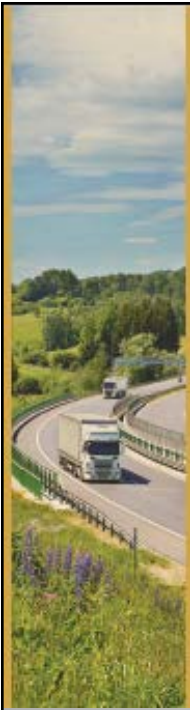


Commercial Driver Medical Examination (DOT) Update

MARCOEM 2019

October 13, 2019

Natalie P. Hartenbaum, MD, MPH
President and Chief Medical Officer
OccuMedix, Inc



Agenda

- NRCME
 - Registration, Refresher Training, NRCME2 Forms, new FAQs
- Diabetes Standard
 - Confusion and controversy
- Vision Exemption
 - Quick - no change
- Medication
 - Form, Marijuana/CBD, FMCSA Clearinghouse
- Obstructive Sleep Apnea
 - Not much new
- Draft ME Handbook
- Resources

WAAAAY TOO MUCH GOING ON

National Registry of Certified Medical Examiners: Become a Medical Examiner

How To Become A Certified Medical Examiner

Healthcare professionals wishing to become a certified Medical Examiner listed on the National Registry are now able to register. To become a certified Medical Examiner, you must:

- Be licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations. FMCSA will verify this information with your state licensing board.
- First complete the required training to begin the process. Please note that you MUST complete the required training prior to registering.
- Go to the following link to register <https://sfm.fmcsa.dot.gov/nrcme/register>.
- Receive welcome email with unique National Registry number.
- Take and pass the National Registry Medical Examiner certification test. The certification test is offered by the testing organizations provided in the links below. Using these links, you will find the process and contact information necessary for you to contact the testing organization directly to schedule the examination.
 - Comira: <http://www.comiratesting.com/#>
 - Prometric: <https://www.prometric.com/#>
 - PSI: <https://candidate.psiexams.com/#>
- Once you have submitted the required information, FMCSA has verified your ability conduct physical examinations with your state licensing board, and FMCSA has received passing test results from the testing organization, FMCSA will conduct a final evaluation of your application to become a certified Medical Examiner.
- FMCSA will notify you via email when the certification process is complete. You will receive an email with an official certificate indicating your status as a certified Medical Examiner listed on the National Registry. Medical Examiners are not permitted to conduct physical qualification examinations of interstate commercial motor vehicle drivers until the official certificate has been received via email.

Searching for certified Medical Examiners, [click here](#).

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

Welcome To The National Registry of Certified Medical Examiners

There is a new way to sign into the National Registry with Login.gov. Use your existing Login.gov account or create an account.

[Transfer or Create Account](#)

[Login](#)

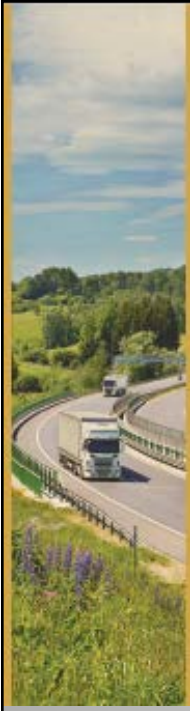
You are accessing a U.S. Government information system. This information system, including all related equipment, networks, and network devices, is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system is prohibited, and may result in civil and criminal penalties, or administrative disciplinary action. The communications and data stored or transmitting this system may be, for any lawful Government purpose, monitored, recorded, and subject to audit or investigation. By using this system, you understand and consent to such terms.

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Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5860 • TTY: 1-800-877-8339 • Field Office Contacts

NRCME Update – Refresher Training

- Refresher training
 - 4-5 yrs after date of issuance of the ME certification credential
 - Complete periodic training as specified (and provided) by FMCSA.
 - 9-10 yrs after issuance of the ME certification credential
 - Complete periodic retraining and pass the test required
- Refresher - Only training offered by FMCSA will be acceptable
- No fee, no CME
- Getting close(?????), will have adequate time to complete
- Will be based on most frequent questions/issues, not on Draft ME Handbook



NRCME2 – Medical Examiner Certification Integration Interim Final Rule – June 21, 2018

- Many state CDLIS not ready - Delay until June 22, 2021
- Examiners
 - Issue paper MEC through 2021
 - No change (ever) for drivers w/o CDL - issue paper MEC
 - No delay in determination upload requirement
 - Midnight following calendar day
- Motor Carriers:
 - Continue to verify examiner on NRCME

Forms – Expiration 11/30/2021

Form MCSA-5675 OMB No. 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average 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 mandatory. 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, MC-99A, 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 #

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

Form MCSA-5676 OMB No. 2126-0006 Expiration Date: 11/30/2021

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____
Street Address: _____ City: _____ State/Province: _____

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute 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 mandatory. 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, MC-99A, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

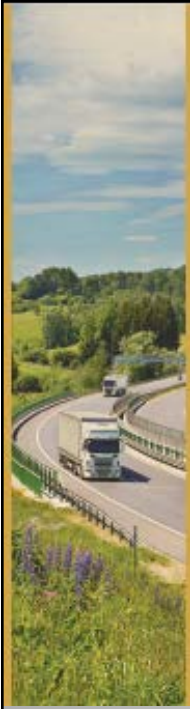
I certify that I have examined Last Name: _____ First Name: _____ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

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), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):



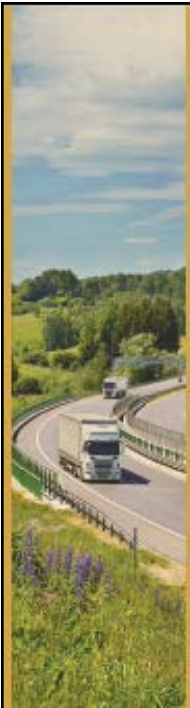
- FMCSA expects examiners use new forms ASAP.
- FMCSA encouraging SDLAs to accept forms
 - Expiration dates of 08/31/2018, 09/30/2019, and 11/30/2021 for now
- Plan accordingly



New FAQs

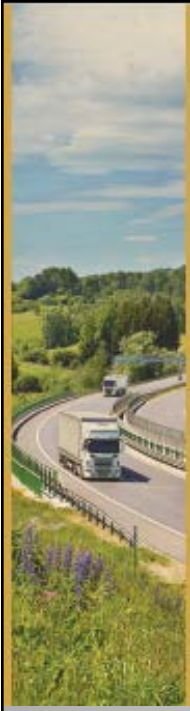
Q. How may a Medical Examiner comply with 49 CFR 391.43(i) if he or she changes employment and the Medical Examiner's records are maintained by the previous employer?

