



OOIDA Foundation

RESEARCH • SAFETY • ECONOMICS

WHITE PAPER
**Comparison of FMCSA and FAA Medical
Handbooks**

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Abbreviations and Acronyms

Aerospace Medical Certification Division	AMCD
Aviation Medical Examiner	AME
Certified Medical Examiner	ME
Code of Federal Regulations	CFR
Commercial Motor Vehicle	CMV
Federal Aviation Administration	FAA
Federal Motor Carrier Safety Administration	FMCSA
Federal Motor Carrier Safety Regulations	FMCSR
FMCSA Medical Handbook	Handbook
Health Insurance Portability and Accountability Act	HIPAA
Medical Examination Report	MER
Medical Expert Panels	MEPs
Medical Review Board	MRB
National Registry of Certified Medical Examiners	National Registry
Owner-Operator Independent Drivers Association	OOIDA
Owner-Operator Independent Drivers Association Foundation	OOFI
Regional Flight Surgeon	RFS
Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users	SAFETEA-LU
United States Code	USC

Background

In August 2005, Congress passed the highway authorization bill, entitled the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), that authorized the Federal Motor Carrier Safety Association (FMCSA) to establish a National Registry of Medical Examiners (49 U.S. Code 31149). In particular, 49 USC 31149(d) states, “The Secretary, acting through the Federal Motor Carrier Safety Administration–

- 1) Shall establish and maintain a current national registry of medical examiners who are qualified to perform examinations and issue medical certificates;
- 2) Shall remove from the registry the name of any medical examiner that fails to meet or maintain the qualifications established by the Secretary for being listed in the registry or otherwise does not meet the requirements of this section or regulation issued under this section;
- 3) Shall accept as valid only medical certificates issued by persons on the national registry of medical examiners; and
- 4) May make participation of medical examiners in the national registry voluntary if such a change will enhance the safety operators of the commercial motor vehicles.

Utilizing the authority from SAFETEA-LU, FMCSA published a final rule on April 20, 2012, which enacted the National Registry of Certified Medical Examiners (National Registry). The National Registry requires that all interstate truck and bus drivers must receive their medical certificates from a certified medical examiner (ME) effective May 21, 2014. According to FMCSA, the objective for the National Registry is to:

- Improve highway safety;
- Ensure that MEs fully understand the medical standards in the Federal Motor Carrier Safety Regulations (FMCSRs) and related guidance and how they apply to CMV drivers;
- Maintain ongoing competency of MEs through training, testing, certification and recertification;
- Promote public confidence in the quality of the medical examinations of CMV drivers; and
- Ensure that the list of certified MEs is easily accessible.

In order to ensure that MEs understand the medical standards and how they apply to CMV drivers, the National Registry promulgated 49 Code of Federal Regulations (CFR) 390.105(b), which contains eight topics that must be addressed in the training and certifying of MEs. Furthermore, the agency published a medical handbook designed to provide information and guidance to the ME performing the commercial driver medical examination.¹ The guidelines provided in the medical handbook are based on medical literature, and are intended for the MEs as recommendations and best practices.

According to the handbook, FMCSA has an ongoing process for reviewing all Federal medical standards and guidelines used to determine driver medical fitness for duty. Further, to ensure that these

¹ *Federal Motor Carrier Safety Administration: Medical Examiner Handbook*, FMCSA (2013), pg. 7.

regulations and guidelines are evidence-based, FMCSA used a number of methods for gathering medical data, such as:²

- Agency expert analyses of Federal data and other relevant international, national, and State data.
- Interagency, national, and international regulatory analyses.
- Evidence reports.
- Medical Expert Panels (MEPs).
- Medical Review Board (MRB), a committee established accordance with the Federal Advisory Committee Act.

