

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

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OccuMedix, Inc

Chief Medical Officer

10:00 AM - 11:00 AM

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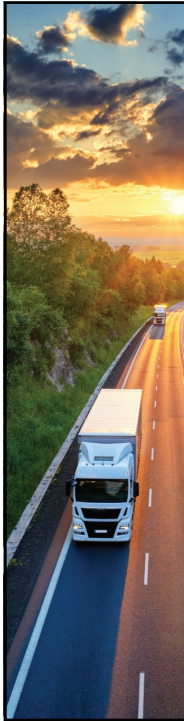


Disclosures

I have no relevant relationships with ineligible companies to disclose within the past 24 months. (healthcare products used by or on patients.)

I serve as Chief Medical Officer Norfolk Southern Railway – I am speaking on behalf of OccuMedix, not NS

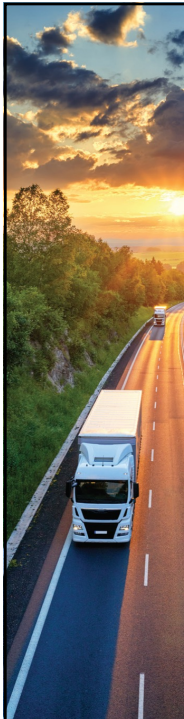
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Objectives

- Apply recent and pending changes in the commercial driver medical examination process
- Identify resources which can aid in evaluating fitness for duty commercial drivers
- Utilize current best practice to reach appropriate certification determinations.

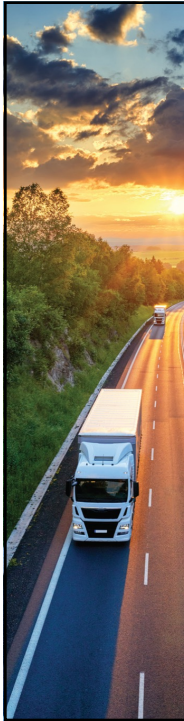
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Topics

- FMCSA Updates
 - Bulletins, Responses, etc.
 - Rulemakings
 - Alternative vision standard
- Medical Review Board Advisory Committee (MRB)
 - September 2021– CPAP Machine recall
 - May 2021– focus on ME Handbook draft
- Cannabis

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Periodic Training Letter to MEs – February 20, 2020

“Certified Medical Examiners (MEs) listed on the National Registry must complete periodic training every five (5) years under 49 CFR 390.111(a)(5)(i) to maintain their National Registry certification to conduct examinations of interstate CMV drivers. The periodic training will be provided by FMCSA and will only be available to certified ME’s through their National Registry account. However, due to unexpected delays, the training is still not yet available. FMCSA will notify MEs once the training becomes available, and will ensure that all MEs required to complete the training have ample time to do so. In addition, FMCSA will not take action against affected MEs for noncompliance with the regulations for not completing the training within the five-year timeframe.

Note: Training from other third-party training organizations does not meet the regulatory requirement for periodic training, and FMCSA does not provide continuing education units for completing the periodic training.”

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July 6, 2021

Medical Examiner's Certification Integration (NRII) final rule Extension

FMCSA issued a final rule that delays several provisions of the Medical Examiner's Certification Integration final rule (86 FR 32643, June 22, 2021) to extend the compliance date from **June 22, 2021, to June 23, 2025**, for several provisions of its April 23, 2015, Medical Examiner's Certification Integration final rule. FMCSA issued an interim final rule (IFR) on June 21, 2018, extending the compliance date for these provisions until June 22, 2021. FMCSA published a supplemental notice of proposed rulemaking (SNPRM) on April 22, 2021, that proposed further extending the compliance date to June 23, 2025. This final rule will provide FMCSA time to complete certain information


CDL/CLP HOLDERS ONLY
Will ALWAYS need to provide paper for others

As a result of this final rule, the following actions should continue:

- Certified MEs should continue to issue the original paper MEC to qualified drivers;
- CLP/CDL applicants/holders should continue to provide the SDLA a copy of their MEC;
- Motor carriers should continue verifying that drivers were certified by an ME listed on the National Registry; and
- SDLAs should continue processing the original paper MECs they receive from CLP/CDL applicants/holders.

Final Rule - <https://www.regulations.gov/document/FMCSA-2018-0152-0017>
Questions Medical Programs Division at 202-366-4001 or at FMCSAmedical@dot.gov.

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On August 9, 2021, FMCSA published a Federal Register notice requesting that by September 30, 2021, MEs submit results of physical qualification examinations conducted during the National Registry outage from December 1, 2017, through August 13, 2018. During the outage, FMCSA encouraged MEs to continue conducting physical qualification examinations and instructed MEs to submit examination results to the National Registry when upload functionality was restored. The upload functionality was fully restored on August 13, 2018, but a significant number of healthcare professionals have not uploaded the results from examinations conducted during the National Registry outage. Therefore, FMCSA has requested that the MEs in question upload the information by no later than September 30, 2021. To read the Federal Register notice please use the following link <https://www.regulations.gov/document/FMCSA-2013-0002-0007>.


For questions related to this Federal Register notice, please contact the National Registry Technical Support Help Desk at fmctechsup@dot.gov or (617) 494-3003.