A. The Medical Examiner would advise FMCSA of the location of the records and the range of dates during which examinations were conducted for that employer. The Agency would then contact the previous employer to obtain the necessary information



New FAQs

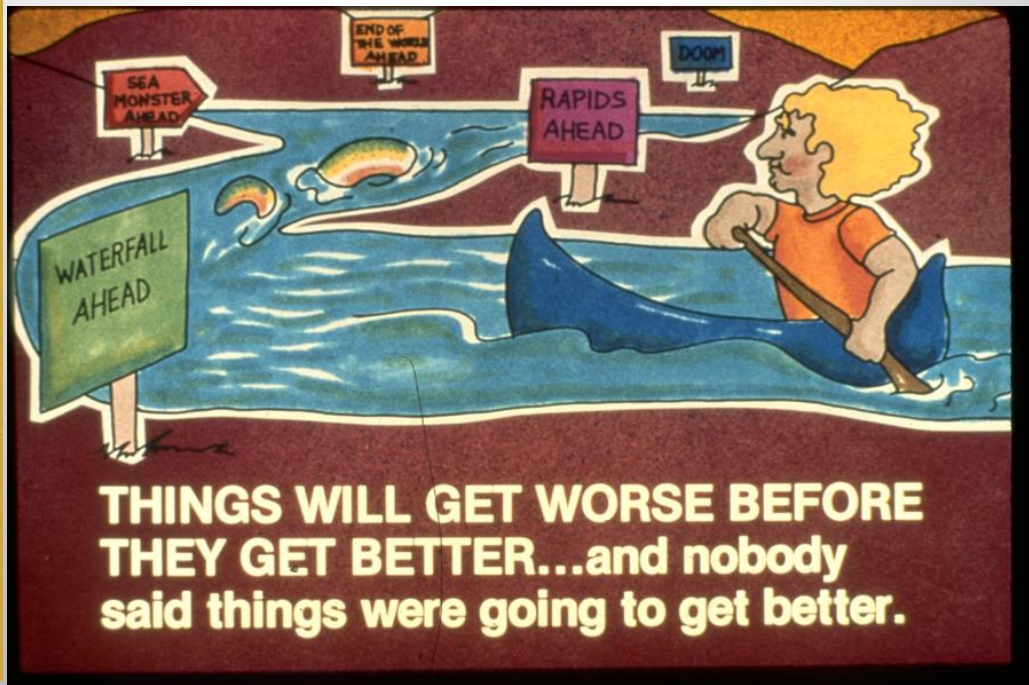
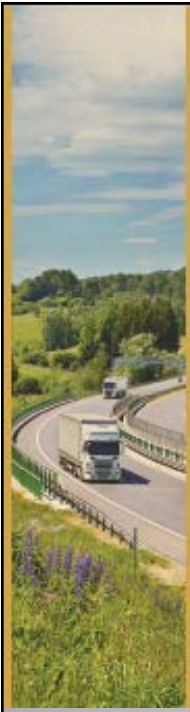
Q. May a Medical Examiner's employers maintain the required records at the employer's centralized medical records department or electronic health record system in lieu of the individual Medical Examiner's office?

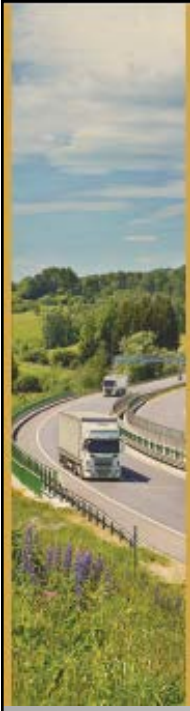


New FAQs

A. Yes, according to 49 CFR 391.43(i), each original (paper or electronic) completed Medical Examination Report Form, MCSA-5875, and Medical Examiner's Certificate, Form MCSA-5876, must be retained on file at the Medical Examiner's office for a period of at least 3 years from the date of examination.

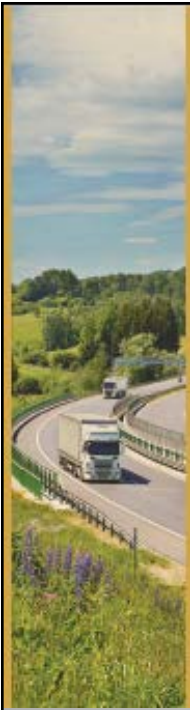
The Medical Examiner's employer may maintain all required records on behalf of the Medical Examiner in a centralized medical records department or within its electronic health record system, as long as the Medical Examiner may request and obtain the records and can provide the scanned records upon request to FMCSA or an authorized Federal, State, or local enforcement agency.





Sec. 391.46 Physical qualification standards for an individual with diabetes mellitus treated with insulin for control

- ME determines if driver meets physical qualification standards in §391.41 (all)
 - Must **consider** information in Form, MCSA-5870

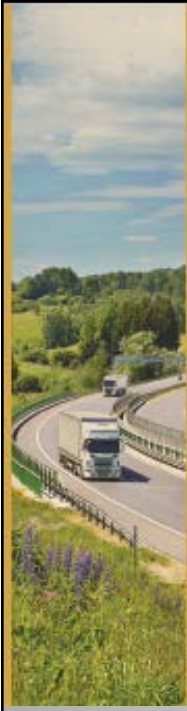


Sec. 391.46 Physical qualification standards for an individual with diabetes mellitus treated with insulin for control

- Utilizing **independent** medical judgment* - apply following qualification standards
 - Not physically qualified if not maintaining stable insulin regimen and (?or) not properly controlling his or her diabetes mellitus
 - Not physically qualified -permanent basis
 - Severe non- proliferative or proliferative diabetic retinopathy

May obtain additional information from TC or other information

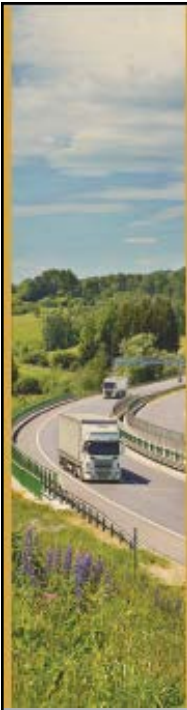
*ME makes final determination



American Diabetes Association Recommendation on Dilated Eye Examinations Subsequent exams

- If no evidence of retinopathy for one or more annual eye exams
 - Exams every 2 years may be considered
- If any level of diabetic retinopathy is present
 - Dilated retinal examinations for patients with type 1 or 2 DM at least annually by ophthalmologist or optometrist.
- If retinopathy is progressing or sight-threatening
 - Examinations will be required more frequently.