In the process of formulating the medical handbook, the agency produced questions that related to certain medical conditions, along with their associated impact on driving. In some circumstances, FMCSA stated that they convened an MEP, and depending on the topic, the members of the MEP varied. In the handbook, the agency states, “The task of the MEP is to provide an opinion for consideration by FMCSA.”³

Conversely, the MRB convenes multiple times per year in order to discuss specific topics, while also reviewing any evidence reports and opinions produced by an MEP. In particular, “the MRB deliberates and proposes recommendations for consideration by FMCSA.”⁴ The following statement is taken directly from FMCSA’s medical handbook:

FMCSA considers the evidence reports, the MEP opinion, and the recommendations from the MRB when reviewing medical standards and guidelines. FMCSA also considers other factors such as feasibility and impact. FMCSA posts information regarding changes to the current standards and guidelines on the FMCSA Medical Program Web page. Proposed Changes to guidelines will accompany the standards as guidance and are subject to public notice-and-comment rulemaking. This Medical Examiner Handbook will be updated as new standards and guidelines are approved by FMCSA.⁵

However, when were these standards and guidelines ever subjected to a public notice of proposed rulemaking process? In addition, it is important to examine the usage of the phrase “provide an opinion for consideration by FMCSA.” According to 49 USC 31149(c) entitled “Medical Standards and Requirements:”

- 1) **In general.**— The Secretary, with the advice of the Medical Review Board and the chief medical examiner, shall—
 - a) Establish, review, and revise—

² Ibid, pg. 51.

³ Ibid, pg. 51.

⁴ Ibid, pg. 52.

⁵ Ibid, pg. 52.

- i. Medical standards for operators of commercial motor vehicles that will ensure that the physical condition of operators of commercial motor vehicles is adequate to enable them to operate the vehicles safely; and
- ii. Requirements for periodic physical examinations of such operators performed by medical examiners who have, at a minimum, self-certified that have completed training in physical and medical examination standards and are listed on a national registry maintained by the Department of Transportation;

Ultimately, the Owner-Operator Independent Drivers Association (OOIDA), which is the largest non-for profit national trade association that represents the interests of small business trucking professionals and professional truck drivers, would ask what authority does FMCSA have to promulgate medical guidance, or to consider medical advice given by the MRB and MEs. Nevertheless, what is most pertinent to thousands of professional drivers and small business owners at the present is FMCSA's medical handbook itself.

After a thorough examination of the agency's handbook, the OOIDA Foundation has found that the guidelines are not only unclear and difficult to navigate, but that they also include bias information, which seemingly could influence a ME into making specific decisions, as opposed to providing the information that allows the ME to make the appropriate decision. In order to examine FMCSA's medical handbook, the Foundation also looked at the Federal Aviation Administration's (FAA) handbook with the intention to draw a comparison between the two.

Creating Bias

The introduction to the FMCSA Medical Handbook (Handbook) states clearly that the information that the agency has provided is meant to assist the ME in determining if the driver is medically fit for duty. Nevertheless, it is vital for both the MEs and the driver's being examined that the information contained in the Handbook is unbiased. The objective of the guidelines is to provide recommendations and best practices, and not to create unfairness with unproven and harmful information.

For example, under the section entitled "The Driver and the Job of Commercial Driving," the Handbook attempts to provide the ME with a profile of the average truck and bus driver. In the profile, the author includes that the average truck driver is:

- Overweight;
- Less healthy than the average person;
- Has more than two medical conditions; and
- Cardiovascular disease is prevalent.

Nonetheless, the Handbook does not reference or offer any evidence or research that supports any of the above conclusions. In fact, FMCSA's own Fatigue Management Study demonstrated that on average, the body mass index rates of truck drivers are comparable with the national average for adult

males. The Foundation fears that the “average truck” profile listed here might induce prejudices toward drivers.

Furthermore, while attempting to provide MEs with commercial driving facts and research, the Handbook contains the following three photographs taken from horrific crashes. Similar to the truck and bus driver profile, the author does not provide any supportive information, including whether these accidents were caused by a driver that was not medically certified or even what caused the crash at all.



Based on these pictures and the lack of any evidence that these crashes were in any way connected to a medical condition, the Foundation believes that these photographs are inappropriate and that they undermine the integrity of the guidelines. The photos have no place in a handbook designed to provide information and guidance to MEs in order to assist them in performing a medical examination. Moreover, it is important to note that FAA's medical handbook does not include any such photographs.

