I had sent out a questionnaire for the 2019 FMCSA Medical Handbook (draft) to 7 experienced medical examiners across the country composed of Doctor of Chiropractic Medicine, Certified Physician Assistants and Certified Nurse Practitioners.

Number of DOT physicals performed monthly ranged from 50 to 300. Years of experience performing DOT physical exams ranged from 6 to 27 years.

The questionnaire had the following questions and the responses are presented below.

1. **When compared to the previous handbook, do you see this one as more reader friendly and more helpful in assessing driver qualifications? If not, why?**

\*Yes, it does seem to be easier to read and understand

\*Yes, very easy to read and follow, great job!

\*Yes, more reader friendly and easier to assess information pertinent to the exam

\*Yes, this manual is more reader friendly

\*Yes, though direct access to the various sections through the table of contents would be helpful for reference

\*Yes, this is much more concise and easier to understand especially in the topic of ME discretion

\*This handbook is much more organized and succinct. I particularly like the “medical regulations summary table” and the “blood pressure recommendation table.” The standards are more clear especially the hearing and vision standards. The cardiac section is much more organized and clear.

1. **Is there any subject matter missing that would help medical examiners in performing examinations? If you were the architect of this handbook, what area would you add to or delete?**

\*In the old handbook I did like the tables on requirements to renew certification and when to deny certification especially for cardiovascular. Medication requirements are still very vague and open to a large amount of interpretation. I do not approve a certification if the driver is prescribed a benzodiazepine, but many examiners do. If benzodiazepines or opiates are not disqualifying then I would like to see guidelines as to when they are allowed.

\*Under the heading of **CME Responsibility** there should be a paragraph or statement that emphasizes that the onus of responsibility is on the medical examiner to make an informed medical decision.

In order to mitigate this liability, drivers should be required to bring in letters from treating physicians less than 45 days old for any medication, recent surgery, or medical condition which may impair the driver or have a habit forming effect.

The **diabetic regulation** is confusing having the old regulation and the new regulation both in the handbook. Since the new regulation replaces the old regulation, what is the purpose of having the old one in the manual? It leads to confusion and potentially inappropriate decision-making. Also in regards to diabetes and glycosuria, there are no specific values listed for guidance. There needs to be a requirement for a fingerstick for drivers with glycosuria and specific number cutoff of the fingerstick values. It is a potential hazard for the non-physician trained examiners to inadvertently put an uncontrolled diabetic on the road.

**Lithium Therapy**

The Medical Expert Panel report from 2009 "Opinions of Expert Panel - Psychiatric Disorders and Commercial Motor Vehicle Driver Safety" on page 7 states that "The MEP is of the opinion that all individuals currently taking lithium be excluded from driving a CMV at night" If this is a valid point, I thought you might want to add it into the book.

**Disqualifying**

On page 26 - add the word "refusal" next to "Positive" in order to disqualify a driver regarding the urine drug screen

\*No, the massive amount of detail in the examination is necessary for the inexperienced and is great review for seasoned practitioners as well

\*Possibly add a bit more on the urine findings, for example, should there be a determination pending for protein in the urine, etc.

\*I would add more information on the administrative procedures such as how to fill out the MER when drivers only have an ID card, drivers licensed in foreign countries outside of Canada and Mexico, which completed exams must be reported to FMCSA, when the instructions say the driver ID must be a government document, does that mean only the US document, how to report determination pending and the follow-up to be done when the 45 days passes, when you can use determination pending in cases where you do not have medical clearance, for a serious medical condition or past medical procedure. More discussion regarding when to use incomplete exam in the context of expired determination pending exams would be helpful. There are lots of questions questions I get about administrative procedures, so I am sure FMCSA gets these similar questions.

A discussion on the discretionary versus non-discretionary standards

I believe an excellent job was performed to carefully include as many of the past guidelines into the new handbook at a time when the current situation is very restrictive on FMCSA and “new regulations”. Perhaps a review of past MRB recommendations would be helpful although a lack of scientific studies has been a real roadblock and a comment regarding their use would be appropriate.

Adding a comprehensive Index at the end of the document would be very useful to MEs. I would not remove anything. Lastly, I wouldn’t add anything if it was going to cause a delay in adopting the new Medical Examiner Handbook. It is really needed as soon as possible.

\*In the previous manual (pages 187-188), key points of the psychological exam has a list of observations and questions to ask a driver diagnosed with these conditions; it is a good reference for a ME to have available, especially those examiners who will be new to performing physicals

\*Though I agree with the statement regarding A1C levels not being relied on as a sole measure for determination and that it is appropriate for treating clinicians to set individualized, clinically based parameters for blood glucose limits rather than establishing a regulatory requirement, I do feel with the prevalence of diabetics that are CDL holders and the number that we discover when performing urinalysis with glycosuria that the following was helpful for the medical examiner for guidance along with all other factors used for determination with an individual with diabetes mellitus.

“HbA1C greater than 10% is an indicator of poor blood glucose control. It is recommended that you obtain further evaluation or monitor the driver more frequently to determine if the disease process interferes with medical fitness for duty and safe driving.”

1. **What do you like about this revised Handbook?**

\*I like 391.41 CMV Medication Form that requests additional information regarding medications prescribed by the treating physician.

\*The handbook ha good workflow

\*I like that it is more succinct and organized. I also like the key points that are listed. I like that it is not ambiguous and is now 78 pages!!! Great job!

\*It is more precise without being too wordy, and very easy to find the areas in question. I really appreciate the Advisory Criteria Guidance sections.