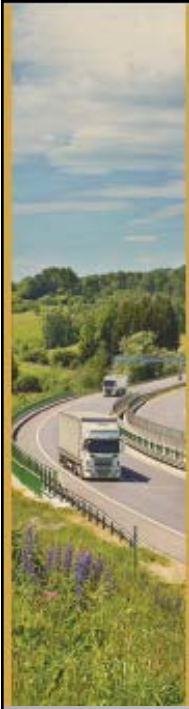
Solomon SD, Chew E, Duh EJ, et. al. Diabetic Retinopathy: A Position Statement by the American Diabetes Association. Diabetes Care 2017 Mar; 40(3): 412-418. <http://care.diabetesjournals.org/content/40/3/412>



Sec. 391.46 Physical qualification standards for an individual with diabetes mellitus treated with insulin for control

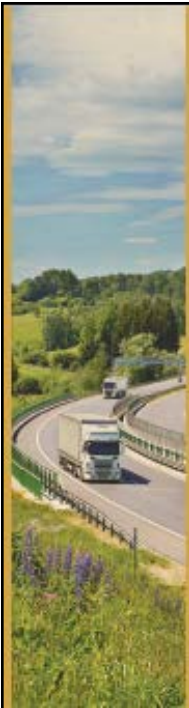
(e) Severe hypoglycemic episodes.

- (1) Individual with ITDM who experiences a severe hypoglycemic episode is prohibited from operating a CMV and must report to and be evaluated by TC as soon as “reasonably practicable”
- Severe hypoglycemic episode - “requires the assistance of others or results in LOC, seizure, or coma”



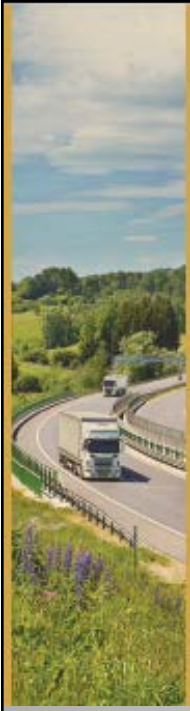
Sec. 391.46 Physical qualification standards for an individual with diabetes mellitus treated with insulin for control

- Prohibition continues until **TC**
 - Determined that the cause has been addressed;
 - Determined that the individual is maintaining a stable insulin regimen and proper control of his or her diabetes mellitus; and
 - Completes a new Form, MCSA-5870
- Individual (**driver**) retains Form and provides to ME at next medical examination.
- *No requirement under 391.46 for ME to evaluate but...*



§391.45 - Persons who must be medically examined and certified:

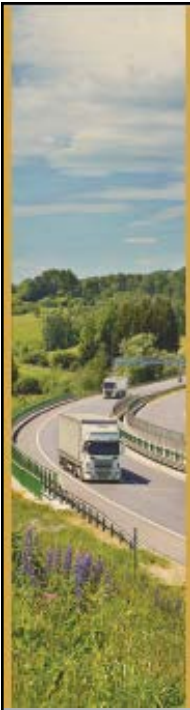
“(c) Any driver whose ability to perform his/her normal duties has been impaired by a physical or mental injury or disease”;



§391.45(c) *Persons who must be medically examined and certified* - Interpretation

“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: The FMCSRs do not require an examination in this case unless the 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. But, in either case, the **motor carrier** has the obligation to determine if an injury or illness renders the driver medically unqualified.”

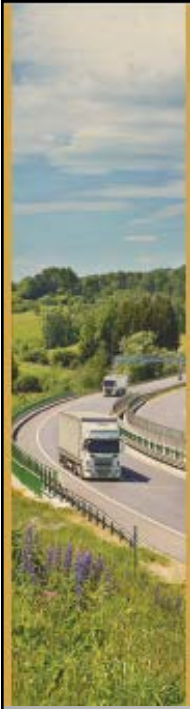


ACOEM Request for Reconsideration ITDM Standard(10/15/18)
FMCSA Response (3/5/19)

ACOEM - Driver who experiences severe hypoglycemic episode should be required to be reviewed by the certifying ME prior to returning to driving.

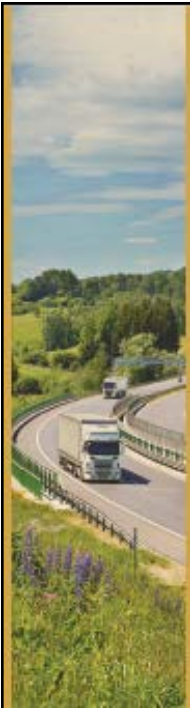
FMCSA Response

- TC can make individualized assessment
- Confident that TC would not sign form if driver not safe
- New exam not required but – **“final rule states that the requirement for a new medical examination could be applicable to the ITDM individual who experiences a severe hypoglycemic episode”**
 - Motor Carrier bears responsibility to decide.



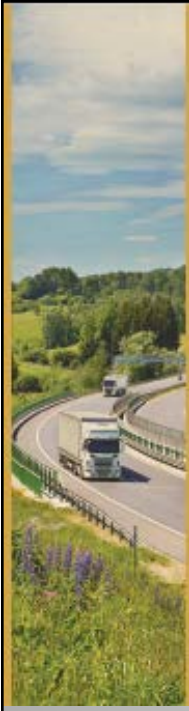
FMCSA Response – Severe Hypoglycemic Episode

“Whether a new medical examination is required will depend on the specific circumstances and whether the episode results in a physical or mental injury or disease that impairs the individual’s ability to perform his or her normal duties. As **motor carriers** bear the responsibility to ensure that employed drivers are medically qualified to operate a commercial motor vehicle, **motor carriers are not prohibited by the Federal Motor Carrier Safety Regulations from establishing local reporting policies and procedures for obtaining re-evaluation under 49 CFR 391.45 for employees concerning potentially impairing medical conditions**”



Annual Certification for Non-insulin Treated Diabetics

- Annual certification is not a “requirement”
 - Never was!!!
- Final Rule noted –
 - Not imposing the “requirement for annual certification,” for non-ITDM individuals
 - Certified MEs are trained that they may issue short-duration MECs, MCSA-5876, for medical conditions that require frequent monitoring or where additional medical information is needed”.



Annual Certification for Non-insulin Treated Diabetics

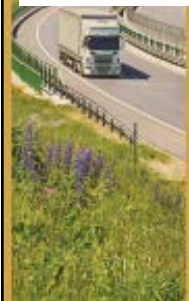
- Still in FAQs that “drivers with specific medical conditions require more frequent certification:”
 - Determination by examiner that condition requires more frequent monitoring, such as diabetes mellitus or sleep disorders”.

391.41 CMV Driver Medication Form, MCSA-5895 (optional)

About the 391.41 CMV Driver Medication Form, MCSA-5895 (optional):

The 391.41 CMV Driver Medication Form, MCSA-5895, requests additional information regarding medications prescribed by the treating physician as an optional tool for Medical Examiners to use in determining if a driver is medically qualified under 49 CFR 391.41.

For background information, [click here](#)



OPTIONAL Medication Form

- But great source of information on medical conditions

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

Use of this form by the certified medical examiner is voluntary.