Legal Authority and Responsibilities

As stated previously, one of OOIDA's primary concerns is the authority that FMCSA has to approve medical standards and guidelines. Unfortunately, the Handbook does nothing to clarify the matter and in fact, seems to create further questions. In contrast, FAA's handbook clearly defines the agency's legal authority in the opening section of the guide, entitled promptly "Legal Responsibilities of Designated Aviation Medical Examiners," which states:

Title 49, United States Code (U.S.C.) (Transportation), sections 109(9), 40113(a), 44701-44703, and 44709 (1994) formerly codified in the Federal Aviation Act of 1958, as amended, authorizes the FAA Administrator to delegate to qualified private persons; i.e. designated Examiners, matters related to the examination, testing, and inspection necessary to issue a certificate under the U.S.C. and to issue the certificate. Designated Examiners are delegated the Administrator's authority to examine applicants for airman medical certificates and to issue or deny issuance of certificates.⁶

The section continues further by explaining the duties and responsibilities that are expected of an Aviation Medical Examiner (AME), including the consequences of negligent or wrongful certification. The FAA guide cites 18 USC 1001, which states that anyone that falsifies, conceals, or covers up by any trick, scheme, or device a material fact shall be fined or imprisonment for not more than 5 years, or both if an AME deliberately fails to report a disqualifying condition, and 3571, which includes a penalty of up to \$250,000. Whereas the FMCSA Handbook only explains that by signing the Medical Examination Report form, the **driver** (notice it does not say the medical examiner):

- Certifies that information is "complete and true."
- Acknowledges that providing inaccurate or false information or omitting information could:
 - Invalidate the examination and any certificate issued based on it.
 - Result in the levy of a civil penalty against the driver under 49 USC 521(b)(2)(B)⁷

In addition, the FAA guidebook plainly explains and defines the authority of AMEs, which is to examine applicants for, and holders of, airman medical certificates to determine whether or not they meet the medical standards for the issuance of an airman medical certificate. As well as, issue or deny airman medical certificates to applicants or holders of such certificates based upon whether or not they meet the applicable medical standards that are found in 14 CFR part 67.⁸

In comparison, the language contained in FMCSA's Handbook concerning the MEs' authority is more ambiguous. It states vaguely that the purpose of the medical examiner is to perform driver certification examinations in accordance with FMCSA physical qualification requirements and medical guidelines,⁹ and that as a ME, their fundamental obligation is to establish whether a driver has a disease, disorder, or

⁶ 2014 Guide for Aviation Medical Examiners, FAA (2014), pg. 6.

⁷ FMCSA Medical Examiner Handbook, pg. 28.

⁸ Guide for Aviation Medical Examiners, pg. 7.

⁹ FMCSA Medical Examiner Handbook, pg. 9.

injury resulting in a higher than acceptable likelihood for gradual or sudden incapacitation or sudden death, thus endangering public safety (Emphasis added).¹⁰ According to the Handbook, the examination is for a public safety determination and to determine if there is a possibility of an event occurring within an unspecified certain period of time, which is both vague and ambiguous.

Responsibilities

On the other hand, FAA's guide includes a dedicated section on just decision making, which not only explains the responsibilities of the AME but also explains when and when not an AME can issue a medical certificate. After reviewing the medical history and completing the examination of an applicant, the AME has only three options:

- Issue a medical certificate,
- Deny the application, or
- Defer action to the Manager, Aero Medical Certification Division, Office of Aerospace Medicine, or the appropriate Regional Flight Surgeon (RFS).¹¹

The FAA medical guide recommends that an AME defer the application to the FAA for action only in a case where the standards are not met; if there is an unresolved question about the history, the findings, the standards, or agency policy; if the examination is incomplete; if further evaluation is necessary; or if directed by the FAA.¹² In addition, the guide states, "**The Examiner may deny certification *only* when the applicant clearly does not meet the standards** (Emphasis added).¹³"

Furthermore, there is a difference in the disqualifying standards for the MEs and AMEs, or at the very least, how the disqualifying standards are presented in their respective medical handbooks. In the FMCSA Handbook, under the section entitled "Disqualify," the reader will find two bullet points for when an ME must disqualify a driver who:

- Fails to meet a physical qualification requirement cited in the standards (e.g., vision test result, hearing loss test result, epilepsy, or insulin use).
- You believe has a medical condition that endangers the health and safety of the driver and the public.¹⁴

In comparison, FAA has the following criteria for what would disqualify an applicant.

Examiners **may not issue** a medical certificate if the applicant fails to meet specified minimum standards or demonstrates any of the findings or diagnoses described in this Guide as "disqualifying" unless the condition is unchanged or improved and the applicant presents written documentation that the FAA has evaluated the condition, found the applicant eligible

¹⁰ Ibid, pg. 23.

