

Summary of Medical Advisory Board Practices in the United States

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TransAnalytics, LLC

Table of Contents

	<u>Page</u>
Foreword and Acknowledgements	1
Alabama	2
Alaska	7
Arizona	13
Arkansas	19
California	23
Colorado	32
Connecticut	37
Delaware	53
District of Columbia	61
Florida	67
Georgia	77
Hawaii	82
Idaho	87
Illinois	92
Indiana	101
Iowa	107
Kansas	114
Kentucky	120
Louisiana	126
Maine	133
Maryland	140
Massachusetts	152
Michigan	164
Minnesota	170
Mississippi	179
Missouri	184
Montana	190
Nebraska	195
Nevada	201
New Hampshire	207
New Jersey	211
New Mexico	216
New York	220
North Carolina	226
North Dakota	236
Ohio	241
Oklahoma	248
Oregon	256
Pennsylvania	264
Rhode Island	271
South Carolina	276

Table of Contents (Continued)

	<u>Page</u>
<u>South Dakota</u>	284
<u>Tennessee</u>	289
<u>Texas</u>	294
<u>Utah</u>	310
<u>Vermont</u>	318
<u>Virginia</u>	322
<u>Washington</u>	330
<u>West Virginia</u>	339
<u>Wisconsin</u>	345
<u>Wyoming</u>	356
<u>Appendix A: Data Collection Tool</u>	363
<u>Appendix B: Survey and Telephone Interview Respondents</u>	379
<u>Appendix C: Summary Tables for All Jurisdictions</u>	385
<u>Appendix D: Summary Tables for Jurisdictions with MABs</u>	417
<u>Appendix E: Summary Tables for Jurisdictions without MABs</u>	441

List of Tables

<u>Table</u>	<u>Page</u>
1 <u>Guidelines used in Delaware to identify functional limitations</u>	56
2 <u>Driver impairment profile used in North Carolina for seizures</u>	234
3 <u>Functional ability profile used in Utah for private-vehicle drivers with Epilepsy</u>	316
4 <u>Wisconsin DMV standards used to determine functional ability for driving</u>	348

List of Figures

<u>Figure</u>	<u>Page</u>
1 <u>Functional ability profile for seizures and unexplained alterations of consciousness used by the Maine Bureau of Motor Vehicles</u>	138
2 <u>Overview of functional ability profiles used in Utah, showing principal requirements for each level, for each medical category used to define a person's physical, mental, or emotional health</u>	315

List of Figures (Continued)

<u>Figure</u>		<u>Page</u>
3	<u>Washington Driver Field System input screen</u>	338
4	<u>Washington Driver Field System status screen</u>	338

FOREWORD AND ACKNOWLEDGEMENTS

The information presented in this report was obtained through requests of licensing officials to complete a survey developed jointly by the American Association of Motor Vehicle Administrators (AAMVA), the National Highway Traffic Safety Administration (NHTSA), and project staff, and through follow-up telephone calls made by the project Principal Investigator to clarify and expand the responses. The data collection instrument was designed based on a review of the information presented in Petrucelli and Malinowski (1992) *Status of Medical Review in Driver Licensing: Policies, Programs, and Standards* (Report No. DOT HS 807 892). The survey is presented in Appendix A.

The Association of Motor Vehicle Administrators (AAMVA) provided assistance in the identification of the most appropriate Licensing Agency contacts to whom the survey was directed, with input from the Governor's Highway Safety Representative in each jurisdiction. Identification of survey respondents proceeded in the following manner. AAMVA mailed a letter to their primary driver license contact in each jurisdiction that explained the project objectives, and provided advanced notice that his or her assistance would be requested in the upcoming months. A request was made in the letter to contact AAMVA and provide the name of the person in the motor vehicle agency who would have the most knowledge regarding the day-to-day activities surrounding drivers with medical conditions and functional impairments, if the position of the addressee was too far removed from such activities.

Project staff mailed letters to each of the 51 Governor's Office of Highway Safety Representatives, advising them of the project objectives, and requesting that they also provide contact information for the most appropriate contact in their State's Licensing Agency for assistance in completing the survey. New contact information was reviewed by AAMVA, who maintained and updated the list of contacts for the project. Once the list of contacts was finalized, a cover letter for the survey was drafted by AAMVA and project staff that explained the organization of the survey; provided a checklist of additional information that should be returned with the completed survey (e.g., license application forms, medical and visual forms; and Agency guidelines, procedures, and statutes); and provided a due date for survey completion and return to the contractor. The finalized list of survey respondents is presented in appendix B.

The survey was mailed by AAMVA, under cover signed by Michael R. Calvin, Senior Vice President, Programs Division. As surveys were received, quantitative data were entered into summary tables (see appendixes C, D, and E), and qualitative data were reviewed for thoroughness. Survey respondents were then telephoned by the Principal Investigator, and asked to provide more detail for identified survey questions. Information from the telephone conversations was recorded manually, and used with the written survey responses to produce a narrative detailing the procedures used in each jurisdiction for dealing with drivers who have functional impairments and medical conditions. Survey respondents were asked to mail forms, guidelines, and statutes used in their medical program operations. These materials were reviewed and incorporated into each State summary. The draft summaries were then e-mailed back to the survey respondents, who reviewed the information for errors or omissions. Respondents' comments were incorporated into the final summaries, which are presented in the pages that follow.

Alabama

Organization of the Medical Program

Driver licensing in Alabama is administered by the Department of Public Safety (DPS). Alabama has a Medical Advisory Board that was created in 1979, and is comprised of 18 members representing the following medical occupations: optometrists, ophthalmologists, cardiologists, family practice physicians, internal medicine, neurology, orthopedics, psychiatrists, psychologists, and endocrinologists. The head of the Board is a psychiatrist. Members are volunteer consultants to the DPS, who work in private practice. They are nominated and appointed by the Director of Public Safety; there is no limit to their term of service. Board members meet annually as a group, and use email and regular mail to interact for disposition of cases, on a case-by-case basis. Although Board members' identities are public, they are immune from legal action. Records and deliberations of the board are confidential, except that the driver may request a copy, and reports may be admitted as evidence in judicial review proceedings.

The Board performs or has performed a variety of activities for the DPS. It advises the DPS on medical criteria and vision standards for licensing; it assists in developing standardized, medically acceptable forms; it appraises the Licensing Agency of new research on medical fitness to drive; it advises on procedures and guidelines; and Board physicians review and advise on individual cases. For this latter activity, the Board physicians generally perform paper reviews; however, occasionally they will screen or assess abilities needed to drive safely (hearing, for example, for a CDL driver), particularly when an appeal is being made. Licensing decisions may be based on the recommendation of the entire Board, by a subset of the Board members, or by recommendations made by a single member.

The DPS has an internal medical unit that consists of five civilian employees who have been trained (on the job) to evaluate the medical forms. These employees are dedicated to medical review activities and apply State laws governing medical qualifications for driving to make licensing decisions (Alabama Department of Public Safety, Administrative Code, Chapter 760-X-20), as well as physician recommendations for restricting the driving privilege.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with functional impairments or medical conditions come to the attention of the Licensing Agency in several ways. First-time applicants are required to respond to two questions about the presence of medical conditions when they complete their original license application. The first question asks whether the applicant has ever experienced any medical condition that affected his or her ability to drive safely, and lists the following conditions: brain or head injury; heart; lungs; seizure disorder; insulin dependent diabetes; mental; muscle or nerve; stroke; addiction to alcohol or drugs; altered consciousness; and missing limb(s). The second question asks whether the applicant is being treated for any of the listed conditions. This

is the only time applicants report to the DPS in person, or complete such an application, unless they are required to take a road test as part of a reexamination. If an applicant answers “Yes” to any of the medical questions, he or she would be required to have a medical examination performed by the physician, who would provide medical information to the DPS.

Renewing drivers go to a probate office for photo license renewal every 4 years; no tests are required for renewal, no medical questions are asked, and no observations of functional impairment are noted by the clerks who process renewals.

Vision Screening and Vision Standards

Drivers’ visual capabilities are assessed upon original licensure, and then again only if they are referred to the Department for reexamination. Renewal drivers do not undergo vision screening. Visual standards for licensing are 20/40 acuity with both eyes and a horizontal temporal field of at least 110 degrees from the center. Original applicants and reexamination drivers who have uncorrected visual acuity of less than 20/40 in each eye, but at least 20/50 in one eye and/or a visual field of less than 100 degrees are referred to a vision specialist for examination and an advisory recommendation. The person will also complete a driving evaluation, and may be restricted to driving with outside mirrors or driving during daylight hours. Drivers who do not have a visual acuity of at least 20/60 or better in at least one eye, as assessed by a vision specialist will not be licensed to drive.

Referral Sources

The Licensing Agency accepts reports of potentially unsafe drivers from police officers, the courts, family, friends, other citizens, hospitals, occupational therapists, and physical therapists. Anonymous reports are not accepted; a sworn affidavit must be signed by all referral sources with the exception of medical professionals. Investigations are made for all reporting sources (other than medical professionals) before the driver is contacted. Physicians are not required by law to report drivers who have medical conditions to the licensing agency, but they *may* report drivers on a voluntary basis. Such voluntary reports by physicians are confidential, except that the driver may request a copy and reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent. Physicians who choose to report drivers on a voluntary basis are immune from legal action by their patients.

Evaluation of Referred Drivers

Procedures

Circumstances which may require a driver to undergo reevaluation include: referral by police, the courts, physicians, occupational therapists, friends, family, and other citizens, and self-report of a medical condition. When the DPS receives a report of a potentially unsafe driver, a general medical form is sent to the driver, which must be completed by his or her physician. The physician is asked to indicate whether the patient has the ability to drive safely, and what kinds of licensing restrictions are recommended. Completed forms are sent back to DPS Medical Review Unit. Most referrals to the DPS for reexamination are disposed of easily by the

Medical Unit Staff, using the medical criteria and guidelines. Cases that fall into a grey area with regard to State law, or are out of the ordinary or of a controversial nature are referred to the Medical Advisory Board for review. Cases are submitted to a panel of three doctors who are specialists in the medical condition that affects the person's ability to safely operate a motor vehicle. MAB physicians can recommend that a road test be given by the DPS for more information regarding the driver's ability to safely operate a motor vehicle, and they can recommend license restrictions, suspensions, and periodic reexaminations. Road testing is frequently recommended for older referred drivers.

Medical Guidelines

Medical standards have been developed for the following medical conditions: alcohol and other drug use; conditions affecting cardiovascular function, conditions affecting cerebrovascular function, conditions affecting endocrine function, conditions affecting musculoskeletal function, conditions affecting neurological or neuromuscular function; conditions affecting peripheral-vascular function; conditions affecting psychosocial, mental, or emotional function; conditions affecting respiratory function; and conditions affecting sensory function. As an example of the depth of the medical review standards, the standards for conditions affecting cardiovascular function are presented below.

A person who applies for, renews, or holds an operator's license shall meet all of the following cardiovascular function criteria:

- There are no current symptoms of coronary artery disease such as unstable angina, dyspnea, or pain at rest, which interfere with safe driving, as assessed by a physician or determined through a driving evaluation.
- There is no cause of cardiac syncope present, including ventricular tachycardia or fibrillation, which is not successfully controlled.
- There is not congestive heart failure that limits functional ability and is assessed by a physician as interfering with safe driving ability.
- Any cardiac rhythm disturbances are successfully controlled.
- There is no automatic implantable cardioverter defibrillator, unless the device is assessed by an electrophysiologist as not interfering with safe driving.
- There are no medications interfering with safe driving.
- There is no valvular heart disease or malfunction of prosthetic valves that is assessed by a physician as interfering with safe driving.

Drivers who have had episodes of altered consciousness or loss of bodily control caused by a neurological condition must be seizure free for the 6 months preceding license application.

Disposition

License Restrictions, Periodic Evaluations and Remediation

License restrictions are generally based on the recommendations provided by the driver's personal physician, and the results of a driving examination. Restrictions may include corrective

lenses; use of a specially equipped vehicle; hearing aids; operation only during daylight hours; restriction of the driving area; or any other restriction deemed necessary for safety purposes by the Department.

Periodic reexaminations or medical statements are recommended for drivers with dementia, as well as and other medical conditions that are not curable and/or are progressive, such as diabetes and some eye diseases. Drivers with dementia are allowed to drive in Alabama, unless their condition has deteriorated to the point where their physician indicates that they no longer have the ability to drive safely.

Remediation of impairing conditions is not among the recommendations made by MAB physicians, nor are drivers referred to specialists for remediation by the DPS. Drivers may elect to have outside assessments or receive training after experiencing license restriction or cancellation, or after falling victim to an impairing medical condition such as a stroke. However, they must still demonstrate that they can pass the DPS road test before being licensed or having restrictions removed.

Appeal of Licensing Actions

There is an appeal process for drivers whose driving privilege is suspended or restricted for medical conditions or functional impairments. Persons denied a driver license or whose license is suspended, revoked, or cancelled for medical reasons may request an administrative hearing within 14 days of receipt of Department notification of the licensing action. The administrative hearing is held before an independent hearing officer who is an attorney or otherwise qualified person. Medical reports, medical literature, and the reports and recommendations of physicians are admissible in the hearings, and it is not necessary for the treating physician to be present at the hearing. An employee from the Medical Unit who is familiar with the case will represent the Department of Public Safety at the hearing.

Counseling and Public Information & Education

Public information and educational materials are not made available to older drivers explaining the importance of fitness to drive, and relating impairments to increased crash risk. The DPS does not provide counseling to drivers with functional impairments, nor are drivers referred to an outside resource for counseling following licensing restriction or cancellation that may cause lifestyle changes.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that impair their ability to operate a motor vehicle safely, nor is specialized training provided for licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency uses an automated medical records system and automated workflow systems.

Barriers to Implementing More Extensive Screening, Counseling and Referral Activities.

Three barriers were identified that would inhibit more extensive screening, counseling, and/or referral activities, including connections to alternative transportation; they are personnel, money, and privacy.

Alaska

Organization of the Medical Program

The Division of Motor Vehicles in the Department of Administration is responsible for driver licensing in the State of Alaska. Alaska does not have a Medical Advisory Board. The medical review program is comprised of non-medical staff who have other responsibilities in addition to medical evaluation. Division of Motor Vehicle (DMV) staff who evaluate drivers with functional impairments or medical conditions consists of 1 Driver License Manager, 1 Records and Licensing Supervisor, 13 Field Office Managers and Supervisors, 1 Driver Control Supervisor, and 43 State Road Examiners. Evaluation guidelines for licensing were established by State Regulations, and input from other States (generally Montana and Oregon). Individuals outside of the DMV who evaluate drivers with medical or functional impairments include drivers' physicians and ADED-certified therapists (Association of Driver Educators for the Disabled). Individuals who make licensing determinations are not anonymous. State employees who make licensing decisions are immune from legal action personally, but drivers can sue the DMV, State of Alaska.

Evaluation of Referred Drivers

Application Form

Drivers with medical conditions and functional impairments come to the attention of the Alaska DMV in many ways. First-time as well as renewal applicants must complete a section of the Alaska Driver License Application that asks the following 3 questions:

- *Have you any physical impairments? If Yes, describe.*
- *Within the past 5 years, have you suffered from a seizure disorder, heart trouble, paralysis, fainting, dizzy spell, or other health problems that might impair driving? If Yes, which? Date of episode? Is the condition under control?*
- *Within the past 5 years, have you been committed to or admitted to a hospital or institution for alcoholism or drug addiction? If Yes, when? Where? Self committed or court order?*

Drivers must sign the application, certifying that their statements are true and correct, under penalty of law. If a driver indicates that he or she has a physical impairment, then the DMV issues any restrictions on the last license, if the impairment occurred before the last license was issued. If the physical impairment occurred after the last license was issued, the driver may be required to take a road test. For seizure disorders or uncontrolled episodes of loss of control, an original applicant must obtain a physician's statement that he or she has been seizure and episode free for at least 6 months, that the condition is under control, and the applicant can safely operate a motor vehicle. Renewal applicants must indicate when the last seizure or episode occurred, and are not issued a license if the episode occurred within the recent 6 months. Doctors' statements are required for renewal applicants who have had a seizures or episodes between the past 6-month to 5-year period. Physician statements are not required for episodes that occurred more than 5 years in the past Applicants who indicate that they have

heart trouble that is cured are eligible for licensing without a physician's statement. For heart trouble that is not cured, applicants must obtain a physician's statement that the condition will not impair the person's ability to safely operate a motor vehicle. For paralysis that is cured, a physician's statement is required, indicating that the condition is under control and the applicant can safely operate a motor vehicle. A road test may be required for applicants who indicate that they have uncured paralysis. For applicants who indicate they were hospitalized or institutionalized with alcoholism or drug addiction, a doctor's statement is required for court-ordered admissions, whether cured or not, that states that the person's ability to operate a motor vehicle will not be impaired. For self-committed applicants who indicate that the condition is not cured, a physician's statement is also required.

Vision Screening and Vision Standards

Drivers undergo vision screening each time they renew their license in-person. The renewal cycle is 5 years, and drivers whose license is in good standing may renew by mail every other cycle until they reach age 69. An applicant must meet the following visual standards:

- A person with vision of 20/40 or greater in each eye or both eyes together will receive a license without restrictions in regard to corrective lenses, unless medical or other problems affecting vision exist.
- A person with vision of 20/40 or greater in each eye or both eyes together only with use of corrective lenses will be restricted to driving with corrective lenses.
- A person with the best possible corrections in both eyes together of less than 20/40 but greater than 20/100 will be required to be examined by an optometrist or other eye specialist; if the report states that the person's vision cannot be improved, all data will be reviewed by the Department; after review, the Department will, in its discretion, issue a license with restrictions which may include driving limitations as to time of day, type of vehicle, specific area, speed, and other limitations considered necessary by the Department.
- A person whose best possible corrections in both eyes together of less than 20/100 will not be licensed.
- A person with vision in only one eye will be licensed if vision in the good eye meets the standards of the department; the department, will, in its discretion, impose restrictions requiring outside rearview mirrors, one mounted on each side of the vehicle, on persons with vision in only one eye.
- A person with color blindness will not be denied a license for that reason.
- A person wearing telescopic or compound lenses whose field of vision is less than 60 percent will not be licensed unless he or she is able to meet the requirements for visual acuity without the aid of the lenses; if field of vision is between 60 percent, and 90 percent, outside rearview mirrors will, in the Department's discretion, be required.

Referral Sources

The licensing agency accepts referrals of medically or functionally impaired drivers from anyone, but the referral must be specific, and verification of the source is required. Referral sources include police officers, courts, family, friends, other citizens, hospitals, occupational

therapists, and physical therapists. Individuals who report drivers must provide their names, and must have witnessed the driver's action or actions. No hearsay is allowed, and the action must include more than a single vehicle movement. Physicians in Alaska are not required by law to report drivers to the Licensing Agency who have medical conditions or functional impairments that may affect their ability to safely operate a motor vehicle. The Agency does allow physicians to report on a voluntary basis, however. Physicians who voluntarily refer drivers to the Agency complete a State of Alaska DMV Form 411 "Recommendation for Re-Examination." Physician reports are confidential, except in cases where the driver requests a copy or the court subpoenas records. Physicians who choose to report drivers are not immune from legal action by their patients.

Evaluation of Referred Drivers

Procedures

Circumstances that may require a driver to undergo evaluation include the following: accumulation of crashes; referral to the agency by police, the courts, a physician, an occupational therapist, friends, family or other citizens; observation of functional impairment by Licensing Agency counter personnel during renewal processes; and upon application for handicapped parking privileges if the doctor discloses any lapse of consciousness. When the DMV receives information indicating that a driver may jeopardize driver safety, Juno Driver Licensing reviews the "Request for Re-Exam" form and the driving record to determine if a reexamination is appropriate. Driver Licensing may consider the previous physical or mental history, driving record, and the circumstances that brought the driver to the attention of the person making the recommendation. If a reexamination is deemed appropriate, Driver Licensing determines what types of tests are necessary. If a reexamination is deemed not appropriate, Driver Licensing notes that determination on the request form and sends the form to be microfilmed. The person who requested the reexamination is also notified as to why the reexamination was not pursued. If a reexamination is deemed appropriate, the driver is mailed an official "Notice of License Re-examination." The notice directs the driver to appear for retesting within a certain period of time, generally within 30 days. The 30 days is waived for extreme circumstances that require immediate action by the Department to protect the public. In such a case, the driver is notified that his or her driving privilege has been cancelled immediately. Drivers who are required to pass vision, written, and/or a driving test as part of the reevaluation must contact a field office and arrange for the exam(s). DMV does not perform any functional screening as part of the evaluation—functional screening is performed by occupational therapists. Persons who must undergo a road test as part of the re-exam are given the test for free on the first attempt. If the person fails the road test, the vision test, or the written test, he or she must surrender the license.

Individuals who must submit physical or mental competency documents must contact the Juno Driver Licensing – Cancellations department, who will send the driver a "certificate of examination" which must be completed by a physician, and contains an authorization for release that requires the licensee's signature. Physicians are asked to indicate whether authorization of a driving privilege is medically prudent, and if not, whether the physician has informed the patient. In addition, the physician is asked to indicate what medical restrictions and/or

prostheses are necessary for operating a motor vehicle. In addition to providing a diagnosis, physicians are asked whether the condition is improving, stable, worsening, or subject to change; whether the patient is under a controlled medical program; whether the patient adheres to the medical regimen; and what medications are currently being prescribed and whether the side effects interfere with the safe operation of a motor vehicle. Eyecare specialists are asked to indicate whether authorization of a driving privilege is medically prudent, and also what special restrictions should be applied to a license (e.g., daylight driving only, not more than ___ mi/h, corrective lenses, area restrictions, outside mirrors, reevaluation recommended at a specific date, or other).

Medical Guidelines

Alaska Statutes (13 AAC 08.340) have been written for seizure disorders/episodes of loss of consciousness or control, vision, hearing, and for habitual users of alcohol. These were summarized under the section describing the application form, with the exception of hearing and alcohol. The standard for hearing follows: persons who are deaf, hard of hearing, or wear hearing aids will not be denied a driver's license for that reason. However, the driver's license issued to such individuals will, in the Department's discretion, contain a restriction requiring outside rearview mirrors, one mounted on each side of vehicle. Regarding eye disease, a person with a progressive eye disease or condition such as cataract, glaucoma, iritis, nystagmus, or other disease affecting vision or visual fields will not be licensed unless his or her physician states that the condition will not affect his or her ability to drive safely; if licensed, future periodic vision reports must be submitted to the Department by his or her physician until the condition is cured or stabilized.

The standard for alcohol/drugs follows. A habitual user of alcohol will not be licensed. A "habitual user of alcohol" is anyone with three or more convictions for driving while intoxicated or other alcohol-related driving offenses within the immediately preceding five-year period. The person must keep the drinking problem under control for one year before being eligible for re-evaluation to determine if driving privileges can be reinstated. Verification of control of the drinking problem can be provided by a physician, an Alcoholics Anonymous sponsor, or three notarized affidavits by persons who know the person well regarding his drinking habits. A person who is a habitual user of drugs to a degree which renders him incapable of safely driving a motor vehicle will not be licensed. When evidence is received which shows that a person's driving may be impaired by habitual use of drugs, a license will not be issued or renewed unless a physician licensed to practice medicine in Alaska submits a statement that the licensee's use of drugs will not impair the person's safe operation of a motor vehicle.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Licensing Agency relies on the recommendations of the driver's physician, DMV medical standards, recommendations by ADED-certified therapists, and re-examination success in making licensing decisions. Licenses are cancelled for drivers who fail examinations or who

fail to respond within 30 days. Restrictions may include daylight driving only, not more than ___ mi/h, corrective lenses, area restrictions, outside mirrors, automatic transmission only, and special adaptive equipment.

Periodic reexaminations or medical statements may be required for drivers with degenerative eye diseases or any other conditions that deteriorate mental or physical abilities. With regard to drivers with dementia, if the DMV is advised of the condition, and if the physician states that the condition will not affect the person's ability to safely operate a motor vehicle, then the driver is put on a 6-month to 1-year reevaluation schedule (depending on the case). Reevaluation includes obtaining a doctor's letter stating that the driver can still safely operate a vehicle, and a road test.

Drivers are referred to ADED-certified therapists and to eyecare specialists for remediation of impairing conditions. DMV accepts most physicians' recommendations; however, a second opinion may be required if the physician's recommendation seems to endanger the driving public or is against medical standards.

Appeal of Licensing Actions

The person has a right to an administrative hearing to contest the license cancellation. The hearing must be requested within 10 days of receipt of the cancellation notice, by submitting a "Request for Administrative Hearing" form.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with lifestyle changes that may follow from limiting or ceasing driving, nor does it refer drivers to outside resources for such counseling. The Agency does provide a newsletter to older persons that contains information and contacts for AARP Mature Driver Classes, transportation options, websites that may be of interest, driver rehabilitation services, and senior centers.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle, nor does it provide specialized training for driver licensing personnel relating to older drivers.

Medical Program Tracking System

Alaska DMV does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support the medical review process. Locating resources was identified as a barrier to implementing more extensive screening, counseling, and referral activities.

Arizona

Organization of the Medical Program

Driver licensing in Arizona is administered by the Motor Vehicle Division (MVD) of the Arizona Department of Transportation. Arizona has a Medical Review Board that was created in 1986 and consists of nine members representing the following occupations/medical specialties: occupational therapy, optometry, ophthalmology, internal medicine, neurology, orthopedics, occupational medicine (2 members), geriatrics, and an advocate for the disabled. Members are appointed by the Division Director and serve a 3-year term. The State Administrator serves as the head of the Board. Board physicians are paid consultants to the MVD, and work in private practice or in hospital or clinic settings. Board members are immune from legal action.

The main functions of the Board are to advise the Department on medical criteria and vision standards for licensing, and to advise on procedures and guidelines. Meetings may be called by the Chair, or by a written request of the majority of the appointed members. Records and deliberations of the Board are not confidential, and Board members' identities are public. Although not an activity designated by State statute, individual members of the Board are occasionally asked to review and advise on individual fitness-to-drive cases in their specialty by performing paper reviews. Less than five cases are referred to a Board specialist each year; these cases usually involve neurological or visual conditions. The Department informally draws on the advice of individual specialists for clarification of medical information at other times when a referral is not necessary. Medical Review physicians are gracious about providing their review and advisory activities on individual cases, as it is not part of their duty as Board members.

The Medical Review Program is administered by 9 non-medical administrative staff. These individuals review requests for reevaluations, send Medical and Vision forms to drivers for completion by their physicians, evaluate medical reports, determine whether road testing is needed, make licensing determinations, and decide when cases need to be referred to specialists on the Medical Review Board.

Identification of Drivers with Medical Conditions

Application Form

Drivers with medical conditions or functional impairments that may affect their ability to drive safely are brought to the attention of the Licensing Agency in a number of ways. Both first-time and renewal applicants must answer the following questions as they complete their license application:

- *Do you have an alcohol or drug dependency that may affect your ability to safely operate a motor vehicle? If "Yes," have you been in recovery for one year or more?*
- *Do you have a court-appointed guardian for being incapacitated?*

- *Do you have a medical condition (other than glasses) that may affect your ability to safely operate a motor vehicle? If “Yes,” explain below.*

Examples:

- *Loss of normal use of hand, arm, foot, or leg.*
- *Medical condition that affects your judgment.*
- *Blackouts, seizures, loss of consciousness or body control (within the last 12 months).*
- *Inadequate hand/eye coordination in traffic.*
- *Difficulty turning your head from side to side.*
- *Ongoing mental health condition.*
- *Dizziness or balance problems.*

Applicants who respond that they have a court-appointed guardian would have their licenses suspended until information is provided by the courts indicating that the driver is no longer incapacitated and under the authority of a court-appointed guardian. Individuals who indicate that they have had a drug or alcohol problem within the past 12 months would have their licenses suspended until they provide documentation that they have attended a rehabilitation program, and are deemed safe by their physicians to resume driving. Drivers who indicate that they have a medical condition that may affect their driving ability may be required to have a Medical Examination Report completed by their physician and returned to the department, depending on what the condition is and when it was experienced.

Vision Screening and Vision Standards

Arizona issues a lifetime license up to age 65, but applicants must come into a license office every 12 years to apply for a duplicate license, and have their vision rechecked. At age 65, applicants must reapply every 5 years. One way that individuals with vision problems would be brought to the Agency’s attention would be a failure on the vision test. Conventionally corrected visual acuity must be 20/40 in at least one eye. The field of vision must be 70 degrees, plus 35 degrees on the opposite side of the nose, in at least one eye. Applicants who fail the Department-administered vision test must have a vision specialist complete a Vision Examination Report, and return it to the Department. The report must be based on an examination that is not older than three months from the date of submission to the Department. It must include: visual acuity and field of vision results; whether the person is monocular; whether the person has retinitis pigmentosa, diplopia, or impaired night vision; diagnosis of any progressively deteriorating eye disease; recommendations on frequency of reporting requirements; suggested restrictions on driving; and any recommendations on the person’s functional ability to safely operate a motor vehicle. Persons with conventionally corrected vision must wear corrective lenses at all times when driving. Persons diagnosed with impaired night vision are restricted to daytime driving only. Persons with binocular vision and with corrected visual acuity of 20/50 or 20/60 in both eyes together, are restricted to daytime driving only.

Referral Sources

Physicians in Arizona are not required by law to report drivers with medical conditions that could affect safe driving ability, but they may voluntarily report such drivers. Physicians would report drivers by writing a letter to the Department. State statutes indicate that physicians and psychologists who report drivers in good faith are immune from civil or criminal liability. Physician reports are confidential, except that they may be subject to subpoena in a court action to determine driver fitness (in which case, the driver could find out who the reporting source was). No action may be produced against a physician or psychologist, even if the report is subpoenaed by the court. Drivers in Arizona do not have the right to know who reported them, regardless of the reporting source. The Department strictly protects the identities of those who report unsafe drivers, to encourage such reporting.

Other sources from which the MVD accepts reports of potentially unsafe drivers include: police officers; the courts; family members, friends, and other citizens; hospitals; occupational therapists; and physical therapists. The Licensing Agency does not accept anonymous reports, and investigates reports to ensure that they are valid. The form that police use to report drivers requires the officer to describe the actions of the driver which led to the need for a reexamination, and to check behaviors that apply from lists of behaviors under the categories of visual search, vehicle control, attention problems, judgment, and mental states.

Evaluation of Referred Drivers

Procedures

A driver may be required to undergo a reevaluation as a result of a report received by any of the above-mentioned sources, as well as if a Licensing Agency counter person observes signs of impairment, such as unexplained confusion, loss of consciousness, or incoherence during the renewal process. When the MVD receives notification that a driver has a medical condition or functional impairment that may affect safe driving ability, the Medical Review Program staff first validate the report, and then send the driver a Medical Examination Report or a Vision Examination Report (or both). The driver must have his or her physician complete the report based on an examination conducted within the past 3 months, and mail it back to the Department within 30 days. For all medical conditions, the physician is asked to provide the following information: examination date; diagnosis; symptoms; whether the symptoms are present at all times or not; whether the symptoms are likely to be experienced in the future; age at onset and history; current medications and dosages; pertinent diagnostic test results and other physical exam findings; and recommendations on the person's ability to safely operate a motor vehicle. For persons with episodes of altered consciousness, the physician is asked to provide the following information: date of most recent episode; description, cause, frequency, and duration of episodes; aftereffects of episodes; degree of control of episodes achieved; whether the person is on medications and if so, the dosages, side effects, and serum levels. In addition, the physician is asked whether the most recent episode:

- Was due to deliberate change in anticonvulsant medication ordered by a physician. Episode control has been established with reasonable medical certainty.

- Was an isolated occurrence. Another episode is unlikely to occur with reasonable medical certainty.
- Occurred only during sleep.
- Seizures have an established pattern of an aura of sufficient duration to allow an individual to safely cease operating a motor vehicle upon onset of aura.

Failure to submit the report results in a suspension or denial of the driving privilege. The completed form is evaluated by staff in the Medical Review Program, and either a licensing decision is recommended to the MVD, additional information is requested from medical specialists, a road test may be required, or the advice of a Medical Review Board physician may be requested. The license will be suspended if the applicant fails to submit the required medical reports, has an evaluation report submitted that indicates a disqualifying medical condition, or fails the road test.

Drivers who are referred for a Reexamination Road Test are evaluated by any of the regular MVD Driving Evaluators. Persons who need to undergo an Extended Road Test to determine fitness to drive for conditions such as traumatic brain injury, are tested by one of the 17 Evaluators who are certified to conduct these lengthy tests. A regular Reexamination Road Test is conducted within 15 to 20 minutes, while Extended Road Tests range in duration from 45 minutes to 2 hours.

Medical Guidelines

The Department has written vision standards (previously summarized) and neurological standards governing driver licensing. The neurological standards are as follows. A person who has a seizure in the three months before applying for a driver license shall undergo a medical evaluation, and have the results submitted to the Division. The Division will not issue a license to a person if the medical examination report shows that the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely. A neurological disorder does not affect a person's ability to drive safely if the physician concludes with reasonable certainty that any seizures that occurred within the past three months were a result of a change in medication and are under control; the seizure was an isolated occurrence; seizures that do occur have a pattern of occurring only during sleep; or there is sufficient warning of an impending seizure that will allow a driver to cease operating a motor vehicle immediately at the onset of the aura. Drivers who have had seizures must undergo a follow-up medical examination within one year after the seizure or within a shorter time, as recommended by the physician, and submit the medical report to the Department.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions recommended by the Medical Review Program are based on the treating physicians' opinions regarding fitness to drive, the opinion of Medical Review Board specialists (if requested), and the driver's performance on the road test (if required) as they fall within the MVD's medical standards. The Licensing Agency may impose the following license restrictions: automatic transmission, hand dimmer switch, left-foot gas pedal, parking-brake extension, power steering, power brakes, six-way power seat, right-side directional signal, a device enabling the operator to spin the steering wheel, a device that enables full foot control, dual outside mirrors, chest restraints, shoulder restraints, a device that extends pedals, a device that enables full hand control, adapted seat, radius of home or other area restrictions, time of day restrictions, or other restrictions as the Department determines appropriate to ensure the safe operation of a motor vehicle.

Drivers may be required to undergo periodic reexaminations (road tests) or to submit periodic medical statements, as recommended by their treating physician or required by Department guidelines. Drivers diagnosed with Alzheimer's disease may continue to drive in Arizona, as long as their physician provides a favorable medical report and they can pass the extended road test.

Drivers are referred to their physicians or eyecare specialists for remediation of impairing conditions. Referrals are made to driving schools under certain circumstances. For example, if a driver fails a road test due to extremely poor performance, he or she may be allowed to retest, but only after undergoing extensive driver training (i.e., 6 months) at a driving school. The Department would issue a driving permit to the driving school (and not to the driver) that allows the driver to drive only with a driver training instructor.

Appeal of License Action

There is an appeal process for drivers whose privileges are suspended or restricted for medical conditions. Within 15 days of notification of the Department's action, a person may request a hearing, which will be conducted with the Divisions Executive Hearing Office within 30 days of the request. If a hearing is held, the Department may administer oaths, may issue subpoenas for the attendance of witnesses and the production of relevant books and papers, and may require a reexamination of the licensee. The administrative law judge will sustain, modify, or void the Department's licensing action.

Counseling and Public Information & Education

The Licensing Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving. Nor does the Agency refer drivers to outside resources for counseling.

The Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor is training provided for licensing personnel relating to older drivers.

Driving Evaluator training for the 17 Evaluators certified to administer the Extended Road Test was initially conducted by AAMVA (Driver Assessment and Education for Disabled Persons). This training certified State members in attendance to conduct additional training by using the materials provided.

Medical Program Tracking System

The Agency uses a partially automated medical record system that is very antiquated. Automated work-flow systems are not used. The only notices that are automatically generated are suspension and revocation notices. All other requests are manually produced.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers that exist to implementing more extensive screening, counseling, and referral activities were identified as funding, manpower, and legislative authority.

Arkansas

Organization of the Medical Program

Driver licensing is administered and controlled by the Office of Driver Services, which is part of the Arkansas Department of Finance and Administration. Arkansas does not have a Medical Advisory Board. The Driver Control section of the Office of Driver Services is responsible for the identification and appropriate disposition of problem drivers—those who have Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) violations, those with excessive traffic violations, and those who are subject to court orders affecting their driving privileges. The Agency utilizes 24 Driver Control Hearing Officers, who are dedicated to medical review activities, and use procedures based on State statutes to determine driver competency. The individuals who make licensing determinations are immune from legal (tort) action. Those who make fitness to drive decisions are not anonymous.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

In Arkansas, license applicants are not required to have a physical exam performed by a physician prior to being licensed for the first time, nor are first-time or renewal-applicants required to self-report medical conditions when completing license application paperwork..

Vision Screening and Vision Standards

The Office of Driver Services performs a vision screening test for acuity and visual fields on all drivers renewing their licenses. A person must have a minimum uncorrected (no glasses or contacts) visual acuity of 20/40 to qualify for an unrestricted driver's license. A person must have a minimum corrected (with glasses or contacts) visual acuity of 20/50 to qualify for a restricted license (drive with corrective lenses). Drivers with visual acuity of 20/60 are restricted to daytime driving only. A person with two functional eyes must have a field vision of 140 degrees. A person with one functional eye must have a field vision of 105 degrees. Applicants who fail the vision test must go to an ophthalmologist or optometrist for visual correction, and bring a form back to the Office of Driver Services from their vision care specialist stating that their vision has been corrected.

Referral Sources

Drivers with medical or functional impairments that could affect their ability to drive safely, come to the attention of the Office of Driver Services through referrals from a number of sources. The licensing agency accepts referrals from police officers; the courts; family members, friends, and other citizens; hospitals; and occupational and physical therapists. The agency does not accept reports from individuals who are unwilling to provide their names. Referral sources are not investigated by the Agency prior to making contact with the driver. While the Licensing Agency accepts reports from physicians, physicians are not required by law to report drivers to

the Licensing Agency who have medical conditions or functional impairments. A physician who chooses to report a driver may notify the Agency by sending a letter to the Office of Driver Services. Physician reports are confidential; however, the Agency will provide the driver with a copy of the report upon his or her request. Physicians who report drivers in good faith are not immune from legal action by their patients.

Evaluation of Referred Drivers

Procedures

A referral by any of the sources described above, including physicians, may result in the need for a driver to undergo an evaluation. When the Office of Driver Services receives a complaint concerning a licensee's ability to drive safely, a hearing is scheduled with the licensee. A medical form is provided to the licensee, to be completed within 30 days by a physician of the licensee's choice. A question on the medical form asks the physician to indicate whether he or she believes that the person can drive safely. If the physician indicates on the medical form that the patient does not have the ability to drive safely, then the Hearing Officer will suspend the driver's license. If the medical report is favorable, then the Hearing Officer will refer the driver to a State Police Licensing Examiner, who will administer a driver license skills test. If the driver fails the skills test, the license is suspended. If both the medical report and skills test results are favorable, the licensee retains his or her license. A driving skills test is not given to any driver for whom a physician indicated that in his or her opinion, the applicant's medical condition would prohibit the safe operation of a motor vehicle.

Drivers diagnosed with dementia may be licensed to drive in Arkansas, depending on information provided by the physician and how they perform on the driving skills test. There is no specified stage or level of impairment where privileges would be suspended.

Medical Guidelines

Medical standards have been written for vision (Arkansas Code, Section 27-16-704) and for disabling diseases such as epilepsy, diabetes, or chronic alcohol/drug/narcotic addiction (Arkansas Statutes, Section 6-27-16-907 and 8-27-16-907). The vision standards were summarized earlier. The medical standards are described below.

The office has the authority, upon receipt of sufficient documentation, to suspend the driving privilege of a person believed to be suffering from a disease or who has a handicap that hinders or prevents the safe operation of a motor vehicle, such as epilepsy, diabetes, or chronic alcohol/drug/narcotic addiction. If a driver is suspended as a result of an epileptic seizure, diabetic blackout, or chronic alcohol/drug/narcotic addiction, then the driving privilege can be restored only after the person has been seizure free and that such condition has been under control for no less than 1 year and that the period of 1 year is verified in the form of a physician's statement.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Hearing Officers base licensing decisions solely on the physician's report and the skills test; they do not perform any functional screening tests.

Drivers who do not meet the minimum visual acuity requirements may be restricted to driving with corrective lenses and/or to daylight driving only. Drivers may also be restricted to driving with special adaptive equipment, prosthetic aids, automatic transmission, and outside mirrors.

The Office of Driver Services does not require periodic reexaminations or medical statements for any medical conditions.

Drivers are not referred to specialists for remediation of impairing conditions, other than to eyecare specialists for visual correction.

Appeal of License Actions

There is an appeal process for drivers whose licenses are suspended or restricted for medical conditions.

Counseling and Public Information & Education

The Agency does not make Public Information and Education materials available to older drivers, that explain the importance of fitness to drive and the ways in which different impairing conditions may increase crash risk. Drivers with functional impairments do not receive counseling from the Licensing Agency nor are they referred to outside sources for counseling regarding appropriate adjustment of driving habits, or ways to deal with potential lifestyle changes that follow from limiting or ceasing driving.

Administrative Issues

Training of Licensing Employees

The Licensing Agency in Arkansas does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor does it provide specialized training for licensing personnel relating to older drivers.

Medical Program Tracking Systems

The Agency does not use an automated medical record system or an automated workflow system.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. No barriers were identified to the implementation of more extensive screening, counseling, or referral activities.

California

Organization of the Medical Program

Driver licensing in the State of California is administered by the Department of Motor Vehicles. California has a Medical Advisory Board, but it is currently inactive. Over the years, evaluation guidelines have been developed by DMV policy staff with assistance from medical experts outside the Department. The MAB is reactivated when needed for more formalized revision of the DMV's medical evaluation guidelines. Drivers with medical conditions or functional impairments are evaluated by non-medical administrative staff in the DMV's Driver Safety Branch, who have other responsibilities in addition to medical evaluation. Staff who are involved in reviewing and evaluating medical information consists of 165 Driver Safety Hearing Officers, 62 Driver Safety Managers, and 22 supervising Motor Vehicle Technicians. Licensing Examiners in the DMV's Field Office Division conduct law, vision, and driving tests. The results are given to DMV's Driver Safety Staff. Drivers are then evaluated by Driver Safety Hearing Officers. The Hearing Officers review medical information submitted by the driver and test results submitted by the examiner. If the Hearing Officer meets with the driver, the Hearing Officer may conduct the law and vision tests. Individuals who make licensing determinations are not anonymous, but they are immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical and functional impairments may come to the attention of the Licensing Agency in a number of ways. All first-time and renewal applicants are required to complete a section of the licensing application that contains questions about medical conditions. Drivers are asked to indicate whether, within the last five years, they have experienced any of the following medical conditions that affect their ability to operate a motor vehicle safely:

- Loss of consciousness.
- Episode of marked confusion caused by any condition which may bring about recurring lapses.
- Disease, disorder, or disability (e.g., epilepsy, diabetes, stroke, cataracts, Parkinson's disease).
- Decrease or change in vision due to cataracts, macular degeneration, or other progressive condition.
- Health problems because of alcohol or drug abuse.

Drivers who answer "Yes" may be required to have their physician complete a Driver Medical Evaluation form. In addition to providing the diagnosis, the physician is asked to indicate whether the condition is improving, stable, worsening, or subject to change; whether the patient is under a controlled medical program; whether the patient adheres to the medical regimen; whether the condition may impair vision; whether the patient is knowledgeable about the

condition; medications prescribed; whether side effects of medications may interfere with the ability to safely operate a motor vehicle; whether the medical condition affects safe driving ability; and whether the physician has advised against driving. The DMV uses the information along with other non-medical factors in reaching a licensing decision, and has the sole responsibility for decisions regarding the patient's driving qualifications and licensure.

Vision Screening and Vision Standards

Drivers must also pass a vision test and a written knowledge test upon license renewal if they appear in person to renew. Drivers age 70 and older may not renew by mail, so they must appear in person to renew their licenses every 5 years. The knowledge test is useful for determining the driver's mental competency, and cognitive and language skills. It can indicate when a person with dementia has deteriorating reading and comprehension skills as well as impaired cognitive and perceptual skills that may impact his or her ability to drive safely. The Department's visual acuity screening standard is 20/40 or better with both eyes together, and no worse than 20/70 in the poorer eye. Drivers who fail the vision screening are referred to a vision specialist who must examine the driver and complete a Report of Vision Examination. Drivers with visual acuity of 20/200 or worse may not be licensed to drive. Drivers may use bioptic telescopes for driving, but may not use them to meet the vision standard. Following review of the Report of Vision Examination, the driver may be scheduled for a Drive Test or Special Drive Test to determine whether the vision condition impairs the ability to drive or whether the driver can adequately compensate for the vision condition. The *Guidelines* document provides matrices for visual conditions, definitions, range of severity, whether a driving test or special driving test should be administered for a particular acuity level, and what kinds of restriction—including limited term licenses—should be placed on the license. Restrictions could include corrective lenses, sunrise to sunset driving only, no freeway, area restriction, additional mirrors (right side, wide angle, panoramic, right- or left-fender-mounted mirrors). An immediate revocation may be imposed after an examiner gives a driving test or special driving test to a low-vision driver who has performed dangerously poor and the condition renders the person unsafe to drive.

Referral Sources

California has a mandatory physician reporting law. California's Health and Safety Code, Section 103900 that mandates physicians and surgeons to notify the local health officer within 7 days of every patient age 14 and older who has been diagnosed with a disorder characterized by lapses of consciousness. Regulation Section 2806 of Title 17, which defines these conditions, is provided below:

- (a) "Disorders characterized by lapses of consciousness" means those medical conditions that involve:
 - (1) A loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
 - (2) The inability to perform one or more activities of daily living; and
 - (3) The impairment of the sensory motor functions used to operate a motor vehicle.

- (b) Examples of medical conditions that do not always, but may progress to the level of functional severity detailed in subsection (a) of this section include Alzheimer's disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

Physicians report such disorders on a Confidential Morbidity Report that is faxed or mailed to the Department of Health and Human Services. The local health officer must then report in writing to the Department of Motor Vehicles, the name, age, and address of every person reported to it as a cause of a disorder characterized by lapses of consciousness. Physicians and surgeons who report patients diagnosed with disorders caused by lapses of consciousness are not civilly or criminally liable to any patient for making such a report. If a physician fails to report a patient with a lapse of consciousness disorder, and that patient is involved in a crash, the physician may be held liable as a proximate cause of the crash. Physicians who fail to report may not be convicted of a summary criminal offense, but failure to report is a misdemeanor, punishable by a fine of not less than \$50 nor more than \$1,000, or by imprisonment for a term of not more than 90 days or by both. Reports are confidential, except that the driver may receive a copy upon request, and copies may be released upon court order. Physicians may voluntarily report other conditions to the DMV if, in the physician's opinion, they affect the driver's ability to operate a motor vehicle safely; however, there is no statutory immunity for voluntary reporting.

The Licensing Agency also accepts referrals of potentially unsafe drivers from the following sources: police officers, courts, family, friends, other citizens, hospitals, occupational therapists, physical therapists, vision specialists, emergency medical personnel, and all other individuals and agencies. Anonymous referrals are only accepted from immediate family members who identify themselves as such. All others must provide a signature. Individuals may request that their names not be provided to the driver; however, the DMV can be ordered to reveal names of reporting sources by the courts. Individuals may report drivers by writing a letter or by using the Request for Reexamination form, which provides check boxes to describe the driver's condition and the driver's specific behaviors, in addition to space to write a narrative to further describe conditions or actions. The Licensing Agency may contact a reporting source if additional information is needed or the report appears questionable, before proceeding with a reevaluation of the driver.

Law enforcement officers who stop drivers for traffic violations or who come to a crash scene may refer a driver to the DMV for a "regular reexamination" or a "priority reexamination". A "priority reexamination" would be requested for a driver who exhibits evidence of incapacity, and the officer reasonably believes the driver presents a clear or potential danger of risk to himself/herself or others if permitted to resume operation of the motor vehicle. For a "priority reexamination," the driver must contact the DMV within 5 days to schedule a reexamination; failure to contact the DMV by the sixth day results in license suspension. Drivers will be scheduled to take all DMV tests (law, vision, and driving), must present medical information, and are asked to bring a licensed driver with them to the "priority reexamination". The DMV may also immediately suspend or revoke the driving privilege upon receipt and investigation of a notice of "priority reexamination." A "regular reexamination" may either be conducted in

person or over the phone. Drivers may be required to present medical information, and take the vision, law, and driving test if appropriate.

Two final mechanisms that serve to bring a driver with functional or medical impairments to the Licensing Agency's attention, requiring the driver to undergo a reexamination are the driving history and counter person observation of possible impairment. The DMV will conduct an investigation of any person who has been involved in a crash causing death or has been involved in three or more crashes within a 12-month period. As part of the pilot test evaluation of a three-tiered screening system, counter personnel are observing renewal drivers for signs of physical and cognitive impairment. The physical impairment observations are based on procedures used in Wisconsin and Florida, where an applicant is observed for his or her ability to walk unaided to the counter; for loss or partial loss of use of a leg, foot, arm or hand; for obvious and excessive shaking of upper and lower limbs, and for excessive stiffness of the upper or lower limbs. The brief cognitive screen includes asking the driver to report his or her birth date, social security number, and to answer a question about the proper response to a traffic sign shown on a diagram of an intersection. A person who has a physical impairment and whose license is not appropriately restricted and someone with suspected cognitive impairment would be referred to the Driver Safety Branch for reexamination (medical information and road test).

Evaluation of Referred Drivers

Procedures

When the DMV becomes aware that a driver has a medical condition that could impair safe driving performance, the DMV will request medical information from the driver and his or her physician. The driver will be mailed a Driver Medical Questionnaire and the Driver Medical Evaluation form. Driver Safety Hearing Officers will review the medical information, and if it is clear that the driver does not pose a risk, the evaluation may end with no action taken against the driving privilege. Driver Safety Managers and the Motor Vehicle Technicians also review Medical forms as part of their duties. Other possibilities may include the requirement for a driver to submit to a "regular reexamination" or the DMV may immediately suspend or revoke the driving privilege if the physical or mental condition presents an immediate threat to public safety.

Drivers referred due to a physical and or mental condition, and those who have failed the vision exam due to a vision condition may take a Supplemental Driver Performance Evaluation (SDPE), which is an in-vehicle test designed to determine whether the driver has the ability to operate a motor vehicle safely, has formed proper habits for safe driving, can translate knowledge of traffic laws into actual practice, and compensates for any physical condition that may be present. The SDPE is structured the same as the regular Driver Performance Evaluation (for original licensees), but has additional test elements to evaluate a customer's cognitive function and ability to safely operate a motor vehicle. The additional test elements include multiple directions, a destination trip, additional lane changes, concentration, and a freeway or highway segment. *Multiple directions* involves giving the driver two sets of driving directions at the same time to test whether he or she can retain and properly follow both directions (e.g., "at

the next corner, make a right turn, then make a lane change to the left”). This is done at three different locations on the test route. The *destination trip* involves directing the customer to a location approximately two blocks from the office, and then asking the driver to return to the office using the same route without evaluator assistance. One additional *lane change* is required in the SDPE to demonstrate that a driver can compensate for any physical or mental limitations. *Concentration* involves testing the customer’s ability to focus on the driving task while having a conversation with the evaluator. The purpose is to verify whether the customer becomes so distracted that he or she begins to make driver errors, or cannot drive safely.

An Area Driving Performance Evaluation (ADPE) test may be given to a customer who wishes only to drive in a restricted area near home for local trips to the grocery store, church, doctor’s office, etc. It does not have a freeway segment. The driver must demonstrate that he or she can safely drive on all location trips. The average test time for an ADPE is 60 minutes.

The passing score for an SDPE or ADPE is 20 or fewer driving errors with no critical driving errors marked. A score of 21 or more driving errors, or any critical driving error is a failing score. A critical driving error is a dangerous or potentially dangerous driving maneuver that warrants immediate disqualification. A critical driving error committed due to correctable errors (i.e., not related to perception, judgment, motor function) may not warrant revocation. Customers may take a maximum of 3 SDPEs, and must wait two weeks to retake a test after a failed attempt, and a two-week temporary license will be given to the driver. An ADPE may only be taken one time (but it may have been given after multiple attempts at a SDPE). Once a driver fails the ADPE, the license will be revoked. The licensing examiner will appropriately restrict the license of a person who passes the SDPE or ADPE, based on performance on the test and as recommended by the Driver Safety Officer or vision specialist, whether there is special adaptive equipment in the car, and whether the driver uses a prosthesis or telescopic lenses. All drivers who pass the ADPE will have a no-freeway-driving restriction, an area restriction, and customized restrictions on file. Restrictions could include no driving in inclement weather, restricted to driving between 10 a.m. and 3 p.m., no driving on roads with posted speeds of 45 mi/h or greater, restricted to (list specific streets), specific adaptive equipment or prostheses required, sunrise to sunset, corrective lenses, outside mirrors, etc. Limited term licenses may be issued to drivers who pass the ADPE or SDPE. Limited term licenses are issued for a maximum of two years; the driver must return to the DMV for reevaluation and retesting. They may also at this time be required to submit information from a vision specialist or treating physician.

Medical Guidelines

The DMV has adopted regulations that provide guidelines for evaluating and taking action against the driving privilege of drivers with physical or mental conditions that may impair the ability to drive (*Guidelines for Actions Against the Driving Privilege Based on Physical and Mental Conditions*, Revised February 1999). The Vehicle Code permits the Department to administer certain tests and to conduct reexaminations to determine whether a person with physical or mental conditions can safely operate a motor vehicle. It also authorizes a priority reexamination of a driver for reasons relating to a physical or mental condition which impairs driving ability. The Health and Safety Code mandates the Department to develop guidelines designed to enhance the monitoring of patients affected with disorders covered by lapses of

consciousness, and Alzheimer's disease and related disorders. The extensive *Guidelines* document (over 80 pages) contains guidelines for evaluating drivers with dementia, diabetes mellitus, lapse of consciousness disorders, and visual conditions that may impair the ability to drive. It specifies licensing actions needed based on the severity of the condition and the driver's performance on licensing tests, and may include: reexamination on a specified date (Calendar Reexamination); Medical Probation I, where the driver must comply with a medical regimen and report any changes to the Department; Medical Probation II, where medical reports are required to be submitted to the department on specified dates; Medical Probation III, where the driver is required to report, in writing, on a regular basis to the Department on the status of his or her disorder; Limited Term Licenses, where a license is issued by a field office for one or two years and requires the driver to return to the Department for reevaluation and/or testing; restrictions; suspensions; or revocation.

Drivers with mild dementia may drive in California if they can pass the vision and knowledge test and can pass a comprehensive driving test (termed a Supplemental Driver Performance Evaluation, which will be described later). The DMV *Guidelines* for dementia state that if dementia is diagnosed as moderate or severe, no driving test will be given and the driving privilege will be revoked. If the driver fails the knowledge test even after the hearing officer restates the questions verbally and medical documentation indicates mild dementia, the driving privilege will be revoked. If the results of the special drive test are satisfactory, the driver will be scheduled for a calendar reexamination. Drivers will be reevaluated in 6 months or less when the results of the knowledge and drive tests are marginal, and the dementia is not expected to progress rapidly. Marginal knowledge test results are indicated when the driver fails the written test but is able to pass when the questions are restated verbally by the hearing officer. Marginal Supplemental Drive Test results are indicated when the drive test errors are noncritical ones that may be corrected with additional training. A 12-month calendar reexamination period may be deemed more appropriate for drivers whose test results are better than marginal for both the knowledge and drive tests, and the driver's physician has indicated that the dementia is not expected to progress rapidly.

The DMV *Guidelines* for actions appropriate for lapses of consciousness disorders indicate the following 5 actions for drivers with these disorders: no action; Medical Probation Type II, Medical Probation Type III, suspension, and revocation. Medical Probation allows the Department to monitor the driver's medical condition on an ongoing basis, and allows drivers with epilepsy and other disorders characterized by a lapse of consciousness to continue driving. Medical Probation is only used when control of a lapse of consciousness disorder has been achieved for at least three months. Medical Probation Type II is for drivers who have achieved three to five months of control. The driver is required to authorize his or her treating physician to complete the Driver Medical Evaluation Form and submit it to the Department on a prescribed basis. The decision to place a driver on a Medical probation Type II is based on seizure type; seizure manifestations; seizure, medical, and lifestyle history; and the seizure-free period prior to the last episode. Medical Probation Type III is for drivers who have achieved six or more months of control, but due to contributing factors there is a slight possibility of another seizure. This probation requires the driver to report, in writing, on a regular basis to the department, on the status of his or her disorder. Drivers use the Medical Probation Reporting form and must sign the form under penalty of perjury that the information is true and correct. In addition to the

factors of seizure type; seizure manifestation; seizure, medical, and lifestyle history; and the seizure-free period prior to the last episode, the major reliability factor to consider is the driver's likelihood of complying honestly. This probation will not be imposed if the driver has exhibited noncompliance, withholding information from a physician or the Department, or inconsistent statements. A driver on Probation Type III may be required to have his or her physician complete Driver Medical Examination forms if the condition becomes unstable or the driver reports fraudulent information. No probation is needed for drivers who have achieved six or more months of control and there are no coexisting medical conditions that would aggravate the driver's seizures or impair the driver's ability to safely operate a motor vehicle. The DMV Guideline provides a matrix of licensing actions that can be taken for each loss of consciousness disorder, based on severity, contributing factors, and functional driving impairments.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The DMV provides extensive guidelines for both Licensing Examiners and Driver Safety Hearing Officers. Final licensing decisions are made by Hearing Officers after review of all evidence available, including the driving record; any knowledge, vision, or driving test results; medical information from vision specialists or treating physicians; and any other reports or documents pertaining to the case.

Section 12813 of the California Vehicle Code gives the DMV broad authority to impose restrictions that the DMV may determine to be appropriate to assure the safe operation of a motor vehicle by the licensee. DMV licensing examiners and Hearing Officers use their discretion to impose any restrictions needed. Examples of restrictions include corrective lenses, sunrise to sunset driving only, no freeway, area restriction, additional mirrors (right side, wide angle, panoramic, right- or left-fender-mounted mirrors), no driving in inclement weather, restricted to driving between 10 a.m. and 3 p.m., no driving on roads with posted speeds of 45 mi/h or greater, restricted to (list specific streets), specific adaptive equipment or prostheses required, etc.

Periodic evaluations may be required for return to the DMV for retesting and for the submittal of medical/vision reports, at 6-month, 1-year, or 2-year intervals.

The DMV does not refer drivers with impairing conditions to specialists for remediation, beyond the referral to a vision specialist for drivers who cannot meet the DMV standards.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended, restricted, or revoked for medical or functional impairments. When a driver has received notice of an action being taken against his or her license, the driver must request a hearing within 10 days of receiving personal service or 14 days from the date the notice was mailed, or will lose the right to a hearing. Individuals have the right to be represented by an attorney at their own expense, to review and cross examine testimony of any witness for the DMV, present evidence and relevant

witnesses, or testify on their own behalf. Individuals who disagree with the hearing officer's decision may request a departmental review of the decision, and may appeal the decision in superior court.

Counseling and Public Information and Education

Counseling is not provided by the Agency or an outside resource to drivers with functional impairments to help them adjust their driving habits appropriately or deal with potential lifestyle changes that follow from limiting or ceasing driving. Drivers are not referred to professionals for remediation of impairing conditions. The DMV will issue special instruction permits for impaired drivers to learn to drive with adaptive equipment, or to drive only with a professional instructor or therapist. A Legislative Act ("Brandi Mitock Safe Drivers Act") added a section to the vehicle code that states the following: The Legislature finds and declares that persons should be provided with transportation alternatives when their privilege to drive is lost because of failure to pass visual tests or behind-the-wheel driving tests. While a partial obligation for addressing this issue rests with families, communities, social service agencies, and local governments, the Legislature recognizes an obligation to promote, facilitate, and share in the funding of alternative modes of transportation for persons who have lost their driving privileges. Accordingly, it is the intent of the Legislature, not later than January 1, 2003, to provide an affordable and equitable mode of transportation to fulfill the reasonable transportation needs of persons who have lost their license due to a failure to pass a visual test or a written or a behind-the-wheel driving test."

The Licensing Agency does not provide public information and educational materials to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions can increase crash risk. However, as part of a pilot study, an educational package is being mailed to older drivers who have had a traffic conviction or crash within the past 18 months. The package includes AAA and AAAFTS brochures ("Older and Wiser Driver," "Meeting the Challenge," "Rx for Safe Driving," "Good Vision Vital to Good Driving," "A Flexibility Fitness Training Package for Improving Older Driver Performance"), the USAA/AARP/NHTSA booklet "Driving Safely While Aging Gracefully," lists of information and assistance sources related to driving, information about medications and driving, collision avoidance education, and information about CA DMV and the older driver. If the project is well received and proves effective, the materials will be made accessible to all older drivers.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely. There are no formalized materials used in training; the topic is covered in class during training. The Agency also provides training for licensing personnel relating to the licensing of older drivers. A chapter is included in training materials for Hearing Officers describing special concerns in evaluating senior drivers. Topics include physical and mental problems of senior drivers; vision problems; cognitive problems; other factors such as falls, alcohol, and medication; communicating with the

senior driver; dealing with friends and relatives of the senior driver; medical reports; and evaluating driving. Licensing Examiners also receive formalized training about providing a positive atmosphere for “youth and aging customers,” using customer complaint letters to lead discussions about patience, courtesy, and professionalism (sensitivity training) in conducting vision, written, and drive tests for senior applicants.

Medical Program Tracking System

The Agency does not use an automated medical record system, but it does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review program does not (according to the knowledge of the DMV respondent) rely on NHTSA 402 funding to support its operation. A barrier identified to implementing more extensive screening, counseling, and referral activities, including connections to alternative transportation was fiscal constraints, however, this barrier may be removed as a result of the passage of Senate Bill 335 (Hayden, Ch. 985, stats 2000). DMV, in cooperation with other governmental agencies and public policy interest groups, was required to prepare a report to the legislature regarding alternative modes of transportation available in California. This report is entitled, *Transportation in California for Individuals Who No Longer Drive*.

Colorado

Organization of the Medical Program

Driver licensing in Colorado is administered by the Motor Vehicle Business Group in the Department of Revenue (DOR). There is no Medical Advisory Board in the State, nor is there an internal medical unit within the DOR. Colorado's medical review program is administered by non-medical administrative staff who have other responsibilities in addition to medical evaluation. Colorado had a Medical Advisory Board that was disbanded over 20 years ago due to cost issues, as its members were not volunteers. There are no traceable medical guidelines (beyond those for vision) for physicians or the Department to use, if any were developed by the earlier MAB (created in 1973). Individuals who make licensing determinations are not anonymous, but they are immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments come to the attention of the Licensing Agency in a number of ways. Both first-time and renewal applicants must answer a question about medical conditions when they complete the license application. The question asks, *“During the last two years, have you had heart problems, diabetes, paralysis, epilepsy, seizures, lapses of consciousness, dizziness, or any other physical, mental, or emotional condition that would interfere with your ability to operate a motor vehicle safely?”* Drivers who answer “Yes,” are required to have a Confidential Medical/Eye Exam Report (DR 2401) completed by their physician (and their physician's approval to drive) before they can continue with the application process. The form asks the physician to indicate whether the following systems are normal or abnormal, and to describe every abnormality in detail: head, face, neck; eyes; heart; lungs; extremities; musculoskeletal; endocrine (diabetes); neurologic; psychiatric (serious neurosis, psychosis, or serious personality deviation); and other. Another question asks whether history indicates seizures or lapses of consciousness, and if “Yes,” date of onset, frequency, dates of last two seizures or lapses, descriptions of seizures, and probable diagnosis. The physician is asked to indicate on the form whether authorization of a driving privilege is medically prudent, from the assessment of the medical history, physical examination and laboratory data, and in consideration of public safety, and whether a road test should be given before a licensing decision is made. The physician is also asked to indicate what medical restrictions and/or prostheses are necessary for the applicant to operate a motor vehicle.

Vision Screening and Vision Standards

All original and renewing applicants must take and pass a vision test. To pass the acuity test, applicants must have at least 20/40 vision in either or both eyes. Drivers are also screened for phoria (double vision), unless they have vision in only one eye. Applicants using bioptic telescopic lenses must attempt to pass the acuity test using only the carrier lens (and not the telescope). Drivers who fail the acuity or the phoria test must have a Confidential Medical/Eye Exam Report (DR 2401) completed by their vision specialist. The vision specialist is required to

complete all sections pertaining to vision, indicate whether authorizing a driving privilege would be medically prudent, and recommend licensing restrictions that should apply. The eye specialist may check off any of the following restrictions, or enter a restriction not on the list: daylight driving only; not more than ___ mph; area radius ___ miles from home; right sideview mirror, or left sideview mirror. Bioptic lens users must also pass a drive test using the telescopic lens apparatus.

Referral Sources

Driver license office staff conduct a physical aptitude analysis for customers who come to a driver license office for a permit, an initial license, or to renew their license. This is a determination by the employee of any physical ailment or disability the customer may have that may interfere with the safe operation of a motor vehicle. Colorado Revised Statute 42-2-111 requires an examination of any customer for whom the experience and common sense of the examiner indicates may be physically and/or mentally unable to operate a motor vehicle safely. The applicant is required to have his or her physician or eye care specialist complete the DR 2401. The physician's/vision specialist's approval is required before the application process could continue. Often as a condition of approval, the physician will require a drive test at a driver license office.

The Licensing Agency accepts reports of potentially unsafe drivers from physicians, police officers, the courts, family members, and hospitals. The Agency does not accept anonymous referrals, and because of the limited sources that driver reports come from, the Agency does not investigate such reports before requiring a driver to undergo a reexamination. Physicians are not required by law to report drivers with medical conditions or functional impairments that could affect their ability to drive safely to the Licensing Agency, but they may report drivers on a voluntary basis. Physicians who choose to report drivers are immune from legal action by their patients, and their reports are confidential, unless the driver requests a copy, or the report is admitted as evidence in judicial review proceedings of driver competency.

Evaluation of Referred Drivers

Procedures

In addition to the reexamination requirement for drivers who self report medical conditions, fail the vision test, or who are observed by licensing staff to have a physical or mental impairment, drivers are required to undergo a reexamination if they have a crash with a fatality; they have 2 crashes in 3 years; if their license expires for more than a year; or if they are referred to the Licensing Agency by any of the referral sources listed above.

When the Driver Services Section of the Motor Vehicle Business Group receives the reexamination request, a medical/special exam file is added to the driver's record and a letter is automatically generated and sent to the driver. After a delivery "lag" time of 3 days, the driver has 20 days to complete the tests, or the license will be placed under cancellation and denial. During these 20 days, if a physician's approval is required, the driver will need to have the DR2401 form completed, and must bring it to the licensing office when he or she comes to take

the motor vehicle tests. If the physician disapproves/recommends against driving, the driver's license is placed under cancellation and denial until an approved medical evaluation is submitted. If the physician approves driving, the driver must then pass the Motor Vehicle vision test, written knowledge test, and driving test. If all tests are passed, the driver's record is updated and the 20-day clock stops. Failure of the vision test requires a vision specialist's approval for driving. If the written test is failed, the driver is allowed a total of two attempts per day, and the 20-day clock continues to tick. If the driver fails the drive test, he or she is issued a re-exam permit that extends the initial 20 days to 60 days from the date he or she is issued the permit. The driver is allowed a total of three attempts at the drive test, after which the cancellation and denial is held. The driver then has the option of attending driving school, although the Driver Examiner will recommend driving school only if it would be of any benefit to the driver.

Drivers who are diagnosed with dementia may continue to drive in Colorado, as long as driving privileges continue to be approved by the driver's physician, and the driver can complete the knowledge and road tests.

Medical Guidelines

The department's vision standards (described earlier) were established in coordination with the American Optometric Association and the American Association of Motor Vehicle Administrators. To determine whether a driver is medically qualified, the Department relies on the opinion of the driver's physician or eyecare specialist, and whether a driver can pass the written and road tests. There are no written medical standards.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the driver's physician and/or ophthalmologist's recommendations, and whether the driver passes the written and road tests. Colorado statutes authorize the Department, whenever good cause exists, to restrict, limit, or place special conditions on a license to allow the driver to continue to operate a motor vehicle, despite the condition or situation that imposed the restriction. Restrictions may include the following: automatic transmission; daylight driving only; visual correction; left-side rearview mirror; hand controls; 25-mile radius; 3-wheel motorcycle only; with driver educator only (upon failing 3 re-exam drives); and rehabilitation permit only.

Colorado does not issue restrictions for periodic reexaminations or medical statements, as it is not a mandatory reporting State. Drivers with dementia or other progressive diseases/conditions who are cleared to drive by their personal physician and pass any required licensing exams are not monitored by the Department. They would only come back to the attention of the Department at the next renewal cycle, unless they have 2 crashes in a 3-year-period, a crash with a fatality, or are referred by any of the reporting sources described earlier.

Drivers with impairing conditions are referred back to their personal physician or vision specialist for remediation. In cases such as severe head injury, spinal injury, stroke, paralysis,

etc., drivers often seek the services of rehabilitation providers who will evaluate the extent of the injury/condition and determine whether the driver will ever be capable of driving again. Physicians will refer their patients to rehabilitation providers prior to making a recommendation. These drivers are issued a Rehabilitation Instruction Permit (after passing the written test), which is released to the evaluator, and is only valid while the driver is driving with the rehabilitation provider/evaluator. If the driver fails to complete the evaluation within 90 days of the permit, he or she may renew the permit twice without retaking the written test. A letter from the rehabilitation program, signed by the evaluator, must be presented at each renewal. Once the driver is cleared by both the rehabilitation provider and personal physician, he or she must then pass a driving test at a driver licensing office in a vehicle with all required modifications. Upon passing the drive test at the driver licensing office, the driver's record is updated and any required restrictions are added to the driver's license prior to issuing it to the driver.

Appeal of License Actions

There is an appeal process for drivers whose license is cancelled or restricted for medical conditions or functional impairments. Drivers may request a hearing by the Department within 30 days from the date of cancellation, and may appeal the decision of the Department after the hearing to the district court.

Counseling and Public Information and Education

The Licensing Agency does not provide counseling to drivers with functional impairments, nor does it refer drivers to an outside source for counseling. The Agency does not make Public Information and Educational Materials available to older drivers that explain the importance of fitness to drive and the relationship between impairing conditions and crash risk.

Administrative Issues

Training of Licensing Employees

The Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, although the Department is planning to use AAMVA's program (currently under development) called "Examining Drivers With Disabilities," that will allow for the training and certification of examiners in the recognition and testing of special-needs customers. No specialized training is provided to licensing personnel relating to older drivers.

Medical Program Tracking System

The Agency uses an automated medical record system and automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Colorado's medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and referral activities including connections to alternative transportation include lack of funding and staff shortages.

Connecticut

Organization of the Medical Program

The Department of Motor Vehicles Administers driver licensing in the State of Connecticut. Connecticut has a Medical Advisory Board that was enacted during the 1981 session of the Connecticut General Assembly, and once codified, became Section 14-46 a to 14-46g of the State Statutes. The law became effective October 1, 1981. The original statute required no less than 7 and no more than 15 medical doctors on the Board. The law was amended during the 2002 Session of the General Assembly to require no less than 8 and no more than 15 members, which shall also include an optometrist.

There are presently 13 members on the Board, which will increase to 14 when an optometrist is appointed. There are also plans to add a second cardiologist. The Board is composed of the following medical professionals: 1 optometrist; 2 ophthalmologists; 1 cardiologist; 4 internal medicine physicians, specializing in family practice, emergency room medicine, endocrinology, and geriatrics; 3 neurologists; 1 orthopedic; and 2 psychiatrists. Board members are appointed by the Commissioner of Motor Vehicles from a list of nominees submitted by the Connecticut State Medical Society representing specific specialties. For appointment of the optometrist, the name will be selected from a list of nominees submitted by the Connecticut Association of Optometrists. Members serve a 4-year term; the Commissioner fills any vacancy for the unexpired portion of a term. The Chair of the Board is an Ophthalmologist. Members serve voluntarily on the Board—they are not employed by the DMV. Two of the Board members are retired and the balance are practicing physicians associated with hospitals, clinics, VA medical center, etc. One internal medicine member is an emergency room physician. Members are not compensated for their MAB services, but receive reimbursement for necessary expenses or services incurred in performing their duties, including the giving of testimony at any administrative hearing when requested by the Commissioner. The Board meets at the call of the Commissioner at least twice a year, but special meetings may be held to fulfill their responsibilities. Board members interact for disposition of fitness to drive cases by regular mail, on a case-by-case basis. Medical information is mailed to appropriate Board members. A driver may have more than one medical condition for which Board reviews and recommendations are needed; therefore, medical information regarding a specific driver may be referred to more than one Board member. Board members are provided with pre-paid postage DMV Medical Review Division courtesy envelopes for return mail purposes. In some cases, because of time constraints, medical information is faxed to a Board member for review and recommendations, with a request for a return fax of the Board member's response.

Board members are immune from civil liability, and may not be compelled to testify in proceedings—other than those relating to whether an individual meets the health standards of motor vehicle licensure—regarding facts concerning the medical condition of an individual. Board meetings are open, minutes of each meeting are prepared, and copies are provided to the Board members. However, meetings held to discuss recommendations regarding an individual's fitness to drive are held in executive session. Written recommendations of the Board are classified as confidential and the Department is prohibited from releasing such information

except to the person who is the subject of the report and only upon receipt of their written authorization to release information and to whom. In addition, if an individual is aggrieved by the Hearing Officer's decision and files a court appeal, the original file is referred to the Office of the State Attorney General (who represents the Commissioner of Motor Vehicles in court proceedings) and the documents filed on behalf of the client may be taken into consideration during the court proceedings. Board members' identities are generally anonymous. When satisfying a request of a client for copies of all information in his or her file, the name of the Board member is usually blocked out to avoid the possibility of the driver contacting the Board member. However, if the client requests a copy of the Board's response during the course of the hearing, the officer grants the request, and the name is not blocked out. Very rarely does the Department ever receive a request for a list of the names and addresses of Board members.

The Board is engaged in a variety of activities. First, the Board advises on medical criteria and vision standards for licensing. It played a significant role in the drafting process of the regulation regarding Health Standards for Licensing Decisions for Operations of Motor Vehicles. In Connecticut, regulations are apropos to state statutes. It also played a role in the drafting process of the DMV Substance Abuse Treatment Program Regulation (effective October 1, 1995). This program requires the Department to administer such a program concerning repeat driving under the influence (DUI) offenders. DUI offenders are those who have two or more suspensions on their driving histories since 10/1/95 for alcohol-related violations or convictions. An alcohol-related violation results from a failure to pass or refusal to submit to sobriety test. An alcohol-related conviction results from driving under the influence. The Department monitors the two providers who administer the DMV Substance Abuse Treatment Program.

A second type of activity in which the Board is engaged is reviewing and advising on individual cases. In this activity, the Board performs paper reviews. Forms submitted by the driver's physicians, police, family, the driving record, and (if available) results of evaluations or assessments performed at rehabilitation facilities, or on-road retests are forwarded to Board members. On occasion, a Board member may find it necessary to contact a doctor who submitted medical reports on behalf of a client to explore a point of information contained within the report, so that a comprehensive recommendation can be made. The Board performs no reevaluations of drivers. Board members review the documentation referred to them, and then make recommendations to the Commissioner of Motor Vehicles. Although the recommendations are advisory only—and are not binding upon the Commissioner—Board recommendations play a significant role in the Department's decision-making process.

A third activity in which the Board is engaged is assisting in the development of standardized, medically acceptable report forms. The Board played a significant role in the drafting process of the medical reports utilized by physicians to file on behalf of their patients. The purpose of such revisions is to ensure the presentation of more detailed medical information to the Department.

A fourth activity in which the Board is engaged is the development of educational materials on driver impairment for the general public. The Board was consulted in regard to the creation of the Graduated License Program brochure which is available for distribution to the

general public. This brochure briefly explains the medical review process, on-road retesting, then issuance of a license to a client, restricted in accordance with his or her medical abilities.

A fifth activity, although conducted within their own practices, is conducting or overseeing new research on medical fitness to drive. During the conduct of their private practices, Board members frequently participate in conferences and meetings with colleagues. When information regarding fitness to drive is encountered that may be of interest to the Board and Medical Review Division, the issues are discussed during the course of a Board meeting.

A sixth activity of the Board is to recommend procedures and guidelines (“medical aspects”) to the Commissioner for licensing individuals with impaired health. However, “statutory/regulatory” aspects fall within the jurisdiction of the Department.

Connecticut DMV has a Medical Review Division within the Bureau of Legal and Driver Services comprised of the following staff: 1 Motor Division Chief II; 1 Motor Vehicle Program Coordinator; 2 Motor Vehicle Driver Improvement Analysts; 1 Motor Vehicle Driver Improvement Assistant; 1 Motor Vehicle Registration Specialist; and 1 Administrative Assistant to the Division Chief. All staff members have complete knowledge of and expertise in applying State health standards for license holders, State physical standards for applicants for licenses to operate vehicles transporting passengers; and Federal standards for applicants for commercial drivers’ licenses. Staff have full knowledge of all State laws, and rules and regulations regarding issuance, suspension, and restoration requirements for operators’ licenses.

When information contained within reports filed on behalf of a driver is unclear or unfavorable, the Medical Review Division refers the reports and source documents to an appropriate member of the Medical Advisory Board for review and recommendations. Approximately 1,000 cases are referred to the Board each year. Although no statistical breakdown is available regarding the ages of the referred drivers, it is estimated that 75 percent of the cases concern clients age 65 and older.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments come to the attention of the DMV in a number of ways. Both first-time and renewal license applicants must sign a medical certification statement of the license application form. The original license application contains the following text: *“I hereby certify that I do not have any health or vision problems that prevent me from driving safely.”* There is no list of medical conditions on the application form to assist an applicant in self reporting a medical condition. The renewal application contains the following text: *“Your signature on this application attests, subject to penalties for false statement, that your driving privilege is not under suspension and that you do not have any health problems or conditions that prevent you from driving safely.”* If a license holder at the time of renewal advises the examiner that he or she has a medical condition, the license is renewed. In addition, the license holder is presented with medical reports depending upon what information the license holder has given the examiner. A driver may be required to have his or her physician complete

an Initial Medical Request form to determine what conditions a driver has (neurologic, ophthalmologic, cardiovascular, orthopedic, endocrine, psychiatric, alcohol/substance abuse, narcolepsy/sleep apnea, liver/renal failure, or other), followed by Medical Reports for specific diseases, as appropriate. Medical reports must be based on an examination by a physician within the previous three months. In some instances, applicants may not be able to meet the minimum health standards to hold an unlimited license, but may be able to meet minimum health standards for a “Graduated License” (i.e., a restricted license). Once the reports are filed, the medical review case is initiated and the person is subject to the medical review process.

If a license holder at time of renewal fails to mention that he or she has a medical condition and merely signs the application, the license would be renewed under the normal renewal process. If it is obvious to the examiner that the renewal applicant has a medical/mental/physical condition, but the applicant fails to mention the fact, the license would be renewed. However, the examiner would complete and sign the Branch Office Impairment Report form, and then the examiner’s immediate superior would sign and mail the report to Medical Review Division for initiation of a medical review case.