Medication Medical Marijuana

Indication for treatment Pain mgmt +

Dose _____ Frequency As needed # of pills prescribed per month MTA

How frequently used if ordered as needed A.M. only

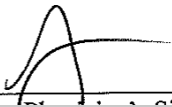
Taken during work hours: yes no

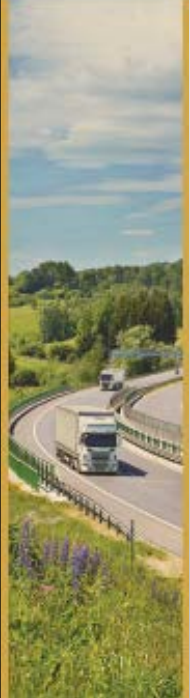
PLEASE ATTACH A PRINTOUT OF ALL CONTROLLED SUBSTANCES PRESCRIBED, EITHER FROM NYS PMP REGISTRY OR ELECTRONIC HEALTH RECORD.

Comments _____

I certify that, in my professional judgment, this medication will not affect his/her ability to safely operate a commercial motor vehicle.

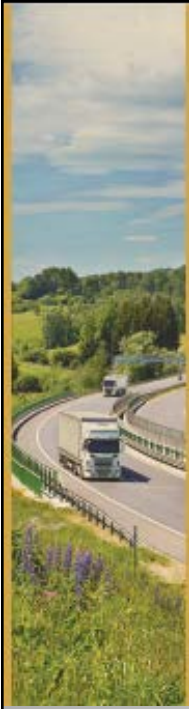
Physician's Stamp- phone # _____





Medication/CBD

- Marijuana – recreational or medical prohibited
- CBD – not automatically disqualifying if used legally under Federal law BUT...
 - Used under Hemp laws or state (May not be consistent with Federal Law)
 - Cultivated as required under Federal Law
 - Concentration meets criteria under Federal law
 - Or as labeled
 - Not labeled for health benefits
 - Not added to food
- Driver beware – not a valid explanation on a drug test.
- Employer may set criteria (depends on state)



CBD – Concentration of THC under STATE Law High CBD – Low THC Laws

- Georgia - contains no more than 5% THC
- Mississippi - cannabis extract, oil, or resin that contains less than 0.5% THC.
- North Carolina - hemp extract must be composed of less than 0.9% THC
- South Carolina - CBD oil that is less than 0.9% THC
- Tennessee - CBD oil that is less than 0.9% THC
- Texas - cannabis oil that is no more than 0.5% THC
- Virginia - oil must contain no more than 5% THC.
- States may also have limitations on use (diagnosis) and dispensing

One dropper, two dropper, three...

Oregon – 5mg THC produces psychoactivity; THC-edible ≤ 5mg THC/serving



Presentation to FDA



John Redman
Chief Executive Officer
Community Alliances
for Drug Free Youth

Alice Mead
GW Pharmaceuticals
Greenwich Biosciences

CBD consumer products can
contain significant amounts of THC

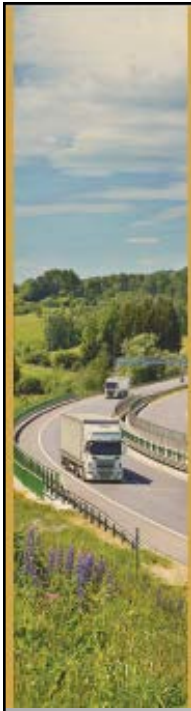


Up to 24mg THC
delivered

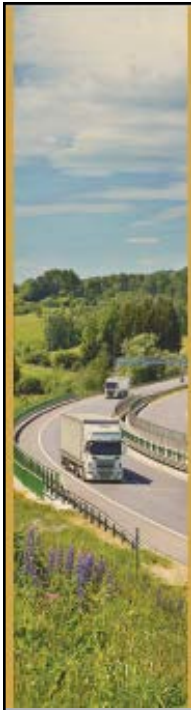


Up to 17 mg THC
delivered total






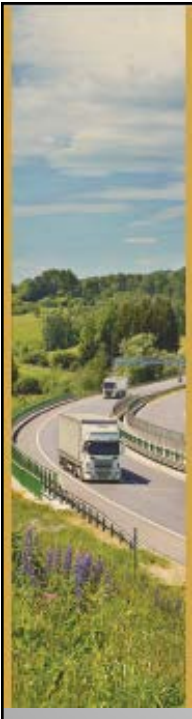
Cheap.....But only 98% accurate!!!