¹¹ *Guide for Aviation Medical Examiners*, pg. 9.

¹² Ibid, pg. 9.

¹³ Ibid, pg. 10.

¹⁴ *FMCSA Medical Examiner Handbook*, pg. 48.

for certification, and authorized Examiners to issue certificates. The following medical conditions are specifically disqualifying under 14 CFR part 67. However, the FAA may exercise discretionary authority under the provisions of Authorization of Special Issuance, to issue an airman medical certificate. See **Special Issuances** section for additional guidance where applicable.¹⁵

- Angina pectoris;
- Bipolar disorder;
- Cardiac valve replacement;
- Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant;
- Diabetes mellitus requiring insulin or other hypoglycemic medication;
- Disturbance of consciousness without satisfactory medical explanation of the cause;
- Epilepsy;
- Heart replacement;
- Myocardial infarction;
- Permanent cardiac pacemaker;
- Personality disorder that is severe enough to have repeatedly manifested itself by overt acts
- Psychosis;
- Substance abuse and dependence;
- Transient loss of control of nervous system function(s) without satisfactory medical explanation of cause.

Another important distinction to make in the responsibilities defined in the two medical handbooks is the difference in the burdens placed on MEs and AMEs. For an example, the FMCSA Handbook declares that the motor carriers are responsible for ensuring that the driver meets all general qualification requirements, such as being at least 21 years old and being able to speak and read English. However, the FAA guide places some of this responsibility on the AME, especially concerning the English language proficiency. In each exam, the AME must observe the applicant's ability to understand and communicate in English. If there is any doubt regarding the applicant's English proficiency, the AME must notify the applicant of their concern and notify the Flight Standards District Office and or the RFS.¹⁶

Interestingly, the FAA medical guidance includes additional information on what type of equipment an AME must have in order to perform the required medical examinations, stating that the AMEs must even designate and re-designate that they have the necessary equipment. The FMCSA Handbook however, frequently states that if the ME does not possess the necessary equipment they can simply send the applicant to a specialist, which increases the cost of the exam for the driver. The following is the list of FAA's required equipment:

¹⁵ *Guide for Aviation Medical Examiners*, pg. 9.

¹⁶ *Ibid*, pg. 15.

1. Standard Snellen Test
2. Eye Muscle Test-Light
3. Maddox Rod
4. Horizontal Prism Bar
5. Other vision test equipment
6. Color Vision Test Apparatus
7. A Wall Target
8. Standard physician diagnostic instruments and aids
9. Electrocardiographic equipment
10. Audiometric equipment

Privacy of Medical Information

Perhaps one of the most serious concerns for any truck driver is their privacy, especially concerning their medical records. The FMCSA Handbook does little to almost nothing to quiet the drivers' fears, stating that the regulatory requirements take precedence over the Health Insurance Portability and Accountability Act (HIPAA) of 1996. According to the Handbook, FMCSA does not prohibit employers from obtaining copies of the Medical Examination Report form, all that is required is for the employers to have a release form signed by the driver. The Handbook places the primary burden of the privacy laws on the employers, stating that they must comply with applicable State and Federal laws regarding the privacy and maintenance of employee medical information.¹⁷

The Handbook further mentions, "There are potential subtle interpretations that can cause significant problems for the medical examiner. What information must or can be turned over to the carrier is a legal issue, and if in doubt, the examiner should obtain a legal opinion."¹⁸

Nevertheless, it is important to note the vast difference in clarity between the FMCSA Handbook and the FAA medical guide, which strongly declares, "The FAA does not release medical information without an order from a court of competent jurisdiction, written permission from the individual to whom it applies, or, with the individual's knowledge, during litigation of matters related to certification. The FAA does, however, on request, disclose the fact that an individual holds an airman medical certificate."¹⁹ Further, the FAA guide counsels that if the applicant's written consent for release is not of a common or routine nature, such as accompanying an insurance company request, the AME should seek advice from FAA before releasing any medical information.

Resolution of Conflicts

Another area of concern for many truck drivers is the appeals process for a failed or denied medical certificate, or when there is a disagreement between the driver's primary care physician and the ME. The FMCSA Handbook does not address this question. Instead, the answer can be found in 49 CFR 391.47, which places the burden of proof on either the driver or motor carrier, who either of which must submit not only the proof of the disagreement but also all of the medical opinions and reports, including the results of all tests of an impartial medical specialist, to the Director of the Office of Carrier.