August 10, 2021

MEs Who Have Not Migrated Their National Registry Account to Login.gov

- Approximately 16,000 MEs identified
- Multiple attempts to contact
- 49 CFR 390.111(a)(2) -ME must report to FMCSA any changes in the registration information within 30 days of change
- FMCSA to remove these MEs from the National Registry for noncompliance with the regulations

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Minor Changes to the Medical Examination Report Form, MCSA-5875

On July 7, 2021, FMCSA published a [Technical Amendment](#) that includes minor changes to the Medical Examination Report Form, MCSA-5875, which have been approved by the Office of Management and Budget (OMB). The current approved version of the Medical Examination Report Form, MCSA-5875, has been posted on the FMCSA website. The changes include the removal of the request for gender as FMCSA determined that the collection of this information is not necessary, corrections to punctuation and grammar, and minor formatting changes to correct errors and promote consistency in the style of bullet points, quotation and apostrophe marks, use of bolding and italics, and use of a forward slash instead of a comma. Use of the revised form will become effective on September 5, 2021 (60 days after publication of the Technical Amendment) to provide sufficient time for the public to make any necessary information technology changes.

Expiration Date on Diver Examination Forms

The date found on the top right corner of the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, is the date of expiration for OMB approved information collection 2126-0006, that includes the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and

Changes are also made to address the elimination of the diabetes exemption program.

General Technical, Organizational, Conforming, and Correcting Amendments to the Federal Motor Carrier Safety Regulations. DOT, FMCSA. Final Rule. Fed Reg. Vol 86 (127). July 27, 2021. 35633 – 35653.
<https://www.govinfo.gov/content/pkg/FR-2021-07-07/pdf/2021-13888.pdf>

August 19, 2021

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The date found on the top right corner of the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, Form MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, is the date of expiration for OMB approved information collection 2126-0006, that includes the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, Form MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870. FMCSA has received approval from OMB for the renewal of information collection 2126-0006. Therefore, the expiration date on the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, Form MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, has been updated to **12/31/2024**, and all forms are posted on the FMCSA website. Please note that the only change to the forms is the change in the OMB expiration date from 11/30/21 to 12/31/24.

Medical Examiners should start using the forms with the **12/31/24** date as soon as possible. However, MEs that have purchased these forms in bulk, or require time to reprogram electronic system forms, may continue to use the old forms until stocks have been depleted or forms have been reprogrammed but should transition to use of the new forms as quickly as possible. Based on this guidance, SDLAs are encouraged to continue to accept these forms.

December 15, 2021

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FMCSA posted a resource table providing quick access through links to the Federal Motor Carrier Safety Regulations relevant to the physical qualification of interstate commercial motor vehicle (CMV) drivers as well as other available resources including Medical Review Board taskings and recommendations and evidence reports. In addition to the table providing links, information has been provided explaining the difference between regulations and guidance. Please be sure to bookmark this page for quick and easy access in the future. The page is located at <https://www.fmcsa.dot.gov/regulations/medical/medical-regulations-and-guidance-resource-links>.

December 3, 2021

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FMCSA
Federal Motor Carrier Safety Administration

As you are aware, today we launched a redesigned National Registry system. As a result, a small number of Medical Examiners found that they were not able to submit results of examinations. We believe we have resolved the issue. However, if you are still experiencing this issue and are not able to submit results of examinations through your National Registry account, please contact the National Registry Technical Support Help Desk at fmctechsup@dot.gov or (617) 494-3003 or submit a [Technical Support Request Form](#).

Thank you for your patience in this matter. February 28, 2022

FMCSA
Federal Motor Carrier Safety Administration

It has been determined that Internet Explorer can no longer be used to access the National Registry. Please use a different internet browser (e.g., Microsoft Edge, Google Chrome, Apple Safari, Mozilla Firefox, etc.) to access the National Registry. Also, please ensure that any browser bookmarks you have for the National Registry are updated to the current website at <https://nationalregistry.fmcsa.dot.gov>.

March 4, 2022

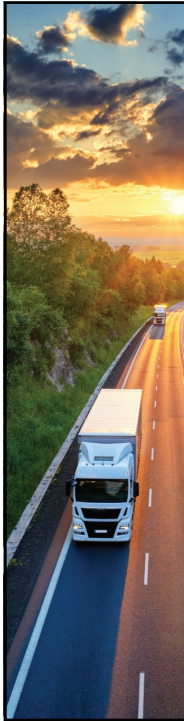
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FMCSA Update

- **New FMCSA email addresses for hearing and seizure exemptions**
 - fmcsahearingexemptions@dot.gov
 - fmcsaseizureexemptions@dot.gov
- MEs encouraged to report threatening drivers to the local police department.
- Can notify FMCSA Office of Emergency Preparedness and Security Services **1-877-831-2250** and/or email Alex.Keenan@dot.gov.
- Mail can be direct to:

Alex Keenan , Director, FMCSA Office of Emergency Preparedness and Security Services,
Federal Motor Carrier Safety Administration, Room E12-350, 1200 New Jersey Avenue, SE,
Washington, DC 20590”

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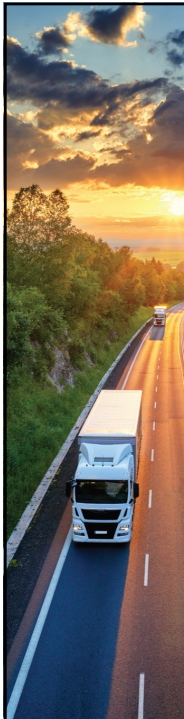


MEC issues – Hearing Exemption

- Hearing exemption required
 - When a hearing exemption is required the box should be checked and hearing should be written
 - When this box is checked MEs should **NOT** be checking box for hearing aids
 - This indicates that the driver is only qualified while wearing hearing aids