FMCSA Drug and Alcohol Clearinghouse

- Examiners (nor MROs) will have access to review violations

 <p>2019-2020 MWL-Associated Open Safety Recommendations AS OF JULY 1, 2019</p> <p>If acted upon, these recommendations will save lives and improve transportation safety.</p>	RECOMMENDATION NO.	STATUS
<p>This column contains the title of the recommendation, a brief description of the recommendation, and the status of the recommendation as of July 1, 2019.</p> <p>Require Medical Fitness—Screen for and Treat Obstructive Sleep Apnea</p> <p>Underground and elevated obstructed sleep apnea continues to be a leading cause of roadway accidents, causing many preventable accidents. We want to see mandatory screening and treatment for obstructive sleep apnea for all and highway personnel in safety-sensitive positions.</p> <p>Railroad</p> <p>H-09-015 <i>Open—Unacceptable Response</i> TO THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION: Develop a program to identify commercial drivers at high risk for obstructive sleep apnea and require that such drivers be appropriately evaluated and treated.</p> <p>H-10-014 <i>Open—Unacceptable Response</i> TO THE FEDERAL RAILROAD ADMINISTRATION: Require railroad to medically screen employees in safety-sensitive positions for sleep apnea and other sleep disorders.</p> <p>H-10-016 <i>Open—Unacceptable Response</i> TO THE STMT Railcar Medical Review Committee: Review railroad personnel for sleep apnea and other sleep disorders.</p> <p>H-10-017 <i>Open—Unacceptable Response</i> TO THE FEDERAL RAILROAD ADMINISTRATION: Develop medical certification requirements for employees in safety-sensitive positions that include: (1) a complete medical history that includes specific screening for sleep disorders, a review of current medications, and a thorough physical examination; (2) identification of existing conditions across the industry; and (3) certified oversight of certifier decisions for employees who fail initial testing and consider requesting that medical examinations be performed by those with specialized training and certification in evaluating medication use and health issues related to occupational safety in railroad. This recommendation supersedes Safety Recommendations R0224 through R0231.</p> <p>H-14-047 <i>Open—Unacceptable Response</i> TO METRO-NORTH RAILROAD: Review your medical protocols for employees in safety-sensitive positions to include specific protocols on sleep disorders, including obstructive sleep apnea.</p> <p>H-14-048 <i>Open—Unacceptable Response</i> TO METRO-NORTH RAILROAD: Develop and implement protocols to identify screen and fully evaluate your safety-sensitive employees for sleep disorders and ensure that such drivers are adequately assessed if diagnosed.</p> <p>H-14-049 <i>Open—Unacceptable Response</i> TO THE STATE OF NEW JERSEY: Develop an education program to routinely screen and fully evaluate your safety-sensitive employees for sleep disorders and ensure that such drivers are adequately assessed if diagnosed.</p> <p>H-14-050 <i>Open—Unacceptable Response</i> TO THE AMERICAN RAILROADS UNIONS, THE AMERICAN LUMBER TRANSPORTATION ASSOCIATION, THE AMERICAN SHORT LINE AND REGIONAL RAILROAD ASSOCIATION, THE BROTHERHOOD OF COCCHESTER ENGINEERS, AND THE NATIONAL ASSOCIATION OF SHEET METAL, AIR, RAIL, AND TRANSPORTATION WORKING UNIONS: Develop a model safety alert agreement that supports effective programs for addressing sleep disorders and medical conditions among safety-sensitive train operating personnel.</p> <p>H-16-046 <i>Open—Unacceptable Response</i> TO THE FEDERAL RAILROAD ADMINISTRATION: Develop and enforce medical protocols that outline requirements for safety-sensitive personnel diagnosed with sleep disorders must meet to be considered for hire.</p> <p>Highway</p> <p>H-09-015 <i>Open—Unacceptable Response</i> TO THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION: Develop a program to identify commercial drivers at high risk for obstructive sleep apnea and require that those drivers provide evidence through the medical certification process of having been appropriately evaluated and, if treatment is needed, effectively treated for that disorder before being granted unrestricted medical certification.</p> <p>H-09-016 <i>Open—Acceptable Response</i> TO THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION: Develop and disseminate guidance for commercial drivers, employers, and physicians regarding the identification and treatment of individuals at high risk of obstructive sleep apnea (OSA), emphasizing that drivers who have OSA that is effectively treated are routinely approved for continued medical certification.</p> <p>H-17-049 <i>Open—Acceptable Alternate Response</i> TO THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION: Make the 2016 Medical Review Board/Motor Carrier Safety Advisory Committee recommendations on screening for obstructive sleep apnea (OSA) easily accessible to certified medical examiners, and instruct the examiners to use the recommendations as guidance when evaluating commercial drivers for OSA risk.</p>	<h2>Highway</h2> <p>H-09-015 <i>Open—Unacceptable Response</i></p> <p>H-09-016 <i>Open—Acceptable Response</i></p> <p>H-17-049 <i>Open—Acceptable Alternate Response</i></p>	



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 –June 2019 meeting

Meeting Dates	Topic
July 15-16, 2019	National Training Center (NTC) 1310 N. Courthouse Road Arlington, VA <ul style="list-style-type: none">• Announcement• DRAFT Medical Examiners handbook rev. 7-1-19• Agenda, July 15-16, 2019 Medical Review Board• FMCSA Educational Video Series - MEDICATIONS I Joseph Sentef MD, MPH, MBA, MRO Chief Medical Officer• FMCSA Educational Video Series - MEDICATIONS II Joseph Sentef MD, MPH, MBA, MRO Chief Medical Officer• Medical Examiners Handbook Task Statement 17-1• FINAL Task Statement 15-2 Vision Standards 7-15-15• Comments - Truckers for a Cause on draft-medical-examiners-handbook-rev-7-1-19• Handbook Questionnaire Results

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

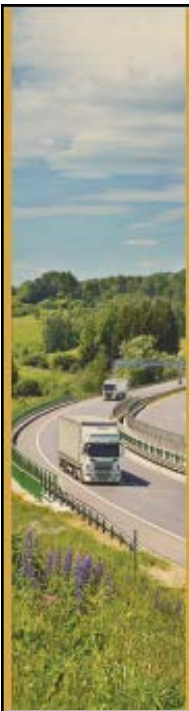


Federal Motor Carrier Safety Administration
(FMCSA)
Medical Examiner Handbook



- ME Handbook first posted in 2008
- Provided guidance MEs.
- MEs and stakeholders have have applied information as if regulation
- Removed from website in 2015.

No longer endorsed by FMCSA but still a reasonable resource for the ME to use as a STARTING point in making a certification determination. NOT a REQUIREMENT!!!!!!!



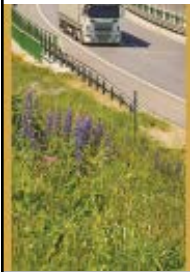
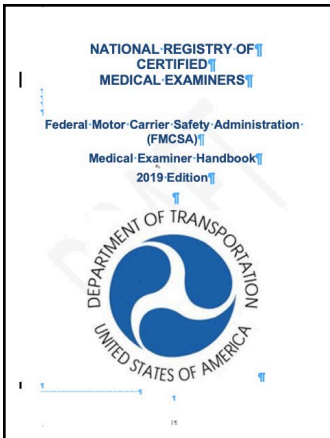
MRB Task 17-1 - Recommendations to the Agency on the Revision of the Federal Motor Carrier Safety Administration (FMCSA) Medical Examiners Handbook (MEH)

- Reviewing and streamlining the MEH
- Removal of non-regulatory directive language
- Update and removal of obsolete information
- Expected completion end of 2017
- Issue was that many examiners saw content of ME Handbook as REQUIREMENT

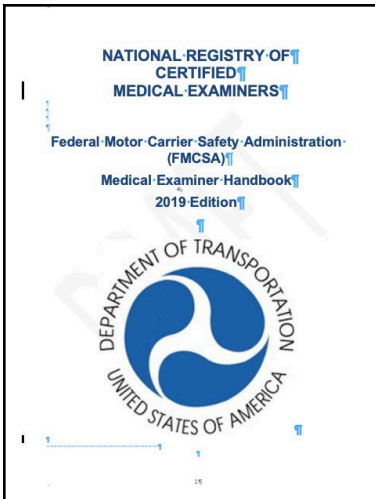
NATIONAL REGISTRY OF
CERTIFIED
MEDICAL EXAMINERS
Federal Motor Carrier Safety Administration
(FMCSA)
Medical Examiner Handbook
2019 Edition



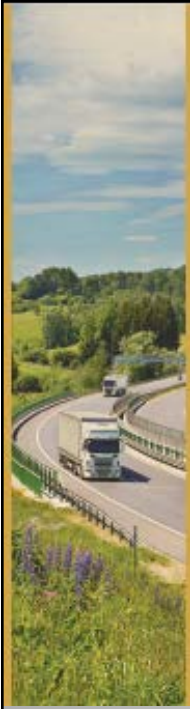
- Significantly shorter – 75 v 260
- Mostly narrative
- No clear
 - Waiting period
 - Recommend to disqualify
 - Recertification recommendation
- Included Advisory Criteria for some but not all standards
 - *Will include*