However, the FAA plainly outlines their appeals process, called Request for Reconsideration, in their medical guide. According to the guide, an AME's denial of a medical certificate is not a final FAA denial.

¹⁷ *FMCSA Medical Examiner Handbook*, pg. 10.

¹⁸ *Ibid*, pg. 10.

¹⁹ *Guide for Aviation Medical Examiners*, pg. 13.

An applicant may ask for reconsideration of an AME's denial by submitting a request in writing to the Aerospace Medical Certification Division (AMCD), which will provide the initial reconsideration, within 30-days of the denial. If the applicant is found not qualified and is denied, they are able to appeal further to the Federal Air Surgeon and or petition the National Transportation Safety Board.²⁰

Medical Examination Report

As a function of the research of the FMCSA Handbook and the FAA medical guide, the OOIDA Foundation (OOFI) also researched the two agencies Medical Examination Reports (MER). During the study, OOFI found several important distinctions, including additional information that was found in FAA's MER that was designed specifically to assist the applicant. In particular, this information includes a privacy act statement that explains the authority of the FAA and what is required of the applicant, such as that the submission of all information is mandatory except for their Social Security Number.

In addition, FAA's MER includes instructions for the applicant in order to assist them in completing the medical form. The instructions consist of a detailed breakdown of each section of the MER, such as how to answer the questions in the medical history portion of the form, whereas FMCSA's MER does not include such information. However, it is important to note that FMCSA's new MER does include a small portion on the authority of FMCSA (49 USC 31133(a)(8) and 31149(c)(1)(e)) and purpose of the exam. Further, FMCSA's current MER also contains the physical qualifications for drivers found in 49 CFR 391.41 and instructions for the ME.

In comparing the two MERs, the questions preceding the section on medical history are similar, with the exception of FAA asking for the total pilot time to date and over the past 6-months, and asking for any currently used medications. Nonetheless, there are some interesting differences in the medical history portion of the form. For an example, FAA does not ask for a history of sleep disorders, whereas FMCSA does. However, it is appropriate to note that both agencies require the examiners to look for sleep apnea.

Further, although the numbers of questions asked in the history are comparable, 24 and 25 for FAA and FMCSA respectively, the scope of the questions are different. The most probable cause of this is because of the difference in nature between the two agencies.

Additional differences between the MERs include:

- FAA's MER includes a more intensive eye examine, including the AME looking for heterophoria, hyperphoria, esophoria, exophoria.
- FAA's MER includes a more intensive hearing examine
- A difference in the medical examiner's declaration, specifically FAA has one and FMCSA does not. However, the new FMCSA MER does include a ME declaration.

²⁰ Ibid, pg. 22-23.

The Medical Handbook

Regardless of the content, it is important to note the distinction in clarity and structure between the FMCSA Handbook and the FAA medical guide. In particular, the FAA guide is not only easy to navigate but importantly, it is quick and simple to find information. The FAA’s MER is separated into sections, and each section is designated a number. Therefore, the guide follows each section in order and explains what is required of the AME. For an example, each item such as “Eye” is separated into three sections:

1. Code of Federal Regulations, where the appropriate regulation is given in full.
2. Examination Techniques, what the AME should look for in the applicant, including special cases.
3. Aerospace Medical Disposition, which lists the most common conditions of each item in a table format and explains the course of action that should be taken by the AME as defined by the protocol and disposition.

Disease/ Condition	Class	Evaluation Data	Disposition
Eyes, General			
Amblyopia Initial certification	All	Provide completed FAA Form 8500-7 Note: applicant should be at best corrected visual acuity before evaluation	If applicant does not correct to standards, add the following limitation to the medical certificate: “Valid for Student Pilot Purposes Only” and request medical flight test

Furthermore, some items such as diabetes contain a worksheet that is designed to assist the AME in making the decision of certification. If the applicant meets all the acceptable certification criteria in the worksheet, the AME can issue the medical certificate. In contrast, the FMCSA Handbook is much more difficult to navigate and to find the appropriate information. Instead of direct regulations and information, the FMCSA Handbook often places a link to their website, some of which are broken links. Not even including the benefit to the driver, OOFI believes it would be very beneficial for the ME if the Handbook was restructured after FAA’s model.