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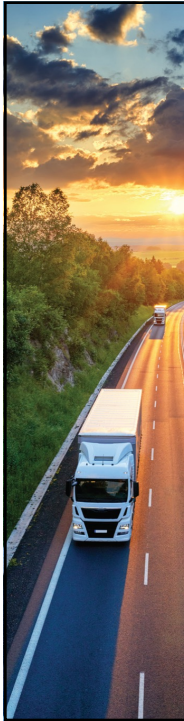


Alternative Vision Standard

- January 12, 2021, NPRM
- MRB Task 21–1 and Report - Public Meeting
- August 24, 2021 -notice of availability (NOA) of the MRB recommendations request for comments
- Final Rule January 21, 2022
 - <https://www.govinfo.gov/content/pkg/FR-2022-01-21/pdf/2022-01021.pdf>
 - Comments on information collection or request for reconsideration – February 22, 2022
 - Effective date – March 22, 2022



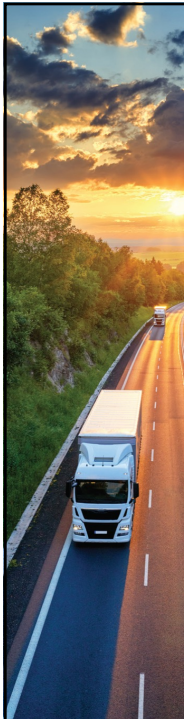
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Alternative Vision Standard

- Two parts to examination
 1. Vision evaluation from an ophthalmologist or optometrist
 2. ME performs examination/determines if alternative vision standard, as well as FMCSA's other physical qualification standards
 - Can issue MEC up to 12 months.

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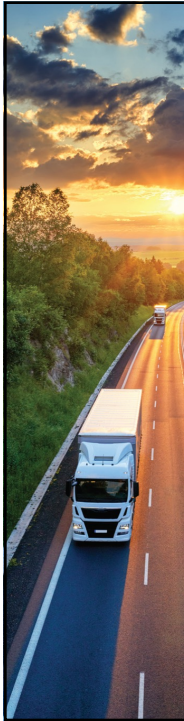
Revised § 391.41 Physical qualifications for drivers.

§ 391.41 Physical qualifications for drivers.

(b) (10)(i) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or

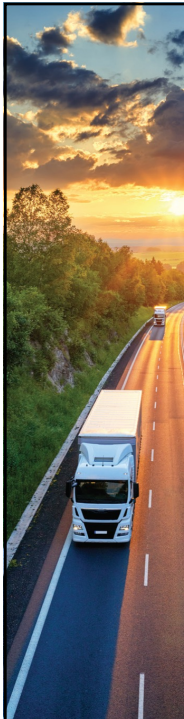
(ii) Meets the requirements in § 391.44, if the person does not satisfy, with the **worse** eye, either the distant visual acuity standard with corrective lenses or the field of vision standard, or both, in paragraph (b)(10)(i) of this section;

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Appendix A to Part 391—[Amended]
Remove and reserve paragraph II.J.
of appendix A to part 391.

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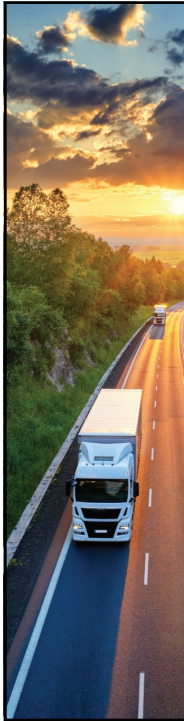


§391.44. (2) The individual has the vision evaluation
required by paragraph (b) of this section

- **Prior** to the examination required by § 391.45 or the expiration of a medical examiner's certificate, the individual must be evaluated by a licensed ***ophthalmologist*** or licensed optometrist.
 - Ophthalmologist/optometrist must complete the Vision Evaluation Report, Form MCSA-5871.
 - Upon completion - must sign and date and provide full name, office address, and telephone number on the Report.

*Revised 391.43 – to include ophthalmologist

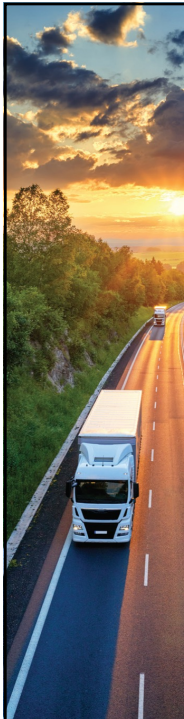
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Stable and sufficient time for adjustment New Provider

- “Ophthalmologists and optometrists who are trained to evaluate vision and know what constitutes stable vision are to provide medical opinions regarding when an individual’s vision is stable”
- New Provider?
 - “typical medical practice would be for the ophthalmologist or optometrist to request and review the individual’s prior vision and medical records.”
 - “the Agency finds it unlikely an ophthalmologist or optometrist would merely accept an individual’s statement that the individual has adapted to and compensated for the vision loss”

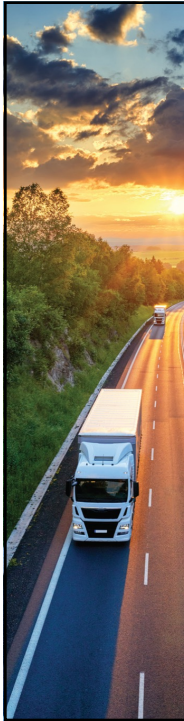
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Examination by the Medical Examiner

- At least annually must be medically examined and certified by a ME
- ME must receive a completed Form MCSA–5871, signed and dated by an ophthalmologist/optometrist
 - Report shall be treated and retained as part of the Medical Examination Report Form, MCSA–5875
 - Examination must **begin not more than 45 days after an ophthalmologist or optometrist signs and dates** the Vision Evaluation Report, Form MCSA–5871
- ME determines whether individual meets physical qualification standards in §391.41
 - ME must consider the information in Form MCSA–5871