- Did not include interpretations or FAQs
 - *But suggested*
- A lot of “read between lines”
 - *But does everyone have “read between lines” vision?*
- Needs better organization and cross-referencing
- Focuses on sudden death or sudden incapacitation
 - *Suggested to add- Sudden or gradual impairment or incapacitation*

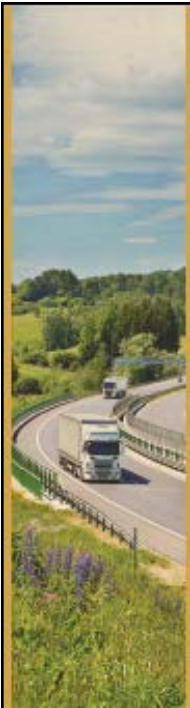


- Does not include;
 - *“You should not certify the driver until the etiology is confirmed and treatment has been shown to be adequate/effective, safe, and stable” (Old Handbook)*



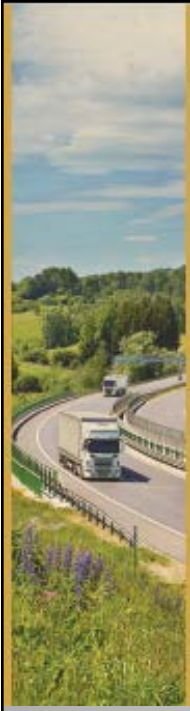
General

- “Key points to aid a medical examiner’s decision on safe driving ability include using best practice methodology through experience and research to ensure driver and public safety include:”
 - *But not every examiner will be aware of EBM or have experience*



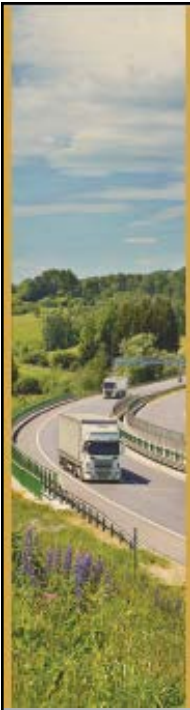
Statements – Additional Medical Information

- “Specialists, such as cardiologists may provide additional medical information, but it is the medical examiner who ultimately decides if the driver is medically qualified to drive”.



Statements – Additional Medical Information

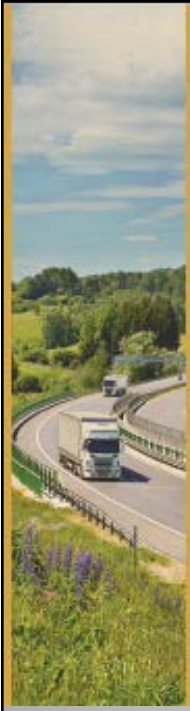
- “Consistent with best practices for any medical condition, in applying the physical qualification standards, the ME may consult with the individual’s treating provider for additional information concerning the driver’s medical history and current condition, make appropriate referrals to other medical providers, or request medical records, all with appropriate consent.”



Statements

• **Criteria Guidance**

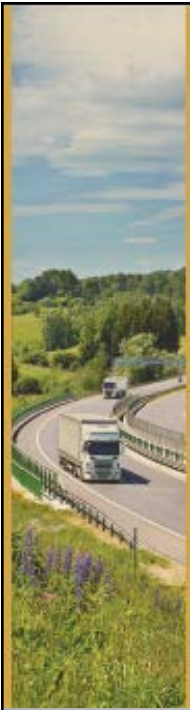
- FMCSA provides medical guidance and advisory criteria to provide recommendations and information to assist medical examiners in applying the regulations. These recommendations and guidance often are based on expert review or considered best practice. Unlike regulations, the recommendations and other guidance are not legally binding. Rather, such guidance is strictly advisory, not mandatory and intended to provide information that helps to support the application of the standards in the regulations or to serve as a reference. Accordingly, the examiner may or may not choose to follow these recommendations.
 - *Suggested to add “but should document reason for not following”*



Part III - Examination Guidelines

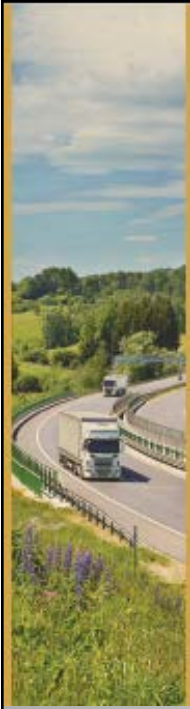
- “Other sources of guidance, which can be used by the medical examiner **include, but are not limited to, medical expert panel reports, medical reports from literature, and Medical Review Board (MRB) recommendations.**”

- *But are they taught in training programs – should be!*
- *No link to MRB proceedings or reports*



Statements

- When you determine that a driver is **medically fit to drive and also able to perform non-driving responsibilities** (*my emphasis*), you will certify the driver and issue a Medical Examiner's Certificate.
- You are to retain the driver medical records for a minimum of 3 years
 - *Will add – or consistent with state law*
- An employer can only be provided a copy with the driver's consent
 - *Will add reference to HIPAA compliant release*



Vision

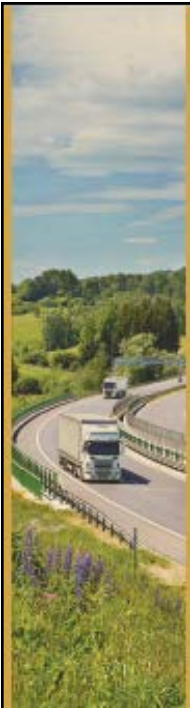
- **Disqualifying Vision**

- Monocular vision except with an exemption
- Failure to meet any part of the vision testing criteria with one eye or both eyes

- **Medical Advisory Criteria**

- Use of telescopic lenses is not acceptable

Will clarify “monocular vision” as defined by FMCSA



Vision

- Instructions on how to perform Snellen visual acuity, types of Snellen charts, how to perform peripheral vision testing, etc.