Vision Screening and Vision Standards

New license applicants must take a vision test, and meet the minimum standards of: 20/40 visual acuity in both eyes or the better eye with or without corrective lenses, and an uninterrupted binocular visual field of at least 140 degrees in the horizontal meridian, or a monocular field of at least 100 degrees in the horizontal meridian, and no evidence of any other visual condition(s) which either alone or in combination would significantly impair driving ability. Drivers who fail to meet the minimum standards are required to file an Eye Care Professional’s Medical Report, reflecting the results of the doctor’s personal examination within 90 days of the report being filed with the department. A person who has a best corrected visual acuity of worse than 20/40 but at least 20/70, an uninterrupted visual field of not less than 100 degrees in the horizontal meridian, and no other visual conditions that could significantly impair driving ability may be issued a license restricted to daylight only or as otherwise determined by the Commissioner. A person who has best corrected visual acuity better than 20/200 in the better eye, and has an uninterrupted visual field of at least 100 degrees in the horizontal meridian may be issued a license as the Commissioner deems advisable after consideration of factors including driving ability, driving needs, and the recommendations of the person’s ophthalmologist or optometrist. The person may be required to take a road test, and the opinion of the MAB may be requested to determine whether a license should be issued and what restrictions should be imposed. If a driver has a visually related health problem that may affect safe driving ability, he or she will be required to submit a Vision Report for evaluation by the Commissioner. No license will be issued to a person who has best correct visual acuity of 20/200 or worse in the better eye, or has an uninterrupted binocular visual field of less than 100 degrees in the horizontal meridian or an uninterrupted monocular visual field of less than 70 degrees in the horizontal meridian, or has any other visual condition(s) which alone or in combination will significantly impair driving ability. Connecticut does not issue licenses to drivers who use spectacle mounted telescopic aids.

A law becomes effective July 1, 2003, which requires the Department to phase in a vision screening program and requires renewal applicants to pass a vision screening every other renewal at either a DMV office or with their eyecare professional and submit a medical report to this effect when they renew. However, because of stringent budgetary issues, it is anticipated no funds may be made available to administer this law. No definitive knowledge of either repeal of this law or extension of the effective date will be available until later on in the legislative session, which ends in June.

Referral Sources

Physicians in Connecticut are not required by law to report drivers to the Licensing Agency who have medical conditions or functional impairments that may affect their ability to drive safely. The Agency does allow physicians and optometrists to voluntarily report drivers, as specified by Section 14-46 of the Connecticut General Statutes. Physicians may report *“any persons diagnosed with any chronic health problem which in the physician’s judgment will significantly affect the person’s ability to safely operate a motor vehicle, or to have recurrent periods of unconsciousness uncontrolled by medical treatment.”* Any optometrist may report *“a person who has a vision problem which in the optometrist’s judgment will significantly affect the person’s ability to operate a motor vehicle safely.”* Case law indicates that a physician may be held responsible for failure to report a driver known to be incapable. A physician may file a DMV medical report (Initial Medical Report, Cardiology Medical Report, Diabetes Medical Report, Neurology Medical Report, Orthopedic Medical Report, Psychiatric Medical Report, or Substance Abuse Medical Report), and an optometrist may only file an Eye Care Professional’s Medical Report. Hospital emergency room physicians utilize a different form. The Department also accepts reports filed by doctors on their stationary. Medical review records on file with the Connecticut DMV are confidential, and are to be used solely for the purpose of determining eligibility for operation of a motor vehicle; however, records are subject to disclosure to the driver or his or her representative, upon written request by the driver. In addition, medical reports are subject to release under a subpoena, or court order, or may be subject to release to a governmental agency in conjunction with certain investigations, as required by State or Federal law. The entire medical file may also be provided to the DMV Administrative Hearing Unit and the Connecticut State Attorney General’s Office, should the driver appeal a licensing action. Physicians who report drivers in good faith are not immune from legal action by their patients.

Other mechanisms for bringing a potentially unsafe driver to the attention of the Licensing Agency include the following individuals or facilities, which will be described in more detail below: police officers; the courts, family members, friends, and other citizens; hospitals; occupational and physical therapists; conservator of the person’s person; other licensing jurisdictions; DMV authorized branch office personnel; Handicapped Driver Training Program administrators; and the driver himself or herself.

Police officers may report a driver to the DMV using a letter or memo, or they may complete a form DMV N-105 “Law Enforcement Authorization to Take Possession of Connecticut Operator’s License” and attach it to the confiscated license with any other reports regarding the confiscation of the license, and mail it to the DMV. Under the provisions of Section 14-217-1 of the Connecticut State Regulations, a law enforcement officer has the

authority to take possession of a person's license when it has been determined by the officer that the person is unfit to continue to drive without endangering the safety of the public due to his or her physical or mental condition. The officer may recommend that the operator be required to submit evidence of current fitness, and or to be retested, or the officer may not recommend either.

Probate courts send reports, usually in the form of letters, to the DMV regarding people who may be incompetent. Other Connecticut courts report persons who have appeared for a trial, and show evidence of a medical, physical, or mental condition that would affect their ability to operate a motor vehicle safely. The presiding judge directs the State Attorney to send a letter to the Medical Review Division.

Family, friends, and other citizens fall within the "third-party" reporting category. For third-party reports, the Department has created an affidavit for completion, which must be signed in the presence of a notary public before being mailed to the DMV. The affidavit must be based on reporting party's personal observation of the driver, is made under oath, and subject to penalty of false statement.

The Department receives reports from two hospital areas. The Emergency Room Physician's Report is a DMV form that may be completed by an emergency room physician who treats a patient, and who judges a health condition as one that will significantly affect the patient's ability to safely operate a motor vehicle. As a general rule, the conditions reported are: the person exhibits signs and symptoms of acute and chronic substance abuse; the person suffers from neurologic deficit(s) or an uncontrolled neurologic condition that precludes safe motor vehicle operation; the person suffers from recurrent episodes of unconsciousness uncontrolled by medical treatment; and other (includes vision, dementia, hypoglycemia, etc). Physicians associated with hospital clinics or departments may file a DMV medical report or submit a letter on their letterhead.

Occupational and physical therapists associated with hospitals or private rehabilitation facilities usually perform driver evaluations and assessments prescribed by patients' treating physicians. The Department accepts reports of evaluations and assessments when the reports contain the signed authorization(s) of either the physicians or the persons who are the subject of the evaluations or assessments to release such reports.

A conservator (of the person's person, not their estate) may file a copy of the certificate of appointment bearing the raised Probate Court seal, and a letter requesting that the operator's license of the person be rescinded. If the person should make an inquiry to the Department regarding his or her operator's license, the person is referred to the conservator. A Power of Attorney is unacceptable.

Other licensing jurisdictions may notify the DMV that a report has been filed with that agency indicating that a Connecticut driver may have been involved in an incident therein, and that the driver may have a medical or physical condition that affects safe driving ability. Or a licensing agency may notify Connecticut that a former resident for which they have a medical

file may be applying for a license in Connecticut, and the jurisdiction will forward information for whatever action Connecticut DMV deems appropriate.

DMV branch office personnel are authorized to file an “Impairment Report for Medical Review Division” form with the Medical Review Division concerning a license holder who appears to renew the license, and exhibits obvious medical impairment. This form contains the following impairments to report: *ability to walk may be impaired*, as the person used either a cane, walker, or crutches, and shuffled his or her feet, or had to hang on to the wall or chairs while walking, or appeared in a wheelchair; *the person appeared disoriented*, could not understand instructions even where to write his or her name and had to be told several times to sign and where, as well as where to go to have the photo taken, and then to sit down to wait to be called when the license was ready; *the person lost consciousness while in the office* due to possible ____; *the person has a possible vision problem*; or other.

The final mechanism for identification of medically or functionally impaired drivers (Class 2, basic operator’s license for passenger cars and light trucks) is the driver him- or herself. A private citizen may request retesting at the suggestion of an insurance carrier as a prerequisite to renewal of an automobile insurance policy, family doctor, or for his or her own satisfaction. The individual is required to undergo medical review which must be favorable, prior to being scheduled for an on-the-road retest. If the medical review is unfavorable, the person’s license is withdrawn, and he or she is not eligible to take the road test. If the medical review is favorable, but the person fails the road test, the license is withdrawn for failure to pass the test. If an applicant appears at a branch office and requests an on-road retest, and the retest is conducted and failed, the person’s license is collected by the examining motor vehicle inspector, who refers the retest results and the person’s license to the Medical Review Division. Withdraw action for failure to pass the test is initiated. Individuals have the opportunity to participate in two more retests. If they fail the second and third retests, they must wait a year before requesting a supplemental retest, and must undergo a medical review which must be favorable prior to the retest being scheduled. It may be recommended to the person that he or she engage in a commercial driving school at his or her own expense, to have a licensed driving instructor conduct an on-road skills retraining course prior to requesting a third retest, or prior to requesting a supplemental retest if they have waited the full year.

The Licensing Agency does not accept anonymous referrals. The Commissioner may initiate a medical review case based upon receipt of reliable information that there is a significant question regarding the ability of an applicant to operate a motor vehicle safely due to a medical condition or impairment. The definition of reliable information includes a written signed report from a person in the medical or law enforcement professions, or a statement signed under penalty of false statement by a person having personal knowledge. Based on the stringent language in the regulation, the Department is unable to accept anonymous complaints (letters or telephone calls), or signed letters where a vehicle’s registration plate is cited but the driver of the vehicle is unknown. The DMV may perform certain checks of police or physician reports if the information submitted is incomplete (e.g., an incident or crash report is not attached to the Law Enforcement Authorization to Take Possession of Connecticut Operator’s License form, or an incident is referred to in a letter, but the report is not attached) or if the physician is unfamiliar to

the Department. The Department is unable to accept a report signed by a health care professional who is other than a licensed physician or optometrist.

Evaluation of Referred Drivers

Procedures

Drivers may be required to undergo reevaluation (in Connecticut, referred to as a “medical review of their driving abilities”) based on the following circumstances: A crash with a fatality or an accumulation of crashes if the police, courts, or a physician has knowledge that a medical or physical condition may have contributed to crash involvement; upon referral to the Department by police, the courts, physicians, occupational and physical therapists, family, friends and other citizens; upon self report of a medical condition; upon observation by Licensing Agency personnel of signs of impairment; upon reapplication for a license after it has been expired for 2 years, and the person indicates he or she has medical conditions; and when a person applies for handicapped parking privileges.

The processes surrounding a driver who has been referred to the Licensing Agency are described next. The DMV Medical Review Division is the sole repository for medical review functions concerning driver qualifications. This unit is staffed with the 7 individuals described earlier. Other DMV staff have ancillary roles in the medical review process. These include DMV Inspector personnel who perform the vision, knowledge, and on-road skills tests and retests; the Handicapped Driver Training Unit Inspector personnel who conduct on-road skills training/testing/retesting with special-needs clients; and DMV Hearings Officers who are part-time professionals (practicing attorneys) and conduct motor vehicle administrative hearings and render decisions. Other personnel outside of the DMV who are involved in the medical review of driver abilities include the driver’s treating physician and eyecare specialist, the physicians and optometrist on the Motor Vehicle Operator’s License Medical Advisory Board, and hospital/rehabilitation facilities personnel who conduct driving assessments and commercial driver training school personnel who conduct skills retraining programs.

Medical reports, results of medical tests or other medical information filed on behalf of a person, recommendations of the Medical Advisory Board, and results of driving assessments/evaluations are taken into consideration by the Medical Review Division prior to scheduling a person for an on-road skills test/retest.

If the medical information filed on behalf of a person is unfavorable, the person is ineligible to participate in an on-road skills test/retest, and license withdrawal action would be initiated. Thus, medical review is the first step in the evaluation of drivers referred to the Licensing Agency. Medical reports must be submitted by a driver’s physician(s) within 30 days from receipt of request by the Medical Review Division. Physicians are asked to provide their opinions regarding the patient’s fitness to drive and if favorable, what restrictions should be placed on the license and whether the DMV should conduct a road test to make a final licensing determination.

A vision test may be required when it is apparent upon initiation of a medical review case that a person may have a vision impairment. The person may be required to file an Eye Care Professional's Medical Report containing the results of an ophthalmologist's/optometrist's personal examination of the individual's vision within 90 days of the report being filed with the Department. If the person fails the vision screening, the retest is not conducted. A person converting an out-of-State license to a Connecticut license must take a vision test conducted by a DMV Inspector. If the person fails the screening, he or she is given an Eye Care Professional's Report for completion by an ophthalmologist or optometrist, which must be presented to the Department when he or she appears at a branch office to complete the process. If the person has a progressive eye disease, the medical report is referred to the Medical Review Division for processing. Some license holders, as a condition for obtaining or retaining their license, may be required to submit periodic medical reports regarding their vision. Each case is considered on its own merits. A person may be required to file a report every three months, six months, or annually for a number of years, or at specific intervals as long as they hold a license.

On occasion, a person's treating physician or a Board physician may recommend that a person be required to pass a knowledge test because of cognitive issues. A person converting his or her out-of-State license to a Connecticut license is usually granted reciprocal privileges, except that if it is suspected that the person has a cognitive impairment, he or she may be required to take and pass the knowledge test.

Drivers diagnosed with dementia may retain a license; each case is considered on its own merits. If the medical information filed on behalf of an applicant is unfavorable, the license is withdrawn; if the medical information is favorable, but the person demonstrates that during an on-the-road retest that he or she has lost the ability to control a vehicle on the highways in today's traffic, the license would be withdrawn on the basis of failure to pass the retest. Treating physicians generally recommend that drivers with this condition be subject to "medical reporting," which requires the filing of a medical report following an examination by a treating physician at certain intervals. Favorable reports are made part of the driver's medical review file. If a subsequent report is either questionable or unfavorable, the report is referred to the Medical Advisory Board for review and recommendations. Upon receipt of the Board's response, the file would be reviewed, and a decision could be made to withdraw the license for failure to meet the health standards to hold a license. The MAB could also recommend that a person be subject to medical reporting.

The Commissioner may, at any time, require an on-road evaluation of any person to assist in the determination of the individual's driving ability. On-road tests/retests are conducted, and include a traffic sign test where the applicant is required to identify and comprehend traditional traffic signs and signals, pavement markings, and other forms of traffic directional signage presently utilized. The Department has three levels of on-the-road skills tests/retests. A *general on-the-road skills test/retest* is scheduled at a motor vehicle branch office nearest the person's residence. Such tests may be conducted by a license agent or a uniformed motor vehicle Inspector. An *on-the-road skills test/retest for a graduated license* is conducted by Inspectors/Sergeants who are assigned to the Department's Off-Site Testing Unit. A graduated license bears one or more restrictions that limit a person's scope of operation, and may include the following restrictions: daylight driving only, no limited access highways, corrective lenses,

automatic transmission, left and right mirrors required, special controls or equipment, and hearing aid required. DMV personnel in the Off-Site Unit contact the driver personally and arrange to meet at a convenient location, such as home or work. The test is conducted in a State-owned vehicle by DMV personnel attired in casual business dress rather than uniforms to ease the driver during the test. An applicant's on-road skills retest will not include driving on a limited-access highway if medical documentation indicates that he or she is ineligible to drive on such highways, or if the applicant advises that there is no need or desire to drive on them. In such cases, persons passing the road test will be issued a restriction that excludes limited-access highway driving. The DMV staff of trained Inspectors possess the expertise to determine during the course of an on-road skills retest whether the person demonstrated qualifications for a full license, a restricted license, or no longer has the skills to control a vehicle in the traffic environment. A copy of the retest results are referred to the Medical Review Division for appropriate action. The third type of road test/retest is the *Handicapped Driver Training Test*. This test is given by one of three handicapped driver training specialists or sergeant, all who have completed certified driver training instructor training with a private vendor. After the person scheduled for training/retraining is given sufficient opportunity to learn to operate a vehicle safely using the special adaptive equipment to meet his or her needs, the person is subject to the retest. If the person fails the retest, additional training may be available to the person, depending upon the circumstances of the case. Handicapped driver training Inspectors are attired in slacks and blazers, rather than traditional motor vehicle Inspector uniforms, to put the client at ease during the retraining/retesting process.

In some cases, a person's treating physician may have prescribed a driving assessment or evaluation at a hospital or private rehabilitation facility, and a copy of the results will be provided to the Department. Similarly, the Board may recommend such an assessment/evaluation, or Inspector personnel conducting an on-road skills test/retest may determine that the person's cognitive abilities should be examined. The individual would be advised to contact his or her treating physician and request that the physician prescribe a driving evaluation/assessment and provide the Department with a copy of the results.

When the person completes the retest scheduled by the Medical Review Department, the results are referred either by interdepartmental mail or fax to the Medical Review Department for appropriate action. If the customer passes the retest, he or she may be eligible for restoration of the license, based on the medical condition and results of the retest. The license issued will either be a full license or a license having one or more restrictions, and licensure may be contingent upon the driver being placed on medical reporting for one or more physical conditions at certain periods of time for as long as he or she holds the license. Failure to pass the retest results in continuance of license withdrawal or initiation of license withdrawal.

When medical information filed on behalf of a driver is unfavorable or questionable, the case is referred to the appropriate Medical Advisory Board member, based on the client's medical condition and the Board member's specialty. Information may be referred to more than one member, depending on the person's condition(s). The driver is notified that his or her case has been referred to the Board, and that he or she will be contacted regarding the Board's decision.

When the Medical Review Department receives the Board's response, the entire case is reviewed, and the person is notified of the licensing decision. If a Board member recommends additional medical information, the driver will be contacted and notified of the requirement to have the additional information filed by the appropriate medical professional. For example, the information submitted on behalf of a person with a substance abuse condition may be insufficient, and the Board may request results of treatment or counseling the client may have undergone, results of random specific blood or urine tests, proof of participation in self-help group therapy, etc. When the client has this information filed on his or her behalf with the Department, then the entire case is resubmitted to the Board member for review and recommendation. A Medical Advisory Board Response Form has been created for use by Board members as a mechanism for providing the results of the review and recommendations to the Medical Review Department. The checklist of items on the Board response form are as follows:

- € There is no evidence of any medical condition which would adversely affect this operator's ability to operate a motor vehicle with reasonable safety.
- € This operator's medical condition indicates that he/she **should not** operate a motor vehicle.
- € This operator's medical condition indicates that he/she appears qualified to operate a motor vehicle under the following conditions:
 - € **Daylight hours only.**
 - € **Non-limited access highway only.**
- € This operator's medical condition indicates that he/she appears qualified to operate a motor vehicle. However, he/she should submit updated medical forms at the interval indicated below.
 - € **Every ____ months for _____ years.**
- € If other than your DMV standard specialty form is required for medical reporting purposes, please note here.
 - € **Form number ____ every ____ months for ____ years.**
- € This operator's ability to operate a motor vehicle is **not** adversely affected by any medical condition, however, a driving reevaluation is necessary and should be conducted by the DMV.
- € This operator's ability to operate a motor vehicle **may be** adversely affected by this medical condition, therefore a driving reevaluation is necessary and should be conducted by the DMV.
- € I have insufficient information to make a recommendation, please see comments below.

In approximately 20 percent of the cases referred to the board regarding clients age 65 and older (who account for approximately 75 percent of the cases referred to the Board), the Board recommends that the clients pass an on-road skills test prior to the client being permitted to drive. Based on the information provided, the Board may recommend that a client be considered only for a daylight only license, and/or no limited access highways, while wearing corrective lenses, using automatic transmission, etc. These recommendations are taken into consideration during the course of the on-road skills retest, as well as the Department's decisionmaking process. Treating physicians may or may not recommend licensing restrictions in the documents

they provide to the Department; the Board may make recommendations for restrictions when treating physicians fail to do so.

The Board may recommend that a person no longer be permitted to drive, and although the recommendations of the Board play a significant role in the department's decisionmaking process, the final decision of whether to deny a license or to issue a license lies within the jurisdiction of the Commissioner of Motor Vehicles.

The Board may recommend further testing, in the form of on-road skills testing conducted by DMV personnel, and may recommend on-road skills retesting at certain intervals as long as the license is held. Or the Board may recommend further specific medical testing in the form of updated blood/urine tests for specific reasons (alcohol or drugs) or, anti-seizure medication blood levels, EKG, EEG, etc., and the client would be contacted and requested to file reports of results of such tests under the "medical reporting" process. An unfavorable medical report would result in license withdrawal for medical reasons; no on-road test would be given. A favorable medical report followed by a failed skills test would result in license withdrawal for failure to pass the test.

Medical Guidelines

State of Connecticut Health Standards for Licensing Decisions for Operators of Motor Vehicles contains regulations that the State must follow when issuing a Class 2 license. It contains general and specific lists of information elements that the MAB may consider when making recommendations and the Department may consider when taking licensing action. General information to consider includes information about the medical condition (history of illness; severity of symptoms and prognosis; complications and co-morbid conditions; treatment and medications, effects and side effects, and person's knowledge and use of medications; results of medical tests and reports of laboratory findings; physician's medical report on functional ability including mental or emotional function; and the physician's recommendation on the degree of functional impairment); as well as the driver's basic driving needs; reports of driver condition or behavior; DMV vision and hearing screening results; DMV written, knowledge, road signs, and driving exam results; crashes caused by the medical condition; and the vision specialists report. Specific information about the following diseases and how the disease affects functional abilities needed for driving that the MAB and Department may consider is also listed in the regulations: conditions involving alcohol and drugs; conditions affecting cardiovascular function; conditions involving cerebrovascular function; conditions involving endocrine function; conditions affecting musculoskeletal function; conditions affecting neurological or neuromuscular function; conditions affecting peripheral vascular function; conditions affecting psychosocial, mental, or emotional function; conditions affecting respiratory function; and conditions affecting visual function.

The *Guidelines* do not go beyond what types of information should be considered in making a licensing determination for drivers of passenger vehicles; with the exception of visual requirements, there are no specific standards listed for specific medical conditions. With regard to seizures and losses of consciousness, the Guidelines state: if a person who has experienced an episode (defined as any incident or segment of time involving altered consciousness or loss of

bodily control) within the previous 6-month period, the Commissioner will request the opinion of the Medical Advisory Board prior to making a decision with regard to licensing action.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing actions may be based on the recommendations of a single Board member or by multiple Board members if there are multiple medical conditions for which the recommendation of multiple specialists should be sought. However, under Connecticut State statutes, the sole authority to suspend, revoke, withdraw, or issue a license on either a limited or unlimited basis rests solely within the purview of the Commissioner of Motor Vehicles. Thus, information contained within the source documents, medical reports, evaluation/assessment reports filed by hospital or private rehab facilities, results of on-road skills retests, training/retraining, and Board recommendations all play significant roles in the Department's decision-making process. When either the results of treating physicians' personal examinations of clients or the recommendations of the Board are unfavorable, the Department concurs with the medical professionals' recommendations and denies the license.

Restrictions are recommended by drivers' physicians and may be recommended by the Board, and consist of the following: daylight only, no limited access highways, corrective lenses, automatic transmission, left and right sideview mirrors, and special controls or equipment.

Either the treating physician or the Board may make recommendations that a client be subject to periodic on-road skills retests (reexaminations) or medical statements (reports). Follow-up examinations and reports by physicians and vision specialists may be required for progressive or recurring conditions or when more than one medical condition exists.

The Department does not refer drivers for remediation of impairing conditions, as it is unable to dictate to a person that he or she seek additional medical attention in relation to his or her health. If a person's license is withdrawn for medical reasons, the individual is advised that he or she may request reconsideration if the medical condition should improve. The Board does not recommend remediation; treating physicians make informed decisions regarding remediation for patients. If a person fails to meet the minimum standards to hold either an unrestricted or graduated (restricted) license because of a correctable condition (e.g., cataracts, for which the person may undergo surgery), the license would be denied or withdrawal action would remain in effect. The client is advised, however, that should the condition improve, he or she may request reconsideration. If the person opts to undergo medical procedures resulting in their vision being corrected to meet standards, he or she may request reconsideration, and then updated medical reports must be filed for review and decision. If a treating physician indicates that the patient has been advised to undergo certain treatment or take medications to control a condition, and the patient has refused to abide, the Board takes this information into account when making recommendations to the Medical Review Department. Regarding recommendations for driver training, this would be recommended after a first retest when performance is extremely poor or after a second retest where no improvement is shown, before the third and final retest is given. It will be recommended to the driver to undergo commercial driving school at his or her expense, and

have a certified driver instructor conduct an on-road skills retraining program before the third retest is given. A third retest will be scheduled, but if the driver fails, he or she must wait for 1 year to request a retest, and the client must undergo a medical review, which must be favorable, prior to a retest being scheduled.

The Connecticut DMV administers the only State-funded handicapped driver training program in the Nation¹. Applicants whose physical impairments require use of special adaptive equipment to operate a motor vehicle safely must first undergo a medical review. The outcome of the medical review must be favorable prior to commencing the training program using the equipment to meet the individual client's needs. The training is conducted (at no cost to the applicant) by DMV staff who not only are motor vehicle inspectors, but are also certified driving instructors. State-owned passenger vehicles and one van in which special adaptive equipment has been installed are utilized during training. Private specially equipped vehicles owned by the client may be used, provided an instructor's brake has been installed in the vehicle for use by the inspector during the client's training and testing.

Appeal of License Actions

A person who is aggrieved by either the suspension/withdrawal of his or her license or denied the issuance of a new license, license renewal restrictions, or disputes restrictions placed on a license may request, in writing, an administrative hearing. If the person is aggrieved by the Hearing Officer's decision, he or she has the option to request reconsideration, in writing, within 15 days, or may file a court appeal within 30 days. The Department must abide by the judgment issued by the court.

Counseling and Public Information & Education

The Licensing Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or how to deal with lifestyle changes that follow from limiting or ceasing to drive. There is no provision in the motor vehicle laws requiring the Department to offer counseling, and the appropriation of funds to support initiation and continuity of such a program is a budgetary issue. A person who is eligible for a Graduated License receives an explanation regarding the driving restrictions to which they must abide, however. It is recommended to individuals who are no longer permitted to hold a license that they consult with their Municipal Agent for the Aging to determine what programs and assistance may be available to them. Some municipal/town governments operate a van service to meet the transportation needs of their residents.

The Agency does not make Public Information and Educational materials available to older drivers that explain the importance of fitness to drive, beyond what is presented in the Connecticut Driver's Manual. The Agency has brochures that explain the Graduated Driver's License Program and the Training Services for Drivers with Physical Disabilities, but the information is program specific as opposed to providing information about the effects of aging and medical conditions on functional abilities and driving safety.

¹ Marilyn Lukie, Motor Vehicle Division Chief II, Connecticut Department of Motor Vehicles, Survey Response dated February 21, 2003.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle. For new applicants, the issue of medical qualifications for drivers is a training subject for those motor vehicle inspectors who participate in and complete municipal police training. These individuals participate in recertification every three years. There is no special training for DMV branch office personnel who would report applicants to the Medical Review Division who have visible impairments or visual impairments detected during the applicant's attempts to sign their forms during the renewal process.

The agency does not provide specialized training for driver licensing personnel relating to older drivers, per se; the staff who conduct on-road tests for applicants of new licenses or on-road retests for experienced drivers (regardless of age) who may be eligible for graduated licenses only (because of medical or physical impairments) are veteran motor vehicle Inspectors/Sergeants involved in the testing/retesting program who are well qualified. Staff assigned to the Handicapped Driver Training Program who train applicants to operate vehicles equipped with special adaptive equipment are trained certified driving instructors (but not certified driver rehabilitation specialists).

Medical Program Tracking System

The Department does not have an automated medical record system; source documents, medical reports, and other documentation are not scanned into a system. All information is contained within a case file jacket maintained in the client's name, as original documents must be made available as exhibits for administrative hearings. Some information is entered into the client's driving history regarding action by the Medical Review Division. Upon initiation of a medical review file, a code is entered on the person's driving history that denotes the specific type of case. The Agency does use "tickler file" for follow-up purposes concerning clients given 30 days to comply with requirements; medical reporting notices generated and mailed on a monthly basis; etc.

The Agency does not use automated work-flow systems. A person's nine-digit operator's license number, or learner's permit number (which will be converted to the person's operator's license number once the license has been issued), or nine-digit case number issued where a person does not have a license, or a non-driver identification card number (which will be converted to the person's operator's license number once the license has been issued) is the key component in a medical review case. All information forwarded to a person bears the appropriate number, which is entered into the system. Depending upon the type of case processed, letters are generated using a personal computer. The workload is separated into three groups by alphabet and each of the three on-line staff members is responsible for processing the workload assigned to them. Other duties and responsibilities are assigned to the three on-line staff on a monthly rotating basis. A follow-up tickler system is in place to proceed with

appropriate action whereby a person fails to comply with requirements and file a medical report within 30 days, or for medical reporting. At the time a medical review case is initiated, it is determined which medical reports must be filed on behalf of the person based on the information in the source document. If the medical reports filed on behalf of the person indicate the person has additional medical conditions that must be reviewed, appropriate medical reports are forwarded to the person for filing by the physician on the applicant's behalf. Upon receipt of a law enforcement officer's completed Form N-105 or other type of acceptable report and a person's confiscated license, an immediate withdrawal notice (effective the date the license is received in the Department) is mailed to the person via certified mail. Upon receipt of a report from a physician/optometrist that a person's medical condition/vision are such that they should no longer be permitted to operate a motor vehicle, a summary withdrawal notice (effective five days from the date of mailing) is mailed to the person via certified mail. The report must be signed by a licensed physician or optometrist; reports signed by health care professionals that are not licensed physicians/optometrists are unacceptable.

Case file jackets are maintained in-house. In those instances where a client's license has been withdrawn for medical reasons or suspended for failure to comply and file documentation requested by Medical Review Division, but no action has occurred in that case for a period of two years, the driver's history is coded to indicate the file has been placed in off-site storage and the date. Should the person request reconsideration at a later date, the file is retrieved from off-site storage and reactivated.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive counseling activities and referrals to activities including connections to alternative transportation include the lack of a statute requiring the Commissioner to implement such a program, as well as budget concerns. As a courtesy, a recommendation is made to clients to contact their Municipal Agent for the Aging to determine what programs may be available to them. Regarding implementing more extensive screening activities, the survey respondent indicated that there is already a system in place whereby additional medical reports are requested when medical information is needed to describe multiple medical conditions.

Delaware

Organization of the Medical Program

Driver licensing in Delaware is administered by the Department of Public Safety in the Division of Motor Vehicles (until July 1, 2003 when the Division of Motor Vehicles becomes a part of the Department of Transportation). Delaware has a Medical Advisory Board that was created in 1953. The code specifies that the Board must consist of a minimum of 3 members, who are nominated by the President of the Medical Council of Delaware (Medical Society) and appointed by the Secretary of Public Safety. There are presently 3 members serving on the MAB. The code specifies that the Chairperson of the Board must be the Director of the Division of Public Health. The individual currently filling this role is a family practice physician, employed by the State. The code further specifies that the Board shall consult an ophthalmologist and an optometrist in all cases where a vision problem exists. The ophthalmological consultant is nominated by the President of the Medical Council and the optometric consultant is nominated by the President of the Delaware Optometric Association. Both consultants are appointed by the Secretary of Public Safety. Both vision consultants are volunteers, serving on the Board without pay, and work in private practice. There is no set period for the length of term served by Board members. The MAB membership is difficult to maintain as the physicians are not paid for their services. Board members' identities are confidential, and to maintain confidentiality, they are not required to appear in court.

The functions of the Board are to advise the Secretary of Public Safety on medical criteria and vision standards for licensing; to perform paper reviews and make recommendations on individual cases; and to assist in developing standardized, medically acceptable report forms. There are no formal listings of medical conditions that are referred to the Board for further investigation; the majority of the medical program work is performed by non-medical DMV personnel who screen paperwork and who make most of the licensing decisions, based on physician reports. A case may be referred to the Board to referee two conflicting physician reports regarding ability to drive safely. Decisions about when the MAB's recommendation is needed are made on a case-by-case basis. Only 38 cases were referred to the Board consultants in 2002. The majority of the cases that cannot be resolved by the DPS Medical Unit personnel and are forwarded to the Board, are resolved by the recommendation of the Board President (the Director of the Division of Public Health) or his staff in the Division of Health (who are not on the Board). Board members do not interact often for disposition of cases. They may interact on a case-by-case basis during group meetings, or via teleconference, email, or regular mail. Approximately 30 percent of the cases referred to the Board result in license denial following evaluation. Statistics regarding ages of drivers whose cases are referred to the Board or are denied a license are not kept. Last year 410 new medical cases (reviewing medical, mental and vision conditions) were opened and 38 cases were sent to the MAB for their review.

The DPS has an internal Medical Section staffed by one full-time employee and one part-time employee. Other DMV staff who evaluate drivers with medical conditions consist of Driver License Examiners who perform road tests, and Motor Vehicle Specialists/Technicians who initially process the applicant at the counter and are the first employees to screen the applicant.

Driver License Examiners and Motor Vehicle Specialists/Technicians are non-medical administrative staff who have other responsibilities in addition to medical evaluation.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments come to the attention of the Licensing Agency in a variety of ways. All first-time and renewal applicants must answer truthfully under penalty of perjury, the following question presented on the licensing application: *Do you have any physical or mental conditions or physical or mental disabilities that interfere with your ability to safely operate a motor vehicle? If "Yes," please explain.*

DMV Medical Program Procedures specify that in most cases, the Motor Vehicle Specialist/Technician can discretely ask the customer questions in the processing line and conclude that an applicant is safe to drive without further examination. Sensitive medical conditions are referred to a Senior Technician or Driver License Supervisor who can conduct medical discussions in a private area removed from the general public and other employees. Drivers who self-certify on the license application that they have a serious medical condition, report a serious medical condition to the DMV employee, or are observed displaying functional abilities that may jeopardize their ability to drive safely, are further evaluated to determine their potential risk when driving. If the Supervisor determines that the Department needs more medical information to determine an applicant's ability to drive safely, the Supervisor must decide if the applicant represents a high-risk or a low-risk driver. Delaware's *Driver License Medical Program Procedures: Evaluating Medical Conditions or Disabilities Based Upon the Applicant's Functional Abilities* defines a high-risk driver as one who is deemed unable to exercise ordinary and reasonable control of a vehicle, and if allowed to drive poses an unacceptable crash risk. A low-risk driver is defined as one who is deemed capable of exercising ordinary and reasonable control of a vehicle, and if allowed to drive, poses no greater crash potential than the average driver. While both high-risk and low-risk drivers are required to have their physician complete a Medical Report Form (MV 346) and return it to the DMV within 30 days, a high-risk driver's license will be denied until the driver is medically cleared, while the low-risk driver will be issued the appropriate license and will begin the medical examination process.

Vision Screening and Vision Standards

All original and renewal applicants must pass a vision screening test before a license is issued. Applicants with visual acuity of 20/40 or better in one eye will be issued an unrestricted license. Applicants with 20/50 vision are restricted to daylight only driving. If corrective lenses are required to obtain the vision standards, a restriction for corrective lenses will be added to the license. Applicants who cannot meet the vision standards must have their optometrist or ophthalmologist complete a Report of Visual Status Form (MV-322). In addition to the visual acuity measures and whether they were obtained with correction, the eyecare specialist is asked to describe any field deficits, recommend restrictions, recommend vision retesting intervals, describe evidence of eye disease or defects of structure that would affect visual performance now

or in the future, and to list any circumstances that may assist in the final disposition of the case. First-time applicants are not issued a license until they either pass a vision screening or submit an acceptable vision test from their doctor; renewal applicants who fail the vision screening test are issued a 60-day temporary license if their license is about to expire, to provide time for the eye exam by an eye care specialist. If the applicant cannot meet the standards when tested by the eyecare specialist, the license is denied, and he or she may appeal the decision to the MAB. The MAB's recommendations are used by the Medical Review Section to determine the applicant's license status. The decision made by the Medical Review Section can be appealed to the Court of Common Pleas. Those who must wear bioptic lenses to drive must: be recommended by an optometrist or ophthalmologist; attend specialized rehabilitation training classes; and pass a written and road test administered by the Division. The Medical Review Section will forward the case to the MAB for its recommendation. The Medical Review Section will make the final licensing decision based upon the MAB's recommendation. Those who operate motor vehicles with bioptic lenses must complete a road skill test upon initial issue, when renewing their license or when transferring their driver license from another state.

Referral Sources

There are several mechanisms within the DMV for identifying potentially unsafe drivers, besides vision screening and questions asked about medical conditions on the application form. The DMV Motor Vehicle Specialists/Technicians use the guidelines outlined in the *DMV Medical Procedures* document to identify functional limitations that may interfere with drivers' ability to operate a motor vehicle. The functional limitations and functional standards incorporated into the guidelines are presented in table 1. Driver License Technicians, Driver License Supervisors, and Lane Managers are authorized to mandate that a license applicant complete a written and/or road skills test before he or she is issued a license, if the applicant self-reports medical conditions or exhibits medical, mental, or visual condition that may interfere with the ability to drive safely. Road skills tests may also be directed by the Medical Review Section, Driver Improvement Manager, Chief of Driver Services, and the MAB. Skills tests are mandatory in the following situations: for drivers with bioptic lenses when initially licensed, and upon each renewal; for drivers who are new users of mechanical aids or prosthetic devices, and who have obtained a favorable medical report from their physician that they are safe to operate a motor vehicle with adaptive equipment as well as have successfully completed an evaluation or training at a certified driver rehabilitation school; and those requiring periodic road testing as a result of medical recommendations or the courts. Drivers who state that they have been using adaptive equipment for one year or more may have the rehabilitation facility release requirement waived before taking the DMV road test. The written and skills evaluations may be waived if the driver's license contains the restrictions appropriate to the disability or condition, and the condition appears stable. Licensed drivers with non-progressive physical disabilities may have their functional ability assessed with a driving evaluation, and the DMV would not issue a Medical Report Form in these cases. Examples of disabilities that may be assessed using a driving evaluation are arthritic conditions or immobile joints, and missing or deformed limbs caused by an accident or a birth defect. Results of driving evaluations are sent to the Medical Review Section in Dover, DE.

Table 1. Guidelines used in Delaware to identify functional limitations.

Functional Limitations	Functional Standards
<u>Lower Body Limitations:</u> Lower body strength, range of motion, mobility and coordination to use foot-operated vehicle controls.	Person is able to walk to a DMV service counter unaided physically by another person or significant support device (i.e., walker, wheel chair, breathing apparatus, or artificial limb). There is no loss (full or partial) of a leg or foot. No excessive shaking, tremor, weakness, rigidity, or paralysis.
<u>Upper Body Limitations:</u> Upper body strength, range of motion, mobility and coordination to use hand-operated vehicle controls and to turn the head and body to the left, right, and rear to observe for other traffic and pedestrians.	Person is able to turn the head and upper body to the left and right, and has full use of the arms and hands. There is no loss (full or partial) of an arm. There is no loss of a hand or finger which interferes with proper grasping. No excessive shaking, tremor, weakness, rigidity or paralysis.
<u>Vision Ability:</u> To see other traffic, road conditions, pedestrians, traffic signs and signals	Person is able to meet applicable vision requirements by passing a DMV vision screening or presenting evidence of similar testing by a vision specialist.
<u>Cognitive Skills Ability:</u> Cognitive skills (i.e., to think, understand, perceive, and remember).	Person exhibits cognitive skills. Responds to questions and instructions (i.e., is able to complete an application, knowledge test, or vision screening). No obvious disorientation.
<u>Respond to Stimuli Ability:</u> To be mentally alert, communicate rationally with others and maintain bodily control. (i.e., ability to respond to stimuli).	Applicant can communicate with the staff, is aware of the events occurring in the office, and maintains bodily control (i.e., no self-disclosed or obvious incident or segment of time involving altered consciousness. No loss of body control involving involuntary movements of the body characterized by muscle spasms or muscle rigidity, or loss of muscle tone or muscle movement). No obvious disorientation (i.e., responds to questions and instructions. Is able to complete an application, knowledge test, or vision screening).
<u>Emotional Ability:</u> To maintain a normal social, mental, or emotional state of mind.	Person does not exhibit an extremely hostile and/or disruptive, aggressive behavior, physically violent, abusive language (cursing), or being out of control. No obvious disorientation.

When staff members are unsure whether the applicant’s medical condition warrants an examination, they are to seek the advice of their Supervisor, the Division Medical Program Manager, or the Chief of Driver Services. DMV Guidelines state that it is the Division’s overall policy to err on the side of safety.

A final mechanism within the DMV for identifying potentially unsafe drivers is the driving record. The Division will schedule a special examination for drivers who are involved in a second crash resulting in personal injury, death, or property damage within any 24-month period.

Mechanisms outside of the DMV for identifying drivers with medical conditions or functional impairments that affect safe driving ability include physicians, police officers, the courts, immediate-family members, hospitals, driver education teachers, and other individuals that the secretary of Public Safety finds acceptable (such as retired police officers, government representatives). These are described in more detail below.

Delaware has a mandatory physician reporting law, for all physicians attending or treating individuals with losses of consciousness due to disease of the central nervous system. This Medical Practices Act (Title 21, Section 1763) requires physicians to report within 1 week to the DMV, the names, ages, and addresses of all such individuals, unless the individual's infirmity is under sufficient control to permit the person to operate a motor vehicle with safety to person and property. Persons subject to a loss of consciousness are examined and tracked until a physician determines that the underlying condition that caused the loss of consciousness is sufficiently under control to enable the person to drive safely. Treating physicians must certify that they have been the treating physician for at least 3 months, but there is no specified seizure-free period. Drivers issued a license must obtain a certificate each year from the physician, indicating that the condition is under sufficient control to permit safe operation of a motor vehicle. Physicians make such reports to the DMV via written letter. Physicians who fail to report cannot be held liable as a proximate cause of a crash resulting in death, injury, or property damage caused by their patient, nor can they be convicted of a summary criminal offense. However, a physician failing to make such a report will be fined not less than \$5 nor more than \$50, for each report the physician fails to make. Physician reports are kept confidential, unless ordered by the court for use in judicial review proceedings to determine driver competency. Physicians who report drivers in good faith are immune from legal action by their patients. The Licensing Agency also accepts voluntary referrals from physicians (for disorders other than loss of consciousness).

The other reporting sources are limited to those who are "reliable," and acceptable to the Secretary of Public Safety. The Licensing Agency does not accept anonymous reports, nor does it investigate any of the reporting sources before it initiates an evaluation. Family members who report must be in the immediate family. Others who may report include the courts; the State Police Superintendent, State Police Troop Commanders or Chief of Police of any city, town, or county in the State; and other reliable sources who would be acceptable to the Secretary of Public Safety.

Evaluation of Referred Drivers

Procedures

When the Medical Review Section receives information that a licensed driver or applicant for an initial license may not be physically, visually, or mentally qualified to be licensed, the driver is sent a registered letter stating that he or she must be examined by a private physician or optometrist of his or her choice, at his or her own expense. Attached to the letter is a DMV Physical or Visual Examination Form, which must be completed and returned to the DMV within 30 days. If the report is not received within 30 days or a reasonable explanation for the delay is not received, the individual's driving privilege is suspended until such report is received and evaluated by the Medical Review Section and the MAB if necessary. In addition to providing specific information about a patient's medical condition, the physician is asked to list types and quantities of medications being prescribed for the patient; whether any of the medications affect driving ability; and from a medical standpoint, whether the physician feels the patient is capable of operating a motor vehicle safely. Receipt of an unfavorable medical report results in medical suspension or surrender of the license. An immediate suspension will be

issued following an unfavorable physician recommendation; receipt of a medical report that indicates that the driver is subject to loss of consciousness due to a central nervous system disorder or that they have epilepsy and the condition is not under control; crash reports that indicate that the driver was at fault and that medical, mental, or visual conditions were a contributing factor; and information provided by the Chief of Police that a person's medical or visual condition is so serious that public safety is compromised if the driver is allowed to continue driving. If the physician report or the optometrist or ophthalmologist recommends that the examined driver be allowed to continue operating a motor vehicle, the Medical Review Section can make a licensing decision or require the driver to take and pass the written and road exams, without referring the case to the Department of Health and Human Services (DHHS), as the Chair of the MAB, for review. A physician may recommend that a driver be sent to a rehabilitation center for evaluation, training, and installation of special equipment. Both the rehabilitation center and the DMV will test drivers who have special adaptive equipment installed in their vehicles. Those referred to the DMV as high-medical-risk drivers must get a favorable physician's report, then pass a knowledge or sign test, vision screening, and road test (on and off property). Failure on any exam results in medical suspension or surrender of the license.

If the Medical Review Section is in doubt, the case is referred to the DHHS for its recommendation. The DHHS and the vision consultants on the MAB (if consulted) may recommend any of the following to the Medical Review Section: no action against the driver or applicant; periodic medical or optometric evaluations for progressive diseases; specific license restrictions; further medical or optometric evaluation; driver improvement activity, including retesting; or license suspension. The Medical Review Section makes licensing decisions based on the facts of the case and the recommendations of the DHHS/MAB. Although the Department of Public Safety has the final authority, it usually bases its licensing decisions on the recommendations of the MAB.

Drivers diagnosed with dementia are allowed to continue to drive in Delaware until the stage in their disease where they are unable to get an annual favorable recommendation by their physician, or they fail a road or written test. The medical review procedure documented above is followed when evaluating persons reported with dementia, although there are two important differences. Once the driver receives a favorable medical report from his or her physician, and passes the knowledge test, he or she will undergo a reexamination interview. The reexamination interview gives the person the opportunity to discuss his or her medical condition with a DMV representative, who will observe the person's coordination and how he or she adapts to the environment. The DMV representative who interviews the driver will schedule the driver for a knowledge test and road skill test. A driving test is not given if the evidence indicates that the reported individual may be unable to safely operate a motor vehicle. If that is apparent, the driving privilege is then suspended. The examiner observes for the person's ability to concentrate, recall multiple instructions, and execute them safely, and watches for signs of mental confusion, perceptual misjudgment, and/or impulsiveness. Drivers with dementia who are issued a license are required to return to the DMV within 12 months for another reexamination interview to allow the Department to monitor any deterioration of the reported individual's medical conditions as it relates to driving. They must provide a favorable medical report and they may have to retake the knowledge and road skill test.

Medical Guidelines

Delaware's vision standards were described earlier. Regarding other medical conditions, the Code of Delaware states that "the Department shall not license a person afflicted with or suffering from such physical or mental disability or disease as will serve to prevent such person from exercising reasonable and ordinary control over a motor vehicle while operating the same upon highways." However, there are no set licensing standards for particular medical conditions. Medical fitness to drive decisions are based on the treating physician's recommendations. With specific reference to individuals who are subject to loss of consciousness, a physician who has been treating a patient for at least 3 months must certify that the condition is under sufficient control to permit safe operation of a motor vehicle. There is no Department-specified seizure-free period required for licensing.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Once a medical condition is identified, the driver must be cleared by his or her physician and pass a written and road exam. Failure on any exam or receipt of an unfavorable medical report results in medical suspension or surrender of the license. License restrictions may include time of day, daylight only, special mechanical aids, special prosthetic aids, automatic transmission, outside mirrors, and visual correction. Periodic reevaluations are required for drivers with progressive diseases, such as dementia, and for drivers with episodes of loss of control.

Drivers are referred for remediation of impairing conditions, based on the physician's recommendations contained in the medical report, or on recommendations for remediation by the MAB optometrist or ophthalmologist.

Appeal of License Actions

There is an appeal process for drivers whose licenses are suspended. Drivers whose licenses are immediately suspended may request an administrative hearing by the Division of Motor Vehicles. The driver can appeal the hearing officer's decision to the Court of Common Pleas in the county in which they live. The Administrative Hearing Officer will examine the information provided by the driver and the DMV. The Officer may request the driver to submit appropriate medical examination reports and complete written and or road exams. The administration may also seek the recommendation of the MAB, if necessary, and the Hearing Officer may do one of the following: rescind the suspension order; continue the suspension for good cause; require a periodic medical or optometric evaluation; designate specific license restrictions; or require the driver to complete rehabilitation training and equip his or her vehicle with mechanical devices and require the driver to use special equipment when driving.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing to drive, however it does refer drivers to the Department of Aging for information. The DMV does not make PI&E materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, but not specifically in how to deal with older drivers. Procedures are documented in the *DMV Driver License Medical Program Procedures* (rev. 1/24/03), referenced earlier. None of the medical certification or retesting requirements are age restrictive.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities including connections to alternative transportation include staff and budget limitations.

District of Columbia

Organization of the Medical Program

Driver licensing in the District of Columbia is administered by the Department of Motor Vehicles. The District of Columbia does not have a Medical Advisory Board, although until approximately 6 years ago, a full-time staff physician reviewed individual fitness-to-drive cases and provided advice on visual and medical criteria for licensing. Medical review activities are currently performed by an internal Medical Unit consisting of four Medical Review Clerks who are dedicated to medical review, plus a Medical Review Supervisor who has other responsibilities in addition to medical review (i.e., driver improvement counseling for DWI violators referred after their hearings). Three of the four Medical Review Clerks are non-medical administrative staff, and one is a contract employee with a medical background. Individuals who make licensing determinations are not anonymous, but they are immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their ability to operate a motor vehicle safely come to the attention of the Medical Unit in a variety of ways. First-time as well as renewing drivers must respond “Yes” or “No” to the questions provided below as they complete their license application:

Have you ever had, or been treated for, any of the following:

- *Stroke or paralysis?*
- *Loss of function in any extremity?*
- *Alcoholism or other drug abuse?*
- *Mental disorder?*
- *Any brain disorder?*
- *Diabetes?*
- *Glaucoma, cataracts, or other eye disease?*
- *Any heart disorder?*
- *Seizure disorder or fainting spells?*
- *Poor muscle control dizzy spells?*
- *Any physical impairments not listed above, permanent or temporary? (explain): _____*

Applicants who self-report any of the listed disorders are required to take a Medical Report form to their physician for completion and return to the Medical Unit. The physician must provide information regarding medical history; findings from physical, mental status, or laboratory examinations; treatments and medications being taken; prognosis; recommendation as to physical and mental qualifications to operate a motor vehicle safely; whether there is a history of seizures or loss of consciousness; and current state of remission if medical problems include a psychiatric diagnosis. Drivers who have diabetes must have their physicians complete a Diabetic Medical Questionnaire and their eyecare specialists complete a Diabetic Eye Report. The Diabetic Medical Questionnaire requests information about whether the patient has ever had a diabetic coma, insulin coma, or hypoglycemic reaction; whether the person takes insulin or oral hypoglycemic agents; what diet the patient follows; whether the patient is a reliable and responsible diabetic; whether the physician considers the patient to be physically qualified to

operate a motor vehicle safely; and whether special conditions should be imposed in connection with the issuance or renewal of the driver's license for a 5-year period.

Vision Screening and Vision Standards

Original and renewal applicants must also take and pass a vision test before being (re)licensed. The minimum visual acuity requirements are 20/40 in at least one eye and no less than 20/70 in the other eye, with or without correction. The field of vision must be at least 130 degrees in the horizontal meridian. Applicants who cannot meet the minimum standards and applicants with only one functioning eye must take an Eye Report form to their ophthalmologist or optometrist for completion and return to the Medical Unit. Applicants with visual acuity of less than 20/40 but not less than 20/70 in the best or only eye and a field of vision of at least 140 degrees in the horizontal meridian may be issued a license upon favorable recommendation from their eyecare specialist, which will be restricted to daytime driving and the use of a left sideview mirror. Applicants being treated for glaucoma or cataracts may be issued a license if they meet the visual standards, and must submit an Eye Report annually, unless the eyecare specialist indicates more or less frequent reports should be submitted. Less frequent reports may be submitted, following three consecutive annual reports which indicate that no appreciable deterioration has occurred.

Referral Sources

Other mechanisms for identifying drivers with medical conditions and functional impairments are reports from: physicians; police officers; the courts; family, friends, and other citizens; hospitals; and physical therapists, occupational therapists, and psychologists. The District does not have a mandatory physician reporting law; however, physicians may report drivers on a voluntary basis, by writing a letter to the DMV. Physicians who voluntarily report drivers to the DMV are not immune from legal action by their patients. Physician reports are confidential, unless subpoenaed by the court as evidence to be used in judicial review proceedings of driver competency. Reports received from the other sources are also kept confidential; the Department will not release the name of the person submitting the report to the subject driver, unless the driver obtains a court order. The Agency accepts reports from anonymous sources, and does not investigate any reports before contacting a driver for possible evaluation.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include: referral by any of the sources listed above; upon self report of a medical condition; upon the observation by DMV personnel of signs of impairment exhibited by drivers renewing their licenses; involvement in a crash that results in a fatality; upon application for handicapped parking privileges; and upon reaching age 70. Drivers who have been involved in a fatal crash (and contributed to the fatality) must undergo a physical and mental medical examination by the Department of Human Services (without cost to the licensee), and obtain a favorable medical

report before being permitted to retain operating privileges. They may also be required to successfully complete the DMV written and road tests, based on observations of functional impairment made by the Hearing Examiner. Drivers who are age 70 and older must obtain a physician's signature on the license application (for each renewal) attesting to the fact that the physician has examined the applicant and found him or her to be mentally and physically competent to operate a motor vehicle safely. District Regulations indicate that at age 70 and every renewal thereafter, applicants must complete a reaction test in addition to the vision test, and at age 75 and every renewal thereafter, they must successfully complete the road test. The reaction and road test reexamination requirements for drivers reaching age 70 and age 75 are not currently being enforced, unless the License Examiner observes a functional impairment that leads him or her to believe that the driver may not be able to operate a motor vehicle safely. Applicants for a special parking permit must complete a section of the application that asks whether they have experienced a blackout, loss of consciousness, or syncope, and must have their physician and or ophthalmologist complete a section of the application form and return it to the Medical Unit. Physicians are required to provide information about physical and mental disorders (including seizures, if present), medications being taken, and whether adaptive equipment is needed to operate a motor vehicle. The physician must also indicate whether or not the patient is medically capable of operating a motor vehicle. The Licensing Agency may recommend further testing from a driver's treating physician or optometrist, or testing in the form of a DMV-administered written and road test. Special license tags or parking permits must be renewed annually by the person with the disability. First-time applicants for a handicap parking permit must appear in person to the Medical Review Unit, and may be required to take the DMV road test, if recommended by the treating physician.

When the Medical Unit receives a referral from any reporting source (physicians, law enforcement, family members, and citizens alike), a 72-hour call-in process is initiated to determine whether reexamination is warranted. In this process, a License Examiner telephones the driver to advise that he or she must report to a motor vehicle office within the 72-hour period for an interview. Most of the reports received by friends, family members, and anonymous sources involve older drivers. The License Examiner keeps the names of all reporting sources confidential, by advising the driver that he or she has been "selected for random testing." These drivers must take and pass the DMV written test and road test. If the Examiner observes signs of physical or mental impairment, or if the driver indicates that he or she has a medical condition that may affect safe driving, the driver will be required to have his or her physician complete a Medical Report. If the physician indicates that the driver is medically qualified to operate a motor vehicle safely, he or she will then be required to take and pass the written and road tests. The written and road tests given for reexamination purposes are the same as those given to first-time applicants.

Medical Guidelines

Standards were established during past legislative and regulatory processes, with input from the past DMV staff physician. The agency generally adheres to recommendations provided by drivers' physicians, within the DMV's guidelines. Title 18, Chapter 1 of the *District of Columbia Municipal Regulations* (June 1987) contains rules and regulations relating to medical standards for licenses and procedures for application and renewal of drivers licenses. The visual

requirements were described earlier. The regulations relating to persons with diabetes, seizures/loss of consciousness disorders, and hearing impairments are described below.

Drivers with diabetes may be licensed without restriction if they provide approval of vision by an optometrist or ophthalmologist (Diabetic Eye form) and approval of health by a physician (Diabetic Medical report). If the reports indicate satisfactory control of the diabetes and do not show diabetic eye pathology, then no further medical reports are required until license renewal (5 years). If either the vision or medical report indicates the probability of rapid progress of the disease, or if vision is compromised, reports may be requested at shorter intervals.

Drivers receiving treatment for episodes of altered consciousness or seizures may be issued a license if they annually submit a physician's certificate that indicates that the physician has knowledge of the seizure history, that in the physician's opinion they can operate a motor vehicle safely so as not to endanger life and property, and that they have not experienced an altered state of consciousness within the preceding 12-month period. Such applicants must sign an affidavit that they have had no seizures or episodes of altered consciousness in the year immediately preceding the date of the application. An applicant who has experienced an episode within a shorter time period may be considered for a license if he or she meets one of the following requirements: The applicant has had a "single episode" loss of consciousness of controllable etiology; the seizure resulted from the recommendation of a physician to discontinue the use of medication because of other medical or surgical considerations; or the seizures are nocturnal seizures and clearly documented to occur only at night. Applicants with seizure disorders are no longer required to submit annual physician's certificates, once they have attained a seizure-free period of 5 years. However, they may still be required to sign an affidavit every 12 months stating that they have been seizure-free within the 1-year period. If the applicant fails to file an affidavit, the license will be revoked until he or she furnishes the Director with evidence that he or she is physically qualified to drive.

Applicants who are hard of hearing or who are totally deaf may drive a motor vehicle, but will be restricted to driving a vehicle that is equipped with a properly positioned sideview mirror on the left side of the vehicle.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

In making licensing decisions, the Agency adheres strictly to visual and medical standards and whether drivers can pass the written and road tests. The Licensing Agency may administer restrictions for visual correction, driving during daytime only, left outside mirror required, automatic transmission only, hand controls, and other special adaptive equipment. Periodic medical statements are required for certain medical conditions, such as glaucoma, diabetes, and altered states of consciousness. Drivers may also be required to pass periodic road tests, for conditions such as dementia, if recommended by their physicians. Drivers diagnosed with dementia may continue to drive, as long as their physician provides a favorable medical report.

The Agency does not refer drivers to rehabilitation centers for testing or retraining; most drivers who come to the DMV after a condition such as a stroke have gone through training and rehabilitation, and even though they may present a certificate of successful completion from the rehabilitation center, they are still required to successfully pass the DMV tests.

Appeal of License Actions

There is an appeal process for drivers aggrieved by the Department's decision to suspend or restrict their driving privileges due to medical conditions or functional impairments. Hearings may be conducted at an administrative office; however, no appeals have been requested by drivers with medical or functional impairments, for at least the past 17 years. The Agency will consider certification from a physician that a particular condition no longer exists and the driver has the physical and mental abilities required to operate a motor vehicle.

Counseling and Public Information & Education

Counseling is not provided by the DMV to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving, nor are drivers referred to outside resources for such counseling. The Licensing Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive, and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The DMV does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor is training provided that relates specifically to the licensing of older drivers.

Medical Program Tracking System

The Licensing Agency uses an automated medical record system and automated workflow systems. The Destiny System tracks drivers with periodic medical reporting requirements, and on a due date, will automatically send a warning letter to a driver who fails to comply with submission of a medical report. If the driver does not submit the required report within 10 days of the warning letter, his or her record will automatically be placed in non-compliance status, and driving privileges will be suspended. A letter will automatically be generated to advise the driver that due to failure to comply with the medical reporting requirement, his or her privilege to drive has been suspended.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The DMV's medical review process does not rely on NHTSA 402 funding to support its operation. The barrier that was identified to the implementation of more extensive screening, counseling, and referral activities was that such activities would require a change in legislation.

Florida

Organization of the Medical Program

Driver licensing in the State of Florida is administered by the Department of Highway Safety and Motor Vehicles (DHSMV). Florida has a Medical Advisory Board that was created in 1952 by the legislature. The Board is currently comprised of 13 members, but the law provides for between 12 and 25 members. State statutes contain specific requirements for Board membership as follows:

- At least one member must be 60 years of age or older.
- The medical specialties of all but one member must relate to driving abilities.
- One shall be a doctor of medicine who is employed by the Department of Highway Safety and Motor Vehicles in Tallahassee, FL, and shall serve as administrative head for the Board.
- All but two members must be doctors of medicine licensed to practice medicine in Florida or any other State, and must be members in good standing of the Florida Medical Association or the Florida Osteopathic Association.
- One member must be an optometrist licensed to practice optometry in Florida, and must be a member in good standing of the Florida Optometric Association.
- One member must be a chiropractor licensed to practice chiropractic medicine in Florida.

The current Board members represent the following occupations/medical specialties: 1 optometrist; 2 ophthalmologists; 1 internist; 4 neurologists; 2 psychiatrists; 1 chiropractor; 1 gastroenterologist; 1 emergency medicine. The Executive Director of the DHSMV recommends persons to serve on the Board, and they are approved by the Governor's Cabinet. Members serve 4-year staggered terms. The Chairman of the Medical Advisory Board is an internist who is a part-time employee of the DHSMV, and works 6 hours per week. All other MAB members are volunteer consultants who are private-practice or retired physicians. Board members meet as a group at the call of its Chair, at the request of a majority of its membership, and at the request of the Department. Board members also interact by regular mail on a case-by-case basis for fitness to drive dispositions. The Chairman reviews cases twice a week in the office. Board members' identities are public; however, they are immune from legal action. Records and deliberations of the Board are confidential, except that the driver may request a copy, and reports may be used in proceedings of drivers determined to be incompetent. Annual reports are generated documenting the activities of the Board.

The function of the Board is advisory only, in that the final determination to revoke a license is authorized by the DHSMV. In this capacity, the Board performs the following activities: The Board advises on medical criteria and vision standards for licensing; the Board performs paper reviews to advise the Department on individual cases; the Board assists in developing standardized, medically acceptable report forms; and the Board appraises the Licensing Agency on new research on medical fitness to drive.

Licensing actions may be based on the recommendation of a single Board member, on multiple Board members, or on the recommendation of the entire Board. When reviewing a case

for the first time, the decision is usually based on the recommendation of a single member. If denial is recommended, multiple members or the entire Board may review the case at the time of reconsideration.

The medical conditions referred to the Board include seizure disorders and loss of consciousness; cardiovascular impairments; impairments of memory or judgment; peripheral neuropathy; progressive neurological disorders; severe emotional and mental conditions; drug and alcohol addiction; and visual impairments. In 2002, approximately 6,225 new cases and 4,967 follow-up cases were referred to the Board. Approximately 1,272 drivers are denied a license each year, following reevaluation by the Board. Statistics are not kept regarding the ages of the drivers who are referred to the Board or who are denied driving privileges following evaluation by the Board.

In addition to a Medical Advisory Board, the Florida DHSMV has an internal medical review unit with 13 designated, trained staff who evaluate drivers with medical or functional impairments. This medical review unit is staffed with 1 Senior Human Services Program Manager (Supervisor); 5 Medical Disability Specialists; 2 Word Processing Systems Operators; 1 Research Assistant; 2 Senior Consumer Complaint Analysts; 1 Operations and Management Consultant I; and 1 Consumer Services Consultant.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments come to the attention of the Licensing Agency in a number of ways. Both first-time and renewal applicants are required to answer the following three questions on a section on the licensing application that deals with medical questions:

- *Have you suffered from epilepsy, fainting, or dizzy spells within the past two years?*
- *Are you now addicted to drugs or intoxicants?*
- *Have you ever been adjudged by a court to be afflicted with or suffering from any mental disorder or disease?*

An affirmative answer to any of the above questions may result in a customer's case being forwarded to the Medical Review Section. Additionally, customer's cases are forwarded to the Medical Review Section if they mention to the Examiner during the application process that they have had any of the following diseases: alcohol or drug addiction with abuse within the last two years; or progressive neurological diseases such as Multiple Sclerosis, Parkinson's Disease, Huntington's Chorea, Muscular Dystrophy, Myasthenia Gravis, Amyotrophic Lateral Sclerosis, and Alzheimer's Disease. The licensee is not asked specifically about these medical conditions, nor are they listed on the application form. This is to preserve privacy in a very public setting, such as in a licensing office. If in discussion, the driver mentions any of the above conditions, the Licensing Examiner would complete a "Medical/Re-Examination Referral" form (HSMV form number 72419) and obtain a supervisor's signature, who would then forward the form to the Medical Review Section. These are the only medical conditions that are forwarded directly

to the Medical Review Section by License Examiners, as they are conditions that generally warrant medical review by the Medical Advisory Board.

However, other medical conditions reported by the driver or functional impairments that are noticed by the License Examiner during the application process would be documented and referred to the Bureau of Administrative Reviews. This Bureau contains Hearing Officers who conduct one-on-one interviews with the client to obtain more information about medical conditions or functional impairments. The Hearing Officer directly observes the customer and may interview others close to the driver, such as neighbors, friends, or the client's doctor. The Hearing Officer would then make a recommendation to the Medical Review Section by indicating one of the following: no action is required; the case should undergo Medical Review (by the MAB); a vision report should be obtained; the driver should undergo a complete reexamination (written rules of the road and sign tests, and an on-road driving test); or the driver should undergo a driving test only.

Vision Screening and Vision Standards

Customers with vision problems are identified by License Examiners at the time of initial application or renewal, as all first-time applicants and renewals must undergo vision screening. In some cases, applicants may renew by mail twice if they have a clean driving record and may not undergo vision screening for a period of 18 years. A new law passed in 2003 provides for mandatory vision screening for drivers age 80 and older who are renewing their licenses. Applicants who have 20/50 vision or worse in either eye with or without corrective lenses are referred to a licensed practitioner for possible improvement. They are given a Report of Eye Exam to have completed by the eyecare specialist. Applicants who have 20/70 vision in either eye, may pass with or without corrective lenses if vision cannot be improved; however, if one eye is blind, or 20/200 or worse, the other eye must be 20/40 or better. Applicants who have 20/80 vision or worse, with both eyes, are not licensed. Applicants may not use telescopic lenses to meet the visual standards. The minimum acceptable field of vision is 130 degrees. If an applicant fails an initial vision screening, a temporary 60-day permit is issued, provided the customer does not have a revocation reading. The customer may continue in the licensing process by taking the written test that day, but will not have the license renewed until he or she returns and passes the vision screening. On a subsequent visit if vision is failed, a suspension order for "Failure to Pass Required Examination or Reexamination" is placed on the driving record. The driver may continue with written testing, but the license isn't renewed until the customer returns and passes vision screening. If the vision screening results in a revocation reading, a revocation order for "Inadequate Vision" is placed on the driving record. The driver may continue with written testing, but the license isn't renewed until the customer returns and passes vision screening.

Referral Sources

When a first-time or renewal applicant appears in the licensing office, Driver License Examiners observe customers to determine if they have any disabilities that could affect their ability to safely operate a motor vehicle. While checking the application form or giving the eye test, Examiners are tasked with noticing any physical defects the applicant may have. The

Florida Examiner's Manual for Field Personnel indicates that, "It is not necessary to tell customers that the way they walk or the way they use their hands and legs is being observed. If the customer has difficulty walking, is missing a limb, uses a walker, seems to have difficulty with balance or strength, or any number of other disabilities, make note of these symptoms. If further questioning is necessary, do so quietly with sensitivity." Examiners who observe such disabilities would complete the Medical/Reexam form, checking the following appropriate reason for review, and send it to the Bureau of Administrative Reviews for investigation by a Hearing Officer, who will make a recommendation to the Medical Review Department regarding disposition of the case:

- Difficulty with mobility.
- Lack of comprehension or orientation.
- Hearing or visual.
- Difficulty responding to questions due to memory or confusion.
- Violent or aggressive behavior.
- Weakness or coordination problems.

Additionally, if a customer offers during conversation with the Licensing Examiner while responding to the three medical questions on the license application that he or she suffers from any of the following conditions, the Licensing Examiner will complete a Medical/Reexam form, checking the following appropriate reason for review, and send it to the Bureau of Administrative Reviews for investigation by a Hearing Officer, who will make a recommendation to the Medical Review Section regarding the appropriate disposition of the case):

- Severe cardiovascular impairments.
- Significant problems with memory or judgment.
- Severe psychiatric disorders which have required hospitalization or treatment for six months or more.
- Visual impairments (tested in the office).
- Sleep apnea.
- Peripheral neuropathy.
- Severe head injuries with problems related to memory, judgment, ability to maintain attention, or visual field deficits.
- Diabetes (only if complications are present).
- Cerebral Palsy (for initial applicants only).

If, during the application process, the Examiner observes that a customer has a "static" or non-progressive medical condition that would call into question a customer's ability to operate a motor vehicle safely, and the license is not appropriately restricted, a request for a 5-day letter can be issued. Generally, the following conditions fit this criteria:

- Paralysis.
- Amputation.
- Orthopedic impairments due to injury.

- Severe arthritis.
- Full or partial loss of use of one or more limbs.
- General weakness, stiffness, or shakiness.
- Problems with gait or balance.
- Assistive devices required to ambulate, if really needed for mobility and balance.

The Licensing Agency accepts reports of potentially unsafe drivers from physicians, police officers, the courts, family, friends, other citizens, hospitals, occupational therapists, and physical therapists. Although physicians are not required by law in Florida to report patients with medical conditions or functional impairments that could affect their ability to operate a motor vehicle safely, they are authorized to report such knowledge to the DHSMV. Florida statutes authorize any physician, person, or agency having knowledge of any licensed driver's or applicant's mental or physical disability to drive to report such knowledge to the Department of Highway Safety and Motor Vehicles. The reports authorized by the statute are confidential (without exception), and no civil or criminal action may be brought against any physician, person, or agency who provides the information required. Law enforcement and medical professionals are encouraged to complete an HSMV form (# 72628 – Medical Reporting Form for Law Enforcement and Medical Professionals); however, they may report drivers using their own stationary. Concerned citizens and family members may report a person using an HSMV form available on the Internet, and are required to sign the form before sending it to the Medical Review Section. Anonymous referrals are not accepted, and reports from family, friends, other citizens, and any non-professional sources are investigated by Hearing Officers. Investigators interview the reported driver and make note of any physical or mental impairments. A recommendation is sent back to the Medical Review Department for either No Action, Medical Review (submitting a medical report to the MAB), a Vision Report, a Complete Exam (vision, hearing, road signs test, road rules test, driving test), or a Driving Test Only.

Evaluation of Referred Drivers

Procedures

Florida statutes specify that the Department, having good cause to believe that a licensed driver is incompetent or otherwise not qualified to be licensed, may at any time upon written notice of at least 5 days, require the licensee to submit to an examination or reexamination. When a 5-day letter is issued, the customer is directed to return to the office for a reexamination within 5 days (which may be postponed or up to 30 days past the report date if the driver is unable to appear due to scheduling conflicts). The letter recommends that the customer bring an accompanying driver to the appointment. A complete driver license examination will be given (vision, road signs, road rules, and driving test) unless the letter specifies otherwise. Drivers are given 5 chances to pass the driving test.

The circumstances under which a driver may be required to undergo reexamination include referral by police; the courts; physicians; occupational therapists; family, friends, and other citizens; upon self report of a medical condition; and if License Examiners observe signs of functional impairment during the renewal process. The Medical Review Section in Tallahassee, Florida receives all reports and carefully screens them before any action is taken to ensure the

reliability of the reporting source. If the reporting source is at all questionable, an investigation is performed to assure that the complaint is substantiated. Investigators may make contact with the individual, family members, neighbors, and the driver's physician, if necessary, to determine whether a medical review is warranted. Following the investigation, the driver may be required to undergo reexamination or to submit a medical report regarding his or her condition for review by the Medical Advisory Board. This decision is made by the office supervisor, based on medical standards and observation or information provided by the customer. The MAB reviews most cases referred to the Medical Review Section. There are certain exceptions, such as seizure cases that have been approved after a 6-month seizure-free period, requiring drivers to submit follow-up reports at the end of one year from the date of approval. The Medical Review Department's Medical Disability Specialists may make determinations based on information in the follow-up reports, such as therapeutic blood levels.

When a driver's case is designated for Medical Review, the driver is sent a letter requesting that he or she obtain a medical report. In addition to providing information about the condition and dates of any episodes, medications the driver is taking, and whether the driver adheres to the treatments prescribed, the physician is asked to submit an opinion for review by the MAB physicians, regarding whether or not the individual can operate a motor vehicle safely. If the report is not received by the Medical Review Section within 45 days, the license is revoked for "Failure to Submit Medical Report as Required." Otherwise, when the medical report is received, the Medical Review Section refers the case to the MAB. When the Medical Review Section makes a request of the MAB to review a driver's medical reports regarding physical or mental ability to safely operate a motor vehicle, the request is submitted to the Chairman for initial review and determination. The Chairman may request the Department to conduct further investigation, if he deems it necessary. If the Chairman recommends withdrawal or denial of the license, or if he determines that the case does not fall clearly within the medical guidelines, the medical reports are submitted to a member of the Board in the medical discipline covering the disability of the affected driver. That Board member has the primary responsibility for recommendation to the Department. However, all vision and neurological cases are submitted to the appropriate vision or neurology specialist without initial review by the Chairman.

Drivers with dementia may drive in Florida if approved by the Medical Advisory Board, based on medical records that may contain results of cognitive testing, certified driving evaluations, and/or Department reexaminations. The Medical Review Section may request that the Driver License Supervisor conduct a Mini Mental Status Examination (MMSE) and forward the results back to the Medical Section. Driving privileges may be revoked based on a MMSE score of 23 or less or a negative recommendation from a neuropsychologist.

The Board takes into consideration all available facts, including the individual's medical history, driving record, and any crashes or violations to determine whether it is safe for the person to continue to drive. If a driver's condition cannot be controlled, and the records indicate that he or she poses a risk to public safety, the driving privilege is revoked. If approved, drivers may be required to submit to retesting (road sign test, rules test, and driving test/extended driving test) and/or to periodic follow up reviews (at 6 months, 12 months, 24 months, or at renewal, depending on the medical condition and nature and history of symptoms). When evaluating a medical case, the MAB may request a medical report from the driver's physician, or special

testing such as a certified driving evaluation, mental status evaluation, Mini-Mental Status Evaluation, or laboratory results.

In borderline cases, the driver may be required to pass the Extended Driving Test. Extended Driving Tests are only required at the recommendation of the MAB, and are always performed in traffic and administered by the Office Manager or an experienced examiner. An Extended Driving Test consists of three driving tests given in a row, each graded independently. Each test must be passed before the next is given. The purpose of the Extended Driving Test is to provide a longer period of observation of the impaired driver, and is used in the evaluation of drivers who have: cognitive deficits related to traumatic brain injuries; stroke victims; dementia; and other organic diseases affecting concentration, attention span, memory and judgment. It is also used to evaluate drivers who have progressive neurological disorders or impairments where strength, coordination, and reflexes are affected. The driver may still have five opportunities to pass, with each set of three times around the course considered as one test.

Medical Guidelines

Florida's Medical Advisory Board Guidelines for licensing drivers with specific medical disorders are presented below. Guidelines for all disorders were developed in 1981, and are current with the date of 1982 with the exception of the neurological guidelines for applicants with seizure disorders, which were revised in 1992. Diabetes Mellitus guidelines were implemented in 1981 and repealed in 1982.

The *neurological guidelines for applicants with seizure disorders* indicate that applicants should be seizure free for two years before having the license reinstated, but if under regular medical supervision, the applicant may reapply at the end of six months to be reviewed by the MAB for reinstatement. Petit mal or absence seizures and partial seizures with complex symptomatology will also follow these guidelines. The isolated seizure with normal electroencephalogram may be reviewed at the end of three months. Applicants and licensed drivers who have been approved after being six months seizure free may be required to submit follow-up reports at the end of one year from the date of approval. Applicants and licensed drivers who have had a chronic recurring seizure disorder (or have been treated for such for one year) and medications have been discontinued will not be licensed to drive during the period of drug withdrawal and for a period of three months following complete cessation of treatment. If the patient has seizures during this period, licensing may be considered after a three-month seizure-free interval upon return to adequate therapy. If there is a question about the seizure type or the medication being used, it is the prerogative of the MAB to question the treating physician further in an effort to clarify the nature of the seizures. Applicants and licensed drivers with blood levels below therapeutic levels are to be considered on an individual basis, as are those with only chronic nocturnal seizures and those with syncopal episodes who have no clear diagnosis established.

Recommendations as to whether an applicant who suffers from *loss of consciousness* can safely operate a motor vehicle will depend upon consideration of the medical reports indicating the cause for the loss of consciousness. Applicants who experience *cardiovascular impairments* must present evidence of his or her physical qualifications to safely operate a motor vehicle.

Applicants who suffer from medically significant *impairments of memory or judgment* must present a medical report of his or her physical and mental qualifications to safely operate a motor vehicle for consideration by the Board. Applicants with *static musculoskeletal and static neuromuscular disorders* will be exempted from the guidelines provided the individual can demonstrate that he or she can safely operate a motor vehicle with or without the use of aids and devices since these conditions are static and not likely to progress. Applicants with *progressive musculoskeletal and progressive neuromuscular disorders* will be required to submit a statement from a physician indicating they have the physical capabilities to drive. These individuals should also take the driving portion of the driver examination every four years at the date of renewal if recommended by their physician.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Licensing Agency generally adheres to the MAB's recommendation for licensing actions, taking into consideration all facts including the individual's medical history, driving record, and any recent crash-related incidents. When a written test is failed, the DHSMV issues a suspension order for "Failure to Pass Required Examination or Reexamination." When a driving test is failed, the license is suspended for "Failure to Pass Driving Test Only." In this case, a 60-day permit is issued that restricts the driver to driving only when accompanied by a licensed driver age 21 or older, to allow the customer time to practice. The driving test may be taken five times, but after the fifth failure, a suspension order would be issued for one year for "Incapable of Operating a Motor Vehicle Safely."

The Board may recommend or administer license restrictions that include: corrective lenses; outside rearview mirror, daylight driving only, automatic transmission, power steering, grip on the steering wheel, hearing aid, hand controls or pedal extension, left foot accelerator, and directional signals. Area and roadway restrictions are not used in Florida. The Board may also recommend revocation of the customer's driving privilege or may recommend that the driver undergo vision, written, or road testing that is administered by the driver license supervisor. Periodic reexaminations or medical statements may also be recommended by the Board, with follow-up reviews required at either 6 months, 1 year, 2 years, or at renewal, based on the findings on a case-by-case basis. Remediation such as evaluation and or training with a certified driving rehabilitation counselor, psychiatric treatment, and drug/alcohol counseling, may be recommended by the Board.

Remedial treatments that the Licensing Agency may recommend include referral of customers with visual readings of 20/50 or worse to an eye specialist for possible improvement, or any of the treatments recommended by the MAB.

Appeal of License Actions

There is an appeal process for customers who are denied a license, and are aggrieved by the Licensing Agency's decision. Customers who are suspended as "Incapable of Operating a Motor Vehicle Safely" after failing the road test five times may apply for an administrative

hearing. The customer may be granted up to two additional on-road tests, after being issued a 60-day temporary permit restricting driving only when in the presence of a licensed driver age 21 or older. If the customer passes the exam, the appropriate license would be issued. If the customer disqualifies on the additional driving exams, the suspension will remain in effect. A further appeal may be filed through a writ of certiorari.