\*The emphasis was made to put the certifying responsibility squarely on the shoulders of the examiner with the support of corroborated evidence and clearance from specialists. There is less absolutism and more common sense.

\* Everything! A big improvement!

\*It is shorter and easier to read

1. **What do you not like about this revised Handbook?**

\*It still has many areas where guidelines are vague or nonexistent. Many examiners work in disciplines that do not regularly involve treatment of disease states such as cardiovascular, endocrine, and neurology. More specific guidelines would be helpful.

\*Nothing

\*It was, at times confusing at first read, but clarified with careful reexamination

\*The diabetes section needs to be more specific. There are non-physician trained examiners such as physical therapists, who would benefit from having more specific guidelines in relation to the diabetic stipulations.

\*I miss the recommendation tables, as they were helpful as a resource.

\*There are no clear recommendations for length of certification for driver’s conditions like the current annual. This is a good reference guide when a condition presents itself out of the ordinary or not seen for a length of time. It helps refresh the ME’s decision-making abilities.

\*I know it’s not possible, but I would always be in favor of having more specific guidance such as pulmonary testing requirements and values

1. **Do you see a clear separation between the Regulations and best practice guidance? (That always seems to be a major issue and continues to be one)**

**\***YES! So very descriptive and precise!

**\***In this manual, the regulation and best practices have been clearly deviated using “key points to aid the medical examiner decision” after each subject matter.

\*Yes

\*Yes

\*Yes

\*I can see an attempt at making it clearer, but I can see where confession may still exist, especially for other examiners that are in other disciplines that may not use the medical model for practice.

\*To the end, at times, there is not a clear separation between Regulations and best practice guidelines and one has to remember that the purpose of the exam is safety, and when in doubt, I always consult with the individual’s treating provider for additional information concerning the driver’s medical history and current condition, or make referrals to other medical providers, or request records to make sure you have all the information needed to make a determination when there is no clear separation.

1. **Specific non-generic medications mentions are not permitted per FMCSA. Do you consider that a drawback?**

**\***I do not see that as a drawback as there are multiple resources for reviewing medications that one is not familiar with.

\*Not really. With the exception of just a few medications that had been mentioned in the past, I always first look at the drug class and use that as a basis as well as the specific effect and side effects for determining whether clearance was required, was best too do even if not required, or to make the medical use determination on a case by case basis as the ME

\*Yes, this is a drawback. When unsure, it is important to contact the prescribing doctor for clarification. Many times, the prescribing physician can find an alternative as not to affect the driving ability of the CDL holder.

\*Yes, however I look everything up when it comes to medications, side effects and the diagnosis being treated in making any determinations along with the 391.41 CMV Driver Medication Form and consulting with the prescribing physician. An additional reference tool regarding medications, etc would be a useful adjunct or supplement in helping the ME as a reference.

\*Medications change a lot but the main ones listed for disqualification would be helpful.

\*No, this is the trend of all medical literature and examination for recertifying.

\* I personally do not have issues with the generics since I prescribe medications daily. However, examiners who do not prescribe medications would benefit from having some of the common brand name medications listed as examples.

1. **Do you feel confident that medical examiners can make an accurate judgment in determination of a driver’s ability to safely drive a CMV with the aid of this Handbook? If no, why not?**

**\*** I feel fairly confident that an accurate judgment can be made by the medical examiner regarding the physical exam with the exception of the diabetic regulation as mentioned above #2.

\*Yes, as safe as possible. So much is based on an honest and reliable history. I feel that it would be better if each driver, in preparation for his certification exam, would be required to have a copy of his current diagnoses and medications electronically sent to the ME.

\*Yes

\*I feel that most examiners should be able to make an accurate judgment with the use of this handbook

\*YES

\*Yes, they can make accurate judgments for determination with the use of this handbook and when in doubt can reach out to the treating physician and discuss any questions that may arise in making a determination and utilize further medical clearance for medications and conditions from the appropriate prescribing physician or provider along with appropriate referrals.

\*Yes, however the move away from many of the past guidelines and the greater focus on best practice will require MEs to find the “source for what is considered best practice. However there is bound to be significant differences in ME driving status decisions which is not entirely consistent with the goal that all drivers would be evaluated uniformly, resulting in an expected return to more “doctor shopping” and the “easy” doctors performing more driver exams than they should.

1. **Comments**

\*I am delighted with the handbook. It “saved” important past guidance, which is so desperately needed so that all driver determinations are similar. I wish all past guidance could have been saved and let updates be made through the MRB, but I recognize this is probably not possible given the current environment. Given that we have had all the guidance since 2012 and before, I had hoped that there was another way and that resistance to continue the past guidance would not have much opposition. Many MEs like guidance because it represents a “Safe harbor” from litigation when making their driving status decision. And it levels the playing field between those who are more lenient in their driving status decision and those that are viewed as stricter.

\*Thank you for allowing me to review this manual

\*I have been long awaiting this Handbook and it exceeds all expectation!

\*I believe this was an enormous task that has been conquered with great results. Very well done!

\*This took a lot of time and effort to simplify these guidelines, THANK YOU! I see more drivers now with Bipolar, anxiety, and depression medications so that section was very much appreciated.

\*Thank you for allowing me to participate in reviewing the Medical Handbook. I do hundreds of examinations monthly and what I have the most confrontations over are the medications. At least a couple of times a month I have a confrontation with a driver who is on a daily dose of a benzodiazepine or even an opiate and the last examiner he went to renewed his certificate. There needs to be more specific guidelines for these and similar medications.

\* Overall I like the Handbook; not overwhelming; good reference material for pertinent issues that the ME sees everyday when performing DOT physicals.