**Medical Review Board (MRB) Task Statement 16-2:**

**Review of Medical Advisory Criteria**

**I. Task Title**

Provide recommendations to the Agency concerning its medical advisory criteria to: (1) prioritize such criteria that should be incorporated into the medical regulations to promote clear, consistent, and enforceable rules; (2) identify advisory criteria that appears to be inconsistent with current medical practice and standards of care, as well as any that makes enforcement of key medical standards difficult; and (3) identify medical advisory criteria that should remain in place.

**II. Background**

The medical advisory criteria are guidelines established by the Agency after consultation with physicians, States, and industry representatives, and, in some areas, after consideration of recommendations from FMCSA’s Medical Review Board and Medical Expert Panels to assist Medical Examiners (MEs) in assessing a driver’s physical qualifications to operate a commercial motor vehicle (CMV) in interstate commerce. On October 5, 2000, these advisory criteria were added to a completely revised MER Form (65 FR 59363). Since the 2000 revision, on September 30, 2003 (68 FR 56199), January 30, 2012 (77 FR 4419), and February 22, 2012 (77 FR 10391), changes in the advisory guidelines relating to hypertension and the use of Schedule I drugs were made to the MER Form. On April 23, 2015, FMCSA published the Medical Examiner’s Certification Integration final rule with significant revisions to the MER Form including removing the advisory criteria from the form and placing it in an Appendix to Part 391 (80 FR 22790).

Although the medical advisory criteria were issued to be strictly advisory in nature, FMCSA has learned that many MEs have misinterpreted these guidelines as regulation and have been enforcing them as such.

**III. Task**

The Agency requests that the MRB consider the medical advisory criteria and conduct a review of the criteria to: (1) prioritize such criteria that should be incorporated into the medical regulations to promote clear, consistent, and enforceable rules; (2) identify advisory criteria that appears to be inconsistent with current medical practice and standards of care, as well as any that makes enforcement of key medical standards difficult; and (3) identify medical advisory criteria that should remain in place. As the MRB meetings are open to the general public, the Committee should consider any information identified by individuals making remarks during the meeting.

**IV. Estimated Time to Complete Task**

The MRB should develop its recommendations to the Agency on Task 16-2 at its October 2016 meeting and submit a letter report to the Administrator by the end of 2016.

**V. FMCSA Technical Representatives**

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Attachment: [Appendix A to Part 391 (Medical Advisory Criteria)](http://www.ecfr.gov/cgi-bin/text-idx?SID=eef9ffa545d77016bd8c6b20195abd00&mc=true&node=ap49.5.391_171.a&rgn=div9)