Counseling and Public Information & Education

The Agency makes available to older drivers Public Information and Educational materials explaining fitness to drive (*Florida Transportation Lifetime Choices* brochure), but only on a limited basis as a part of an ongoing pilot project. The goals of the project, required by Senate Bill 52, passed in 2003 which also establishes a council to advise the Highway Safety and Motor Vehicles Department on issues relating to older, at risk drivers are to : (1) test the administrative feasibility of an automated assessment tool to use in DHSMVs and other sites to identify drivers who are at risk due to possible cognitive impairment; (2) refer those drivers who submit to screening to professionals for rehabilitation and/or to mobility counseling services, if necessary; (3) refer at-risk drivers to memory disorder clinics to confirm those who are at high risk for crashes; (4) develop a support system for drivers and families; and (5) determine if the screening and referral model can successfully be applied in alternate venues. As part of this pilot project, the Agency provides counseling to drivers with functional impairments to help them adjust their driving habits appropriately and/or to deal with potential lifestyle changes that follow from limiting or ceasing driving. A Planner II on the Division Director's staff provides this counseling. Counseling includes the provision of information about alternative transportation options. This project involves social marketing outreach to educate drivers about the normal changes associated with age that affect driving; educating doctors during "Grand Rounds" training about how to recognize medically at-risk drivers and when to refer drivers to occupational therapists for driving assessment; and an aging sensitivity training course for driver license employees. In addition, a training course will be developed that is suitable for continuing education unit credit for law enforcement, courts, and judicial personnel in awareness of older driver issues and how to identify, counsel, and treat persons who are at-risk drivers. This course will incorporate aging sensitivity training, resource information, and the referral process. An on-line self assessment protocol for older drivers is also planned, as is the rollout of 5 core Safety Resource Centers plus mobile centers where assessment, counseling, and alternative transportation resources will be provided.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its licensing personnel in how to observe applicants for conditions that could impair their ability to drive safely. The *Florida Examiner's Manual* contains 2 chapters on this topic. Chapter 10 (Medicals and Department Reexaminations) contains the necessary information for an examiner to adequately screen for driver limitations and as a result, take an appropriate action. Chapter 11 (Restrictions/Adaptive Equipment) is designed to help the examiner to identify a physical impairment or handicap, to know what physical skills are affected by the handicap, and to apply the appropriate restrictions

or adaptive equipment. New Examiners must complete two weeks of classroom training, and undergo periodic reviews. Refresher training is given once a year.

As a part of the pilot project described earlier, the Agency also provides specialized training for its personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency is currently developing an automated medical record system that will track reviews, merge letters, and provide data for analysis and research. In the past, medical records were scanned using a Liberty database; however, it did not prove feasible. The scanning process was cumbersome and time consuming. Retrieval of scanned images was slow and records were difficult to read. Maintenance costs and program changes were very high.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Florida's medical review process does not rely on NHTSA 402 funding to support its operation. Barriers that exist to implementing more extensive screening, counseling, and/or referral activities include financial constraints and limited manpower.

Georgia

Organization of the Medical Program

Driver licensing in Georgia is administered by the Department of Motor Vehicle Safety (DMVS). Georgia has a Medical Advisory Board that was established in 1975. It is comprised of 7 members representing the following professions: 3 optometrists; 1 family practice physician, 1 neurologist, 1 orthopedist; and 1 psychiatrist. Board members are volunteer consultants, and are appointed by the Driver License Administrator for an indefinite term. When Board physicians need to interact to make determinations regarding individuals' fitness to drive, they do so by regular mail on a case-by-case basis. However, recommendations for licensing actions are generally provided by a single Board member with the appropriate medical background, as designated by the Chair of the Board. The activities in which the Board is engaged include advising the Department on medical criteria and vision standards for licensing, and reviewing and advising on fitness to drive in individual cases, by performing paper reviews. Approximately 10 cases are referred to the Board each year, and 10 cases are denied a license following reevaluation by the Board. Approximately 10% of the drivers referred to the Board are age 65 or older.

Board members are immune from legal action, and their identities are anonymous. Records and deliberations of the Board are confidential, except that a driver may receive a copy if a hearing is requested within 15 days of the Department's decision, and physician reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent. There are no annual reports generated that document activities of the Board.

The Licensing Agency has a Medical Unit staffed by a Program Associate, who is a non-medical administrative staff person with other responsibilities in addition to medical evaluation. Approximately 2,500 cases are processed each year by the Medical Unit.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments come to the attention of the Licensing Agency in a number of ways. First-time applicants are required to answer questions about medical conditions upon completion of their license application. If they answer "Yes" to any of the following questions, they may be required to have their physician complete a Medical Report and return it to the Medical Unit. The questions are as follows:

- *Are you a habitual user of alcohol or any drug to a degree which renders you incapable of safely driving a motor vehicle?*
- *Have you ever had seizures, fainting, heart trouble, hearing problems, musculoskeletal performance problems, or respiratory function problems? If yes, which? _____
Are you cured? _____ Physician's name and address _____.*

- *Have you ever been diagnosed with any mental disability or disease? If yes, have you been restored to competency by the methods provided by law?*

Vision Screening and Vision Standards

First-time applicants and drivers renewing their licenses in person at every other renewal period are also required to have their vision screened. Individuals must have visual acuity (Snellen) of at least 20/60, corrected or uncorrected, in at least one eye, and a horizontal field of vision of at least 140 degrees binocularly, or in the event that only one eye has usable vision, horizontal field of vision must be at least 70 degrees temporally and 50 degrees nasally. Individuals with visual acuity of less than 20/60 but better than 20/200 using spectacles, contact lenses, or the carrier position of the bioptic spectacles will be considered eligible for licensing under the following provisions: the person can attain a visual acuity of at least 20/60 through utilizing bioptic telescopes; the telescopes are prescribed by a licensed optometrist or ophthalmologist; the person presents documentation of having satisfactorily completed training in the use of the bioptic telescope as certified by the prescribing doctor; the person completes a standard driver's education course while using the bioptic telescopes prior to a Department on-road test; and the person passes a written and driver's test examination at a Department exam station. Persons licensed to drive using bioptic telescopes are subject to license restrictions as determined or recommended by the prescribing eyecare specialist of the driver license examiner. Restrictions may include daylight driving only, outside rear-view mirrors, area and time restrictions, no interstate driving, yearly reevaluations by an eyecare specialist, or other restrictions as deemed appropriate. Bioptic telescopic drivers must renew their driver's licenses every 2 years and undergo reevaluation by their optometrist or ophthalmologist and pass the Department road test.

Referral Sources

The Licensing Agency accepts reports of medically or functionally impaired drivers from physicians, but the law does not require doctors to report such drivers. Physicians may report drivers by writing a letter to the Agency. The Agency would then send the driver a letter and a Medical Form that the driver must have completed by his or her treating physician, and returned to the Medical Unit. Physician reports are confidential, except that they may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent. Physicians who report drivers in good faith are immune from legal action by their patients.

The Agency also accepts reports of potentially unsafe drivers from the following sources: police officers; the courts; family members, friends, and other citizens; hospitals; occupational and physical therapists; DMVS employees; and anyone else who submits a signed report. The DMVS does not accept anonymous referrals, and it does not investigate any reporting source prior to contacting the driver for a possible evaluation.

Evaluation of Referred Drivers

Procedures

If the Department receives evidence that an operator should not drive as a result of physical or mental incapacity and determines that the public health, safety, or welfare requires emergency action, the Department may issue an emergency order directing immediate revocation.

When the DMVS receives a report that a driver may be physically or mentally incapacitated or otherwise not qualified to drive, the Medical Unit will send the driver a four-page Medical Report to take to his or her physician for completion and return to the Unit. The examination must have been completed within the past 12-month period. The driver completes a section where he or she must answer medical history questions, and then signs a affidavit that the statements are true, and which authorizes the physician to complete the examination and forward the results to the Medical Unit, and possibly to the MAB, and the courts, if necessary. The physician then provides specific information about the patient's medical condition(s); indicates whether a psychiatric evaluation report should be made by a psychiatrist or psychologist or a neurological evaluation report should be made by a neurosurgeon or neurologist and attached to the Medical Report with recommendations; and completes a statement about the individual's fitness to drive. The physician is asked to respond to the following driving-related questions:

- Does the patient have a problem, condition, disorder, or disease that could affect ability to drive? Explain.
- Does the patient require adaptive equipment to drive? If so, what?
- In your opinion, is the patient medically capable of operating a motor vehicle safely? If no, please explain.

The Medical Unit follows the recommendations made by the treating physician. If the physician has indicated on the Medical Report form that the driver is medically safe to drive and does not need adaptive equipment, then the case is closed. If the physician recommends any testing, then the DMVS would require the driver to undergo such testing (e.g., neurological evaluation, psychiatric evaluation, road test). If the physician recommends that the driver use adaptive equipment, then the DMVS would retest the driver in his or her car with the installed equipment. If the physician recommends that the license be revoked, then the license is revoked. At times, two treating physicians will submit conflicting recommendations, and it is those cases that are generally referred to the MAB. Drivers who have been diagnosed with dementia may continue to drive in Georgia, as long as their physician provides a medical evaluation stating the licensee is capable of operating a motor vehicle safely.

When the Department requests the advice of the MAB, the medical reports are sent to three members for their review and recommendations. The licensing decision made by the DMVS is based on the recommendation of the majority of the responding members, but could be based on a single opinion, if only one physician responds.

Medical Guidelines

The MAB has established guidelines and procedures to be followed in determining whether to recommend the issuance of, restriction of, or revocation of driver's licenses to functionally incapacitated drivers. Guidelines have been prepared for lapses of consciousness, cardiovascular function, hearing, mental conditions, musculoskeletal performance, respiratory function, and vision. Cases with certain symptoms (e.g., walking pace with respect to elevation and peer group) and medical/laboratory test results (e.g., forced expiratory volume, chest x-rays) are grouped by severity of the condition, generally in 3 to 4 levels, and matrices are included in the guidelines indicating whether a license should be issued for each level, and if so, whether a periodic reevaluation should be required. The guidelines appear to be based in part on those presented in the AMA's (1986) *Medical Conditions Affecting Drivers*, with amendments such as telescopic lenses for vision.

Drivers who have experienced a loss of consciousness within the preceding year may not drive unless the loss of consciousness was related to epilepsy, for which the seizure-free period is 6 months.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Agency relies heavily on the opinions of drivers' treating physicians to make fitness to drive determinations. Cases where there is a discrepancy between physicians' opinions are referred to the Board.

The types of dispositions that the Board may recommend include no action, license suspension, further testing required, or license restrictions. Further testing would generally consist of a road test by a DMVS license examiner. The kinds of restrictions recommended include no expressway driving, daylight only, special equipment required, corrective lenses required, left/right mirrors required, automatic transmission required, and power steering required. Periodic reexaminations may be required for drivers with loss of consciousness, certain cardiac conditions, certain musculoskeletal conditions, certain respiratory conditions, and drivers who use telescopic lenses.

The Agency does not refer drivers to specialists or programs for remediation of impairing conditions.

If a driver whose license has been revoked for medical reasons is medically cleared (physically and or mentally qualified), the Department may require the applicant to pass the written knowledge test and road test before driving privileges are reinstated. The applicant is allowed 3 examinations at 30-day intervals. If successful, the license will be reinstated. If unsuccessful after three attempts, the applicant is not eligible to reapply for reinstatement for 1 year.

Appeal of License Actions

Drivers may not appeal restrictions imposed by the Department; however, they may appeal a revocation of their license. The operator may, within 15 days of receipt of revocation, request a hearing by a Department Hearing Officer.

Counseling and Public Information & Education

Agency personnel do not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately, or how to deal with lifestyle changes that follow from limiting or ceasing driving. Nor does the Agency refer drivers with functional impairments to outside resources for such counseling. The Agency does not make PI&E materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor does it provide specialized training relating to older drivers.

Medical Program Tracking System

The Medical Unit does not use an automated medical record system or automated workflow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers that exist to implementing more extensive screening, counseling, and/or referral activities include budget and personnel limitations.

Hawaii

Organization of the Medical Program

Driver licensing in Hawaii is coordinated by the Hawaii Department of Transportation, but is administered by the Department of Finance in the Counties of Maui and Kauai; by the Department of Customer Service in the county of Honolulu; and by the Police Department in the County of Hawaii. The State of Hawaii has a Medical Advisory Board that was created in 1970. It consists of 7 physicians who are nominated by the Governor and approved by the Legislature, representing the following medical specialties: optometry, ophthalmology, cardiology, internal medicine, neurology, orthopedics, and psychiatry. The head of the Board is an optometrist. Members are volunteer consultants working in private practice who serve 4-year appointments (and are limited to 2 consecutive appointments). Board members meet as a group on a monthly basis to interact for disposition of fitness to drive cases, and also videoconference occasionally to involve neighbor island counties.

Although Board members' identities are public, they are immune from legal action. Records and deliberations of the Board are confidential. When members review a case, the records show no identifying information other than driver age. Records and deliberations of the Board may be provided to the driver under review upon written request, and may also be admitted as evidence in judicial review proceedings of drivers determined to be incompetent.

The functions of the Board are as follows: to advise on medical criteria and vision standards for licensing; to review and advise on individual cases (paper reviews); to assist in developing standardized, medically acceptable report forms; and to advise on procedures and guidelines. The Board has also testified in a legislative hearing.

The number of drivers who are referred to the MAB each year ranges from 250 to 600. Approximately 25 percent of the drivers reevaluated by the Board are denied a license. Statistics are not kept regarding the ages of drivers referred. Licensing recommendations are made by a majority of a quorum of the Board; however, the final licensing decision lies with the County Examiner of Drivers (the position that heads the driver licensing program in each County).

There is no separate medical review unit within the Licensing Agency. Licensing staff are all non-medical administrative staff who have other responsibilities in addition to medical evaluation. In one or two counties, there may be a medical desk staffed by a clerk who handles paperwork relating to drivers referred for medical conditions or functional impairments.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect safe driving performance come to the attention of the Licensing Agency in a number of ways. First-time and renewal applicants must answer the following question when they complete their application:

“Within the last three years, have you ever suffered from any physical or mental disability which could affect your ability to operate a motor vehicle safely?” The Hawaii Driver’s Manual indicates that persons afflicted with any of the following disorders must report the disorder when applying for or renewing a Hawaii State driver’s license: alcoholism; cerebral palsy; diabetes; disabling arthritis or rheumatism; drug addiction or narcotic addiction; epilepsy; heart condition or stroke; mental or emotional disorders; mental retardation; multiple sclerosis; or muscular dystrophy. However, these specific disorders are not listed on the application form.

When an applicant self reports a medical condition that could affect safe driving ability, he or she is required to undergo medical evaluation by his or her treating physician. Driver License counter persons use a list of conditions to determine when a medical evaluation should be required. The list contains the following conditions:

- Corrected vision of less than 20/40 in the better eye or a visual field of less than 140 degrees horizontally.
- Glaucoma.
- Any obvious hearing problem.
- High blood pressure.
- Heart or lung defects such as recent heart attack, excessive coughing, trouble breathing, shortness of breath while resting, blueness of the fingernails, swelling of the ankles, audible wheezing, fainting or use of oxygen tank.
- Excessively nervous.
- Crippling disorders, which interfere with movements necessary for safe driving.
- Partial paralysis, seizures, aneurysms, strokes, or blackout spells.
- Long-standing diabetes/diabetes requiring insulin injections and in which there has been no medical evaluation within a year.
- Chronic alcoholism or drug addiction.
- Severe obesity, i.e., impacting safe driving ability.
- Severe mental disturbances.
- Involvement in circumstances such as multiple collisions, repeated moving traffic violations, placement of the person in an assigned risk pool for reasons other than youthfulness, etc.
- Mental retardation.
- Multiple impairments which, combined, create an impairment in driving ability.
- Short term impairments which, combined, create an impairment in driving ability.
- Short term impairments that might have long term or permanent effects (severe head injuries, fractures, etc.)
- Excessively frail and/or senile, poor mental status.
- Tumors.

Vision Screening and Vision Standards

Drivers undergo vision screening each time they come into a licensing center for renewal. The test may be waived with the presentation of a vision report from an ophthalmologist or optometrist within the past 6-month period. If applicants do not meet the acuity standard of

20/40 in at least one eye, and visual field of 140 degrees horizontally, they must have a vision statement completed by an ophthalmologist or optometrist .

Referral Sources

If a driver has been involved in an at-fault crash that resulted in a fatality or if Licensing Agency counter personnel observe signs of impairment during the renewal process, the driver may be required to undergo evaluation.

Mechanisms outside of the Licensing Agency that would serve to bring a medically or functionally impaired driver in for reevaluation include physicians, police officers, the courts, Government agency employees, and occupational and physical therapists. The Agency does not accept reports from family members, friends, and other citizens, and does not accept anonymous reports. Reporting sources are not investigated prior to contacting a driver for possible evaluation. Physicians in Hawaii are not required by law to report drivers with medical conditions or functional impairments that could affect safe driving ability, but they may do so on a voluntary basis by writing a letter. Physicians' reports are confidential, except that the driver may request a copy and reports may be subpoenaed as evidence in judicial review proceedings of drivers determined to be incompetent. Physicians who choose to report drivers in good faith are not immune from legal action by their patients.

Evaluation of Referred Drivers

Procedures

When the Licensing Agency becomes aware that a driver has a medical condition or functional impairment that may affect safe driving performance, the first step is the issuance of a Medical Report. The Medical Report contains sections for the physician to complete, depending on what medical condition(s) are applicable to the patient (i.e., diabetic, orthopedic, neurological, mental, cardiac/pulmonary, vision, or hearing). In a conclusions section, the physician is asked the following three questions:

- At patient's last visit, was patient's condition or medications likely to interfere with safe driving?
- In your opinion, is this person capable of safe driving?
- In your opinion, is a follow-up on this person's driving ability required? If yes, how often?

When the Medical Report is returned to the Licensing Agency, the County Examiner of Driver reviews the Report to determine whether a reexamination should be conducted (road test) or whether the opinion of the MAB is needed before a licensing decision can be made. Reexaminations do not include knowledge testing. If a driving examination is required, it will be conducted by examiners who conduct road tests for original applicants. The conditions most frequently referred for MAB opinion include diabetes, cardiovascular disease, psychiatric disorders, seizures/blackouts, ambulatory problems, stroke, use of oxygen tank/emphysema, disorientation, and alcohol/substance abuse.

Medical Guidelines

The Board will provide the County Examiner with an opinion regarding fitness to drive based on the guidance provided in the American Medical Association (1986) publication entitled *Medical Conditions Affecting Drivers*. This document provides recommendations for the following conditions: vision, hearing, diabetes mellitus and other endocrine disorders, neurological disorders, psychiatric disorders, cardiovascular disorders, respiratory disorders, musculoskeletal disorders, and alcohol/other drugs.

With regard to drivers diagnosed with dementia, there are no hard and fast rules for licensing. Decisions are made on a case-by-case basis, using information provided by a driver's physician. The County Examiner or MAB may require a driver to undergo prescreening at a rehabilitation hospital to determine the severity of the condition, before allowing a driver to continue to have driving privileges.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

State laws make the Licensing Administrator responsible for the licensing action, and the opinion of the treating physician and that of the MAB are strictly advisory. The County Examiner of Drivers will review the Board's opinion and determine whether the driver meets the standards required to operate a motor vehicle. The Board may recommend license restrictions including special adaptive equipment, outside mirrors, and corrective lenses. The Board may recommend suspension for recent seizures and documentation of attendance at Alcoholics Anonymous or Narcotics Anonymous meetings. The Board may also recommend additional testing in the form of a road test conducted by the Licensing Agency or by a rehabilitation center, or testing/reports from specialists for additional information. The Board recommends an annual road-testing requirement for individuals with progressive diseases. Remediation such as driver training by a rehabilitation center may also be recommended. The Agency may refer drivers to vision specialists for remediation of visual problems.

Appeal of License Actions

There is an appeal process for drivers who are aggrieved by the Agency's decision to suspend, revoke, or cancel a license. Statutes indicate that any applicant who has been refused a license after at least three examinations, or has been refused any examination, and every licensee whose license has been suspended, revoked, or cancelled may appeal the decision to the circuit court within thirty days of the Department's decision.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments, nor does it refer drivers to outside resources for such counseling. The Agency does not make public

information and educational materials available to older drivers to explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The list of conditions for which medical examination should be required is used to train Agency personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. There is no specialized training for Agency personnel relating specifically to licensing older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system, nor does it use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and referral Activities

Hawaii's medical review program does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities were identified as lack of necessary funding and staffing.

Idaho

Organization of the Medical Program

Driver licensing in Idaho is administered by the Idaho Transportation Department, Division of Motor Vehicles (DMV). Idaho does not have a Medical Advisory Board. Non-medical administrative staff (License Examiners who conduct vision exams in the County Sheriffs Offices, Third-Party Testers who conduct road skills tests, and Technical Records Specialists who review medical reports at the Medical Desk in Boise, ID) evaluate drivers with medical conditions and functional impairments. Individuals who make licensing determinations are not anonymous, but they are immune from legal action as long as they follow statutes, policies, and procedures.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments come to the attention of the Licensing Agency through several mechanisms. First-time and renewal applicants must answer “yes” or “no” to the following question about medical conditions as they complete the license application form:

“Is your ability to operate a motor vehicle affected by any physical or mental condition which brings about momentary or prolonged lapses of consciousness or control? (Examples: epilepsy or seizures; crippling arthritis; paralysis; Parkinson’s, heart trouble; insulin-dependent diabetes, Alzheimer’s, strokes, multiple sclerosis.”

Applicants who respond in the affirmative must obtain a medical release from their physician. For new applicants, applicants from other States, and renewal applicants for whom the condition occurred since the last renewal period, a physician must complete a “Certificate of Medical Examination” within 30 days and submit it to the Medical Desk. This form asks the physician to supply 4 pieces of information, in addition to certifying that he or she is licensed and personally examined the driver on a specific date:

- Is there evidence of a disease or injury that, in your opinion, will affect the applicant’s ability to operate a motor vehicle upon public highways? If yes, explain.
- Does the patient’s condition require monitoring of his/her license? If yes, how often?
___6 months ___1 year ___2 years
- In your opinion, should the patient be restricted to daylight only?
- What driving restrictions do you recommend?

Idaho relies upon the recommendation of the licensed medical specialist in making determinations for further testing, special restrictions or semi/annual monitoring.

Vision Screening and Vision Standards

Drivers in Idaho have their vision screened upon initial licensure and each time they come into the sheriff's office to renew their licenses. This may be done every 4 years, or 8 years if they choose to renew by mail. After the age of 62, drivers may not renew by mail—they must appear in person every 4 years. The visual standard that drivers must meet to be eligible to drive without restrictions is 20/40 or better in one eye. Drivers with acuity between 20/50 and 20/60 must complete an annual vision test and an annual on-road skills test. Applicants with 20/70 acuity or worse are denied a license. Biotopic lenses users must have an acuity of 20/40 or better in one eye, and restrictions are placed that include daylight driving only and annual vision and road tests. Applicants who are required to have an annual visual exam and road test must show a certificate of examination before taking the road test. If minimum standards are not met, the road test is not given.

Referral Sources

Other mechanisms for identifying drivers with functional impairments or medical conditions that could impair safe driving include reports to the Licensing Agency from physicians and other medical specialists; police officers; the courts; family members; hospitals; occupational and physical therapists; and Licensing Agency counter personnel who observe signs of functional impairment during the renewal process. Physicians in Idaho are not required by law to report drivers with conditions that may impair safe driving, but they may voluntarily do so by writing a letter to the Agency. Reports are confidential except that the driver may receive a copy upon request, and reports may be admitted as evidence for review by a hearing officer. Physicians who report drivers in good faith are not immune from legal action by their patients. The Agency does not accept anonymous reports, nor does it accept reports from the general public (i.e., non-medical, and non-law enforcement) other than family members. The Agency does not investigate reporting sources before contacting a driver for possible evaluation. Law enforcement officers, medical professionals, and family members may report drivers by completing a "Request for Re-Evaluations of Driving Privileges" form. The name of the person to be evaluated, his or her driver's license number, date of birth, and address must be provided, as well as the type of examination requested (a complete evaluation consisting of medical, visual, road test and written test; or a limited evaluation consisting of a subset of the reports/tests). The reporting source also must provide a reason for the request that is based on personal observation and knowledge of the individual being reported, and an explanation of driving problems or impairment. Reevaluations generally take 60 days to process.

A final reporting source is any agency for the blind or visually impaired. Idaho statutes specify that if an individual applies for any type of tax, welfare, aid, or other benefits or exemptions for the blind, that individual is conclusively presumed to be incompetent to drive, and will be reported to the Licensing Agency.

Evaluation of Referred Drivers

Procedures

All reports are submitted to the Medical Records desk (Driver Services Section of the DMV) in Boise, Idaho, which is staffed by two non-medical, technical-records specialists. If a letter is received from a physician that states that a person should not drive because of medical reasons, a certified letter is mailed to the driver suspending his or her driving privileges. If the person's condition improves and he or she undergoes a medical exam and obtains a physician's statement indicating that he or she is OK to drive, then privileges may be restored. If the physician indicates that periodic reports or skills tests should be required, then the Agency updates the person's file to generate a letter in 6 months or 1 year. If a written request for a reevaluation is received from a family member, law enforcement officer, or medical professional, the Agency will send the driver a caution letter that indicates that a medical or visual exam must be completed in 30 days. If the medical exam paperwork is not received by the Agency within the required timeframe, the person's license is revoked. If the person undergoes examination but fails to meet the medical or visual standards (at least 20/60 acuity or a medical recommendation of "no driving"), then the license is suspended. If the person undergoes examination and is medically cleared to drive, then the license will be renewed pending skills test results (if a road test was recommended by the physician, or is given at the Examiner's discretion).

The Agency conducts a large number of road tests, especially given that drivers with 20/50 acuity or worse (up to 20/60) must undergo an annual road test. Road tests may be given upon renewal at the discretion of the License Examiner, and may be required on a 6-month, 12-month, or 24-month basis if recommended by a driver's physician. The License Examiner also has the discretion to require a driver to undergo medical or visual (ophthalmologic) examination.

Idaho has approximately 120 third-party Class D Skills Testers (non-commercial) located throughout the State. The skills testers enter into an agreement with the Idaho Transportation Department to act as an agent of the Department to administer the skills tests. The Department seeks applicants who have some background in driver training, safety training, driver observation, or defensive driving. Skills testers come from varied backgrounds and include current driver education instructors, retired driver education instructors, police officers, retired police officers, bus drivers, bus driver trainers, etc. The Department provides the Skills Testers with a training program that is typically a day and a half in duration. The individual Skills Testers set up their own routes with the criteria provided by the Department. Routes are required to begin in a public location, preferably where there are public facilities for someone who brings an unlicensed applicant to wait while the applicant is being tested. Some routes begin at local DMV offices (not all communities have these offices), grocery store parking lots, strip mall parking lots, or other business locations.

Medical Guidelines

Visual and medical guidelines for licensing were developed in the early 1990s through a process where 3 DMV Driver Services Section staff solicited recommendations for visual and

medical criteria from optometrists, ophthalmologists, and other medical specialists, including neurologists, endocrinologists, cardiologists, and general practitioners. Medical guidelines were established only for visual acuity and seizures. Drivers will not be licensed if they can't meet these standards. Drivers with other medical conditions are evaluated on a case-by-case basis. Applicants who self report medical conditions or are identified by police, family, or medical professionals as having medical conditions must be cleared by their physicians. For example, drivers who are diagnosed with dementia may continue to drive as long as their physician provides medical clearance.

In the year 2002, Idaho's medical guidelines specified that applicants must be seizure free for at least 6 months and must obtain a medical certificate recommending driving privileges, before being licensed. A semi-annual or annual medical restriction was required. Idaho no longer requires a 6-month, seizure-free period. The change in this guideline was based on hearing officers overriding the Department's suspension for "failure to meet medical standards" as a result of the driver obtaining a current medical form and a doctor's release.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions in Idaho are made based on visual and medical standards, recommendations by the driver's physician, and whether the driver passes any required written or road skills tests. If a physician supplies information to answer just the first question on the certificate of medical examination (there is evidence of a disease or injury that will affect the applicant's ability to operate a motor vehicle upon public highways) without providing information about periodic monitoring or other restrictions, then the Agency will suspend the license. If the doctor medically clears the driver, but recommends periodic medical, visual, road skills reexaminations or other license restrictions, the license file is updated, so that review letters will be mailed at a later date, and the applicant is apprised of any new restrictions. Driving restrictions may include geographic, radius from home, time of day, special adaptive equipment, automatic transmission, visual correction, no freeways or highways, and must drive with a licensed adult. Drivers are not referred to professionals for remediation of medical or visual conditions.

Appeal of License Actions

There is an appeal process for drivers who are aggrieved by the Department's decision to suspend, revoke, or restrict their licenses. A driver may request a hearing with a hearing officer, which may be conducted via telephone within 20 days of the request. The hearing officer may issue subpoenas for the attendance of witnesses and records, and may require a reexamination of the licensee.

Counseling and Public Information & Education

Counseling is not provided by the Agency to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that

follow from limiting or ceasing driving, nor are drivers referred to outside resources for such counseling. Each of the six districts in the State makes a pamphlet available that lists agencies by county that can assist drivers and their families with information about alternative transportation resources in their area.

Public Information and Educational materials are made available to older drivers that explain the importance of fitness to drive, and the ways in which impairing conditions increase crash risk. This information is conveyed through distribution of the American Automobile Association Foundation for Traffic Safety publication entitled *Drivers 55 Plus: Check Your Own Performance*.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor is training provided for relating to older drivers.

Medical Program Tracking System

Idaho has an automated medical record system and uses automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support the operation of its medical review process. Barriers to implementing more extensive screening, counseling, and/or referral activities—including connections to alternative transportation—were identified as Idaho statute and budget/monetary issues.

Illinois

Organization of the Medical Program

Driver licensing in Illinois is administered by the Driver Services Department of the Office of the Secretary of State. Illinois has a Medical Advisory Board that was initiated in 1975 by the Department of Public Health. Authority for the Board was transferred to the Office of the Secretary of State in 1992. The Board is comprised of 12 physicians who represent the following medical specialties: ophthalmology, cardiology, family practice, internal medicine, neurology, psychiatry, endocrinology, and diabetes. The head of the Board specializes in internal medicine. Board members are paid consultants to the Agency, who either work in private practice or are retired private-practice physicians. In addition to being compensated for travel costs associated with MAB activities, members are compensated to review individual cases at a rate of \$55/hour. Members are selected by the Secretary and/or representatives of the Medical Review Unit, and serve term periods set at the Secretary's discretion. Board members meet at the call of the Secretary, at any place within the State, and as frequently as deemed necessary. Members' identities are anonymous, they are immune from legal action, and their records are confidential in the absence of a court order.

The activities in which the Board is engaged include: advising the Department on medical criteria and vision standards for licensing; reviewing and advising on individual cases by performing paper reviews; and advising on procedures and guidelines. When new legislation is pending which would affect the Illinois Medical Review Law, the Board may offer input at informational meetings.

Of the 38,000 medical reports that were processed by the Driver Services Medical Unit in the year 2002, approximately 1,150 cases were referred to the Board. The kinds of cases that the Department refers to the Board are as follows: when the driver was medically denied or cancelled based upon the Board's last recommendation; when the Board has requested to review intermittent reports; when a different competent medical specialist submits a favorable medical report contradictory to an unfavorable medical report on file which was used as the basis to deny or cancel driving privileges; when the Department receives a questionable medical report; when the Department receives notification that the driver has failed to abide by any of the terms of his or her medical agreement; when the Department receives a request from a driver who wishes to have all medical reports on file with the Department reviewed by the Board; or when the Department receives a request from a driver who wishes to appeal certain medical restrictions placed on their licenses (e.g., mechanical and prosthetic aids, corrective lenses, outside mirrors).

The kinds of medical conditions reviewed by Board include (but are not limited to) the following:

- Physical disorders characterized by momentary or prolonged lapses of consciousness or control.
- Disorders and impairments affecting cardiovascular functions.
- Musculoskeletal disabilities and disorders affecting musculoskeletal functions.

- Vision and disorders affecting vision.
- The use of or dependence upon alcohol or drugs.
- Conditions or disorders that medically impair a person's mental health.
- The extent to which compensatory aids and devices may be utilized.

The Driver Services Department contains a Medical Review Unit with 6 non-medical administrative staff members who are dedicated to performing medical review activities. Staff members consist of one Supervisor, three Level I Driver Services Technicians, and two Level II Driver Service Technicians. All five Driver Services Technicians process medical forms and have the authority to cancel driving privileges, but only the Level II Technicians process medical forms that are referred to the Medical Advisory Board. The Department Training Specialist or Medical Unit Manager conducts extensive training with the Technicians in the processing of medical and Board cases. Each employee is given a copy of the Illinois Vehicle Code, the Administrative Rules, the procedures for the Medical Review Unit (there are 54 procedures for the unit) and a training manual. Technicians are trained on actual cases and the paperwork is reviewed by the trainer and approved for processing. Once the trainer believes the technician is proficient in the work process, the employee works individually, always with the ability to go back to the trainer or manager with questions. Also, once a week, the Chairman of the Medical Advisory Board comes into the office to sign Board cases. If the Medical Unit has a case with which help is needed, the manager consults with him for an opinion.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their ability to drive safely come to the attention of the Licensing Agency in a number of ways. All first-time and renewal applicants must answer the following questions as they complete their license application:

- *Has a court found you to have a mental disability or disease or has a court committed you to a mental health facility? (If yes, copies of related court orders and/or physician's statement and a signed medical agreement are required).*
- *Do you have any condition that might cause a temporary loss of consciousness? (If yes, a physician's statement and a signed medical agreement are required).*
- *Do you have any mental or physical condition which might interfere with safe driving? (If yes, a physician's statement and a signed medical agreement are required).*
- *Do you use any drugs, including prescription medication, or alcohol to an extent that they impair your driving ability? (If yes, a physician's statement and a signed medical agreement are required).*

Applicants who respond in the affirmative must take a Medical Report to their physician for completion and return to the Medical Review Unit. The Medical Report contains an agreement which must be signed by the applicant, which states: *I agree to remain under the care of my physician and follow treatment exactly as prescribed. I also authorize my physician to report any change in my condition which would impair my ability to safely operate a motor vehicle. I*

understand that failure to abide by the conditions set forth in this agreement will be grounds for the Secretary of State to deny or cancel my driving privileges.

The information that the physician is asked to provide is first, whether or not the individual is medically fit to operate a motor vehicle, and next, which of the following conditions the individual has: cardiovascular; dizzy or fainting spells; seizure disorder; other neurological disorder; diabetes; musculoskeletal condition; alcohol/drug use; mental disorder; or respiratory condition. Physicians are asked to provide information about medications prescribed, whether the condition is controlled under the current medical treatment regimen, and whether attacks of unconsciousness have occurred within the past 6 months.

Vision Screening and Vision Standards

Initial and renewing drivers are required to pass a vision screening test at each 4-year renewal cycle, unless they are between ages 22 and 74 and are eligible to renew by mail every other cycle because they have a clean driving record. Drivers must also take a knowledge test every 8 years, unless they have a clean driving record. Upon attaining the age of 75, drivers are not eligible to renew by mail, and must come into a Department of Driver Services office to take a road test and a vision test, and possibly a knowledge test. Drivers ages 75 to 80 are issued a 4-year license. Between the ages of 81 and 85, drivers are issued a 2-year license and must pass a road test and a vision test at each renewal (and possibly the knowledge test). At age 87, drivers are issued a 1-year license, and must take the road test and vision test annually prior to being licensed (and possibly the knowledge test).

Illinois' vision standards are binocular visual acuity of at least 20/40 and a peripheral visual field of at least 140 degrees binocularly (or 70 degrees horizontal and 35 degrees nasal, if monocular). Drivers who cannot meet the standards when administered the Department's vision examination must obtain a favorable report from their vision specialist. A favorable vision specialist's report contains a monocular or binocular acuity reading of 20/70 or better, and a peripheral field of 140 binocular (or 70 degree temporal and 35 degrees nasal monocular.) Drivers who need corrective lenses to meet the standard are issued a license restricted to the use of corrective lenses. Applicants with binocular acuity readings of 20/41 to 20/70 (inclusive) are restricted to driving during daylight only. Screenings are administered to the left and right eyes individually to determine the need for an outside rearview mirror. Applicants who obtain a monocular acuity reading which is not better than 20/100 with or without standard corrective lenses are restricted to outside rearview mirrors. Applicants who qualify on the peripheral visual field standard only monocularly are restricted to operating a vehicle with left and right outside mirrors. If the vision specialist indicates that the applicant's eyesight is deteriorating due to a visual disorder and warrants periodic reexamination, the Department follows the specialist's recommendation, and will issue a license with a periodic visual reexamination requirement.

Applicants using binocular telescopic lenses may be issued a license if the binocular or monocular acuity reading through the telescopic lenses is 20/40 or better in both eyes, monocular or binocular acuity readings through the carrier lenses are 20/100 or better in both eyes, and the peripheral readings meet Illinois' standards with the lens arrangement in place and without the use of field enhancements. The power of the telescopic lenses may not exceed 3.0X (wide angle)

or 2.2 X (standard). Applicants must have been using the telescopic lenses at least 60 days prior to the examination conducted by a licensed vision specialist. Applicants must provide a statement that they have clinically demonstrated the ability to locate stationary objects within the telescopic field and locate moving objects in a large field of vision; and that they have clinically demonstrated the ability to recall what they have observed after a brief exposure. They must also provide a statement that they have clinically experienced levels of illumination that may be encountered during inclement weather, and when driving from daylight into areas of shadow or artificial light; and that they have experienced being a pedestrian and riding as a passenger to gain practical experience of motion while objects are changing position. Drivers who qualify to drive with the use of a telescopic lens are restricted to daylight only driving and submission of an annual vision specialist report. A special restricted license for a period of 12 months may be issued to telescopic drivers who wish to drive at night, provided that they have operated a vehicle with telescopic lenses during the daytime for the past year, have had no crashes during nighttime hours during the prior 12-month period, and have successfully complete a road test administered at night. Drivers renewing the nighttime restricted license must be crash free in the prior 12-month period, and pass a nighttime driving test.

Referral Sources

Drivers with medical conditions or functional impairments that may affect their ability to drive safely may be brought to the attention of the Licensing Agency through reports submitted by physicians, police officers, or the courts. The Agency does not accept reports from family members, friends or other citizens. Illinois does not have a mandatory physician reporting law, but physicians may voluntarily report drivers who they believe have a condition that interferes with the ability to operate a motor vehicle safely. They may report drivers using a Medical Report form or submit a signed statement on their letterhead. Physician reports are confidential, and may only be released by court order. Physicians who report drivers in good faith are immune from legal action by their patients.

Any commissioned police officer or member of the judiciary may report a driver with a medical condition that could interfere with the safe operation of a motor vehicle to the Department. By law, the information will remain confidential and must be based on firsthand knowledge or an official investigation that may include interviewing the driver. Police officers use the Medical Reporting and Reexamination Request form. The Agency does not accept anonymous requests, and only investigates reports to ensure that they are complete.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo reevaluation include referral by police, the courts, or a physician; upon self report of a medical condition; upon observation of Licensing Agency employees that an applicant has a functional impairment that may affect safe driving ability; and upon reaching age 75, when a road test must be passed at each renewal. The Agency will immediately cancel or medically deny issuance of a license when a court reports that a driver is unfit to stand trial, or has been appointed a guardian to make

responsible decisions concerning the person's care, financial affairs, or estate. When the Agency receives a report of a potentially unsafe driver, the driver will be sent a letter advising of the requirement to have a Medical Report form completed by his or her treating physician, and returned to the Department within 20 days. If the Medical Report is not received by the Department within the specified time period, the driver's license is cancelled (or the driver is medically denied a license, if he or she is an original or renewal applicant). If the Medical Report is received within the 20-day period, and the physician has indicated that the driver is medically fit to drive, then the case is dismissed. Drivers with seizures/loss of consciousness disorders must be episode free for 6 months. If a driver has not been seizure free for the prior 6-month period, but the physician provides a favorable medical report, the case is referred to the MAB. If the physician has indicated that the person is not medically fit to drive, the license is cancelled, until a favorable report can be obtained. Drivers diagnosed with dementia may be allowed to continue driving, unless their physician submits an unfavorable medical report.

All cases in which a favorable report is received following a medical cancellation due to receipt of an unfavorable report are forwarded to the MAB. If the Medical Report is questionable, the case will be forwarded to the Board. A questionable report is one that contains medical information that raises some reasonable doubt regarding the driver's medical ability to safely operate a motor vehicle. Examples of questionable medical reports include those that indicate a driver has experienced an attack of unconsciousness within the past 6 months; or the medical report lacks a professional opinion regarding whether or not the driver is medically fit to drive; or the medical report was signed or completed by someone other than a competent medical specialist; or the competent medical specialist recommended that the driver have a driver's license, but expressed reservations about his or her ability to safely operate a motor vehicle. The Department will also forward a case to the Board if a statement is received from a physician that indicates that the driver failed to abide by any of the terms of the medical agreement.

If a police officer observes or investigates a crash and determines that the cause of the crash was a blackout, seizure, or attack of unconsciousness, the Medical Review Unit will cancel the license and require the driver to submit a Medical Report. This procedure is contingent on the Medical Unit receiving a written and properly completed report from a police officer or law enforcement agency. Without a written report, the Department will not take any action—a verbal report is not sufficient. If the officer observes or investigates a crash and determines that the cause of the crash was some other type of medical condition, the Medical Review unit will not cancel the license, but will require the driver to submit a Medical Report. The officer may also request that the Department conduct a complete examination consisting of a written test, a driving test, and a vision test, or any combination of tests, but the physician must first provide a favorable Medical Report, before the Department will conduct the tests.

When a case is submitted to the Board, it is reviewed by a specialist with expertise in the medical area relevant to the driver's condition. The Board physician will consider the driver's past driving record, medical reports, medications, rehabilitative devices, and medical criteria for licensing listed in Illinois' Administrative Rule 1030.18 ("Medical Criteria Affecting Driver Performance"). The Board member may request the driver to undergo further medical examinations, for which the driver is responsible for the selection, scheduling, and expenses.

The Board member will then prepare an informal determination regarding the driver's ability to safely operate a motor vehicle for the Chair of the Board, which includes: the medical condition and its associated limitations that could reasonably impair safe driving ability; the scope of the driving privilege, if any; and the reasons for the Board member's decision. The Chair of the Board will make a formal determination to the Department regarding the driver's fitness to safely operate a motor vehicle and the scope of licensure, if any, including the use of mechanical devices and/or other conditions for driving. If the Department receives a recommendation from the Board that in its professional opinion, the driver is not medically fit to safely operate a motor vehicle, the Department will cancel or medically deny the license. If the Department receives a recommendation from the Board that in its professional opinion, the driver is medically fit to safely operate a motor vehicle, the Department will rescind or terminate any medically related cancellation orders and allow the driver to make application for a new driver's license.

Applicants whose driving privileges have been cancelled based on receipt of a Medical Report indicating that the applicant has a medical condition that impairs his or her ability to operate a motor vehicle safely, may apply for an instruction permit. The Department must receive a favorable medical report from a competent medical specialist describing the applicant's needs to undergo a driving evaluation with a driver rehabilitation specialist. The applicant must then pass a vision and written test, before the instruction permit is issued. Upon successful completion of the driving evaluation, the rehabilitation institute and a competent medical specialist will notify the Department, which will in turn, send notification to the applicant that authorizes him or her to take the Agency road test. A driver license will be issued if the applicant successfully completes the road test.

Drivers may be required to undergo reexamination without the requirement to undergo medical evaluation. If an officer observes or investigates a crash and determines that the driver may lack the driving ability or knowledge of traffic laws necessary to safely operate a motor vehicle, or the driver has displayed a lack of attention or performed a dangerous act, the officer may request that the Department conduct a complete examination or any combination of tests. The Department will notify the driver of the requirement to come to a driver services facility to undergo testing, and require that the driver appear within 5 days on any of the 3 given dates. There is a grace period of 10 days after the third date, before the Department will cancel the license for failure to comply with the testing requirement. Drivers have only one chance to pass each of the required tests. Failure on any part of the examination results in the cancellation of the driver's privilege.

An individual who fails the road test, but has passed the vision and knowledge tests may apply for a restricted local license. Applicants must live in a locality with a population of 3,500 or less, specify the reason why they want a restricted local license, and be approved by the Driver Analysis Section of the Driver Services Department. The driver will be tested on a specific route that he or she maps out with a public service representative before the exam. If the applicant passes the exam, his or her restricted local license will list the route on the back of the license, and the driver will be restricted to the route that was used on the road test. The license is issued for four years (if the driver is under age 81), and a road test is required for renewal.

Medical Guidelines

The medical criteria that the Board applies when rendering a medical opinion of a driver's ability to safely operate a motor vehicle, established by the Secretary in cooperation with the Board, are provided below:

- The driver must possess the emotional and intellectual ability to operate a motor vehicle. Specifically, the driver's medical condition must be controlled as follows:
 - Be free from distractions of hallucinations.
 - Be free from impulsive behavior, homicidal tendencies, and/or suicidal tendencies.
 - Be oriented with advanced preparation of his/her destination.
 - Be able to recognize and understand symbols of language and road signs and possess the ability to not only see objects in his/her field of vision, but also to recognize their significance and to react to them with sufficient speed to avoid a catastrophe.
 - Possess sufficient memory facility to recall his/her destination, recall the significance of road signs and hazards, and recall the operational control of his/her motor vehicle.
 - Be able to distinguish left from right and to judge distance and relative speed of his/her motor vehicle as well as other vehicles which may present a potential danger.
- The driver must possess the motor and sensory ability to safely operate a motor vehicle. Specifically, the driver's medical condition must be controlled as follows:
 - Possess the ability to sit in a stable and erect posture and hold his/her head erect throughout the interval he/she intends to drive.
 - Be able to turn his/her head at least 25 degrees in either direction in order to amplify the field of vision.
 - Be able to control the motor vehicle with ease, including the gripping of the steering wheel, reaching of the controls and pedals, all without unbalancing or stressing the driver.
 - Be able to perform all routine operations of the motor vehicle with steady, well coordinated movements. The reaction time of the driver must be average and not limited by muscle, joint or skeletal deformity.
- The driver must have the ability to sustain consciousness throughout the entire interval in which he/she intends to drive.
- The driver must be free from severe pain which could cause sudden incapacitation or the inability to control a motor vehicle.
- The driver must be able to meet the Illinois vision standards.
- The driver must not be medicated as to render him/herself incapable of safely operating a motor vehicle.

Also, Drivers with seizures/loss of consciousness disorders must be episode free for 6 months.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Based on the medical evaluations and determination in accordance with the established standards, the Board may recommend cancellation or denial. Otherwise, the Board will indicate the scope of driving privileges that would enable the individual under review to operate a motor vehicle safely, including the extent to which compensatory aids and devices must be used and the need for ongoing review or evaluation. The kinds of restrictions that the Department may apply are as follows: corrective lenses, mechanical aids (e.g., hand controls, gearshift extension, shoulder harness, foot-operated brake, etc.), prosthetic aids (e.g., artificial legs or hands, hook on right or left arm, leg braces, etc.), automatic transmission, left and right outside rearview mirror, daylight driving only, restricted local license, and driving within a specific radius of home (if recommended by a driver's physician).

The Board may authorize a driver to reapply for driving privileges when a favorable medical report follows an unfavorable medical report, because a driver's condition has improved. The driver must complete a vision, written, and drive test administered by Department of Driver Services licensing personnel. The Board may also recommend periodic reexamination or medical statements for any existing condition. The Board does not make recommendations for remediation of functional impairments.

Appeal of Licensing Actions

If a driver is aggrieved by a restriction, cancellation, or denial of his or her driving privileges, he or she may request a formal review within 30 days after the Department's action. Formal review of the driver's case is made by a panel of three MAB physicians who include the Chair of the Board, the physician who rendered the initial/informal decision, and a third MAB physician. Each member reviews the case and any additional material submitted. No oral testimony is allowed during the panel review. An informal determination is made by each physician and forwarded to the Chair, who provides a formal recommendation to the Department based on the majority ruling of the panel members' informal determinations. The Department's licensing action follows the determination made by the Board. Drivers who are granted the privilege to continue to drive are required to submit a Medical Report upon each license renewal, unless a competent medical specialist has submitted a medical report indicating that the physical or mental condition or disability no longer exists. If the driver again wishes to contest the cancellation or medical denial of his or her license for medical reasons, he or she is entitled to a hearing. The driver may bring an attorney to the hearing and is assigned a hearing officer. The same three MAB physicians who conducted the panel review will also be present at the hearing. Approximately 130 panels were conducted in 2002, and there were no hearings.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving. Drivers are not referred to resources outside of the

Agency for counseling, nor are they referred to professionals for remediation of impairing conditions.

The Agency does not make public information and educational material available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Department does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor does it provide any training specific to the licensing of older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system or automated work-flow systems. For drivers who are required to complete a medical report at the time of renewal, their internal driving record is tagged in such a manner as to generate a letter and a blank medical form to the driver to complete and bring to the facility at the time of renewal. If the driver's record is tagged in this manner, the computer will not allow the renewal to be processed without a completed report. If a driver is required to complete a medical report more often, e.g. every three months, every year, etc., a manual tickler file is maintained in the office. Approximately 45-60 days prior to the expiration of the current report on file, the driver is sent a letter with a blank medical report and given a deadline to file the new certification. If the driver fails to meet the filing deadline or submits an unfavorable medical report, the driver's license is cancelled.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Illinois' medical review process does not rely on NHTSA 402 funding to support its operation. No barriers were identified to implementing more extensive screening, counseling, and referral activities.

Indiana

Organization of the Medical Program

Driver licensing in Indiana is administered by the Bureau of Motor Vehicles (BMV). Indiana has a Driver Licensing Advisory Committee (IDLAC) that was created in 1983. It consists of five physicians who represent the following medical specialties: ophthalmology, internal medicine, neurology, psychiatry, and geriatrics. Members are appointed for an unlimited term by the Commissioner of the BMV, who serves as the head of the Committee. The physicians on the Committee work in private practice or in hospital/clinic settings, and are paid consultants to the BMV. Members meet in person as a group every four months to make fitness to drive determinations. They also interact through email and regular mail to make fitness to drive determinations, on a case-by-case basis. Members are not immune from legal action, but their identities are anonymous and records and deliberations of the IDLAC are confidential—absent legal proceedings.

The activities in which the IDLAC is engaged include the following:

- Advising on medical criteria and vision standards for licensing.
- Reviewing and advising on individual cases through the performance of paper reviews.
- Assisting in the development of standardized, medically acceptable report forms.
- Apprising the Licensing Agency of new research on medical fitness to drive.
- Advising on procedures and guidelines.

Approximately 900 drivers are referred to the Advisory Committee for conditions such as seizures, hypoglycemia, dementia/Alzheimer's disease, sleep apnea/narcolepsy, and visual impairments. Twenty-five percent of the drivers referred for evaluation by the IDLAC are denied a license. Of the drivers who are denied a license following IDLAC review, approximately 15 percent are over age 65. Licensing actions by the BMV are based on the recommendation by multiple members, but not the entire Committee.

The BMV does not have an internal medical review unit with designated, trained staff. The medical review program is conducted by non-medical administrative staff who have other responsibilities in addition to medical evaluation. A Medical Clerk processes all medical paperwork; in her absence duties are performed by an alternate clerk or the Deputy Director.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect their ability to drive safely come to the attention of the BMV in a number of ways. First-time applicants and

drivers renewing their licenses must respond to the following two questions as they complete their licensing application:

- *Are you subject to fainting spells or seizures of any kind?*
- *Have you had or do you have a physical, mental, or hearing disability which MAY adversely affect or impair your ability to operate a motor vehicle safely?*

If a driver answers “Yes” to the first question, he or she would be required to have a physician complete and return a Medical Statement prior to being licensed. Drivers who answer “Yes to the second question” are referred to a Driver Examiner, who will conduct an interview, and either conduct a road test, or refer the individual to his or her physician for a medical statement. If the license is appropriately restricted, the Examiner will proceed with the licensing process, and issue the license.

Vision Screening and Vision Standards

Initial and renewing applicants are required to take and pass a vision test. Indiana has a 4-year renewal cycle that is reduced to 3 years when drivers reach age 75. If applicants cannot meet the acuity requirement of 20/40, they are given a certificate of vision to take to their eyecare specialist for completion and return to the BMV. There is no visual field size standard, as visual fields are not being tested by the BMV at this time. The Certificate of Vision form lists acuities and restrictions that the eyecare specialist checks as applicable. Drivers with 20/40 acuity or better in each eye with or without visual correction, will be licensed without visual restrictions, unless glasses or contacts were used to pass the test. Drivers with acuity in the best eye of 20/40 or better and 20/50 to blind in the other eye, with or without correction, will receive a visual restriction requiring an outside rearview mirror, and visual correction if used to pass the test. Drivers with 20/50 acuity in each eye, with or without visual correction, will be required to wear glasses or contact lenses when driving, unless a vision specialist certifies in writing that lenses will not improve vision. Drivers with 20/50 acuity in one eye and 20/70 to blind in the other eye will be restricted to glasses, an outside rearview mirror, and daylight driving only. Drivers with 20/70 in each eye, with or without glasses, will be restricted to wearing glasses, using an outside rearview mirror, and driving in daylight only, but must have normal peripheral visual fields. If the Driver Services Branch cannot make a determination as to what restrictions to place on the license because the applicant has an eye condition or vision falls off the guidelines chart, the certificate is sent to the IDLAC ophthalmologist for review and recommendation.

Indiana developed guidelines for bioptic lenses in 1986, which are summarized below:

- Vision may be no poorer than 20/200 with best ordinary spectacle correction.
- Visual acuity must be at least 20/40 through a bioptic telescope.
- Magnifying power of the bioptic telescope may not exceed 4X.
- Full peripheral visual fields must be at least 120 degrees in horizontal diameter.
- Driver must be able to recognize standard traffic signal colors.
- Cognitive and perceptual skills must be adequate to safely operate a motor vehicle.

- If applicant has an alcohol or drug problem, a 12-month waiting period is in effect before the applicant can be considered for the program, to allow applicant to submit documentation from a counselor, rehabilitation center, etc., that use/abuse is under control.
- Individuals must successfully complete vision evaluation and training by a doctor with expertise in low vision care.
- Individuals must successfully complete driving evaluation and training at a BMV-approved bioptic driver rehabilitation program, consisting of 30 hours of specialized driver training.
- Individuals must pass a BMV-administered extended driving skills test.
- Once licensed, bioptic drivers must submit a Certificate of Vision for Bioptic Drivers at specified time intervals, as recommended by the low-vision specialist.

Referral Sources

The BMV accepts reports of potentially unsafe drivers from many sources. Although Indiana does not have a mandatory physician reporting law, physicians may report drivers on a voluntary basis, by writing a letter to the Bureau. Physician reports are confidential, except that they may be released by court order for fitness to drive determinations, if a driver appeals the Bureau's decision. Physicians who report drivers in good faith are not immune from legal action by their patients. Others from whom reports are accepted include: police officers; the courts; family, friends, pastors, and other citizens; hospitals; occupational and physical therapists; and other Licensing Agencies. The BMV does not accept anonymous reports, and does not investigate any reporting sources prior to contacting a driver for possible evaluation.

Evaluation of Referred Drivers

Procedures

A driver may be required to undergo evaluation as the result of a report received by the BMV, as the result of self report of a medical condition, or the result of observation of functional impairment by License Agency personnel during the renewal process. When the BMV becomes aware that a driver may have a medical condition or functional impairment that may affect safe driving ability, the BMV medical clerk sends the driver a medical packet that contains instructions to the driver and driver's treating physician for completing medical forms, and the requirement for the packet to be completed and returned to the BMV with 30 days. The medical clerk places a "pending medical invalidation" code on the driver's record, which will be activated if the forms are not returned. The letter to the physician explains that the State of Indiana is ultimately responsible for the licensing action, and that State statute provides the physician with legal immunity against possible legal action resulting from cooperation with the BMV and DLAC. The letter further states that the report is for the confidential use of the BMV solely for the determination of fitness to drive, and that the section of the report that contains the physician's professional opinion regarding medical fitness to drive will not be divulged to the patient unless the physician so requests (absent legal proceedings).

The information requested of the physician in completing the form includes: clinical diagnosis; medications and treating regimens; whether the patient has ever had a seizure disorder, epilepsy, convulsions, syncope, or sudden loss of consciousness; frequency of episodes and date of last episode (if applicable); whether the patient requires medication and if the patient is compliant; and other specific information relating to psychiatric illnesses, alcohol/drug abuse, neurological disorders, diabetes, cardiac and pulmonary disorders, orthopedic and rheumatologic disorders, and sleep disorders. The physician is also asked to provide a professional opinion, as follows:

Based on all of the data of which I am aware concerning: _____ including the medical history and the physical examination which I have personally performed, it is my professional opinion that he/she:

- € **Does not have** any medical, physical, mental, or emotional disorder which is likely to interfere with his/her ability to safely operate a motor vehicle.
- € **Does have** a medical, physical, mental, or emotional disorder which is likely to interfere with his/her ability to safely operate a motor vehicle.

If you have additional recommendations regarding limitations which you feel should be placed on this individual's driving privileges, please specify:

- € Should wear corrective lenses when driving.
- € Should wear hearing aid(s) when driving.
- € Should drive only hand-controlled equipped vehicles.
- € Should drive non-commercial vehicles only (should not transport passengers).
- € Daylight driving only due to _____.
- € Be given an on-the-road test to determine ability to drive safely.
- € Should have periodic medical examinations to determine driving capabilities at least every" six (6) ___ twelve (12) ___ eighteen (18) ___ twenty-four (24) ___ months.
- € Other (please specify):
_____.

When the medical packet is received by the BMV, it is forwarded to one of the physicians on the Indiana Driver's Licensing Advisory Committee, for review and recommendation to the BMV Commissioner regarding fitness to drive. All cases are referred to the IDLAC; the Bureau does not use any internal medical guidelines for making licensing decisions. The IDLAC Medical Consultant is asked to complete a form and return it to the BMV, checking of the following medical opinions, based on review of the medical packet contents.

- € The above-named applicant apparently **does not** have any medical, physical, mental, or emotional disorder which is likely to interfere with his/her ability to operate a motor vehicle safely.

- € The above-named applicant **does** have a medical, physical, mental, or emotional disorder which may interfere with his/her ability to operate a motor vehicle safely; however:
- € The applicant's condition appears medically stable at this time and he/she may be able to operate a motor vehicle safely.
- € The applicant's condition is not currently satisfactorily controlled at this time and should not operate a motor vehicle.
- € There is insufficient data present on the records that I have been given to review to make any professional opinion at this time.

The Medical Consultant is also asked to provide the rationale for the opinion and any recommendations.

Medical Guidelines

Departmental guidelines for licensing exist only for vision and seizure disorders. The Drivers must be seizure-free for one year and have their condition under control with medications.

Disposition

License Restriction, Periodic Evaluations, and Remediation

In making a license determination, the BMV generally adheres to the IDLAC recommendations, and whether a driver can pass the special drive test. The IDLAC Medical Consultants may recommend license restrictions including: daylight only, radius up to 10 miles from home, interlock devices, spinner knobs, and automatic transmission. The IDLAC may recommend invalidation of driving privileges, or further testing that would consist of a special drive test with a BMV driver examiner supervisor. Drivers diagnosed with dementia may continue to drive in Indiana, based on the recommendation of their physician. Periodic reexaminations or medical statements could also be recommended at 3 months, 6 months, or annually, for conditions such as epilepsy, hypoglycemia, and visual impairments. The Medical Consultants may also recommend driver training with a rehabilitation specialist for bioptic drivers. The only professionals to whom drivers are referred for remediation of impairing conditions are eyecare specialists and BMV-approved bioptic driver rehabilitation centers.

Appeal of License Actions

There is an appeal process for drivers whose privileges are suspended or restricted for medical conditions. Drivers must request an appeal within 20 days from receipt of notification of the licensing action.

Counseling and Public Information & Education

The Bureau does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately and to deal with potential lifestyle changes that

follow from limiting or ceasing driving. Drivers are referred to the National Safety Council by the BMV or the court for counseling; however, the counseling does not include information about alternative transportation options.

The BMV does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor is specialized training provided that relates to older drivers.

Medical Program Tracking System

The BMV does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review program does not rely on NHTSA 402 funding to support its operation. State statutes were the only barriers identified to the implementation of more extensive screening, counseling, and/or referral activities.

Iowa

Organization of the Medical Program

Driver licensing in Iowa is administered by the Office of Driver Services in the Motor Vehicle Division (MVD) of the Department of Transportation (DOT). Iowa has a Medical Advisory Board that consists of 12 physicians representing the following medical specialties: ophthalmology, neurology, orthopedics, and psychiatry. The Board is divided into three teams of two to four physicians each. Licensing actions by the MVD are based on the recommendation of the majority of team members; however members do not interact to make fitness to drive determinations—cases are independently reviewed on a case-by-case basis. There is no “head” of the Board. No single physician knows the names of any other physician members. Board members are volunteer consultants who work in private practice, and are nominated by the State Medical Society for an indeterminate period of time. They are immune from legal action and their records are confidential without exception.

The activities in which the Board has been engaged include advising on medical criteria and vision standards for licensing; reviewing and advising on individual cases through the performance of paper reviews; and assisting in the development of standardized, medically acceptable report forms. The function of the MAB is currently limited to case reviews based upon paper documentation provided by Iowa DOT (IDOT) to address the ability to drive safely. Policy questions raised by IDOT with the Iowa Medical Society have been addressed in a variety of ways by the Medical Society, including physician surveys (which may or may not include members of the MAB), inquiry to the individual members of the MAB, and/or Medical Society committee review.

Approximately 182 cases are referred to the Board each year, and of these cases, 23 percent involve drivers over age 65, 16 percent involve drivers over age 75, and 4 percent involve drivers over age 85. Cases are referred to the Board when Office of Driver Services Staff cannot make a determination based on information included in a physician’s report, or reports from multiple physicians are conflicting. Other kinds of cases that are referred include: those where the seizure-free period can be waived following syncopal episode; those where the requirement for future medical reports can be lifted following episodes of loss or disturbance of consciousness or a single nonrecurring episode; vision cases where an applicant cannot attain a visual acuity of 20/100 with both eyes or with the better eye; and vision cases where the binocular field of vision is less than 95 degrees.

The Licensing Agency does not have a separate medical review unit with designated, trained, professional staff. The medical program is administered by driver licensing staff who are non-medical administrative individuals with other responsibilities in addition to medical evaluation.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their ability to drive safely come to the attention of the Office of Driver Services in a number of ways. All first-time and renewal applicants are required to respond to the following question as they complete their licensing application:

“Do you have any mental or physical disabilities which would affect your driving?”

The *Iowa Driver’s License Examiner Manual* provides the following guidance:

How the customer answers this question and your observations of the customer during the application process will often time determine what restrictions, if any, should be placed on the customer’s license. Many times the disability will have an obvious affect on the customer’s driving ability. For instance, if a customer has only one leg, he/she will not be able to operate a manual transmission. However, many times it is not possible to determine what effect the reported or observed disability may have on the customer’s driving ability. In these cases, the customer should be questioned more thoroughly about the disability. It is also important to remember that issuance personnel are not expected to be medical experts. If after more thorough questioning of the customer, the effect of the disability upon the customer’s driving ability is still not clear, refer the customer to a medical authority for further evaluation.

In this case, the customer would be given a Medical Report form to take to his or her treating physician for completion and return to the Office of Driver Services. Medical Reports are only accepted if completed by a Medical Doctor or Doctor of Osteopathy. They will not be accepted if signed by Physician’s Assistants, Nurse Practitioners, or Chiropractors.

Vision Screening and Vision Standards

Initial and renewal drivers must also take and pass a vision test to be licensed. The renewal cycle is 4 years, up to age 70, when the renewal cycle is reduced to 2 years. Vision statements from eyecare specialists are accepted in lieu of vision screening by the Department. Iowa’s acuity standard is 20/40 or better with both eyes or with the better eye, and a binocular field of vision of at least 140 degrees. If applicants without corrective lenses attain acuity of less than 20/40 but at least 20/50 with both eyes or with the better eye, they will be restricted to driving during periods when headlights are not required. If acuity without corrective lenses is poorer than 20/50 but not worse than 20/70, applicants will be restricted to driving during periods when headlights are not required and also restricted to maximum speed of 35 mi/h. If applicants are screened with corrective lenses, the above restrictions apply at each acuity level attained, in addition to the requirement to wear corrective lenses. Applicants who cannot attain 20/40 but can attain 20/70 with at least one eye on the first screening, must consult a licensed vision specialist prior to being licensed. If the vision report recommends a restriction, the

Department will issue the restricted license, even though it may not be required by Department standards. Applicants who cannot attain a visual acuity of 20/40 will be issued a 2-year license; however, the restriction can be waived when a vision report certifies that the vision has stabilized and is not expected to deteriorate. Applicants who cannot attain a visual acuity of 20/100 with both eyes or with the better eye will be considered for licensing only upon recommendation by the Medical Advisory Board. Such applicants will be required to drive with an outside rearview mirror if the left eye is not at least 20/100. Applicants with binocular field of vision less than 140 degrees but at least 115 degrees with one eye at least 70 degrees temporal and 45 degrees nasal are restricted to driving with two outside rearview mirrors. If an applicant's binocular field of vision (sum of temporal measurements) is less than 95 degrees, or if neither eye has a monocular field of vision of at least 60 degrees temporal and 35 degrees nasal, he or she may be considered for licensing only after consideration by the MAB. Applicants who cannot attain a visual acuity of 20/200 with both eyes or with the better eye cannot be licensed. The Department also will not license any person who must wear a bioptic telescopic lens to meet the visual acuity standard.

Referral Sources

The MVD accepts reports of potentially unsafe drivers from physicians; police officers; the courts; family, friends, and other citizens; and occupational and physical therapists. Regarding reports by physicians, Iowa does not have a mandatory physician reporting law, but Iowa Code 321.186 allows for licensed physicians and optometrists to report to the Department, the identity of any person who has been diagnosed as having a physical or mental condition that would render the person physically or mentally incompetent to operate a motor vehicle safely. The statute indicates that the physician should make every effort to notify the person who is the subject of the report in writing; however, reports received by the Department from physicians or optometrists are confidential without exception. Physicians and optometrists who voluntarily report drivers to the department are immune from civil and criminal liability that may otherwise be incurred as a result of their report. The Agency does not accept anonymous reports and will not conduct an evaluation of a driver if the report is not detailed or credible. Factors identified in reports by police, the courts, or properly documented citizens' requests that may indicate the need for reexamination include: loss of consciousness; confusion, disorientation, or dementia; inability to maintain the vehicle in the proper lane; repeatedly ignoring traffic control devices in a nonchase setting; inability to interact safely with other vehicles; and inability to maintain consistent speed when no reaction to other vehicles or pedestrians is required.

Other circumstances that may require a driver to undergo evaluation include a crash with a fatality where the investigating officer's report of the crash indicates the licensee contributed to the crash. A licensee who has been involved in 2 crashes within a 3-year period may also be required to undergo evaluation if the investigating officer's report indicates one of the following contributing factors: ran traffic signal; ran stop sign; passing, interfered with other vehicle; left of center, not passing; failure to yield right-of-way at an uncontrolled intersection (or stop sign, or yield sign, or when making a left turn, or to a pedestrian); and failure to have control. Additionally, if the licensee has been involved in 2 crashes in a 3-year period and both crashes were related to the driver falling asleep, a reexamination would be required. The Department may require a driver who is age 65 or older to undergo a reexamination if he or she has a crash

and either the driver or the officer indicates the need for a reexamination. Circumstances that may indicate a need for reexamination include: the licensee made a left turn that resulted in the crash; the licensee failed to yield the right-of-way at a stop sign (or a yield sign, or at an uncontrolled intersection, or at a traffic control signal); the licensee's vision may be a contributing factor in a nighttime crash; or the licensee has a physical-disability-related license restriction other than corrective lenses and the crash involved one of the prior listed maneuver errors.

Evaluation of Referred Drivers

Procedures

When the Department becomes aware of a driver with a medical condition or functional impairment that may affect safe driving ability, the driver may be required to undergo a special reexamination, which consists of a vision test, knowledge test, and driving test, and may also require a driver to obtain a medical statement from his or her physician. Medical Reports, if requested, must be based on an examination of the patient within the past 6-month period, and 6 months after the most recent loss of consciousness. A Medical Report may be requested by the Department at any point in the reexamination process—either before or after a road test. The medical report provides detailed information about the medical condition and its severity, results of laboratory tests, medications, patient's compliance to treatment, and conditions surrounding loss of consciousness (if applicable). The physician is also required to assert whether the patient is physically qualified to operate a motor vehicle, whether the patient is mentally qualified to operate a motor vehicle, whether further evaluation by a specialist is recommended, and whether reevaluation at a driver license station is recommended before the 2- or 4-year cycle is expired.

Drivers diagnosed with dementia may be allowed to continue to drive in Iowa, until the point when their physician identifies that they are not medically safe to continue to drive.

Drive tests are given at the recommendation of a personal physician, the MAB, an Examiner who observes signs of impairment and the license is not appropriately restricted, whenever the courts or police recommend reexamination, when a person's visual acuity is less than 20/50, and any other time the Department has reason to believe an applicant may not be able to exercise ordinary and reasonable control of a motor vehicle. If an applicant fails a driving test, the test may be rescheduled at the discretion of the Examiner. After three unsuccessful attempts, no further testing is allowed until six months have elapsed from the date of the last test failure, and then only if the applicant demonstrates a significant change or improvement in the physical or mental factors that resulted in the original decision. A drive test may be tailored to a specific area or community in which the customer feels more comfortable driving. The drive test is conducted in the small community or radius of the customer's home, and the license issued is restricted to driving within a specified radius of residence, within a specific community, or excluding a specified community.

Medical Guidelines

The Department's medical standards are as follows: The Department shall not knowingly license any person who suffers from syncope of any cause, any type of periodic or episodic loss of consciousness, or any paroxysmal disturbances of consciousness, including but not limited to epilepsy, until that person has remained free of episodes of loss of consciousness or loss of voluntary control for 6 months, and then only upon receipt of a medical report favorable toward licensing.

- If a medical report indicates a pattern of only syncope, the Department may license without a 6-month episode-free period after favorable recommendation by the Medical Advisory Board.
- If a medical report indicates a pattern of such episodes only when the person is asleep or is sequestered for sleep, the Department may license without a 6-month episode-free period.
- If episodes occur when medications are withdrawn by a physician, but the person is episode-free when placed back on medications, the Department may license without a 6-month episode-free period with a favorable recommendation from a neurologist.

Customers issued a license under this rule may only be issued a 2-year license, and must submit a physician's report after the first 6-month period, and if satisfactory, at each renewal. If a medical report indicates the customer experienced a single nonrecurring episode, the cause has been identified, the physician is and has not treated the customer for the episode and believes it is unlikely to recur, the Department may waive the Medical Report requirement upon the recommendation of the MAB.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The MVD generally adheres to recommendations made by a driver's physician, although there may be instances where a physician provides a favorable recommendation while other information contained in the medical report causes the report to be unsatisfactory. The Agency also generally adheres to recommendations made by the MAB, but adheres strictly to the Department's visual and medical standards when making licensing determinations. It will provide more restrictive privileges to a customer's license based on a physician's recommendations, but will never be less restrictive than Guidelines permit.

The Board or a License Examiner may recommend the following kinds of restrictions, corrective lenses, glasses with occluded left/right lens (for strabismus), maximum speed, periods when headlights are not required, radius of home, within or excluding a specified community, outside mirrors required, power assist equipment, automatic transmission, power brakes and steering, artificial limbs, leg and foot braces, special adaptive vehicle equipment, and any restrictions applicable to the person as the Department deems appropriate to assure safe

operation of a motor vehicle by that person. Periodic medical reporting requirements are issued for various conditions.

The Board may also recommend license suspension or further testing by the DOT or a rehabilitation specialist. Remediation may be recommended, such as visual correction, medical intervention, physical therapy, and driver training. The MVD refers drivers to vocational rehabilitation specialists for remediation of impairing conditions, and also makes recommendations to drivers to consult with their personal physicians for remediation.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

The Licensing Agency provides counseling to drivers to help them adjust their habits appropriately and to deal with potential lifestyle changes that follow from limiting or ceasing driving. Counseling is provided by Public Service Supervisors, Compliance Officers, and Hearing Officers, and includes information about alternative transportation options. The Agency also refers drivers to AARP as an outside resource for information about services available when driving is restricted or suspended.

IDOT makes public information and educational materials available to older drivers to explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk. The Agency has produced a 23-minute video entitled “Choices, Not Chances” that License Examiners show at meal sites and service centers that explains the effects of aging on driving ability, tips for maintaining visual and physical health, how family members can help assess driving ability, how attendance at mature driver improvement courses and choosing when and where to drive can help seniors stay safe on the road, what to expect when renewing the Iowa driver license, and alternative transportation options to consider, when driving is not permitted. IDOT has also published a Workbook (“A Practical Guide for Senior Drivers”) to refresh Seniors’ knowledge of safe driving rules and practices, and includes questions on Iowa law, rules for safe driving, and the meaning of signs. It also provides tips for choosing where and when to drive, when certain driving situations make individuals uncomfortable.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle. The “Vision, Medical, and Restricted License” section of the *Iowa Driver’s License Examiner Manual* is devoted to defining the visual and medical standards for licensing, defining visual and medical terminology, explaining how medical conditions and functional impairments can be recognized by observation or questioning, and how they can be compensated for with adaptive equipment or

other restrictions. It also provides Departmental procedures for screening and processing licensing applications based on customers' performance on the vision and drive tests and responses provided on licensing applications, and when to refer drivers to their own medical specialists and to the MAB. Specialized training is not provided for licensing personnel relating to older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system, but does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

Iowa's medical review process does not rely on NHTSA 402 funding to support its operation. Funding was identified as a barrier to implementing more extensive screening, counseling, and referral activities.

Kansas

Organization of the Medical Program

Driver licensing is administered by the Kansas Department of Revenue, Division of Vehicles. Kansas has a Medical Advisory Board, created in 1969, with 6 physicians who are paid consultants to the Department of Revenue (DOR). The medical specialties represented by the current Board members include optometry, ophthalmology, and neuropsychology; three additional positions are in need of filling, and include family practice, neurology, and psychiatry. Board members are nominated by the Driver Review Staff and/or the Director of Vehicles, and serve a life term. There is no chairperson who heads the Board. Board members interact by mail on a monthly basis to make fitness to drive determinations; all Board members are asked to review each case referred to them, and to provide recommendations to the Director of Vehicles regarding licensing actions. Board members are immune from legal action, and records and deliberations of the Board are confidential without exception. Board members' identities are public; however, their names are not published and no effort is made to make names public unless legally requested to do so.

The purposes of the Board are as follows: to advise the Director of Vehicles on medical criteria and vision standards for licensing; to perform paper reviews and advise on individual cases; to assist in developing standardized, medically acceptable report forms; to apprise the Licensing Agency of new research on medical fitness to drive; and to advise on procedures and guidelines, particularly for diseases or conditions not previously encountered by licensing personnel.

The Board evaluates approximately 50 to 80 cases each year. Examples of conditions referred to the Board include drivers with extremely low vision (20/400 corrected or worse), extremely decreased peripheral vision, and seizures falling outside of designated guidelines. For example, a driver whose seizures have previously been controlled by medication, and then is switched to a generic medication by his or her insurance company and experiences a seizure, may undergo review by the Medical Advisory Board to determine if he or she must wait the full six months prior to resuming driving.

Forty-two cases were referred to the Board in the year 2002. Five percent of the cases included drivers over age 65, and 19 percent included drivers between ages of 76 and 85. Approximately 50 percent of drivers are denied a license each year following evaluation by the Board, and most of these cases involve drivers who must wait until they are seizure free or have no loss of consciousness within the past 6 months. Approximately 1 percent of the drivers who are denied a license are over age 65, and 1 percent are over age 75.

The DOR Division of Vehicles has an internal medical review unit (Driver Review Section) composed of five non-medical professional staff as follows: two Senior Administrative Assistants, one Administrative Specialist, one Public Service Administrator, and one Director of Vehicles. The purpose of the Driver Review Section is to review driver files for persons with impairments that may interfere with the safe operation of a motor vehicle, taking into

consideration their physician's documentation of the status of their visual, medical, physical, and/or mental condition; their driver license status; and Kansas statutes, to determine a proper course of action that facilitates the most appropriate licensing action for the applicant. This process includes securing appropriate medical reports and requesting the applicant to take and pass a full driver's examination (written, vision, and drive tests) with the Driver's License Examiner.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers come to the attention of the Driver Review Section in a number of ways. Both first-time and renewal applicants must answer questions about medical conditions as they complete the licensing process. If they answer "Yes" to any of the following questions, they are required to have a physical exam performed by their physician:

- *Do you have any physical or mental condition which may make it difficult to operate a vehicle?*
- *Have you had any seizures or loss of consciousness within the past 6 months?*
- *Are you a habitual user of alcohol or drugs?*

The driver is given a form to take to his or her physician for completion within 30 days that requires the physician to provide details regarding any of the following conditions the patient indicates (in the first section of the form) that he or she has experienced or been treated for within the past 3 years: motor vehicle crash; driver's license revocation, suspension, cancellation; blackout spells, dizzy spells, epilepsy, seizures, loss or alteration of consciousness; other neurological impairments; head trauma/brain surgery; nervousness; depression, confusion, or other psychiatric disorders; memory impairment; alcoholism; visual impairment or eye disease; drug abuse; hearing impairment; amputations, missing extremities, or prosthesis; other orthopedic impairments; high blood pressure; heart disease or cardiovascular impairments; diabetes; or other diseases, ailments, or complications. The physician then provides details about the diagnosis, prognosis, treatment, and any medications related to the disorder(s). The physician is also asked to describe how the impairment may affect the patient's ability to safely operate a motor vehicle; to recommend restrictions that should be placed on the license if one is issued; whether a test of the person's driving ability should be administered; whether an annual medical report should be required; whether the patient is reliable in taking medications; whether seizures or medical conditions are controlled; and whether, in the physician's professional opinion, the patient is physically and mentally capable of safely operating a motor vehicle. A maximum of four restrictions may be chosen from the following list of restrictions: corrective lenses; daylight hours only; no interstate driving; must drive outside of the business area; must drive within city limits; must be accompanied by a licensed driver in the front seat; must use a mechanical aid; must use a prosthetic aid; must use an automatic transmission; driving is authorized within a ___ mile radius of home (from 5 to 30 miles, in 5-mile increments); and must use an outside mirror.

Vision Screening and Vision Standards

In addition to answering medical questions, original and renewal applicants must take and pass a vision exam and a written test covering knowledge of traffic signs and laws. Drivers who fail to test 20/40 in at least one eye at the examining station are required to take a vision report form to a vision specialist, and if they fail to test 20/60 in at least one eye by the vision specialist, the report must be forwarded by the license Examiner to the Driver Review Section. Field of vision must be better than 55 degrees in one eye, or 110 degrees for both eyes. The vision report, in addition to describing the patient's acuity, visual field, visual correction information, and diagnosis of visual condition, asks the optometrist or ophthalmologist to state whether he or she believes the person can safely operate a motor vehicle (if acuity is 20/60 or worse), whether an annual vision report should be required, whether the applicant's physical/medical/mental condition should be evaluated, and which restrictions are recommended if the license is issued or continued. A maximum of four restrictions may be chosen from the following list of restrictions: corrective lenses; daylight hours only; no interstate driving; must drive outside of the business area; must drive within city limits; must be accompanied by a licensed driver in the front seat; driving is authorized within a ___ mile radius of home (from 5 to 30 miles, in 5-mile increments); and must use an outside mirror.

Referral Sources

Other entries into the medical program include reports of potentially unsafe drivers from the following sources: police officers; courts, family, friends, and other citizens; hospitals, occupational therapists, physical therapists, and physicians. All letters of concern must be signed, so that the Driver Review Section knows that intent is true and not malicious. Anonymous referrals are not accepted, and some sources are investigated prior to the agency contacting the driver. For example, if a police officer is not specific enough about how a crash or violation may relate to a driver's medical or functional condition, the Driver Review Section will request more information from the reporting officer. Physicians in Kansas are not required by law to report drivers with medical conditions or functional impairments to the Licensing Agency; however, they may report drivers on a voluntary basis through letters of concern. Physicians who choose to report drivers are immune from legal action by their patients, and their reports are confidential, with the exception that the driver may request a copy, and copies may be admitted as evidence in court cases.