The Medical History

The FMCSA Handbook explains that if the ME finds that a driver has a health history or condition that does not meet the physical qualification standards they must not certify the driver.²¹ Nevertheless, the difficulty arises when examining the physical qualification standards found in 49 CFR 391.41 because only four of the thirteen standards have objective, or “non-discretionary,” disqualifiers that do not depend on the ME’s interpretation. The other nine “discretionary” standards require the ME to make a clinical judgment.

Conversely, the FAA guide expounds to the AME that affirmative answers alone in the medical health history section of the MER do not constitute a basis for denial of a medical certificate. Further, the

²¹ FMCSA Medical Examiner Handbook, pg. 43.

guide informs the AMEs that a decision concerning the issuance or denial of medical certificate should be made by applying the medical standards that are pertinent to the conditions uncovered by the history. The guide also prescribes standards for when it is acceptable for the AME to ask for other tests.

Rather than discuss all the differences between the two medical handbooks, the following three sections will touch on three of the biggest medical conditions that face truck drivers today, hypertension, sleep apnea, and diabetes.

Hypertension

Another interesting difference between the two medical handbooks is that FAA asks the AMEs to look for specific conditions, along with the subsequent information that an applicant should have, whereas FMCSA informs the MEs to ask a few questions on a topic. For an example, when addressing the issue of high blood pressure as part of the medical history, the FMCSA Handbook gives a few sentences and states, “ask about the history, diagnosis, and treatment of hypertension. In addition, talk with driver about his/her response prescribed medications.”²²

Conversely, the FAA guide prescribes what medications are not acceptable and further instructions for evaluating hypertension. The following table and worksheet are from FAA’s guidebook.

Disease/ Condition	Class	Evaluation Data	Disposition
Hypertension			
Hypertension requiring medication	All	Review all pertinent medical information and current status report, include duration of symptoms, name and dosage of drugs and side effects	See Hypertension Worksheet below. If airman meets all certification criteria – Issue All others require FAA decision. Submit all evaluation data. Initial Special Issuance – Requires FAA decision

AME Must Review	Acceptable Certification Criteria
Treating physician or the AME finds the condition stable on current regimen for at least 2 weeks and no changes	<input type="checkbox"/> Yes
Symptoms	<input type="checkbox"/> None
Blood pressure in office	<input type="checkbox"/> Less than or equal to 155 systolic and 95 diastolic
Acceptable medication(s)	<input type="checkbox"/> Combinations of up to 3 of the following: Alpha blockers, Beta-blockers, ACE inhibitors, calcium channel blockers, angiotensin II receptor antagonists, and/or diuretics are allowed
Sde effects from medications	<input type="checkbox"/> No

²² Ibid, pg. 30.

According to 49 CFR 391.41(b)(6), “A person is physically qualified to drive a commercial motor vehicle if that person has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.” The following table is from the FMCSA Handbook explaining the different stages of hypertension and the recommended certification.

Reading	Category	Expiration date	Recertification
140-159/90-99	Stage 1	1 year	1 year if less than or equal to 140/90
160-179/100-109	Stage 2	One-time certificate for 3 months	1 year from date of examination if less than or equal to 140/90
Greater than or equal to 180/110	Stage 3	6 months from date of examination if less than or equal to 140/90	6 months if less than or equal to 140/90

Sleep Apnea

In the FMCSRs, 391.41(b)(5) states that a person is physically qualified to drive a CMV if they have no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with their ability to control and drive a CMV safely. Included in this regulation is obstructive sleep apnea. Nonetheless, the only real guidance on sleep apnea in the Handbook is found in the overview of sleep disorders. The author informs the ME to ask the driver about sleep disorders as well as about such symptoms as daytime sleepiness, loud snoring, or pauses in breathing while asleep. If indicated, the ME is prescribed to screen the driver for sleep disorders.²³

The only information concerning sleep apnea found in the FAA medical guide is located in the following table.

Disease/ Condition	Class	Evaluation Data	Disposition
Sleep Apnea			
Obstructive Sleep Apnea	All	Review all pertinent medical information and current status report. Include sleep study with a polysomnogram, use of medications and titration study results	Initial Special Issuance – Requires FAA decision Followup Special Issuance’s - See AASI Protocol
Periodic Limb Movement, etc.	All	Review all pertinent medical information and current status report. Include sleep study with a polysomnogram, use of medications and titration study results, along with a statement regarding Restless	Requires FAA Decision

²³ Ibid, pg. 31.