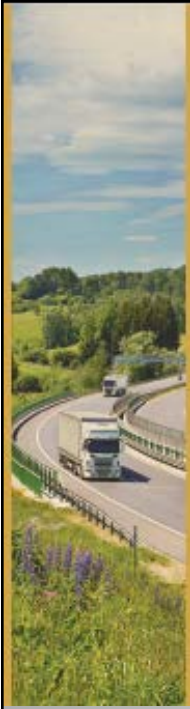
- Will be removed

- Discussed if video needed to demonstrate testing peripheral vision

- ? How about video on how to perform abdominal exam, palpate for aneurysm, etc

- *Should ME Handbook be teaching how to do exam or...*

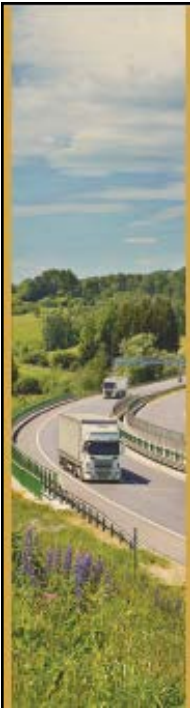
- *“Must be licensed by state to perform physical examination”....*
- *Doesn’t that imply – “knows how to do examination”?*



Blood Pressure

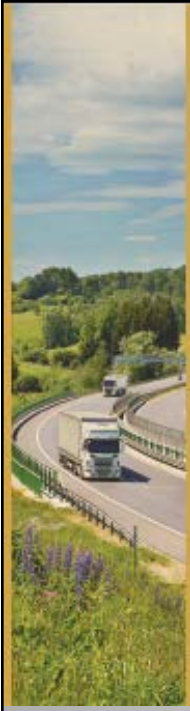
Reading	Category
140-159/90-99	Stage 1 hypertension
160-179/100-109	Stage 2 hypertension
≥ 180/110	Stage 3 hypertension

- Should only be taken by examiner
 - Not rely on BP from treating provider
- Categories of BP – NOT on form
 - Should guidance should be updated?
 - JNCV III, other guidance?
 - Would need to go through Rulemaking
- BP Certification/Recertification Recommendation Table in Draft Handbook incorrect
 - Will be updated to be consistent with MAC



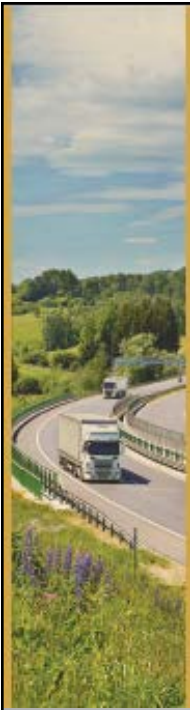
Cardiovascular - AAA

- "Key points to aid a medical examiner's decision on safe driving ability include using best practice methodology through experience and research to ensure driver and public safety:
 - Includes a 3-month waiting period for aneurysm repair
 - Includes aneurysms less than 4 cm that are asymptomatic and are not considered restrictive
 - Includes aneurysms greater than 4 cm but less than 5 cm that are asymptomatic and have cardiovascular clearance should not be considered restrictive"
- *Does not include specific language that >5cm should disqualify*



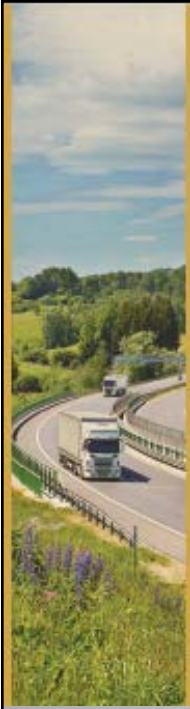
Cardiovascular – ICD

- ICDs treat but do not prevent arrhythmias. Therefore, the driver remains at risk for syncope. The management of the underlying disease is not effective enough for the driver to meet cardiovascular qualification requirements. Combination ICD/pacemaker devices are also ineffective in preventing incapacitating cardiac arrhythmia events.



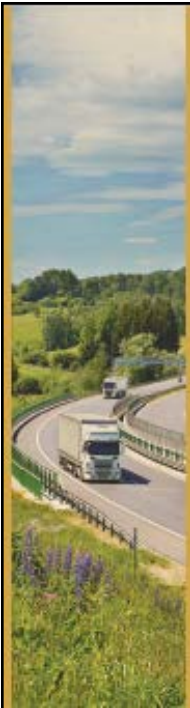
Cardiovascular – ICD

- Having an ICD or ICD/pacemaker combination device is **disqualifying** in that federal regulation 391.41(b)(4) states that a driver “has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive heart failure.”
 - *But had been told that ICD falls under LOC (391.41(b)(8))*



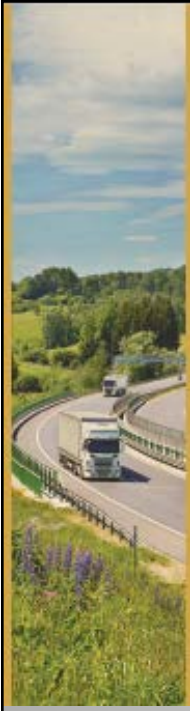
Cardiovascular – “Cardiovascular Tests for Educational Purposes”

- Echocardiogram
 - “Based on best practices methodology, a driver should have an LVEF greater or equal to 40% with no associated pulmonary hypertension”
- **Exercise Tolerance Test (ETT)** - Based on best practices methodology -
 - Able to exercise to a workload capacity greater than 6 Metabolic Equivalents (METs) (through Bruce protocol stage II or equivalent)
 - Attain a heart \geq 85% of predicted maximum (unless on beta blockers)
 - Have a rise in systolic blood pressure greater than or equal to 20 mm HG without angina,
 - Have no significant ST segment depression



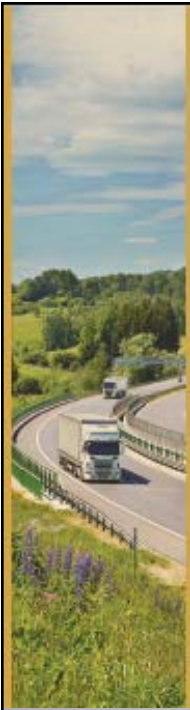
Cardiovascular – MI

- Current opinion among clinicians (?) state that post-MI drivers may safely return to any occupational task provided there is no exercise-induced myocardial ischemia or left ventricular dysfunction.
- Key points
 - “Consider a recovery period of 2 months based on best practices if the driver is asymptomatic, has no electrocardiogram ischemic changes and tolerates medications”
 - “Consider medical clearance from a cardiovascular specialist ”
- *Nothing about ETT prior to RTW or periodic (also not mentioned for Angina) but...*



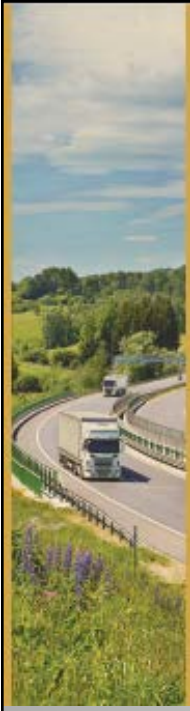
Cardiovascular – CABG

- Key points
- The driver should have a reasonable recovery period of 3 months
- Having a healed sternum
- Being asymptomatic and tolerating cardiovascular medications with no orthostatic symptoms
- Having been examined and approved by a cardiologist for medical fitness to drive
- At 5 years post-CABG surgery because of the risk of re-occlusion over time, it would be reasonable for the driver to obtain an annual exercise test or an imaging stress test, if indicated
- AND