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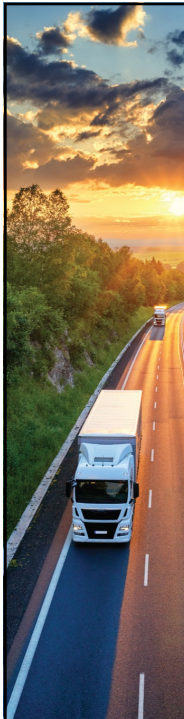
Examination by the Medical Examiner

- Utilizing independent medical judgment - **apply the following standards** in determining whether the individual may be certified as physically qualified

Not physically qualified if -

- (i) In the **better** eye, the distant visual acuity is not at least 20/40 (Snellen), with or without corrective lenses, and the field of vision is not at least 70° in the horizontal meridian.
- (ii) Individual is not able to recognize the colors of traffic signals and devices showing standard red, green, and amber.
- (iii) Individual's vision deficiency is not stable.
- (iv) Sufficient time has not passed since the vision deficiency became stable to allow the individual to adapt to and compensate for the change in vision.

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ME Requesting Additional Information

“If an ME determines that additional information is necessary to make the certification determination, the ME could confer with the ophthalmologist or the optometrist for more information on the individual's vision medical history and current status, make requests for other appropriate referrals, or request medical records from the individual's treating provider, all with the appropriate consent.”

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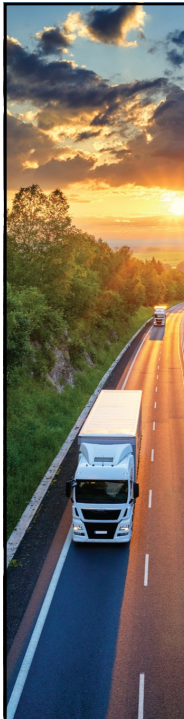
Add §391.44 (2) (d) Road test

- An **individual** physically qualified under this section for the first time **must inform** the motor carrier responsible for completing the road test under §391.31(b) that the individual is required by paragraph (d) of this section to have a road test.

- (i) The **individual must certify in writing to the motor carrier the date the vision deficiency began.**

**Several situations where road test would not be required but MC responsible to determine*

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Who would be eligible

- Monocular vision “
 - “in the **better** eye, distant visual acuity of at least 20/ 40 (with or without corrective lenses) and field of vision of at least 70 degrees in the horizontal meridian, and (2) in the **worse** eye, either distant visual acuity of less than 20/40 (with or without corrective lenses) or field of vision of less than 70 degrees in the horizontal meridian, or both.”
- “Individuals who choose not to obtain corrective lenses for the worse eye when the better eye meets the existing vision standard must not be physically qualified under §391.44. “
- “FMCSA assumes that individuals will make the rational decision to improve their vision if it is less burdensome than incurring the additional expense of annual eye evaluations and physical qualification examinations”

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The latest information on the Coronavirus Disease 2019 (COVID-19) is available on [coronavirus.gov](https://www.coronavirus.gov).

United States Department of Transportation

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MRB Meeting Information and Documents

The materials below are working documents and drafts, and are not to be construed as Agency guidance or requirements.

Meeting Dates	Topic
September 29, 2021	<p>Medical Review Board (MRB) Meeting - Virtual</p> <ul style="list-style-type: none"> • Wednesday, September 29, 1-5 PM (Public) • Please submit requests for accommodations because of a disability to mr@dot.gov by September 16, 2021. Please submit requests to review written materials during the meeting to mr@dot.gov by September 20, 2021. • To register for the meeting: EventBrite • Announcement
May 19-20, 2021	<p>Virtual Meeting</p> <ul style="list-style-type: none"> • Meeting of FMCSA's Medical Review Board Advisory Committee (MRB) <ul style="list-style-type: none"> ◦ Wednesday, May 19, 9:15 AM - 4:30 PM (Public) ◦ Thursday, May 20, 9:15 AM - 4:30 PM (Public) • Announcement • FINAL Agenda MRB Meeting May 19-20, 2021 • Presentations: 2021 MRB Annual Ethics Training • MRB Task Statement 21-1: FMCSA Proposed Alternative Vision Standard • MRB Task 21-1: FMCSA Proposed Alternative Vision Standard - Final Letter Report (July 20, 2021) • MRB Task Statement 21-2: Non-Insulin-Treated Diabetes Mellitus Assessment Form • DRAFT Non-Insulin-Treated Diabetes Mellitus Assessment Form

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

- Meeting - meeting material from September 11, 2013
- Proceedings – Meeting summaries 2006- 2015

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Medical

[Medical Requirements for Drivers](#)

[Medical Examiners](#)

[Medical Review Board](#)

[Reports](#)

Reports - How Medical Conditions Impact Driving

About the Reports

The reports below outline the impact that medical indications have on driving. The reports include an evidence report - a systematic review of research literature on specific questions regarding medical conditions and driving - as well as a report from the **Medical Expert Panel (MEP)**, an independent panel of physicians, clinicians and scientists who are experts in their field. The MEP reviews the evidence in the research report about a question or topic, and submits opinions to the Agency.