		Leg Syndrome	
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Diabetes

FM CSRs 391.41(b)(3) declares that a person is qualified to drive a CMV if that person has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control, and FAA's CFRs requires virtually the same. FMCSA's Handbook states, "As a medical examiner, your fundamental obligation during the assessment of a driver with diabetes mellitus is to establish whether the driver is at an unacceptable risk for sudden death or incapacitation thus endangering public safety. Medical qualification of the driver with diabetes mellitus should be determined through a case-by-case evaluation of the ability of the driver to manage the disease and meet qualification standards.²⁴"

However, the Handbook recommends that a driver with diabetes, regardless of the use of insulin, should only be given a one-year maximum certification. Drivers that require insulin in order to control their diabetes are still able to obtain medical certification, but they will need to go through the Federal Diabetes exemption program. The following table and worksheet are provided in the FAA medical guide.

Disease/ Condition	Class	Evaluation Data	Disposition
Diabetes, Pre-Diabetes, Metabolic Syndrome, and/ or Insulin Resistance			
Diabetes Insipidus	All	Submit all pertinent medical records; current status to include names and dosage of medication(s) and side effects	Requires FAA Decision
Pre-Diabetes (Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance, Polycystic Ovary Syndrome)	All	Review all pertinent medical records; current status to include names and dosage of medication(s) and side effects	See Pre-Diabetes Worksheet below. If airman meets all certification criteria – Issue . All others require FAA decision. Submit all evaluation data.

²⁴ Ibid, pg 173-174.

Diabetes Mellitus – Diet Controlled	All	See Diabetes Mellitus - Diet Controlled Protocol See chart of Acceptable Combinations of Diabetes Medications	If no glycosuria and normal HbA1c – Issue. All others require FAA decision. Submit all evaluation data.
Diabetes Mellitus II - Medication Controlled (Non Insulin)	All	See Diabetes Mellitus II - Medication Controlled (non insulin) Protocol See chart of Acceptable Combinations of Diabetes Medications	Initial Special Issuance - Requires FAA Decision Followup Special Issuances - See AASI Protocol
Diabetes Mellitus I & II - Insulin Treated	All	See Diabetes Mellitus I & II - Insulin Treated Protocol	Requires FAA Decision

AME Must Review	Acceptable Certification Criteria
Treating physician finds the condition stable on current regimen and no changes recommended	<input type="checkbox"/> Yes
Symptoms associated with diabetes	<input type="checkbox"/> None
Hypoglycemic events (symptoms or glucose less than or equal to 70 mg/dl) within the past 12 months.	<input type="checkbox"/> None
Fasting blood sugar	<input type="checkbox"/> Less than 126 mg/dl
Current A1C	<input type="checkbox"/> Within last 90 days <input type="checkbox"/> Less than or equal to 6.5 mg/dL
Oral glucose tolerance test, if performed	<input type="checkbox"/> Less than 200 mg/dl at 1 hour <input type="checkbox"/> N/A
Medications for condition	<input type="checkbox"/> None <input type="checkbox"/> Metformin only (with no side effects)

Conclusion

OOIDA, whose mission statement is to fight for the rights of all truckers, is concerned with FMCSA's National Registry of Certified Medical Examiners. Specifically, the Association is concerned with the lack of uniformity of certified medical examiners across the nation, as well as the information found in the FMCSA Medical Handbook, which may have negative and unintended consequences for small business owners and professional truck drivers subject to the regulations. In order to promote harmony among the MEs practices and to prevent possible bias, OOIDA believes that FMCSA should take a closer examination of its medical guidance, along with studying the FAA medical guidebook as a model.

The FAA began the review of the medical standards for airmen and of its certification practices and procedures by requesting public comment in 1982.²⁵ The agency has a long history and vast experience with the designating of recommendations and issuance of best practices for medical examiners to follow. The Association suggests that FMCSA should restructure their Handbook after the FAA Guide for Medical Examiners.

²⁵ "Revision of Airman Medical Standards and Certification Procedures and Duration of Medical Certificates," FAA (July 1996), pg. 1. <http://www.gpo.gov/fdsys/pkg/FR-1996-03-19/pdf/96-6358.pdf>

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