

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
U.S. DEPARTMENT OF TRANSPORTATION
DOCKETS # FMCSA-2015-0180**

**Agency Information Collection Activities; New Information Collection Request: 391.41 CMV
Driver Medication Form**

**SUBMITTED BY:
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I. Introduction

American Trucking Associations, Inc., (ATA) submits these comments to the Federal Motor Carrier Safety Administration (FMCSA) in response to the agency's November 25, 2015 request for public comment titled "Agency Information Collection Activities; New Information Collection Request: 391.41 CMV Driver Medication Form."¹ ATA is the national trade association representing the American trucking industry.² As such, ATA is vitally interested in matters affecting compliance with the medical qualifications of truck drivers as they can have a direct impact on the safe operation of commercial motor vehicles (CMVs).

II. Summary of ATA's position

In the interest of safety, ATA believes that certified medical examiners (MEs) should have access to all relevant information when determining a driver's medical fitness to operate a CMV. While the *391.41 CMV Driver Medication Questionnaire* that is the subject of this ICR may be useful to MEs in acquiring additional information concerning medications that a driver is currently taking, FMCSA should recognize that it may not be necessary in every case and reemphasize the voluntary nature of the questionnaire to MEs. To avoid unnecessary and costly delays for drivers and carriers, if a prescribing healthcare provider is unable to return the

¹ New Information Collection Request: 391.41 CMV Driver Medication Form, 80 FR 227, 73871 (November 25, 2015) (hereinafter "the Notice").

² ATA is a united federation of motor carriers, state trucking associations, and national trucking conferences created to promote and protect the interests of the trucking industry. Directly and through its affiliated organizations, ATA encompasses over 34,000 motor carriers and suppliers of every type and class of operation in the United States, Canada, and Mexico.

form to an ME in a timely manner, FMCSA should advise MEs to continue to use their own judgement and certify drivers in these circumstances if they find them to be medically qualified.

In addition, the proposed *391.41 CMV Driver Medication Questionnaire* is inconsistent with the newly revised Medication Examination Report (MER) Form, MCSA-5875, which all MEs will be required to use beginning in April 2016. Specifically, while the revised MCSA-5875 directs drivers to disclose medications they are currently prescribed³, the proposed form asks the treating healthcare professional to provide a “list [of] all medications and dosages” that have ever been prescribed. To avoid any confusion, the *391.41 CMV Driver Medication Questionnaire* should limit its inquiry into medications that a driver is currently prescribed. Furthermore, in order to avoid potential errors that could create costly delays for drivers, when requesting providers to report their knowledge of medications that have been prescribed to a driver from another treating care provider, providers should only report those medications that they can confirm have been prescribed.

III. Comments

Is the Proposed Collection Necessary for the Performance of FMCSA’s Functions?

While the collection of this information may be a useful tool to many MEs in determining whether a driver is medically qualified in certain cases, it will not always be necessary. As part of a medical examination, drivers must disclose accurate information regarding their health history, including any medications that they are currently prescribed. In most situations, an ME should be able to verify the accuracy of the information and the need for the medication based upon their training and experience in performing medical examinations and a robust conversation with the driver. ATA recognizes that in some circumstances it may be appropriate for an ME to obtain additional information about a prescribed medication that could impair the driver’s ability to safely operate a commercial motor vehicle from the prescribing healthcare provider. However, to avoid any unnecessary and costly delays to drivers and carriers alike, FMCSA should emphasize to MEs that the form is strictly voluntary and is not a de facto standard when performing medical examinations.

Comment on the Accuracy of the Estimated Burden

When calculating the burden of the *391.41 CMV Driver Medication Questionnaire*, FMCSA should consider the impact of potential delays to driver recertification. The form does not currently advise prescribing physicians to complete and return the form to the requesting ME within a specific time frame, nor does it require MEs to certify a driver who is medically qualified even in the absence of the completed form. ATA is concerned that the lack of such language could result in unnecessary and costly delays that would penalize qualified drivers due to circumstances that are out of their control. If a prescribing physician is unavailable or otherwise unable to complete and return the form to the ME in a timely manner, such as within

³ Medical Examination Report (MER) Form, MCSA-5875;
<https://nationalregistry.fmcsa.dot.gov/ResourceCenter/documents/MCSA-5875%20final%20508.pdf>

24 to 48 hours per industry practice, the ME may certify the driver, at least temporarily. This determination should be based upon their own examination and a discussion with the driver.

Ways for FMCSA to Enhance the Quality, Usefulness, and Clarity of the Collected Information

To enhance the quality and usefulness of the information collected, the *391.41 CMV Driver Medication Questionnaire* should be consistent with the newly revised Medication Examination Report (MER) Form, MCSA-5875, which only asks drivers to describe the medications that they are currently prescribed.⁴ As the questionnaire is currently drafted, prescribing healthcare providers are asked to “list all medications and dosages that you have prescribed to the above named individual” without consideration as to whether the driver is still taking that medication, if the condition for which the medication was prescribed still exists, or if the prescribed medication would have an adverse impact on the driver’s ability to safely operate a CMV. Asking a provider for information regarding a medication that was prescribed to a driver for a brief period of time to treat a condition that may no longer exist would place a burden on the provider without generating any safety benefits.

Question two on the questionnaire asks prescribing healthcare providers to “List any other medications and dosages that you are aware have been prescribed to the above named individual by another treating health care provider.” By asking prescribers to report prescriptions that they were merely “aware” of raises concerns that drivers could potentially be deemed medically unqualified based on incomplete or inaccurate information. To eliminate possible errors which could have significant negative impacts on drivers and carriers, the question should be rephrased to ask prescribers to list only those medications and dosages that the physician has confirmed have been prescribed to the driver by another healthcare provider.

Ways the Burden can be minimized without Reducing the Quality of the Collected Information

As the *391.41 CMV Driver Medication* is currently phrased, healthcare providers will have to list all prescribed medications, even those that the driver is no longer taking or that would not negatively impact a driver’s ability to perform their duties. This imposes a burden on healthcare providers without any significant positive impact on safety. Asking health care providers to only list those medications that a driver is currently prescribed and would negatively affect their ability to operate a CMV will dramatically limit the collection burden without diminishing the quality of the information being collected. As such, ATA recommends that the first query on the *391.41 CMV Driver Medication Questionnaire* be rephrased to read, “List all current medications and dosages that you have prescribed to the above named individual that may adversely impact the safe operation of a commercial motor vehicle.”

IV. Conclusion

ATA recognizes the importance of ensuring that MEs have access to relevant and timely medical information needed to fulfil their responsibilities. ATA believes the changes and

⁴ Medical Examination Report (MER) Form, MCSA-5875;
<https://nationalregistry.fmcsa.dot.gov/ResourceCenter/documents/MCSA-5875%20final%20508.pdf>

suggestions offered today would allow FMCSA to assist MEs in their role, while limiting the burden on all of the parties involved. Thank you for the opportunity to comment on this information collection request.

Sincerely,

A handwritten signature in black ink, appearing to read "Megan Bush". The signature is fluid and cursive, with the first name "Megan" written in a larger, more prominent script than the last name "Bush".

Megan Bush
Manager, Safety Policy