Reports

- **Seizure Disorder and Medical Certification of Commercial Motor Vehicle Driver Safety (2019)**
 - [Full Evidence Report](#)
- **Implantable Cardio Defibrillators and the Impact of a Shock to the Patient when Deployed (2014)**
 - [Research White Paper](#)
- **Cochlear Implants and CMV Driver Safety (2011)**
 - [Full Evidence Report](#)
- **Obstructive Sleep Apnea and CMV Driver Safety (2011)**
 - [Full Evidence Report](#)
- **Diabetes and CMV Driver Safety (2011)**
 - [Full Evidence Report](#)
- **Traumatic Brain Injury (2010)**
 - [Executive Summary](#) | [Full Evidence Report](#) | [Expert Panel Opinion](#)
- **Stroke (2009)**
 - [Executive Summary](#) | [Expert Panel Opinion](#)
- **Multiple Sclerosis and Parkinson's Disease (2009)**

Some have Executive summary
some expert panel

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Meeting Dates	Topic
September 29, 2021	Voluntary recall of certain Continuous Positive Air Pressure (CPAP) machines due to potential health risks.
May 19 – 20, 2021	FMCSA Proposed Alternative Vision Standard, Non-Insulin-Treated Diabetes Mellitus Assessment Form, 2021 Draft Medical Examiners Handbook, Seizure Standard and Length of Medical Certification
April 27, 28, 2020. April 27 closed	Medical Handbook, Seizure Standard, NRCME examination (closed meeting). Cardiovascular MEP Report (June 2013) posted
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


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Meeting Dates	Topic
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

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Meeting Dates	Topic
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

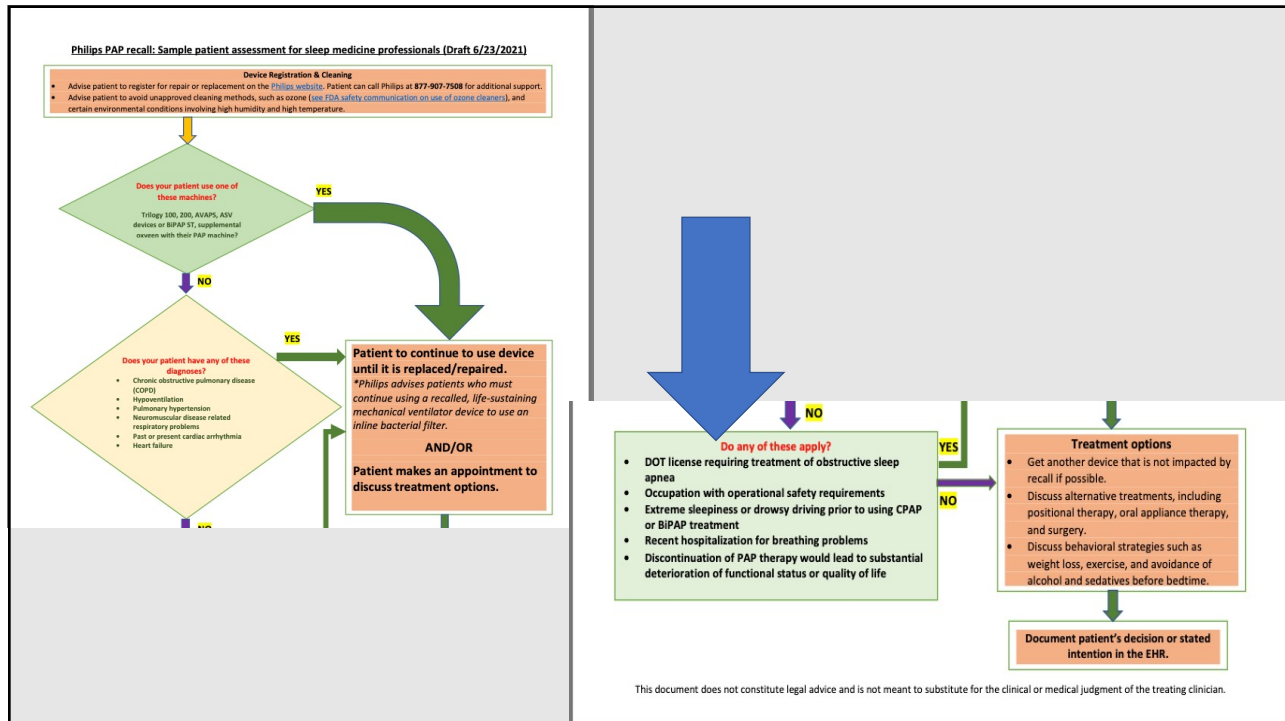
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Medical Review Board – September 29, 2021 Phillips CPAP Recall

- Consideration of Oral Appliances
 - Moderate – yes-ish, Severe – no-ish
- How long
 - 90 days?
 - Only for those affected by recall?
- Untreated Severe OSA should be disqualifying
 - 20 vs 30 ??
 - Desaturation??
- AASM

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Medical Review Board Phillips CPAP Recall

- Modification of 2016 MRB Recommendation

VI. → Treatment: Oral appliance

A. →MRB-MCSAC Recommendation: A driver with a diagnosis of moderate to severe OSA should try PAP therapy before oral appliance therapy, unless a board-certified sleep specialist has determined that an alternative therapy such as PAP is intolerable for a driver, in which case the driver should have the option to pursue oral appliance therapy to treat OSA.

1. Rationale: Based on the available medical literature, drivers with a diagnosis of moderate to severe OSA are less likely to achieve resolution of moderate to severe OSA with an oral appliance than with PAP therapy.

2. There is limited data regarding compliance and long-term efficacy of oral appliances.

3. In response to CPAP recall, appropriate oral appliance usage for recertification is accepted for drivers diagnosed with moderate sleep apnea impacted by the Philips recall. This therapy will be accepted until CPAP machines become available again for treatment.