A reexamination may also be triggered by a crash with a fatality, an accumulation of crashes, from public information such as a newspaper article describing a crash due to a blackout or seizure, or by the observation of functional impairment by Licensing Agency personnel during the license application or renewal process.

Evaluation of Referred Drivers

Procedures

Medical and vision reports are processed first (generally) by the Administrative Assistants in the Driver Review Section of the Division of Vehicles. The medical form is

checked for medical condition, prognosis, medications, treatments, dates of loss or alterations of consciousness, any restrictions to the license, necessity of an actual drive test, whether the condition is controlled, the doctor's opinion of suitability and safety of the driver, and any comments made by the doctor and the date of the physical exam. If the applicant is self reporting a medical condition and has not had a loss of consciousness in the last six months, and the physician agrees he or she is safe to drive, the license may be continued with the addition of any needed restrictions, and/or with conditions such as an annual medical report or drive test required for renewal. The Administrative Assistants may continue the license with or without restriction, order a road and/or knowledge test, request more information, or refer the file to the Administrative Specialist to make the licensing decision. The Administrative Specialist will then review the medical information, and may either order a road or knowledge test, request more medical information, continue the license with or without additional restrictions, revoke or deny the license, or refer the case to the Public Service Administrator. Vision reports for drivers with vision poorer than 20/100 and drivers with bioptic lenses go directly to the Public Service Administrator for review. The Public Service Administrator will perform a similar review and either continue the license with or without restriction, revoke, or deny licensure, or refer the case to the Director of Vehicles. The Director of Vehicles will review the case, and either make a licensing decision or refer the case to the Medical Advisory Board. Cases where the medical form contains discrepancies that have been unresolved by repeated correspondence, contain differing medical opinions, those with extremely technical test results that are outside the expertise of the Driver Review Section, and those where the applicant disputes the findings of the Driver Review Section or contests being placed on annual review status are referred to the Kansas Medical Advisory Board for further review.

Medical Guidelines

The Public Service Administrator describes Kansas as a "liberal driving State" with no age cutoff or low vision limit or any automatic disqualification other than uncontrolled seizures or loss of consciousness within the past 6 months. The Licensing Agency prefers, instead, to use the tools and knowledge it has to review on a case-by-case basis and thereby license individuals who are deemed safe by their physicians and by their demonstration of safe driving and rules of the road. Tailored local drive tests demonstrate an applicant's ability to drive safely in a familiar area, and allow for driving privileges to continue in a restricted geographic area (within a 5 to 30 mile radius of the driver's home).

Drivers diagnosed with dementia are allowed to continue driving if their physician continues to indicate they are safe after annual medical examinations, and as long as they can pass the road and knowledge tests.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Driver Review Section bases licensing decisions of State seizure statutes, and on recommendations of the Medical Advisory Board, physician approval indicated on the medical and vision reports, and the passage of any required testing (i.e., knowledge test and on-road

driving test). Review is on a case-by-case basis using office policies and procedures that have long been in place, using all the tools listed above, including annual reports for comparison of ability (improvement or decline) over the years. Final determinations are made by the Director of Vehicles using consensus of the Board. The Board may recommend further testing, license restrictions, or license revocation or denial until the applicant meets the requirements (not permanent, although some applicants may never be able to meet the requirements).

Further testing could include: driving evaluations administered by a certified driver rehabilitation specialist or other rehabilitation specialist; written or driving tests administered by Driver License Examiners; or results of specific medical tests such as requesting an electroencephalogram (EEG). Restrictions may include: corrective lenses; daylight hours only; no interstate driving; must drive outside of the business area; must drive within city limits; must be accompanied by a licensed driver in the front seat; must use a mechanical aid; must use a prosthetic aid; must use an automatic transmission; driving is authorized within a ___ mile radius of home (from 5 to 30 miles, in 5-mile increments); and must use an outside mirror. Periodic (annual) medical or vision reports are required for drivers with seizures, diabetes, loss of consciousness, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), Muscular Dystrophy, Multiple Sclerosis, Parkinson's Disease, cataracts, glaucoma, macular degeneration, nystagmus, and progressive conditions.

The Licensing Agency does not refer drivers for remediation of impairing conditions, but may admonish drivers to obtain new eye prescriptions. Drivers must seek their own medical treatment.

Appeal of License Action

There is an appeal process for drivers whose privileges are suspended or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

The Public Service Administrator and Administrative Specialist in the Driver Review Section provide counseling by phone to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving. Rehabilitation options and driving schools are discussed, and information about alternative transportation options is provided if the area is known to the Administrator and Specialist. License Examiners in the field generally counsel drivers if improvement is needed.

Public Information and Educational (PI&E) materials for older drivers explaining the importance of fitness to drive and ways in which impairing conditions increase crash risk are contained within the *Kansas Driving Handbook*, in a 1.5 page section entitled "Driving Tips for Senior Citizens." AARP 55-Alive pamphlets have been made available in the past, but not in the recent few years.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, although there are a few limited suggestions in the Examiner's Manual. On-site supervisors generally call the Driver Review Section if they have questions about a particular applicant. The Licensing Agency does not provide specialized training for driver licensing personnel relating to older drivers. Generally, this information is passed down by the supervisors. Examiners are expected to be courteous, helpful, and aware of limitations.

Medical Program Tracking System

The Agency uses automated work-flow systems and has an automated medical record system. They use the File Net imaging system to scan all documents received, and these are electronically part of the each driver license file.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers precluding the implementation of more extensive screening, counseling, and/or referral activities including connections to alternative transportation are as follows: budgetary concerns, lack of personnel, the fact that Kansas is a large rural state with a low population, and conflicts of interest (i.e., they don't want to recommend one doctor over another).

Kentucky

Organization of the Medical Program

Driver licensing in Kentucky is administered by the Department of Motor Vehicles. Kentucky has had a Medical Review Board since the 1970's; it currently consists of 8 physicians who are paid consultants to the DMV, working in private practice. The Board consists of three ophthalmologists, 1 physician who specializes in internal medicine, 1 neurologist, 2 psychiatrists, and 1 physiatrist. Members are appointed by the Secretary of Transportation for an indefinite term. The Commissioner of the Department of Vehicle Regulation of the Transportation Cabinet chairs the Board. Board members meet monthly as a group and interact weekly by mail for disposition of fitness to drive cases. The members who participate in meetings are paid \$200 per day, plus expense reimbursement. Board members are immune from legal action, their identities are anonymous, and records and deliberations of the Board are confidential.

The purposes of the Board are to advise on medical criteria and vision standards for licensing; to assist in developing standardized, medically acceptable forms; and to review and advise on individual cases. In their review of cases, Board physicians perform paper reviews.

Approximately 1,200 drivers are referred to the Board each year. Data regarding driver age are not available. As a result of the evaluation by the Board, 482 licenses/permits were denied or suspended for the year 2002.

The Licensing Agency does not have a dedicated internal medical review unit. Non-medical administrative staff within the Department of Vehicle Regulation, Division of Driver Licensing (who have other responsibilities in addition to medical evaluation) evaluate medical forms according to Kentucky's medical standards.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect their safe driving ability come to the attention of the DMV in a variety of ways. Both first-time and renewal applicants must complete a section of the license application that asks the following two questions about medical conditions:

- *Have you suffered a seizure or blackout within the past 90 days?*
- *Do you have any physical/mental impairments that affect your driving abilities or have you had a blackout within the past 3 years?*

If a driver answers "Yes" to either of these questions, he or she will be required to have a physical examination by licensed, qualified physician of his or her choice, and will be given a Medical Review Board Form for the physician to complete and return to the Department of Vehicle Regulation, Division of Driver Licensing.

Vision Screening and Vision Standards

New drivers must pass a vision test. Vision screening is not required for renewal unless the license is expired for more than one year. The visual acuity standard in Kentucky is 20/40 or better. If an applicant cannot meet the standard, he or she is referred to a vision specialist for examination and possible correction. The visual requirements for driving include acuity of at least 20/60 or better in at least 1 eye with a single lens system; binocular horizontal field of vision of at least 35 degrees to the left and right side of fixation; and binocular vertical field of vision of at least 25 degrees above and below fixation.

Applicants who wear bioptic telescopic lenses may be accepted to participate in a certified driver training program, if they meet the following minimum vision requirements: a distance visual acuity of 20/200 or better, with corrective lenses, in the better eye; a visual field of at least 120 degrees horizontally and 80 degrees vertically in the better eye; a distance visual acuity of 20/60 or better using a bioptic telescopic device; and no ocular diagnosis or prognosis that indicates a likelihood that significant deterioration of visual acuity or visual field to levels below the minimum standards outlined above. Applicants are issued a temporary instruction permit that is valid only when he or she is accompanied by an employee of a certified driver training program. Temporary instruction permits are valid for 1 year. An applicant who successfully completes a certified driver training program must be reexamined by a vision specialist upon completion of the program. The examination shall certify that the applicant continues to meet the visual acuity and visual field standards. An applicant who successfully completes a certified driving training program and passes the visual reexamination is eligible to take a comprehensive operator's license examination administered by the State Police. The operator's license examination will include testing of the applicant's driving skills over a route specifically designed to test the applicant's competency using a bioptic telescopic device. If an applicant or restricted out-of-state driver fails the operator's license examination three times, he or she will not be eligible to retake the examination until successfully completing additional training from a certified driver training program and obtaining an affidavit from the program director recommending that the applicant be allowed to retake the examination.

A bioptic driver will be restricted to daytime driving. A restriction to daytime driving in may be removed if the licensed driver: drives for 36 months without any at-fault crashes and without any license suspensions; successfully completes additional evaluation and training specifically designed for night driving from a certified driver training program; and passes a comprehensive night driving examination. A license restricted to the use of bioptic telescopic lenses is valid for 1 year. The license holder shall undergo a comprehensive visual examination by a vision specialist before a license can be renewed. If the vision specialist certifies that the conditions causing the visual impairment are stable, then the circuit clerk shall issue a renewal license. If the conditions causing the visual impairment are unstable or deteriorating, the license holder may be required to undergo additional testing as required by the department before a renewal license may be issued.

Referral Sources

Drivers may be referred to the Licensing Agency by police officers, the courts, family, friends, other citizens, physicians, hospitals, and occupational and physical therapists.

Individuals who wish to report a driver for possible physical or mental impairment must complete and submit an Affidavit for Recertification form to the Medical Review Board, and provide their names, addresses, and signatures. Two signatures are required on the form when it is being submitted by citizens who are not physicians, Kentucky State Police, or county officials. Anonymous reports are not accepted; the Licensing Agency does not investigate any referral sources before contacting a driver for possible reevaluation. Physicians in Kentucky are not required by law to report drivers with physical or mental impairments that may affect safe driving ability to the Licensing Agency, but may choose to do so voluntarily, by writing a letter to the Agency. Physician reports are confidential, except that the patient may request a copy. Physicians who voluntarily report drivers are immune from legal action by their patients.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo a reevaluation include: a crash with a fatality; driver indication that he or she “blacked out,” lost consciousness, or suffered a seizure prior to a reportable motor vehicle crash; referral by police, the courts, physicians, occupational therapists, family, friends, other citizens; self-report of a medical condition; or observation by DMV personnel of signs of impairment during the renewal process. Each of these circumstances would require a driver to have an examination by his or her physician at the driver’s expense, and have the physician complete and return the medical form to the Division of Driver Licensing.

Non-medical administrative staff within the Department of Vehicle Regulation, Division of Driver Licensing evaluate the medical forms according to the medical standards set forth in Kentucky Administrative Regulations, Title 601, Chapter 13:100.

Drivers in Kentucky may drive after being diagnosed with dementia, but only if their physician indicates they have the ability to do so safely, and they can pass the road test. When the reviewers of the medical forms encounter a case in which medical or rehabilitation expertise is needed to evaluate driving ability, they will refer the case to the Medical Review Board.

The Medical Review Board may recommend further medical examination, further testing, restriction of the driving privilege, or denial of the driving privilege. Drivers have the right to attend the hearing, but their attendance is not required. Medical Review Board physicians consider the following information when making recommendations:

- Any medical conditions, including history of illness; severity of symptoms and prognosis; complications and/or co-morbid conditions; treatment and medications, including side effects and the person’s use of the medications; results of medical tests and laboratory reports; the physician’s medical report, including recommendations and risk factors.
- Reports of driver condition or behavior.
- Results of any driving evaluation to determine if a driver adequately compensates for his or her medical, mental, or physical condition, or functional impairment.

- Substance abuse assessment reports from a licensed treatment facility, certified chemical dependency counselor, or certified driving under the influence assessor.
- Traffic crashes that may have been caused in part or in whole by a medical condition.
- A vision specialists report.
- A person's failure to provide requested information to the Department.
- A report from a rehabilitation specialist.

Medical Guidelines

Medical standards are defined for conditions affecting cardiovascular function, cerebrovascular function, endocrine function, musculoskeletal function, neurological or neuromuscular function, mental or emotional function, respiratory function, and vision and sensory function. These are summarized below.

Conditions affecting cardiovascular function. There shall not be current symptoms of coronary artery disease, such as unstable angina, dyspnea, or pain at rest, which interferes with safe driving; there shall not be a cause of cardiac syncope present, including ventricular tachycardia or fibrillation, which is not successfully controlled; there shall be no congestive heart failure that limits functional ability; there shall not be cardiac rhythm disturbances which are not successfully controlled; there shall not be an automatic implantable cardioverter defibrillator, unless the device is assessed by an electrophysiologist as not interfering with safe driving; there shall not be medications interfering with safe driving; and there shall not be valvular heart disease or malfunction or prosthetic valves that interferes with safe driving.

Conditions affecting cerebrovascular function. There shall not be a sensorimotor deficit preventing safe driving; there shall not be impairment of reasoning or judgment preventing safe operation of a vehicle; and there shall not be medication interfering with the person's ability to operate a motor vehicle safely.

Conditions affecting endocrine function. There shall not be diabetic neuropathy or other complication which interferes with safe driving; there shall not be frequent and functionally impaired hypoglycemic reactions; and there shall not be evidence of use of alcohol or other drugs to an extent that interferes with the person's prescribed treatment program for the condition.

Conditions affecting musculoskeletal function. Pain shall not interfere with the person's ability to safely operate a motor vehicle; the person's operation of a vehicle in a driving evaluation demonstrates adequate compensation for any weakness or limitations in range of motion or mobility; and there shall not be effects or side effects of medication interfering with safe driving.

Conditions affecting neurological or neuromuscular function. There shall not have been a seizure episode within the prior 90-day period; the person adequately compensates for any paralysis or sensory deficit when operating a vehicle; fatigue, weakness, muscle spasm, or tremor at rest does not impair safe driving; there shall not be effects or side effects of medication that

interferes with safe driving; and there shall not be a decline in cognition to an extent that interferes with safe driving.

Persons with seizure conditions must be seizure free for 90 days prior to licensing. A person whose seizure condition is of a nature that the seizure condition would not impair the ability to operate a motor vehicle may present evidence of this fact to the Division of Driver Licensing including the person's own attested statement, physician's statement, and medicine dosage details. If the division determines that the person's seizure condition does not impair the ability to operate a motor vehicle, the Division will issue the license

Conditions affecting mental or emotional function. There shall not be dementia that is unresponsive to treatment; there shall not be a behavior disorder with threatening or assaultive behavior at the time of application; there shall not be a delusional system which interferes with safe driving; there shall not be a suicidal tendency; there shall not be an impairment of judgment that interferes with safe driving; there shall not be an active psychosis that interferes with safe driving; and there shall not be effects or side effects of medication that interferes with safe driving.

Conditions affecting respiratory function. The person does not require medication; and there shall be no dyspnea that interferes with safe driving.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Licensing Agency may restrict a driver's license based on a recommendation of a physician or vision specialist; the results of a driving examination or evaluation performed by the Kentucky State Police or a rehabilitation specialist or facility; and/or the recommendation of the Medical Review Board. Restrictions may include corrective lenses, use of special adaptive equipment or a specially equipped vehicle, operation only during daylight hours, restriction of the driving area, or any other restriction that the Department deems necessary for safety purposes. Periodic medical reports may also be required. Drivers are not referred to specialists for remediation of impairing conditions.

Appeal of License Action

Drivers may appeal a licensing decision made by the department within 20 days of the notice of licensing action, and have the right to an informal hearing before the Board. If necessary, a formal administrative hearing may be requested. At the informal hearing before the Medical Review Board, the commissioner or his representative presides, and at least three physician members must be present. The decision of the Board is sent to the driver within 10 working days after the hearing, along with a notice of the driver's right to an administrative hearing.

Counseling and Public Information & Education

The Licensing Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to help them deal with potential lifestyle changes that follow from limiting or ceasing driving. However, the Agency will refer drivers to the Department of Vocational Rehabilitation for counseling. The Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and how impairment relates to crash risk.

Administrative Issues

Training of Licensing Employees

There is no specialized training for Agency personnel in how to observe applicants for signs of impairment, nor is there specialized training in issues relating to the licensing of older drivers.

Medical Program Tracking System

The Agency uses an automated medical record system, but does not use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support its operation. Barriers identified to implementing more extensive screening, counseling, and/or referral activities include legislation and funding.

Louisiana

Organization of the Medical Program

Driver licensing in Louisiana is administered by the Office of Motor Vehicles (OMV) in the Louisiana Department of Public Safety (DPS). Louisiana has a Medical Advisory Board that was established in 1968. The Board consists of 18 members representing the following medical specialties: optometry, ophthalmology, internal medicine, neurology, orthopedics, psychiatry, and general surgery. Members are nominated by the State Medical Society and the State Association of Optometrists, and are appointed by the Governor for a 2-year term. Members must be reconfirmed by the Senate every two years. Board physicians are volunteer consultants to the DPS, who work in private practice. A neurosurgeon heads the Board. Although members' identities are public, and records and deliberations of the Board are not confidential, Board physicians are immune from legal action.

The functions of the Board are to advise the DPS on medical criteria and vision standards for licensing; to review and advise on individual cases through the performance of paper reviews; and to assist in the development of standardized, medically acceptable report forms. The Board meets in person as a group to make fitness to drive determinations, on a case-by-case basis. Members also interact via teleconference and by regular mail. The DPS bases its licensing actions on the recommendation of multiple Board members, but not the entire Board. The types of medical conditions that are referred to the Board include:

- All vision examinations indicating a visual acuity worse than 20/100.
- Questionable medical examinations received by the Medical Unit in which Agency personnel are unable to make a licensing determination.
- Cases where the driver was previously denied driving privileges by the MAB.

Approximately 52 cases are referred to the Board each year. Fifteen percent of the referred drivers are older than age 65. Approximately 17 drivers are denied a license following evaluation by the Board. Eleven percent of those for whom driving privileges are denied are age 65 or older.

The Medical Unit within the OMV is staffed by four non-medical administrative staff whose job title is Motor Vehicle Compliance Analyst II (MVCA). Three of the four MVCAs process medical paperwork on a daily basis, while the fourth MVCA is a specialist who has additional responsibilities, such as training. MVCAs perform other duties outside of medical evaluation on an as-needed-basis.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their ability to drive safely come to the attention of the OMV in a number of ways. All first-time and

renewal applicants must respond to the following two questions regarding medical conditions as they complete their license application:

- *Have you ever experienced any loss of consciousness other than normal sleep? If “Yes” explain: _____.*
- *Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely?*

Drivers who respond in the affirmative must take a Medical Examination form to their physician for completion and return to the Department within 30 days. In addition, drivers who are age 60 or older and are applying for a Louisiana license for the first time must provide a detailed Vision Examination Report from a licensed eyecare specialist, as well as a detailed Medical Examination Report from a licensed physician.

Vision Screening and Vision Standards

Initial applicants as well as drivers renewing their licenses must take and pass a vision test. Drivers must renew their licenses every 4 years, and drivers under age 70 and those with no moving violations in the previous 2-year period may renew by mail every other cycle. Drivers who cannot attain at least 20/40 visual acuity in the better eye are referred to their eyecare specialist, who must complete a Vision Examination report and return it to the Department within 30 days. Specialist reports that indicate an applicant's visual acuity is 20/40 or better may be licensed with no restrictions. Specialist reports that indicate an applicant's visual acuity cannot be improved better 20/70 may be given limited driving privileges. In addition, a driving test may be warranted to determine any restrictions that should be applied. If the applicant fails the driving test, the driving privileges are suspended. If the visual acuity is worse than 20/70 but not worse than 20/100, the report is referred to the office supervisor for a driving test to determine if the applicant can safely operate a motor vehicle with this visual acuity. Specialist reports that indicate an applicant's visual acuity is worse than 20/100 are presented for review by the Medical Advisory Board. The applicant is denied a driver's license until a decision is rendered. If approved by the Medical Advisory Board, the driver must pass a driving exam before being licensed. A vision statement will be required at the time of each 4-year or more often if requested by the specialist or the Medical Advisory Board.

Applicant who can only achieve required visual acuities through wearing telescopic/biopic lens are not eligible for a driver's license. Telescopic/biopic lens cannot be worn for driving in Louisiana.

Depending on the visual condition, one or more of the following restrictions may be applied: corrective lenses; left outside rearview mirror; daytime driving only; restricted to no more than a 5-, 10-, 15-, 20-, or 25-mile radius of home; no interstate highway driving; driving only within parish of principal residence; restricted to driving a maximum of 50, 45, 40, or 35 mi/h; vision medical exam required every 6 months, 12 months, or 24 months; complete medical exam required every 6 months, 12 months, or 24 months; driving only between 9:00 a.m. and 3:00 p.m.; inside and outside rearview mirror; and left and right rearview mirrors.

Referral Sources

Drivers with medical conditions and functional impairments also come to the attention of the OMV through reports submitted by physicians, police officers, family members, hospitals, and occupational and physical therapists. While Louisiana does not have a mandatory physician reporting law, physicians may voluntarily report drivers to the OMV by writing a letter or submitting a “Report of Driver Condition or Behavior.” Reports are confidential—they are not considered public record. The Department will not divulge any information contained in the reports, even if the case has been cleared or suspended. The exception to the confidentiality of reports, is if a driver obtains an order from a court of competent jurisdiction for the release of the name of the individual who filed the report. Physicians who report drivers in good faith are immune from legal action by their patients.

Others from whom the OMV will accept reports include: OMV employees or agents; law enforcement officers; the courts; any healthcare provider; or any family member having first-hand knowledge of any condition that affects the individual’s ability to drive safely. Reports must be made on a “Report of Driver Condition or Behavior” form or in the form of a letter, and must include the name, address, telephone number, and signature of the person making the report. The OMV does not accept anonymous reports. The report must be based on personal observation or physical evidence, and contain a description of the incident, condition, investigation or complaint that brought the driver to the reporter’s attention. The Licensing Agency does not investigate any reporting sources prior to contacting the driver for possible reevaluation. Reports are not considered a matter of public record, and information contained in Driver Condition Reports will not be divulged. The licensed driver must seek an order from the court for the release of the name of the individual who submitted the report. Louisiana law provides immunity to any person who makes a report, from civil or criminal liability that may otherwise result from making the report when the person is acting without malice and in the reasonable belief that such action is warranted to protect the public.

Evaluation of Referred Drivers

Procedures

Circumstances under which a driver may be required to undergo reexamination include referral by any of the sources notified above, as well as the following: upon self-report of a medical condition, upon the observation of functional impairment by licensing personnel, upon application for handicapped parking privileges, and through crash reports indicating a physical impairment as a condition contributing to the crash. When a “Report of Driver Condition or Behavior” is received by the Medical Unit, a determination is made based on the content of the letter, as to whether the driver will be required to undergo Medical Evaluation (examination by a physician or vision specialist) or to undergo Special Examination (written knowledge test and driving skills test). If any remarks are made about a physical, mental, or visual condition, the driver will be required to undergo a Medical Evaluation and may be required to also undergo a Special Examination. A letter is sent to the driver explaining the requirement to take a medical form to his or her physician for completion or to report to a motor vehicle office within 30 days for retesting.

The Medical Examination form requires the physician to complete information relating to the patient's medical history, visual acuity and peripheral field measurements, and specific information about any orthopedic, cardiopulmonary, neurological, mental, or diabetic conditions the patient may have. For all conditions, the physician is asked to list medications and dosages prescribed, and for diabetes and neurological disorders whether the patient is reliable in taking medication and following the medical regime. If the patient has an orthopedic condition the physician is asked whether he or she uses appliances or supports, and whether the device provides adequate compensation for operating a motor vehicle safely. The physician is asked to provide a medical opinion regarding the patient's ability to operate a motor vehicle safely, and whether periodic medical reports should be issued, and at what interval.

A Special Examination may be administered at the time of renewal, at the time of application for a duplicate license, upon MAB request, or upon request by the Medical Unit in the Headquarters office as the result of a Driver Behavior Report submitted by the courts, law enforcement agencies, OMV employees, health care providers, or family members having first-hand knowledge of any condition which may render an individual unable to safely operate a motor vehicle. When a Special Examination has been scheduled by the Medical Unit, correspondence is mailed advising the individual to report to the motor vehicle office indicated within thirty days from the date of correspondence. If the individual fails to appear at the time specified, the license is suspended.

If an applicant fails the written exam, he or she may not proceed with the driving examination unless otherwise directed by the office manager. Within any 30-day period, written exams may not be given more than three times; at such time, an oral exam is given. If the applicant fails the oral exam or fails the driving exam, the operator forwards all paperwork/results with comments to the office manager who will decide if another exam should be given or whether it should be forwarded to the District Manager, who will approve or disapprove another exam. If the exam is disapproved, the driver is sent an Official Notice of Withdrawal.

If the applicant successfully passes the exam and a new restriction or change in a restriction is recommended by the Examiner, it must be approved by the office manager. Drivers may be road tested on routes near their homes and restricted to certain routes or a geographic radius from home, if they pass the area test.

In making licensing determinations, the OMV adheres to visual and medical standards, based on recommendations provided by the driver's physician and the Medical Advisory Board.

Medical Guidelines

The Louisiana DPS *Office of Motor Vehicles Policy and Procedure Manual* provides procedures and guidelines that the Motor Vehicle Compliance Analysts use to make licensing determinations. Any medical or vision report received in which the physician or eyecare specialist indicates that the applicant cannot safely operate a motor vehicle results in a license suspension. Any medical or vision report received in which the physician or eyecare specialist indicates that the applicant may not be able to safely operate a motor vehicle is presented for

review by the MAB. Any medical or vision report in which the physician or eyecare specialist either indicates that the applicant is able to safely operate a motor vehicle, or fails to provide an opinion regarding the applicant's ability to drive safely is evaluated according to the Department guidelines, which are summarized below.

Hearing Conditions: Individuals with hearing disabilities that could prevent them from hearing automobile horns or emergency vehicles must receive appropriate restrictions (e.g., left outside rearview mirror, inside and outside rearview mirrors, must wear hearing aid).

Orthopedic Conditions: If the applicant has an amputated or missing limb, or skeletal deficiency that can interfere with the safe operation of a motor vehicle, determination of restrictions, if applicable, or denial of license is based on the applicant's ability to pass a driving examination. Restrictions may include: automatic transmission, power steering, seat cushion, left foot accelerator, mechanical turn signals, hand controls, extension bar for gas pedal, dimmer switch on steering column, artificial limb, etc. If the applicant fails the driving test administered by the Field Motor Vehicle Compliance Analyst, the driving privileges are suspended accordingly. Any questionable cases not specified in the OMV policy are presented for review by the Medical Advisory Board.

Cardiopulmonary Conditions: If there is a possible or definite problem with fixed hypertension, it must be sufficiently explained in the remarks section of the report.

If the attending physician indicates that the applicant is able to safely operate a motor vehicle and no other medical condition prohibits the issuance of a driver's license, the report is considered acceptable and the driver's license is issued.

If the attending physician indicates possible "dyspnea or angina" and does not provide an opinion regarding the applicant's ability to drive safely, a cardiac report from an internist or a specialist with a recommendation as to the applicant's ability to safely operate a motor vehicle is requested. If the attending physician indicates possible "syncope or dizzy spells" and does not provide an opinion regarding the applicant's ability to drive safely, a cardiac, neurological and metabolic report from an internist or specialist with a recommendation as to the applicant's ability to safely operate a motor vehicle is requested. Once received, the report is evaluated, and if the internist or specialist(s) indicates the applicant could safely operate a motor vehicle, the report is considered acceptable and a clearance letter is issued. If the internist or specialist(s) does not provide an opinion regarding the applicant's ability to drive safely, the case is presented for review by the Medical Advisory Board. A yearly follow-up is required for two years following the medical clearance on all cases in which the physician/internist/specialist(s) indicates "syncope."

Neurological Conditions: If the report reveals that an applicant has had an epileptic seizure or a nocturnal seizure within the last six months, the driver's license is not renewed (it is suspended) or, in the case of a new applicant, the driver's license is denied. The driver's license will not be issued until the applicant has had a six-month, seizure-free period. In cases where the physician recommends that the applicant be re-evaluated, a neurological report from a neurologist is requested. Any questionable cases not specified in this policy are presented for

review by the Medical Advisory Board. A yearly follow-up is required for two years following the medical clearance on all cases involving seizures.

Drivers who are diagnosed with dementia may be allowed to continue to drive in Louisiana, until the treating physician indicates that they can no longer drive safely, or when the MAB denies driving privileges.

Mental Conditions: If there is a disclosure on a medical report of a mental disorder(s) by a physician, psychologist or psychiatric social worker, a second opinion is required from a psychiatrist. The driver's license is not issued or renewed. If the report is from a psychiatrist and indicates that the applicant could safely operate a motor vehicle, the driver's license may be approved provided there is no adverse opinion by a physician, psychologist or psychiatric social worker. If the psychiatrist does not provide an opinion regarding the applicant's ability to drive safely, the case is presented for review by the Medical Advisory Board.

Diabetes. If there is a disclosure of diabetes mellitus, the physician's statements and recommendations are the primary elements that are considered. Unless the physician indicates an obvious hazard such as abnormal loss of consciousness or unstable vision, the application is approved. Questionable cases are presented for review by the Medical Advisory Board.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

As a result of the Medical Advisory Board's review, the Agency may take any of the following actions: approve reports to allow renewal or issuance of a driver's license; suspend or deny driving privileges; require the applicant to pass a written and/or driving test (Special Examination); or require the applicant to submit periodic medical reports (for conditions such as seizures, diabetes, neurological disorders, alcohol/drug abuse, orthopedic conditions, and vision conditions). Restrictions may include: corrective lenses; left outside rearview mirror; daytime driving only; restricted to no more than a 5-, 10-, 15-, 20-, or 25-mile radius of home; no interstate highway driving; driving only within parish of principal residence; restricted to driving a maximum of 50, 45, 40, or 35 mi/h; specific driving route; vision medical exam required every 6 months, 12 months, or 24 months; complete medical exam required every 6 months, 12 months, or 24 months; driving only between 9:00 a.m. and 3:00 p.m.; inside and outside rearview mirror; left and right rearview mirrors; special mechanical equipment (seat cushion, left-foot accelerator, hand controls, mechanical turn signals, etc); artificial limbs required.

All vision and medical cases previously denied by the Medical Advisory Board must be resubmitted to the Board for approval prior to reinstatement and licensing.

The Agency does not refer drivers for remediation of impairing conditions, but the Board may recommend remediation such as visual correction, medical intervention, physical therapy, and driver training.

Appeal of License Actions

There are no provisions for the issuance of a hardship license for suspensions and revocations of applicants with physical or mental conditions; however, if a driver is aggrieved by the OMV's decision, he or she may file a petition to the district court. Appeal from the decision of the district court may be taken to any court of competent appellate jurisdiction.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers who have functional impairments, to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving. Nor are drivers referred to an outside resource for such counseling. The Agency does not provide public information and educational materials to older drivers that explain the importance of fitness to drive, and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor is specialized training provided relating to older drivers, as a general rule. However, some Examiners have attended seminars conducted by Louisiana Tech University to learn about disabilities and their implications for driver assessment.

Medical Program Tracking System

The Agency does not use an automated medical record system, but it does use a document imaging and workflow system (IBM ImagePlus). This system electronically scans all paper documents (medical as well as nonmedical). Also, the Motor Vehicle Compliance Analyst enters a "tickle" in a driver's file when holds are placed pending receipt of medical or vision reports, or pending Special Examination results. There are four medical route queues. A date is entered into the ImagePlus system (e.g., 45-day hold for receipt of medical or vision reports, or 6, 12, 24 months for periodic medical reports), and on each day, the medical queue can be opened to process all drivers for whom holds are placed on that date.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Louisiana's medical review process does not rely on NHTSA 402 funding to support its operation. A barrier identified to implementing more extensive screening, counseling, and referral activities was that these activities are time consuming, and would result in longer customer wait times.

Maine

Organization of the Medical Program

Driver licensing in Maine is administered by the Bureau of Motor Vehicles (BMV). Maine has a Medical Advisory Board that was created in the 1970's. Membership consists of six physicians appointed by the Secretary of State for two-year terms, who represent the following medical specialties: ophthalmology, cardiology, family practice, internal medicine, neurology, psychiatry, physiatry, and gerontology. The Chair of the Board, designated by the Secretary of State, is a physiatrist. Board members are volunteer consultants to the BMV who work in private practice or in hospital/clinic settings. Board members' identities are anonymous and they are immune from legal action. Records and deliberations of the Board are confidential, with the exception that the person under review may receive a copy, and reports may be admitted as evidence in judicial review proceedings.

Board members meet as a group at least annually, to conduct the following activities: advise the Department on medical criteria and vision standards for licensing; assist in developing standardized, medically acceptable report forms; apprise the Licensing Agency of new research on medical fitness to drive; and to coordinate efforts to educate health care providers and the public in the medical aspects of motor vehicle licensing. Board members also review and advise on individual cases, by performing paper reviews. Licensing actions are based on the recommendation of a single specialist; however, in rare cases more than one specialist Board member's input is needed. When Board members need to interact to make fitness to drive decisions, they do so by mail or fax on a case-by-case basis. Few Board referrals are required due to the thorough medical criteria for licensing developed by the Board (*Functional Ability Profiles Governing Physical, Emotional, and Mental Competence to Operate a Motor Vehicle [FAP – II]*). Approximately 25 cases are referred to the Board each year; most involve drivers under the age of 65. The medical report form (CR24) developed by the MAB for use by treating physicians is extremely simple, resulting in the ability for quick evaluation by BMV Medical Review Unit. Referrals are made on a case-by-case basis when the *FAP – II* doesn't contain enough information for the Medical Review Unit to make a determination. Referrals can be made for any of the conditions contained within the *FAP – II*.

The BMV has a separate Medical Review Unit with designated, trained, professional staff that consists of one Registered Nurse (the Medical Review Coordinator), one Driver License Examiner; and one Vision Review Specialist. This Unit processes approximately 1,500 cases per month (including new and periodic review cases). The volume of reviews has increased dramatically since 1995 as a result of increased awareness by physicians and police through BMV educational outreach activities.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect safe driving ability come to the attention of the Bureau in numerous ways. Initial and renewal applicants

must answer the following question about medical conditions when they complete their license application:

Have you developed any of the following medical conditions or have any changes occurred in your present medical condition since your last renewal? If yes, please check which condition(s) below.

- | | |
|-----------------------------------|--------------------------|
| € Epilepsy/Seizures | € Stroke/Shock |
| € Limb Amputation | € Parkinson's Disease |
| € Blackouts/Loss of Consciousness | € Mental/Emotional |
| € Heart Trouble | € Paralysis |
| € Diabetes | € Other Disability _____ |

If an applicant responds in the affirmative, he or she must take a Driver Medical Evaluation form (CR-24) to his or her treating physician for completion (based on an examination conducted within the past year) and return to the Medical Review Coordinator. The physician must provide a diagnosis for each medical condition and identify a Functional Ability Profile level, based on the *FAP – II* booklet. The physician must also provide the date of the most recent seizure/loss of consciousness (if applicable); list any currently prescribed medication; indicate the patient's reliability in taking medicine; and indicate whether the patient has demonstrated any side effects from current medications that would interfere with the safe operation of a motor vehicle.

Vision Screening and Vision Standards

A mechanism for identifying drivers with visual impairments is the BMV vision screening test required at initial licensure, and then again at the first license renewal after attaining the age of 40, and again at every-other-renewal thereafter until attaining age 62. Upon reaching age 62, vision is screened each time the license is renewed. Drivers under age 65 renew their licenses every 6 years; drivers age 65 and older renew their licenses every 4 years. The visual standards are 20/40 acuity or better in the best eye, with or without correction, and a binocular visual field of 150 or better. Drivers who cannot meet the standards using the BMV screening equipment must have their eyecare specialist complete a Vision Form (MVE-103) based on an examination within the past year. The eyecare specialist is asked to provide acuity, visual field, and color vision readings, indicate whether new lenses are being fitted (including telescopic aids), and whether double vision may result from ocular motility. In addition, the vision specialist is asked to provide a recommendation for periodic reexaminations when a progressive eye disease is present, and to recommend other restrictions as necessary (e.g., corrective lenses, daylight driving only, geographic or area restrictions). Applicants with visual fields of less than 140 degrees but at least 110 degrees are restricted to driving with right and left outside mirrors. Applicants with permanent visual fields of less than 110 may not be licensed to drive. Applicants with 20/50 acuity are restricted to daytime operation only. Applicants with 20/60 to 20/70 acuity are restricted to daytime operation within a 25 mile radius of their residence; however, the radius may be reduced or enlarged based on the eyecare specialist's report and the applicant's performance on a road test. Applicants with acuity less than 20/70 in each eye without a chance of recovery may not be licensed to drive. Correction through the use of telescopic or bioptic lenses is not acceptable for use in meeting the standards, nor may they be used during road testing.

Referral Sources

License Examiners are trained to observe applicants for signs of impairment. A section of the training manual describes the process an Examiner should follow when an applicant appears for renewal, and exhibits signs of an obvious disability (e.g., wheelchair, walker, limb amputation, or other obvious physical condition, such as dragging a leg or foot). If the license is not appropriately restricted, the Examiner asks the applicant whether the condition is temporary or permanent. If the condition is temporary, the license may be processed in the usual manner. If the condition is permanent, further questioning is conducted to determine if the condition is the result of an accident or a medical condition. If an impairment is permanent and the result of a medical condition, an applicant is required to undergo medical review before being allowed to continue with the licensing process. If a condition is permanent and the result of an accident (e.g., an amputated hand due to a construction accident), the applicant is required to take the road test to demonstrate that he or she can compensate for the disability, and any restrictions are placed on the license as necessary. The Examiner Manual lists medical conditions that are exempt from the CR-24 requirement.

Other mechanisms outside of the BMV for identifying potentially unsafe drivers include reports from the following sources: physicians; police officers; the courts; family, friends, and other citizens; hospitals, occupational therapists; physical therapists; nurse practitioners; physician assistants; and home health workers. Individuals who report drivers to the BMV must provide their names; the Bureau does not accept anonymous reports and does not investigate any reporting sources prior to contacting the driver for possible evaluation. Physicians are not required by law to report drivers to the BMV who have medical conditions or functional impairments that may prelude safe driving, but they may voluntarily choose to report such drivers. Physicians notify the BMV via CR-24 forms and written letters. Reports made by physicians are confidential, except that a driver may receive a copy upon request, and reports may be admitted in judicial review proceedings of drivers determined to be incompetent. Physicians who report drivers in good faith are immune from legal action by their patients. The BMV has established that physicians are responsible for counseling their patients regarding driving safety.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include the following: an accumulation of 3 crashes in a 3-year period; upon referral by police, the courts, physicians, and occupational therapists; upon referral by family, friends, and other citizens with input from the driver's physician; upon self report of a medical condition, with input from the treating physician; upon the observation by agency personnel of signs of impairment; when a license has been expired for a 5-year period or more; and upon application for handicapped parking privileges, with input from the treating physician.

When the Bureau is made aware of a potentially unsafe driver, a medical or visual evaluation form is given (or mailed) to the applicant for completion by a physician and return to

the Medical Review Section. Upon receipt of the completed form, the Medical Coordinator screens the applicant's medical information to determine where the driver stands with regard to the various functional ability profiles. Based on a review of the medical report, the Coordinator may do any of the following: immediately suspend a license; require a driver to take and pass a written exam and a road test before driving privileges are approved; approve driving privileges based on new restrictions; or approve driving privileges based on the filing of periodic medical reports. The Medical Coordinator may also refer a case to the MAB for advice and recommendation when it is not clear from medical reports whether a person is medically capable of driving safely. Board members may request further medical examinations before recommending a licensing action. Members may recommend suspension, restrictions, or periodic reexaminations/medical statements. The Board does not recommend other further testing or remediation of functional impairments.

Drivers diagnosed with dementia may continue to drive in Maine depending on where they are profiled by their physician, and if they can pass the written and road tests. Drivers with minimal impairment (mild nonrapidly progressive dementia/encephalopathy) are required to submit a medical report every 2 years and pass the written and road test every 2 years. Drivers with mild impairment must submit a medical report every year and pass the written and road tests annually. They may be deemed safe to drive limited distances. Drivers diagnosed with moderate and severe dementia may not drive.

Reexamination will include knowledge testing when applicants have dementia or other cognitive impairments such as stroke, head trauma, etc. The reexamination road test is the same as that given to new applicants; however, Examiners pay particular attention to whether a person can compensate for a physical disability, so that the appropriate restrictions may be placed on the license. A geographic road test in an applicant's home area may be given when it is determined that a driver should be restricted to a limited radius of home. Drivers with cognitive impairment (dementia, strokes) are often restricted to driving within a specified radius of home (e.g., 1 mile, 5 miles, 10 miles, or 20 miles).

Medical Guidelines

Functional Ability Profiles were developed by the MAB to simplify reporting of physical, mental, and emotional disorders, and to enable the comparison of relative risks and limitations resulting from such conditions. Functional Ability Profiles have been developed for 10 categories of medical conditions as follows:

- Cardiovascular Disorders.
- Diabetes and Other Endocrinopathies.
- Head Injury.
- Hearing Loss/Vertigo.
- Neurological and Related Musculoskeletal Conditions.
- Psychiatric Disorders.
- Pulmonary Disorders.
- Stroke.
- Substance Abuse.
- Visual Disorders.

Four levels are provided under each profile, as described below. For each category, the need for a road evaluation and follow-up medical reports is listed.

1. **No diagnosed condition.** This section is used for a patient who has indicated to the BMV a problem for which no evidence is found, or for which no ongoing condition can be identified (e.g., a teenager who fainted in gym class once on a hot day who indicates blackouts).
2. **Condition fully recovered/compensated.** This category indicates a history of a condition which has been resolved or which does not warrant review. Guidance for the use of this section is provided in each profile.
3. **Active impairment.** There are four levels of active impairment, as follows:
 - a. *Minimal.* This section may call for a periodic review because of an ongoing condition which could deteriorate.
 - b. *Mild.* This section deals with conditions which may impair driving but which are controlled so that a person can still operate a motor vehicle safely. Reviews are more frequent than in (a).
 - c. *Moderate.* This section identifies impairment which often precludes driving, but for which there is the potential for recovery to the point of allowing safe operation of a motor vehicle.
 - d. *Severe.* This section identifies permanent conditions with little or no potential for improvement and which preclude safe operation of a motor vehicle.
4. **Condition under investigation.** This section is for newly identified conditions. Follow-up reports will place the condition in its proper part of Section 3.

A functional ability profile for Seizures and Unexplained Episodic Alterations of Consciousness, under the category of Neurological Conditions, is presented in figure 1. Drivers with seizure disorders must be seizure free for 3 months, unless the seizure resulted from a change in medication. However, drivers with unexplained alterations of consciousness must be seizure free for 6 months. Profiles used by the Medical Review Unit have a fourth column indicating the required interval for review. Drivers with minimal active impairment (Level 3a) must submit medical reports every 4 years. Drivers with seizures who are profiled at Level 3b (mild active impairment) must submit medical reports every 2 years. No driving is permitted for drivers profiled with moderate and severe active impairment (Levels 3c and 3d).

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the Functional Ability Profile and the recommendation of the driver's physician and a road test evaluation, if there are any questions. The Bureau may require a driver to file periodic medical reports for any of the FAP conditions. Road testing is usually required for drivers with Parkinson's disease, Alzheimer's disease, head injuries, strokes,

musculoskeletal disorders, psychiatric disorders, and substance abuse. License restrictions may include radius of home, time of day, daytime only, corrective lenses, outside mirrors, prosthetic devices, and special adaptive equipment (e.g., spinner knobs, left-foot accelerators, hand controls). Restrictions to specific routes are not issued in Maine. Drivers are not referred for remediation of functional impairments (other than to eyecare specialists when they cannot meet the BMV standards).

**FUNCTIONAL ABILITY PROFILE: Neurological Conditions
Seizures¹ and Unexplained Episodic Alterations of Consciousness²**

Profile Levels	Circumstances*	Condition Example
1.	No diagnosed condition.	No known disorder.
2.	Condition fully recovered & compensated.	Previous history of any seizure, but seizure free and off medication at least 2 years.
3.	Active impairment: a. Minimal b. Mild c. Moderate d. Severe	a. Seizure free at least 2 years and off medication \geq 3 months ³ Long standing (> 5 years) seizure disorder, on medications, seizure free at least 3 months. b. All other seizure disorders not covered in (a), on medications and seizure free for at least 3 months ⁴ . c. Seizures not yet controlled or medications not adjusted. d. 1. Uncontrollable seizure disorder or, 2. Chronic noncompliance or, 3. Medications which interfere with driving.
4.	Condition under investigation.	Newly discovered seizure disorder.

¹ Seizure disorder having more than one episode not explained by chemical/metabolic phenomenon. Seizures related to chemical abuse fall under this profile.

² Any unexplained episodic alterations of consciousness including a single seizure episode, no driving is permitted for 6 months.

³ If medication is being tapered, no driving is permitted until 3 months after medications have been discontinued.

⁴ Breakthrough seizures is a known seizure disorder due to reduction in medication are not subject to the 3 month rule.

Figure 0. Functional ability profile for seizures and unexplained alterations of consciousness used by the Maine Bureau of Motor Vehicles.

Appeal of License Action

There is an appeal process for drivers whose privileges are suspended or restricted for medical conditions or functional impairments. Drivers may request a Hearing within 14 days of the notice of the licensing action. Drivers may be represented by counsel or other representatives before the Secretary of State. MAB members are not in attendance at Departmental Hearings. A driver may appeal the Department's decision in Superior Court.

Counseling and Public Information & Education

Although the BMV does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving, it does refer drivers to outside resources such as Alpha One (a center for independent living services) and Rehabilitation Centers for driving evaluations.

The Bureau does not make public information and educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The BMV provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. Although there is no formalized classroom training, there is a section in the Examiner's manual that discusses procedures to follow when an applicant with a noticeable disability renews a license that is not appropriately restricted. Examiners who road test drivers with functional impairments receive on-the-job training. Training includes riding with their supervisors during the conduct of road tests, and observing how the supervisor interacts with the driver and how restrictions are determined. No specialized training is provided to licensing personnel relating to older drivers.

Medical Program Tracking System

The Bureau does not use an automated medical record system, nor does it use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Maine's medical review process does not rely on NHTSA 402 funding to support its operation. Barriers that exist to implementing more extensive screening, counseling, and/or referral activities include necessary funding and administrative approval.

Maryland

Organization of the Medical Program

The Maryland Motor Vehicle Administration (MVA), an agency of the Maryland Department of Transportation, administers driver licensing in the State. Maryland has a Medical Advisory Board that was created in 1947. The Board is presently composed of the Director (who is also physician who specializes in preventative medicine and environmental/occupational medicine) an Associate Director, and 15 additional physicians representing the following specialties: ophthalmology, cardiology, family practice (3 physicians), internal medicine (2 physicians), neurology (2 physicians), psychiatry (5 physicians), and general surgery. Board physicians are appointed by the Motor Vehicle Administrator for a 3-year term. They are paid consultants to the Licensing Agency, who work in private practice, in hospital or clinic settings, or for the Social Security Administration. Board members are immune from legal action. Records and deliberations of the Board are confidential, with the exception that if there is a hearing, the client/driver may have a copy of all materials submitted for the statement of the case (except confidential reports from field investigations). Board members' identities are public, and MAB members' names and specialties are posted at the time of an interview (live or videoconference) with a driver.

The MAB is housed within the Driver Wellness and Safety Division of the MVA in Glen Burnie, MD. Board physicians perform 12 hours of case review work each week in this office, interacting with MVA Case Managers. MAB physicians do not meet as a group to interact for disposition of fitness to drive cases; licensing actions are based on the recommendation of a single specialist. Physicians may need to interact with the driver to obtain additional information, and when this is necessary, interviews are conducted in person or by videoconference. Interviews are conducted in-person at the headquarters office in Glen Burnie, MD and in the MVA licensing office in Easton, MD. When interviews need to be conducted with drivers via videoconference, drivers go to an MVA office in either Largo or Hagerstown, MD, and videoconference with a physician at the Glen Burnie office.

Board physicians are engaged in a variety of activities to support the Administrator. The Board reviews and advises on individual cases by performing paper reviews, conducting in-person or video interviews with a subset of the referred drivers, and by screening and assessing referred drivers to determine whether they possess the visual abilities needed to drive safely. The Board is also involved in the following activities: advising on medical criteria and vision standards for licensing; developing standardized, medically acceptable report forms; developing educational materials on driver impairment for the general public; recommending training courses for driver license examiners in medical/functional aspects of fitness to drive; apprising the Licensing Agency of new research on medical fitness to drive, and conducting or overseeing new research; and advising on procedures and guidelines.

Approximately 13,000 drivers are referred to the Board each year. The medical conditions referred to the Board for further investigation include the following: alcohol/drug addiction; anxiety disorders (severe); cerebral palsy; congenital eye disease; dementia; diabetes; epilepsy/seizures; irregular heart rhythm; lapse of consciousness; loss of limb; manic depressive

disorder; multiple sclerosis; muscular dystrophy; Parkinson's disease; schizophrenic disorder; stroke/TIA; and traumatic brain injury. Board physicians and the MVA's Nurse Case Managers conduct a paper review of each case, and Board physicians interview (live or videoconference) a subset of approximately 1,700 drivers. Interviews are conducted on a one-on-one basis and generally involve substance abuse, seizure, and diabetes cases for assessment of compliance with treatments. Approximately half of the MAB cases involve alcohol/drug issues, and 90 percent of these clients are age 16 to 65. For the 50 percent of clients who are referred for other medical conditions, approximately 65 to 70 percent are age 65 or older. Approximately 1,271 drivers are denied a license each year following reevaluation by the Board.

Monthly and annual reports are generated that document the activities of the MAB and reflect the number of: cases reviewed by MAB members, suspensions, alcohol and alcohol interlock restrictions, adaptive equipment restrictions, and follow-up reports that are required.

The MVA has an internal medical review unit staffed with 6 Case Managers for alcohol-related cases and 6 Registered Nurses acting as Case Managers for all non-alcohol-related cases. The 6 nurses prepare cases and present them to the MAB members to make recommendations to the MVA's Administration.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect their ability to drive safely come to the attention of the Licensing Agency in many ways. First-time applicants who are age 70 or older must present either proof of previous satisfactory operation of a motor vehicle; or a written certification acceptable to the administration from a licensed physician attesting to the general physical and mental qualification of the applicant. All first-time and renewal applicants must answer the following question on the license application, and certify that the statements made in the application are true:

“For the safety of all drivers, the MAB must consider your medical status as part of your license request. All drivers are required to report their medical condition to the MVA. Do you have one of the conditions listed below?”

- *Cerebral Palsy*
- *Muscular Dystrophy*
- *Alcohol/Drug Addiction*
- *Schizophrenic Disorder*
- *Congenital Eye Disease*
- *Diabetes*
- *Irregular Heart Rhythm or Heart Condition*
- *Loss of Limb(s)*
- *Dementia*
- *Severe Anxiety Disorder*
- *Epilepsy/Seizures*
- *Stroke/TIA*
- *Traumatic Brain Injury*
- *Lapse of Consciousness*
- *Multiple Sclerosis*
- *Parkinson's Disease*
- *Manic Depression*

Applicants who respond in the affirmative must complete and return a medical package to the Medical Advisory Board. First-time applicants need the approval of the MAB before they can receive their permit. Renewal applicants and applicants from out-of-state or out-of-country do not need prior approval to renew their licenses. The medical package contains a Consent for Release of Confidential Information form that the driver must sign, a Health Questionnaire that the driver must complete, and a Physician's Report which must be completed by the driver's physician.

Vision Screening and Vision Standards

Original and renewal drivers must have their vision screened by MVA staff or bring in a certificate from their vision specialist. Maryland's visual acuity standard is at least 20/40 (Snellen) in each eye and a continuous field of vision of at least 140 degrees. Applicants who do not meet the minimum standards are referred to their vision specialist. Restricted licenses may be issued to license holders having visual acuity of at least 20/70 in one or both eyes and a continuous field of vision of at least 110 degrees, with at least 35 degrees lateral to the midline of each side. Individuals with visual acuity levels of less than 20/70, but no worse than 20/100 may be permitted to drive as determined by the Administration in consultation with the MAB. An applicant seeking such a low-vision license must successfully complete a driver's training course in accordance with regulations of the Administration. The required driver's training course must consist of at least 20 hours; and may vary based on an applicant's previous driving experience or the driver trainer's recommendation. If during the driver's training, it is noted that spotting is improved by the use of telescopic lenses, the administration may require additional driver's training using the bioptic telescopic lens.

Referral Sources

Counter personnel who observe that an applicant has a functional impairment that may affect safe driving ability may also require a driver to have an evaluation by his or her physician. If an individual indicates that he or she has no medical condition that could affect driving ability, but the MVA counter representative observes characteristics that provide reason to suspect that a medical condition exists that could affect the applicant's driving abilities, the MVA counter person may consult with the Manager or the Driver Wellness and Safety Division for guidance. The Manager is an MVA branch office employee designated and trained to handle medically related driving issues. The Manager would take the applicant into a confidential setting to discuss the concern, while observing for any behavioral/medical characteristics previously described by the referring employee. Combined with referrals from failed vision tests and drivers who self-report medical conditions, counter referrals account for approximately 35 percent of the MAB referrals.

Other mechanisms that serve to bring a driver with a medical condition or functional impairment to the attention of the MVA are reports from physicians; police officers; the courts; family, friends, and other citizens; and hospitals, occupational therapists, physical therapists, nurses, and nurse practitioners. Physicians in Maryland are not required by law to report drivers to the Agency, but they may choose to do so on a voluntary basis. There is no formal process for

physician reporting; physicians would simply write a letter to the Agency. Code of Maryland Regulations (COMAR) section 11.17.03.02 states that any physician and any other person authorized to diagnose, detect, or treat the following disorders, may report to the Medical Advisory Board and to the subject of the report, in writing, the full name, date of birth, and address of each individual 15 years old or older who has a disorder that: (1) is characterized by lapses of consciousness; or (2) results in a corrected visual acuity that fails to comply with the vision requirements of Transportation Article, Title 16, Subtitle 1, Annotated Code of Maryland.

COMAR defines a lapse of consciousness as failure to be oriented to time, place, person, or situation. Examples of lapses of consciousness or unconsciousness are: automatism; confusion; stupor; delirium; and coma. Among the conditions that can cause an individual to have a significant risk of lapses of consciousness are: epilepsy; narcolepsy; cardiovascular disease; cerebrovascular disease; alcoholism; drug addiction; and recurrent, severe hypoglycemia. Individuals with such disorders do not necessarily have a significant risk of lapses of consciousness. Individuals who have a significant risk of lapses of consciousness due to any condition or disease process may be reported pursuant to Transportation Article, § 16-119, Annotated Code of Maryland. A judgment of significant risk shall be based on: knowledge of an individual's past history of lapses of consciousness and the present state of the individual's health; how well the individual's disorder is controlled; or how much the individual's condition has improved.

COMAR also states that individuals who have any disorder which prevents them from having a corrected minimum visual acuity of 20/70 in each eye and a field of vision of at least 110 degrees may be reported pursuant to Transportation Article, § 16-119, Annotated Code of Maryland.

Physician reports are confidential, except that they may be disclosed on court order; and may be used only to determine the qualifications of an individual to drive. A driver may not inspect a letter that initiated the MVA's review, if the letter would reveal the identity of a confidential source. A civil or criminal action may not be brought against any person who makes a report and who does not violate any confidential or privileged relationship conferred by law. Apart from the psychologist and psychiatrist privilege in § 9-109 of the Courts Article, there is no physician-patient privilege in Maryland. Reports from physicians and occupational therapists account for approximately 17 percent of MAB referrals.

Police may submit a "Request for Reexamination of Driver" form to the MVA that describes actions of the driver that led the officer to determine that the driver needed reevaluation, in addition to a description of the violation, the incident, and any physical defects of the person. Reports from law enforcement account for approximately 35 percent of MAB referrals.

The Licensing Agency accepts reports from anonymous referrals, but an MVA field investigator will investigate reports from family, friends, and other citizens before contacting the driver for possible evaluation. If the complaint appears to be valid, then a MAB evaluation is initiated. Overall, 11 percent of MAB cases are initiated as the result of a letter or phone call submitted by family, friends, or concerned citizens.

The MVA is also made aware of drivers with severe visual impairments through monthly requests to the Social Services Administration to obtain the names of individuals receiving public assistance for blindness. On receipt of the requested information, the Administration will arrange for a vision examination of those individuals who hold a driver's license, and will cancel the license if the individual fails to meet the vision requirements.

Finally, drivers who have been involved in an at-fault crash that resulted in a fatality; drivers who apply for handicapped parking privileges; and drivers applying for reinstatement of a revoked driving privilege who have incurred two or more impaired driving incidents are referred for MAB review.

Evaluation of Referred Drivers

Procedures

When a referral comes into the MVA Driver Wellness and Safety Office, it is investigated by a MVA Field Investigator if it originated from family members, friends, or other citizens. Referrals from law enforcement, the courts, physicians, occupational and physical therapists, nurses and nurse practitioners, and license counter personnel are accepted without investigation. For all accepted referrals, the MVA (MAB) Nurse Case Manager sends the Driver License Medical Assessment Packet to the driver for completion of forms by the driver and his or her physician. The driver completes the Health Questionnaire and signs the form authorizing the release of medical information, and then returns these forms to the Case Manager. The driver forwards the physician report forms to his or her physician for completion, and the physician in turn completes the forms and returns them to the Case Manager. In addition to providing information about the patient's medical condition, treatment, and prognosis, the physician is asked to describe the patient's limitations and their effect on driving ability, to indicate whether the patient is reliable in taking medications and whether the medical condition is controlled, and whether the patient is physically and mentally capable of operating a motor vehicle at the present time.

Included in the packet of forms sent by the Case Manager to a subset of drivers (determined on a case-by-case basis) is a notification of the requirement to undergo a Functional Capacity Screen at local DMV office. The tests included in the Functional Capacity Screen include the Motor-Free Visual Perception Test – Visual Closure Subtest, the Trail-Making Part B Test, the Useful Field of View Test, and the Rapid-Pace Walk Test. These Screens are conducted by trained Driver License Examiners at each of the licensing offices in the State. The Functional Capacity Screening requirement was initiated in 2001 following a pilot study conducted in Maryland by NHTSA².

The Case Manager assembles a file containing the driver's crash and conviction data and forwards it, together with the completed medical history forms and the Functional Capacity Screening data, to the MAB for review by the physician(s) who will make the fitness-to-drive determination. The results of the functional tests, together with other information available for

² U.S.DOT/NHTSA Contract No. DTNH22-96-C-05140, "Model Driver Screening and Evaluation Program."

review by the DMV, lead to either a “clean bill of health” that clears the individual to continue driving without any new restrictions, or to further evaluation. If functional loss is detected, its extent dictates the type and the urgency of additional assessment procedures undertaken to determine fitness to drive.

In the Maryland pilot study, based solely on reviews of medical history reports and driver crash and violation data, MAB physicians judged 38 percent of referred drivers to be “OK” to drive and 22 percent to be “not OK” to drive, while 40 percent were put on “HOLD” status. When functional screening data were made available to the MAB physicians, those deemed “OK” to drive increased to 55 percent, those deemed “not OK” to drive increased to 29 percent, and the number of drivers put on “HOLD” status, pending more extensive assessment decreased to 15 percent of referrals. The pilot study thus demonstrated efficiencies resulting from functional screening whereby the number of drivers put on “HOLD” status was reduced by nearly 40 percent. This signifies a decrease both in the number of drivers needing an interview with an MAB physician and in the number of drivers needing a behind-the-wheel test to determine fitness to drive.

The individuals placed on “HOLD” status after initial review of their case file by the MAB physician may be required to come to the DMV for an in-person evaluation with an MAB physician. At this interview, the individual will be given the opportunity to present additional medical information and will be required to answer any questions asked by the doctor conducting the interview. The Board ophthalmologist occasionally conducts a contrast sensitivity test and glare testing on cases relating to vision during the in-person interview. Or, the individual may be required to take a brake reaction test, a vision test, law test, or a road test, conducted at an MVA branch by a Driver License Examiner. A geographic driving test may be given within a specific radius (5 to 15 miles) of a client’s home. In other cases, the MAB may request an outside evaluation by an occupational therapist (OT) or certified driver rehabilitation specialist (CDRS), or other medical specialists, including but not limited to cardiologists, neurologists, psychiatrists, endocrinologists, and ophthalmologists or optometrists. In some cases, an individual may be placed on “HOLD” status pending the results of a lab test or other diagnostic procedure needed for the reviewing physician to determine health status or the stability of a particular condition. Such clinical laboratory tests could include measures of blood sugar, a cardiac stress test, blood pressure, renal function, anti-epileptic drug levels, sleep studies, etc. When this information is received, the “HOLD” may be released without any change in license status, a restriction may be recommended, or a need for further evaluation may be indicated.

Drivers diagnosed with dementia are allowed to continue to drive in Maryland, as a diagnosis of dementia alone is not sufficient to warrant considering a person as an unsafe driver. The diagnosis of dementia serves as a “red flag” to indicate the need for a comprehensive evaluation. Decisions are made on a case-by-case evaluation for drivers with early and mild dementia. Persons with moderate or severe dementia are not considered fit for driving.

Medical Guidelines

The *Code of Maryland Regulations Governing Reexamination of Drivers and Medical Advisory Board* (Rev. 2003) Section 11.17.03.04 lists guidelines that the MAB should follow

when making a recommendation to the Administration. Guidelines are provided for cardiovascular impairments, diseases of the endocrine system (diabetes mellitus and hypoglycemia), diseases of the neuromuscular system, diseases of the nervous system (cerebral hemorrhage or infarction, and seizures), narcolepsy, mental retardation, psychiatric disorders, chemical addiction, individuals who have lost limbs or are paraplegic or quadriplegic, and traumatic brain injury. Information contained in the guidelines includes: contraindications for the safe operation of a motor vehicle, recommended follow-up periods, seizure-free and symptom-free periods, cases that should be evaluated in person before the Board, and cases that should undergo road testing. The *Guidelines* are produced below.

A. The Medical Advisory Board shall follow the guidelines set forth in §§B—K of this regulation when making a recommendation to the Administration.

B. Cardiovascular Impairments.

(1) Contraindications. Contraindications for the safe operation of a motor vehicle under any circumstance include, but are not limited to:

- (a) Unstable angina;
- (b) Recovering myocardial infarction of less than 6 weeks duration;
- (c) Recovering open heart surgery within the past 3 months;
- (d) Severe, uncontrolled congestive heart failure;
- (e) Severe, uncontrolled hypertension;
- (f) Cardiovascular infections not responding to appropriate therapy;
- (g) Unoperated critical aortic stenosis or subaortic stenosis;
- (h) Unoperated aneurysms of the aorta or cerebrovascular system;
- (i) Recurrent lapses of consciousness including, but not limited to, uncontrolled arrhythmias, pacemaker failures, and transient ischemic attacks; and
- (j) Survivors of sudden death with automatic internal cardiac defibrillator (AICD) devices still discharging at intervals of less than 3 months.

(2) An individual who has a condition listed in §B(1) of this regulation may be considered for a license by submitting evidence acceptable to the Medical Advisory Board that the condition:

- (a) Has been modified, either medically or surgically; and
- (b) Is well controlled without recurrence or relapse for a period of 3 months.

(3) Cases shall be evaluated on an individual basis by the Medical Advisory Board in doubtful or unclear circumstances.

(4) Additional or periodic follow-up reports may be required by the Administration for review by the Medical Advisory Board.

C. Diseases of the Endocrine System.

(1) Diabetes Mellitus. An individual with diabetes mellitus may be interviewed at least once by the Medical Advisory Board to determine whether the individual has adequate knowledge of the disease and its relationship to the operation of a motor vehicle.

(2) Hypoglycemia. An individual who suffers from recurrent severe attacks of hypoglycemia may not operate any type of motor vehicle and may not be considered for any class license.

D. Diseases of the Neuromusculoskeletal System. An individual who has a significant musculoskeletal impairment shall be evaluated by the Medical Advisory Board before being licensed initially or before having his license to operate a motor vehicle renewed.

E. Diseases of the Nervous System.

(1) Cerebral Hemorrhage or Infarction. An individual who has had a cerebral hemorrhage or infarction that has resulted in a marked change in personality, alertness, or ability to make decisions cannot safely operate any class of motor vehicle and may not be considered for any class of license. If the individual has had a loss of coordination or motor power, he shall be reviewed by the Medical Advisory Board before being allowed to take a driver examination, or reexamination.

(2) Seizures.

- (a) The driver license or driving privileges of an individual with seizures may be suspended or refused for a period of 90 days from the date of the last seizures.
- (b) Exception for individuals whose license or driving privilege has been suspended or refused under the provision of § E(2)(a) of this regulation may apply to have the suspension or refusal withdrawn by submitting evidence acceptable to the Medical Advisory Board.
- (c) The Medical Advisory Board will consider favorable and unfavorable modifiers that may reduce or increase the suspension or refusal period. The period of reduction or increase of the suspension or refusal will be based upon the recommendation of the Medical Advisory Board. These modifiers include:
 - (1) Favorable modifiers:
 - (i) Seizures during medically directed medication changes;
 - (ii) Simple partial seizures that do not interfere with consciousness or motor control.
 - (iii) Seizures with consistent and prolonged auras;
 - (iv) Established pattern of pure nocturnal seizures; and
 - (v) Others.
 - (2) Unfavorable modifiers:
 - (i) Noncompliance with medication or medical visits or lack of credibility;
 - (ii) Alcohol or drug abuse in the past 3 months;
 - (iii) Prior bad driving record;
 - (iv) Structural brain lesion; or
 - (v) Others.
- (d) Upon the conclusion of the suspension or refusals period, the Medical Advisory Board will reevaluate the individual and recommend appropriate action. The procedures for the restoration of the driver's license following a period of ineligibility are defined in COMAR 11.17.04.

F. Narcolepsy. An individual under treatment for this condition may not be considered for any class of license until he has been free of symptoms for at least 1 year and is experiencing no side effects from medications. The individual shall be cleared by the Medical Advisory Board.

G. Mental Retardation.

(1) Mild or Borderline Retardation. Before deciding whether to issue a driver's license to an individual with borderline or mild mental retardation, the Administration shall ask the Medical Advisory Board to evaluate that individual.

(2) Moderate, Severe, or Profound Retardation. The Administration may not issue any class of driver's license to an individual with moderate, severe, or profound retardation.

(3) Unreported Cases. Before issuing or renewing a driver's license, the Administration may request the Medical Advisory Board to evaluate an individual whose mental function is questioned, reported, or disclosed as retarded.

H. Psychiatric Disorders.

(1) Psychopathic Personality. An individual who has a disregard for accepted social values, who has a history of impulsive or irresponsible behavior, and who is frequently rebellious to authority or openly aggressive, with consequent loss of caution and good judgment, may not be considered for any class of license.

(2) Personality, Character, and Psychotic Disorders.

(a) An individual with severe symptoms of personality, character, or psychotic disorders shall be evaluated by the Medical Advisory Board for a license on the basis of alertness, social behavior, psychomotor retardation, and side effects from drug therapy.

(b) An individual who uses habitual medication which may affect the individual's level of consciousness shall be evaluated by the Medical Advisory Board for a license on a case-by-case basis.

I. Chemical Addiction.

(1) Chemical addiction is the physical or psychological dependence, or both, on certain chemical substances, as shown through the continued use of these chemical substances despite harmful or adverse circumstances. These substances include, but are not limited to:

- (a) Central nervous system depressants such as alcohol, tranquilizers, and opiates and their derivatives;
- (b) Hallucinogens;
- (c) Stimulants; and
- (d) Volatile solvents.

(2) Habituation, misuse, or abuse may be early stages of addiction.

(3) Before being considered for a license, an individual who is chemically addicted, or who has been involved in two alcohol-related or other chemical-related driving incidents during any period of time, is required to submit evidence satisfactory to the Medical Advisory Board of:

- (a) Total abstinence from alcohol and other mood-changing chemicals for at least 6 months or longer as determined by the Medical Advisory Board on a case-by-case basis;
- (b) Current participation in a certified alcohol treatment or chemical addiction program for at least 6 months, or completion of a certified alcohol treatment or chemical addiction program of at least 6 months; and
- (c) Ongoing participation in Alcoholics Anonymous or another acceptable self-help group for at least 6 months.

(4) The period of abstinence and participation as set forth in §I(3)(a)—(c) of this regulation shall begin after the most recent alcohol or other mood-changing, chemical-related driving incident.

(5) As a condition for approval, the Administration may impose certain restrictions, limitations, or other requirements determined to be appropriate to ensure an individual's safe driving of a motor vehicle.

J. An individual who is a paraplegic, quadriplegic, or has the loss of one or more limbs shall be required by the Medical Advisory Board to submit to driver's reexamination to determine the individual's ability to safely operate a motor vehicle.

K. Traumatic Brain Injury.

(1) Full Recovery. If medical reports are submitted from a rehabilitation facility, an occupational therapist, or a driving evaluator indicating full recovery and the absence of coexisting disorders, the Administration shall require an examination or reexamination consisting of reaction time, driving, law, and vision tests.

(2) Partial Recovery.

(a) If an individual's medical reports do not satisfactorily indicate full recovery, the individual shall be evaluated by the Medical Advisory Board to determine if additional neurological or other reports are necessary. Evaluations shall be made on an individual basis.

(b) The Administration shall require an examination or reexamination consisting of reaction time, driving, law, and vision tests.

Disposition

License Restrictions, Periodic Evaluation, and Remediation

Licensing actions are based on the recommendation of a single Board member; however, on occasion, a MAB member will consult with another member of a particular specialty to arrive at a recommendation. Each individual is assessed on a case-by-case basis relative to his or her ability to drive safely. The MVA generally conforms to the MAB recommendations.

Board physicians may recommend suspensions; approximately 10 percent of drivers referred to the MAB are denied a license. Restrictions may also be recommended by Board physicians that could include: corrective lenses; prosthetic aids; outside mirrors; daylight driving only; adaptive equipment; automatic transmission; rural, local, suburban roads only; no highways or freeways, and geographic restrictions. Periodic medical reports are recommended for chronic medical conditions such as seizures, multiple sclerosis, insulin dependent diabetes mellitus, visual disorders, stroke, Parkinson's disease, early-stage dementia, and some psychiatric disorders. Periodic re-examinations are recommended for some conditions, such as multiple sclerosis or early-stage dementia. Any chronic progressive medical conditions that may impair driving are considered on a case-by-case basis.

Remediation may be recommended that could include visual correction, adaptive equipment, specialized driving training from instructors certified to work with an elderly and disabled client, and physical therapy. Remediation for alcohol/drug cases may include imposing an alcohol use restriction (2, 5, 10 years, or indefinite), ignition interlock (1-2 years), substance abuse treatment program (6 months) and self-help meetings (such as, Alcoholics Anonymous, Narcotics Anonymous, Chemical Dependents Anonymous, etc.) as well as monitoring by the Drinking Driver Monitoring Program

The Licensing Agency refers drivers for behind-the-wheel remediation of impairments that can be addressed by driver rehabilitation and driver training. The MVA has identified seven licensed rehabilitation programs to conduct clinical assessments, behind-the-wheel assessments, and to provide behind-the-wheel rehabilitation. The MVA provides seminars to professional driving school instructors for certification in training for adaptive equipment, low vision, and refresher courses for drivers who need "time on the road" experience. The majority of clients who need "time on the road" training are older persons.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments. Drivers may request a hearing before an Administrative Law Judge.

Counseling and Public Information & Education

The Licensing Agency provides counseling to drivers with functional impairments to help them adjust their driving habits appropriately. The Nurse Case Managers provide clients with this information in phone conversations and in letters, based on functional impairments documented in physician reports, occupational therapy driver assessments, MVA behind-the-wheel assessments, and Functional Capacity Test evaluations. Advice to clients from case managers is developed as a result of discussion of cases with MAB physicians. Such advice is also conveyed by MAB physicians to clients who are brought in for interview. Counseling is also provided regarding alternative transportation options, and is also available on the Mass Transit Administration website.

The Agency makes public information and educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk. A brochure entitled, *“How Is Your Driving Health: A Self-Awareness Checklist & Tips to Help You Drive Safely Longer,”* developed during the Maryland Pilot Study is distributed to older drivers renewing their licenses. A pamphlet published jointly by the Maryland MVA and the Maryland Chapters of the Alzheimer’s Association entitled, *“Is It Time to Stop Driving?: A Sensitive Guide for Caregivers of People with Alzheimer’s and Related Disorders,”* is made available in licensing offices, as is a booklet published by NHTSA, AARP, and USAA, in conjunction with the Maryland Research Consortium entitled, *“Driving Safely While Aging Gracefully.”*

Administrative Issues

Training of Licensing Employees

There is no formal education delivered to Licensing Agency personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. Drivers who present themselves to the counter of the Driver Wellness Section at the MVA headquarters office in Glen Burnie, MD are observed for signs of impairment by case managers who are Registered Nurses. In addition, MVA agents at all other counters at the headquarters office and in other MVA branch offices observe clients for signs of impairment.

The Agency provides specialized training for driver licensing personnel relating to older drivers. Driver License Examiners in a number of branches have been trained to do Functional Capacity Testing (in conjunction with the Maryland Pilot Study). This provides insight into the driver license testing process when observing driving capabilities during on-road tests.

Medical Program Tracking System

The Licensing Agency does not presently use an automated medical record system; however, such a system is under development. The Agency does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities, including connections to alternative transportation were identified as follows:

- A general shortage of occupational therapists with driver rehabilitation educational credentials.
- A shortage of alternative transportation options that are attractive and affordable to older citizens.
- A shortage of professional driving schools accredited for training and implementing occupational therapy prescriptions.

Massachusetts

Organization of the Medical Program

The Registry of Motor Vehicles (RMV) administers driver licensing in the Commonwealth of Massachusetts. Massachusetts has a Medical Advisory Board consisting of a minimum of 15 voting members (by law), but presently contains 24 physicians in the following medical professions: 1 optometrist; 2 ophthalmologists; 1 cardiologist; 2 physicians specializing in internal medicine; 7 neurologists; 2 orthopedic physicians; 4 psychiatrists; 1 radiologist; 2 physicians specializing in emergency medicine; 1 geriatrician; and 1 rehabilitation medicine specialist. Since Board membership is voluntary, more than 15 physicians are “recruited” to ensure that a quorum attends voting sessions. The Board is divided into five subcommittees, as follows: vision, neurology, pulmonary/cardiovascular, arthritis/orthopedic, and psychiatric. Board members are appointed by the Registrar of Motor Vehicles, with the approval of the Commissioner of the Department of Public Health. There is no specified term length for which members serve. The Commissioner of the Department of Health serves as the Chair of the Board. Board members are volunteer consultants, reimbursed by the RMV only for travel at a rate no greater than \$35 for each meeting attended. They are employed by hospitals, clinics, or are private-practice physicians.

Board members’ identities are public, and members are not immune from legal action. Records and deliberations of the Board are not confidential. Annual reports are generated documenting the activities of the MAB.

The Board meets only rarely to interact for disposition of fitness to drive cases. Approximately 10 cases per year are referred to the Board for advisory opinions on fitness to drive. When they do interact, it is on a case-by-case basis, or as directed by the administrator. Although the Board reviews and advises on individual cases by conducting paper reviews, this is not their main function. The main function of the Board is to advise on medical criteria and vision standards for licensing. It also assists the RMV in developing standardized medically acceptable report forms; developing educational materials on driver improvement for the general public; recommending training courses for driver license examiners in medical fitness/functional aspects of fitness to drive; apprising the RMV of new research on medical fitness to drive; and advising on procedures and guidelines. As an example of the later activity, the Board reviewed and approved procedures concerning reports from parties considered “expert” and “non-expert.”

The Licensing Agency has a dedicated internal medical review unit (the Medical Affairs Branch) staffed with four clerks, one floor supervisor, one manager, one lawyer, and the Director. The Medical Affairs Branch, in accordance with recommendations made by the Medical Advisory Board, has set minimum standards for vision qualifications, loss of consciousness and seizure conditions, cardiovascular and respiratory conditions, and arthritis disease. Through the application of the minimum medical standards for licensing and the use of medical clearance forms from treating physicians, 99 percent of licensing decisions are made by the Medical Affairs Branch, without the need for MAB review. The RMV relies heavily on the specific advice of an individual’s physician, within the parameters of the medical standards for

licensing—minimum medical standards override the individual recommendation of an individual physician. When a questionable case is presented to the Medical Affairs Branch, the appropriate doctors on the MAB are consulted for their advice regarding an individual’s fitness to drive.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

There are several mechanisms that serve to bring a driver with a medical condition or functional impairment affecting safe driving performance to the attention of the RMV. First, all applicants (both first-time and renewal) must complete a section of the license application that asks the following two questions:

- *Do you have any medical condition that may affect your ability to safely operate a motor vehicle? (The Medical Affairs Branch has established standards to determine fitness to operate a motor vehicle. Ask a counter person for a summary of these standards or visit our website at www.mass.gov/rmv for the complete text of these standards).*
- *Are you currently taking any medication that could affect your ability to safely operate a motor vehicle?*

If a driver answers “Yes” to either question, he or she is instructed to provide a letter from his or her physician (written on the physician’s letterhead and recently dated) providing medical clearance. The physician must state that the person is medically qualified to operate a motor vehicle in order for the driver to be licensed.

Vision Screening and Vision Standards

First-time and renewal applicants are required to undergo and pass a test of their vision. If the individual cannot meet the acuity, peripheral visual fields, color vision, and vision impairment (diplopia) standards listed below, a license or learner’s permit will not be issued.

- Visual acuity and horizontal peripheral field of vision standards (excluding individuals who use bioptic telescopic lenses):

Drivers with at least 20/40 distant visual acuity (Snellen) in either eye, with or without corrective lenses, and not less than 120 degrees combined horizontal peripheral field of vision are eligible for a license. A corrective lenses restriction must be put on the license when corrective lenses are used to meet this standard.

Drivers with distant visual acuity (Snellen) between 20/50 - 20/70 in either eye, with or without corrective lenses, and not less than 120 degrees combined horizontal peripheral field of vision, are eligible for a “daylight-only” license. A daylight-only restriction must be imposed. Also a corrective-lenses-only restriction must be put on the license when corrective lenses are used to meet this standard. If the licensee wishes to

have the daylight-only restriction removed from his or her license, he or she must take and pass a night time driving test.

- Visual acuity and horizontal peripheral field of vision standard for applicants and licensees who use bioptic telescopic lenses:

Drivers must have at least 20/40 distant visual acuity (Snellen) through the telescope, and at least 20/100 distant visual acuity (Snellen) through the carrier lens, and at least 20/100 distant visual acuity (Snellen) through the other lens; and not less than 120 degrees combined horizontal peripheral field of vision.

