**Motor Carrier Safety Advisory Committee (MCSAC)**

**and Medical Review Board (MRB)**

**Task Statement #11-05**

**I. Task Title**

Provide information, concepts, and ideas the Federal Motor Carrier Safety Administration (FMCSA) should consider in developing regulatory guidance for motor carriers, commercial vehicle 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.

**II. Background**

OSA is a respiratory condition caused by a partial or complete obstruction of airflow for a minimum of ten seconds with an accompanying effort to breathe that disrupts and fragments sleep. Conservative estimates indicate that 2%-5% of adult Americans have OSA. The condition is believed to be even more prevalent among the CMV driver population.

There are multiple consequences of untreated sleep apnea on daily function that may include increased daytime sleepiness, impaired cognitive function, and mood and personality changes.

OSA has been demonstrated to significantly increase the risk of motor vehicle crashes (resulting in a two-to-sevenfold increase in crash risk) and increases the possibility of an individual having significant health problems such as hypertension, stroke, heart disease, and mood disorders.

**III. Task**

The Committees will provide a letter report to the Agency presenting ideas, concepts, and information the Agency should consider in developing regulatory guidance on OSA. In addition, the Committees should recommend potential amendments to the current regulations to address this respiratory disorder. The ideas and concepts should take into account that the regulatory guidance may not be used to impose new requirements on drivers. The Committees should provide information about how to handle drivers with OSA in the short-term until the Agency can consider the MRB’s recommendations for a long-term regulatory action.

In preparing its letter report to the Agency, the Committee should, wherever possible, indicate whether the ideas or concepts identified are supported by peer reviewed studies. The Committee meetings will be public and the report will also consider and include any ideas, information and concepts provided by non-Committee members.

**IV. Estimated Time to Complete Task**

The MCSAC and MRB should complete their discussions on this task at their joint August 2011 meeting and develop a letter report for submission to the FMCSA Administrator in advance of the MCSAC’s December 2011 meeting.

**V. FMCSA Technical Representatives**

* Larry W. Minor, Associate Administrator for Policy, FMCSA, 202-366-2551.
* Benisse Lester, MD, Chief Medical Officer, FMCSA, 202-366-2043.