emboli 2020 Draft ME Handbook

Deep vein thrombosis can be one of the sources of pulmonary emboli (PE). PE can cause gradual or sudden incapacitation and is associated with significant morbidity and mortality. Deep vein thrombosis can be one of the sources of pulmonary emboli (PE). PE can cause gradual or sudden incapacitation and is associated with significant morbidity and mortality. When making a physical qualification determination, the ME should consider whether the driver has appropriate long term treatment (anticoagulant).

Acute Myocardial Infarction
2020 Draft ME Handbook

The first few months following an acute myocardial infarction (MI) pose the greatest risk of mortality, with the majority of deaths classified as sudden death. Current opinion among clinicians is that post-MI drivers may safely return to any occupational task, provided there is no exercise-induced myocardial ischemia or left ventricular dysfunction.

Considerations for an ME when making a physical qualification determination could include but may not be limited to the following:

- Status/post myocardial infarction, is the driver still symptomatic?
- Has treatment been shown to be adequate, effective, safe, and stable?
- Does the driver demonstrate compliancy with the ongoing treatment plan from his/her treating clinician?

That's All Folks

Heart Transplantation
2020 Draft ME Handbook

- "The major-medical concern for certification of a CMV driver heart recipient are transplant rejection and post-transplant atherosclerosis .
- Considerations for an ME when making a physical qualification determination could include but may not be limited to the following:
  - Does the driver have signs of cardiovascular disease?
  - Does the driver have signs of rejections?
  - Has treatment, including response to medications, been shown to be adequate, effective, safe, and stable?
  - Does the driver demonstrate compliancy with the ongoing treatment plan from his/her treating clinician?"

That's All Folks

Respiratory

2019

- No mention of PFT

2020

Includes essentially ENTIRE 2016 MR OSA Recommendations

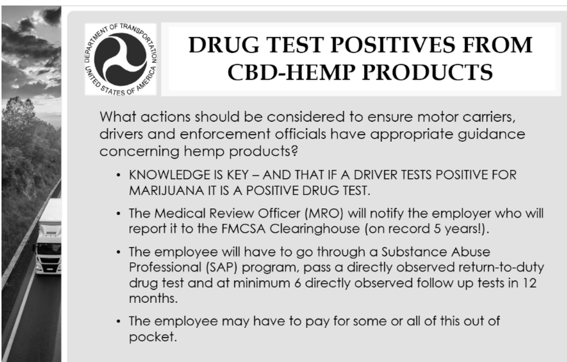
Evidence emerges of stricter approach – and confusion – around sleep apnea screening

HEALTH Todd Dills | June 26, 2020

A set of recommended sleep apnea screening protocols first recommended in 2016 appears to have been adopted by some medical examiners who perform Department of Transportation physicals. There's evidence the screening criteria may have been plucked from a draft update to the Federal Motor Carrier Safety Administration's official Medical Examiner handbook. The draft was posted online in April as part of the public record from an FMCSA Medical Review Board meeting that in part discussed potential updates to the handbook.

Publication of the draft does not violate the spirit of Congress' 2013 requirement that FMCSA follow formal rulemaking procedures in any official guidanc[illegible] on apnea protocols, said FMCSA spokesman Duane DeBruyne. The dra[illegible] its newly included sleep apnea screening guidelines, is a work in progress up for

DEPARTMENT OF TRANSPORTATION
UNITED STATES OF AMERICA
DRUG TEST POSITIVES FROM CBD-HEMP PRODUCTS
• The Department of Transportation and FMCSA want to be sure that everyone knows that "CBD" use may result in a positive test & could be detrimental to a driver's career.
• Hemp and hemp-CBD products are legal to buy and use HOWEVER – BUYER BEWARE!
• "Labeling Accuracy of Cannabidiol Extracts Sold Online", 2017 study: 84 products from 31 companies analyzed
• 21 mislabeled products
• THC was detected (up to 6.43 mg/mL) in 18 samples
• www.ncbi.nlm.nih.gov/pmc/articles/PMC5818782/


DEPARTMENT OF TRANSPORTATION
UNITED STATES OF AMERICA
DRUG TEST POSITIVES FROM CBD-HEMP PRODUCTS
What actions should be considered to ensure motor carriers, drivers and enforcement officials have appropriate guidance concerning hemp products?
• KNOWLEDGE IS KEY – AND THAT IF A DRIVER TESTS POSITIVE FOR MARIJUANA IT IS A POSITIVE DRUG TEST.
• The Medical Review Officer (MRO) will notify the employer who will report it to the FMCSA Clearinghouse (on record 5 years!).
• The employee will have to go through a Substance Abuse Professional (SAP) program, pass a directly observed return-to-duty drug test and at minimum 6 directly observed follow up tests in 12 months.
• The employee may have to pay for some or all of this out of pocket.

DEPARTMENT OF TRANSPORTATION
UNITED STATES OF AMERICA
ONGOING EFFORTS
• Meet frequently with HHS SAMHSA staff and Drug Testing Advisory Board (DTAB) to discuss numerous drug testing issues.
• Work with our Federal and Industry Partners on all issues related to marijuana.
• Identify issues that would be helpful to the safety-sensitive community regarding hemp, marijuana and CBD.
EPIDIOLEX FDA-approved CBD medication lists "fatigue" as an adverse reaction; and "can cause somnolence [drowsiness] and sedation…. Do not drive or operate machinery until [you know] whether it adversely affects their ability to drive or operate machinery"[1]
• Work on a Safety Carve-Out to ensure THC will always be tested in DOT safety-sensitive positions.
We are working to preserve DOT's ability to conduct testing for psychoactive drugs in a person's system at or above the current legal cutoffs.
[1]https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210365lbl.pdf

QUESTIONS

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2. A driver who is taking insulin must obtain a “insulin exemption”?

3. The use of CBD by a commercial driver is a valid explanation for a THC positive drug test

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