The bioptic telescope used by the applicant or licensee must be:

- Monocular—The telescope must be on one eye only. Telescopes over both eyes are not acceptable for licensing purposes.
- Fixed focus—Telescopes that need to be rotated to focus are not acceptable.
- No greater than 3x— Magnification must not exceed three times.
- Spectacle-mounted and an integral part of the lens—No clip-on or hand-held telescopes are acceptable for licensing purposes.
- Located so not to occlude the wearer’s line of sight and not to occlude the visual field in the other eye—The telescope must be affixed to the upper quadrant of the lens so that the wearer’s vision while looking through the carrier lens or other lens is not blocked or impeded in any way.

Drivers who meet the standards for telescopic lenses are eligible for a class D “daylight-only” license. A daylight-only and a corrective-lenses restriction must be imposed. If the licensee wishes to have the daylight-only restriction removed from his or her license, he or she must take and pass a night time driving test.

- Color vision standard

Drivers must be able to distinguish the colors red, green and amber. If applicants or licensees cannot distinguish the colors red, green, and amber, a license is not possible.

- Vision impairment standard

Drivers must not have unresolvable diplopia (double vision which cannot be resolved by wearing an eye patch or other suppressive device). If applicants or licensees have unresolvable diplopia, a license is not possible.

If applicants or licensees fail the vision test, decline to take the test, or wear bioptic telescopic lenses, they must submit a vision screening certificate. A vision screening certificate is a form provided by the RMV and must be completed by a physician or optometrist who is licensed to practice in Massachusetts. To be acceptable, the vision screening certificate must: be fully completed by physician or optometrist and the applicant or licensee; be one year old or less from the date of the screening; and contain the original signatures of the applicant or licensee and

the certifying physician or optometrist. No photocopies are accepted. The eyecare specialist must indicate on the form whether he or she recommends reevaluation of the patient's vision during the 5-year period in which a license is valid.

Referral Sources

The RMV accepts reports of potentially unsafe drivers from many sources, including (but not limited to) physicians, law enforcement, the courts, family, friends, neighbors, other citizens, RMV counter personnel, private driving schools, hospitals, occupational therapists, and physical therapists. All reports must be in writing and must be signed by the person making the report; anonymous reports are not accepted. The report must contain identification of the individual whose driving ability is being questioned, including the name and at least one of the following: social security number, license number, date of birth, or address. The report must also contain the reason for the complaint and/or a description of the functional limitation. Physicians are not required by law to report drivers to the RMV who have medical conditions or functional impairments that could affect their ability to drive safely; however, they may voluntarily report drivers. While some physicians elect to report drivers, most don't. Neurologists are among the physicians who are the most likely to voluntarily report drivers, and they generally report drivers with loss of consciousness or seizure disorders. If a physician report is not made using the RMV Medical Evaluation form, then the physician must make the report on his or her official letterhead, and include his or her signed name, the Massachusetts Board of registration in Medicine number, and the telephone number and address. Physician reports are not confidential, and physicians who voluntarily report drivers in good faith are not immune from legal action by their patients.

Drivers who have caused a crash resulting in a fatality, and drivers who apply for handicapped parking privileges would also come to the attention of the Medical Affairs Branch as candidates for reevaluation. A physician must provide medical information about the driver on the Application for Disabled Parking Placard/Plate form. The physician must provide a clinical diagnosis and indicate the duration of the condition (temporary or permanent), and must check all of the conditions that apply from the following list: unable to walk 200 feet without assistance; legally blind (would result in automatic loss of license); chronic lung disease (and provide test results and whether portable oxygen is used); cardiovascular disease and which American Heart Association functional classification (where IV is an automatic loss of license); arthritis; and/or loss of or permanent loss of a limb. Additionally, the physician must check one of the following statements: the above condition, or any other medical condition of which I am aware, will not impair the safe operation of a motor vehicle; the person applying for this permit is not medically qualified to operate a motor vehicle safely; or, the medical condition as stated above is of such severity as to require a competency road test.

The final mechanism for bringing a functionally or medically impaired driver to the attention of the RMV is a formal agreement with the Commission for the Blind (which began in the year 2000) where the Commission for the Blind will report a legally blind person to whom they provide services to the RMV if that individual holds a valid driver license. The Commission for the Blind has access to the RMV licensing database to obtain the license status of the client.

Evaluation of Referred Drivers

Procedures

When the Medical Affairs Branch receives a report that a driver may not be fit to operate a motor vehicle, an individualized assessment of the individual's driving ability is initiated, depending on the reporting source. The RMV, with guidance from the Medical Advisory Board, has developed procedures for dealing with reported drivers, based on the reporting source, and has designated physicians and law enforcement as "expert" sources. When an initial report is received from a physician or from law enforcement (an expert source), Medical Affairs may initiate a licensing action directly, without first seeking a physician evaluation. When the RMV receives reports from any source other than a physician or law enforcement, the reporting source is considered "non expert," and the Medical Affairs Branch will first seek the expert opinion from the individual's physician, before considering any licensing action. Counter personnel are among those considered as non experts; there are no procedures for evaluating functional ability by these licensing personnel; they must complete the same form as any other reporting source if they observe obvious impairment (e.g., a seizure occurring in the licensing center, seething behavior, etc.). The individualized assessment is initiated by Medical Affairs by mailing a letter to the driver specifying that he or she must have a physician evaluate his or her condition and complete and return a Medical Evaluation Form to the RMV within 30 days. The physician must document the driver's medical condition; the extent, frequency, and control of the symptoms of the driver's condition or disability that may affect his or her ability to operate a motor vehicle; whether the medical condition is likely to interfere with mental or physical ability to operate a motor vehicle safely; type and date of last episode if the condition involves loss of consciousness or seizures; and types and dosage of medications prescribed for the condition, and whether they are likely to affect ability to safely operate a motor vehicle. The physician is also asked, which of the following statements best describes his or her professional opinion:

- The patient is medically qualified to operate a motor vehicle safely.
- I am unable to determine driving ability and recommend the patient undergo a competency road examination.
- The patient may require adaptive equipment and/or an assessment for appropriate license restrictions via a competency road examination.
- The patient is NOT medically qualified to operate a motor vehicle safely.

Finally, the physician is asked whether the patient should be reevaluated before 5 years (when the license would be up for renewal). A separate Loss of Consciousness Evaluation Form may also be given to the driver if the self-reported condition relates to a seizure, syncope, or other type of episode of altered consciousness.

While the RMV is in the process of evaluating a reported individual's competency to operate a motor vehicle safely, the individual will have an activity hold entered on the license record, which prevents the issuance of a learner's permit or renewed license to the individual until the evaluation has been concluded. Medical Affairs may require the driver to undergo a competency road examination by the RMV and/or an assessment for adaptive equipment by a driving rehabilitation program, based on the physician's recommendation. Competency road

tests are given if a doctor provides medical clearance but cannot or will not determine or comment on driving ability. The competency road test is a road test much like that of the first-time applicant—it measures whether a person can perform the normal operations of the vehicle adequately and safely. The test also allows a State Trooper to evaluate the use of any special (adaptive) equipment that may be needed.

Drivers who have been diagnosed with dementia are allowed to continue to drive in Massachusetts, as long as they are medically cleared to do so by their physician. The physician may recommend additional testing, such as a RMA competency road test, or clearance from programs specializing in driver assessment/rehabilitation. There is currently no criteria for revoking driving privileges based on early-, mid-, or late-stage dementia.

Complex cases that the Medical Affairs Branch cannot resolve through the application of the standards for minimum physical qualifications to operate motor vehicles, are referred to the Medical Advisory Board for advisory opinions on fitness to drive. Referral of cases to the MAB is rare. Examples of cases that have been referred include a driver with seizures whose physician recommended a 15-month seizure-free period as a result of the patient having undergone experimental brain surgery, and a driver with bioptic telescopic lenses who could not meet the peripheral standard who was issued a permit but denied a license, and whose physician stated that prisms increased the peripheral field, when in reality they don't.

When the MAB is asked for its advice regarding a driver's medical fitness to drive, the recommendation will be made by the relevant subcommittee Board members, as opposed to a single member of the Board or the entire Board.

Medical Guidelines

The advice of the physician is relied upon within the parameters of the medical standards for vision, loss of consciousness and seizure conditions, cardiovascular and respiratory conditions, and arthritic conditions. The minimum standards for these conditions are provided below, current as of June 1998.

Seizure and Loss Of Consciousness Standard.

Any licensee or applicant for a learner's permit or license who has experienced a seizure, syncope, or any other episode of altered consciousness which will or may affect the safe operation of a motor vehicle must voluntarily surrender his or her license, or be subject to suspension or revocation, until such time as that individual has remained episode free for period of at least six (6) months. At the end of the 6-month period, the licensee or applicant may receive his or her learner's permit or license when he or she provides the Registry's Medical Affairs Branch with a written statement completed by his or her physician confirming that the individual has been free from episodes for a minimum of six months and which states all of the following:

- (1) The cause of the episode (type of disorder suffered).
- (2) The means by which the condition is controlled (including any medications and

- dosages).
- (3) The degree of impairment or disability suffered during an episode (extent of episode).
 - (4) The probability of recurrence of the episode (including frequency of occurrence, degree of assurance that the event will not reoccur, and basis for estimate of probability).
 - (5) The date of most recent episode.
 - (6) A certification, to a reasonable degree of medical certainty, that the individual's medical condition and medications will not interfere with the safe operation of a motor vehicle.

Pursuant to the advice of the Medical Advisory Board, the Registry has chosen a 6-month episode-free period as appropriate, since, in most cases, it provides a reasonable estimate of probability that the individual will remain episode free for the indefinite future. In addition, a 6-month period allows the physician sufficient time to evaluate and diagnose the cause of the episode and devise the appropriate treatment plan, and thereby more accurately predict the likelihood of recurrence of the event.

The Registrar of Motor Vehicles or his designee may waive the 6-month episode-free requirement upon receipt of a written statement from a physician, containing all of the above information and requesting that the six month episode free policy be waived because the physician has determined that the individual's medical condition and medications will not interfere with the safe operation of a motor vehicle, with specific reasons provided for that determination. Conversely, the Registrar or his designee, may require that a person be episode free for longer than six (6) months prior to issuing, renewing, or reinstating a license, as an individual case may require.

Cardiovascular Disease Standards.

Any licensee or applicant who is medically determined to be a Class IV heart patient, according to the American Heart Association ("AHA") functional guidelines for classifying heart disease, is not eligible for a learner's permit or license. Individuals classified as AHA functional Class IV may suffer symptoms of heart failure even at rest and therefore are unsafe to operate motor vehicles. Accordingly, any licensee who is an AHA functional Class IV heart patient shall be required to voluntarily surrender his or her driver's license or be subject to suspension or revocation.

Individuals who are determined to be AHA functional Class I, II, or III do not suffer symptoms of heart failure at rest. Therefore, these individuals are presumed safe to operate a motor vehicle and will continue to be eligible to receive or hold a learner's permit or license until such time as the Registry has cause to believe that such individuals are unsafe to operate a motor vehicle.

In instances where the Registry has cause to believe that an AHA functional Class I, II, or III heart patient is unsafe to operate a motor vehicle, the Registry may restrict, suspend, or revoke driving privileges for that person.

Individuals who were formerly determined to be AHA functional Class IV heart patients and have since been reevaluated and determined to be AHA functional Class I, II, or III heart patients must submit the following documentation from the physician to the Registry's Medical Affairs Branch in order to be eligible to restore driving privileges:

- Medical documentation of the status of the individual's heart condition, including AHA functional class and accompanying symptomatology (if any).
- A written statement from the physician certifying that, to a reasonable degree of medical certainty, the individual is medically qualified to operate a motor vehicle safely.

Any licensee or applicant who has an implanted cardiac defibrillator ("ICD") is not eligible for a learner's permit or license until six (6) months after such device has been implanted and submission of the certification described below. Any licensee who has had such a device implanted shall be required to voluntarily surrender his or her license or be subject to suspension or revocation for the six month period. The Registry's Medical Advisory Board has determined that individuals who have ICDs possess a significant threat of loss of consciousness, cognitive dysfunction and sudden death syndrome, all factors which significantly impair these individuals' ability to operate a motor vehicle safely. Based on the advice of the Medical Advisory Board, the Registry has determined that six months represents a reasonable amount of time for a physician to evaluate the efficacy of the ICD as a means of controlling the patient's symptoms of heart failure.

If at any time after implantation, the ICD has triggered, whether during the initial six month period or later, the individual will be required to voluntarily surrender his or her license or be subject to suspension or revocation until such time as the individual can provide the information described below.

Upon completion of the six month "trigger free" period, the individual is eligible to regain his or her license privileges, provided he or she can submit the following information from his or her physician to the Registry's Medical Affairs Branch:

- A description of the individual's current heart condition, including AHA functional class and accompanying symptomatology (if any).
- Status of the implanted cardiac defibrillator including whether the device has triggered and if so, the exact date of the last trigger; and
- A certification from the physician that, to a reasonable degree of medical certainty, the physician has determined that the individual is asymptomatic, that the device has not triggered for at least six months, and that the individual is medically qualified to operate a motor vehicle safely, with specific reasons provided for that determination.

Pulmonary/ Respiratory Disease Standard

Any licensee or applicant for a learner's permit or license, whose O₂ saturation level is greater than 88% at rest or with minimal exertion, with or without supplemental oxygen, will be presumed safe to operate a motor vehicle and will continue to be eligible to receive or hold a learner's permit or license until such time as the Registry has cause to believe that an individual is unsafe to operate a motor vehicle.

Any licensee or applicant for a learner's permit or license, whose O₂ saturation level is 88% or less at rest or with minimal exertion, even with supplemental oxygen, is not eligible for a learner's permit or license. A licensee whose O₂ saturation level is 88% or less at rest or with minimal exertion, even with supplemental oxygen, shall be required to voluntarily surrender his or her license, or be subject to suspension or revocation. The Registry's Medical Advisory Board has determined that these individuals possess a significant threat of loss of consciousness, cognitive dysfunction, and risk of heart failure at any given time and therefore are unsafe to operate a motor vehicle.

Applicants or licensees whose O₂ saturation level was 88% or less at rest or with minimal exertion, even with supplemental oxygen, and whose saturation level has changed to greater than 88% at rest or with minimal exertion, with or without supplemental oxygen, may be eligible to obtain or regain licensing privileges by providing the following information from their physician to the Registry's Medical Affairs Branch:

- Medical documentation that his or her O₂ saturation level is greater than 88% at rest or with minimal exertion.
- A certification that, to a reasonable degree of medical certainty, the individual is medically qualified to operate a motor vehicle safely.

Applicants or licensees whose FEV-1 (forced expiratory (respiratory) volume in one second) level is 1.2 liters or less will be required to submit an O₂ saturation test result in order to be eligible for a learner's permit or license. The Registry's Medical Advisory Board has determined that individuals whose FEV-1 level is 1.2 liters or less may reasonably be expected to be symptomatic for respiratory or heart failure and therefore require a more extensive evaluation of their ability to operate a motor vehicle safely. Upon receipt of the O₂ saturation test, the Registry shall use the above O₂ saturation level criteria in evaluating the individual's ability to operate a motor vehicle safely.

Arthritis Disease Standard.

So that an evaluation of safe driving ability can be made, any licensee or applicant for a learner's permit or license, who is medically determined to have an arthritis condition which renders that individual unable to perform self care will be required to submit the following information from his or her physician to the Registry's Medical Affairs Branch:

- A written statement describing the status of the individual's arthritis condition.
- Accompanying symptomatology.
- A list of medications and dosages.
- A certification that, to a reasonable degree of medical certainty, the individual is medically qualified to operate a motor vehicle safely and the individual's medications and dosages will not interfere with the safe operation of a motor vehicle.

The Registry's Medical Advisory Board has determined that individuals who suffer from an arthritis condition so severe as to prevent them from performing self care may be functionally unable to operate a motor vehicle safely and therefore require an individual assessment of their operating ability in the form of a medical certification from a physician.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the recommendations of drivers' treating physicians, the MAB, licensing standards, and whether drivers can pass the DMV tests, depending on the condition, who reported the condition, and whether there was a crash or citation issued. Minimum medical standards override the recommendation of an individual's treating physician. Road tests are given if a doctor provides medical clearance but cannot (or will not) determine or comment on driving ability.

The MAB may recommend license restrictions that include daylight only driving, visual correction, and special adaptive equipment. There is no law in Massachusetts that requires drivers with adaptive equipment to have their licenses appropriately restricted, however. In fact, if an applicant comes into the licensing agency for renewal and is in a wheelchair because of lower limb impairment, as long as the driving record is clean and the person passes the vision test, the fact that the person is in a wheelchair but has no restriction on the license for hand controls, for example, is not enough of a reason to refer the case to the Medical Affairs Branch. The treating physician and the MAB physicians at times recommend proximity restrictions, but Massachusetts does not issue such geographic restrictions.

The Board can also recommend suspension, but the RMA would first request that the driver voluntarily surrender the license. This allows the driver to receive a free identification card, but more importantly, has no negative insurance ramifications as it puts the license status in limbo without affecting driving history. If the individual's condition improves and he or she can provide documentation from his or her physician medically clearing driving, the license may be restored to its former active status. However, if the individual does not comply with the RMA's request to voluntarily surrender the license, Medical Affairs will notify the Driver Control Unit to schedule a hearing, and if the Driver Control Unit does not rule in favor of the individual, then the license will be indefinitely revoked.

The MAB can recommend and the RMA require further testing by a driver rehabilitation program. Periodic reexaminations are also recommended by the MAB, and will also be required by the RMA when recommended by a treating physician. A special contract between the physician, the driver, and the registry will be signed, when, for example a physician indicates a driver is medically cleared now but has a history of going off of his or her medications, and when not taking medications may have a spell, and therefore the physician recommends that the driver should report to his or her physician quarterly for medical reexamination, and reporting of results to the RMA. The MAB does not recommend remediation of impairing conditions, nor does the Licensing Agency refer drivers for remediation.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments. Drivers may appeal a decision within 10 days to a Board of Appeals, which will conduct a hearing to affirm, modify, or annul the registrar's decision. An appeal can then be made to the Massachusetts Superior Court.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving, nor does the Agency formally refer drivers to an outside resource for counseling. However, the RMA will try to provide names of rehabilitation programs where drivers may find help with such issues.

The RMA has made Public Information and Education materials available to older drivers explaining the importance of fitness to drive, in the form of a slide show presentation called the "Elder Outreach Program." This program won the AAMVA Region I award in 2000. It is a 30-minute presentation given to groups of 20 individuals or more, normally at the request of Councils on Aging. Specific topics include recognizing the warning signs of unsafe driving, tips on how to drive safely, how to obtain a disabled parking placard, and procedures the Agency uses in evaluating medical fitness to drive.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, or for relating specifically to dealing with older drivers.

Medical Program Tracking System

The Agency has an automated medical record system, but does not use automated workflow systems.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

The medical review program does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities, including connections to alternative transportation, include personnel and financial resources.

Michigan

Organization of the Medical Program

Driver licensing in Michigan is administered by the Michigan Department of State. Michigan does not have a Medical Advisory Board. The Driver Assessment Division of the Department of State evaluates drivers with medical conditions or functional impairments. The Driver Assessment Division consists of 43 employees, including 26 Driver Analysts and a Support Section comprised of seven State Assistants, an Analyst and a Section Manager. Administrative staff review information regarding the licensing intervention program and work closely with field and in-house personnel to maintain continuity of procedures. A separate Division within the State Department—the Driver License Appeal Division—is responsible for overseeing the Department’s driver license appeal program of licensure denials.

The individuals who make licensing determination are not anonymous. There is, however, governmental immunity from legal action as long as the employee engages in furtherance of a Governmental function.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that could affect their ability to operate a motor vehicle safely come to the attention of the Licensing Agency in a number of ways. Original and renewal license applicants are required to answer questions about medical conditions as they complete their license application form. The questions are as follows:

- *In the last 6 months, have you had a physical or mental condition which affected your ability to drive?*
- *In the last six months, have you had a fainting spell, blackout, seizure, or other loss of consciousness?*

Drivers who answer “Yes” are required to have their physician perform an examination and forward a medical report to the Driver Assessment Support Section.

Vision Screening and Vision Standards

Unless renewing their licenses by mail, which is allowable every other renewal cycle as long as drivers have a clean record, applicants must take and pass a vision test and a written knowledge test. Drivers must still at this time certify that they do not have a physical, vision, or mental condition that affects their ability to drive safely. The caveat is indicated on the license renewal application. Visual standards for licensing are as follows:

- An unrestricted driver's license may be issued to an applicant or licensee who has visual acuity of 20/40 and a peripheral field of vision of 140 degrees. Visual acuity less than

20/40 to and including 20/50 and a peripheral field of vision of 140 degrees or less to and including 110 degrees may be accepted if the applicant or licensee submits a statement of examination on a form prescribed by or acceptable to the department signed by an ophthalmologist or optometrist.

- A restricted driver's license requiring the driver to wear appropriate corrective lenses while driving may be issued if corrective lenses are necessary to meet any vision requirement.
- A restricted driver's license permitting daylight driving only may be issued if an applicant or licensee submits a statement from an ophthalmologist or optometrist stating 1 of the following:
 - (a) He or she has visual acuity less than 20/50 to and including 20/70 with no recognizable progressive abnormalities affecting vision.
 - (b) He or she has visual acuity less than 20/50 to and including 20/60 with recognizable progressive abnormalities affecting vision.
- A restricted driver's license containing additional conditions and requirements, may be issued to an applicant or licensee who has a peripheral field of vision of less than 110 degrees to and including 90 degrees. The applicant or licensee shall pass an on-road evaluation administered by the Department.
- A driver's license shall be denied or suspended indefinitely if the applicant or licensee has visual acuity less than 20/60 with recognizable progressive abnormalities affecting vision; visual acuity less than 20/70 without recognizable progressive abnormalities affecting vision; visual acuity of 20/100 or less in one eye and less than 20/50 in the other; or a peripheral field of vision less than 90 degrees.

Referral Sources

The person's driving record is an internal trigger that would bring the driver to the attention of the Driver Assessment Division. Drivers who have had an at-fault crash resulting in a fatality, drivers who have accumulated 12 points within a 2-year period, and drivers who have experienced 3 negligent crashes within a 2-year period may be required to undergo reevaluation. In addition, probationary drivers are evaluated under the following circumstances: when they acquire 3 moving violations; when they acquire a 6-point violation not resulting in a mandatory action; when they acquire 2 violations and the first one is a 4-point violation; and when they acquire a violation following a mandatory suspension. Drivers are also evaluated when they violate a restricted license; when the Department believes that they may be unqualified to operate a vehicle safely; and when driving privileges are to be restored following an indefinite suspension or revocation that was imposed on their driving privileges.

The Licensing Agency accepts referrals of potentially unsafe drivers from many sources, which could result in the requirement for a driver to undergo evaluation. The Department accepts various documents from physicians including physician letterhead, medical script, physician or vision statements, and a specific DMV form (OC-88) called a "Request for Driver Evaluation." In Michigan, physicians are not required by law to report drivers with medical

conditions or functional impairments that could affect their ability to drive safely, but they may voluntarily report drivers. For physicians who choose to report drivers, reports are confidential, unless release is court ordered. Physicians who report drivers in good faith are not immune from legal action by their patients. The individuals and agencies from whom the Licensing Agency will accept reports are as follows: police officers; the courts; family, friends, and other citizens; hospitals, occupational therapists; physician therapists; DMV employees who observe signs of impairment during the renewal process; and other State agencies. Reports may be submitted through the use of a letter or on the DMV OC-88 form, but all referrals for examination must be signed and include the requestor's full name, address, and telephone number. Anonymous referrals are not accepted. The request must also include the license number or full name and birth date of the driver to be assessed as well as specific information to justify the assessment reexamination. This could include an incident or pattern of behavior, or other evidence that indicates the driver may be unable to operate a motor vehicle safely. The Department will investigate reports when it is unclear of the relationship of the requestor to the person being reported, and the requestor may be contacted if additional information is needed to fully substantiate a request for reexamination.

Evaluation of Referred Drivers

Procedures

When the Driver Assessment Division is made aware that a driver may have a medical condition or functional impairment that could affect his or her ability to drive safely, a Physician's Statement of Examination and/or Vision Specialist's Statement of Examination is mailed to the driver, which must be completed by his or her regular physician and/or vision specialist and returned to the Driver Assessment Support Section in Lansing, MI. The 6-page physician statement contains sections that the physician must complete depending on the driver's medical condition(s), and a section that must be completed that contains medical-related driving recommendations. The physician is asked whether the patient follows medical recommendations, whether medication is being taken and if so, how it affects safe driving ability, whether the patient has been referred by the physician to other medical specialists and the results of such consultations, and recommendations the Department should consider when determining qualifications to drive. Such recommendations include: whether the Department should request a statement of the patient's psychological condition; whether the Department should request a statement of visual acuity; whether the Department should require periodic medical evaluation to monitor changes in the patient's condition that may affect driving ability; whether driving restrictions are recommended; and whether an on-road driving performance evaluation is recommended.

The Support Section reviews the physician or vision statement to determine whether more in-depth medical information is needed, whether the driver meets the medical and visual qualifications, and what tests should be conducted during the reexamination with the Driver Assessment Analyst. The Driver Assessment Analyst may conduct an in-office vision screening, a road sign identification test, written/cognitive recognition test, and/or an on-road driving evaluation. The Driver Assessment Analyst also provides in-depth positive counseling to the

driver to determine the driver's needs and/or limitations, and how the driver perceives and handles risk.

Drivers who have been diagnosed with dementia may continue to drive in Michigan until they present an unfavorable medical statement or are no longer able to pass the required tests (vision, road sign identification, written, and on-road evaluation).

Medical Guidelines

Standards for visual and episodic conditions were established through review with advisory medical personnel, with the assistance of leading medical authorities, and in conjunction with established standards from other DMVs throughout the United States. The legal authority to set the guidelines was established through the Motor Vehicle Code.

Persons who have experienced an episode of loss of consciousness must present a physician's certification that the condition is under control by medical or other treatment, and that all symptoms or conditions which would affect the safe operation of a motor vehicle have been corrected, cured, or controlled or have abated for not less than 6 months. The 6-month period may be reduced or eliminated based upon a Departmental review of the specific recommendation of a qualified physician or any other information which may come to the Department, including evidence that the episode resulted from medical intervention or medically supervised experimentation with prescribed medication, as well as the evaluation of other evidence. The Department may issue a limited or restricted license.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on many factors. Drivers are first required to adhere to the Department's licensing standards, both visually and medically (episodic conditions). The Department strongly considers a physician or vision specialist's recommendation, as well. If licensing standards are met, licensing decisions are made after critical review of medical documentation and performance of driver tests, including vision, road sign identification, written knowledge, an on-road driving evaluation, and the driver's attitude toward traffic safety.

The Analyst may determine what license restrictions should be applied, and whether periodic reexaminations are required. Restrictions issued at a driver reexamination could include a designated radius, hours of operation, special adaptive equipment, use of visual adaptive equipment (telescopic lenses), training with a certified driver training instructor, daylight driving only, or limited freeway driving. Additional reexaminations or medical statements may be required as a result of a driver reexamination or it may be based on the review of the medical statement submitted by the driver. If it is determined that a driver needs additional outside training, restrictions are imposed (must drive with a certified driver training instructor) and the driver is referred to a driving school or rehabilitation agency. Drivers who are referred for additional outside training with a rehabilitation agency or driving school would be required to submit the results of that training to the Driver Analyst for further review. Based on the

information provided, the driver may or may not be retested. The Department may suspend a license for an indefinite period, until the driver can prove that the medical condition has improved by presenting a favorable medical statement. The driver would also need to demonstrate safe driving ability by passing all required tests.

The Agency does refer drivers for remediation of impairing conditions, by referring them to specialists for the specific impairment (e.g., vision specialists, neurologists, psychiatrists, etc.). Additional testing may be administered by the driver's physician or vision specialist, and additional training may be recommended through a driver training agency or rehabilitation agency. Lists of training sites for telescopic lenses and for rehabilitation agencies are provided. The agencies provided in the listings are intended for informational purposes; the Department of State does not endorse listed agencies, nor does the Department guarantee licensure from such training of any listed agencies.

Appeal of License Actions

There is an appeal process for drivers whose licenses are suspended or restricted. Licensing controls imposed by the Driver Assessment Division may be appealed within 14 days to the Driver License Appeal Division and/or Circuit Court.

Counseling and Public Information & Education

Driver Analysts provide counseling at the time of a reexamination to assist individuals in determining their ability to drive safely. Counseling is provided in a positive manner, along the lines of helping individuals understand imposed restrictions. If all driving privileges are removed, the Department offers various names of agencies that provide alternative transportation.

The Licensing Agency offers educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk. The Department publishes *Driving for Life: A Guide for Older Drivers and their Families* which provides a description of the Department's role in licensing, suggestions to help older drivers maintain their driving skills, and tips about finding alternative transportation once the decision is made to give up driving.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for Driver Analysts in how to observe applicants for conditions that could impair their ability to drive safely. Driver Analysts undergo an initial 6-month training program, and periodically attend medical training to upgrade their professional knowledge and expertise in areas related to their traffic safety mission. Medical training is conducted over 1-2-day sessions with experts in various medical fields. Driver Analysts periodically attend training to gain a better understanding of cues when assessing referred drivers.

Medical Program Tracking System

The Agency uses an automated medical record system and correspondence workflow system. The Driver Assessment Support Section follows case management with the staff assigned to handle individual medical and vision requests.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Barriers to implementing more extensive screening, counseling, and/or referral activities, including connections to alternative transportation were identified as follows: The Department is limited in funding and staffing in conjunction with other reviews that are conducted (e.g., points, crashes, fatalities). There is also limited research into more extensive screening and in funding the equipment at multiple offices. Alternative transportation is sparse and is a critical issue for communities to develop.

Minnesota

Organization of the Medical Program

Driver licensing in Minnesota is administered by the Driver and Vehicle Services Division of the Department of Public Safety (DPS). Minnesota has a Medical Review Panel that has been in existence for over 20 years. It is composed of two internists who specialize in diabetic disorders, and one neurologist who specializes in seizure disorders. The Panel physicians are volunteer consultants to the DPS who work in private practice. They are nominated by the State Medical Association and are appointed by the Director of the Driver and Vehicle Services of the DPS. They serve an open-ended term. Members' identities are anonymous, they are immune from legal action, and their records and deliberations are confidential (with the exception that a driver may receive a copy upon request and records may be admitted in judicial review proceedings of drivers determined to be incompetent).

The purpose of the Panel is to review and advise on individual fitness-to-drive cases, in which a driver is appealing the Department's licensing action. Members interact with the DPS by regular mail on a case-by-case basis. The Panel reviews approximately 60 cases a year, in which approximately 40 drivers are denied a license following evaluation. The medical conditions referred to the Panel involve diabetes and seizure disorders. Generally, a single Panel member reviews a case and makes a recommendation, based on the individual's driving record, medical reports submitted by the physician, and information provided in letters of concern or police reports. The Board may recommend that the Department's cancellation be sustained, or they may recommend early reinstatement (e.g., may allow a driver to regain driving privileges in 5 months rather than 6 months following a seizure). The Panel may recommend license restrictions or more or less frequent periodic reexaminations/medical statements than determined by the DPS.

The DPS has an internal medical review unit staffed with three Hearing Officers/Driver Improvement Specialists from the Driver Evaluation Unit who review medical reports. They have no formalized medical training, but are long-term Driver Licensing employees with extensive on-the-job experience reviewing medical forms. The Driver Evaluation Unit reviews approximately 35,000 cases per year.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may preclude safe driving ability come to the attention of the DPS in a number of ways. Original and renewal applicants must respond to the following questions about medical conditions when they complete their license application:

- *Do you have any medical condition that may impair your ability to safely operate a motor vehicle? If YES, explain.* _____
- *Do you use insulin?*

- *Do you use any medication, other than insulin, to control loss of consciousness or voluntary control? If YES, explain.* _____

Applicants who respond in the affirmative must take a medical form to their physician for completion. Drivers with insulin-treated diabetes mellitus must complete a portion of the form indicating whether they have had a loss of consciousness while driving a motor vehicle, and if Yes, to indicate the date. Loss of consciousness is defined as an inability to assume and retain an upright posture without support or being unable to overcome diabetic symptoms without assistance. Applicants are also asked whether they have had other non-driving related episodes of loss of consciousness. They must certify that their statements are accurate and acknowledge the requirement to report any driving-related episodes of loss of consciousness to the Department within 30 days. The physician is asked to provide a diagnosis, describe the treatments or medications prescribed, indicate whether the patient cooperates with the treatment, and indicate the prognosis for control of the diabetic condition. In addition, the physician is asked to indicate whether the patient is qualified (in all medical aspects) to exercise reasonable and ordinary control over a motor vehicle and whether a review examination should be required (4 years, 3 years, 2 years, 1 year, or 6 months). A 6-month or 1-year review is required until a driver is episode-free for 4 years. If a physician does not recommend an interval, the person will be required to under a 4-year review if eligible. Drivers who report loss of consciousness must have their physician complete a similar medical form. Drivers must complete a portion that provides the date of the last episode, the cause of the episode, and describe any other losses of consciousness or control.

Vision Screening and Vision Standards

Original and renewal applicants must take and pass a vision screening test. To pass, drivers must have at least 20/40 acuity with either one usable eye or with both eyes, with or without corrective lenses; and a visual field of at least 105 degrees in the horizontal diameter with either one usable eye or with both eyes. Applicants who meet the standards with corrective lenses will have a corrective-lenses restriction placed on their licenses. Drivers who cannot meet the DPS standard using the Department's screening devices must have their vision specialist complete a vision form based on an examination conducted within the prior 6-month period. In addition to providing acuity and visual field readings and listing any eye diseases, the eyecare specialist is asked to indicate whether the patient's vision is adequate to exercise reasonable and proper control of a motor vehicle, and any recommended restrictions (including but not limited to daylight only, maximum speed, miles from home, and no freeway driving). Minnesota Rules specify restrictions based on visual performance. Applicants with acuity of 20/50 or less may be restricted to road type, driving area, and daylight only driving if the commissioner determines that the restriction is necessary for the safety of the applicant and the public. Speed restrictions are placed as follows: applicants with 20/50 acuity are restricted to maximum speeds of 55 mi/h; applicants with 20/60 acuity are restricted to maximum speeds of 50 mi/h; and applicants with 20/70 acuity are restricted to maximum speeds of 45 mi/h and no freeway driving. Applicants with visual fields of less than 105 degrees are restricted to driving with left and right outside mirrors, in addition to other applicable restrictions based on their acuity. When an applicant's acuity is 20/80 to 20/100 (but not including 20/100), the Driver Evaluation Unit will determine whether a restricted license can be issued. Applicants will not be licensed if: they have corrected

acuity of 20/100 or less; they are known to be receiving assistance for the blind; they have a visual field of less than 100 degrees in the horizontal diameter with either one usable eye or with both eyes; the Commissioner receives a recommendation from a licensed physician or optometrist that the applicant's license should be cancelled or denied; or they fail to submit a required vision examination within the requested time period. Binocular telescopic lenses that do not restrict a driver's peripheral vision may be used on a case-by-case basis. Applicants must have a recommendation from their eyecare specialist and pass a DPS road test. Currently, there are 2 drivers in Minnesota who are licensed to drive with binocular telescopic lenses.

Referral Sources

Other mechanisms for bringing potentially unsafe drivers to the attention of the DPS include reports or letters from physicians; police officers; the courts; family, friends, and other citizens; hospitals; and occupational therapists, physical therapists, and social workers. Physicians in Minnesota are not required by law to report drivers with medical conditions or functional impairments that significantly impair a patient's ability to operate a motor vehicle safely, but they may report drivers to the DPS on a voluntary basis. Physicians who wish to report a driver would do so by writing a letter to the Department. Physician reports are confidential except that a driver may request a copy, and reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent. Minnesota Rules provide that any physician reporting in good faith and exercising due care shall have immunity from any civil or criminal liability. In addition, no cause of action may be brought against any physician for not reporting a driver to the DPS.

Law enforcement officers may submit a Request for Examination of Driver form that describes the date, time, and location of an incident; whether a citation was given; and a summary of the driving actions or conditions that brought the driver to the attention of the officer. The form indicates that age alone cannot be considered good cause for reexamination. Police officers are asked to check which of the following situations apply: general/physical health problems; diabetic loss of consciousness or voluntary control; vision problem; lack of physical driving skills; violation of "any use of alcohol/drug invalidates license" restriction; mental or emotional problem (including road rage, memory loss, etc.); loss of consciousness or voluntary control (seizures); lack of knowledge of traffic laws; or other. Other individuals who wish to report potentially unsafe drivers may write a letter, and all sources must provide their name—the DPS does not accept anonymous reports. The DPS does not investigate any sources prior to contacting a driver for possible evaluation.

Drivers who apply for disability parking certificates may be required to undergo an examination by their physician, if the DPS does not have a record of the disability. If the Department does not have a record, a physician must complete a section of the Application for Disability Parking Certificate and indicate whether the applicant is qualified, in all medical respects to exercise reasonable and ordinary control of a motor vehicle. A "NO" answer may result in cancellation of the driving privilege. In most cases, the DPS will ask the driver to come in for an interview with a Hearing Officer to determine whether or not a road test is necessary.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include the following: a crash resulting in a fatality; referral from any of the sources previously described; self-report of a medical condition; upon the observation by Licensing Agency personnel of signs of functional impairment; and upon application for handicapped driving privileges. In most cases, when the Department receives a letter of concern, the driver is required to come into a licensing office and participate in an interview with a Hearing Officer. There are approximately 15 Hearing Officers throughout the State, most of whom have worked as Driver License Examiners prior to becoming Hearing Officers. Based on observation and questioning of the driver, the Hearing Officer will determine whether a driver needs to take a road and/or written test, undergo a physical examination by his or her treating physician or an examination by a vision specialist, undergo a psychological examination, or submit to other testing. This information is recorded on a Hearing Report form, and a date is entered on the form by which the driver must complete the reexamination requirement.

The State has broad statutes allowing for “physical and mental examinations as the Commissioner finds necessary to determine the applicant’s fitness to operate a motor vehicle safely on the highways” (Minnesota Statute, Chapter 171.13 Examination). Minnesota has been successful in court challenges of testing requirements. In some cases, when a report is very clear (e.g., from a police officer who documents behavior or conversation indicating a medical condition) the interview will be skipped and a driver will be directed to go his or her physician for an examination. In other cases, a driver may be directed to undergo road testing, skipping a Hearing Interview and the requirement to have a physical examination. This could result when a driver comes into an agent’s office to renew a license and has a loss of a limb or partial limb that resulted from an accident that the DPS did not know about. In some cases, drivers may be required to undergo a physical exam and a road test—for example when a physician indicates that a driver is medically qualified to drive but should be road tested before a licensing determination is made.

If a Hearing Officer determines that a driver must undergo written and road testing, or such testing is recommended by the driver’s treating physician, the driver must pass the DPS-administered tests, in addition to obtaining a favorable physician’s report if a medical evaluation is required. A person may attempt a driving test six times. A driver may apply for a restricted license after a sixth failed attempt, if he or she can establish a genuine need to be able to drive. All such applications are referred to the Chief Driver Evaluator. The applicant must undergo examination by an Examining Supervisor who will determine the risk involved, and forward written recommendations, including basic restrictions, to the Chief Driving Examiner, for forwarding to the Chief Driver Evaluator. The Chief Driver Evaluator will review the entire record and determine whether any driving privileges may be authorized. A driver may be retested in his or her home area; the Examining Supervisor goes to the driver’s home and evaluates a driver on a route that he or she would use to go to the doctor, church, grocery shopping, etc. If the driver passes the Area Examination, an area restriction will be placed on the license, along with a speed restriction, and probably a daylight-only restriction and a no freeway

restriction. Any violation of these restrictions would likely result in permanent cancellation of driving privileges.

Drivers in Minnesota who are diagnosed with dementia, may be allowed to continue to drive, as long as they obtain a favorable physician's report and can pass the driving test.

Medical Guidelines

Minnesota Rules (that Hearing Officers implement) for drivers with miscellaneous physical or mental conditions list the conditions requiring a physician's statement; these are presented below:

- Use of any medication, whether or not prescribed.
- Any disease that raises reasonable doubts as to the person's ability to drive safely.
- Use of alcohol or controlled substances.
- Lack of physical control, such as that manifested by fainting or a dizzy spell, blackout, or period of unconsciousness.
- Lack of physical endurance, such as that manifested by a person subject to fatigue, exhaustion, nervous tension, or adverse reaction to monotony.
- Abnormal reflexes, such as those manifested by persons suffering from cerebral palsy, multiple sclerosis, Parkinson's disease, or similar conditions.

Conditions that require a road test include reports of impairments relating to:

- Driving procedures.
- Judgment of space, time, and motion.
- Physical strength to operate a vehicle's controls.
- Physical condition to operate a vehicle.

The *Minnesota Rules* governing the licensing drivers with medical conditions are provided in Chapter 7410, and pertain to visual impairments, loss of consciousness or voluntary control, insulin-treated diabetes mellitus, mental illness or deficiency, and miscellaneous physical and mental conditions. Rules for loss of consciousness, insulin-treated diabetes mellitus, and mental illness or deficiency are summarized below. The rule process involves meetings with Driver and Vehicle Services personnel, doctors, and other interested parties. Public hearings are held with an administrative law judge, and after some amendments, deletions, and revisions, the rules are adopted. The process generally takes 18 to 24 months.

Loss of Consciousness or Voluntary Control. This part applies regardless of whether the driver or applicant has an aura or warning of imminent seizure or attack or whether the driver or applicant has only had nocturnal attacks. A person shall report an episode of loss of consciousness or voluntary control, in writing, to the Department at the time of applying for a driver's license, if an applicant has experienced an episode; or within 30 days after the episode, if a driver experiences an episode. Each report must specify the date of the episode and must be accompanied by a physician's statement in a

form prescribed by the Commissioner. If the Commissioner has good cause to believe that a driver or applicant has experienced an episode of loss of consciousness or voluntary control or if a physician's report indicates an unfavorable prognosis for control of the person's condition, the Commissioner shall cancel or deny the person's driving privileges until six months have elapsed since the episode or diagnosis and until the person submits a physician's report that indicates a favorable prognosis for episode free control of the person's condition; indicates that the person is cooperating in the treatment of the condition; and indicates that the person is medically qualified to exercise reasonable and proper control over a motor vehicle on the public roads.

The Commissioner shall not cancel or deny the person's driving privileges if the driver or applicant submits a physician's statement indicating the following, and the physician does not recommend cancellation or denial of the person's driving privileges:

- That the episode resulted from a change or removal of medication on physician's orders.
- That the episode was the first episode experienced by the person.
- That the episode was the first episode experienced by the driver or applicant in four or more years, and that the short- and long-term prognoses for episode free control of the person's condition are favorable.
- That the episode was due to intervening and self-limiting temporary illness, treated by a physician, or to the driver or applicant forgetting to take the medication; and that the short- and long-term prognoses for episode-free control of the person's condition are favorable.

If the loss of consciousness or voluntary control is reported and is due to alcohol or controlled substance abuse, and is not the first episode experienced by the driver or applicant, the Commissioner shall cancel or deny the person's driving privileges for a year from the date of the episode.

Except as otherwise provided, a driver who has experienced a loss of consciousness or voluntary control shall submit an annual physician's statement on a form prescribed by the Commissioner, regarding the driver's medical history, present situation, and the prognosis with respect to the driver's ability to operate a motor vehicle with safety to the driver and others. When a driver or applicant submits a physician's statement indicating that loss of consciousness or voluntary control resulted from a change or removal of medication on physician's orders, or was the first episode experienced by the driver, and the physician does not recommend cancellation or denial of the person's driving privileges, the commissioner shall require a physician's statement every six months for a year, or at shorter intervals as recommended by the reporting physician. When the Commissioner has good cause to believe that the driver's condition is not controlled, the commissioner shall require a physician's statement every six months, or at shorter intervals as recommended by the reporting physician. If a driver has been free from episodes of loss of consciousness or voluntary

control for four years, the Commissioner shall require a physician's statement every four years, unless the physician recommends more frequent reports.

Insulin-Treated Diabetes Mellitus. A person shall report a diagnosis of insulin-treated diabetes or an episode, in writing, to the Department as follows: after a diagnosis of insulin-treated diabetes; at the time of applying for a driver's license; within 30 days after the diagnosis; within 30 days after a driving-related episode; and on a regularly scheduled physician's statement as required. A physician's statement, on a form prescribed by the commissioner, is required after the person is diagnosed as having insulin-treated diabetes, or has a driving-related episode; and every six months until the person has been episode free for a year; and then annually until the person has been episode free for four years; and then every four years; and additionally as recommended by the physician or by the Department.

The physician's statement must indicate, at least, the date of each of the person's episodes since the previous physician's statement, whether the person is cooperating in the treatment of the condition, the person's prognosis for control of the person's diabetic condition, and whether the person is medically qualified to exercise reasonable and ordinary control over a motor vehicle on the public roads.

After a review of a person's physician's statement, the Commissioner shall cancel or deny a person's driver's license under the conditions and for the periods stated as follows: if the Commissioner receives a physician's statement that indicates that the person is not medically qualified to exercise reasonable and ordinary control over a motor vehicle, the period of cancellation or denial will be based on the recommendation of the physician and the department unless the cancellation period for a driving-related episode (6 months) or a driving-related episode caused by the use of alcohol or use of controlled substances (1 year) applies. If the Department and the treating physician do not agree on the cancellation period, the physician's statement and the person's medical history will be submitted to the Medical Review Board for its recommendation upon the request of the individual, the physician, or the Department.

The Commissioner shall reinstate or issue the driver's license of a person whose license has been suspended, canceled, or denied when: the period of suspension, if any, has expired; the person has paid the suspension reinstatement fee as required by statute; no withdrawal of the person's driver's license is outstanding; the requirements that resulted in suspension, cancellation, or denial have been completed; and the person submits a physician's statement, on a form prescribed by the Commissioner, indicating:

- The date of each of the person's episodes since the previous physician's statement.
- The person is cooperating in the treatment of the condition.
- A favorable prognosis for the control of the person's diabetic condition.
- The person is medically qualified to exercise reasonable and ordinary control over a motor vehicle on the public roads.

Mental Illness or Deficiency. For the purposes of this part, good cause to believe exists only if the Commissioner has the following: information that a person has operated a vehicle in an unsafe manner; information that a person lacks judgment and coordination to safely operate a vehicle based on competent medical authority; or facts supplied by the driver or applicant. When the Commissioner has good cause to believe that a person is mentally ill, incompetent, or deficient, and that the mental illness, incompetency, or deficiency will affect the person in a manner to prevent the person from exercising reasonable and ordinary control over a motor vehicle while operating it upon the highways, a physician's statement, in such form as the Commissioner may prescribe, shall be required within 30 days or in such reasonable time that a person may require to obtain a physician's statement. If the physician's statement is not filed, or, if upon review of the report from the physician the Commissioner finds that a person cannot drive safely, all driving privileges shall be canceled under authority of Minnesota Statutes, section 171.14 and denied under authority of Minnesota Statutes, section 171.04, subdivision 1, clause (7) or (11). The person shall not be issued any driving privileges until the commissioner finds that the person is competent to drive safely.

For reinstatement, the Commissioner shall require a satisfactory statement from any institution in which the person has been treated, from any treating physician, or from any competent authority demonstrating that the individual is competent to drive safely.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are generally made based on *Minnesota's Rules*, but if a driver appeals the DPS's decision to the Medical Advisory Panel, the recommendation of the Panel is considered. Road type, driving area, speed restrictions, daylight only, special adaptive equipment, and corrective lens restrictions may be applied. Periodic medical reports are required for loss of consciousness disorders and insulin-dependent diabetes. The DPS does not refer drivers for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose privileges are suspended or restricted for medical conditions or functional impairments. Drivers who disagree with the DPS licensing action may appeal the decision to the Medical Review Panel, which will review the case and reach a decision within 60 days of the request. The panel decision may be appealed in District Court, although DPS personnel are not aware of any appeals beyond the Panel.

Counseling and Public Information & Education

The DPS does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving. However, the DPS refers drivers to outside resources for counseling, where they exist in the driver's town. As a Government entity, the DPS cannot refer drivers to a specific agency.

The Licensing Agency does not make public information and educational materials available to older drivers to explain the importance of fitness to drive, and the way in which different impairing conditions increase crash risk

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that impair their ability to operate a motor vehicle safely, beyond the AAMVA-certification that the Driver Licensing examiners receive. Drivers renewing their licenses go to DPS-contracted agents, who are appointed by the Clerk of the Courts, and are usually long-term Government employees (although, not State employees). Agents are not provided with specialized training in the observation of impairing conditions. The Licensing Agency also does not provide specialized training to licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system, but does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process in Minnesota does not rely on NHTSA 402 funding to support its operation. A barrier that exists to the implementation of more extensive screening, counseling, and referral activities is funding for additional screening. Additional screening would also depend on a needs assessment.

Mississippi

Organization of the Medical Program

Driver licensing in Mississippi is administered by the Department of Public Safety (DPS). Mississippi has a Medical Advisory Board that was established in 1965 and consists of 7 members representing the following medical specialties: ophthalmology, family practice (2 physicians), neurology (2 physicians), orthopedics, and psychiatry. Board members are appointed by the Executive Director, and serve a 1-year term. Board physicians are volunteer consultants to the DPS, and work in private practice or in hospital or clinic settings. The sole activity in which the Board is engaged is reviewing and advising the DPS on individual fitness-to-drive cases, through the performance of paper reviews. Licensing actions are based on the recommendation of a single Board member. Board members are not immune from legal action, their identities are anonymous, and records and deliberations of the Board are confidential.

Questionable cases are referred to Board specialists for their opinion, and often relate to use of medications/effects on driving and mental fitness to drive. Approximately 10 cases are referred to the Board each year, with 50 percent of these drivers over age 65. Approximately 80 percent of the drivers referred to the Board are denied a license following reevaluation, with 40 percent of these drivers over age 65. The Board may recommend suspension, further testing in the form of a driving evaluation, or licensing restrictions. It may also recommend that a driver seek remediation through a rehabilitation center.

The Licensing Agency does not have a separate internal medical review unit with designated trained medical staff. The individuals who evaluate drivers with medical conditions and functional impairments are non-medical administrative staff who have other responsibilities in addition to medical evaluation, and consist of Driver Improvement Hearing Officers and Supervisors, Driver License Examiners, and 1 clerical staff member. The clerical staff member receives letters of concern, mails Medical and Visual Reports to drivers for completion by their physicians, receives Medical and Visual Reports and determines whether cases should be referred to the Medical Review Board, and schedules driver Hearings. There are 9 Hearing Officer across the State who conduct driver interviews.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments come to the attention of the Licensing Agency in a variety of ways. First-time and renewal applicants must answer the following question about medical conditions when they complete their license application form: *“Do you have any physical defects which would interfere with your ability to operate a motor vehicle safely? Explain.”* Drivers who answer in the affirmative may be required to take a Medical Report form to their physician for completion and return to the Driver Improvement Branch.

Vision Screening and Vision Standards

First-time applicants (but not renewal applicants) are required to have their vision screened before being licensed to drive. The Department's vision standard is 20/40 acuity or better with both eyes, with or without corrective lenses, and horizontal visual field of 140 degrees (binocularly) or 70 degrees temporal and 35 degrees nasal (monocularly). If corrective lenses are required to pass the test, then drivers will be licensed with a corrective lenses restriction. Drivers with 20/40 acuity or better in one eye, with or without corrective lenses, but blind in the other will be restricted to driving with an outside sideview mirror and corrective lenses if used to pass the test. Drivers who cannot meet the Department's standards are referred to their vision specialist, who must complete a Vision Statement form. The vision form requires acuity and field of vision measurements, and the eyecare specialist is asked to check all applicable items from the following list: present vision is adequate for safe driving; the applicant should drive only while wearing bioptic telescopic lenses; driving should be limited to daylight driving only; because of progressive defect, the applicant should be visually reexamined in 12 months; applicant falls within bioptic telescopic lens requirements; the applicant should not be licensed to drive. Because Mississippi does not implement periodic medical/visual reporting requirements, an applicant for whom the eyecare specialist recommended a 12-month reevaluation would actually receive a restriction requiring vision testing at renewal. Based on the eyecare specialist's report, a driver with 20/50 to 20/70 acuity or better with both eyes will be restricted to driving with corrective lenses and during daylight only. Drivers with 20/70 or better in both eyes, but for whom correction will not improve vision, will be restricted to daylight driving and speeds of 45 mi/h or less. Applicants with 20/50 or better in one eye and 20/60 to permanently blind in the other eye with or without corrective lenses (and without progressive malfunction) will have corrective lenses, daylight, 45 mi/h, and reexamine-before-renewal restrictions imposed on their licenses. Applicants who fail the eyecare specialist's depth perception test are restricted to 45 mi/h speeds. Applicants who do not have a horizontal visual field of at least 70 degrees temporal and 35 degrees nasal in at least one eye are not qualified to drive in Mississippi.

Applicants with vision worse than 20/70 up to 20/200 may be eligible to use bioptic telescopic lenses. Drivers may apply to drive with bioptic telescopic lenses, and if licensed, must submit an updated optometrist or ophthalmologist report at each renewal. Applicants must have a visual acuity of at least 20/200 in the better eye with the best conventional non-telescopic corrective lens, and must have at least 20/50 acuity through the bioptic telescopic lens. The power of the lens may not exceed 4x. The applicant's horizontal visual field diameter must be no less than 105 degrees without the use of field expanders. There may be no condition relative to the skeletal, neurological, muscular, and/or cervical spine system(s) that could prevent normal movement of the head and/or eyes. Prior to the driving skills test, the applicant must present certification of having successfully completed a vision rehabilitation program in the use of the bioptic telescopic device (from a licensed ophthalmologist or optometrist), and certification of having completed a certified driver education course consisting of a minimum of 6 hours of actual behind-the-wheel training, completed while using the bioptic telescopic lens.

Referral Sources

Driver License Examiners are instructed by Driver Services policy to observe license applicants (original and renewal) for physical or mental abilities that may prevent them from exercising reasonable and ordinary control over a motor vehicle. Drivers who: have a noticeable limp; an arm or leg missing; walk with crutches, are particularly small and apt to have trouble reaching the pedals; have a brace; or state on the application that they suffer from dizzy spells or fainting spells are given a Medical Report form for completion by their physician. Drivers who are deaf are not referred to their physicians; they are licensed with an outside sideview mirror restriction. Driver License Examiners may make on-the-spot determinations about the necessity of a reexamination.

Mississippi does not have a mandatory physician reporting law, but physicians may voluntarily report drivers with medical conditions or functional impairments that may affect safe driving to the Licensing Agency. Physician reports, submitted on office letterhead, are confidential without exception; they are not subject to inspection under the public records law. Physicians who report drivers in good faith are not immune from legal action by their patients.

Mississippi Driver Services Policy states that any citizen who has knowledge of improper or inadequate driving skills may notify the Driver Improvement Branch in writing, and that such notification must be signed. Notifications from the public are confidential and not subject to inspection under the public records law. Reports are not investigated before the Department contacts a driver for possible evaluation. Police officers, the courts, hospitals, and other medical professionals may also report drivers. Police officer crash reports filed with the Department that include notations by the investigating officer that a driver needs to be reexamined are provided to a Driver Improvement Hearing Officer, who will conduct an interview with the driver.

Evaluation of Referred Drivers

Procedures

When the Driver Improvement Branch receives a letter of concern about a driver, a letter is mailed to the driver requiring his or her attendance at a License Office to participate in an interview with a Hearing Officer, and to take a vision test and a road test. The location, date, and time of the interview are provided in the letter, as well as the requirement that the driver be accompanied to the hearing. The Hearing Officer observes the individual for physical and mental disabilities and questions the driver to obtain more information about medical conditions and cognitive abilities. There is no prepared script or checklist used by the Hearing Officer for conducting the interview.

The Hearing Officer May require the driver to undergo medical review, and will provide the driver with a Medical Report for completion by his or her physician before making a licensing determination or continuing with the reexamination tests. Or, the Hearing Officer may determine that a medical review is not necessary, and will direct the driver to a Driver License Examiner to conduct the vision and road tests. If the vision and road tests are passed, the driver will keep his or her driving privileges, but new restrictions could be added, based on test

performance. If a driver fails a road test as a result of physical disabilities, he or she is given a Medical Report form to take to his or her physician.

Drivers diagnosed with dementia may continue to drive in Mississippi until the time that they can no longer meet the requirements set forth by Department policy (i.e., is not medically cleared by the Medical Review Board if the driver is referred to the Department, or the driver can no longer pass the road test if an Examiner observes signs of impairment and conducts a reevaluation).

If the letter of concern is submitted by a physician or ophthalmologist who attests that a patient has a medical condition that, in the physician's opinion renders him or her incapable to drive safely, the Department will immediately temporarily suspend the driver's license pending a medical evaluation and/or Department hearing. The Driver Services Hearing Board is appointed by the Director of the Driver Services Bureau. The following members serve on the Hearing Board: Assistant Director, Driver Services Bureau; Director, Driver Improvement Branch; and a Driver Improvement Hearing Officer. The Driver Services Hearing Board will notify the individual of the suspension and mail a medical form to be completed by a physician or ophthalmologist. The physician is asked to report only his or her medical findings; the physician is not asked to determine or certify whether a person is actually qualified to operate a motor vehicle, as that area of responsibility is that of the DPS. If the physician is able to inform the Department of certain or unusual medical findings that would be useful to the department in making a licensing determine, the physician may report such information in a "remarks" section of the medical form. The Driver Services Hearing Board will review the Medical Form (and recommendations of the Medical Review Board, if the case was referred), to determine if the Department reexamination tests are required. If a medical clearance is not obtained, the license will remain suspended.

Medical Guidelines

The only documented medical guidelines (besides vision) are for seizures. It is a Department policy that an individual be seizure-free for one year before obtaining a license. If an individual's driving privilege has been suspended because of a seizure, then the individual must also be seizure-free for one year before his or her driving privilege is eligible for reinstatement.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are generally based on the recommendations of the MAB. A suspension will be placed on the driving privilege if a driver does not receive medical clearance from his or her physician, or fails to pass the vision and road tests. The Department may impose restrictions that include daylight only, outside mirrors, corrective lenses, maximum speed 45 mi/h, special adaptive equipment, and reexamination required for renewal. There are no area restrictions, nor are there restrictions for periodic medical statements or reexaminations. The Licensing Agency does not refer drivers for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose privileges are suspended due to medical conditions or functional impairments. A driver found to be medically unsafe to operate a motor vehicle may request in writing to the Driver Services Hearing Board to have their case for reinstatement reviewed. The Hearing Board will determine whether a hearing is warranted or additional information is needed. The applicant must furnish proof that a change in his or her medical abilities warrants a review of their case. If a hearing is granted, the Board can reinstate the license, refer the case to the Medical Review Board, or disapprove the request for reinstatement. A driver may appeal the decision to the Commissioner of Public Safety, whose decision is final.

Counseling and Public Information & Education

Counseling is not provided by the DPS to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving. The Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive or the way in which different impairing conditions increase crash risk. Drivers are not referred to outside resources for such counseling.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor is specialized training provided relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

NHTSA 402 funding is not used to support the medical program. There were no barriers identified that would preclude implementing more extensive screening, counseling, and/or referral activities.

Missouri

Organization of the Medical Program

The Division of Motor Vehicle and Driver Licensing, Customer Assistance Bureau (CAB) in the Missouri Department of Revenue administers driver licensing in the State. Missouri has a Medical Vision Advisory Board (MVAB) that was established in 1998 and consists of 3 members as follows: 1 ophthalmologist, 1 family practice physician, and 1 neurologist. Board members are appointed by the Director of the Department of Revenue, who is the head of the MVAB, and serve a 4-year term. The Board physicians are licensed physicians who are residents of Missouri, and are volunteer consultants to the MVAB. Board physicians receive no compensation for their services; the Department of Revenue pays only necessary expenses incurred in the performance of their MVAB duties.

Board members interact in several ways for disposition of fitness to drive cases. They may meet as a group, as directed by the Administrator; however, by law, they may not meet more than four times per year. They may also teleconference, email, or use regular mail to communicate as needed on a case-by-case basis. In their review of individual cases, Board members perform paper reviews; they do not conduct in-person or video interviews with referred drivers, nor do they screen or assess abilities needed to drive safely. The objective of the Board is to advise the Director of Revenue on medical criteria for the reporting, development of standardized forms and guidelines, and examination of drivers with medical impairments to ensure individuals who can safely drive, have the privilege of doing so. The functions and responsibilities of the Board are 3-fold:

- To establish guidelines to be utilized by the Director of Revenue for evaluating whether an applicant for a driver's license can exercise reasonable control over a vehicle; determining what type of testing will adequately assess the driver's license applicant's ability to safely operate a motor vehicle; and determining whether a restricted license should be issued to ensure that functionally impaired drivers are granted driving privileges consistent with the fullest extent of their ability to safely operate a motor vehicle.
- To compile medical expertise, statutory requirements and internal operating policy into business rules (in conjunction with the Department of Revenue) upon which future licensing decisions will be made.
- To issue opinions only. The final decision to issue, renew, restrict, or revoke a license rests entirely with the Department of Revenue.

Board members' identities are public, and deliberations of the board are not confidential, as meetings are open to the public. However, names and identifying information for specific cases remains confidential. Board Members are immune from legal (tort) action.

The Licensing Agency employs non-medical administrative staff who have other responsibilities in addition to medical evaluation. These individuals consist of a Senior Office Support Assistant, a Revenue Licensing Unit Supervisor, a Program Manager for License

Issuance, and Legal Counsel Representatives. The Missouri State Highway Patrol is granted authority to conduct written and skills (driving) testing, as well as vision and road sign recognition tests.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments may come to the attention of the Licensing Agency in several ways. Initial and renewal applicants are required to complete a section of the licensing application that contains questions about medical conditions. Applicants are asked whether they have or ever had convulsions, epilepsy, or blackouts; paralysis; or heart attack, stroke, or other heart disease. In addition to recording the responses of drivers to these questions (which licensing staff enter into the Over The Counter [digital licensing system] medical screen), licensing field and central office staff are trained to report any observable behaviors or conditions that may have an impact on the applicant's ability to safely operate a motor vehicle and to report any information relayed by the applicants themselves in regard to medical conditions that may affect driving abilities. After checking the applicant's record to determine whether the license is already appropriately restricted (i.e., hand controls for limited functionality in the legs), the staff member may ask whether there has been a change in the applicant's condition since the last driver license application that would affect his ability to drive a motor vehicle, and if the motor vehicle is equipped with any special equipment to help operate it. For drivers who answer "Yes" to any of the medical questions and for those who have observable impairments for which the license is not appropriately restricted, the licensing staff person completes a "Driver Condition Report." If the person has experienced any type of loss of consciousness within the prior 6-month period, a Driver Condition Report is required. The information contained in a Driver Condition Report is used by the Customer Assistance Bureau to make decisions about whether a driver needs to be retested, have a physician evaluation, or further license restrictions.

Vision Screening and Vision Standards

Initial and renewal applicants must take and pass a vision test. The vision standard is 20/40 acuity or better, with or without correction, with either eye or both eyes, and temporal horizontal peripheral vision in each eye of 55 degrees or better. If the applicant does not have at least 20/40 acuity or has less than 55 degrees temporal horizontal peripheral vision in one eye and less than 85 degrees temporal horizontal peripheral vision in the other eye, he or she is referred to a vision specialist to have a complete vision exam conducted, and is required to bring the results back to the licensing office. Applicants with acuity between 20/41 and 20/59 with either eye or both eyes are restricted to corrective lenses and daylight driving only. Applicants with acuity between 20/60 and 20/74 with either eye or both eyes with corrective lenses are subject to a corrective lens restriction as well as daylight driving only and maximum speed of 45 mi/h restrictions. Restrictions may also include points of operation, times of operation, or any other driving conditions deemed necessary.

For an applicant who has an acuity reading between 20/75 and 20/160, a Driver Condition Report would be completed by the Licensing Employee, and the applicant would be directly referred to the Highway Patrol Examiners to complete the required skills test. Applicants with vision of 20/161 or less are denied a MO driver's license, as are applicants with a combined horizontal peripheral vision reading of less than 70 degrees.

Referral Sources

Missouri Division of Motor Vehicle and Drivers Licensing provides a "Training Guide for Reporting Driver Impairments" and a guide for Field and Central Office Staff entitled "Evaluating Driving Impairments" to their staff for evaluating and reporting driving impairments. These guides provide examples of what to look for, what kinds of questions to ask to gather more information from the applicant, and how to record detailed and unbiased documentation of observed physical and mental abilities. DMV employees report drivers to the Customer Assistance Bureau through the submittal of a Driver Condition Report.

The Licensing Agency accepts referrals of potentially unsafe drivers from police officers, the courts, family, hospitals, occupational therapists, physical therapists, chiropractors, registered nurses, psychologists, and social workers. The agency does not accept anonymous referrals, and reports are investigated by the MO State Highway Patrol if the source of the report is questionable or if the information contained in the report is incomplete, yet enough to warrant review. Reports must be signed by the reporting individual and contain the reporting individual's printed name, address, and telephone number. Individuals who intentionally file false reports are guilty of a class A misdemeanor, and are liable for damages which result. Physicians in Missouri are not required by law to report drivers with medical conditions or functional impairments to the Licensing Agency; however, the Agency allows reports to be submitted by physicians on a voluntary basis. Physicians who report drivers in good faith are immune from legal action by their patients, and the reports are confidential, except where they must be released by court order or in review of the director's action. Physicians report drivers either through the use of CAB forms or on their own letterhead, and must describe the person's medical condition and diagnosis or assessment. The physician must also state if the condition is temporary or permanent, and indicate that the medical condition affects the person's ability to operate a motor vehicle safely. Law enforcement officials' reports must describe the officer's actual observation of the person operating the motor vehicle or describe the conversation the officer had with the individual. Reports from rehabilitation institutes (physical and occupational therapists) must describe the person's medical condition and diagnosis or assessment, and must indicate if the condition is temporary or permanent. The therapist must indicate that the condition affects the individual's ability to operate the motor vehicle safely. Reports from family members are limited to blood relatives of operators within three degrees of consanguinity, or the operator's spouse, who has reached the age of 18. Family reports must be based upon personal observation or physical evidence, which must be described in the report. No person may report the same family member more than one time during a 12-month period.

Evaluation of Referred Drivers

Procedures

CAB central office staff review the medical conditions and observations on citations and reports from referral sources to determine the action required. The circumstances under which a driver may be required to undergo evaluation include: a crash with a fatality; accumulation of points; accumulation of crashes; upon referral by police, courts, physician, occupational therapists, family, self-report of a medical condition, licensing agency personnel who observe signs of impairment during the application/renewal process, and expiration of the license over 6 months. All factors are taken into consideration prior to making an administrative decision on any required action. A Behavioral Report or Driver Condition Report alone does not always warrant an evaluation.

The Customer Assistance Bureau examines the Condition Report for acceptability and may require the driver to have a physical examination or a driving examination (road test) to determine driving ability. A 28-page manual documents the procedures to be used by Drivers License Bureau Central Office staff in recommending which examinations (vision, road, written, or physical/cognitive) should be performed. Licensees generally have 30 days to submit to the required examinations before the license is suspended, denied, or revoked.

Once the examination is completed, the director may allow the individual to retain the driver's license or may suspend, revoke, or deny the license. The CAB may also issue a license with certain applicable restrictions. If an examination indicates a condition that potentially impairs safe driving, the director may require the licensee to submit to further periodic examinations (in addition to action with respect to the license).

Applicants may take the driving skills road test three times, but after the third failure, the MO State Highway Patrol will not permit the applicant to take a fourth skills test without approval from the Director of Revenue. The director may make the following determinations: deny further testing; allow the applicant to test with a different examiner; allow the applicant to refer himself or herself for an evaluation by an occupational therapy program for a driving skills evaluation; or request the applicant to enroll in a driver training course to improve his or her driving skills. If the applicant is referred for driver training, the instructor must submit the results of the training to the Director. If the applicant fails the training program, another skills test is not given for 1 year, and the person's driving privilege is revoked. If the applicant passes training, he or she must still take and pass the State driving skills test.

Physician examination forms, completed when a physical examination is required, ask the physician to recommend driving restrictions and whether a CAB written or driving skills test is recommended. Physicians are asked to indicate whether the driver IS or IS NOT capable of operating a motor vehicle safely and responsibly. Drivers diagnosed with dementia are allowed to drive in Missouri, and currently, there is no set stage to determine loss of privilege. The licensing decision is solely based on demonstration of ability or physician recommendation for loss of privilege based on cognitive skills.

Referral to the MVAB occurs when the CAB has a particular case that is outside of the norm and needs additional information on the condition or possible related factors that may affect ability to drive, or if the CAB needs guidance on reviewing specific medical terminologies, vision readings, or diagnoses.

Medical Guidelines

Missouri's medical guidelines were established through legislation, administrative rule, case review and administrative/legal decisions. Standards exist only for visual acuity and horizontal peripheral fields; these were described earlier.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the Department's standards, results of DMV tests, and the Board's recommendation. If a problem is referred to the Medical Vision Advisory Board, the CAB generally adheres to the Board's recommendations. The Board may recommend specific driving restrictions or special devices restrictions; denials or revocations; additional testing consisting of written tests, road (skills) tests, physical exams, or cognitive evaluations; and remediation such as visual correction or occupational therapy. Restrictions may include time of day, geographic, special adaptive equipment, maximum speed, or other restrictions recommended by the patient's physician or the Department. The Agency does not have specific guidelines for periodic reexaminations or medical statements, but will impose periodic reporting requirements upon the recommendation of the driver's physician. Remediation such as visual correction or occupational therapy may be recommended, but referrals are only made to vision specialists, if applicants cannot meet the vision requirements. Applicants would refer themselves to an occupational therapy driving program.

Appeal of License Actions

Drivers whose privileges are suspended or restricted for medical conditions or functional impairments may appeal to the circuit court in the county of residence.

Counseling and Public Information and Education

The Agency does not provide counseling to drivers who have functional impairments, nor does it refer the driver to an outside resource for counseling about how to deal with lifestyle changes that result from restrictions or loss of driving privileges.

The Agency does not provide Public Information and Education materials for older drivers explaining the importance of fitness to drive.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides a training guide for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. This is provided through written basic processing procedures guidelines and the Training Guides described earlier. A basic training program for new employees in the use of the digital licensing system includes brief training in the process for submitting driver condition reports; however, the training is primarily received on-the-job at this time. The agency does not provide specialized training for licensing personnel relating to older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system, but does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding for support of its operation. Primary barriers to implementing more extensive screening, counseling, and/or referral activities (including connections to alternative transportation) include funding, legislative authority, and the available resources and buy-in by both the Department of Revenue and the Missouri State Highway Patrol. The Department of Revenue gives the authority for conducting written and skills testing to the Missouri State Highway Patrol examination division. Funding and resources must be available to both agencies.

Montana

Organization of the Medical Program

Driver licensing in the State of Montana is administered by the Motor Vehicle Division in the Department of Justice. Montana does not have a Medical Advisory Board. Drivers with functional or medical impairments are evaluated by 35 Field Examiners from the Bureau of Field Operations, who conduct written and on-road exams for initial applicants as well as for those referred for reevaluation.

Montana's Medical Unit is part of the Bureau of Records and Control, and is staffed by an Administrative Assistant, her Supervisor, and the Bureau Chief. These individuals have other responsibilities in addition to medical evaluation. The Administrative Assistant does not have a medical background, but uses a policy manual and training received on the job to make such determinations. She also consults with a driver's physician when necessary to obtain the required information.

Montana has a Driver Improvement Board, consisting of 3 individuals: the Field Operations Chief; the Colonel of the Montana Highway Patrol; and the Assistant Attorney General. This Board reviews cases that fall "outside the norm," including drivers who have requested a hearing to appeal the licensing decision, and drivers referred to the Agency by their physician or by law enforcement. The members of this Board have voting power for licensing actions. Individuals who make licensing decisions are not anonymous, nor are they immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Original as well as renewal applicants must provide answers to questions about their medical conditions when completing the licensing application forms. Applicants are asked the following questions:

- *Do you suffer from any chronic or potentially chronic condition that may cause loss of consciousness or control? If yes, please name or describe the condition and specify the date of the most recent loss of consciousness or control.*
- *Do you rely upon adaptive equipment or operational restrictions to attain the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? If yes, please describe any physical limitations.*
- *Are you currently subject to a court-ordered guardianship, commitment, or treatment requirements as a result of a judicial determination of serious mental illness or incapacitation? If yes, please state the nature of the order and court issuance.*
- *Are you addicted to the use of narcotic drugs or intoxicating substances? If yes, are you abstaining?*

Applicants who respond in the affirmative are required to have an exam by their physician, who must complete a “Driver Medical Evaluation” form. The physician must provide the diagnoses and state whether the condition is improving, stable, worsening or deteriorating, or subject to change; describe the medications currently prescribed and whether side effects could interfere with the safe operation of a motor vehicle; identification of disorders that could cause lapses of consciousness or control; and identification of impairments presently shown by the patient. The physician must also specify whether, in his or her opinion, the patient’s physical or medical condition would interfere with the safe operation of a motor vehicle, and whether any driving restrictions or adaptive equipment are recommended.

Vision Screening and Vision Standards

All original and renewal applicants must take and pass a vision exam. If an applicant cannot score 20/40 with both eyes together, with or without glasses, the examiner suspends the license until the applicant has tried to have his or her vision improved by a vision specialist. If applicants’ vision is not correctable with glasses, and they bring in a written statement from a vision specialist, they can receive a restricted license, if their vision falls between 20/50 and 20/70. Restrictions include: renewal drive test required, daylight hours, maximum 45 mi/h except 55 mi/h on controlled access highways, and no driving in inclement weather. Special cases up to and including 20/100 may be licensed after a special investigation is conducted and approved by the Chief of Field Operations Bureau. No licenses are given for vision worse than 20/100. Examiners do not give special investigation road tests; this is done by the Regional Manager, who sends the findings to Headquarters. If approved by Headquarters, the applicant will be required to drive test in a limited area, and the license will be valid as specified (e.g., home to grocery store, medical needs, attends church). Applicants with telescopic lenses must pass the test with the carrier lens (and not the telescopic lens) and have an acuity of at least 20/100 with both eyes. Telescopic lens wearers may take the road test with the telescopic lens. Drivers with telescopic lenses must submit an annual vision report to the Division.

Referral Sources

Examiners are trained to observe the way applicants walk and use their arms and hands. They are to seek additional information, in the form of a road exam, if the applicant has a noticeable limp, an arm or leg missing, or walks with assisted walking devices and the license is not appropriately restricted. A renewal drive test may be given any time it is determined that a person may lack the functional ability to safely operate a motor vehicle. Examiners are also trained to be alert to any condition or comment made by applicants that indicate that they may suffer from conditions causing periodic lapses of consciousness such as epilepsy, narcolepsy, or fainting spells. Applicants who state they have had dizzy or fainting spells within the past 5 years, are referred to their physician for a medical examination.

Drivers with functional or medical impairments also come to the attention of the Licensing Agency through physician reports, which are voluntary in Montana. Physicians who choose to report their patients to the DMV who have medical or functional impairments that could affect their safe driving ability are immune from legal action by their patients. The DMV

also accepts referrals of potentially unsafe drivers from police officers, family and friends, hospitals, occupational therapists, and physical therapists. Such reports may be made by submitting a "Recommendation for Reexamination" form to the MVD. Information provided on the form is subject to investigation by the Department and may be released to the individual who is the subject of the report. Reports from police officers and physicians would trigger an automatic reevaluation requirement; however, reports from family members and friends are investigated before any reexamination is required. The Agency does not accept reports from anonymous referral sources.

A crash with a fatality could also trigger a reevaluation, as would the expiration of a license past 90 days.

Evaluation of Referred Drivers

Procedures

If the license examiner has a reasonable concern about the applicant's functional ability to safely operate a motor vehicle, or when the license is not appropriately restricted for the observed impairment, the examiner will ask the applicant to come into a private office (whenever possible) within the licensing center for assessment of strength, mobility, flexibility, and range of motion. The assessments may include hand grasp, leg and foot movements, head movements, and arm motions and flexibility. Results of this assessment are used to determine any necessary restrictions and whether a road test should be conducted to demonstrate that the applicant can compensate for his or her impairments. The applicant must have sufficient strength to turn the steering wheel, apply the brakes effectively, and perform other maneuvers requiring force. Applicants must be able to reach all controls, either by mechanical means or by suitable devices.

The driving test is the final arbitrator concerning a physical impairment. Applicants whose licenses are appropriately restricted for their impairment are not required to undergo road testing unless they want to remove or modify the restriction on their license. On the driving demonstration, examiners take note whether the applicant needs any mechanical devices to control the vehicle, and must restrict the license to the use of these devices. Montana standards for body disabilities contain recommended restrictions for applicants who are unable to pass the driving test without special equipment and devices.

When the Agency receives a referral of a potentially unsafe driver, a determination is made by the Medical Unit regarding what kind of examination is necessary. Drivers may be required to have a physical examination by their physician, or to take the DMV written or road test. Physicians' statements are returned to the Administrative Assistant for further review and determination of DMV testing.

Drivers with dementia are allowed to drive in Montana if they pass the road and written tests, and if the physician's report is favorable.

Drivers who fail their renewal drive test or recommended drive test reexamination either have their licenses suspended, or are issued a learner's license. The learner's license is not a

suspension; it restricts the driving privilege to learner status. Learner's permits issued for renewal drive tests are not issued for more than 30 days. A physician may request a "medical assessment and rehabilitation driving permit" to a person who is not licensed to drive or whose license has expired, for the purpose of driver assessment, rehabilitation, and training. The permit is valid for 6 weeks, and only when the permit holder is operating a motor vehicle under the immediate supervision of the driver rehabilitation specialist. The Department may extend the duration of the medical assessment and rehabilitation permit for an additional 6-week period if the driver rehabilitation specialist or the licensed physician certifies that the permit holder needs additional time to complete the driver assessment, rehabilitation, and training process.

Medical Guidelines

Montana's *Policy Manual* lists standards for vision (described earlier); epilepsy; and alcohol and drugs. The DMV will not issue a license to any person who has any condition characterized by lapse of consciousness or control, either temporary or prolonged, which is or may become chronic. The Department, may in its discretion, issue a license to an otherwise qualified individual, if the person's attending physician will attest in writing that the condition has stabilized and would not be likely to interfere with safe driving ability. There is no specified seizure-free period.

A person who has been committed to, or a patient of, any public or private hospital or similar institution for a period exceeding six weeks for alcohol or drug addiction, cannot be licensed until he or she has presented a certificate or certified copy signed by the head of the institution, stating that he or she has been discharged and is abstaining.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the applicant's ability to pass the Agency's tests. Restrictions may include: visual correction, daylight hours, maximum 45 mi/h except 55 mi/h on controlled access highways, left outside mirror, area restrictions, and no driving in inclement weather. The inclement weather restriction means that a person may not drive when visibility is limited, including when it is raining, snowing, wind blowing dust clouds, overcast or dark cloudy days with no or very little sunshine, or at any time when vehicle headlights may be required for safety reasons. Special adaptive equipment restrictions include: power steering, mechanical turn indicator, spinner knob, artificial limbs, pedal extenders, and any special equipment used to pass the road test.

Periodic (renewal) drive tests may be required, as well as annual eye reports, and periodic medical reports for certain medical conditions.

The Licensing Agency refers drivers with impairments to eye care specialists who may be able to remediate vision problems. The Agency may recommend that a driver seek remedial treatment for vision or physical impairments, but would not refer a driver to a specific provider, such as the XYZ rehabilitation center, or a specific named ophthalmologist as a requirement for

continuation of driving privileges, as that type of referral would require the DMV pay for the service.