B. A driver may be certified or re-certified for up to 1 year (per Section III.A) if the following conditions are met:

- A repeat sleep study shows resolution of moderate to severe OSA, and
- The driver has been cleared by the treating clinician, and

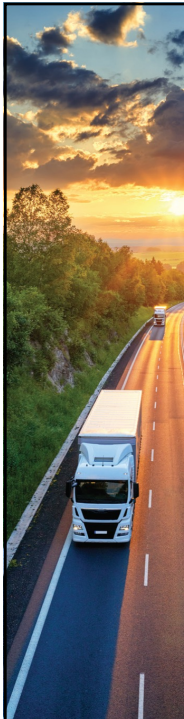
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Enhancing public health and safety by diagnosing and treating obstructive sleep apnea in the transportation industry: an American Academy of Sleep Medicine position statement

- Endorsed by others including ACOEM
 - <https://jcsa.aasm.org/doi/10.5664/jcsa.9670>
- *“As directed by the FMCSA, employers should ensure that their examiners are using current best practices to determine medical qualification of their drivers. Employers should implement OSA management programs even in the absence of a regulatory requirement. Currently, examiners should utilize the 2016 MRB recommendations as a starting point for identifying at-risk drivers who should be referred for diagnostic testing for suspected OSA.”*
- Companion paper - Obstructive sleep apnea screening, diagnosis, and treatment in the transportation industry
 - <https://jcsa.aasm.org/doi/10.5664/jcsa.9672>

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MRB Meeting April 19 -20, 2021

- FMCSA Proposed Alternative Vision Standard
- Non-Insulin-Treated Diabetes Mellitus Assessment Form
- 2021 Draft Medical Examiners Handbook
- Seizure Standard and Length of Medical Certification Reports


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<p>U.S. Department of Transportation Federal Motor Carrier Safety Administration</p> <p style="text-align: center;">NON- INSULIN-TREATED DIABETES MELLITUS ASSESSMENT FORM</p> <p>Driver Name: _____ DOB: _____</p> <p>The individual named above is being evaluated to determine whether he/she meets the physical qualification standards [49 CFR 391.41(b)(1-13)] 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 has a diagnosis of non-insulin-treated diabetes mellitus, which may impair his/her ability to safely operate a CMV. As the certified Medical Examiner (ME), I request that you review and complete this form, and return it to me via the individual, or 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.</p> <p>THE DRIVER'S ROLE 49 CFR 391.43</p> <p>Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.) The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver. There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.</p>	<p>https://www.fmcsa.dot.gov/advisory-committees/mrb/mrb-task-statement-21-2-non-insulin-treated-diabetes-mellitus-assessment</p>
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<p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">DRAFT</p> <p style="text-align: center; font-weight: bold;">Federal Motor Carrier Safety Administration (FMCSA)</p> <p style="text-align: center; font-weight: bold;">NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS:</p> <p style="text-align: center; font-weight: bold;">Medical Examiner Handbook 2021 Edition</p> <div style="text-align: center; margin-top: 20px;">  <p>U.S. Department of Transportation Federal Motor Carrier Safety Administration</p> </div>	<ul style="list-style-type: none"> • ME Handbook first posted in 2008 • Provided <i>guidance</i> 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
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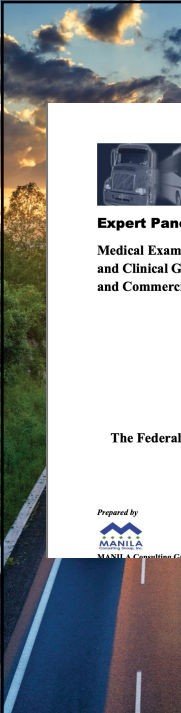
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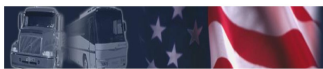
ME Handbook Draft May 2021

- Included SOME Cardiovascular Tables from 2013 Cardiovascular Report (not shared until April 2020 MRB meeting)
 - HTN
 - Coronary Heart Disease
- Pending OMB – will be published for comment

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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

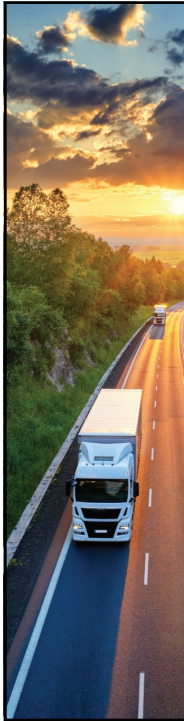
Presented to
The Federal Motor Carrier Safety Administration
 June 5, 2013

Prepared by

 MANILA Consulting Group, Inc.

- 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>

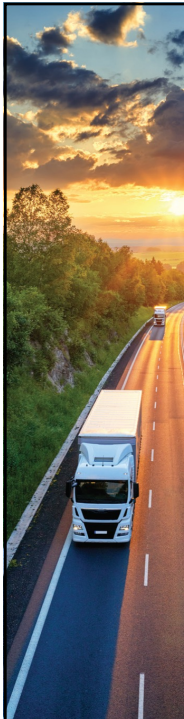
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2019 - Part III - Examination Guidelines

- 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.**”
 - *But are they taught in training programs – should be!*
 - *No link to MRB proceedings or reports – suggested*
- 2020 and 2021 – *This statement NOT in 2020 or 2021 draft*
 - *But some MEP recommendations are included*

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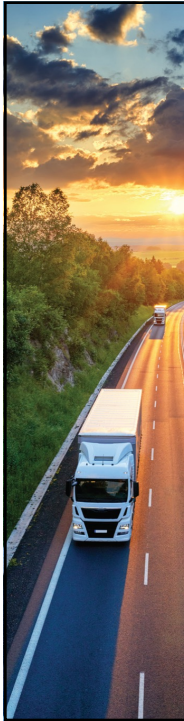


