

C/O: Federal Motor Carrier Safety Administration 1200 New Jersey Avenue, SE Room W64-232 Washington, DC 20590

December 13, 2011

The Honorable Anne S. Ferro Administrator Federal Motor Carrier Safety Administration 1200 New Jersey Avenue, SE Washington, DC 20590

Dear Administrator Ferro:

The Motor Carrier Safety Advisory Committee (MCSAC) and the Medical Review Board (MRB) accepted Task 11-05 at the December 7, 2011, joint MCSAC-MRB meeting. The Federal Motor Carrier Safety Administration (FMCSA) tasked the Committee and the Board with jointly providing information, concepts, and ideas the Agency should consider in developing regulatory guidance for motor carriers, commercial motor vehicle (CMV) drivers, and medical examiners on obstructive sleep apnea (OSA) and whether drivers with this condition should be medically certified to operate CMVs in interstate commerce. FMCSA instructed the Committee and the Board to provide information about how to address drivers with OSA in the short-term until the Agency can consider recommendations for a long-term regulatory action. Enclosed are the Committee and Board joint recommendations for interim guidance to medical examiners relating to screening and evaluating drivers for OSA and subsequent determinations of a driver's ability to operate a CMV safely.

Further, the FMCSA requested that the Committee and the Board recommend potential amendments to the current regulations to address OSA. For this purpose, the MCSAC and the MRB have created the OSA Subcommittee (subcommittee) and tasked it with making recommendations on revisions to the Agency's regulations addressing qualifications of drivers to address OSA. Please consider this report as a portion of the MCSAC's and MRB's progress towards final Task 11-05 recommendations. The subcommittee will meet publicly to discuss the Task on January 4-5, 2012, and will prepare recommendations for consideration by the Committee and Board at the next joint meeting of the MCSAC and the MRB in February 2012. The Committee and the Board will report jointly to FMCSA on additional Task 11-05 recommendations following the February 2012 meeting.

We respectfully submit this report to FMCSA for its consideration.

Sincerely,

//signed//

David R. Parker
Chairman, Motor Carrier Safety Advisory Committee
Benjamin H. Hoffman, M.D., M.P.H.
Chairman, Medical Review Board

Enclosure

Motor Carrier Safety Advisory Committee (MCSAC) and Medical Review Board (MRB) Task 11-05: Recommendations for Obstructive Sleep Apnea (OSA) Interim Regulatory Guidance

I. Recommendation 1 (unanimously adopted by MRB; MCSAC: Motion Passed 10-1 with 1 abstention):

- A. FMCSA should issue new guidance for medical examiners that commercial motor vehicle (CMV) drivers with a body mass index (BMI) greater than or equal to 35 need to be evaluated for obstructive sleep apnea (OSA) using an objective test.
- B. The driver may be given a 60-day conditional card during the evaluation and treatment process.
- C. A driver diagnosed with OSA may maintain certification with evidence of appropriate treatment (if any) and effective compliance and if the examiner determines that the condition does not affect the driver's ability to operate a CMV safely.
 - 1. Subsequent certification should be no longer than a one-year term.
 - 2. Future recertification should depend on proof of continued compliance with treatment.

II. Recommendation 2 (unanimously adopted by MRB; MCSAC: Motion Passed 9-2):

- A. FMCSA should issue guidance to medical examiners that the following conditions are grounds for immediate driver disqualification (based on MRB Recommendation 2, 2008):
 - 1. Individuals who report that they have experienced excessive sleepiness while driving.
 - 2. Individuals who have experienced a crash associated with falling asleep.
 - 3. Individuals with an apnea-hypopnea index (AHI) greater than 20, until such an individual has been adherent to Positive Airway Pressure (PAP). They can be conditionally certified based on the criteria for Continuous Positive Airway Pressure (CPAP) compliance.
 - 4. Individuals who have undergone surgery and who are pending the findings of a post-operative evaluation.
 - 5. Individuals who have been found to be effectively non-compliant with their treatment.