Appeal of License Actions

The Licensing Agency has an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

Counseling is provided by the Agency's Driving Examiners to drivers with functional impairments to help them adjust their driving habits appropriately, and/or to deal with potential lifestyle changes that follow from limiting or ceasing driving. They discuss alternative transportation (bus schedules and taxi services) and other services such as Meals on Wheels. The Agency provided self evaluation guides for older drivers in the past, to educate them about the importance of fitness to drive, but they are not currently being made available.

Administrative Issues

Training of Licensing Employees

The DMV provides specialized training—in the form of a policy manual—for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle, but no training related to evaluating older persons.

Medical Program Tracking System

The Agency does not use an automated medical records system, but does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support its operation. No barriers to implementing more extensive screening, counseling, and/or referral activities were identified, so long as these expanded activities apply to the safe operation of a motor vehicle.

Nebraska

Organization of the Medical Program

Driver licensing in Nebraska is administered by the Department of Motor Vehicles (DMV). Nebraska has a Health Advisory Board that was created in 1995, and consists of 6 members who represent the following specialties: optometry, ophthalmology, family practice, neurology, orthopedics, and psychiatry. Members are appointed by the Director of the DMV with the advice and recommendation of the Director of Health and Human Services, and serve a 4-year term. The Chair of the Board is a member of the Board, selected by Board members at the initial meeting of the Board. Board physicians are volunteer consultants to the DMV, and are employed in private practice. Board members are immune from legal action, and records and deliberation of the Board are confidential, except when cases are appealed. Board members' identities are public.

The Board advises on medical criteria and vision standards for licensing, and assists in developing standardized, medically acceptable report forms. The Board also reviews and advises on individual cases, and in this capacity, performs paper reviews. The HAB does not have the final decision making authority in such cases, and does not have authority to promulgate any public policy concerning the issuance of licenses or permits. Approximately 5 cases are referred to the Board each year, and of these, one case is generally denied a license. About 1 driver in the 5 referred is an "older driver," and generally is over age 85.

The Board meets as a group as directed by the Administrator, for disposition of fitness to drive cases; however, the Board has not been convened as a whole for fitness to drive cases during the past several years. Instead, Nebraska statutes allow for the DMV to consult with one member of the Board, resulting in a quicker decision for the applicant. In most cases, the HAB physician recommends that the driver retain a license, and there has been no need to convene the entire Board.

The kinds of medical conditions referred to the Board have included the following cases: dizziness due to hypoglycemic reactions; loss of consciousness due to a concussion; loss of consciousness and memory due to a car accident; vertigo when standing but not when sitting; episodes of fainting and syncope; constant vertigo; and cases where there question about how to calculate peripheral vision readings.

Licensing actions may be based on the recommendation of the entire Board, but are more frequently made based upon the recommendation of a single Board member. The Board may recommend license restrictions, denial of the license, further testing, periodic medical statements, and remediation. Further testing would consist of a road test conducted by a License Examiner, and the type of remediation recommended could be additional driver training by a rehabilitation hospital with a driving program.

The Nebraska DOT does not have a separate internal medical review program. Drivers are evaluated by non-medical administrative staff who have other responsibilities in addition to

medical evaluation, and include the Driver License Administrator, the Driver License Manager, and 90 field Driver License Examiners and Staff Assistants.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Both first-time and renewal applicants are required to answer “Yes” or “No” to the following medical questions when applying for a license:

- *Have you within the last three months (e.g., due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.):*
Lost voluntary control or consciousness? (date: _____).
Experienced vertigo or multiple episodes of dizziness or fainting;
disorientation?
Seizures? (date: _____)
Impairment of memory or memory loss?
- *Do you experience any condition which affects your ability to operate a motor vehicle due to loss of impairment of:*
Foot/leg?
Upper Body Strength?
Range of motion/mobility?
Hand/arm?
Neurological/neuromuscular disease?
- *Since the issuance of your last license/permit, has your health or medical condition worsened?*

Applicants who answer “Yes,” are given a Statement of Physician form which must be taken to their physician for completion. In addition to information pertaining to the driver’s specific medical condition, the physician is asked to indicate whether the patient is mentally and physically capable of operating a motor vehicle safely; whether the patient should have a medical evaluation for the purposes of operating a motor vehicle safely; what kinds of licensing restrictions are recommended; whether there are other medical conditions not shown on the report that could affect the driver’s ability to operate a motor vehicle safely; and whether the person’s medical condition has significantly worsened or another condition has developed.

Vision Screening and Vision Standards

Original and renewing drivers are required to take a vision test and to meet minimum standards for acuity and peripheral vision. The visual acuity standard required for an unrestricted license are 20/40 acuity with both eyes together or 20/40 acuity in one eye and no worse than 20/60 in the other eye. The peripheral visual standard is 140 degrees or greater. Drivers must have at least 20/70 visual acuity with both eyes together (but not with one eye blind) with or without corrective lenses, and at least 100 degrees of visual field. Applicants may

be issued a license only when the standards are met as determined using vision testing equipment approved by the Department or as recorded on a statement by an eyecare specialist. Drivers may obtain required levels through the use of bioptic or telescopic lenses, but the field of vision through the carrier lens must meet peripheral vision standards. Drivers licensed with bioptic or telescopic lenses are required to renew their licenses annually and demonstrate driving ability by taking the on-road test. Restrictions for acuity worse than 20/40 and peripheral vision less than 140 degrees may include: corrective lenses, outside mirrors, and speed restrictions. Drivers who don't meet the visual standards during the DMV-administered tests are given a Statement of Vision to be completed by their vision specialist. Drivers who can not meet the vision standards are denied a license, as are drivers with constant diplopia (double vision).

Referral Sources

Drivers with medical or functional impairments come to the attention of the Licensing Agency when DMV personnel observe signs of impairment when renewing a driver's license, and through reports from any person concerned about a person's capability to operate a motor vehicle safely. More detail is provided below.

Driver License Examiners may require a driver to obtain a medical report from his or her physician, if the Examiner observes that the applicant suffers from medical or functional impairments that could affect safe driving ability. This could occur even if the applicant answers "No" to the medical questions on the application. There is a space in the computer program used by Examiners to input renewal application data to indicate that a Statement of Physician report should be issued based on Examiner observation. The Examiner may also require the applicant to take the knowledge test and a road test as a part of the renewal process.

The Licensing Agency accepts reports of potentially unsafe drivers from police officers, the courts, family, friends, other citizens, hospitals, occupational therapists, physical therapists, and any other individual who may be concerned about a driver's ability to operate a motor vehicle safely. Individuals who report drivers to the agency must provide their names (anonymous reports are not accepted), and reports are reviewed by the Driver License Manager to ensure their legitimacy, particularly those submitted by referrals other than police and medical professionals. Physicians are not required by law to report drivers with medical or functional impairments to the Licensing Agency; however, they may report drivers on a voluntary basis. Reports may be submitted through a letter written by the physician. Physicians who voluntarily report drivers to the DMV in good faith are not immune from legal action by their patients. Physician reports are confidential, except that they may be released if the case is appealed to District Court. Law enforcement officers report drivers using a Reexamination Report (Form DMV 06-12) where a detailed explanation is provided for requesting the reexamination and a crash report attached, if applicable to the request. The law enforcement officer and his or her supervisor sign the form.

Evaluation of Referred Drivers

Procedures

When the DMV receives a report of a potentially unsafe driver, the driver is sent a certified letter with a Statement of Physician report that must be completed by the driver's physician, and a date and time that he or she must appear at a certain DMV office. Medical statements are returned to the DMV's home office (Lincoln, NE) for review. In 2002, the Department issued letters to 732 drivers. The applicant must also pass the vision, written and drive tests. Licensing decisions are based on DMV medical and vision rules and regulations, physician recommendations, and driver performance on DMV tests. If the medical or vision statements do not meet the minimum requirements or the applicant fails the written or drive test, or if the applicant is a no show, the license is cancelled. If the medical and vision statements meet the minimum requirements and the applicant passes the written and drive tests, the license is returned to the applicant.

An exception to requiring drivers to undergo a medical examination by their physician is if applicants answer "Yes" to questions about conditions that affect ability to operate a motor vehicle due to loss of impairment of: a foot or a leg; upper body strength; range of motion/mobility; or a hand or an arm. Such applicants are required to demonstrate ability to safely control their vehicle by taking a road test.

Examiners may refer an application to the Manager of Driver Examiners when they question the applicant's ability to drive safely. The Manager of Driver Examiners will review the Examiner's report and authorize issuance of renewal of the license, or will refer the application and medical reports to the Director, for advice of the Health Advisory Board. In this case, the license will be held by the Department pending the Director's determination and/or consultation with the Health Advisory Board. The Director will either consult with the Board or schedule a meeting of the Board for medical opinion. If a meeting is scheduled, the licensee may be required to appear before the Health Advisory Board. After consideration of the medical opinion and advice of the HAB, the Director decides on the appropriate licensing action, and notifies the licensee of the decision.

Medical Guidelines

DMV medical requirements are written for the following medical conditions: visual acuity and peripheral visual fields; loss of consciousness or voluntary control; vertigo, dizziness, or fainting spells; epilepsy/seizure disorders; and ventricular fibrillation.

Persons must be free from seizures or loss of control for 3 months or longer, or they will be denied a license. Drivers must be free from vertigo, multiple episodes of dizziness and/or fainting spells for 3 months or longer. Drivers who have exhibited an incident of sustained ventricular fibrillation or tachycardia within the preceding 12 months of the application date are also denied a license.

For other medical conditions, if the examining physician indicates that the applicant is not physically and/or mentally capable of safely operating a motor vehicle, the issuance of the license will be denied. If the examining physician indicates that the applicant meets the physical and mental standards established by the Department through Policies and Procedures of the Director, and if the physician answers in the affirmative that the applicant is physically and mentally qualified to operate a motor vehicle, then the applicant will be allowed to continue with the examination process (vision test for renewing drivers; vision, knowledge, and road test for new applicants). If the examining physician indicates that the applicant should be restricted in his or her driving privileges, the examiner considers the recommendations along with the driver's performance on other parts of the exam.

Drivers with dementia are allowed to drive in Nebraska, but only as long as the physician continues to indicate that the person is capable of operating a motor vehicle safely.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on DMV medical and vision rules and regulations. If applicants do not meet the medical and vision standards, the license is denied. If a physician recommends against driving, the Department follows that advice. If a case is referred to the Board, the Department follows the advice of the Board.

An Examiner may issue a restricted license after considering the physician's recommendations and the driver's on-road performance as follows: must wear glasses, contact lenses, or bioptic or telescopic lenses; must have right and left outside mirrors on any vehicle driven; must have automatic turn indicators on any vehicle driven; must operate vehicles with automatic transmission only; must operate a vehicle within a specified geographic area or designated roadway only; must operate a vehicle only during daylight hours (between sunrise and sunset); must not operate a motor vehicle on any public streets marked for one-way traffic or marked for more than one lane of traffic in each direction; must drive vehicles equipped with specified controls for operating the steering, brakes, and/or speed functions of the vehicle; must operate a vehicle only within specified speed limitations; must not operate a vehicle on any divided arterial highway designed primarily for through traffic with full control of access; or any other special restriction specified by the Department.

Periodic medical statements may be required for certain medical conditions, such as Multiple Sclerosis, and other degenerative conditions. Drivers are not referred by the DMV for remediation of impairing conditions, although driver rehabilitation training may be recommended by the Board.

Appeal of License Actions

There is an appeal process for drivers who are aggrieved by the decision of the Director to cancel a license; the licensee may appeal the decision first to the Director, and then to the District Court.

Counseling and Public Information & Education

The Agency does not provide counseling for drivers with functional impairments, nor does it refer drivers to outside sources for counseling, to help them adjust their driving habits accordingly or deal with potential lifestyle changes that follow from limiting or ceasing driving. Public Information and Educational materials are not made available to older drivers explaining the importance of fitness to drive.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, beyond a general discussion about individuals who have difficulty walking, understanding directions, completing forms, etc. The Agency does not provide specialized training for licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities including connections to alternative transportation include the cost of the referral and the lack of agencies for referral throughout the state. An additional problem is the lack of alternative transportation in many locations around Nebraska. The question of who would pay for the referral—the DMV or the applicant—was broached, as was the question regarding who would conduct the screening—the DMV or an outside source. There are security issues surrounding outside screening, such as confirming that screening was conducted by approved personnel. If screening were to be conducted within the DMV, what are the costs involved with additional staff, time, and training?

Nevada

Organization of the Medical Program

The Department of Motor Vehicles, Field Services Division administers licensing in the State of Nevada. Nevada has a Medical Advisory Board that was established in 1982 by Nevada Administrative Code 483.380, however it exists only on paper.

The Agency does not have an internal medical unit with staff dedicated to medical evaluation activities. Field Services Division Technicians conduct written and on-road evaluations of all drivers, including drivers who are referred to the DMV because of concerns about their ability to drive safely. Central Services staff who process medical reports from physicians and letters of concern also have other responsibilities in addition to medical evaluation. Their job classifications are DMV Technician II and Supervisor I, and they have no medical background.

Individuals who make fitness to drive determinations are not anonymous, but their identities are confidential unless there is an administrative hearing. Individuals who make licensing determinations are not immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers come to the attention of the Licensing Agency in a number of ways. First-time as well as renewal applicants must complete a section of the license application that asks whether the driver has any physical or mental conditions that may impair safe driving ability. The questions are as follows:

- *Do you suffer from or are you under a doctor's care for any of the following since your last license was issued?*
 - Loss of or impairment of a limb?*
 - Epilepsy or seizures?*
 - Mental or emotional disorder?*
 - Fainting or dizzy spells?*
- *Do you have a disability that would prevent you from driving safely?*
- *Are you taking any medication that affects your ability to drive safely?*

Applicants who have experienced any of the following physical or medical ailments are required to submit a written medical report from their physician describing the condition, its effect on the person's ability to operate a motor vehicle safely, and any restrictions that the physician believes should be included on the license:

- Any person who experienced a lapse of consciousness occurring within the last 3 years as a result of a condition which can cause a lapse of consciousness, including, without limitation, epilepsy, diabetes, frequently reoccurring fainting or dizzy spells caused by major medical problems and major head injuries or any other injuries or ailments resulting in lapses of consciousness.
- Any person having a cardiovascular ailment or related ailment occurring within the last 3 years which may interfere with the ability of the person to operate a motor vehicle safely, including, without limitation, myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.
- Any person who has a mental, nervous or functional disease or psychiatric disorder which is likely to interfere with his ability to operate a motor vehicle safely.
- Any person who has an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which may interfere with his ability to control and operate a motor vehicle safely.
- Any person who the examiner has good cause to believe has a medical problem not specified herein which may interfere with the safe operation of a motor vehicle

Other individuals who would be required to submit a medical report from a physician include those who have had three convictions of driving under the influence within the last 4 years, and drivers age 70 and older, who wish to renew by mail (who must also submit a vision statement).

Vision Screening and Vision Standards

Original and renewal drivers must pass a vision screening test. Nevada's renewal cycle runs every 4 years, and drivers may be permitted to renew by mail every other cycle. When drivers physically come into the office to renew their licenses, their vision will be screened. If a driver has a vision restriction on his or her license, he or she will be required to submit results of a vision test every 4 years. Applicants who do not meet the acuity standard of at least 20/40 (Snellen) in both eyes with corrective lenses, must have their eyes examined by an eyecare specialist, and have a Vision Statement completed and returned to the Department. Nevada does not have a horizontal visual field requirement.

The following summary of vision standards consists of minimum levels of acceptable vision and the restrictions that will be imposed on a driver if he fails to meet those minimum levels.

For drivers who have no progressive abnormalities or diseases of the eye and acuity: better than and including 20/40 - full driving privileges; worse than 20/40 through and including 20/70 - daylight driving only; worse than 20/70 - not eligible to be licensed.

For drivers who have progressive abnormalities and acuity: better than and including 20/40 - full driving privileges; worse than 20/40 through and including 20/60 - daylight driving only and yearly visual examination; worse than 20/60 - not eligible to be licensed.

For drivers with vision of 20/100 or worse in one eye and the vision in the other eye is: better than and including 20/40 - full driving privileges; worse than 20/40 through and including 20/50 - daylight driving only and yearly visual examination; worse than 20/50 - not eligible to be licensed.

To be eligible to receive a driver's license to operate a motor vehicle while wearing a telescopic device, the best corrected vision of the applicant must be at least 20/40 when looking through the telescopic device; and at least 20/120 when looking through the carrier lens. The field of vision of the applicant must be at least 130 degrees. The condition which is the nature of the applicant's visual deficiency must be stable, and the applicant must pass a comprehensive road test to determine whether he or she is able to operate a motor vehicle safely while using the telescopic device and the carrier lens.

Applicants who fail to meet the minimum levels of acceptable vision for a license may not be licensed to drive, and the Department will not administer a driving test to these individuals.

Referral Sources

Physicians in Nevada are required by law (Nevada Revised Statutes 439.270) to report drivers to the Agency who have been diagnosed with epilepsy. Physician reports may be submitted by letter or on DMV form DLD-7, "Confidential Physician's Report." Physicians who fail to report drivers with epilepsy who subsequently cause a crash resulting in death, injury, or property damage can be held liable as a proximate cause of the crash. Failing to report a patient is not, however, a summary criminal offense. Physician reports to the licensing agency are confidential. Physicians who report drivers in good faith are not immune from legal action by their patients.

Drivers may also come to the attention of the Licensing Agency through referrals to the Central Services Division from police officers; the courts; family, friends, and other citizens; hospitals; occupational therapists; physical therapists; optometrists; and other agencies such as the Department of human resources and the State industrial insurance system. The Agency does not investigate any referral sources prior to contacting a driver for possible reevaluation; however, the Agency will not accept anonymous reports.

Evaluation of Referred Drivers

Procedures

Circumstances that may require a driver to undergo a reevaluation include: a crash with a fatality; referral by a physician or any of the sources described above, self-report of medical conditions on the license application; upon observation by Licensing Agency personnel of signs

of functional impairment exhibited during the license renewal process; and upon application for handicapped parking privileges.

When the Central Services Division staff receives a letter from any of the referral sources about a driver with possible impairments in their safe driving ability, they determine whether the driver should be reevaluated, and what kind of evaluation is necessary. Central Division may require that the driver undergo a written test or a road test (performed by DMV Field Services Division staff), or they may require the driver to go to his or her physician for an examination of physical or cognitive abilities. A driver's license can be suspended for failure to comply with the reexamination requirement.

If the driver does not receive a favorable physician report or fails the DMV tests, the license can be cancelled. The Central Services Division maintains medical files and makes license determinations based on the recommendation of the driver's physician and results of the DMV written and road tests.

Drivers diagnosed with dementia may be allowed to continue to drive in Nevada, depending on their physician's recommendation. Driving privileges would cease in the case of an unfavorable physician report or if the driver fails to comply with the reexamination requirement.

Medical Guidelines

Nevada Administrative Code section 483.370 states that if one or more of the following physical or mental conditions exist and there is documented evidence through medical examinations or reports in addition to appropriate Departmental evaluations and examinations which indicate the disorder would severely impair the person's ability to operate safely a motor vehicle, the Department will not issue or renew the license, permit or privilege. The existence of one of these conditions does not automatically preclude the person from obtaining a license if the condition is not severe enough to impair his driving ability:

- Lapses of consciousness, severe dizziness, fainting spells, head injuries, seizures or any other injuries or ailments resulting in lapses of consciousness, including, without limitation, epilepsy or disorders related to or associated with diabetes. A person suffering from lapses of consciousness or any other disorder as specified above will not be issued a license until he submits to the Department a letter signed by his physician which states that:

He has been free of seizures or has not suffered any fainting or dizzy spells or other such disorders for a period of 3 months; or

The seizure or other ailment resulting in the lapse of consciousness was an isolated incident and is unlikely to reoccur.

The letter must also state whether any medication prescribed for the person will interfere with the ability of the person to operate a motor vehicle safely and the date of the most recent seizure or lapse of consciousness.

- Any cardiovascular ailment or related ailment such as myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.
- High blood pressure.
- Any physical or mental condition which impairs the ability of the person to operate a motor vehicle safely and which:
 - Affects perception.
 - Affects consciousness, including, without limitation, epilepsy.
 - Alters judgment, including, without limitation, dementia or mental illness.
 - Limits motion, including, without limitation, arthritis, paralysis or amputation.
- Any respiratory dysfunction.
- Any rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular diseases.
- Inability to meet the minimum levels of acceptable vision established by the department.
- Visual acuity obtained with the use of bioptic and telescopic lenses.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

When making licensing decisions, the Agency generally follows the recommendations provided by the driver's physician.

Passenger vehicle drivers may be restricted to periodic reevaluations such as a yearly vision exam or a yearly medical letter. A yearly vision exam restriction is placed on the driver's license of any person who is required to wear a telescopic device while operating a motor vehicle, or a person whose vision is 20/50 or worse in both eyes and who is determined by an eye specialist to have a progressive abnormality or disease of the eye, or a person whose vision is 20/100 or worse in one eye and whose vision is worse than 20/40 in the other eye. A yearly medical letter restriction is placed on the driver's license of a person who has had seizures or episodes of altered consciousness within the last 3 years or another physical or mental condition that his physician determines necessitates a yearly medical examination. Other medically related restrictions include: corrective lenses; telescopic device; daylight driving only; speed not to exceed 45 mi/h; additional rearview mirrors; directional signals; grip on steering wheel or power steering; hearing aid; seat cushion or automatic seat; hand controls or pedal extensions; left foot accelerator; and prosthetic device. The Department will place any other restriction not described above on a license, as recommended by the driver's physician.

The DMV does not refer drivers to specialists outside of the Agency for further testing, with the exception of specialists who include physicians (licensed physicians, psychiatrists, psychologists, certified drug and alcohol counselors) and vision care specialists (ophthalmologists or optometrists). The only remediation recommended by the DMV is for visual correction.

Appeal of License Actions

Nevada has an appeal process for drivers whose privilege is suspended or restricted for medical conditions. The licensee has 30 days after the effective date of a suspension, revocation, cancellation, denial of an application, or imposition of a restricted license to request a hearing before the departmental hearing officer. If the licensee does not request a hearing until after the 30-day period, the Department in its discretion, may grant the request. Upon request, the applicant or licensee provides the Hearing Officer all available information which the Hearing Officer deems necessary to determine the fitness of the applicant or licensee to operate a motor vehicle safely, including the licensee's or applicant's statement of his or her case history and any treating physician's statement as to the diagnosis, treatment and prospect of recovery from or control of the ailment.

Counseling and Public Information

The Agency does not provide counseling to drivers with functional impairments, nor are such individuals referred to an outside resource for counseling, although an outside resource may be suggested. No Public Information & Education materials are made available to older drivers, explaining the importance of fitness to drive.

Administrative Issues

Training of Licensing Employees

Licensing Agency personnel receive on-the-job training in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. There is no specialized training for licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system or automated workflow systems.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. The main barrier to implementing more extensive screening, counseling, and/or referral activities is that Field Services Division technicians do not have the necessary training to deal with such activities.

New Hampshire

Organization of the Medical Program

Driver licensing in New Hampshire is administered by the Division of Motor Vehicles in the Department of Safety. New Hampshire does not have a Medical Advisory Board. The medical review program is administered by non-medical administrative staff who have other responsibilities in addition to medical evaluation. There are 26 Driver License Examiners in the State's 18 Licensing Offices who conduct vision tests, knowledge tests, and on-road driving tests. These examiners test all license applicants, including original licensees, and drivers referred for reexamination. Drivers with medical conditions may also be required to have their physicians perform an examination, and the results of the examination are evaluated by Hearing Examiners in the Bureau of Hearings, which is not attached to the Division of Motor Vehicles. The Bureau of Hearings staff consists of the Administrator, a Chief Hearings Examiner, 13 Hearings Examiners, and 9 support personnel. The DMV generally adheres to recommendations made by a driver's physician when making licensing decisions, coupled with the driver's performance on the vision, knowledge, and road tests conducted during the reexamination.

Individuals who make fitness to drive decisions are not anonymous, nor are they immune from legal action, although Licensing Examiners have limited protection from liability.

New Hampshire began creation of a "High Risk Driver Program" in 2001 to evaluate drivers with medical impairments. This program is still under development, with no material presently available to describe its planned operation.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments come to the attention of the Licensing Agency in several ways. Drivers may self report a medical condition when they apply for an original or renewal license, although there are no questions asked of licensees regarding medical conditions during the application process. Drivers who self report a medical condition that could affect their safe driving ability are required to undergo an examination by their physician. The physician would then need to submit a written evaluation to the Department stating the case history, the diagnosis, treatment, prognosis, relationship to the patient's driving ability, and evidence that the patient has been symptom free (generally, for epilepsy) for a minimum of 12 months.

Vision Screening and Vision Standards

Drivers with visual impairments come to the Agency's attention when they appear at a licensing office to conduct any kind of business. All drivers who visit a licensing office (original and renewal applicants, and applicants for a duplicate license) are required to take a vision test. Drivers must have 20/40 acuity in both eyes, or 20/30 in one eye if the other is blind to pass the

test. If they fail the vision test, they will be required to have an examination by their eyecare specialist to determine whether vision is correctable. A New Hampshire license will be issued to drivers with acuity of 20/70 in the better eye with a daylight only restriction.

Referral Sources

Physicians in New Hampshire are not required by law to report drivers to the DMV who have medical conditions or functional impairments that could affect their ability to drive safely, but they may voluntarily report drivers. Physicians who choose to report drivers to the Agency in good faith are not immune from legal action by their patients. Physician reports are confidential, unless the driver requests a copy, or the report is admitted as evidence in a hearing to determine driver competency.

Drivers may also be referred to the Licensing Agency by police officers and the courts; by concerned friends, family members, and other citizens; and by medical professionals such as occupational and physical therapists, and other hospital personnel. The Agency does not accept anonymous referrals. Reports made by family, friends, and other citizens are investigated for legitimacy prior to Agency contact with a driver, and reports from the highway patrol and enforcement may be investigated to obtain further information.

In addition to self reporting a medical condition, or being referred to the Agency by any other reporting sources described earlier, drivers would also come to the attention of the Licensing Agency, requiring reexamination if they cause a crash that results in a fatality, if their license has expired for more than 3 years, or if counter personnel observe signs of functional impairment during the renewal process.

Upon reaching age 75, drivers are required to take and pass an on-road driving test to renew their license. Drivers are given two chances to pass the road test. If they fail on the second attempt, the license will be suspended. If the driver appeals the suspension through the hearing process, he or she may be allowed to take the test for a third time.

Evaluation of Referred Drivers

Procedures

When the DMV receives notification regarding a driver with possible functional or medical impairment, the driver may be required to undergo a complete reexamination (vision test, knowledge test, and on-road driving test). Approximately 1,000 reexaminations have been conducted in the past 2 years. If the Agency believes that the individual poses a hazard to public safety due to a medical condition (based on physician or police reports), the license may be automatically suspended, and the driver will be required to obtain a favorable medical report from his or her physician, and then pass the reexamination tests, before the license can be reissued. If a physician recommends against driving, the DMV usually adheres to the recommendation and will suspend driving privileges. Individuals with dementia may continue to drive in New Hampshire once diagnosed with the condition, but will lose driving privileges at

the point when the physician no longer recommends driving and the licensee can no longer pass the licensing reexamination tests.

Medical Guidelines

Evaluation guidelines for licensing have been established through State statute and administrative rule. The Agency generally adheres to recommendations made by a driver's physician. If the Department receives information which substantiates that the licensee is so physically, mentally, or morally impaired that immediate harm to the public could occur, the Hearings Examiner will immediately suspend the operating privilege. Conditions that warrant immediate suspension include reports of chemical dependency, substance abuse, seizure, or blackouts; and mental illness. Drivers must be symptom-free of any medical condition that led to a suspension of a driving privilege for a minimum of 12 months.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

A License Examiner may apply license restrictions based on performance on the reexamination and the physician's recommendation that may include corrective lenses, mechanical aids, prosthetic aids, outside mirrors (for deaf drivers), and driving during daylight only. New Hampshire does not issue licenses with area or roadway type restrictions, nor does the Agency issue learner permits for drivers undergoing driver retraining/rehabilitation. An Examiner may also recommend to the Director of Motor Vehicles that a license be suspended. New Hampshire does not have provisions for periodic reexaminations or medical reporting, as there is no tracking mechanism to generate a report or to flag a record.

Only drivers with visual impairments are referred for remediation of impairing conditions; they are required to go to their own eyecare professional when they cannot pass the DMV-administered screening test.

Appeal of License Actions

Drivers may appeal the decision of the DMV to the Hearing Bureau, upon written request to the Department. The driver is responsible for providing the Hearings Examiner with documentation from the physician describing the case history, the diagnosis, treatment, prognosis, relationship to the patient's driving ability, and evidence that the patient has been symptom free for a minimum of 12 months, of the medical condition that lead to the existing license suspension. The Hearing Examiner reviews the medical information and results of the DMV road, vision, and knowledge test, and recommends administrative action to the Director of Motor Vehicles. Hearing Examiners may recommend restrictions, suspensions, revocations, or remedial treatment such as driver training with a certified driver training rehabilitation specialist. The Department does not issue a restricted license that may only be used for driver training, however. The Bureau of Hearings evaluates approximately 5 appeals per month, for drivers aggrieved by the DMV's licensing action, based on the reexamination.

Counseling and Public Education

The DMV does not provide counseling to drivers with functional impairments to assist them with adjusting their driving habits appropriately or to deal with potential lifestyle changes following from limiting or ceasing driving, nor are drivers referred to an outside source for counseling. The Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which impairing conditions increase crash risk.

Administrative Issues

Training of License Examiners

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor does it provide specialized training for driver licensing relating to older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

New Hampshire's medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and referral activities, including connections to alternative transportation include funding and legislation.

New Jersey

Organization of the Medical Program

Driver licensing in New Jersey is administered by the Division of Motor Vehicles (DMV) in the Department of Transportation. New Jersey has a Medical Advisory Panel (MAP) of physicians who are voluntary consultants. The Panel was created in February 1977, and is divided into 5 subcommittees with 3 physicians on each of the following subcommittees: cardiology, diabetes, neurology, psychiatry, and vision. There are presently 7 members on the Panel representing the following medical specialties: ophthalmology, cardiology (2 physicians), neurology (3 physicians), and psychiatry. Panel members are appointed by the Governor upon recommendation by the Director, with advice from the Medical Society of New Jersey and the New Jersey Optometric Association. There is no specified length of term, and there is no Head of the Panel. Panel members are employed as private-practice physicians or are retired from private practice. Panel members are immune from legal action, although their identities are public. Records and deliberations of the Panel are not confidential.

The Panel does not meet as a group to make fitness to drive determinations; subcommittees do not meet as a group, either, for this purpose. Fitness to drive determinations are made independently by each of the three members on a subcommittee following paper review. There are three members on each subcommittee as a tie-breaking mechanism. The MAP meets as a group as needed, and may also teleconference and interact by mail on an as-needed basis.

The functions of the Panel are as follows: to advise on medical criteria and vision standards for licensing; to review and advise on individual cases (through the performance of paper reviews); and to assist in the development of standardized, medically acceptable report forms. Approximately 700 cases are referred to the Medical Advisory Panel each year for review, representing any and all conditions that may affect the safe operation of a motor vehicle. Statistics are not kept regarding the ages of drivers referred.

The Licensing Agency also has an internal medical review unit (Medical Fitness Review Unit) staffed with non-medical Driver Improvement Analysts, Record Technicians, and Clerks. The staff is dedicated to medical review activities.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers who have medical conditions or functional impairments that could affect safe driving performance come to the attention of the DMV through several mechanisms. All applicants must answer the following question on the license application: *“Do you suffer from any mental, physical, or convulsive disorder? If yes, please describe.”* Drivers who indicate that they have any of the following disorders are required to have their physicians complete a Medical Examination Report: eye disease with visual impairment; ear disease with vertigo;

alcohol abuse; drug abuse (non prescription); drug use (prescription) that may impair ability to drive; mental disorder; neurological disorder; musculoskeletal disorder; recurrent syncope from any cause; Alzheimer's/dementia; hypertension; cardiovascular disease; cerebral vascular disease with vertigo, syncope, or loss of consciousness; seizure disorder (recurrent); chronic lung disease (asthma, bronchitis, chronic obstructive Pulmonary disease); or diabetes. The physician is asked to provide a medical diagnosis and comments, and to make a recommendation regarding whether the applicant is physically and mentally fit to operate a motor vehicle safely.

Vision Screening and Vision Standards

Drivers have their vision screened upon initial licensure, and may be required to have their vision rechecked periodically (at least once every 10 years). Visual acuity requirements are 20/50 in the better eye (or in one eye, if monocular), with or without corrective lenses. Drivers who fail to meet the acuity requirement are referred to an ophthalmologist.

Referral Sources

New Jersey has a mandatory physician reporting law for drivers who have recurrent losses of consciousness. NJSA 39:3-10.4 states the following: "Each physician treating any person 16 years of age or older for recurrent convulsive seizures or for recurrent periods of unconsciousness or for impairment or loss of motor coordination due to conditions such as, but not limited to, epilepsy in any of its forms, when such conditions persist or recur despite medical treatments, shall within 24 hours after his determination of such fact, report the same to the Director of the Division of Motor Vehicles." Physicians report patients who suffer recurrent losses of consciousness through the use of a DMV form or by submitting a letter. Physicians who fail to report drivers who suffer recurrent losses of consciousness cannot be convicted of a summary offense. Physician reports are confidential, with the exception that they may be admitted as evidence in judicial review proceedings of drivers determined to be medically unqualified, and subject drivers may request a copy of all evidence submitted to the court. Physicians who report drivers in good faith are immune from legal action by their patients, provided the report relates to loss of consciousness disorders. The DMV accepts reports from physicians who voluntarily report drivers with other medical conditions that may affect their ability to operate a motor vehicle safely, but they are not immune from legal action by their patients.

Drivers who are involved in a crash that resulted in a fatality, those who have accumulated 2 chargeable crashes within a 6-month period, and those for whom License Agency counter persons observe gross indications of functional impairment during the renewal process are referred to the medical unit for reevaluation.

The DMV also accepts reports from police officers, the courts, family, other citizens, hospitals, and occupational therapists. Police officers report drivers using a Driver Reexamination and/or Medical Evaluation Request form, upon which they document whether the driver was charged with any motor vehicle violations, whether a crash occurred, whether the driver mentioned any medical or physical problems during questioning, and whether the officer has had any other contacts with the driver. The officer is also required to provide a narrative

describing why the driver should undergo evaluation. The Agency does not accept anonymous reports. When reports are received from family members or other citizens, the DMV requests medical reports from the driver's physician before a driver is contacted for medical review.

Evaluation of Referred Drivers

Procedures

When the Medical Fitness Review Unit receives a report recommending that a driver undergo reevaluation, the staff determines whether the driver should undergo a medical review or a driver reexamination. If a driver is referred for a driver reexamination, he or she is required to take the vision, written, and road test. If medical review is required, the appropriate medical forms corresponding to the medical condition reported are sent to the driver to be completed by the driver and his or her physician. Physicians are required to provide detailed medical information in addition to responding to the following question: "*Do you believe this patient is physically and medically able to drive a motor vehicle safely?*" When the forms are returned, the Medical Fitness Review Unit makes a decision based on the doctor's medical opinion as well as all other information provided about the case. If the case is more involved, it is referred to the Medical Advisory Panel for a recommendation. Each of the three physicians on the relevant medical committee review the records and complete a Medical Advisory Panel Referral form.

The form asks the MAP physicians to indicate their recommendations (on an independent basis) by checking the following:

- Person may drive; interval reports are not required.
- Person may drive; interval reports are required at frequencies of:
 - 3 months 6 months yearly other
- Relieve person of interval reporting.
- Re-start interval reporting to _____.
- Suspend driver license.

The following recommendations may also apply:

- Take driver re-exam:
 - Vision Road Law.
- Request more information in areas(s) checked:
 - Chest X-ray Recent stress test tracings Holter monitor
 - Recent EKG Fasting blood sugars Visual acuity
 - Post-prandial blood sugars Glycohemoglobin data
 - Present status Hospitalizations History
 - Latest discharge summary
- Person may reapply _____ under these conditions: _____
- Comments

Medical Guidelines

New Jersey Administrative Code Section 13:19, subchapter 5 concerning convulsive seizures states the following: Drivers who have suffered from recurrent convulsive seizures, recurrent periods of impaired consciousness, or from impairment or loss of motor coordination due to conditions such as epilepsy, must be free from such conditions for a period of one year with or without medications, and must submit physician reports every 6 months for the first two years and annually thereafter. The Medical Advisory Panel may recommend a shortened seizure-free period on a case-by-case basis. As a condition precedent to the issuance, retention, or restoration of driving privileges, the Director may require that a motorist be given a driving test and examination at a DMV qualification center.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are made based on all available criteria, including recommendation by the Medical Advisory Panel and the driver's treating physician. The Panel may recommend license restrictions, further testing, periodic reexaminations or medical statements, and remediation. Restrictions may include corrective lenses, prosthetic devices, mechanical devices, and other limited driver privileges necessary to compensate for medical conditions. Periodic medical reports are required every 6 months for a period of 2 years from the date approval is given to a driver who suffers from loss of consciousness disorders. The Board may recommend periodic reporting for other medical conditions. For example, drivers diagnosed with dementia may be allowed to drive in New Jersey, as long as they can obtain a favorable physician's recommendation to continue to drive. Such drivers are subject to interval medical reporting.

Remediation by a vision specialist or a Certified Driver Rehabilitation Specialist may be recommended by the Board; however, the Agency does not refer drivers for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose driving privilege is suspended or restricted for medical conditions.

Counseling and Public Information and Education

The DMV does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or how to deal with potential lifestyle changes that follow from limiting or ceasing driving. Drivers are not referred to outside resources for such counseling. The Agency does not make public information and educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor is specialized training provided regarding how to relate to older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system, but does use automated work-flow systems.

Barriers to Implementing more Extensive Screening, counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. There were no barriers identified to implementing more extensive screening, counseling, and/or referral activities.

New Mexico

Organization of the Medical Program

Driver licensing in New Mexico is administered by the Motor Vehicle Division (MVD) of the Taxation and Revenue Department. New Mexico has a Health Standards Advisory Board established in 1989 that consists of three members appointed by the Director of the MVD with the assistance of the Secretary of Health for a 1-year (renewable) contract period. One physician is a general medical doctor who reviews cases related to diabetes, cardiovascular conditions, loss of consciousness, and hypoglycemia. One physician specializes in neurological conditions, but also reviews psychiatric and orthopedic cases. The third member is an optometrist, and reviews vision-related cases only. The Board members are paid consultants who work in private practice. Members are paid per diem and mileage in addition to an hourly rate for work performed, not to exceed \$50.00 per hour and not to exceed 5 hours per month. Recommendations are made by a single specialist, but when members need to interact, they do so by teleconference and by regular mail.

Board members are immune from legal action and their records and deliberations are confidential. Records may not be divulged to any person or used as evidence in any trial. Board members' identities are public. Reports are not generated that document the Board's activities.

The activities in which the Board is engaged include advising the MVD on medical criteria and vision standards for licensing; advising on procedures and guidelines; and reviewing and advising on individual cases. Approximately 3,500 cases are referred to the Board each year for advice regarding fitness to drive. The Board evaluates cases by performing paper reviews. Approximately 30 percent of the cases are drivers between ages 65 and 74; 60 percent are drivers between ages 75 and 84, and 10 percent are drivers age 85 or older. The majority of the cases referred are for diabetes and severe eye problems. Approximately 10 percent of the cases referred to the Board are denied a license following reevaluation.

The MVD does not have a separate medical unit. One non-administrative staff member who has other responsibilities in addition to medical evaluation is charged with coordinating the medical review activities. Cases that fall outside of the expertise of the MVD are referred to the Board.

Identification of Drivers with Medical conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that could affect their driving ability come to the attention of the Licensing Agency in numerous ways. First-time and renewal applicants must answer "Yes" or "No" to the following question on the license application sign a certification that all statements made on the application are true:

"Do you now have heart trouble, epilepsy, diabetes, paralysis, dizzy spells, seizures, convulsions, lapses of consciousness, addiction to narcotic drugs or intoxicating liquor,

or any other physical or mental problem or disability which may impair your ability to safely operate a motor vehicle? If 'yes,' a completed medical form will be required."

Vision Screening and Vision Standards

All applicants (new and renewal) must take and pass a vision screening test. Driver's licenses are issued for 4- or 8-year cycles, depending on whether the applicant wishes to pay for the 8-year license and will not reach age 75 during the last four years of the 8-year license period. Vision is rechecked, therefore every 4 or 8 years. However, drivers who are age 75 and older must renew their licenses annually, and have a vision test every year. For an unrestricted license, drivers' visual acuity must be at least 20/40 in the better eye, with or without corrective lenses. Drivers who cannot meet the 20/40 acuity standard are given a "Request for Ophthalmologic or Optometric Information" form which they must take to their eyecare specialist and return to the MVD. Drivers with acuity between 20/50 and 20/80 in the better eye may be licensed with restrictions. Drivers must have a visual field of 120 degrees in the horizontal meridian, with at least 30 degrees in the nasal field of one eye. Bioptic telescopes may not be used to meet the acuity standard

Referral Sources

Drivers with medical conditions or functional impairments that could affect their ability to drive safely may be reported to the MVD by physicians who choose to send a letter to the Agency. Physicians are not required by law to report drivers, but they may do so on a voluntary basis. For physicians who choose to report drivers to the MVD, reports are confidential without exception, and the physicians are immune from legal action by their patients.

Other referral mechanisms include police officers; the courts; family, friends, and other citizens, hospitals, occupational therapists, and physical therapists. In fact, in New Mexico, any member of the public may write a letter of concern about a driver and submit it to the MVD. The Licensing Agency accepts anonymous reports, and does not investigate any reporting sources prior to contacting a driver for reevaluation.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo reevaluation include self report of a medical condition, referral by any of the sources mentioned above, an at-fault crash involving a fatality, and observation of functional impairment by MVD employees during the renewal process. When the Licensing Agency receives a letter of concern or the driver reports that he or she has a medical condition during the renewal process, the MVD sends the driver a Medical Report form that must be taken to the driver's treating physician for completion and return to the MVD within 30 days. A medical examination may be required within 5 days, if the Division has good cause to believe that the driver is incompetent or otherwise not qualified to be licensed. The physician must provide a diagnosis, and describe the nature, extent and frequency of the patient's symptoms, especially those that might affect the safe operation of a

motor vehicle. Other information the physician is asked to provide includes, dates of EKG, EEG or other relevant tests and test results; date of last blood pressure test and results; kind, quantity, and frequency of medication with which the patient is being treated, and whether the medication could impair the patient's ability to operate a motor vehicle; any abnormal personality traits the patient displays; and whether the patient's condition or complications are controlled. The physician is asked to indicate whether, from a medical standpoint, the patient is capable of safe and competent driving and if so, what restrictions are recommended, and what the next recommended interval is for medical report review.

Refusal or neglect of the licensee to submit to such examination is grounds for suspension of the license.

If the physician indicates that the patient is safe to continue to drive and the problem is not an ongoing one, the MVD staff employee will make a licensing determination without forwarding the case to the Health Standards Advisory Board. As a general rule, all other cases are referred to the Board for review and recommendation. Drivers with seizures must be seizure-free for a 12-month period, unless the seizures are nocturnal. The Board may shorten the seizure-free period to 6 months, based on information provided by the driver's physician. Drivers who are diagnosed with dementia may be allowed to drive in New Mexico, based on the advice of the MAB following review of medical reports submitted by the drivers' physicians. If the Board recommends annual filing of medical reports and road testing, the Agency will license such drivers with reporting and testing requirements.

Medical Guidelines

There are no concrete guidelines for licensing drivers with specific medical conditions, beyond the vision standards and the seizure-free period for loss of consciousness disorders.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Agency adheres to the recommendations provided by the MAB. The Board may recommend periodic reviews (e.g., a medical report is required on an annual basis or at each renewal cycle), license restrictions, or license suspension. Types of restrictions include: driving within city limits; corrective lenses required; annual vision exam required; suitable mechanical aids such as hand controls, special brakes, or other adaptive equipment required; automatic transmission required; outside mirrors required; prosthetic aids required; daytime only; employment only; or any other restriction the Department deems appropriate. The Board may recommend that the driver undergo a road test before it makes a licensing recommendation, or may require the driver to undergo any other physical, visual, or mental test. The examinations and tests may not be waived by the MVD. Licensing actions are made depending on how the driver answers questions on the licensing application and the recommendations of the treating physician. If the driver's physical or mental capacity prompts the MVD to seek the advice of the Board, then the Board makes the final determination regarding licensing action.

Appeal of License Actions

There is an appeal process for drivers whose privileges are suspended or restricted for medical conditions or functional impairments. An appeal may be made in the district court.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing to drive. Nor are drivers referred to outside sources for counseling. The MVD does not provide PI&E materials to older drivers explaining the importance of fitness to drive and the way in which different impairing conditions increases crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor does it provide specialized training regarding the licensing of older drivers. Drivers who have impairing conditions are referred to their physician or optometrist for remediation.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system or automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and referral activities include lack of funding and personnel.

New York

Organization of the Medical Program

Driver licensing in New York is administered by the New York State Department of Motor Vehicles. New York has a Medical Advisory Board that was created in 1998. The Board is comprised of 12 members, divided into the following five committees: vision; medical conditions affecting driver safety; accidents; functional ability; and loss of consciousness. Members are volunteer consultants working in private practice, and represent the following medical specialties: optometry; ophthalmology; cardiology; internal medicine; neurology; orthopedics; psychology; geriatrics; and emergency medicine. The State Office for the Aging and the State Office for the Disabled are also represented on the Board. Board members are appointed by the Commissioner of Motor Vehicles and serve a 3-year term. Board members are immune from legal action or proceedings on account of any recommendation or report submitted to the Commissioner.

The Board's main function is to advise on medical criteria and vision standards for licensing. The MAB does not review individual cases to make fitness to drive determinations. Members meet in a group on a bi-monthly basis to develop and review standards for licensing. Driver license qualifications have been developed for vision and for loss of consciousness disorders, by the respective MAB committees.

The Board also advises on medical and visual guidelines (e.g., it recommended vision screening at renewal instead of relying on self reports of visual conditions) and assists in the development of educational material. The functional ability committee is currently working on a project to develop educational material to inform the public about ways in which medical conditions can affect functional ability and safe driving performance. The accident committee is looking into ways of modifying how crashes are reported.

Fitness to drive determinations are made by the Driver Improvement Bureau within the DMV. The Medical Review Unit—within the Driver Improvement Bureau—contains 9 staff members dedicated to performing medical review activities. The Medical Review Staff consists of 3 (paid) Medical Consultants who are board-certified neurologists; 1 Supervising Driver Improvement License Examiner; 4 Driver Improvement License Examiners; and 1 Clerk I. The Medical Consultants come to the DMV once per week on a rotating basis (1 consultant per week) to review cases. The Medical Consultants are not immune from legal action, and their identities are available upon formal request or upon appeal of a licensing recommendation. Records and deliberations of the Medical Consultants and Medical Review Unit are confidential, except that the driver may receive a copy, and records may be submitted as evidence in judicial review proceedings.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect their ability to drive safely come to the attention of the Medical Review Unit in a number of ways. First-time and renewal applicants must answer questions about medical conditions when they complete their application form. The original license application asks the following question:

“Have you had, or are you being treated for any of the following, or has a previous disability worsened? If ‘Yes,’ check all that apply.”

- *Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness.*
- *Heart ailment.*
- *Hearing impairment.*
- *Lost use of leg, arm, foot, hand, or eye.*
- *Other.*

The renewal application asks the same question, but asks whether these conditions have been experienced or have worsened since the driver received his or her last license, and also asks whether the person needs to wear a hearing aid while operating a motor vehicle. Drivers who indicate that they have a medical condition or a condition has worsened since the last license, are required to take a medical form to their physician for completion and return to the Medical Unit. The information provided by the physician must be based on an examination performed within 120 days from the date of the statement.

Vision Screening and Vision Standards

Initial and renewal applicants are also required to take and pass a vision exam before being issued a license. Drivers who renew by mail must submit a statement from their eyecare specialist. New York’s minimum visual acuity standard is 20/40 (Snellen) in either or both eyes with or without corrective lenses. If a person fails to meet the minimum acuity when tested by the DMV, he or she must obtain a statement from a licensed physician, optometrist, or ophthalmologist indicating that he or she has a minimum acuity of less than 20/40 but not less than 20/70 (Snellen) in either or both eyes with corrective lenses and has a horizontal field of vision of no less than 140 degrees. The statement must also indicate whether or not the person has a vision condition which is deteriorating; must include recommendations for driving restrictions that the Commissioner should consider, if any; and recommendations relating to a vision examination on a 6-month or 12-month basis, if any.

If an individual has a satisfactory visual acuity based upon 20/40 with telescopic lenses and a corrected visual acuity through the carrier lenses of 20/100 and a horizontal field of vision of no less than 140 degrees with the telescopic lenses in place without the use of field expanders, a statement must be submitted by a physician, ophthalmologist, or optometrist. The statement must specify that the person has been fitted for telescopic lenses and that they have been in the

person's possession at least 60 days prior to application for the NY driver's license, and that the person has received training at least equal to the suggested training. Telescopic lens wearers must pass a road test wearing the telescopic lenses; the test will be waived for lens wearers upon renewal. The minimum training requirements are as follows:

- The person has been trained so that he or she can locate stationary objects within the telescopic field by aligning the object directly below the telescopic lens and then moving his or her head down and his or her eyes up simultaneously.
- The person has been trained so that he or she has mastered the ability of locating a moving object in a large field of vision by anticipating future movement, so that by moving his or her head and eyes in a coordinated fashion, he or she can locate the moving object within the telescopic field.
- The person has been trained to remember what he or she has seen after a brief exposure, with the duration of exposure diminished constantly to simulate short looking time while driving.
- The person has experienced levels of illumination such as daylight, dusk, and nighttime.
- The person has experienced walking, and riding as a passenger in a motor vehicle so that he or she has actually experienced moving while objects are changing position.

Referral Sources

Other mechanisms that serve to bring a driver with a medical condition or functional impairment that could affect safe driving performance include reports by: physicians, police officers, the courts, family, friends, other citizens, hospitals, occupational therapists, physical therapists, and Licensing Agency counter personnel who observe signs of impairment during the renewal process. Physicians in New York are not required by law to report drivers with medical conditions to the Licensing Agency, but they may voluntarily report drivers. They may report drivers by writing a letter on their own letterhead, or by using the Licensing Agency reporting form. Reports made by physicians are confidential, with the exception that the driver may request a copy, and reports may be admitted as evidence in judicial review proceedings. Physicians who report drivers in good faith are not immune from legal action by their patients.

Police would report drivers using the "Police Agency Request for Driver Review" form and would attach a copy of the crash report, if the incident involved a crash. The officer must indicate the circumstances surrounding the request for review (e.g., licensee appears to have a physical disability, licensee was observed driving erratically, licensee appeared disoriented), and provide details. Reexamination cannot be based on the driver's age. The License Agency does not accept anonymous referrals, and does not investigate any of the above-listed reporting sources prior to contacting a driver for possible evaluation.

Evaluation of Referred Drivers

Procedures

There are two basic avenues that drivers referred to the Licensing Agency follow, depending on the circumstances surrounding the referral. If a driver self reports that he or she

has a medical condition (or a physician reports a driver with a medical condition), he or she will be required to take a form to his or her physician for completion. If the condition involves epilepsy or a convulsive disorder, a certified neurologist or neurosurgeon must complete the form. If the condition causes fainting, dizzy spells, unconsciousness, or other loss of body control but is not related to epilepsy or a convulsive disorder, the primary care physician may complete the form; however, the DMV Medical Consultants may ask for additional statements from a certified specialist. The physician is asked to provide information about the dates and nature of the episodes, what medication is being prescribed, and what tests have been conducted and what the results were. The physician is also asked whether the patient's condition would interfere with the safe operation of a motor vehicle. This form is returned to the Medical Review Unit. If the person has been episode-free for 12 months, then the DMV staff in the Medical Review Unit can do their own approval of the driver's license. If the episode occurred within the past 12-month period, the Medical Consultants are asked to review the case. The seizure-free period may be shortened to 6 months based on the information provided by the physician, such as the seizure was caused by a change in medication, or the condition will not interfere with the safe operation of a motor vehicle. For other medical conditions that the driver self reports, a more general physician statement must be completed. This statement asks the physician for a description of the condition and medications prescribed, whether the condition or medications interfere with the ability to safely operate a motor vehicle, and if so, whether the ability permanently interferes or temporarily interferes with safe driving ability. The medical conditions that are referred to the Medical Consultants are as follows: seizures, hypoglycemia, low blood sugar, head trauma, syncope, heart pacemaker, sleep disorders, strokes, convulsive disorders, diabetes associated with loss of body control, brain tumors, heart defibrillators, sleep apnea, epilepsy, heart arrhythmia, and narcolepsy. Approximately 2,700 cases are referred to the Medical Consultants each year, and approximately 510 drivers lose their licenses as a result of the review.

The other avenue that drivers may follow when referred to the Licensing Agency, is for the Testing and Investigation Unit of the Driver Improvement Bureau to schedule an interview with the driver at the field office closest to the driver's home. An Investigator will conduct an interview and determine whether the driver needs to submit a medical statement to the Medical Review Unit, and/or whether a road test needs to be conducted. A road test is generally required, but if a medical report is requested, the driver will not be road tested unless a favorable physician's report is obtained. Drivers diagnosed with dementia are permitted to drive in New York, until the point where their physician reports that the condition impairs safe driving.

Medical Guidelines

Department procedures and standards have been established for loss of consciousness disorders and vision requirements. The vision requirements were summarized in detail earlier. Loss of consciousness is defined as the condition of not being aware of one's surroundings or of one's existence and the ability to receive, interpret, or react to sensory impressions as the result of epilepsy, syncope, cataplexy, narcolepsy, and other disorders affecting consciousness or control. Persons are fit for licensing if: (1) they have not experienced a loss of consciousness within the previous 12-month period, and their physicians submit a statement confirming such fact; (2) they have experienced a loss of consciousness within the previous 12-month period, but

the loss of consciousness was due to a physician-directed change in medication, and the physician submits a statement confirming such fact (and the Commissioner and/or medical consultant finds no grounds on which to disagree); or (3) they have experienced a loss of consciousness within the previous 12-month period, and the physician submits a statement that in his or her opinion, the condition will not interfere with the person's safe operation of a motor vehicle (and the Commissioner and/or medical consultant finds no grounds on which to disagree).

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the Medical Consultants' recommendations, on Agency vision and medical standards, and in some cases, on whether the driver is able to pass the road test. The Medical Consultants may recommend and the Licensing Agency may impose restrictions on a license, such as limited access highways, daylight driving, full hand controls, and full view mirrors. The Medical Consultants may also recommend 3-, 6-, or 12-month suspensions, depending on the medical condition and frequency of episode. Periodic reexaminations or medical statements may be recommended for conditions that cause alteration of awareness or body control sufficient to impair the ability to safely operate a motor vehicle. Medical Consultants may recommend further testing in the form of DMV-administered road tests, or driving evaluations to be performed by independent rehabilitative agencies. The Agency does not refer drivers for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose licenses are restricted or suspended for medical conditions or functional impairments.

Counseling and Public Information & Education

The Licensing Agency does not counsel drivers with functional impairments to help them adjust their driving habits appropriately, or to deal with potential lifestyle changes that follow from limiting or ceasing driving. Nor does the agency refer drivers to outside sources for counseling. Counseling and referral for remediation, if performed, would be done through the driver's physician.

The Agency does not presently make public information and educational materials available to older drivers that explains the importance of fitness to drive and the ways in which impairing conditions increase crash risk. However, the Medical Conditions Affecting Driver Safety committee of the MAB is in the process of developing such materials.

Administrative Issues

Training of Licensing Employees

The Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor does it provide specialized training for licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency uses an automated medical record system and automated workflow systems. The medical review process does not rely on NHTSA 402 funding to support its operation.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Barriers to implementing more extensive screening, counseling, and referral activities—including connections to alternative transportation—include lack of a budget and lack of legislation.

North Carolina

Organization of the Medical Program

Driver licensing in North Carolina is administered by the Department of Transportation, Division of Motor Vehicles (DMV). North Carolina has both a Medical Advisory Board and a Medical Review Board. The program for evaluating impaired drivers was established in 1964 by the North Carolina Medical Society in conjunction with the Division of Motor Vehicles, using guidelines and administrative policies developed by the North Carolina Medical Society's Committee on Traffic Safety.

North Carolina's Medical Review Branch of the Driver License Section of the DMV contains 7 full-time physicians (3 staff doctors and 4 contract doctors) who are Medical Advisors; 2 nurses; and 12 administrative staff. Approximately 3,000 drivers are referred to the Medical Review Branch each month, for evaluation of medical or functional fitness to drive. Drivers who wish to appeal the decisions of the Medical Review Branch (approximately 50 to 80 of the 3,000 cases reviewed each month by the Medical Advisors) may participate in a hearing before North Carolina's Medical Review Board. The Medical Review Board is comprised of 7 physicians on staff at the Department of Health and Human Services (DHHS). The two DMV nurses participate in Medical Review Board hearings as Hearing Officers. The 14 physicians (7 Medical Advisors on staff with the DMV and 7 Medical Review Board physicians on staff with the DHHS) represent the following medical specialties: ophthalmology, internal medicine, neurology, orthopedics, and psychiatry. Although Board members' identities are public, identities are not connected to recommendations of respective members, nor are member names revealed to the customer. Records and deliberations of the Board are confidential; however, the driver may request a copy. Medical Review Board members are immune from legal action.

The Manager of the Medical Evaluation Branch acts on behalf of the Commissioner as the Head of the Medical Advisory Board (MAB). The MAB physicians review and advise on individual cases (electronic and paper reviews). The MAB also advises the DMV Medical Review Branch Manager on proposed policy and procedural changes, before they are introduced and implemented by licensing staff. There is no set "term" to be served by the MAB members (Medical Advisor physicians and Hearing Officer nurses), as they are on staff with the DMV.

The Medical Review Board is comprised of physicians duly licensed to practice medicine in the State and the Commissioner of Motor Vehicles or his designee. The Medical Review Board Hearing Officers (DMV nurses) act on behalf of the Commissioner as the head of the Medical Review Board, when conducting medical hearings. The length of the term served by the Medical Review Board Physicians is indeterminate. Medical Review Board members meet as a group on a monthly basis, and teleconference and email on a case-by-case basis. Hearings are conducted during a 1-week period each month. The Board advises on medical criteria and vision standards for licensing, and assists in developing standardized, medically acceptable report forms. Board physicians also review and advise on individual cases; in this capacity, they perform paper reviews, as well as conduct in-person interviews with referred drivers and may perform screening and assessment of functional abilities needed to drive safely.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments come to the attention of the DMV Medical Review Branch in several ways. First-time and renewal applicants must respond to health-related questions on the license application, and pass a traffic sign and vision test. The application asks whether the applicant has ever suffered from seizures, high blood pressure, diabetes, stroke, heart attack, and what medications are being taken. Applicants who answer “Yes” or fail the vision or traffic sign test may be required to have a vision or physical examination performed by their personal eye care specialist or personal physician, or both.

Guidelines are also provided for issuing a Medical Report when a driver has the following conditions: alcohol and drugs; neurological; diabetes; cardiac problems; musculoskeletal problems; respiratory problems; and psychiatric problems. These are described below.

Anyone with an *alcohol or drug* problem is referred for medical evaluation.

Regarding *neurological problems*, the following conditions are referred:

- Seizures since the last medical evaluation or since the last visit for a license if there has been no previous medical evaluation.
- Serious head injury requiring hospitalization with no previous medical evaluation.
- Narcolepsy or cataplexy with no previous medical evaluation.

The following conditions surrounding *diabetes* are referred for medical evaluation (medical evaluations are not required just for the diagnosis of diabetes; only for those diabetics with any of the problems listed below):

- A problem with blood sugar control since the last visit for a license, including hypoglycemia (insulin reaction, low blood sugar) that has resulted in the assistance of another person, medical intervention, or causing a seizure or coma, and very high blood sugar or ketoacidosis requiring hospitalization.
- Complications of diabetes since the last visit for a license, including vision problems; numbness, pain, tingling, or muscle wasting in the legs, arms, feet, or hands; blocked arteries to the legs, head, or heart; kidney problems, weak kidneys, or kidney failure.

The following conditions surrounding *cardiac problems* are referred for medical evaluation:

- Cardiac problems causing loss of or alterations in consciousness (syncope, blackouts, dizziness, fainting, passing out or nearly passing out), blurring of vision, and/or severe shortness of breath.

- Chest pain or shortness of breath severe enough to cause the person to limit or give up engaging in activities like walking, climbing stairs, a physically demanding occupation, or other activities previously enjoyed like golf, swimming, tennis, basketball, playing with children or grandchildren, etc.

Medical Report Forms are not required for heart attack, myocardial infarction, heart surgery, heart transplant, pacemaker, congestive failure, early or extra heart beats, premature ventricular contractions, arterial fibrillation, heart valve problems, prolapsed mitral valve, or hypertension, unless the person also has any one of the symptoms presented above.

The following conditions surrounding *musculoskeletal problems* are referred for medical evaluation:

- Impaired functions of an arm, shoulder, hand, leg, or foot, restricted neck motion, severe pain with movement, poor coordination, or slow movement.
- Loss of an arm, hand, foot, or leg as a result of disease since the last visit for a license

Medical Report Forms are not required for complaints of arthritis, bursitis, bad back, low back pain, slipped disc, or disc surgery.

The following conditions surrounding *respiratory problems* are referred for medical evaluation: Use of oxygen at home or while driving, or if a person has, by history or by Examiner observations, severe coughing spells, or severe limitation by shortness of breath. Medical Report Forms are not issued just because the person has a diagnosis of emphysema, asthma, bronchitis, or chronic obstructive pulmonary disease.

Regarding *psychiatric problems*, only the following persons are referred for medical evaluation: (1) those who have been hospitalized for the problem since the last visit for a license; (2) those who take medicine that causes drowsiness during the day (the person should be asked); those who exhibit instability or extreme variability in emotions or behavior; excitability; paranoia; poor contact with reality; and inability to maintain concentration.

When a driver appears on subsequent visits to the licensing office, and has been cleared through the medical review process, that person would not be issued a Medical Report Form unless the Examiner notices a worsening of the problem or a new problem presents itself. The Examiner judges the change in condition or the new problem by the guidelines provided above.

Vision Screening and Vision Standards

Original and renewing applicants must take and pass a vision screening test. Drivers who cannot meet the 20/40 acuity standard are referred to an eyecare specialist. Drivers whose vision is correctable to 20/50 or better are restricted to wearing corrective lenses when driving. If vision is correctable to 20/50 or better, but could deteriorate soon as a result of a progressive disease, a follow-up report from an eyecare specialist will be required every 1 to 2 years, upon

the recommendation of the Medical Advisors and eyecare specialist. Drivers whose vision is correctable to 20/70 are restricted to wearing corrective lenses, driving on roads with a speed limit of no more than 45 mi/h, and no driving on interstate highways. They may be required to submit an annual report from their eyecare specialist. Drivers whose vision is correctable to 20/100 are restricted to all of the above restrictions, plus daylight driving only. They may be required to submit a report from their eyecare specialist at 6-month or 1-year intervals. Applicants whose vision is not correctable to at least 20/100 may not drive. In North Carolina, telescopic lenses may not be used to meet the standard, but are allowed to be used for driving if an applicant can meet the standard without the telescopic lens. The telescopic lens must be prescribed by a licensed ophthalmologist or optometrist, who will ensure that the applicant can look around the telescopic lens and view the full traffic pattern.

The visual field requirement in North Carolina is 60 degrees in one eye, or 30 degrees on each side of the central point of fixation. Persons with homonymous hemianopsia (cannot see out of the left side of either eye or the right side of either eye) may not drive.

Referral Sources

In its policy manual, the Department provides guidelines for Examiners for issuing a Medical Report Form. In these guidelines, it states that “the Examiner cannot and should not diagnose medical conditions, but should learn to recognize signs and symptoms of potential trouble, and take appropriate action in requesting a Medical Report Form based on the customer’s responses to the medical questions asked during the application/renewal process.” These guidelines provide general and specific information regarding when a report should be issued. In general, anyone with an obviously significant problem merits review. Indications of physical problems include: difficulty walking (weak or wobbly); limitation of motion; moving very slowly or with difficulty; weakness; or uncoordinated. Indications of mental problems include: confusion; slow comprehension; inability to maintain attention; forgetfulness; disassociated or jumbled thoughts; and poor judgment. Indications of emotional problems include: instability or extreme variability in emotions or behavior; excitability; paranoia; poor contact with reality; and inability to maintain concentration.

Crash reports are also a source of information used by the Department for identifying drivers with medical conditions. Three DMV staff review all crash reports to identify anything in the police narrative that is suggestive that a medical condition contributed to the crash. Drivers suspected of having medical conditions (including alcohol and drug addiction) that may prevent safe driving ability, are sent Medical Report Forms for completion by their physicians if they are not already under medical review by the Department.

Physician reports are another mechanism for identifying drivers who should be included in the medical program. Although the North Carolina Division of Motor Vehicles does not require physicians to report drivers with medical conditions to the Agency, physicians may report drivers on a voluntary basis, after consulting with that patient. Physicians who report drivers in good faith on a volunteer basis are immune from civil and criminal liability, as are physicians who choose not to disclose information. The information provided to the agency is limited to the patient’s name, address, date of birth, and diagnosis; remains confidential; and is

used only for the purposes of determining the qualifications of the individual to operate a motor vehicle.

An individual might also be added to the medical program through a referral from a law enforcement officer, following a crash, violation, or other observation of functional impairment. Any North Carolina law enforcement agency may submit a Driver Reexamination Recommendation form to the Medical Evaluation Branch that would result in the requirement for the driver to undergo a medical evaluation by his or her physician. The form lists the following reasons for the reexamination request: admitted blacking out just before having the crash; is in poor physical condition apparently; has poor vision; reported as having been a recent patient at a mental institution; reported as having been a recent patient at a center or institution for alcoholism; reported to have epileptic or some other type of seizure disorder; reported as having poor driving habits or admits involvement in two or more chargeable crashes within the past 12 months; and "Other."

The DMV also accepts reports from family members and concerned citizens who believe that the driver may be unsafe. Written reports must be signed and contain a return address. Such notification may result in the requirement for a driver to undergo a medical reevaluation by his or her physician. Referrals are also accepted by hospitals, occupational therapists, and physical therapists. Finally, a court-ordered committal for substance abuse or an emotional problem may result in a medical evaluation requirement.

Evaluation of Referred Drivers

Procedures

Circumstances under which a driver may be required to undergo an evaluation include referral by police; the courts; physicians; occupational therapists; friends, family or other citizens; self report of a medical condition; observation by licensing agency personnel of signs of functional impairment during the renewal process; and crash reports that indicate that health may have contributed to the crash.

North Carolina General Statute 20-9 provides that the Division of Motor Vehicles may seek the recommendation of a medical professional trained in diagnosing and treating the particular medical condition. The licensing system will automatically notify the Examiner when a Medical Report is required, for example in medical program drivers who must submit a physicians report at each renewal.

The Medical Report Form that is completed by the driver's physician asks whether the patient has ever had any of the following conditions: visual impairment; cardiovascular disease; endocrine disorder; respiratory disorder; neurologic disorder; emotional/mental illness; musculoskeletal disorder; any other impairment; or substance abuse problem. If the physician answers "Yes," he or she is instructed to complete a more detailed set of questions about the specific disorder or condition. For all conditions, the physician is asked to indicate whether the patient follows the medical recommendations; whether periodic medical evaluations are recommended for highway safety purposes; whether the patient should drive; whether any

restrictions should be placed on driving privileges (e.g., driving distances such as work, shopping church, assistive devices, 45 mi/h speed limit, no interstate, daylight driving only); and to comment on the patient's medical condition and potential side effects on driving, including any over-the-counter and prescription medications that might exacerbate the risk of driving. Drivers who are diagnosed with dementia may continue to drive as long as their physician indicates that the dementia has not progressed to the point where it impairs their ability to safely operate a motor vehicle. The North Carolina Department of Health and Human Services has published and distributed *The North Carolina Physician's Guide to Driver Medical Evaluation*³ as a reference that lists criteria for evaluating people who have medical conditions that could affect driving performance, and provides information useful to physicians in counseling their patients about driving.

Nine Technical Assistants who are non-medical administrative staff in the DMV Medical Review Branch receive the completed physician Medical Report Forms. North Carolina has a State Automated Driver License System (SADLS) and Imaging System that stores all medical information. Automation and imaging of medical data has been in place since 1994. Technical Assistants track data requests, ensure that reports are complete, and when all requested medical history for a case has been submitted to the Department, they forward the driver's medical file to the DMV Medical Advisors. All medical review cases are referred to the DMV Medical Advisory physicians for evaluation and recommendation. If the driver's physician indicates that the individual should not drive, the DMV will generally cancel the driving privilege and notify the driver of the Department's decision. Licensing decisions are based on all information received from the customer's physicians, reports from driver license examiners indicating knowledge and skill test results, and any other medical information that is received.

The Medical Advisors perform electronic and paper reviews, and use medical guidelines established to promote highway safety in their review of the information. They may recommend further testing that could include vision, skills, and rules of the road/knowledge testing. Testing may be conducted by DMV examining personnel, individual personal physicians, and/or occupational therapists. Road tests are conducted during medical reexaminations when the following circumstances exist, except when the customer is obtaining a learner's permit: (1) when requested by the Medical Advisors; (2) when an Examiner adds a restriction other than for corrective lenses because of a health problem or mental or physical condition; (3) when the customer appears to have significant difficulty in respect to walking, speaking, or rising from a chair and who moves slowly, appears stiff in movements, or appears noticeably weak or shaky; (4) When the customer has lost a limb, has begun to use an orthopedic device, or has had the vehicle controls adapted to his or her condition since the last renewal; (5) when the customer appears to be in a state of confusion or displays noticeable memory problems; (6) when the examiner feels it is necessary.

When an applicant visits a driver license office for renewal, original issue, or a duplicate license, a License Examiner may notice something about the individual's physical or emotional condition that results in the Examiner issuing a request for the applicant to undergo a medical

³ Cole, Thomas B., Vinsant, Mary L., and Popkin, Carol L. (1995). *The North Carolina Physician's Guide to Driver Medical Evaluation*. North Carolina Department of Health and Human Services, Injury Control Section, division of Epidemiology.

evaluation. The Examiner may also recommend that the driver take a driving test. Based on the questions on the affidavit for license issuance and the Examiner's observations of possible functional impairment, the applicant is issued a Medical Report Form that must be completed by his or her physician, and returned to the DMV. Any time that an original Medical Report is required in the issuance of an original or renewal license, a road test must be conducted. If the customer fails the test, he or she will not be allowed to take another road test until the Medical Report Form is evaluated and approved by the Medical Section. The license or permit is issued, but will be cancelled after 30 days if the Medical Report Form is not returned. If the customer's license is about to expire, he or she may apply for a learner's permit that will be valid for 18 months.

Medical Guidelines

The Medical Advisors generally rely on the information provided in the *North Carolina Physician's Guide to Driver Medical Evaluation* to provide advice regarding fitness to drive. Guidelines and Driver Impairment Profiles are provided for the following medical conditions:

- Visual disorders.
- Heart disease.
- Diabetes mellitus and other endocrine disorders.
- Respiratory disorders and sleep disorders.
- Musculoskeletal disorders.
- Seizure disorders.
- Disturbances of higher cortical function (dementia, stroke, traumatic brain injury, and mental retardation).
- Mental illness.
- Substance abuse disorders.

For each medical condition or grouping of conditions, there are four broad categories of functional status: (1) no known impairment; (2) past impairment, fully recovered or compensated; (3) active impairment; and (4) condition under investigation. Driving restrictions are determined on the basis of a driver's functional status within one of the four categories. There are eight basis types of driving restrictions: daylight driving only, no driving on interstate highways, speed restrictions, distance restrictions, destination restrictions, class of vehicle restrictions, vehicle modification restrictions, and medical appliance restrictions (prostheses or eyeglasses). Special restrictions may be applied to enable drivers with unusual conditions to drive safely.

A discussion of medical guidelines will be limited to seizure disorders. In North Carolina, the Medical Advisors recommend (as a baseline) that drivers be seizure free for 6 months, with the intent of preventing people from having a seizure while driving.⁴ Consequently, people with seizure disorders may drive if their disorders are well controlled with antiepileptic therapy or if they are in remission. Recognizing that some persons who have had a

⁴ The *Guidelines* dated June 1995 specify a 6- to 12-month seizure-free period; however, the Medical Review Department indicated that the baseline is 6 months.

recent seizure are at less risk of recurrence than others, the following exceptions to this general rule are occasionally allowed:

- A person who has a seizure because his or her antiepileptic therapy has been recently changed or withdrawn by a physician may continue to drive if the previous therapy, which controlled the seizure disorder, is immediately resumed.
- A person who has rare seizures that occur only while he or she is asleep or whose seizures do not result in a loss of consciousness, loss of control of motor function, or loss of appropriate sensation and information processing, may continue to drive.
- A person who has a seizure disorder preceded by an aura of sufficient duration (two or three minutes) to allow him or her to pull off the road and stop the car before a seizure occurs may continue to drive.

Other unusual circumstances may affect the general requirement that drivers be seizure free for 6 months; interpretation of these circumstances and assignment of restrictions is at the discretion of the Medical Advisor. However, compliance with medical therapy is essential for safe driving. If a previously uncontrolled seizure patient becomes suddenly compliant and seizure free, he or she must still be seizure free for 6 months to establish that a change of behavior has truly occurred. The Driver Impairment Profile for seizure disorders is reproduced in table 2.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing actions may be based on the recommendation of a single Medical Advisor physician; however, if the customer appeals the decision, the recommendation would be made by multiple members of the Medical Review Board. Medical Advisors may recommend license restrictions including radius of home, to and from work, to and from church/store/doctor's office, time of day, adaptive equipment, artificial leg, hearing aids, outside mirrors, visual correction, no interstate driving, no beltline driving, no weekend driving, and driving only with a specified individual. Periodic reexaminations may be recommended for 6 months to 5 years for any condition that affects an applicant's ability to safely operate a motor vehicle. Drivers are not referred to medical professionals for remediation of impairing conditions. If a driver wishes to resume driving following remedial treatment at his or her own expense after license cancellation, he or she must contact the DMV.

Appeal of License Actions

The Licensing Agency provides for an appeal process for drivers whose privileges are suspended or restricted for medical conditions. Any action taken by the Medical Review Branch may result in a request for a hearing before the Medical Review Board. The Medical Review Branch schedules all hearing requests. Requests are assigned to Medical Review Board Physicians in the Department of Health and Human Services who have expertise in the field of the applicant's disability. The Review Board for a particular case would consist of the

Commissioner or his authorized representative (Hearing Officer nurses) and at least three physicians designated by the chairman of the Commission for Health Services. The applicant is given every opportunity to prove that his or her physical or mental problem is one that is or can be overcome. Applicants bring witnesses, attorneys, additional laboratory tests and physicians reports, and are occasionally screened by Board physicians during the hearing. Applicants who have completed the Medical Review Board Hearing process and whose conditional or restrictive approval or disapproval has been upheld, may appeal the decision of the Medical Review Board to the Superior Court.

Table 2. Driver impairment profile used in North Carolina for seizures.

Profile Level	Functional Status	Condition Examples	Driving Restrictions*	Interval for Review*
1	No known impairment	No known disorder	None	Standard**
2	Past impairment, fully recovered/compensated	Previous history of any seizure, but seizure-free and off medication (under the direction of a physician) for at least 2 years. History of an isolated febrile seizure as a child is not considered to be a history of a seizure disorder. Persons whose only seizure history is of this nature are considered profile level 1 for Driver Medical Evaluation Purposes.	None	Standard
3	Active impairment			
	a. Potential interference with driving	a. Active seizure disorder, under control and seizure free for 6 to 12 months***	None	1-5 years, gradually increasing the interval for review to correspond with the period of time since the last seizure.
	b. Interferes with driving	b. Active seizure disorder, inadequately controlled for driving purposes, with one or more seizures in the past 6 to 12 months.	No driving	Reevaluation after 6 to 12 months of control****
	c. Permanent interferes with driving	c. Uncontrollable seizure disorder with frequent, recurrent seizures	No driving	-----
4	Condition under investigation	Newly discovered seizure disorder	Variable	As needed

*These driving restrictions and intervals for review are only guidelines: individual restrictions and intervals for review are at the recommendation of the Medical Advisor. Complications of diabetes mellitus and other endocrine disorders, such as peripheral neuropathy, are according to functional criteria for the appropriate physiologic system (such as musculoskeletal or visual disorders).

**The standard interval for license renewal is four to five years. This procedure is conducted by a driver license examiner and does not involve the driver medical evaluation program unless the driver license examiner deems it necessary.

***At the recommendation of the Medical Advisor, a person may be permitted to drive if he or she has rare seizures that occur only during sleep, or seizures that do not result in the loss of consciousness, loss of control of motor function, or loss of appropriate sensation and information processing. Also at the recommendation of the Medical Advisor, a person who has a seizure disorder preceded by an aura of sufficient duration (2 or 3 minutes) to allow him or her to pull off the road and stop the car before a seizure occurs may be permitted to drive.

**** At the recommendation of the Medical Advisor, a shorter period of follow-up before the next medical evaluation may be sufficient if the driver has had a seizure because his or her antiepileptic therapy has been recently changed or withdrawn by a physician, and if the previous therapy, which controlled the seizure disorder, is immediately resumed.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits, nor are drivers referred to outside resources for counseling about dealing with lifestyle changes as a result of reducing or stopping driving. The Agency does not make public information and educational materials available to older drivers regarding the importance of fitness to drive and crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that may impair their ability to safely operate a motor vehicle through in-service schooling and training manuals. Examiners complete an 8-week training course that includes 5 weeks of classroom training and 3 weeks of hands-on/on-the-job training. Besides the guidelines listed for issuing a Medical Report Form, training materials include lists of medications and medical terms used for various medical conditions, to help in the identification of conditions that warrant referral for medical evaluation. Examiners do not evaluate medical referral cases for the first 6 months on the job. There is no specialized training, for the licensing of older drivers.

Medical Program Tracking System

The Agency uses an automated medical record system and automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review program does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities, including connections to alternative transportation include money and legislation, as driver licensing activities are governed by State statutes.

North Dakota

Organization of the Medical Program

The Department of Transportation administers driver licensing for the State of North Dakota. North Dakota has a Medical Advisory Board comprised of 10 members who serve an indefinite term. The members include the following: two optometrists, two family practice physicians, one neurologist, and one psychiatrist, plus the Agency Medical Coordinator, the Agency chief Examiner, and the Agency Director. The Director of Drivers Licenses in the Traffic Safety Division heads the Board. The physicians are volunteer consultants working in private practices or in hospital or clinic settings. Members meet in person as a group (as directed by the Administrator), in addition to an annual meeting, to interact for disposition of fitness to drive cases. They also interact by mail.