ME Handbook *Draft* 5/2021

- Heart Transplant- “For additional guidance on certification of drivers with a heart transplant, one source MEs could consider is the July 5, 2013 Expert Panel Recommendations titled “Medical Examiner Physical Qualification Standards and Clinical Guidelines for Cardiovascular Disease and Commercial Motor Vehicle Driver Safety” in Appendix A on page 23, available at <https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-04/FMCSA%20CVD%20MEP%20Recommendations%2005062013.pdf> . “

That's All Folks

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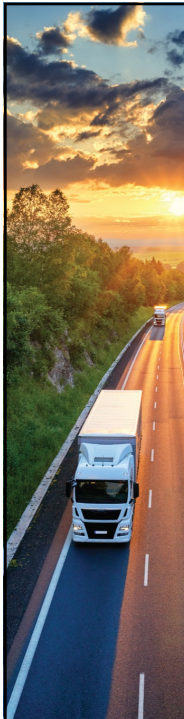
ME Handbook *Draft* 5/2021

4.7.3.2.5.1 Thoracic Aneurysm

- While relatively rare, thoracic aneurysms are increasing in frequency. Size of the aorta is considered the major factor in determining risk for dissection or rupture of a thoracic aneurysm. In general, thoracic aneurysms that are less than 5.0 cm and are asymptomatic are not likely to rupture. See Cleveland Clinic Journal of Medicine, September 1, 2020 at <https://www.ccmj.org/content/87/9/557>.

That's All Folks

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ME Handbook *Draft* 5/2021 4.7.3.9.1

Hypertrophic Cardiomyopathy

- Hypertrophic cardiomyopathy is a complex disease characterized by marked morphologic, genetic, and prognostic heterogeneity. In most individuals, but not all, the disease is characterized by progressive symptoms. In some individuals, progression can be variable but benign. In others, sudden death is the first definitive manifestation of the disease. Signs and symptoms of hypertrophic cardiomyopathy may include one or more of the following: chest pain (especially during exercise); fainting (especially during or just after exercise or exertion); heart murmur; sensation of rapid, fluttering, or pounding heartbeats (palpitations); and shortness of breath (especially during exercise). The prognosis for hypertrophic cardiomyopathy is very specific to an individual and their particular anatomy. The majority of individuals with hypertrophic cardiomyopathy have no symptoms and most have a near-normal life expectancy. MEs should evaluate, on a case-by-case basis, whether the driver meets the physical qualification standards. An ME could consider obtaining an evaluation by a cardiologist. See https://www.emedicinehealth.com/hypertrophic_cardiomyopathy/article_em.htm.

That's All Folks

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ME Handbook **Draft** 5/2021

4.7.3.12 Renal Dialysis

- End stage renal disease often occurs as a result of cardiovascular conditions such as hypertension and congestive heart failure which are treated with renal dialysis. Because section 391.41 does not include a physical qualification standard that specifically addresses end stage renal disease or renal dialysis, the effects of renal dialysis should be evaluated as treatment for the underlying medical condition for which it is prescribed.
-
- Considerations for an ME when making a physical qualification determination could include but may not be limited to the following:
 - Evaluate on a case-by-case basis to determine whether the driver is likely to experience syncope, dyspnea, collapse, or congestive cardiac failure.
 - Assess the driver's symptoms post dialysis.
 - Is the driver having excessive fatigue, muscle cramps, or syncope, dyspnea, collapse, or congestive cardiac failure.
- *Does not include reference to CKD MEP*

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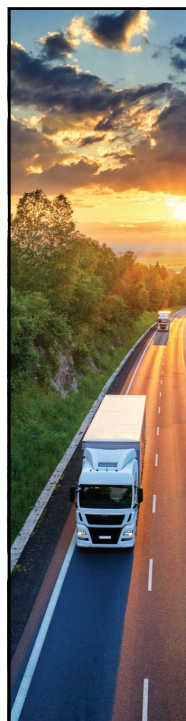


ME Handbook **Draft** 5/2021

4.8.3.6 Obstructive Sleep Apnea

- Obstructive sleep apnea is a respiratory disorder characterized by a reduction
- moderate-to-severe obstructive sleep apnea does not preclude certification.
- The FMCSRs do not include requirements for MEs to screen CMV drivers for OSA, or provide criteria whether to refer a driver for OSA testing, diagnostic testing methods, treatment methods, or criteria by which to assess compliance for obstructive sleep apnea treatment.

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ME Handbook *Draft* 5/2021

4.8.3.6 Obstructive Sleep Apnea

- When making a medical certification determination, the ME may consider the driver's responses to the questions on the Medical Examination Report Form, MCSA-5875, about sleep disorders, and readily identifiable risk factors for obstructive sleep apnea identified during the physical examination.
- Examples of risk factors for and symptoms of obstructive sleep apnea include but are not limited to:
-

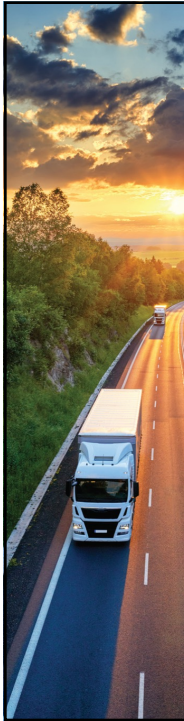
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ME Handbook *Draft* 5/2021 Obstructive Sleep Apnea

- If an ME observes multiple risk factors for moderate-to-severe obstructive sleep apnea, the ME may consider referring the driver for a sleep study if not evaluated previously. If a driver reports a prior sleep study was negative for or revealed only mild obstructive sleep apnea, another sleep study may not be warranted unless the driver reports significant changes in risk factors or symptoms since the prior sleep study.