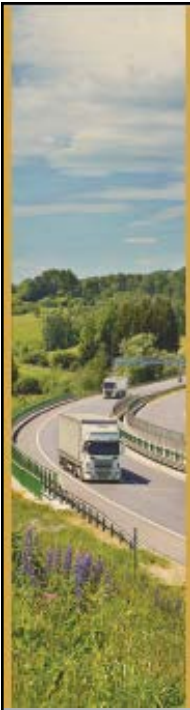
Cardiovascular – Percutaneous Coronary Intervention

- Key points...
- A one week recovery period is reasonable to assure that no acute complication occurs at the vascular access site
- Having no injury to the vascular access site
- Individuals with stents should have an exercise tolerance test (ETT) every other year
- Removed recommendation for ETT 3-6 months after (Cardiac MEP 2007)



Obstructive Sleep Apnea

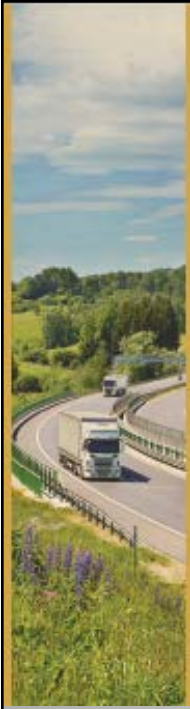
- “FMCSA reminds medical examiners that the Agency has no rules or regulatory guidance or criteria specifically on OSA screening, testing, and treatment beyond the existing requirements in 49 CFR 391.41(b)(5) and the 2000 medical advisory criteria which is not mandatory. The Agency relies on the use of sound screening approaches by certified medical examiners to identify which individuals are at greater risk for OSA and to refer only those individuals for diagnostic testing.



Obstructive Sleep Apnea

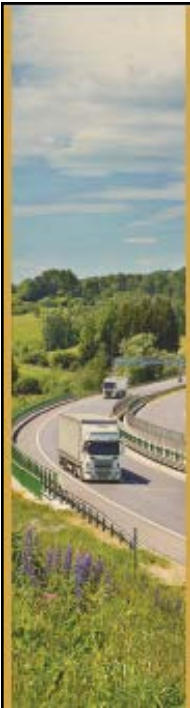
In screening for OSA during the medical certification process, medical examiners may rely on their medical judgment and may consider relevant medical best practices, and expert recommendations.”

- Notes that high BMI by itself may not be sufficient to order sleep study
 - *But may note that extremely high BMI might be*
- Asks if multiple risk factors
 - Then lists those from 2016 MRB Recommendations.
 - Includes BMI of 33 and above



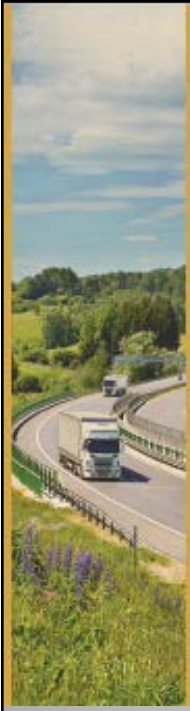
Obstructive Sleep Apnea

- Then includes;
 - Driver determined to be at risk for OSA may be certified for 90 days pending sleep study and treatment (if diagnosed with OSA) at the medical examiner's discretion
 - To requalify, drivers must show effective treatment and compliance.
 - Use of APAP for a minimum of 4 hours per night with 70% nightly usage is a recommended standard from the Medical Review Board.
 - Trucking companies have the option of using their own standards.
 - *What will EEOC say?*



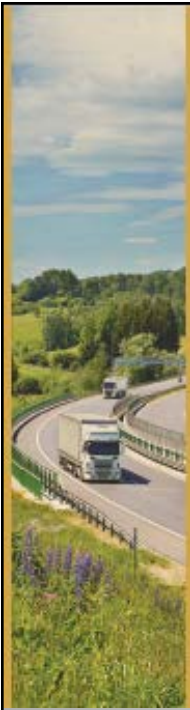
Disqualify - search

- Use of telescopic lenses is not acceptable
- BP >180/110 Under certify - Disqualified
- Having an ICD or ICD/pacemaker combination device is disqualifying in that federal regulation 391.41(b)(4) states that...
- The confirmed diagnosis of hypertrophic cardiomyopathy is disqualifying in that federal regulation 391.41(b)(4) states that...
- A confirmed diagnosis of restrictive cardiomyopathy is disqualifying in that federal regulation 391.41(b)(4) states that..



Disqualify - search

- A driver with moderate aortic stenosis that is asymptomatic and the driver has no disqualifying findings and/or conditions (i.e. angina, heart failure, atrial fibrillation, LV ejection fraction under 40%, thromboembolism)
- Spinal cord injury resulting in paraplegia is disqualifying.
- Being able to tolerate treatment without disqualifying side effects (i.e. sedation or impaired coordination)
- Tolerating treatment without disqualifying side effects such as suicidal behavior or ideation



Concerns

- Very dependent on what training programs teach?
 - Most do NOT teach or even mention content of the MEP/MRB/EBR
- Does not mention content from MEP or EBR on Parkinson's Disease, Multiple Sclerosis, Chronic Kidney Disease, Narcolepsy (not mentioned as disqualifying), Circadian Rhythm Disorders.
- Does not uniformly include;
 - "You should not certify the driver until etiology is confirmed and treatment has been shown to be adequate, effective, safe, and stable"
 - "Not certifying the driver until the medication has been shown to be adequate/effective, safe, and stable"

MRB Meeting Dates and Topics

Meeting Date	Topic
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

MRB Meeting Dates and Topics

Meeting Date	Topic
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)



MRB Meeting Dates and Topics

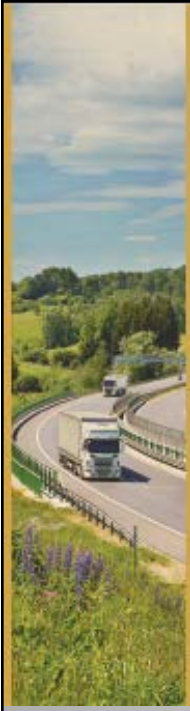
Meeting Date	Topic
December 2 and 5, 2011	OSA
June 30, 2011	updated Diabetes, cochlear implants, OSA
January 6, 2010 -	Parkinson's Disease, Multiple Sclerosis; Narcolepsy, Traumatic Brain Injury; Diabetes and Crash Risk
July 1, 2000	Psychiatric Disorders; Circadian Rhythm Disorders; Implantable Cardioverter Defibrillators and Cardiac Resynchronization
January 12, 2009	Stroke
October 6, 2008,	Hearing, Vestibular Function; Psychiatric Disorders




MRB Meeting Dates and Topics

Meeting Date	Topic
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





MOC

- FMCSA requires all drivers with a BMI >40 to have a diagnostic sleep study - F
- Examiners are prohibited from requiring drivers to submit their glucose logs - F
- The contents of the proposed ME Handbook should be utilized now - F