The Board advises the Department on medical criteria and vision standards for licensing, and assists in developing standardized, medically acceptable forms. They also review and advise on individual cases by performing paper reviews. The types of cases referred to the Board include borderline cases pertaining to vision, and unusual or unique medical conditions. Approximately 3 to 5 drivers are referred to the Board annually. These are predominantly drivers under age 30, as older drivers are generally more accepting of the decisions and actions of the Agency. Approximately 3 to 5 of these drivers are denied a license following reevaluation. The Board may recommend further testing by a specialist, and may recommend restrictions for those approved for driving. Borderline or unique situations, if approved for driving, require periodic follow-ups. Licensing decisions are based on the recommendations of the entire board, or by single or multiple members, but final licensing actions are made by the Drivers License and Traffic Safety Division, following knowledge and road testing. Board members' identities are public, but they are immune from legal action. Records and deliberations of the Board are confidential, except that the driver may request a copy. Annual reports are not generated documenting their activities.

Agency personnel who interact with referred drivers are non-medical administrative staff who have other responsibilities in addition to medical evaluation. There are 40 Driver License Examiners in the State who perform vision, written, and road testing. All are trained on all aspects of licensing and can conduct any of the licensing tests. Reports of medically or functionally impaired drivers are received in the Central Office in Bismarck, and are reviewed by the Medical Coordinator.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Medically or functionally impaired drivers come to the attention of the Agency in a number of ways. First-time and renewal applicants must complete medical history questions on driver license applications. Original applicants are asked the following questions:

- *Do you have a physical or medical condition? If yes, explain*
- *Do you have any history of epilepsy, blackout attacks, or other lapse of consciousness? If yes, give date of last attack.*
- *Do you have an insulin dependent diabetic condition?*
- *Do you have a heart ailment requiring medication?*
- *Have you been adjudged incompetent or been disabled due to a mental illness?
Date: _____ Explain: _____*
- *Do you habitually use alcoholic beverages or narcotic drugs to excess?*

Renewal applicants are asked about whether they have a physical, mental or medical condition; whether they have had a blackout, seizure, or other lapse of consciousness; and whether they use alcoholic beverages or narcotic drugs to excess.

Applicants with epilepsy, narcolepsy, mental illness (including manic depression, schizophrenia, Alzheimer's, and other dementia), alcohol or narcotics addictions, neurological disorders (including Parkinson's disease, Multiple Sclerosis, Muscular Dystrophy, Huntington's disease, Cerebral Palsy, and ALS), loss of consciousness within the past 12 months, or stroke victims must have a physical exam performed by a physician. The driver's physician must complete a "Medical Examination Report" and indicate whether the patient has a physical, medical, or mental condition that, in the physician's opinion, would restrict or prevent the safe operation of an automobile, whether the condition requires follow-up (and at what interval), and what the physician's recommendations are for driving. Recommendations could include: no privileges should be granted; restricted to local driving only; restricted to daylight driving only; restricted to a vehicle with adaptive equipment; recommended written and road reexamination; or no recommendations.

Vision Screening and Vision Standards

Visual requirements for an unrestricted license are 20/40 with both eyes together without glasses, or vision in one eye not worse than 20/200 but vision in both eyes together is 20/40 or better without glasses. The minimum visual field standard is 105 degrees. If vision in both eyes together is 20/50 or worse with or without glasses, the driver is referred to a vision specialist. Restrictions may include corrections or an outside mirror. If vision is between 20/50 and 20/60 a daylight driving restriction may also be added. A report is sent to the Medical Coordinator in the Central Office, if vision is poorer than 20/60 in both eyes, with or without glasses, or if the visual field standard cannot be met.

Referral Sources

Physicians in North Dakota may report drivers to the Licensing Agency, who have impairments that could affect their safe driving ability, but they are not required to do so by law. Physicians who choose to report patients are immune from legal action by their patients. Physician reports are confidential, except in cases where the driver requests a copy.

The Agency also accepts reports from law enforcement officers, the courts, family members, hospitals, occupational therapists, physical therapists, and North Dakota Driver License Examiners who observe signs of impairment when interacting with license applicants. The Agency does not accept anonymous reports, and reports from family members are followed up with a phone call or a visit with the person claiming to be a family member.

Evaluation of Referred Drivers

Procedures

When the Medical Coordinator receives a report from a physician, a law enforcement officer, or a family member, an automatic requirement for a medical report and a vision report is triggered. If a counter Driver License Examiner recommends a vision or physical examination, this also triggers the requirement for the driver to undergo such an exam.

When the Physician's Medical report and Vision Examination report are returned to the Medical Coordinator, she reviews the information, and makes a determination regarding whether a DMV written or road test should be given. If the physician's report indicates borderline ability or if the driver's condition is unique or outside of the standards, the Medical Coordinator may contact the MAB physician in the area of expertise for advice. This may only require a phone call, but it may involve a review of the medical records. MAB physicians do not interact with referred drivers when making recommendations.

The Driver License Examiner who performs the road test makes the final decision regarding licensing and restrictions. Drivers diagnosed with dementia are allowed to drive in North Dakota, according to their physician's recommendations, and their ability to pass the road test.

A sight-related road test may given to drivers with vision poorer than 20/60. During the sight-related test, the Examiner uses methods to determine whether the applicant can see well enough to drive defensively. The examiner observes the applicant's postural and attention changes to determine weather the applicant can: anticipate traffic situations far enough in advance to avoid difficulty; and distinguish traffic signs, signals, pedestrians, and movements of other vehicles to the extent that they react properly (i.e., "mental vision"). Occasionally, the applicant is restricted to driving in a specific area or location because of a visual defect and its observed effect on driving performance. All of the driver license examiners may conduct sight-related road tests; however, the Chief License Examiner is the only person who conducts road tests for drivers using telescopic lenses.

When Examiners at the counter have reason to believe that an impairment exists, the following procedures are used to determine if a restriction, reexam testing, and/or a medical report is needed. To assess use of the arm and hand, an Examiner may have the applicant reach across the counter and grasp the Examiner's forearm to demonstrate movement of the arm and strength of the hand. To demonstrate use of the leg and flexion of the ankle, the applicant may be requested to move his or her right leg from right to left to simulate moving from the accelerator to the brake pedal. The applicant may also be asked to press against the examiner's

foot with the right foot or the left foot to simulate pressing and releasing the accelerator and clutch pedals, respectively. If possible cognitive impairment is suspected, the Examiner should assess whether the applicant appears confused or incoherent, and whether the applicant can follow simple instructions.

Medical Guidelines

The Agency adheres to the Administrative Rules pertaining to visual and medical conditions. North Dakota's Medical Qualifications For All Drivers (North Dakota Century Code 39-06-03,) state that a person does not qualify for driving privileges if that person has had:

- Loss of consciousness caused by convulsions, cardiovascular condition, epilepsy, metabolic disease, or diabetes (must be episode free for 6 months for full privileges; must be episode free for 3 months for restricted privileges).
- A mental illness that has not been restored to competency for the safe operation of a motor vehicle.
- Habitual use of alcohol or narcotic drugs that would affect the safe operation of a motor vehicle.
- Loss of use of a hand, arm, foot, or leg that would affect the safe operation of a motor vehicle.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Agency adheres to the Administrative Rules pertaining to visual and medical conditions. Many decisions are based on the driver being able to pass the knowledge and road tests, as well.

Periodic medical evaluations may be required at 3 months, 6 months, 1 year, or other interval as recommended by the driver's treating physician, or a recommended by the Board for borderline conditions. Driver may be restricted to local driving only, daylight driving only, a vehicle with adaptive equipment, corrective lenses, and outside mirrors. The Agency does not generally refer drivers for remediation of impairing conditions, beyond referral to the driver's physician or vision care specialist for more information, however they do refer drivers for training by a Certified Driver Rehabilitation specialist, for conditions such as strokes and amputations, and will issue a temporary restricted license for rehabilitation purposes.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately, or to help them deal with potential lifestyle changes that follow from ceasing or limiting driving. They do refer drivers for such counseling to alternative transportation providers, senior service providers, and driver rehabilitation programs, such as Medcenter One.

The Agency does not make Public Information and Educational materials available to older drivers explaining the importance of fitness to drive.

Administrative Issues

Training of Licensing Employees

The Agency provides specialized (interdepartment) training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. The Examiner's Manual includes a chapter on assessing vision, medical, and physical impairments. Driver License Examiners undergo a 9-month probation period during which time they receive on-the-job training. The Chief Examiner conducts training, using many of the materials prepared by Louisiana Tech University⁵ and is presently working with AAMVA and Louisiana Tech to prepare an AAMVA guide on the topic. As part of the training, Medcenter One (a Driver Rehabilitation program) provides a demonstration of adaptive equipment and its use. There is no special training relating specifically to the licensing of older drivers; they are subject to the same criteria.

Medical Program Tracking System

The Agency does not use an automated medical record system, nor do they use automated work-flow systems, except in the case of medical interval (follow up) restrictions, where reports are generated automatically.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Staffing was the only barrier identified in implementing more extensive screening, counseling, and referral activities.

⁵ Harvard, Ann B. and Shipp, Michael K. (1998). *Disabilities and Their Implications for Driver Assessment and Training*.

Ohio

Organization of the Medical Program

Driver licensing in Ohio is administered by the Bureau of Motor Vehicles (BMV) within the Department of Public Safety (DPS). Ohio does not have a Medical Advisory Board. The BMV evaluation guidelines for licensing were established through recommendations of and approval by the DPS medical consultant and legal counsel. Licensing decisions are based on the treating physician's evaluations and recommendations regarding fitness to drive, and the driver's ability to meet the BMV vision standards and pass the driver license examinations.

Ohio's medical program is administered by non-medical administrative staff who have other responsibilities in addition to medical evaluation. The Medical Unit consists of a Supervisor and eight Customer Service Assistants who are trained to evaluate medical information and examination forms with respect to Ohio law and BMV procedures and policies. One permanent medical consultant—a private-practice physician and former president of the Ohio Medical Association—provides guidance to the DPS regarding policy and medical form development. A vision consultant has also provided guidance in the development of the DPS bioptic program and in assembling eyecare specialists to contract with the Ohio State University School of Optometry to provide independent vision examinations, when drivers fail to meet the Department's vision standards.

Others who evaluate drivers with medical conditions and functional impairments include DPS State Highway Patrol Driver License Examiners, who are trained to evaluate driving skills and the need for adaptive equipment. Additional medical specialists who are not employed or contracted by the Ohio Department of Public Safety or other State Agencies, but evaluate drivers include patients' treating physicians and eyecare specialists; driver License Rehabilitation Facilities; and hospitals, physical therapists, and occupational therapists.

Individuals who make licensing determinations are not immune from legal action, nor are they anonymous. Ohio Motor Vehicle Laws specify that no person conducting vision screenings shall be personally liable for damages for injury or loss to persons or property and for death caused by the operation of a motor vehicle by any person whose driver's license was renewed by the Deputy Registrar.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect their ability to operate a motor vehicle are brought to the attention of the BMV in a number of ways. First-time and renewal applicants are required to respond to the following three questions as they complete their license application:

- *Do you have a condition that results in episodic impairment of consciousness or loss of muscular control?*
- *Do you have a physical or mental condition that prevents you from exercising reasonable and ordinary control of a motor vehicle? If Yes, _____ (nature and extent); _____ (name of treating physician).*
- *Are you chemically dependent on alcohol or a drug of abuse and currently using alcohol or a drug of abuse?*

Applicants who respond in the affirmative are given a medical form to take to their physicians for completion and return to the Department. Similarly, if a Driver License Examiner has reason to believe that the applicant has a physical or mental condition that may impair safe driving ability, as observed during the course of a routine driver license examination, the applicant will be required to obtain a signed medical report from a licensed physician. The form must be returned to the Department within 30 days, or the applicant's license will be suspended for failure to submit the required medical statement.

Vision Screening and Vision Standards

Original and renewal applicants are required to take and pass a vision examination prior to being licensed. The Department's vision standards follow. Individuals with binocular acuity of 20/40 (both eyes together) without corrective lenses are issued a license without visual restrictions. Persons with binocular acuity poorer than 20/40 but not worse than 20/70 are restricted to daylight driving only. Persons with binocular vision worse than 20/70 will be denied a license. Persons with monocular vision whose visual acuity is 20/30 or better without corrective lenses will be issued a license without visual restriction. Those with monocular vision poorer than 20/30 but not worse than 20/60 will be issued a license restricted to daylight driving. Those with monocular vision who are unable to attain acuity of at least 20/60 will be denied a license. Visual field requirements for a non-restricted license consist of 70 degrees of visual field on both sides of the fixation point. If the visual field on one side of fixation is less than 70 degrees, the applicant must demonstrate a visual field of at least 70 degrees on one side of fixation and 45 degrees on the other side of fixation. Such an applicant is restricted to driving a vehicle with an outside mirror mounted on the side of the more limited visual field.

Those who cannot meet the Department's standards are referred to their eyecare specialist for visual correction, and/or more sensitive testing. Unless applicants go to an eyecare specialist affiliated with the Ohio State University School of Optometry, who provide an independent vision evaluation at the patient's cost, they will be retested with the Department's equipment, and will not be licensed unless they can attain acuity of at least 20/70, and a peripheral visual field of at least 70 degrees on one side and 45 degrees on the other. The Department will accept a reading provided by one of the OSU-contracted eyecare specialists. Applicants must return within 30 days or their license will be suspended for failure to comply. Drivers with progressive eye diseases are subject to periodic vision exam requirements, as recommended by their physician/eyecare specialist.

Ohio will allow an applicant to be licensed if he or she can pass the Ohio vision standard with a bioptic telescopic device, and can demonstrate the visual, mental, and physical skills

necessary for safe driving. Bioptic telescopic drivers must successfully complete an initial vision exam at one of two centers (OSU College of Optometry or Vision Rehabilitation of Akron) and a training and evaluation session with a mobility instructor from one of two approved vision centers (Vision Center of Central Ohio or Vision Rehabilitation of Akron). Bioptic drivers are restricted to daylight driving for the initial year. They may apply for nighttime driving privileges if, after the first year of driving with the bioptic lenses, they have had no at-fault crashes or driving convictions, they satisfactorily complete a nighttime driver training program, and they pass a nighttime driving test.

Referral Sources

Another mechanism that serves to bring an at-risk driver to the attention of the BMV is receipt of a letter “giving good cause to believe” that a driver is incompetent or otherwise incapable of safely operating a motor vehicle. The law states that “good cause” is considered to be a request for recertification received from a physician, law enforcement agency, or the courts. To take action on a request received from a law enforcement agency or court, the BMV requires personal observation of the subject’s driving or personal contact with the driver. Law enforcement officers would report drivers using the BMV form “Request for Driver License Examination or Recertification/Report of a Violation of a Restriction.

Ohio does not have a mandatory physician reporting law, but physicians may voluntarily report drivers by writing a letter to the Department and giving permission to use their name as the source of information when the BMV contacts the driver. Physician reports are confidential with the exception that the driver may receive a copy upon request, and the driver may authorize release of the letter to others (i.e., an attorney). The courts may also subpoena physician reports. Physicians who choose to report drivers in good faith are not immune from legal action by their patients. Any changes in the BMV policy and procedures for reporting and recertifying unsafe drivers would necessitate the enactment of new laws by the Ohio legislature.

The Bureau will also take action on a written and signed request submitted by a relative, friend, neighbor, nurse, hospital, social service agency, occupational therapist, or physical therapist. The Agency is required to conduct an investigation to determine if there is sufficient cause to require a medical statement and/or driver license examination. The investigation consists of a BMV investigator interviewing the letter writer, the driver, neighbors, other family members, and the driver’s physician whenever possible. The investigator then makes a recommendation to the BMV as to the course of action to be taken. The BMV has a legal requirement to inform the subject driver of the source of the information, so reports must be signed before an investigation can commence, and the letter writer must give permission to the BMV to use his or her name as the source of information.

Drivers may be required to undergo a medical evaluation or driver license examination based on a report from any of the above-mentioned sources, as well under the following circumstances: when they are involved in a fatal crash and the law enforcement or court requests reexamination; when they accumulate 12 points within a 2-year period; or when they have accumulated crashes and the law enforcement officer or the courts request reexamination.

Evaluation of Referred Drivers

Procedures

When the BMV becomes aware of a driver with medical conditions or functional impairments, the Medical Unit Customer Service Assistants will send the driver a Request for Statement of Physician form, and a letter advising the driver of the requirement to have the form completed and returned within 30 days. The medical form has been recently updated with assistance of the medical consultant, to allow physicians to assist the BMV in determining whether periodic medical statements and or exams should be required, and if so, at what intervals. If the physician chooses not to complete that section of the medical statement form, the BMV will determine the need for restrictions based on Department guidelines. The physician is asked to provide details about the driver's medical conditions, medications prescribed, and the patient's compliance with treatments. The physician is also asked, "*In your professional opinion, is this patient's condition(s) on this date sufficiently under effective medical control to operate a motor vehicle?*" The physician would check one of the following choices:

- Yes
- Yes. However, due to a _____ condition, this patient needs to take a partial driver's license examination which consists of a vision screening and a road test for driving and maneuvering.
- Yes. However, due to a _____ condition, this patient needs to take a vision examination.
- Yes. However, due to a _____ condition, this patient needs to take a complete driver license examination which consists of a vision screening, written test of Ohio's laws and signs, and a road test for driving and maneuvering.
- No.

In addition, if the physician has answered "Yes" to any of the medical conditions listed on the medical statement form (e.g., vision abnormalities or eye disease not correctable by eyeglasses; musculoskeletal disorder; cardiovascular disease; respiratory disease; Diabetes Mellitus; neurological disease, impairment due to alcohol or drugs; psychiatric disorders; or other medical disorders which could interfere with driving ability), he or she is asked whether and how often the patient should be required to submit periodic medical statements to the Bureau. Periodic medical statements may be issued every 6 months, annually, or once every 4 years at the time of license renewal. The physician is also asked whether the patient should be required to pass a vision exam annually, or to pass a complete license exam or a partial license exam annually or at each renewal (4-year) cycle.

Returned medical statements are evaluated by the Medical Unit Customer Service Assistants. Very few cases are referred to the medical consultant for advice (none in 2002) since the medical forms have been revised to allow the treating physician to recommend retesting or medical report filing. In addition, putting the burden on the treating physician to recommend periodic vision, knowledge, and skills tests (or no testing) has relieved the Department of numerous complaints from the public, who perceived that unfair requirements were being placed

on them by non-medical administrative BMV staff. The Department has been surprised at the decrease in periodic medical reporting recommended by physicians for patients with Parkinson's disease and Multiple Sclerosis and the increase in periodic reporting recommended for conditions such as diabetes. Also a surprise to the Medical Unit has been the recommendation by physicians to periodically require road tests and knowledge tests for drivers with epilepsy. The Department believes that applicants are better able to be considered on a case-by-case basis by those with the most expertise in the patient's medical status (i.e., the treating physician), through use of the revised form. This procedure has also reduced the number of customer complaints regarding the Department's licensing actions.

Drivers diagnosed with dementia may be allowed to continue to drive, until which time the Department receives a medical statement form completed by a physician who indicates that the driver is no longer capable of safely operating a motor vehicle.

Applicants have 4 opportunities to pass the complete examination, but must wait 7 days between attempts. The license is suspended after the first failed attempt, and applicants are therefore required to be accompanied to the reexamination by a licensed driver. Applicants who do not pass the complete examination in four attempts are not eligible for reexamination for 6 months.

Medical Guidelines

Ohio's Motor Vehicle Laws (4507.08, 4507.081, and 4507.14 Ohio Revised Code) grant the Registrar of Motor Vehicles the authority to place a medical restriction on the driver license of persons who have a condition that could cause them to suffer a loss of consciousness or otherwise impair their ability to safely operate a motor vehicle. The Bureau's procedures and policies for placing and removing medical restrictions on licenses are administrative and have been established with guidance of the medical consultant and legal council. In accordance with current guidelines, persons whose conditions have been controlled less than 5 years may be placed on a restricted license. This restriction requires the driver to submit periodic satisfactory medical statements to maintain valid driving privileges. The medical statements must be submitted every six months (or once a year or every four years if the treating physician completed the relevant section of the medical report form). Some conditions may also require the driver to pass periodic driver license examinations.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

In making licensing decisions, the BMV relies on both the physician's evaluations and recommendations regarding fitness to drive, and the driver's ability to meet the vision standards and pass the driver license examination. The Department may issue suspensions for failure to comply with a requirement to submit a medical statement and/or take a driver license examination (conducted by the State); upon receipt of an unsatisfactory medical statement (i.e., the doctor says "no" to driving or refuses to complete the form); or upon failure to pass a required driver license examination.

The Department may issue licenses with the following restrictions: corrective lenses, special adaptive equipment, area (e.g., routes of travel), and time of day.

The BMV may require further testing upon receipt of a medical statement where the doctor recommends driver license testing, visual evaluation by an optometrist or ophthalmologist, or driver evaluation by a rehabilitation facility. If a physician recommends that a driver undergo evaluation by the Ohio State University (OSU) Driver Evaluation Program, OSU will send the results to the BMV for consideration. If OSU indicates that the driver is “ok,” then the BMV does not require the driver to undergo the BMV State tests. The BMV may require periodic reexaminations or medical statements for persons with conditions that could cause loss of consciousness or otherwise impair their ability to safely operate a motor vehicle (e.g., epilepsy or other seizure disorders, diabetes, stroke, severe heart or respiratory conditions, mental illness, multiple sclerosis, Parkinson’s disease, or Alzheimer’s disease). The only kinds of professionals to whom the agency refers drivers for remediation of impairing conditions are eyecare specialists. Persons with problems meeting the vision standards to qualify for a license may be referred to one of several eye doctors throughout Ohio contracted through the Ohio State University School of Optometry. The driver would pay for services provided.

Appeal of License Actions

There is an appeal process for drivers whose licenses are suspended because of medical conditions or functional impairments. Individuals are entitled to an administrative hearing if so requested in writing within 30 days of failure on the exams or within 30 days of a medical suspension. Drivers must appear in person at the hearing, or be represented by an attorney to present evidence and examine witnesses appearing for or against the driver.

Counseling and Public Information & Education

Counseling is not provided to drivers with functional impairments to help them adjust their driving habits appropriately, nor are drivers referred to outside resources for such counseling. The Licensing Agency does not make public information and educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The BMV does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. No specialized training is provided relating to older drivers.

Medical Program Tracking System

The Licensing Agency uses an automated medical record system and automated workflow systems. The IBM Optical Image System is used to scan all documents received in the mailroom (e.g., license application forms, Requests for Driver License Examination forms from law enforcement and the courts, Medical Statements from physicians, letters of concern from friends, family, etc.). The mail section routes the medically related scanned images to the “medical work basket” in the Medical Department. The Medical Department processes the electronic documents by updating customers’ files in the Internal Tracking System. For example, if a Medical Report is received for a driver with an annual report requirement, the file is updated to indicate that the driver has complied with the medical reporting requirement. The optical documents are then filed in the customer’s folder in the Optical Image System.

The BMV utilizes an Internal Tracking System to track suspensions and restrictions. The program was developed in house, and interacts with the Law Enforcement Automated Database (LEADs). The Internal Tracking System is used by the Medical Unit to update LEADs, so officers in the field know when a driver is in compliance with restrictions and suspensions. Customer Service Assistants in the Medical Unit use the Tracking System to record dates and restriction codes. The system automatically generates a warning letter to a driver if he or she has not complied with a reexamination or reporting requirement, and it will issue a suspension letter if no action is taken by the driver within a specified time. When the Medical Unit enters a code into the system to indicate that a Medical Report has been received, it recalculates the date for the next periodic reporting requirement.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Ohio’s medical review process does not rely on NHTSA 402 funding to support its operation. Barriers that were identified for implementing more extensive screening, counseling, and referral activities include budget and the necessity of enacting new legislation.

Oklahoma

Organization of the Medical Program

Driver licensing in Oklahoma is administered by the Department of Public Safety (DPS). Oklahoma has a Medical Advisory Committee (MAC) that was established in 1977 to advise the DPS on medical criteria and vision standards for licensing. The MAC consists of seven private-practice physicians representing the following medical specialties: ophthalmology, internal medicine, neurology, orthopedics, psychiatry, and pulmonary disease. The MAC physicians are volunteer consultants to the DPS who serve 2- or 3-year terms. Two physicians (the ophthalmologist and orthopedic surgeon) are appointed by the Commissioner of Health, one physician (the psychiatrist) is appointed by the Speaker of the House, one physician (specializing in internal medicine) is appointed by the Senate Pro Tem, three physicians (specializing in internal medicine, pulmonary disease, and neurology) are appointed by the Commissioner of Public Safety, and one physician (the neurologist) is appointed by the Governor.

The MAC physicians meet weekly as a group to provide guidance to the DPS regarding licensing laws for medical conditions. They also assist in developing standardized, medically acceptable report forms, and provide advice regarding procedures and guidelines. The MAC does not review individual cases for fitness to drive, but they may be made aware of cases currently under review by the staff Medical Consultant and Hearing Officer Supervisor. MAC members are immune from legal action and their identities are anonymous.

A separate unit within the DPS—referred to as the Medical Advisory Board (MAB)—reviews individual fitness to drive cases. This Board is staffed by a Medical Consultant to the DPS who is an internist specializing in occupational health (and reviews cases for one-half of a day every week), the DPS Hearing Officer Supervisor who is a Nationally Registered Emergency Medical Technician, and a third member who is a licensed Psychologist, and reviews mental health cases. These three individuals review approximately 600 cases per year, of which 160 are denied driving privileges following evaluation. The recommendation of the MAB is the final licensing decision made by the Department. The medical conditions referred to this Board include the following: orthopedic and neuromuscular; cardiovascular; diabetes/hypoglycemia; vision; alcohol and narcotics; psychological/cognitive; syncopal/non-neurological; epilepsy; and neurological.

MAB members are immune from legal action and their identities are anonymous. Records and deliberations of the Board are confidential with the exception that the driver may receive a copy upon request and reports may be admitted as evidence in judicial review proceedings.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments come to the attention of the DPS in a number of ways. Original applicants are required to answer the following medical questions when they complete their license application:

- *Are you now addicted to any drug or have you received treatment for alcohol or drug addiction within the last year?*
- *Have you ever been diagnosed with or are you now receiving treatment for any type of mental health disorder?*
- *Do you have any of the following (circle those which apply): Diabetes, Epilepsy, blackouts, fainting spells, heart disease, amputation, paralysis, Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, Parkinson's, loss of memory; or do you have any other type of medical condition which may affect your ability to safely operate a motor vehicle? _____ If yes, please explain: _____.*
- *Are you deaf or hard of hearing? _____ Do you wear a hearing aid? _____.*
- *Do you wear corrective lenses? _____ Do you have any type of eye injury or progressive eye disease (such as glaucoma, diabetic retinopathy, macular degeneration, etc.)? _____ If yes, explain: _____.*

Applicants who respond in the affirmative are required to have a form completed by their treating physician based on an examination performed within the past 60 days, and returned to the Medical Advisory Board in the Department of Public Safety. In addition to providing specific medical information describing the medical condition(s), the physician is asked to provide a medical/professional judgment regarding whether the patient's condition is controlled, whether the DPS should retest the patient's driving ability, and whether the patient is physically and mentally capable of operating a motor vehicle safely.

Renewal applicants are not asked to complete a form that contains questions about their medical conditions; they simply go to a Motor License/Tag Agent and have their photograph taken.

Vision Screening and Vision Standards

Original applicants must take and pass a vision screening test. Renewal applicants do not undergo vision screening. An applicant may be considered for a license if visual acuity is 20/60 or better with or without corrective lenses, or 20/50 or better in one eye, with or without corrective lenses. Individuals who cannot meet the acuity requirements may apply for a restricted license (e.g., speed limit, locale, time) if the visual acuity is no worse than 20/100 in one eye or both eyes, with or without corrective lenses. The visual field requirements are at least

70 degrees in the horizontal meridian in one eye alone or with both eyes. A person who cannot meet the standard may apply for a restricted license if the field of vision is not narrower than 60 degrees in the horizontal meridian in one eye alone or in both eyes. Individuals who wear telescopic lenses may not be licensed. Applicants with progressive eye diseases must meet the standards, and submit periodic vision reports. Those who cannot meet the Department's standards when screened by a Driver Examiner must have their eyecare specialist complete a form based on an examination performed within the past 60 days. In addition to providing acuity and field of vision readings, the eyecare specialist is asked whether the patient has any eye disease or injury (and what steps are being taken to correct the condition); how often the patient should be reexamined for driving purposes; what restrictions should be placed on the license as a result of the visual exam; whether, in the eyecare specialist's judgment the patient's condition is controlled; and whether the eyecare specialist is aware of any other significant medical conditions.

Referral Sources

Other mechanisms for bringing a potentially unsafe driver to the attention of the DPS include reports from physicians; police officers; the courts; family, friends, and other citizens; hospitals; and occupational and physical therapists. Physicians in Oklahoma are not required to report patients with medical conditions and functional impairments that may impair safe driving ability to the DPS, but they may voluntarily report drivers. Physicians report drivers by submitting a Request for Driver Review form, on which they must describe in detail the circumstances that led to the request, and they may recommend that specific examinations be included, such as a medical examination, visual examination, written examination, driving skills examination, or other examination. Physician reports are not confidential; however, Oklahoma State Law specifically allows for full immunity for a physician to report to the DPS in good faith without malicious intent towards the patient.

Others who wish to report a potentially unsafe driver also use the Request for Driver Review form, and must provide their name—if the person reporting the unsafe driver is not identified, the request will not be processed. The DPS does not investigate any reports before contacting a driver for possible evaluation.

The circumstances under which a person may be required to undergo evaluation include referral by any of the above-mentioned sources (including self-report of a medical condition), as well as when a license has expired for 3 years, and upon application for handicapped parking privileges. When a driver applies for handicapped parking privileges, his or her physician is asked to provide information about the condition that qualifies the individual for such privileges, and is asked whether the condition adversely affects the ability to safely operate a motor vehicle. If the physician responds in the affirmative, the MAB will require the driver to undergo medical evaluation and possibly a driving test. There are no requirements for License/Tag Agents (those who process renewal applicants) to refer drivers to the DPS if they observe signs of impairment. There are no guidelines or training for such observations, nor is it within the realm of duties performed by such Agents. There have never been any referrals to the DPS of potentially unsafe drivers from License/Tag Agents.

Evaluation of Referred Drivers

Procedures

When the DPS becomes aware of a driver with a medical condition or functional impairment that could affect safe driving ability, the MAB staff mail the driver a medical form or visual form that must be completed by the driver's physician or eyecare specialist. Medical information is reviewed by the DPS Medical Consultant and the Hearing Officer Supervisor, who have 35 years and 10 years of medical experience, respectively. A licensing decision may be based on information contained in the medical reports as it relates to the Office of Administrative Rules Chapter 10, Subchapter 5: Medical Aspects for Driver Licensing, developed by the Medical Advisory Committee. A driver for whom an unfavorable medical report is submitted, will not be licensed. The MAB may require a driver to undergo a DPS vision test, a DPS knowledge test, and/or a DPS road test.

Medical Guidelines

The Medical Advisory Committee has formulated licensing standards for the following medical conditions: Metabolic Diseases (Diabetes Mellitus and Hypoglycemia); Cardiovascular Diseases; Vision Standards and Problems; Musculoskeletal Problems; Neurological Disorders (Epilepsy, Multiple Sclerosis, Parkinson's disease; Cerebral Palsy, and Progressive Neuromuscular Disorders), Mental Ability; and Alcohol and/or Other Intoxicating Substance Abuse. These standards are provided below for drivers of passenger vehicles (Class D), with the exception of vision standards, as they were presented earlier, and alcohol.

Metabolic diseases

(a) Diabetes mellitus. A person who has diabetes, about whom the Department has received a report from a law enforcement officer or from a licensed physician indicating the person is incapable of properly controlling a motor vehicle, must submit proof from his or her physician that the disease is under reasonable control without either hypoglycemic or hyperglycemic reactions severe enough to impair driving ability. Future periodic medical reports may be required.

A person having been diagnosed by his or her physician as having insulin-dependent diabetes shall be required to have driving restriction code number six, "Food, fruit, or candy within reach of driver," on the person's driver license.

(b) Hypoglycemia. A person with severe or uncontrolled hypoglycemia (diagnosed low blood sugar) shall not be licensed until proof has been submitted from his or her physician that the condition is under control by proper care and diet.

Cardiovascular diseases

A person who suffers from uncompensated congestive heart failure, arrhythmia, carotid sinus sensitivity, syncopal episodes, or myocardial infarction shall not be licensed if the

condition would impair the person's functional capabilities to safely operate a motor vehicle.

Musculoskeletal problems

(a) Musculoskeletal impairment. A person with a significant impairment such as amputation, polio, or any other crippling muscular or skeletal disorder which may affect the person's ability to safely operate a motor vehicle shall not be licensed until a medical report is submitted by his or her physician, if so requested by the Department, and the person is examined for placement of appropriate restrictions on the driver license, as deemed necessary by the Department.

(b) Bi-lateral upper extremity handicapping conditions. For the purpose of this Section, a handicapped person is defined as one with a condition of significant deformity, weakness, or paresis, or with a paralysis of both upper extremities.

(c) Requirements for licensing handicapped persons. The Department may consider licensing a handicapped person upon the recommendation of the Medical Advisory Board or its designated representative; provided, if required by the Department, the applicant will agree to: (1) furnish any necessary medical reports; (2) equip the vehicle properly; (3) consent to extensive examination of driving skills so the Department can better determine the person's endurance, the person's ability to react to and avoid hazardous conditions, and the reliability of the vehicle equipment; and (4) complete a driver education or driver training course approved by the Department.

(d) Limited licensing. Each person with a diagnosis that would place him or her under the provisions of (a) or (b) of this Section, whereby the condition is severe enough to preclude licensing, may be given individual consideration toward limited licensing.

Neurological disorders

(a) Epilepsy.

(1) Conditions. A person shall be issued or allowed to maintain a driver license if currently episode free for a period of six (6) months and a favorable recommendation for driving from the treating physician is received by the Department.

(2) Exceptions. If an episode(s) occurs the person's driving privilege shall not be canceled or denied if:

- the episode(s) was due to a deliberate change in anti-convulsant medication ordered by the person's physician,
- the medical examination indicates episode control has again been established with reasonable certainty, and
- the treating physician gives a favorable recommendation for driving; or

If an episode(s) occurs the person's driving privilege shall not be canceled or denied if:

- the person's physician indicates the episode(s) was an isolated occurrence,

- the medical examination indicates another episode is unlikely to occur with reasonable medical certainty, and
- the treating physician gives a favorable recommendation for driving.

The person's driving privilege shall not be canceled or denied if the episode(s) is the result of a seizure disorder which is diagnosed as strictly nocturnal in nature or occurring only while asleep, unless the treating physician recommends otherwise.

(3) Restrictions. The Department may restrict a person's driving privilege based upon the recommendation of the physician performing the medical examination or upon the recommendation of the Medical Advisory Board if the minimum standards are met.

(4) Reporting requirements. Future periodic medical reporting shall be required. In addition, should another episode occur, the person's driver license shall be voluntarily surrendered to the Department until such time as the person is again determined by the Department to be medically qualified to drive.

(c) Multiple sclerosis. A person with multiple sclerosis shall not be licensed unless a medical report is submitted to the Department by the person's physician stating the person's limitations of visual fields, motor functions of the extremities, and coordination are not affected to a degree which renders the person unable to operate a motor vehicle safely. Future medical reports shall be required since the disease may be progressive.

(d) Parkinson's disease. A person with Parkinson's Diseases shall not be licensed unless a medical report is submitted to the Department by the person's physician verifying ability to operate a motor vehicle safely. Future medical reports shall be required since the disease may be progressive.

(e) Cerebral palsy. A person with rigid or severe athetoid condition shall not be licensed. A person with mild spastic paraplegia and mild athetosis may be licensed provided other simultaneous difficulties, such as organic brain damage or uncontrolled convulsive disorders, are not present.

(f) Progressive neuromuscular disorders. A person with progressive neuromuscular disorders, including but not limited to, Amyotrophic Lateral Sclerosis, Friedreich's Ataxia, and muscular dystrophy, shall not be licensed until a medical report is submitted to the Department by the person's physician and individually approved by the MAB, depending upon the severity of the condition. Future periodic medical reporting and/or driving skills reexaminations, as deemed necessary by the Department, may be required since the disease may be progressive.

Mental ability

(a) Performance. When a person's performance on the driver license examination or other information on file indicates a possible lack of mental ability to understand and/or perform properly as a driver, the Department may require timely medical evaluation,

psychological evaluations and/or an adult intelligence test, results of adaptive behavior functioning tests, an estimated reading level, and any other information or test results that would assist the Department in determining the person's skill to operate a motor vehicle and judgment to handle common road hazards and emergency situations. The Department may also require a complete or partial driver examination or reexamination by Department personnel to determine the person's ability to safely operate a motor vehicle.

(b) Impaired ability. A person whose test results reflect impaired ability may be given consideration toward a limited or restricted Class D driver license provided the person can complete all portions of the driver examination and otherwise demonstrate the ability to safely operate a motor vehicle.

(c) Emotional distress. When emotional distress is chronic, inattentiveness, despondency, aggressiveness, and lack of concern for the safety of others may also be chronic. A person with such a condition shall not be licensed until a medical report is submitted to the Department by the person's psychiatrist or psychologist stating the person's reactions have been controlled to a degree which renders him or her able to operate a motor vehicle safely.

(d) Psychological evaluation. A psychological evaluation, when required, shall be administered by a licensed psychiatrist, a psychologist licensed in Oklahoma, or a doctoral level psychologist licensed for independent practice in another State.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Medical Advisory Board (Medical Consultant and Hearing Officer Supervisor) consider the physician's report and any DPS-conducted examinations for making a licensing determination. The recommendation is made by a single Board member. The Board may cancel a license for failure to meet minimum standards of driver licensing. The Board may request additional medical information in the form of a neurological examination, an examination by a mental health specialist, or an evaluation by a physician or counselor who specializes in substance abuse problems. License restrictions that the Board may administer include maximum speed; daylight driving only; driving within a specific radius from home; no interstate driving; corrective lenses; left outside rearview mirror; automatic transmission; turn indicators and power steering or steering knob; food, fruit, or candy within reach of the driver; adequate artificial limbs; and other detailed restrictions on license as required.

Requirements for periodic reexaminations or medical statements may be issued by the Board for progressive medical conditions such as Parkinson's disease, muscular dystrophy, multiple sclerosis, eye diseases, and dementia. Drivers diagnosed with dementia may be allowed to continue to drive in Oklahoma if their physician indicates they are presently safe to drive and if they can pass the road test. They will be placed under frequent periodic review.

The Board may also recommend remediation relative to the medical diagnosis. For example, vision would require medical therapy or surgery, a neuromuscular condition would require rehabilitation and annual or semi-annual medical examination, post-cerebral vascular accident would usually require driver rehabilitation. Although the Board may recommend

remediation, the Licensing Agency does not refer drivers for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose driving privilege is suspended or restricted for medical conditions or functional impairments. Drivers may appeal the Department's action to District Court.

Counseling and Public Information and Education

Counseling is provided by the DPS Licensing Services Hearing Officer to drivers with functional impairments, to help them adjust their driving habits appropriately and/or to deal with potential lifestyle changes that follow from limiting or ceasing driving. The counseling does not include the provision of information regarding alternative transportation options.

Public information and educational materials that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk are not made available to older drivers by the Licensing Agency

Administrative Issues

Training of Licensing Employees

The DPS does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor is special training provided that relates to licensing older drivers.

Medical Program Tracking System

The Licensing Agency uses an automated medical record system and automated workflow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Oklahoma's medical review process does not rely on NHTSA 402 funding to support its operation. A barrier identified to the implementation of more extensive screening, counseling, and referral activities is the legislative support to fund such alternative programs.

Oregon

Organization of the Medical Program

Driver licensing in the State of Oregon is administered by the Driver and Motor Vehicle Services Division of the Department of Motor Vehicles. Oregon does not have a Medical Advisory Board, but has a formal liaison with three medical doctors in the State Health Office. Two of the physicians are internists and one is a physiatrist. All three have an informal specialty in disability determinations, and have worked for several years making such determinations.

Non-medical administrative DMV staff who have other responsibilities in addition to medical evaluation are among those who evaluate medically/functionally impaired drivers. This staff includes 1 Driver Safety Manager in the Driver Safety Unit and approximately 300 Transportation Service Representatives who are Driver Examiners in the 55 to 60 Field Offices across the State. Currently, approximately 20 of the Transportation Service Representatives are trained as Driver Improvement Counselors for the "Medically At Risk Driver Program," with plans to have *at least* one trained Driver Improvement Counselor in each field office by May of 2004 when the new Administrative rules are operational across the State. Evaluation guidelines specifying medical/functional criteria for licensing were established by AAMVA, the Oregon Medical Association, the DMV, the State Health Office, and recently, a Medical Working Group. Oregon is in the process of revising their reporting criteria; some history is presented below, before details are presented regarding how the DMV processes drivers with medical or functional impairments.

Individuals who make fitness to drive determinations are not anonymous, nor are they immune from legal action.

In 1999 the Oregon Legislature approved a bill authorizing the DMV to convene a committee to study the effects of aging on driving ability. The committee met over the course of two years and developed a set of 26 comprehensive recommendations, which were presented to the 2001 Legislature. The members of the Older Driver Advisory Committee concluded that chronological age alone does not represent a valid or reliable criterion for assessing risk of being involved in a motor vehicle crash. Similarly, the presence of various medical conditions does not support the conclusion that a driver lacks the ability to drive. The DMV submitted legislation arising from the Older Driver Advisory Committee's report (House Bill 3071), which was approved during Oregon's 2001 Legislative Session. House Bill 3071 states that determinations regarding a person's ability to safely operate a motor vehicle may NOT be based solely on diagnosis of a medical condition, but must be based on the actual effect of a cognitive or functional impairment on the person's ability to safely operate a motor vehicle.

A Medical Working Group was recruited to work in consultation with the DMV to identify cognitive and functional impairments likely to affect a person's ability to safely operate a motor vehicle, and to designate physicians and health care providers required to report a person demonstrating these impairments to DMV. The 12 medical professionals on the Medical Working Group consisted of the following professions: gerontology nurse, psychiatrist, two

occupational therapists, State public health officer (MD), cardiologist, naturopath, neurologist, geriatric psychologist, ophthalmologist, a dementia/Alzheimer's specialist (MD), and a manager for Safeway Pharmacies. The Department will phase in the new mandatory medical reporting process beginning May, 2003 in six Oregon counties. Additional counties will be subsequently phased-in over the course of one year, until the entire state is operational under the new Administrative Rules. Oregon counties not yet participating in the implementation process will be subject to reporting under the current loss of consciousness/control law until such time that they are phased in to the new reporting requirements via Administrative Rule.

The new Rule will require physicians to report *cognitive and functional impairments that are defined as severe and/or uncontrollable to a degree that precludes (or may preclude) the safe operation of a motor vehicle, and the impairment cannot be corrected by medication, therapy or surgery; or by driving device or technique.* Functional impairments in the following abilities will include: vision; peripheral sensation of the extremities; strength; flexibility; and motor planning and coordination. Cognitive impairments in the following abilities will include: attention; judgment and problem solving; reaction time; planning and sequencing; impulsivity; visio-spatial; memory; and lapses of consciousness or control. There are presently no DMV criteria, test thresholds, or guidelines defining when a condition is “severe or uncontrollable” and may preclude safe driving; “severe and controllable” is based on the physician’s opinion.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments come to the attention of the Licensing Agency through a number of mechanisms. Initial and renewal license applicants must answer two questions on the application form:

- *Have you had a loss of consciousness or physical control, or had your ability to drive been impaired, within the last two years? If “Yes,” to which of the following condition(s) was it related: epilepsy/seizures, insulin-treated diabetes, heart condition, stroke, drug use, inhalant use, a problem with alcohol, mental illness, other (explain).*
- *Have you had a problem involving your use of alcohol or drugs within the last four years?*

Drivers who answer “Yes” must have a “Certificate of Medical Eligibility” completed by their physician and returned to the DMV within 30 days.

Renewal drivers must also answer a third question: *Have you had a change in vision, a loss of limb, or any physical change within the last four years that might affect your driving ability?* Drivers who answer “Yes” must either have a “Certificate of Medical Eligibility” completed by their physician or a Vision Certificate completed by a licensed vision specialist and returned to the DMV within 30 days.

Vision Screening and Vision Standards

Drivers have their vision screened upon initial licensure and again at each 8-year renewal cycle upon reaching age 50. The Driver and Motor Vehicle Services Division of the Department of Transportation tests acuity and field of vision, and will issue a driver permit or driver license only to persons whose eyesight, with best possible correction, meets the following standards:

- Acuity: The person must have a visual acuity level of 20/70 or better when looking through both eyes (or one eye if the person has usable vision in only one eye). Persons with usable vision in two eyes will meet the standard if the visual acuity level in one eye is worse than 20/70 so long as the visual acuity level in the other eye is 20/70 or better. When the visual acuity of the person's best eye is worse than 20/40 and no worse than 20/70, DMV shall restrict the person to daylight driving only, unless, in the written opinion of a licensed vision specialist (ophthalmologist, oculist, or optometrist), the person's driving should not be restricted to daylight driving only; and
- Field of vision: The person must have a field of vision of 110 degrees.

Except in the case of bioptic-telescopic lenses, drivers may meet the eyesight check standards with the use of corrective lenses. When a driver must wear a corrective lens or corrective lenses to meet the eyesight check standards, the DMV will restrict the person to driving only when wearing corrective lenses. The DMV will issue a driver permit or driver license to persons who wear bioptic-telescopic lenses only if the person can meet the eyesight standards when looking through the carrier lens (not the telescopic device). If a person's eyesight does not meet the eyesight standard, the DMV will issue the person a Temporary Driver's Permit which is valid for 60 days. A person who is issued a Temporary Driver's Permit will have his or her driver license renewed only if the person submits a vision examination form (Certificate of Examination by Competent Authority on Vision as Provided for in ORS 807.090, Form 24) signed by a licensed vision specialist (ophthalmologist, oculist, or optometrist) indicating that the person's eyesight is satisfactory for driving; and the person complies with all other driver license renewal requirements. The vision specialist is asked to provide an opinion based on the examination, and to check one of the following statements: the applicant should not be permitted to drive; driving should only be permitted during daylight hours, with/without corrective lenses; driving should not be restricted to driving during daylight hours only, with/without corrective lenses; present vision without correction meets the eyesight standard; the applicant should drive only while wearing corrective lenses. The vision specialist is also asked to indicate whether a person's vision should be periodically reevaluated, and if so, at what intervals, for individuals with a degenerative eye disease or disorder.

Referral Sources

Currently, Oregon Administrative Rule 735-074-0005 requires that *any physician or health care provider authorized by the State of Oregon to diagnose and treat disorders of the nervous system must immediately report to the Driver and Motor Vehicle Services Division of the Department of Transportation (DMV) each person over 14 years of age that they diagnose*

as having a disorder characterized by momentary or prolonged lapses of consciousness or control that is, or may become, chronic. Such reports must be submitted on a form prescribed or provided by DMV. The medical information provided on the report form (Form 735-6834, “Report of Disorders Affecting Consciousness”) will be kept confidential (except when requested by the driver or admitted as evidence in judicial review proceedings of drivers determined to be incompetent) and will only be used by DMV and the State Health Officer to determine whether a person is qualified to operate a motor vehicle. Physicians and health care providers who report patients in good faith are immune from civil liability. Physicians who fail to report would not held as a proximate cause of a crash resulting in death, injury, or property damage by their patient, and would not be convicted of a summary criminal offense by the State.

Drivers with impairments may also come to the attention of the Department if they have been involved in a crash that resulted in a fatality; if they fail the periodic vision test required for renewal after reaching age 50; if they self-report medical conditions on licensing application forms; if licensing agency counter personnel observe signs of functional impairment during the renewal process; if reported to the Department by law enforcement or the courts, if reported to the Department by hospitals, occupational therapists, or physical therapists; or if reported to the Department by concerned family, friends, or other citizens. The Agency does not accept anonymous referrals and will attempt to investigate any questionable letters, reports, or memos to determine their validity prior to requesting a person to complete a Certificate of Medical Eligibility. A Driver Evaluation Request Form may be obtained by any individual wishing to report a driver at a DMV Field Office. The form requires documentation of specific observations, events, and incidents that caused the person to question the driver’s qualifications. Requests based on age and/or general health alone are not honored. Individuals may request that their report be kept confidential; however, the DMV will not be able to maintain confidentiality if the driver requests a hearing or files a lawsuit against the DMV.

Evaluation of Referred Drivers

Procedures

When the DMV receives a written, *mandatory* referral from a health care provider, it will be reviewed to confirm that all necessary information has been supplied. Under the new reporting requirements, a doctor is required to report a person whose impairment is severe and cannot be controlled by medication, surgery, therapy, or adaptive devices, and may affect a person’s ability to safely operate a motor vehicle. The reported individual will then be notified by mail that his or her driving privileges are being immediately suspended (within 5 days of the date of the letter). Individuals have several choices at that point: they may turn in their driver license and obtain a DMV-issued identification card; they can request a hearing; or, they can submit a request to the DMV to take a vision, knowledge, and drive test, in order to have their driving privileges re-instated should they pass all three tests.

When the DMV receives a *voluntary* referral from other health care providers, law enforcement officials, courts, families and neighbors who have concerns about an individual’s ability to safely operate a motor vehicle, depending on the information provided on the voluntary

referral form, one of the following actions will occur. If the information reported is determined to be severe, an immediate suspension notice will be issued. Otherwise, to determine that despite a medical impairment, a person may be able to safely operate a motor vehicle, additional medical information will be requested. The individual will be required to obtain this information from his or her doctor within 30 days (Certificate of Medical Eligibility form). In applicable cases, an additional questionnaire regarding alcohol, drug and/or inhalant use must be completed and received by DMV for the Certificate of Medical Eligibility form to be considered complete. The State Health Officers review all Certificate of Medical Eligibility forms. A State Health Officer may request additional information from the person and/or a physician, nurse practitioner, or physician assistant. In this case, the DMV will send another letter to the person specifying the additional information that is required. The DMV will suspend driving privileges if the required additional information is not mailed or faxed to the DMV within 30 days from the date of this letter. The DMV may grant an extension if the required additional information is from a physician, nurse practitioner, or physician assistant and the person can show that an appointment was requested in a timely manner, but the earliest appointment available exceeded 30 days.

The State Health Officer completes a section at the bottom of the Certificate of Medical Eligibility form, based on the review of information provided by the driver's physician, and indicates one of the following decisions:

- The applicant should not be permitted to operate a motor vehicle.
- The applicant should be required at this time to pass a vision test and/or a law test and/or a drive test.
- The applicant should not be permitted to operate a motor vehicle until entered and participating in an alcohol substance abuse control program
- The applicant should be permitted to reapply.
- The applicant should be permitted to operate a motor vehicle if otherwise qualified.
- The applicant should remain under medical care and be certified in 6 months or one year or two years or other.
- The applicant should be dropped from surveillance.

The DMV will immediately suspend a person's driving privilege if: the State Health Officer recommends an immediate suspension; a licensed physician, nurse practitioner or physician assistant recommends an immediate suspension; or based upon information included in a police accident report or other law enforcement report, the DMV has reason to believe that a person may endanger people or property due to the possibility of a sudden loss of consciousness or control.

Oregon's Medical Certificate Program and the Driver Reexamination Program are being combined into an At-Risk Driver Program. If the State Hearing Officer indicates that a vision test, law test, or drive test is required after reviewing the Certificate of Medical Eligibility completed by the driver's physician, the driver will be required to go to a field office and undergo testing. The individuals are given 60 days to complete a vision, knowledge, and drive

test with the DMV. Should the reported person fail to follow through on either of the last two actions, his or her driving privileges will be suspended. These individuals also have the right to request a hearing.

All At-Risk Program drivers (older drivers are projected to constitute the majority of this group) will be required to take all three tests, if they are medically cleared to continue with the licensing process. These drivers will meet with a Driver Improvement Counselor who is a specially trained Driver Examiner Service Representative. The Counselor will conduct an interview with the driver to assess cognitive abilities, asking questions such as, “Where do you live?” “What is your phone number?” “How many years have you been driving?” “How many other drivers are in your home?” “If at some point in your life you felt you could no longer safely operate a motor vehicle, how would you get to the store or doctor?” The Counselor will ask the driver to produce his or her registration card and proof of insurance. This interaction will uncover declining cognitive abilities that need to be closely evaluated during the on-road test (if the driver can first pass the knowledge test). Drivers with dementia are allowed to drive in Oregon if their physician provides a favorable report and the State Health Officer concurs. If a driver appears to have a lower limb strength or flexibility problem, the Counselor may ask the driver to move his or her foot back and forth, to demonstrate the ability to move the foot from the brake to the gas pedal.

A Driver Examiner/Counselor can pass the driver (with or without added restrictions), fail the driver, recommend periodic retesting, or recommend medical recertification without the need to retake the DMV tests.

Drivers may attempt the road test 5 times in a 12-month period, after which no further road tests will be conducted for one year from the date of the fifth drive test failure. An examiner may refuse further testing before the fifth failure if the employee reasonably believes the driver is likely to endanger persons or property while being tested.

A person whose medical condition has improved may have his or her driving privileges reinstated when he or she can obtain a receipt of a Certificate of Medical Eligibility that includes a favorable medical recommendation from the State Health Officer, and can pass the required DMV tests.

Medical Guidelines

There are presently no DMV criteria (other than vision) or guidelines for State Health Officers to use in making their determinations; the DMV relies on Officers’ medical expertise to make the proper decisions.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

In making licensing decisions, the Agency relies on the recommendations of the State Health Officer and whether the driver can pass the DMV tests. Restrictions may include visual

correction, special adaptive equipment, time of day, and designated routes. A driver who has been denied further road testing may reapply if he or she successfully completes a driver training course conducted by an Oregon DOT certified commercial driver training school or a driver rehabilitation program conducted by a rehabilitation specialist and submits proof of completion to the DMV. This may include training with adaptive devices which have been added to the vehicle. Drivers with impairing conditions are not referred for remediation of these conditions, beyond a recommendation to go to their personal physician or eyecare provider. They may be advised that they could continue to drive safely with adaptive equipment or professional driving instruction, but they are not provided with a direct referral. Periodic medical statements may be required for drivers who suffer losses of consciousness or control.

Appeal of License Actions

There is an appeal process for drivers whose privileges are denied or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

The Licensing Agency does not formally provide counseling to drivers to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving, nor does it refer drivers to sources outside the DMV for such counseling. However, many Examiners will provide telephone numbers and addresses for alternative transportation providers and senior services agencies. The Oregon DOT Public Transit Division is developing a data base of Statewide public transportation services and other community resources that will be helpful to individuals and organizations offering community resources to seniors and people with disabilities, and their families⁶.

The DMV makes Public Information and Educational materials available to older drivers that explain the importance of fitness to drive and the ways that different impairing conditions increase crash risk. These materials include AARP publications and a DMV publication under development called "Shifting Gears in Later Years." One of the strategies planned by the At-Risk Driver Public Education Consortium (and contingent upon the availability of resources), in support for the implementation of new physician reporting rules, is a "How's My Driving" self test based on similar materials available from National sources. Its purpose will be to create awareness of diminished ability and to get drivers to think seriously about solutions. A brochure series is also planned, as is a website envisioned to function as a clearinghouse with access to online resources.

Administrative Issues

Training of Licensing Employees

Driver Improvement Counselors/Examiners do not receive specialized training in licensing older persons; however, they do receive specialized training in how to observe

⁶ Oregon's Safe Mobility Initiative, "Shifting Gears in Later Years." Oregon Department of Transportation Driver and Motor Vehicle Services At Risk Driver Public Education Consortium. January 2003.

applicants for conditions that could impair their safe driving ability. Training materials are currently under development to assist Examiners in dealing with drivers who are referred into the At-Risk Driver Program.

Medical Program Tracking System

The Agency does not use an automated medical record system, but it does use automated workflow systems.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

The Oregon medical review process does not rely on NHTSA 402 funding to support its operation. Barriers identified to implementing more extensive screening, counseling, and/or referral activities—including connections to alternative transportation— include budget (a lack of money), and limits to the kinds of services the DMV can provide. As an example, educational activities should be handled by other agencies.

Pennsylvania

Organization of the Medical Program

Driver licensing in Pennsylvania is administered by the Bureau of Driver Licensing within the Pennsylvania Department of Transportation (PENNDOT). Pennsylvania has a Medical Advisory Board that was created in the 1960's, consisting of 13 members, who are appointed by the Secretary of Transportation. The eight physicians on the Board are nominated by the State Medical Society and represent the following medical specialties: optometry, ophthalmology, cardiology, family practice, internal medicine, neurology, orthopedics, and psychiatry. The other members of the Board include the Director of the Bureau of Driver Licensing (who is the head of the Board); PENNDOT's Chief Council; and a representative from the Department of Health, the Advisory Council on Drug and Alcohol Abuse, and the Pennsylvania State Police. Board physicians serve an unlimited term, and are volunteer consultants to the Department who work in private practice or in hospital or clinic settings.

Board members' identities are public, and records and deliberations of the Board are a matter of public record. Board members are immune from legal action.

The duties of the Board are to advise the Department and to review regulations proposed by the Department concerning visual, physical and mental criteria for licensing drivers. The Board also assists in the development of standardized, medically acceptable report forms; appraises the Department of new research on medical fitness to drive; conducts or oversees new research on medical fitness to drive; and advises on procedures and guidelines. The Board meets at the direction of the Administrator to discuss whether they still concur with regulations, and to revise regulations based on new information about medical conditions and driving. The Board does not meet to deliberate on individual cases. On very rare occasions, a single member of the Board is asked by the Department's Medical Unit for guidance on licensing for an individual case where conditions are complex or are not covered under the medical regulations. In this case, a paper review is conducted and licensing action is based on the recommendation of a single specialist with expertise in the particular medical specialty of the case in question. Of the 40,000 reports submitted to the Department's Medical Unit each year, only about 5 cases are referred to the Board for review.

MAB physicians may recommend license restrictions, recall of the license, or further testing by a licensed physician. Board physicians do not provide recommendations for remediation of impairments. Recommendations on individual cases by a single Board member are confidential (unless subpoenaed as evidence in judicial review proceedings).

The Licensing Agency has an internal Medical Unit staffed by non-medical, non-civil-service clerks who are well versed in the standards set forth by the Medical Advisory Board. The unit consists of 10 Clerk III's, 1 Clerk II, 1 Clerical Supervisor II, and 1 Manager. Training for each new Clerk III takes approximately 1 year.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical or functional impairments come to the attention of the Licensing Agency's Medical Unit in a number of ways. All applicants for a learner's permit must have a physical exam performed by their medical provider, and must have the physician complete a section on the back of the Learner's Permit Application relating to medical conditions. If the physician indicates that the applicant has any of the following disorders, the Department may require the applicant to undergo further medical examination:

- Neurological disorders.
- Cardiac or circulatory disorders.
- Neuropsychiatric disorders.
- Conditions causing repeated lapses of consciousness.
- Alcoholism.
- Narcotic addiction.
- Uncontrolled diabetes.
- Uncontrolled epilepsy.
- Immobility or amputation of an appendage.
- Any other condition that would prevent control of a motor vehicle.

In addition, first-time applicants for a regular driver license (but not renewal applicants) are required to complete a section of the application that contains questions about these same medical conditions.

Vision Screening and Vision Standards

Vision is screened only at original licensure (unless drivers are randomly selected for random reexamination). Applicants who fail to meet the 20/40 acuity standard are referred to their eyecare specialist, who must complete a form which the applicants bring back to the licensing center. A person who must wear corrective lenses to meet the standard is restricted to driving with corrective lenses. Individuals with visual acuity poorer than 20/40 with both eyes may drive with a daylight-only restriction if one of the following conditions is met: (1) the combined vision has been corrected to 20/60 or better; (2) the combined vision is less than 20/60 but at least 20/70, and recommendation is obtained from a licensed optometrist or licensed physician who has equipment to properly evaluate visual acuity; (3) the combined vision is less than 20/70 but at least 20/100, and recommendation is obtained from a licensed optometrist or licensed physician who has equipment to properly evaluate visual acuity. Drivers licensed under the third condition must pass a driving test, may not drive on freeways, may be limited to driving within a specific geographic area, and may have the license suspended if involved in one at-fault crash or receives two violations during a 1-year period. Telescopic lenses may not be used to meet the standards.

The horizontal visual field requirement is at least 120 degrees (combined) in the horizontal meridian, excepting the normal blind spots.

A person may be adequately sighted in one eye and still meet the requirements, however, the license will be restricted to vehicles with outside mirrors that provide a view of the highway for a distance of 200 feet to the rear.

Referral Sources

In Pennsylvania, physicians and other persons authorized to diagnose or treat disorders that are defined by the Medical Advisory Board are required by law to report to the Department, the name, address, and date of birth of every person over the age of 15 who is diagnosed with a disorder or disability within 10 days. Reports may be made on the Department's Initial Reporting Form (DL-13) or on the physician's letterhead. In addition to providing the diagnosis, the physician is asked to indicate whether the conditions affect the patient's ability to safely operate a motor vehicle. For seizure disorders, they are also asked whether the patient meets any of the Department's waiver requirements. Physicians who report drivers to the Department are immune from civil or criminal liability. Physicians who do not report may be held responsible as a proximate cause of a crash caused by their patient that results in a death, injury, or property loss. They may also be convicted of a summary criminal offense if they fail to comply with their legal requirement to report. Physician reports are confidential, and may only be used as evidence in judicial review proceedings relating to determining driver competency.

The Department receives approximately 16,000 initial physician reports each year. Approximately 20 percent of the drivers reported have medical impairments that are significant enough to merit temporary or permanent recall of their driving privileges. Half of these recalls are a result of seizure disorders and 16 percent are a result of neurological disorders. Another 15 percent of the drivers reported by physicians receive restrictions on their driving privileges as a result of the reports. Sixty percent of the restrictions relate to special equipment requirements. Physician reports affect drivers of all ages; 51 percent of the reports involve drivers under age 45.

In addition to self-reporting upon initial licensure and physician reporting, PENNDOT accepts reports of potentially unsafe drivers from police officers, the courts, family, friends, other citizens, hospitals, occupational therapists, physical therapists, and any other person authorized to diagnose and/or treat illnesses (e.g., EMT's). The Licensing Agency receives approximately 2,000 police reports and 500 crash reports each year involving potentially impaired drivers across the age spectrum. An additional 500 drivers are referred to the Department each year by concerned family members. The Agency does not accept anonymous reports, and reports from family, friends, and other citizens are often contacted to verify information.

Drivers may be required to undergo evaluation upon referral by any of the above-mentioned referral sources, as well as when Agency counter personnel observe signs of impairment during the renewal process. One further mechanism in Pennsylvania for identifying drivers with functional impairments is PENNDOT's random vision and physical screening process that begins at age 45. Each month, 1,650 drivers over the age of 45 are chosen randomly six months prior to the time of license renewal, and are required to undergo vision and physical

exams by a physician of their choice. Driver selection is weighted heavily toward the oldest drivers, and results in (almost) every driver over the age of 85 being selected. Each selected driver is required to undergo both vision and physical examinations. The medical evaluation must be conducted by any licensed medical doctor or doctor of osteopathy. The vision screening may be completed by a physician, or, at a Driver License Center at no charge. As a result of this program, 28 percent of the drivers selected for reexamination do not have their licenses renewed. This number includes drivers who have already stopped driving while retaining a license and drivers who voluntarily surrender their license in lieu of completing the exams. Only one percent actually fail the medical or vision exams. An additional 26 percent of the drivers selected have restrictions placed on their driving privileges. Ninety-nine percent of these restrictions are related to vision deficiencies. If warranted by the results of the medical examination, the selected drivers are required to successfully complete an on-road driving examination. PENNDOT has found that the driving examination is warranted for less than 5 percent of the drivers.

Evaluation of Referred Drivers

Procedures

When the Medical Unit in Harrisburg, PA receives a report from a physician, the Clerks (working on a 10-day turn-around time) compare the information provided to the standards set forth by the MAB. The Medical Unit may recall the license based on the physician report, restrict the license, or require the driver to undergo further vision and/or medical exams. If more medical information is required, the Medical Unit will send a specific medical form (i.e., eye report, neurological form, cardiovascular form) to the driver, who must then undergo the medical exam by a physician of his or her choice, have the physician complete the medical report, and submit it to PENNDOT within 30 days (plus a 15-day buffer). If the driver does not submit the report within the required timeframe, the license may be put on pending suspension status for 30 additional days, before it is fully suspended due to noncompliance, to give the driver time to comply with the medical requirement. Based on the information provided, the Clerks may clear the driver, recall the license, or require the driver to take a road test. Drivers are given unlimited opportunities to take the road test, unless the Examiner indicates that no more tests should be conducted. An unwritten guideline within the Department, however, is to recall the license after three road test failures.

When reports are sent by non-medical sources, a general medical form is sent to the driver, requiring a physical examination. PENNDOT will not recall a license based on a non-medical initial report. After the returned medical report is received by the Medical Unit, the license may be recalled or restricted based on the information received, or the driver may be required to undergo a more extensive medical examination (e.g., cardiovascular, neurological, visual) or take the Department's road test.

Medical Guidelines

The physical and mental criteria defined by the MAB were designed to be used by the Department in determining licensing actions, as well as by physicians when performing examinations for applicants of learner's permits and by physicians and others authorized to

diagnose or treat disorders and disabilities when determining whether a patient should be reported to the Department. Individuals with visual acuity of less than 20/100 (combined with best correction) and those with a combined visual field of less than 120 degrees in the horizontal meridian may not drive. Correction through the use of telescopic lenses is not acceptable for meeting acuity requirements. Persons with a seizure disorder must be seizure-free for a period of at least 6 months, with or without medication. There are several conditions that may result in a waiver of the seizure-free period, that include strictly nocturnal seizures, prolonged auras accompanied by sufficient warning (approximately 15 seconds), changes in medication that result in a seizure after a seizure-free period, and seizures that occur due to a transient illness following a seizure-free period.

Drivers diagnosed with dementia may be allowed to drive in Pennsylvania, if they receive a favorable physician report and can pass the road test.

Other physical and medical disqualifications from driving are as follows, if in the opinion of the examining physician, the conditions are likely to interfere with the ability to control and safely operate a motor vehicle:

- Unstable or brittle diabetes or hypoglycemia, unless there has been a continuous period of at least 6 months freedom from any related syncopal attack.
- Cerebral vascular insufficiency or cardiovascular disease, including hypertension, with accompanying signs and symptoms.
- Periodic episodes of loss of consciousness, attention, or awareness from any cause.
- Loss of a joint or extremity as a functional deficit or limitation.
- Impairment of the use of a joint or extremity as a functional deficit or limitation (that lasts more than 90 days).
- Rheumatic, arthritic, orthopedic, muscular, vascular, or neuromuscular disease that is expected to last longer than 90 days.
- Cerebral vascular insufficiency or cardiovascular disease, which has resulted in uncoordination, confusion, loss of awareness, dyspnea upon mild exertion within the preceding 6 months.
- Mental disorders, especially as manifested by inattentiveness to the task of driving because of preoccupation, hallucination, or delusion; suicidal thinking as may be present in acute or chronic depression; and excessive aggressiveness or disregard for the safety of self and/or others.
- Use of any drug or substance, including alcohol known to impair skill or function, regardless of whether the drug or substance is medically prescribed.
- Any other condition which, in the opinion of the provider, is likely to impair the ability to control and safely operate a motor vehicle.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Licensing Agency makes decisions based on standards set forth by the MAB, the physician's recommendation, and the results of the road test. Rare situations may require the

advice of a specific MAB physician with expertise in the area related to the driver's medical condition, before the Medical Unit determines the appropriate licensing action.

Restrictions could include corrective lenses, dual mirrors, automatic transmission, special equipment, and daylight driving only (with daylight driving only, the law states that a person may operate his/her vehicle from dawn to dusk and on roads other than freeways). Periodic medical reports may be required for certain conditions. Drivers are not referred to professionals for remediation of impairing conditions.

Appeal of License Action

There is an appeal process for drivers whose privilege is recalled or restricted through the driver's county courthouse.

Counseling and Public Information & Education

The Licensing Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately, nor are drivers referred to outside resources for counseling.

The Agency does make Public Information and Educational materials available to older drivers explaining the importance of fitness to drive. A booklet entitled, "Driving Safely As You Get Older: A Personal Guide" describes the effects of aging on the visual, mental, and physical abilities required to drive safely, and provides easy tests that applicants can do at home to test these abilities. Another booklet made available in Licensing Centers is entitled, "Talking With Older Drivers: A Guide For Family and Friends." It also describes diminished capabilities in relation to the driving task, describes PENNDOT's reevaluation procedures and the physician reporting requirement, and provides useful contacts and resources for more information about safe driving and alternative transportation.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for condition that could impair their ability to operate a motor vehicle safely, nor does it provide specialized training relating to older drivers.

Medical Program Tracking System

The Licensing Agency uses a Windows-based, semi-automated medical record retention and workflow system.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities include statute (PENNDOT does not have the authority), regulation, personnel, and budget.

Rhode Island

Organization of the Medical Program

Driver licensing in Rhode Island is administered by the Department of Motor Vehicles (DMV). Rhode Island has a Medical Advisory Board (MAB) that was created in 1992, consisting of five private-practice physicians representing the following specialties: optometry, neurology, orthopedics, physiatry, and general practice. The Head of the Board is a General Practitioner. Although State Statutes allow compensation for their services at \$50 per meeting, not to exceed \$700 per year, Board members are, and have been, working as volunteer consultants to the DMV. They are appointed by the Governor with recommendation by the DMV Administrator, and serve for a 3-year period. In addition to the five physicians who serve on the Board, two members of the general public serve on the Board; one represents the elderly and the other represents people with disabilities.

Board members' identities are public, but they are immune from legal action that may arise as a consequence of their recommendations. Records and deliberations of the Board are confidential, except that a driver may receive a copy, and reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent

The activities in which the Board is engaged include the following: advising on medical criteria and vision standards for licensing; reviewing and advising on individual cases; and developing standardized, medically acceptable report forms. Board members meet monthly as a group for disposition of fitness to drive cases; however recommendations for licensing actions may be made by a single specialist, multiple specialists, or the entire Board.

Although any medical condition about which there are questions regarding relevance to safe driving ability may be referred to the MAB, commonly referred conditions include: dementia, physical disabilities, and alcohol/drug use. Licensing recommendations are largely made through the performance of paper reviews, although for approximately 20 percent of the cases, the Board conducts in-person interviews with drivers to obtain more information. Between 300 and 500 cases are referred to the Board each year; approximately 55 drivers are denied a license each year following reevaluation by the Board. Approximately 35 percent of the referred drivers are age 65 or older, 25 percent are age 75 or older, and 20 percent are over age 85.

The DMV does not have a separate medical review unit with designated, trained, professional staff. Agency personnel who participate in the medical review program are non-medical administrative staff who have other responsibilities in addition to medical evaluation, and include the following individuals: a Medical Secretary who receives reports of potentially unsafe drivers and mails out medical forms; 8 Hearing Officers who hear cases appealing the Department's decision, DMV Driver License Examiners who perform written and road examinations; and the Chief of Operator Control who determines when cases should be referred to the Board, and when drivers should undergo medical evaluation or evaluation on DMV road and vision tests.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers up to age 70 renew their licenses every 5 years. Drivers over the age of 70 renew their licenses every 2 years. First-time and renewal applicants must answer the following question on the license application form: “*Do you have any condition that could affect your ability to operate a motor vehicle safely?*” Applicants who answer in the affirmative are required to have their physicians complete a Medical Report Form and return it to the Agency.

Vision Screening and Vision Standards

Drivers must undergo vision screening at each renewal, and must have at least 20/40 visual acuity in the better eye, with or without corrective lenses, and a minimum visual field of 115 degrees in the horizontal meridian. For monocular drivers, visual fields must be 40 degrees nasally and 75 degrees temporally. Applicants who cannot meet the State’s standards must have their eyecare specialist complete a Vision Form and return it to the Department, based on an examination in the prior 90-day period. Applicants with bioptic telescopic lenses may use them to meet the standard.

Referral Sources

Drivers with medical conditions and functional impairments that could affect safe driving ability come to the attention of the Licensing Agency in a variety of ways. Rhode Island does not have a mandatory physician reporting law, but RI statutes permit physicians to voluntarily report drivers. Specifically, the statute states, “*Any physician or optometrist who diagnoses a physical or mental condition, which in the physician’s or optometrist’s judgment will significantly impair the person’s ability to operate a motor vehicle safely, may voluntarily report the person’s name and other information relevant to the condition to the Medical Advisory Board.*” Physicians and optometrists who report drivers in good faith are provided immunity from any liability by their patients. Physician reports are confidential, with the exception that a driver may be provided with a copy upon request, and reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent.

A large proportion of drivers that come to the attention of the Agency, do so through application for handicapped parking privileges. A physician is required to complete a section of the application, and provide an opinion regarding whether the applicant is safe to continue to have driving privileges. If a physician reports that an applicant is not medically qualified to operate a motor vehicle safely, the applicant’s license will be investigated and may be suspended, pending the outcome of a hearing and potential medical review by the MAB.

The Agency accepts letters of concern from any individual or organization, but letters must be signed for consideration. If a signed letter comes from a police officer or the courts, a physician, or a family member, the Agency will take immediate action, potentially suspending a license until a driver attends a hearing to present medical evidence that a license should be

reinstated. Referrals from other citizens, including friends, occupational therapists and physical therapists may result in a reevaluation, but not an immediate suspension. The Licensing Agency does not investigate any referral sources prior to contacting a driver for possible reevaluation, because it does not accept anonymous reports.

Drivers may also be required to undergo reevaluation based on observations by Licensing Agency Personnel who observe signs of impairment during the licensing process.

Evaluation of Referred Drivers

Procedures

When the Operator Control Section of the DMV receives an application for handicapped plates with an unfavorable physician opinion regarding safe driving ability, or a letter of concern is received from a physician or a police officer (or other law enforcement agency), the driver's license will be immediately investigated and may be suspended; the individual will be required to participate in a hearing to present medical evidence regarding his or her driving ability. Letters from family members may be treated the same way, depending on the severity of the condition/behavior reported. In many cases, the driver will be given a Medical Form specific to his or her medical condition, for completion by his or her physician. The driver's case will then be forwarded to the Medical Advisory Board for review and recommendation regarding suspension or reinstatement. When letters of concern come from other sources, the Medical Secretary sends the driver a general medical form (and/or a vision form, as necessary) requiring completion by the treating physician to help identify the specific medical condition(s) affecting the driver; results of tests such as EEG, PEG, EKG, blood sugar; effects of the infirmity on vision and reaction time; diagnosis, prognosis, and treatment; restrictions on activity; estimation of the patient's reliability in following medical instructions; date of last seizure, if applicable; and the physician's personal recommendation of the patient's ability to operate a motor vehicle without endangering him/herself or others. On the vision form, the eyecare specialist is asked to provide acuity and field of vision measurements, and for best visual acuity of less than 20/40 in either eye or both, or total horizontal form field less than 140 degrees, a cause and probable prognosis. The eyecare specialist must also provide an opinion regarding whether and how frequently the applicant should undergo periodic testing, and whether the applicant may operate a motor vehicle.

The Chief of Operator Control reviews returned medical forms to determine which cases need to be referred to the Medical Advisory Board and which cases are required to undergo a vision test and on-road driving test. Some cases are required to undergo both medical review and DMV reexamination. The road test administered to reexamination drivers is the same as the test administered to original applicants.

Drivers who have been diagnosed with dementia may be allowed to continue to drive, depending on the severity of the condition. The decision is based on the recommendation of the driver's physician. The MAB may recommend licensing if the driver receives a favorable physician report, but may require that the driver undergo periodic medical examinations.

Medical Guidelines

The MAB bases its licensing recommendations on Guidelines contained within the American Medical Association publication (1986), entitled *Medical Conditions Affecting Drivers*. A driver who has experienced a seizure within the prior 6-month period would be flagged for medical review, but there is no “set-in-stone” seizure-free requirement by the DMV.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Agency bases its licensing actions on recommendations provided by treating physicians, on whether the driver meets the vision standards, recommendations provided by the Board, and whether the driver can pass the road test. The Board may recommend license suspensions, further testing by a certified physician or counselor, and periodic reexaminations or medical statements. The Licensing Agency does not refer drivers for remediation of impairing conditions, but the MAB physicians may recommend remediation for visual correction, medical intervention, physical therapy, driver training, and counseling for alcohol or drug related conditions.

Rhode Island does not issue restricted licenses, beyond the requirement to wear corrective lenses or use special equipment; these are considered as license classifications as opposed to license restrictions. There are no provisions for time of day or geographic restrictions, as Rhode Island considers drivers as either medically qualified to drive or not medically qualified to drive.

Appeal of License Actions

There is an appeal process for drivers whose privileges have been suspended or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

Counseling is not provided by the Agency to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from ceasing driving, nor are they referred to resources outside of the DMV for counseling. The DMV does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the way in which different impairing conditions increases crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor does it provide training related specifically to licensing older drivers.

Medical Program Tracking System

The DMV does not use an automated medical record system, nor automated work-flow systems, although driver license number scanning capability is in the process of being implemented.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. No barriers were identified to implementing more extensive screening, counseling, and referral activities.

South Carolina

Organization of the Medical Program

Driver licensing in South Carolina is administered by the Division of Motor Vehicles (DMV) within the Department of Public Safety. South Carolina has a Medical Advisory Board that was created in 1966. The Board is composed of 13 members representing the following medical specialties: optometry, ophthalmology, cardiology, internal medicine, neurology, psychiatry, and preventative medicine. The head of the Board, selected by the Commissioner of the Department of Health and Environmental Control from his or her staff, specializes in preventative medicine. Ten other members are appointed by the South Carolina Medical Association, and two members are appointed by the South Carolina Optometric Association. Members are volunteer consultants who serve an indefinite term. They are employed either in private practice, by the Department of Health, or by the University of South Carolina School of Medicine.

The identities of the physicians and the optometrists serving on the Board, with the exception of the administrative officer (head of the Board), are anonymous. Reports received or made by the Board or its members to assist the Department in determining a person's qualifications for licensing are for the confidential use of the Board and the Department, and may not be divulged to a person or used as evidence in a trial except that reports may be admitted in proceedings of drivers appealing a licensing decision. Board members are immune from legal action, but may be required to testify concerning their observations.

Board members meet as a group as directed by the Administrator. Licensing actions are based on the recommendation of a single Board member, and physicians interact with the Department on a case-by-case basis by mail to make fitness to drive decisions.

The functions of the Board are as follows: to advise on medical criteria and vision standards for licensing; to review and advise on individual fitness to drive (by performing paper reviews); to assist in developing standardized, medically acceptable report forms; to apprise the Licensing Agency of new research on medical fitness to drive; and to advise on procedures and guidelines.

The medical conditions that are referred to the Board include heart conditions; seizures, epilepsy, and blackouts; polio, paralysis, and amputees; strokes; drugs and alcohol; mental disorders; physical impairments; hearing impairments; and vision impairments. Cases are referred to the Board when an unfavorable medical statement is returned to the Department from a driver's treating physician, or a medical report is questionable, or for cases that fall outside of the expertise of the Administrative Specialists and Supervisors who review the medical reports. There is an approximate 4- to 6-week turnaround period when cases are referred to the Board, because Board membership is voluntary (members are not compensated).

On average, the Department opens 1,600 to 2,100 new cases each year, and approximately 100 to 300 of these cases are referred to the Board. In the year 2002, 2,179 cases were opened, and 179 were referred to the Board, and to date in 2003, 907 cases have been opened, with 150 of these referred to the Board. Statistics are not kept regarding ages of referred drivers or numbers of drivers who are denied driving privileges following reevaluation.