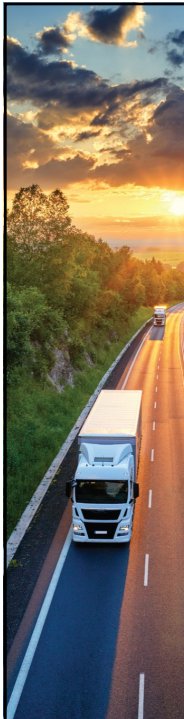
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ME Handbook *Draft* 5/2021 Obstructive Sleep Apnea

- If a driver discloses a diagnosis of moderate-to-severe obstructive sleep apnea, the ME should confer with the treating clinician. Obstructive sleep apnea is not a condition that requires testing on a regular schedule. Unless a driver reports that symptoms have returned or a significant change in risk factors, typically for drivers diagnosed for moderate-to-severe obstructive sleep apnea treated with continuous positive airway pressure retesting may occur between 3 and 5 years or as determined by the treating provider.

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ME Handbook Draft May 2021

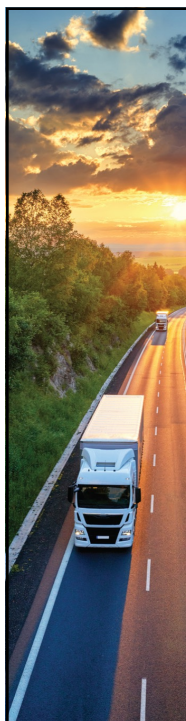
4.9 Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease, and Loss or Impairment of Limbs Regulations - 49 CFR 391.41(b)(7), (b)(1), and (b)(2)

.....

• 4.9.7 Other Information

- Disorders of the musculoskeletal system affect driving ability and functionality necessary to perform heavy labor tasks associated with the job of commercial driving. Medical certification means the driver is physically **able to safely drive and perform non-driving tasks**. The ME should consider that **certification is not limited to a single employer or type of work**. For example, no lifting may be required for one employer while heavy lifting may be required for other employers. **Certification also is not limited to a specific vehicle type or size.**

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ME Handbook Draft May 2021

- Thus, a driver who is medically certified under the FMSCRs is physically qualified to operate every vehicle type and to perform the activities typically associated with commercial driving. MEs cannot issue a Medical Examiner’s Certificate, Form MCSA-5876, with restrictions other than those listed on the certificate. If physical restrictions are necessary, they must be imposed by the employer as a condition of employment.
- AND detailed Job Description

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ME Handbook Draft 5/2021

4.10.3.12 Traumatic Brain Injury


- The Expert Panel opinions regarding evaluating severe, moderate, and mild TBI are as follows:

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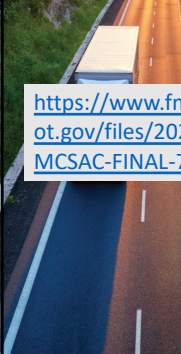
U.S. Department of Transportation
Office of the Secretary of Transportation
Office of Drug and Alcohol
Policy and Compliance
Sue Lenhard, Policy Advisor



DOT "CBD" NOTICE

IMPACT OF HEMP LEGALIZATION ON SAFETY OVERSIGHT OF CMV DRIVERS

FMCSA-Motor Carrier Safety Advisory Committee (MCSAC)
July 13, 2020




<https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-07/ODAPC-FMCSA-MCSAC-FINAL-7-9-20.pdf>

What you need to know:

- **A positive test for THC is a positive test for "marijuana"**
- The DOT requires testing for marijuana and not CBD.
- CBD products may contain more THC than what the label lists.
- The DOT does not authorize the use of Schedule I drugs, including marijuana, for any reason and that **CBD use is not a legitimate explanation for laboratory-confirmed marijuana positive result.**
- It is unacceptable for any safety-sensitive employee subject to DOT's drug testing regulations to use marijuana.
- www.transportation.gov/odapc/cbd-notice

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Take Home Points

1. Alternative Vision Standard
 - For those UNABLE to meet the vision standard
 - Examiner makes final determination
2. Relaunch of NRCME website
 - Must have Login.gov account
 - Retraining should be available shortly
3. OSA
 - FMCSA does not have specific requirements
 - EXPECTS examiners to consider and evaluate
4. THC
 - Not permitted for CMV operators
 - Use of CBD is NOT a valid explanation

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Resources

1. FMCSA Medical Programs. <https://www.fmcsa.dot.gov/regulations/medical>
2. National Registry of Certified Medical Examiners. [https://www.fmcsa.dot.gov/regulations/national-registry-certified-medical-examiners](https://www.fmcsa.dot.gov/regulations/national-registry/national-registry-certified-medical-examiners)
3. FMCSA Medical Review Board - <https://www.fmcsa.dot.gov/mrb>
4. Medical Resource Table - <https://www.fmcsa.dot.gov/regulations/medical/medical-regulations-and-guidance-resource-links>
5. Reports - How Medical Conditions Impact Driving - <https://www.fmcsa.dot.gov/regulations/medical/reportshow-medical-conditions-impact-driving>
6. 49 CFR 391.41 - PART 391-QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS - <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&ty=HTML&h=L&mc=true&=PART&n=pt49.5.391>.
7. Hartenbaum NP (ed.). The DOT Medical Examination: An unofficial guide to the commercial driver medical certification (edition 7). OEM Press, Beverly Farms, MA. .