The DMV has an internal medical unit staffed with five Administrative Specialists who are non-medical administrative staff, but are dedicated to performing impaired-driver program activities. In their review of medical forms returned to the Department, they follow guidelines and procedures developed by the MAB.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

In South Carolina, drivers must appear in person to renew their licenses, unless they have a clean driving record and are eligible to renew by mail (they have not received violations totaling more than 5 points within the prior 2-year period and their driver's license is not suspended, cancelled, or revoked). All original and renewal applicants must answer the following questions about medical conditions when they complete their license application:

- *Do you have any mental or physical condition that may prevent you from safely operating a motor vehicle?*
- *In the last three years, have you experienced a loss of consciousness, muscular control, or seizure?*
- *In the last six months, have you had a heart attack, heart surgery, or pacemaker implantation?*
- *Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle?*
- *Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle?*
- *Do you have a permanent medical condition and wish to have a medical symbol shown on your credential to alert law enforcement and emergency personnel of this condition?*

Applicants who have had a seizure or other loss of consciousness within a 6-month period; a heart attack, heart surgery, pacemaker implantation, or heart condition requiring medication within the past 6-month period; or answer that they have a mental condition that may prevent safe operation of a motor vehicle must have a physical exam performed by their treating physician and submit a medical report to the DMV within 30 days before they can be (re) licensed. If these conditions have occurred in excess of 6 months, the Medical Report is still issued to the driver, but the driver may renew his or her license at the time of application. A first-time applicant who reports having experienced any of these conditions over 6 months ago must have a physician complete and submit a medical report before the application process can be completed. If an applicant indicates he or she has been addicted to alcohol or drugs within the past 3 years and was institutionalized, he or she must furnish a letter from the institution stating that he or she was satisfactorily released, before continuing with the application process.

Applicants who are issued a Medical and Accident History form must provide information about whether they have had any reportable motor vehicle crashes, and information about any of the following medical conditions they may have: bone, skeletal, and amputation defects; neurological; psychiatric; heart, blood vessels and blood pressure; vision; other medical conditions such as diabetes; and information about medication use. Physicians are asked to provide specific information about medical conditions including laboratory findings, and cardiovascular functional classifications, to provide comments for the guidance of the Medical Advisory Committee, and to respond to the following question: “On the basis of your examination and considering the rights of the public, would you be willing to ride with the applicant as an operator of the motor vehicle? If no, explain.”

Applicants and physicians may also be required to complete a Confidential Neurological Special Questionnaire, if applicable to the driver’s medical condition. Physicians are asked to rate orientation, speech, gait and reflexes as “normal” or “abnormal;” general intelligence as “low,” “average,” or “high;” and reading comprehension, judgment, memory, and coordination as “poor,” “marginal,” or “good.” They are asked to provide other data about episodes such as whether auras are present and whether conditions are controlled by medication. Finally, physicians are asked to indicate which of the following statements best describes the applicant’s physical capacity to operate a motor vehicle and to exercise adequate judgment in response to current traffic conditions in South Carolina:

- There are no reasonable medical grounds for limiting the applicant’s driving privilege.
- The applicant probably is not fit medically at this time to drive a motor vehicle safely on a public road or highway.
- The applicant probably is fit to drive a private automobile, but not to operate common carrier vehicles such as buses or trucks.

Vision Screening and Vision Standards

Original applicants and applicants renewing their licenses in person must take and pass a DMV-administered vision screening test. South Carolina’s acuity standard is as follows: each eye by itself must score 20/40 or better with or without glasses, or if one eye is blind, the other eye must score 20/40 or better with or without glasses. If glasses are used to meet the standard, a driver is restricted to corrective lenses. If a driver cannot meet the standard, he or she is referred to an eyecare specialist. The eyecare specialist must provide acuity and visual field readings, in addition to providing the following information: whether glasses are needed for near and distant vision and whether they are being fitted; whether vision is attained with conventional lenses, contact lenses, telescopic lenses, or other attachments; whether the applicant has double vision, and if so, whether it is correctable with glasses; whether there is evidence of eye disease or injury; and whether there is difficulty seeing at night. The eyecare specialist is also asked to provide recommendations regarding whether the Licensing Agency should restrict the driving privilege to daylight driving only, and how frequently the applicant’s vision should be rechecked to determine fitness to drive (6 months, 1 year, 2 years, 5 years at renewal, or other).

Applicants renewing by mail must submit a visual acuity form completed by an eyecare specialist with the license application form.

Drivers reporting back to the Agency after being referred to their eyecare specialist must have at least 20/70 acuity in both eyes together, or 20/70 in the better eye (as long as the other eye is better than 20/200). If one eye is blind (i.e., 20/200 or worse) the other eye must be at least 20/40. Drivers who are blind in one eye are restricted to outside mirrors. Other restrictions include corrective lenses and daylight driving only (if recommended by the eyecare specialist).

Applicants may not use telescopic lenses to meet the standards. If a telescopic driver can meet the standard through the use of conventional lenses, he or she may be issued a license.

South Carolina does not have a visual field standard, but visual field measurements are requested of eyecare specialist completing DMV forms. If the total angle is 140 degrees or more, the applicant automatically passes. If the total angle is between 110 and 140 degrees, the case is referred to the MAB. If the total angle is 110 degrees or less, the applicant does not automatically pass. This standard was adopted in 1989, based on the recommendation of the Committee on Medical Aspects of Automotive Safety of the American Medical Association in 1969, and the fact that at least one other State had adopted the standard as of 1989.

Referral Sources

License Examiners must determine through general questioning and observation of drivers, whether conditions such as polio, paralysis, amputation, strokes, or other physical impairments result in permanent or temporary impairment. If it is determined that an affliction is permanent and occurred after the prior license issue date, an applicant is required to take a road test to demonstrate his or her driving abilities, and to determine if restrictions are required. An examiner may determine that further evaluation by the Department is necessary and may issue Medical forms to the driver for completion by his or her physician and return to the Department within 30 days. In this case, authorization for license issuance will be forwarded to the applicant from the Driver Improvement Office (and not by the Examiner at the time of license application).

The Department accepts reports from a limited number of sources that include physicians, police officers, the courts, and occupational therapists. The Licensing Agency does not investigate any of the reporting sources before contacting a driver for possible evaluation. If family members, friends, and other citizens have concerns about a driver's ability, they must make those concerns known to the driver's physician, who may in turn submit a report to the Department. Physicians in South Carolina are not required by law to report potentially unsafe drivers to the Department, but they may voluntarily report drivers by submitting a letter on their own stationary that establishes cause or suspicion. They must sign the letter, as the Department does not accept anonymous reports. Police officers submit reports to the Department on a form that they must sign and have countersigned by a District Captain, Sheriff, or Chief of Police. On the form, the officer must describe the mental or physical problem observed, indicate whether a traffic crash or violation occurred, whether a summons was issued, and how the case was disposed. The statement serves as a request for reexamination of the driver, and if properly completed establishes the necessary cause or suspicion required by the Department. The only circumstance under which a license will be automatically revoked, is upon court order. All other cases require due process (reexamination).

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include the following: applicants who request a point system hearing; an accumulation of 4 crashes in 24 months; upon referral by the police, the courts, a physician, or occupational therapist; upon self report of a medical condition; upon the observation by Agency personnel of signs of functional impairment during the renewal process; and upon license expiration in excess of 6 months.

When applicants appear to renew their license, it is the duty of the Examiner or Clerk to observe them for physical or mental problems that may affect driving skills. If an applicant has an obvious handicap (e.g., missing limbs), that occurred after the prior issue date, the applicant is required to undergo road testing to determine whether the driver can compensate for the impairment, and whether restrictions are required. If the applicant refuses to take the test or fails the test due to the impairment, no license is issued. The applicant is given medical statements to have completed by a treating physician and returned to the Department within 30 days. Failure to have the forms completed and returned results in license revocation. If an applicant fails the test for reasons that are not related to physical or mental problems, medical statements are not issued, and arrangements are made for an applicant to be retested until he or she passes.

When the Medical Unit receives reports from police officers, physicians, or occupational therapists indicating “good cause to believe that a driver is incompetent or otherwise not qualified to be licensed because of a physical or mental disability,” medical forms are sent to the driver for completion by his or her physician and return to the Department. The Administrative Specialists have experience evaluating medical forms and are authorized to clear drivers with cardiovascular conditions who fall into the American Heart Association Class I or II without a supervisor’s signature or referral to the MAB as long as there are no other medical impairments.

Once proven medically qualified, a driver may be required to take and pass the vision test and road test to keep his or her driving privileges. This requirement is dependent upon the medical condition under review. For example, a driver who has suffered a stroke or has dementia would be required to undergo road testing, but a driver with a Class I or II heart condition would not. The knowledge test is given only if recommended by the physician, as requiring knowledge testing of all reexamination drivers would constitute treating applicants with physical and mental impairments differently than the general renewing-driver population. The knowledge test is not used as a cognitive screening tool in South Carolina. If the medical or vision report is questionable or not favorable, the case is referred to the Medical Advisory Board.

Drivers diagnosed with dementia may be allowed to continue driving in South Carolina if a favorable physician’s report is received and if they can pass the road test. They may be required to submit medical reports at 6-month intervals. If an unfavorable report is provided by a physician, the case is referred to the MAB, and if findings are supported by the MAB, the license is revoked.

The reexamination road test is the same test administered to original applications; however, the parallel parking maneuver is not required for drivers undergoing reexamination. Section 56-1-170 of the South Carolina Code of Laws states that “the Department shall not discriminate against a handicapped person by treating him in a different manner than it treats a nonhandicapped person and, upon satisfactory completion of the test, shall be issued a license comparable to which a nonhandicapped person would be qualified to receive. A person who has been issued a driver’s license without restrictions who was handicapped at the time of the issuance of the license may have his driver’s license renewed without restrictions unless he has received an additional handicap.” This law precludes the administration of extended road tests and home-area tests. It also precludes issuing a limited area license to drivers.

Medical Guidelines

A manual entitled, *Impaired Driver Regulations*, prepared by the South Carolina Department of Public Safety, Driver Improvement Unit, contains policies derived from the Medical Advisory Board, the SC Epilepsy Association, as well as materials researched from other States. The manual contains procedures for Licensing Examiner use, but not specific policy used by the MAB for recommending licensing action for specific medical conditions, with the exception of the policy on seizures.

The policy regarding epilepsy and blackouts is that an applicant must be seizure free for a period of 6 months prior to the application. An applicant who has had an isolated episode that is not diagnosed as epilepsy or other seizure disorder may not be required to undergo a seizure-free period. If a license has been suspended because of seizures or other losses of consciousness, an applicant must provide a statement from the physician that he or she has been seizure free for at least 6 months, and then must pass the vision, knowledge, and road tests, just as an initial applicant must. Upon licensing, a letter is required in 6 months, and then annually for a 3-year period from the applicant’s physician which attests that the applicant remains seizure free. South Carolina does not presently have waivers for applicants who experience auras, nocturnal seizures, or seizures following a change in medications. Such a policy change would require approval by the MAB.

A MAB policy regarding follow-up of drivers with mental impairments is that follow-up should be terminated when an attending physician releases the patient from further care.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Department generally adheres to the Medical Advisory Board’s recommendations, but the Department’s Director has the final authority to impose license actions. The Department may administer restrictions for corrective lenses, adaptive equipment (hand controls, steering knob, turn signals, etc.), automatic transmission, power steering or brakes, outside rearview mirrors, and daylight only driving. South Carolina does not issue licenses restricted to geographic areas or specific radius of home restrictions. If the MAB recommends that a driver be restricted to a maximum speed, no neighborhood driving, or no interstate driving, the licensee

would receive such restrictions; these are not standard restrictions that a staff License Examiner may apply.

At the recommendation of a driver's physician, the Department will consider issuing a license requiring the applicant to submit periodic medical or vision statements. The MAB does not provide recommendations for remedial treatments of impairing conditions, nor does the Licensing Agency refer drivers for remediation of impairing conditions, other than to vision specialists when they cannot meet the Department's standards.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments. Within 20 days after a notice of suspension, cancellation, or revocation, a licensee may request in writing a review of the licensing action, in accordance with the State Administrative Procedures Act, in the judicial circuit. The review may be held by a duly authorized agent of the Department.

Counseling and Public Information & Education

The DMV does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to help them deal with potential lifestyle changes that may follow from limiting or ceasing driving. Drivers are not referred to an outside agency for such counseling.

The Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The DMV does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely (beyond the information contained in the Impaired Driver Regulations), nor is specialized training provided relating to older drivers.

Medical Program Tracking System

The Agency does not use an automated medical record system, nor does it use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Licensing Agency does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and referral activities include funding, more specific legislation, and information.

South Dakota

Organization of the Medical Program

Driver licensing in South Dakota is administered by the Driver Licensing Program in the Department of Public Safety. South Dakota does not have a Medical Advisory Board. The medical review program is administered by non-medical administrative staff who have other responsibilities in addition to medical review. This staff includes one secretary who processes medical and visual forms, and three Driver Licensing Examining Supervisors. In the year 2002, the Driver License Program processed 313 cases in which an applicant indicated he or she had a convulsion, seizure, or blackout within the past 12-month period, and 148 re-evaluation request cases.

Licensing Agency personnel who make fitness to drive decisions are not anonymous, nor are they immune from legal action. A State statute making Examiners not liable for opinions and recommendations was repealed by the State Legislature in 1989.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their ability to drive safely come to the attention of the Licensing Agency in several ways. Original and renewal applicants must respond to the following question when they complete their license application: *Have you, in the past twelve months, experienced any epileptic or narcoleptic episodes or other convulsions, seizures, or blackouts? If YES, indicate the date of the last episode _____.* Applicants who respond in the affirmative must have their physician complete a Medical statement and return it to the Driver Licensing Program. The physician is asked to indicate whether the patient has had episodes of altered state of consciousness (epileptic or narcoleptic episodes or any other convulsions, seizures, or blackouts), the number of months the patient has been seizure free on the same medication, and whether the patient has any other physical, neurological, or mental illness which would prevent him or her from safely operating a motor vehicle. A space is provided for the physician to include any comments.

Vision Screening and Vision Standards

Drivers applying for an original license as well as those applying for renewal licenses every 5 years must take a vision screening test. To qualify for an unrestricted license, an applicant's visual acuity must be at least 20/40 with both eyes, but no worse than 20/50 in either eye. There is no visual field requirement. Applicants whose acuity is less than 20/40 in both eyes, with or without correction are referred to an eyecare specialist, who must complete a Vision Statement and return it to the Department, based on an examination performed within the past 6 months. In addition to providing acuity measurements, the eyecare specialist is asked whether the patient has any difficulty seeing in dim light or at night; how frequently visual reexaminations should occur (1 year, 2 years, 3 years, or other); what recommendations can be

given regarding the applicant's ability to drive safely (without restrictions, with restrictions, limited, or inadequate); and what restrictions are recommended (corrective lenses, left outside rearview mirror, 50 mile radius of residence, no driving outside of city limits, daylight driving only, or other). Applicants who cannot attain a visual acuity of 20/60 or better with both eyes are denied a license. There are a few drivers in South Dakota who drive with bioptic telescopic lenses. Such drivers must be able to meet the acuity standard (they may use the lenses during the vision test), and they must also pass a road test.

Referral Sources

Other mechanisms for bringing potentially unsafe drivers to the attention of the Licensing Agency include reports by physicians; police officers; the courts; family, friends, and other citizens; hospitals; occupational and physical therapists; insurance companies; and Department employees. South Dakota does not have a mandatory physician reporting law, but physicians may report drivers on a voluntary basis, using a Driver Evaluation Request form. The Agency will also accept letters (written on physician's stationary/letterhead) from physicians in rare circumstances. The Driver Evaluation Request form provides a space to describe specific observations, events, and incidents that caused the person to question the driver's qualifications. The reporting individual's signature must be provided, as well as the relationship of the individual to the driver. Physician reports are confidential with the exception that they may be admitted as evidence in judicial review proceedings. It is unknown whether physicians who report drivers to the Department are immune from legal action by their patients, but it is suspected by the Department that they are not protected from legal action. This is based on the fact that there are no driver licensing statutes or rules regarding physician reporting or immunity.

Other individuals listed above who wish to report potentially unsafe drivers also submit reports using the Driver Evaluation Request form. Such requests do not remain anonymous. A section on this form is reserved for use by law enforcement agencies or the courts, in which the following information is requested: whether the request is the result of a traffic crash or traffic stop; the reason for contact with the driver; whether the driver was issued a citation; and whether the request was submitted in lieu of a citation. Individuals must provide their names, as the Licensing Agency does not accept anonymous referrals. All reports are reviewed to determine that they are legitimate requests. The Agency will not retest a person when a request is based on age alone.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include the following: a crash that results in a fatality; upon referral by any of the sources listed above; upon self-report of a medical condition; and upon 31 days after a license expires (which requires the administration of the written knowledge test). When the Department receives a letter of concern or a driver self-reports a medical condition, a Medical Statement from a physician is usually required. A Driver Examiner Supervisor reviews letters of concern to determine whether a Medical Statement is required before a driver undergoes the Department reevaluation process

(vision test, written test, and road test). If, in the letter of concern, it is obvious that the unsafe driving performance is not related to a medical condition, the Supervisor will schedule the driver to come to a Licensing Office for retesting. If the letter of concern indicates that the driver has medical conditions that affect driving performance, a Medical Statement is sent to the driver for completion by a physician and return to the Department. If the Medical Statement is unfavorable, the driving privilege will be cancelled. If the Medical Statement is favorable, drivers must take and pass all of the Department's examinations, in the following order: vision screening, written knowledge test, and road test. Drivers must pass a test before being allowed to progress to the next test in the sequence. When a renewal driver appears at a Licensing Office with signs of functional impairment, it is up to the Examiner to determine whether a Medical Statement is required, or whether the driver should be road tested, based on interviewing the driver regarding the functional impairment. Drivers who fail any of the tests must wait until the next day to re-test. The road test may be attempted any number of times, until an Examiner indicates that there is no improvement in driving skill to warrant retesting. An Examiner may recommend that a driver participate in a driver training program before being allowed to retest. The Department also administers home area tests when a driver cannot pass the standard road test, but can drive safely in a restricted area near home. The license is then restricted to a certain radius of the driver's home.

Drivers who have been diagnosed with dementia may be permitted to continue driving in South Dakota if their physician indicates they are medically qualified and they can pass the reevaluation tests. As dementia progresses, either the physician will indicate that the driver is no longer qualified or the driver will not be able to pass the knowledge and road tests, and the license will be cancelled. Follow-up Medical Statements are required for drivers diagnosed with dementia.

Medical Guidelines

Section 32-12-5.1 of the South Dakota Codified Laws and Constitution defines the licensing requirements for drivers who have experienced episodes of loss of consciousness. This is the only medical condition, other than vision, for which there are regulations. The statute language is provided below:

The Department of Commerce and Regulation may deny the issuance of a motor vehicle operator's license, motorcycle operator's license, restricted minor's permit, motorcycle restricted minor's permit, instruction permit, or motorcycle instruction permit to any individual who has experienced convulsions, seizures, or blackouts, until the individual has experienced a period of twelve months without any such episode. However, upon receipt of a statement signed by the applicant that the applicant's condition is adequately controlled by medication, the applicant is continuing to take medication, and the applicant is under the care of a physician, the Department of Commerce and Regulation may issue a temporary permit to the applicant. This temporary permit is subject to the provisions of §32-12-36 and is reviewable by the Department every six months, or until the applicant has gone a period of twelve months without any episode.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the physician's recommendations and the driver's performance on the vision, written, and road tests. A license will be denied to drivers who receive an unfavorable physician's report; to drivers who cannot meet the visual standards; and to drivers who cannot pass the written and road tests. Licenses may be restricted to the following conditions: automatic transmission, left outside rearview mirror, no night driving, corrective lenses, a restricted permit (may drive only from point A to point B), no driving outside of town, 50 mile radius of home, and special adaptive equipment. Drivers may be required to submit periodic Medical and Vision Statements on a case-by-case basis.

The only remedial treatment recommended by the Department is driver training. Drivers with medical conditions, visual conditions, and functional impairments are expected to seek recommendations for remediation from their physicians.

Appeal of License Actions

There is an appeal process for drivers who are aggrieved by the Department's licensing decision. They can appeal the Decision to the Office of Hearing Examiners, which is a non-partial office. Further appeal may be made to the Circuit Court.

Counseling and Public Information & Education

The Agency does provide counseling to drivers with functional impairments. Counseling is conducted by Driver Examiner Supervisors who provide information about alternative transportation services. Drivers are also referred to local senior centers and other similar agencies for assistance regarding lifestyle changes resulting from reducing or stopping driving.

The Licensing Agency does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, although the training is minimal. It is based on Department procedures required to detect impairments at the driver exam counter. There is no specialized training relating to the licensing of older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical records system, nor does it use automated work-flow systems.

Barriers to Implementing More Extensive Counseling, Screening, and Referral Activities

South Dakota's medical review process does not rely on NHTSA 402 funding to support its operation. A lack of sufficient resources was identified as the barrier to implementing more extensive screening, counseling, and referral activities.

Tennessee

Organization of the Medical Program

Driver licensing in Tennessee is administered through the Department of Safety. Tennessee has a Medical Review Board created in 1983 whose sole purpose is to review cases of persons with mental or physical conditions, and make licensing recommendations to the Department. The Board does not function as a “Board”; they do not meet to advise on medical criteria or vision standards and do not assist in the development of forms, procedures, or guidelines. Recommendations regarding an individual’s medical qualifications to drive are provided by a single member with expertise in the medical specialty appropriate to the case under review. The Board is made up of licensed physicians who are on staff (or in private practice affiliated with) a local hospital in Nashville, TN. The physicians serve on the Board on a voluntary basis, and may be reimbursed by the Department on a per-case basis. Members are immune from legal action, and their identities are anonymous.

The medical review program is administered by two non-medical administrative staff in the Driver Improvement Section, who have other responsibilities in addition to medical evaluation. Referrals of potentially unsafe drivers are received by these two individuals (a Lieutenant in Highway Patrol and a civilian employee), who determine whether the driver should undergo reexamination (vision, knowledge, and road testing), whether a driver needs to undergo medical review, or whether a driver needs to participate in a hearing. Driver Improvement sends Medical and Visual forms to drivers who are designated to undergo medical review, for completion by their physician. Cases may be referred to the Medical Review Board to reconcile differences in complaint and doctors’ statements, and in situations where a driver’s doctor cannot positively document that the person does not have a medical condition relating to the operation of a motor vehicle, or if the physician feels that the person should not be allowed to drive for medical reasons. Approximately 50 drivers are referred to the Board each year, and approximately 30 drivers are denied a license following evaluation by Board specialists. Age statistics for referrals to the Board are not kept by the Department, as age is not a factor in determining whether a person is able to operate a motor vehicle.

The kinds of medical conditions that are referred to the Board include: seizures; diabetes; mental conditions/dementia; drug abuse; vision problems; and physical conditions arising from strokes, auto crash victims, traumatic brain injury, etc. The specialists may recommend license restrictions, suspensions, further testing (medical reports), periodic reexaminations, or periodic medical statements. The recommendations of the Medical Review Board (individual specialists) are not binding upon the Department. Records and deliberations of the Board are confidential, except that the driver may receive a copy upon request, and records may be admitted as evidence in judicial review proceedings of drivers determined to be medically unqualified.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that may affect safe driving ability are brought to the attention of the Driver Improvement Section in a variety of ways. First-time and renewal applicants are required to answer the following question about medical conditions when they complete their license application: *“Do you have, or are you being treated for any physical or mental disabilities that would interfere with your ability to drive? If ‘yes’, please explain.”* If an applicant answers in the affirmative, he or she is required to take a Medical Report form to his or her physician for completion and return to the Department, based on an examination within the past 12 months. The physician is asked to provide information about the driver’s medical history including use of alcohol and any medications, and specific information about any cardiac, diabetic, orthopedic, hearing, visual, psychological, or neurological conditions the patient may have. The physician must also provide a professional opinion regarding the patient’s medical and mental capability to operate a motor vehicle safely, in order for the Department to consider the medical report. The physician’s opinion is given consideration by the Department in conjunction with other available information, but is not binding on the Department in making a decision.

Vision Screening and Vision Standards

Original applicants (but not renewal applicants) must take and pass a vision test. Tennessee’s visual acuity standard is 20/40 (Snellen) or better with each eye separately, and both eyes together. Applicants who fail to meet the standard are given an Eye Specialist Form for completion by their eyecare specialist. Completed forms are sent to the Driver Improvement Section for review. Applicants with 20/60 or better, each eye separately and both eyes together, will pass with or without corrective lenses, but will be restricted to driving motor vehicles with both left and right outside rearview mirrors, and corrective lenses if applicable. Applicants with 20/40 or better in one eye, with the other 20/60 to blind, will pass with or without corrective lenses, but will have dual mirror and corrective lens restrictions. Tennessee has detailed low vision guidelines for bioptic and telescopic lens wearers. Generally, applicants may not have any mental impairments or any impairment of the head, neck or movement of the eyes, and must complete training in driving with a bioptic telescopic lens from a driving instructor certified in the field. Applicants must also have a visual acuity of at least 20/200 with the best conventional non-telescopic lens and a full visual field. Visual acuity through the bioptic telescope must be at least 20/60, and the applicant must have a horizontal visual field diameter of no less than 150 degrees without the use of field expanders. Restrictions may include: daylight driving only; 50 mi/h maximum speed; left and right outside rearview mirrors; certain area and time restrictions; and no interstate driving. Minimum training requirements are also specified in the State statutes (nearly identical to those described in this report for New York). Training in the use of bioptic telescopes lenses does not entitle the wearer to a driver license. It only assists the applicant to qualify on the vision portion of the testing.

Referral Sources

Drivers may also come to the attention of the Licensing Agency through reports from physicians; police officers; the courts; family, friends, and other citizens; hospitals; Driver License Examiners; and occupational and physical therapists. Physicians in Tennessee are not required by law to report drivers to the Licensing Agency who have medical conditions or functional impairments that may interfere with safe driving ability, but they may submit reports on a voluntary basis. They may submit reports using a Department form (Request for Special Examination) or on their letterhead. Physician reports are confidential except that the driver may receive a copy. Physicians who report drivers in good faith are not immune from legal action by their patients. The Agency accepts reports from the other sources noted above, which may be submitted on the Request for Examination form or other written request. Anonymous referrals are accepted, but the medical review process is not invoked in such cases until the driver participates in an administrative hearing to answer questions about his or her physical condition. The driver's license may be suspended if he or she does not request a hearing within 20 days of receipt of Department notification that a letter of concern has been received. Reports from reliable sources (physicians, police, courts, Driver License Examiners, driver self report of a medical condition, or other reliable individuals as determined by the Department through receipt of a signed letter) will automatically invoke the medical review process.

Evaluation of Referred Drivers

Procedures

A driver may be required to undergo reevaluation as a result of a report received from any of the above-mentioned sources, as well the result of causing a fatal crash, or other crash where the lead investigating officer indicates possible medical impairment as a contributing factor. When the Department receives a written complaint against the driver, the complaint is evaluated by Driver Improvement staff to determine the correct action. The Department has several options, depending on the information provided in the complaint: the complaint may be dismissed due to lack of sufficient information; the driver may be required to undergo medical evaluation in addition to driver license reexamination; or the driver may be required to undergo a driver license reexamination in lieu of medical review. Persons who fail to provide the Department with the required medical information will have their driving privileges suspended until such time as a favorable medical report is received. When medical reports are received, they may or may not be sent to the Medical Review Board for a recommendation. If the physician documents that a person does not have a medical problem relating to the operation of a motor vehicle, the case may be closed. If the case is not closed, it may be referred to the Medical Review Board, as described earlier. Drivers diagnosed with dementia and who are brought to the attention of the Department may be allowed to continue to drive, based on a favorable recommendation from their physician.

All drivers referred to the Driver Improvement Section must undergo vision testing and knowledge testing. They are also required to undergo on-road drive testing, provided the driver's physician and the Medical Review Board (if referred) medically qualify the individual to drive. Drivers may attempt to pass the written and vision portion of the test an unlimited number

of times. Drivers may take the on-road skills portion of the driver examination test three times at thirty-day intervals. If unsuccessful after three attempts, drivers are not eligible to retest for a period of six months.

Medical Guidelines

Tennessee Rules (Sections 1340-1-13-.09 and 1340-1-13-.10) have been written for loss of consciousness disorders, physical disabilities, hearing, and vision. These Rules have been incorporated into Tennessee Driver Improvement Program policy, and are presented below with the exception of vision standards, which were described earlier.

It is the policy of the Department not to license anyone who suffers from uncontrolled epilepsy (seizure disorder); or momentary lapses of consciousness or control due to epilepsy, cardiac syncope, diabetes, or other conditions, until he or she has remained seizure free or lapse free for a period of one year, and then only upon receipt of a favorable medical statement from the individual's physician. However, the person may be approved for driving privileges after having been controlled for six months, upon receipt of a favorable recommendation from his or her physician, approval of the Medical Review Board, and approval of the Department. The Physician's medical statement must contain the following information: the causes of the seizures, lapses, blackouts, or loss of consciousness or control; the frequency of such episodes; medications taken, if any, and their effects on the person's ability to drive; the person's compliance with the treatment or medications; and the physician's recommendation toward licensing.

Applicants who have physical disabilities that can be compensated for by the use of adaptive equipment may be licensed if they meet all other eligibility requirements and pass the skills test in a vehicle equipped with the required devices. Restrictions will include the physical aids or mechanical devices used to pass the test. Restrictions may also be imposed by the Department that are suitable to the applicant's driving ability, and may include driving conditions, vehicle type and/or equipment, time, and place.

Applicants who are hearing impaired shall be restricted to the operation of vehicles equipped with left and right outside rearview mirrors.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the Department's visual and medical standards, with input from drivers' physicians and the Medical Review Board (if requested). The Agency generally adheres to the Medical Review Board's Recommendations, for cases referred to Board specialists. As a result of the reexamination or medical review process, drivers may be required to file medical forms or retest, on a yearly basis or at each renewal cycle (5-year basis). Restrictions may include corrective lenses, automatic transmission, steering knob, power steering, outside rearview mirrors, daylight only, custom vehicle controls due to physical disabilities, seat cushion, driving conditions, time, and place. Restrictions may be added or

removed upon initial application for a license, as well as at any time during a renewal cycle. Drivers are not referred for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose licenses are suspended or restricted. Drivers may request an administrative hearing before a representative of the Department (a hearing officer) within 20 days of notification of licensing action.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers who have functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving, nor are drivers referred to outside resources for such counseling. Public information and educational materials are not made available to older drivers that explain the importance of fitness to drive and the ways in which impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, not does it provide specialized training relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system or automated work-flow systems. Drivers who require retesting or filing of medical reports are tracked in the following way: a 900 code is added to a person's driving record when he or she is required to file medical forms or be retested on a yearly basis. An MP code is added to a person's driving record when he or she is required to file medical forms or be retested every renewal cycle. The computer prints out a list of all drivers with these codes 4 to 6 months in advance of the retest/refile requirement. The drivers are sent the proper forms and followed for compliance. If the driver fails to comply with the request suspension action is taken

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The medical review process does not rely on NHTSA 402 funding to support its operation. Statutory issues were identified as a barrier for the Agency in implementing more extensive screening, counseling, and referral activities.

Texas

Organization of the Medical Program

Driver licensing in Texas is administered by the Texas Department of Public Safety. A Medical Advisory Board was established in 1970 under authority of Health and Safety Code §12.092 of the Department of Health to advise the Texas Department of Public Safety (DPS) in the licensing of persons having medical limitations that might adversely affect driving. The MAB, housed within the Department of Health, currently has 9 physicians representing the following medical specialties: ophthalmology, family practice, internal medicine, neurology, endocrinology, physiatry, general practice, and dermatology. The Head of the Board is an endocrinologist. Members are appointed for 2-year, renewal terms by the Commissioner of the Department of Health, with recommendations from the Texas Department of Health, the Texas Medical Association, and the Texas Optometric Association. Board physicians are paid consultants to the DPS, and are employed in private practice. MAB members (other than the chair) are paid a meeting attendance fee of \$100 per meeting. Their identities are anonymous and they are immune from legal action. Records and deliberations of the Board are confidential, except that they may be subpoenaed and admitted as evidence in judicial proceedings.

The activities in which the Board is engaged include: reviewing and advising on individual cases by performing paper reviews; and advising on procedures and guidelines. A panel of three Board physicians meets bi-monthly to make fitness to drive determinations for cases in which information from treating physicians has been received. A quorum for any one meeting consists of three doctors.⁷ Each panel member prepares an individual written report for the DPS that states the member's opinion as to the ability of the applicant to operate a motor vehicle safely. Thus, licensing recommendations and opinions are made by multiple Board members, but not the entire Board. The MAB reports its findings to the Director of Medical Standards on Motor Vehicle Operations Division of the Texas Department of Health. The Director, in turn, reports the findings to the Department of Public Safety. The final decision to issue, renew, restrict, or revoke a license rests entirely with the DPS. Approximately 7,000 drivers are referred to the Board each year, and 7 percent of the referred drivers are denied a license each year following evaluation by the Board. Age statistics are not maintained.

Regarding their assistance in developing procedures and guidelines, the Medical Advisory Board published criteria with which to judge cases consistently and fairly. Their *Guide for Determining Driver Limitation*, was revised in 1991, and reprinted in 1998.

The Driver Improvement Bureau (within the Driver License Division of the DPS) has 3 to 4 full-time technicians who are dedicated to reviewing limited medical information, such as Medical Evaluation Request forms and Supplemental Medical History forms to determine when cases should be referred to the MAB. The Technicians are not medically trained, but have been

⁷ The number of doctors at a meeting, the number of meetings per month, and the location of the meetings have all been impacted by budget reductions. In the past, there were four doctors at a meeting, meetings were held every week, and half of the time, meetings were held in San Antonio. Now, only three doctors are present at the meetings, meetings are held only twice per month, and no meetings are held in San Antonio (only in Austin).

trained in Departmental guidelines for licensing drivers with medical conditions and functional impairments. They correspond with drivers to advise when a case is being referred to the MAB, but do not mail out Medical Evaluation forms or receive the completed medical forms. The DPS receives very little medical information, because of the open records laws associated with its operations. When a case is referred to the MAB, the MAB physicians reviewing the case will send the driver a letter explaining the requirement to undergo a physician examination and will enclose a Medical Report for the driver's physician to complete and return to the MAB at the Department of Health.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their safe driving ability come to the attention of the Licensing Agency in a number of ways. First-time and renewal applicants are required to answer questions about their medical conditions when they complete the license application form. The questions are as follows:

- *Do you have any physical defects such as: () missing limbs, () stiff neck, () stiff arms or joints, () loss of muscle control, () other _____.*
- *Have you been under medication or hospitalization for a mental, nervous, or emotional condition within () one year if applying for a Class C license OR () 2 years if applying for a Class A or B license?*
- *Have you had an epileptic seizure, convulsions, unexplained loss of consciousness, or other type of seizure within () one year if applying for a Class C license OR () 2 years if applying for a Class A or B license?*
- *Do you have diabetes requiring treatment with insulin by injection?*
- *Have you been diagnosed or hospitalized for () dizziness, () heart trouble, () heart trouble, () hemorrhage or clots, () high blood pressure, () blood vessel disorder, or () emphysema within () one year if applying for a Class C license OR () 2 years if applying for a Class A or B license?*
- *Within the past two years, have you been treated for any other serious medical conditions? Explain _____.*
- *Have you EVER been referred to the Texas Medical Advisory Board for Driver Licensing?*

For each question answered "Yes" or corrected to "Yes" by examining personnel, the applicant is questioned carefully to determine if he or she must be referred to the Medical Advisory Board, in accordance with criteria outlined in DPS Administrative Rules. Some applicants have medical conditions that can be evaluated by their answers to the application questions and/or road testing (i.e., arthritis, back pain, Cerebral Palsy, cervical spine disorder, hemiplegia, paraplegia, quadriplegia, multiple sclerosis, congenital birth defects, and poliomyelitis musculoskeletal disorder). Such applicants are processed without referral to the Medical Advisory Board. Other applicants are referred to the MAB by way of the Driver Improvement Bureau of the DPS, with a Medical Evaluation Request (completed by the Examiner) and a Supplemental Medical History Information form (completed by the applicant).

Vision Screening and Vision Standards

New applicants and renewal applicants not renewing by mail are required to pass a vision test. Visual standards for passenger car drivers are as follows. For drivers with visual acuity without correction of the better eye of 20/40 or better, a license will be issued with no restrictions. The visual field standard is recognition of the visual field test object within an uninterrupted arc of 140 degrees, with both eyes open during the test. Applicants with corrected visual acuity of the better eye of 20/50 to 20/70 may drive with restrictions (i.e., corrective lenses, daytime only, max speed of 45 mi/h). Applicants whose acuity is between 20/50 and 20/70 without corrective lenses are referred to a vision specialist. Applicants whose vision is worse than 20/70 with the best eye or both together, with or without corrective lenses and with no further improvement possible may not be licensed, except in "meritorious circumstances." Applicants requiring the use of telescopic lenses to pass vision tests must successfully complete a comprehensive road test before licensure. The standard for monocular drivers licensed without visual restriction is 20/25 acuity or better in the best eye without corrective lenses. Applicants with vision poorer than 20/25 without correction are referred to an eyecare specialist. Applicants with progressive eye disease must be periodically reevaluated at the discretion of the MAB.

Referral Sources

Texas does not have a mandatory physician reporting law, however Health and Safety Statute §12.096 authorizes physicians to inform the DPS or MAB orally or in writing, *"the name, date of birth, and address of a patient older than 15 years of age whom the physician has diagnosed as having a disorder or disability specified in a rule of the Department of Public Safety of the State of Texas."* Physicians who report patients to the DPS or MAB are immune from liability for their professional opinions, recommendations, or reports under Health and Safety Statutes, and their reports are confidential (with the exception that reports may be subpoenaed and admitted as evidence in judicial review proceedings). Also, release of information is an exception to the patient-physician privilege requirements of the Medical Practices Act.

Other sources from which the Licensing Agency accepts reports of unsafe drivers include: police officers; the courts; family, friends, and other citizens; hospitals; occupational and physical therapists; and police agency crash reports where a medical concern may have been a contributing factor in the crash. The Agency accepts anonymous reports, but Driver License Field personnel may investigate the reports before or after the individual is contacted for an interview, to determine if the medical condition is a concern.

The circumstances under which a driver may be required to undergo evaluation include referral from any of the above-mentioned sources, in addition to self report of a medical condition and when Licensing Agency counter personnel observe signs of impairment during the application/renewal process. Drivers may also be required to undergo evaluation when the Agency receives a crash report from police that indicates a medical concern may have been a factor in the crash. Drivers whose record reflects 3 alcohol-related involvements/convictions within a 10-year period are also required to undergo evaluation.

Evaluation of Referred Drivers

Procedures

When the Driver Improvement Bureau (DIB) receives an Examination Request from a physician, a police officer, the courts, or a Driver License Examiner, the Medical Technicians review the information to determine whether the case should be referred to the MAB. When an Examination Request is received from any other source (including family members), the DIB informs a Driver Examiner in an office close to the driver's residence that an investigation needs to be conducted to determine whether a reexamination is warranted. The Driver License Examiner contacts the driver and schedules the driver to come into the licensing office for an interview. The Examiner asks several questions of the driver to determine whether he or she has any medical conditions that could impair safe driving. Depending on the individual's responses and the Examiner's observations of the person during the interview, the case may be dismissed, or the Examiner may determine that the driver should be referred to the MAB, or that the driver should undergo road testing.

Driver License Examiners use DPS guidelines, personal observation, and judgment regarding issuance (or the withholding of issuance) of temporary driving permits when referring drivers to the MAB. If an Examiner considers that an applicant is likely to pose an immediate hazard, that applicant will be permitted to take the vision and knowledge tests, but will not be able to take the road test until the MAB has ruled that he or she is physically and/or mentally safe to drive. Such drivers are not issued a temporary permit. When it is determined that an applicant's driving would not be an immediate hazard, the applicant must pass all required original or renewal tests before a temporary permit is issued. The Driver Improvement Bureau will notify the driver of any favorable decision by the MAB. If the MAB's decision is unfavorable, the Driver Improvement Bureau will notify the driver of license revocation and the opportunity to request and to appear at an administrative hearing.

Drivers who are diagnosed with dementia may be permitted to continue driving, until a review of the individual's medical history and recommendations from the treating physician lead the MAB to determine that the individual; no longer qualifies to drive.

A Comprehensive Examination may be administered to an applicant based on several circumstances, including: the suggestion of a Driver License Examiner when an applicant has undergone some change in his or her functional abilities; the recommendation of a Driver License Examiner after an interview or hearing; when the renewal process for a specific driver requires such an exam; or when requested by the MAB. A Comprehensive Examination is of a more intensive and extensive nature than a regular examination, to more accurately determine an applicant's qualifications to be licensed. It consists of a knowledge examination, a skills test, and a vision test. The vision test consists of the standard vision test, plus actual realistic demonstrations of seeing ability during the road skills test. The knowledge test consists of one or more sheets each from the regular signs and/or rules examination sheet or one or more automated test. The number of questions may range from 40 to 100. A standard road test may be given, or a road test on an undetermined course sufficiently extensive to permit scoring of the categories listed on the comprehensive examination form (e.g., starting and stopping; right turns, left turns,

controlled intersections, uncontrolled intersections, lanes, braking and reaction, observation and attention, speed, coordination, right-of-way, following and overtaking, parking and maneuvering, propriety, signals, and vehicle condition). Any Driver License personnel who are approved by the Driver Licensing Captain may conduct a Departmental Comprehensive Examination; all Driver Licensing Troopers and Examiners are trained to conduct Comprehensive Evaluations. Interviews may be conducted in connection with Comprehensive Examinations. Tests may be given in any order, and Driver Licensing personnel may waive any part of a Comprehensive Evaluation after appropriate investigation and determination that such reexamination would serve no useful purpose. If an applicant fails a Comprehensive Examination, a subsequent examination date should be chosen that will allow the applicant time to prepare for qualification. Driver Licensing personnel may discontinue further testing after 3 failures, and recommend that the Driver Improvement Bureau revoke the license. The notification advises the driver that a hearing may be requested.

When a road test is not required and the proper restriction can be definitely determined, an applicant may be issued a license without testing the applicant (e.g., an applicant who has suffered loss of limb, hearing, or other physical impairment normally resulting in restriction of a license). If the applicant is unwilling to voluntarily accept a restriction without a test, he or she will be reexamined. If the applicant refuses to take the test, no license will be issued. The DPS Administrative Rules present a list of disabilities that are often encountered and the aids that are generally considered applicable for such conditions.

Medical Guidelines

The Department's guidelines for referral to the MAB are provided in the Administrative Code, and are contained in the *Driver License Examiner's Manual*. Conditions for referral of passenger vehicle drivers (Class C) are summarized below. "Under care of a physician" is defined as having been referred for treatment or having received treatment from a physician for the medical conditions indicated in the past 12 months without a release from further treatment. It does not apply to a condition diagnosed over 12 months ago and with treatment consisting only of periodic visits to a physician for checkup and maintenance.

- Eye Diseases: applicants who are under the care of a physician, excluding the fitting of lenses when no eye disease is present.
- Heart Diseases: applicants who have had a heart attack during the past year; applicants under the care of a physician.
- Cerebral Vascular Diseases (Strokes, Cerebral Hemorrhage, or Clots): applicants who have had a single episode, or recurrent episodes, of loss of consciousness with or without convulsions in the past year; applicants who have "blacked out" for any reason in the past year; applicants under the care of a physician.
- Hypertension (High Blood Pressure): applicants who are under the care of a physician; applicants who have suffered dizzy spells or blackouts in the past year.
- Blood Vessel Disorders (Aneurism - Abnormal Dilation of the Blood Vessels): applicants who are under the care of a physician and a qualifying road test has confirmed considerable interference with braking, accelerating, steering, or manipulation of controls.

- Diabetes Mellitus: applicants who have had an insulin or hypoglycemic reaction insulin shock in the past year; applicants who have blacked out or lost consciousness in the past year; applicants under the care of a physician; drivers taking insulin by injection, if 60 units or more.
- Respiratory Conditions (Advanced Emphysema or Cor Pulmonale -Heart Disease which is Secondary to the Disease of the Lungs): applicants who are under the care of a physician and a qualifying road test has confirmed that shortness of breath or audible wheezing considerably affects driving ability.
- Impairments of Upper and/or Lower Extremities (Partial or Complete Paralysis; Loss of Any of the Extremities -Hand, Arm, Foot, Leg; Stiffness of Joints from Arthritis or Other Conditions): applicants under the care of a physician and a qualifying road test has confirmed that the impairment considerably affects safe driving ability.
- Neurological Disorders: applicants who have had an epileptic seizure within the past three years; applicants under the care of a physician for any other seizure, dizzy spell, or similar disorder.
- Musculoskeletal Disorders: all applicants unless previously licensed after successful completion of a road test and appropriate restrictions have been applied to the license (if necessary) and the applicants condition has not deteriorated since the last road test as determined by observation, questioning, and license restrictions.
- Mental Patients: involuntary mental patients committed for indefinite hospitalization; involuntary mental patient with a guardian appointed; all other mental patients if treated for mental, nervous, or emotional condition within the past three years.
- Alcoholism: applicants with three or more convictions for offenses involving drinking (last offense occurring within the past two years); applicants involved in two or more crashes while drinking (last incident occurring within the past two years); a reliable report that the applicant has had an active drinking problem within the past two years; applicants who admit to an active drinking problem within the past two years; applicants under the care of a physician.
- Drug Abuse: applicants addicted to any drug affecting safe driving ability; a reliable report that an applicant has had an active drug problem in the past two years; applicants under the care of a physician.
- Multiple Impairments (Which in Combination Affect Safe Driving Ability Although a Single Impairment Might Not): applicants under the care of a physician and a qualifying road test has confirmed considerable interference with safe driving-
- Other Serious Mental or Physical Condition: applicants under the care of a physician and a qualifying road test has confirmed that safe driving ability is considerably affected by the condition.
- Prior Referrals to MAB: applicants for whom the MAB recommended future or periodic referral; there is a definite reason to believe the applicant is not following previous medical advice relating to his or her condition and driving; there is a definite reason to believe that the applicant's condition has worsened since the previous approval by the MAB.
- Reconsideration of Cases: applicants may be again referred to the MAB after rejection, when the MAB-recommended waiting period has expired or when there has been an improvement in the applicant's condition or new information is secured.

The MAB uses guidelines that they published to determine driver qualification (*Guide for Determining Driver Limitation*). The applicant will provide current medical information (less than 6 months old) from his or her physician for MAB review within 30 days. The MAB may require a new medical examination in cases where previous medical examinations are inadequate for making a recommendation. In addition to providing detailed information about a patient's medical condition(s) and medications, the physician is asked to provide recommendations or specific comments regarding driving capability. The MAB guidelines are reproduced below. Drivers of private automobiles are categorized as Class C.

Cardiovascular Diseases

The examination of the cardiovascular system in determining an applicant's driving ability should ascertain the presence or absence of cardiovascular disease. The degree of disease severity should be noted utilizing the American Heart Association's functional and therapeutic classification, which is as follows:

Functional Capacities:

Class I: no symptoms

Class II: symptoms with strenuous activity

Class III: symptoms with normal activity

Class IV: symptoms at rest

Therapeutic Capacities:

Class A: no restrictions

Class B: restricted from strenuous activities

Class C: slight restriction of normal activity

Class D: severe restriction of activity Class E: complete bed rest

In evaluation of cardiovascular cases, it is the recommendation of the Texas Medical Advisory Board that the following applies to the various license types:

Functional Class I: no limitation to private, cargo transport, or passenger transport vehicles in classes A, B and C

Functional Class II: no limitation to private or cargo transport vehicles in classes A, B and C; precludes passenger transport vehicles in classes A, B and C

Functional Class III: consider restrictions to private vehicles in class C; precludes cargo transport and passenger transport vehicles in classes A, B and C

Functional Class IV: precludes private, cargo transport and passenger transport vehicles in classes A, B and C

Following are suggested guidelines for consideration in various disorders:

Angina: Severe angina pectoris is incapacitating, which precludes operation of any motor vehicle. Operation of a private vehicle in class C is allowable if the angina is mild, controlled by therapy, and not progressive. For consideration of cargo or passenger transport vehicles in classes A, B and C, please refer to the section dealing with Functional Classification.

Arrhythmia: Premature atrial beats do not preclude driving. Uncontrolled paroxysmal atrial tachycardia, flutter, or fibrillation may be associated with diminished cardiac output, which is a contraindication to the operation of cargo or passenger transport vehicles in classes A, B and C. However, operation of a private vehicle in class C is permissible if such attacks are controlled by

therapy. Applicants subject to chronic atrial fibrillation should not operate either cargo or passenger transport vehicles in classes A, B and C because of the risk of embolism.

Applicants subject to ventricular arrhythmias other than occasional ventricular extrasystoles should not be allowed to operate any motor vehicle because of the danger of sudden cardiovascular crisis. Exceptions may be made upon the recommendation of a cardiovascular disease specialist.

Applicants with partial or complete atrioventricular block, if associated with faintness or unconsciousness, should not operate any motor vehicle unless these attacks are prevented by pacemaker implantation. A six month observation period is needed to assess control of symptoms.

Arterial Aneurysms: The presence of an arterial aneurysm of significant size is a contraindication to any driving because of the danger of its rupture. The condition, however, may be amenable to surgical treatment.

Arteriosclerotic Heart Disease: The diminution of blood flow to the myocardium due to sclerosis of the coronary vessels can result in angina pectoris. Consideration of the three license types is dependent on the severity of the angina. Please refer to the section dealing with Functional Classification.

Carotid Sinus Sensitivity: Applicants experiencing syncopal attacks secondary to carotid sinus sensitivity should not operate any motor vehicle. A six month observation period is necessary to assess control of symptoms.

Congenital Heart Disease: Many cases of congenital cardiovascular anomalies are amenable to surgical treatment. The major contraindications to operation of cargo and passenger transport vehicles in classes A, B and C would be uncontrolled arrhythmias or heart failure. Some applicants may also have pacemakers and should be evaluated as others with pacemakers.

Congestive Heart Failure: Congestive heart failure, when well controlled by therapy, does not preclude the operation of any vehicle.

Coronary Bypass Surgery: An appropriate observation period of approximately six (6) months should follow bypass surgery prior to issuance of a cargo or passenger transport license in classes A, B and C. Licensure may be considered if the applicant passes a stress test at a level of Stage III of the Bruce Treadmill Test, or its equivalent, without significant arrhythmias. An appropriate observation period should also be designated for applicants being evaluated for a private vehicle license in class C. The time interval is at the discretion of the Medical Advisory Board.

Dyspnea: Severe dyspnea is incapacitating and precludes operation of any motor vehicle. Operation of a private vehicle in Class C is allowable if the dyspnea is mild and controlled by therapy. For consideration of cargo or passenger transport vehicles in classes A, B and C, please refer to the section dealing with Functional Classification.

Hypertension: Hypertension, in itself, is not disabling for the safe operation of a motor vehicle, but driving may be contraindicated if it has progressed to the point that serious complications, i.e., damage to heart, brain, eyes, and/ or kidneys, are present. The restriction to driving should be commensurate with the degree of end organ impairment.

Hypotension: Hypotension, in itself, is not disabling for the safe operation of a motor vehicle unless it results in episodes of syncope or impairment of consciousness. A six month observation period is needed to assess control of symptoms. The degree of impairment will mandate any restrictions.

Myocardial Infarction: The same guidelines should apply here as under Coronary Artery Bypass Surgery, i.e., a six-month waiting period with acceptable stress test results for cargo and passenger transport licenses in classes A, B and C, and an appropriate waiting period for operation of a private vehicle in class C.

Pacemakers: It is important to ascertain the degree to which the applicant is dependent upon the pacemaker. Some are implanted for prophylactic purposes and the applicant is able to function with no loss or impairment of consciousness even without the pacemaker. If the applicant is not pacemaker dependent to avoid episodes of unconsciousness or impairment of consciousness, there is no contraindication to the operation of any type vehicle. A three month period of observation is recommended after pacemaker implantation.

Syncope: Syncope or any alteration of consciousness due to cardiovascular problems should be evaluated as follows:

A. Unpredictable (without warning): Precludes all driving if within one year.

B. Predictable and clearly defined (i.e., vasovagal syncope):

Precludes licensure of cargo and passenger transport vehicles in class A, B and C if within one year. This may be modified if adequate historical data can be obtained from the examining physician which explains a definite cause not expected to recur, i.e., reflex vasovagal syncope.

Thrombophlebitis: Active thrombophlebitis with resulting edema of the extremities and impairment of their use contraindicates operation of cargo and passenger transport vehicles in classes A, B and C. If significant disability exists, the operation of a private vehicle in class C is precluded. Applicants with active phlebothrombosis should not operate any vehicle because of the danger of embolization with pulmonary infarction.

Neurological Disorders

Neurological disorders constitute dangers to drivers because there exists the risk that an alteration of consciousness may occur. This risk can be minimized by the applicant through drug therapy and other precautions. A number of varying neurological disorders exist. The conditions most likely to impair driving ability are as follows:

Transient Cerebral Ischemic Attacks (Brief and completely reversible neurological deficit):

Transient cerebral ischemic attacks may preclude the operation of passenger transport vehicles in classes A, B and C. Licensing of passenger and cargo transport vehicle operators included in classes A, B and C is dependent upon an absence of stroke prone indicators, e.g., obesity, hypertension, diabetes mellitus, significant cardiac disease and progressive neurological deficit. If the transient cerebral ischemic attack was known to be due to a special set of circumstances not likely to recur, e.g., unusual G- forces on carnival rides, cargo transport included in classes A, B and C, or private vehicle operation in class C would be permissible. A six-month observation period should follow the last known episode of transient cerebral ischemia.

Cerebrovascular Accident (Any degree of persistent neurological deficit): Licensing for all driver categories is dependent upon the physical and neurological deficits following recovery and after rehabilitation has stabilized. Stroke-prone indicators, e.g., obesity, hypertension, diabetes mellitus, smoking, alcohol use, and significant cardiac disease should be reduced prior to licensing. Demonstration of driving ability through the Department of Public Safety's comprehensive driving test should be required in evaluation of stroke patients.

Convulsive Disorders: Convulsive disorders of all types are the most common neurological conditions impairing driving ability. Recurrent seizures are those requiring medication therapy or any seizure activity within the past ten years in an applicant not taking medication. A history of recurrent seizures, epileptic or convulsive attacks precludes operation of cargo transport, passenger transport, and emergency vehicles in classes A, B and C. Operation of personal automobiles in class C is dependent upon the following conditions:

1. Currently under a physician's care to assess control by anticonvulsant medication, drug side effects, seizure recurrence, and any neurological or medical changes in condition.
2. No evidence of clinical seizures (including partial seizures) in a six month observation period prior to medical review.
3. Specific recommendation from applicant's physician regarding applicant's reliability in taking medications, avoiding sleep deprivation and fatigue, and avoiding alcohol abuse.
4. Applicants with seizures only during sleep (i.e., no seizures ever while awake) should be allowed to operate private vehicles in class C and be reevaluated annually:
5. If an applicant has a well controlled seizure disorder on medications proven by time and then has a seizure when his physician makes a medication change, he should be allowed to drive when returned to his previous medication regimen.

Movement Disorders: Conditions including, but not limited to Parkinsonism, torticollis, myoclonus and choreoathetosis may impair driving if the disorder is active or progressive. A driving test is recommended for all classes. A periodic review by the examining physician for side effects of medication is recommended. A yearly Medical Advisory Board review is recommended.

Narcolepsy and Excess Daytime Sleeping: A history of narcolepsy, excess daytime sleeping or sleep apnea precludes operation of cargo and passenger transport vehicles in classes A, B and C. Private vehicle operator licensing in class C is dependent upon an absence of episodes of these disorders for a six-month observation period prior to medical review and an affirmative recommendation from the attending physician. Applicants should be reviewed annually for side effects of medications.

Peripheral Neuropathy: The driver proficiency test is recommended to determine driving impairment. The nature of the dysfunction determines the necessity of vehicle or driver adaptive devices. Periodic review is recommended.

Psychiatric Disorders

Evaluation of psychiatric disorders as they relate to the driving task is challenging because of the wide variety of disturbances, treatments and degrees of severity. Consideration also must be given to the patient's welfare and possible therapeutic benefits of driving.

Diagnoses can be misleading. The degree of symptom control and any existing side effects from prescribed medication should be considered. The patient whose license is granted should be reviewed periodically, the time interval depending on the severity of the illness. At the time of reevaluation, the driving record and reports of intervening hospitalization or psychiatric episodes should be examined closely.

Following are suggested guidelines for consideration in the various psychiatric disorder groupings:

Multiple Medical Problems: Many psychiatric problems interdigitate with other medical problems. In these cases a complete physical examination is helpful in determining and

understanding the severity of the psychiatric disorder. One which is exacerbated by alcohol or drug abuse precludes operation of any vehicle.

Personality Disorders: Personality disorders are characterized by developmental defects or pathologic trends in personality structure, with minimal subjective anxiety and distress. Included in this grouping are inadequate personality, schizoid personality, cyclothymic personality, and paranoid personality. Also included are antisocial reaction and dyssocial reaction. Applicants who show an abnormal amount of hostility, assaultiveness and other forms of aggression should not drive any type of vehicle until the examining physician gives assurance that this condition is in remission and it is safe to drive. Personality disorders are difficult to assess in terms of degree of driver ability impairment. However, if no significant behavioral problems or drug therapy side effects exist, applicants with personality disorders cannot be properly precluded from driving private vehicles in class C.

Psychoneurotic Disorders: psychoneurotic disorders are characterized by automatic substitutive reaction caused by unresolved internal conflicts, in which no observable loss of contact with reality in thinking and judgment is present. Included in this grouping are dissociative reaction, conversion reaction, phobic reaction, depressive reaction, obsessive-compulsive reaction and anxiety reaction. The anxiety disorders, particularly panic disorder, may functionally impair driving due to problems with attention, faintness and fear. Psychoneurosis represents an unknown factor with respect to driver limitation, requiring individual evaluation of alertness and social behavior. If no significant behavioral problem or adverse drug therapy reactions exist, the psychoneurotic patient cannot be properly precluded from driving a private vehicle in class C.

Psychotic Disorders: Psychotic disorders are disturbances of such magnitude that personality disintegration takes place and the mind may be distorted with accompanying difficulty in distinguishing the real from the unreal, i. e., delusions and hallucinations. Psychotic disorders are grouped into three major categories: schizophrenic reaction, paranoid reaction, and affective reaction. The psychoses may cause severe disability resulting in hospitalization. Obviously, the hospitalized psychotic may not operate any motor vehicle. Although affective disorders may involve psychotic features, many persons with affective disorders are not psychotically disturbed. These persons still require careful assessment in regard to alertness, concentration and suicidal risk. The driving privilege may be reinstated when the condition is in remission, but frequent evaluations should monitor the applicant's progress.

Organic Brain Syndrome: These disorders are characterized by impaired memory, judgment, orientation, diminished intellectual functions and emotional lability, all symptoms which can directly interfere with safe driving capability. If the disorder can be reversed and corrected through treatment, driving privileges are appropriate. Though the causes are often undetermined, many medical conditions, such as cardiovascular diseases, can cause or worsen an organic brain syndrome and should be assessed concurrently. As reaction time and the ability to recognize signs may be impaired, driving tests may be useful in establishing functional ability. Organic brain syndrome precludes passenger transport vehicles in classes A, B and C.

Psychotropic Drugs: The use of psychotropic drugs in therapy for psychiatric disorders warrants special consideration in driver ability evaluations. Psychotropic drugs may have dangerous side effects such as impaired reaction time and drowsiness. There is also the danger of sudden hypotension and syncope with some antipsychotic and antidepressant drugs. Because drug side effects usually occur sporadically and are not predictable, specific recommendations from the attending physician are helpful.

Homicidal and Suicidal Manifestations: Assurance from the examining physician that these are in remission is necessary. Strong homicidal and suicidal manifestations would contraindicate the operation of any motor vehicle.

Mental Retardation: Mentally deficient individuals with intelligence quotients less than 50 should not drive any vehicle because of possible judgment impairment. Selected individuals, i.e., those with I.Q.'s in the range of 50 to 85, may operate private vehicles in class C if they have been well trained and there is documentation of adequate driving judgment. However, some driving restrictions for I.Q. ranges 50 to 70 should be considered.

(Note: The Committee on Nomenclature of the American Psychiatric Association has classified mental deficiency according to intellectual capacity: mild, I.Q. 70-85; moderate, I.Q. 50-70; severe, I.Q. 0-50.)

Alcohol Induced Problems

The applicant who is known for alcohol abuse should not be allowed any type of license. Proof of abuse may be a physician's statement, hospital record, driving record, police record or statement from Alcoholics Anonymous. There should be no evidence of alcohol abuse in a one year observation period prior to medical review for individuals being evaluated for private vehicle licenses in class C. Applicants being evaluated for cargo or passenger transport vehicle licenses included in classes A, B and C should demonstrate a two year alcohol free period prior to medical review.

Close scrutiny should be given to applicants whose prior history contains multiple episodes of alcohol abuse, yet none recent enough upon which to base a recommendation for denial using the abuse free periods mentioned above. If the available evidence indicates a substantial risk of relapse into chronic abuse, a denial on those grounds may be issued regardless of the date of most recent abuse.

Conversely, any applicant being evaluated because he/ she voluntarily admitted to some degree of substance abuse problem presents another set of circumstances to be weighed. If the applicant has had no documented history of any episodes of substance abuse and has voluntarily enrolled in and successfully completed a recognized rehabilitation program, an approval for the license may be granted. This approval should be contingent upon the applicant showing a continuing desire to remain free of substance abuse. Compliance should be monitored by periodic reevaluation at the discretion of the Board.

Close attention should be given to the use of alcohol in relation to other disorders, such as psychiatric or metabolic disturbances, and the concurrent use of medications such as tranquilizers. Psychiatric evaluation may be a useful tool in the assessment of the applicant who is questionable in regard to the excessive use of alcohol.

Alcohol abuse associated with driving a motor vehicle has proven to be one of the greatest hazards to the motoring public. Stringent measures, therefore, can easily be justified.

Drug Induced Problems

In addition to considering the effects of prescription drugs, attention must also be focused upon abuse of non-prescription drugs. Applicants who are known to be abusing any type of drug should not be allowed any type of license. Proof of an episode of drug abuse may be a physician's statement, hospital record, driving record or police record. There should be no evidence of drug abuse in a one year observation period prior to medical review for applicants

being evaluated for private vehicle licenses in class C. Applicants being evaluated for cargo or passenger transport vehicle licenses included in classes A, B and C should demonstrate a two year drug abuse free period prior to medical review.

If an applicant has a history of multiple episodes of drug abuse and the available evidence indicates a substantial risk of relapse into chronic abuse, a denial on those grounds may be issued, regardless of the date of most recent abuse. Applicants being evaluated after voluntarily admitting to some degree of substance abuse and receiving rehabilitative treatment for it are to be considered on the same criteria presented for that group in the Alcohol Induced Problems section of this guide.

An applicant being treated under a recognized methadone maintenance program may drive any vehicle provided it is established by the applicant's physician that he is free of drug abuse and not functionally impaired by methadone side effects. Applicants should be stabilized for three (3) months before being issued a license for operating a private vehicle in class C; for six (6) months for a commercial or cargo transport license included in classes A, B and C; and for twelve (12) months for a chauffeur or passenger transport vehicle license included in classes A, B and C. Particular attention should be given to cases in which drug abuse is associated with psychiatric problems; moreover, it has been shown that various visual disturbances result from some types of drug abuse.

Metabolic Diseases

Metabolic disease resulting from glandular dysfunction may cause a large range of symptoms. The severity of the disease and accompanying symptoms may dictate the advisability of restriction of the driving privilege. The more serious conditions likely to impair driving ability are discussed in this section.

Metabolic diseases not discussed in this section may be evaluated by assessing symptoms such as muscular weakness, muscular pain, visual disturbances, dizziness, intractable headaches, and/ or fatigue propensity.

Chronic Renal Failure: Uremia when controlled by regular dialysis is no contraindication to the operation of a private vehicle in class C. These applicants should not operate cargo or passenger transport vehicles included in classes A, B and C. Each applicant must be evaluated for the presence of associated diseases and symptoms such as muscular weakness, visual disturbances, dizziness and seizure disorders. They should be monitored at yearly intervals for the development of related problems such as neuropathy.

Diabetes Mellitus: Diabetes mellitus, when controlled by diet alone, or diet and oral hypoglycemic agents, is not a contraindication to operation of vehicles in classes A, B and C. Diabetes, when well controlled by insulin, is not a contraindication to the operation of a private vehicle in class C. The applicant with diabetes mellitus requiring insulin should be individually evaluated as to his or her ability to safely operate cargo transport vehicles and passenger transport vehicles in classes A, B and C. Primary factors in this evaluation should include: previous driving history, degree of control achieved, emergency knowledge and preparedness. For a one year period prior to the issuing of any type of license, the applicant should be free of hyperglycemia and/ or hypoglycemia severe enough to:

- A. Cause neurologic dysfunction: confusion, motor dysfunction or loss of consciousness.
- B. Result in any type or degree of vehicle accident.
- C. Require active assistance in treatment.

The exception to this clause would be the existence of extenuating circumstances such as a physician-initiated change in medication or a severe illness. The license should be issued once the applicant's physician submits a statement that the condition has been stabilized and control has again been achieved.

Newly diagnosed patients or those who have recently changed physicians should be reevaluated in six months.

Applicants with diabetes should be monitored periodically to determine degree of control and development of complications such as retinopathy or neuropathy.

Musculoskeletal Defects

Skeletal integrity joint mobility and muscle strength and coordination are prerequisites for competent management of motor vehicles. Greater demands are logically placed on certain extremities and the functional capability of these is of greater importance; yet, there is such a wide variable in standards and special vehicle devices that no simple chart may be advanced to establish minimal standards.

Operators of private automobiles in class C should have fair to good function in both upper extremities or in one upper and one lower. The nature of the dysfunction determines the necessity of vehicle or driver adaptive devices. With a driver proficiency test the functional capacity of impaired musculoskeletal performance can be determined.

Operators of cargo and passenger transport vehicles included in classes A, B and C should have normal use of both upper extremities and both lower extremities. It is conceivable that in some instances dysfunction (weakness, paralysis, amputation with or without prosthesis) of the left lower extremity would not significantly impair control of the vehicle and would be allowable. In rare instances would dysfunction of an upper extremity be acceptable.

Following are suggested guidelines for consideration in various disorders:

Arthritis: Arthritis of any type may be of little consequence or may progress to a point that performance is inhibited by pain and lack of agility or by actual impaired motion of the joints. The location and extent of involvement must be investigated in each individual case and reevaluated periodically:

Back Pain: Back pain generally results in self-imposed restriction of driving, but, in the absence of associated neurological disturbance, there is rarely a contraindication to driving.

Cerebral Palsy: Choreoathetoid cerebral palsy of a mild degree is no contraindication to driving. Once the condition is stabilized and the minimum standards are satisfied, there need not be regular reviews.

Cervical Spine Disorders: Cervical spine disorders requiring external bracing contraindicate driving of cargo and passenger transport vehicles in classes A, B and C. Demonstrated driving proficiency will reveal if there need be restrictions placed on the applicant for a private vehicle license in class C.

Demyelinating Disorders: Progressive demyelinating disorders with muscle atrophy preclude cargo and passenger transport vehicle operation in each license classification, but operation of a private vehicle in class C is permissible with regular reevaluation intervals.

Hemiplegia: Hemiplegia resulting from a cerebrovascular accident should not preclude driving. However, a driving test and peripheral visual field testing should be indicated. Residual paralysis from traumatic paraplegia or polio may not prevent safe driving. These conditions are relatively static and, once minimum standards are satisfied, need not be reviewed regularly.

Muscle Dystrophies: Progressive muscle dystrophies preclude operation of cargo and passenger transport vehicles included in license classifications A, B and C. Private vehicle operation in class C is permissible with regular reevaluation intervals and driving tests.

Disposition

License Restrictions, Periodic Evaluation, and Remediation

In making licensing decisions, the agency generally adheres to the recommendations provided by the MAB. The MAB may recommend the following licensing restrictions: daytime only; not to exceed 45 mi/h; no expressway driving; power steering; automatic transmission; applicable vehicle devices; and no driving of taxi, buses, or emergency vehicles. The MAB may also recommend that a driver should not drive, and this would result in the DPS revoking the license. The MAB could approve a driver on the condition that he or she is retested by taking a comprehensive driving exam. This recommendation for further testing would be carried out by DPS Field Employees. The MAB may recommend periodic testing for a driver once medically approved, at 6-month or 12-month intervals. Examples of conditions for which periodic review is recommended include narcolepsy, peripheral neuropathy, chronic renal failure, diabetes, arthritis, and demyelinating disorders. MAB physicians do not recommend any types of remediation of functional impairments or medical conditions. The only type of professionals to whom drivers are referred by the Agency for remediation of impairing conditions, are eyecare specialists, when drivers are not able to pass the DPS eye exam.

Driver License field personnel may place the following restrictions on a license: corrective lenses, driver devices (artificial legs, arms, braces, or other equipment), time (daytime only, specific times of day), place (routes between home and a particular destination, or restriction to a certain area), speed, or vehicle devices (specific adaptive devices).

Appeal of License Actions

There is an appeal process for drivers whose licenses are suspended or restricted for medical conditions or functional impairments. A notice of the Department's determination of suspension, disqualification, or revocation is mailed to the licensee's mailing address, and includes information about how and when to request a hearing. If the licensee doesn't request a hearing or the judge affirms the Department's action, the Department will mail the licensee the order of suspension, revocation, or disqualification. If a person desires a hearing, the request must be made in writing and be received by the 15th day after the notice is presumed to have been received (i.e., 5 days from the Department's letter of intent). Upon receipt of a timely and correctly submitted hearing request, the Department will schedule a hearing in the county of the person's residence, and mail the licensee written notification of the hearing date and time. The presiding officer will make a determination on the evidence provided at the hearing. The license may be suspended, or the officer may probate the suspension. Revocations and disqualifications cannot be probated. A licensee may appeal an affirmative finding by the presiding judge, by filing an appeal within 30 days from the date of the Department's suspension, revocation, or disqualification. If a hearing is not requested, the license will be suspended/revoked 45 days from the date of the notice.

Counseling and Public Information & Education

Counseling is not provided by the Agency to drivers with functional impairments to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving, nor does the Agency refer drivers to outside resources for such counseling. The Licensing Agency does not make Public Information and Educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. The *Driver License Examiner's Manual* provides guidance in when to issue restrictions for physical disabilities, when to road test applicants, and when to refer drivers to the Medical Advisory Board, based on applicants' responses on the license application form and responses provided during Examiner questioning. Driver License Examiners receive initial classroom training and then hands-on/on-the-job training. They are also required to attend in-service training every 2 years. There is no specialized training provided to licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system, but does use automated workflow systems.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

The medical review process in Texas does not rely on NHTSA 402 funding to support its operation. Barriers to the implementation of more extensive screening, counseling, and/or referral activities were identified as follows: revenue, drivers' availability to public or other alternative transportation, and legislative.

Utah

Organization of the Medical Program

Driver licensing in Utah is administered by the Department of Public Safety (DPS). Utah has a Medical Advisory Board that was established in 1978. The Board is composed of six physicians representing the following specialties: ophthalmology (2 physicians); neurology (2 physicians); endocrinology; and geriatrics. The head of the Board is an endocrinologist. Members are volunteer consultants to the DPS who work in private practice. They are appointed by the Commissioner of Public Safety, and serve 4-year-terms which are staggered, so that half of the Board is appointed every two years. Members' identities are public; however, records and deliberations of the Board are confidential (except that they are admissible as evidence in any judicial review). Board members are immune from legal action.

The functions of the Medical Advisory Board in Utah are as follows: to advise on medical criteria and vision standards for licensing; to review and advise on individual fitness to drive cases; to assist in developing standardized, medically acceptable report forms; and to apprise the licensing Agency of new research on medical fitness to drive.

The Medical Advisory Board developed guidelines and standards that the Licensing Agency uses to determine physical, mental, and emotional capability to drive. These standards are published in a document entitled, *Functional Ability in Driving: Guidelines and Standards for Health Care Professionals* (State of Utah, Department of Public Safety, Driver License Division, 2002). The intent of the *Guidelines* is to improve public safety while imposing the fewest possible restrictions on drivers. In addition, the *Guidelines* assist healthcare professionals in counseling their patients about their functional ability to operate motor vehicles, and simplify the reporting of medical information necessary for driver licensing. This program has been in existence since 1979. At present, 173,432 drivers with medical conditions are being tracked by the DPS.

Board members meet as a group on a monthly basis to make fitness to drive determinations. Members' recommendations to the Licensing Agency are based on paper reviews; however, if a driver appeals the Department's licensing decision, the individual will meet in front of the Board, and may be interviewed by Board members. A single specialist may be asked to review a case and provide a recommendation, or the entire Board may consider a case during the monthly meetings. Between 250 and 500 cases are referred to the MAB each year; approximately 10 percent of these cases involve drivers age 65 and older. Approximately 12 to 25 drivers are denied a license each year following evaluation by the Board. About 25 percent of the drivers who are denied a license are age 65 or older.

The Licensing Agency does not have a dedicated internal medical review unit. The medical review program is administered by non-medical administrative staff who have other responsibilities in addition to medical evaluation, and includes a program coordinator and 8 employees who enter medical information (and may issue restrictions) and process renewal-by-mail requests.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect safe driving ability come to the attention of the Licensing Agency in a number of ways. Original and renewal applicants must answer “Yes” or “No” to the following questions as they complete their license application:

Do you have, or have you had, any of the following in the last five years?

- A. *Diabetes:*** Diabetes (high blood sugar, sugar diabetes, you control with diet, medication, or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety?
- B. *Cardiovascular:*** Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) currently requiring medication for control?
- C. *Pulmonary:*** Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.), shortness of breath which has required treatment? Is an inhaler the only medication prescribed for this condition?
- D. *Neurologic:*** Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson’s Disease, etc.) which may interfere with driving safety?
- E. *Epilepsy:*** Epilepsy, seizures, other episodic conditions which include any recurrent loss of consciousness or control?
- F. *Learning and Memory:*** Learning and memory difficulties observed personally, or reported to you by others?
- G. *Psychiatric:*** Psychological condition (anxiety, severe depression, behavioral mood conditions, schizophrenia, etc.) for which a physician has recommended that you take medication? List medications for this condition: _____.
- H. *Alcohol and Drugs:*** Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs: or treatment or recommendation for treatment of alcohol use or chemical dependency?
- I. *Visual Acuity:*** Is your vision worse than 20/40 in either eye, even with corrective lenses?
Are corrective required used for driving?
Have you experienced a decrease in peripheral (side) vision?
Do you have a degenerative or progressive eye condition?
- J. *Musculoskeletal/Chronic Debilities:*** Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment? New or changed in the past 5 years? _____ Present longer than 5 years? _____
- K. *Alertness or Sleep Disorders:*** Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.)?
- L. *Hearing and Balance (ENT Problems):*** Have you experienced any sudden vertigo (Meniere’s Disease) or infection of the inner ear (vestibular neuronitis or labyrinthitis) which might interfere with driving ability and safety?

Other: Other health problems or use of medications which might interfere with driving ability or safety? Please explain: _____.

Applicants who self report a medical condition are required to take a Functional Ability Evaluation Medical Report form to their physician, who will determine the profile level based on the MAB *Guidelines* document. Physicians may also recommend that the driver complete a driving skills test in an appropriate vehicle.

Vision Screening and Vision Standards

All applicants (both original and renewal) have their vision screened each time they apply for a license. Drivers who do not meet the 20/40 acuity (in the better eye) and 120 degree visual field (total for both eyes) standards are referred to an ophthalmologist. Drivers who have 20/50 to 20/70 acuity in the better eye and at least 90 degrees of visual field (total) will be licensed with speed restrictions, and a 2-year periodic reporting requirement. Drivers with 20/80 to 20/100 acuity in the better eye and at least 60 degrees of visual field (total) will be licensed with restrictions as recommended by the MAB, with a 1-year periodic reporting requirement. Drivers who have poorer vision may be licensed with special limitations as recommended by their healthcare professional, and upon the advice of the MAB. Generally, drivers are not allowed to use telescopic lenses; however, there are a couple of drivers who have been approved by the Board to use them.

Referral Sources

Other mechanisms for bringing drivers with medical conditions and functional impairments to the attention of the Licensing Agency include reports from physicians; police officers; the courts; family, friends, and other citizens; hospitals; and occupational and physical therapists. Utah does not have a mandatory physician reporting law; however, physicians may voluntarily report drivers by submitting a copy of a Functional Ability Evaluation Medical Report form. Physician reports are confidential, with the exception that a driver may request a copy and they may also be released by court order for judicial review proceedings of drivers determined to be incompetent. Physicians are expected to make their recommendations and information regarding driving safety and responsibilities available to their patients, without reservation. Utah code provides immunity to physicians from any damages resulting from reports made in good faith to the DPS, of drivers who appear to present an imminent threat to driving safety.

Police officers and others who wish to report medically or functionally impaired drivers would do so using a D117 form, which must describe the actions or impairments that caused concern. The Licensing Agency does not accept anonymous reports, and no sources are investigated prior to contacting a driver for possible evaluation. If a person wishes to remain anonymous, he or she must have a healthcare professional or law enforcement official sign and file the complaint with the DPS.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include reports from any of the referral sources described above, including self-report of a medical condition; through observation by driver licensing personnel of signs of functional impairment during the licensing process; as a result of contributing to a crash where there was a fatality; and as the result of accumulating 2 or 3 crashes within a 1-year period. Depending on the content of the referral, a driver may be required to have a Functional Ability Evaluation Medical Report completed by his or her physician, and/or undergo DPS reexamination consisting of vision, knowledge, and road testing. A driver may be required to undergo DPS reexamination without the need to have a medical evaluation. Drivers for whom a medical evaluation is required may have their cases referred to the MAB, depending on the functional ability profile in which they are scaled by their physician. MAB physicians may request more in-depth medical reports from drivers, who must submit requested information within 30 days. If the MAB reviews a case, it will provide a recommendation back to the DPS, which the DPS usually follows. The DPS will in turn notify the driver of the licensing action.

Medical Guidelines

The *Guidelines* developed by the MAB (*Functional Ability in Driving: Guidelines and Standards for Health Care Professionals*) contain 12 functional ability categories, as follows, (with the current number of drivers being tracked in parenthesis):

- Category A: Diabetes and other metabolic conditions (39,071 drivers).
- Category B: Cardiovascular (68,825 drivers).
- Category C: Pulmonary (10,917 drivers).
- Category D: Neurologic (6,733 drivers).
- Category E: Epilepsy and other episodic conditions (6,155 drivers).
- Category F: Learning, memory, and communication (75 drivers).
- Category G: Psychiatric or emotional conditions (20,539 drivers).
- Category H: Alcohol and other drugs (1,395 drivers).
- Category I: Visual acuity (13,907 drivers).
- Category J: Musculoskeletal abnormality or chronic medical debility (1,958 drivers).
- Category K: Functional motor impairment (3,492 drivers).
- Category L: Hearing (365 drivers).

A matrix is provided for each functional ability category that contains 8 profile levels (except for vision, which contains 10 levels) indicating the severity of the condition (the higher the number, the more severe the condition), which are based on history, laboratory findings, or other information. For each profile level, information is provided to determine whether the profile should be periodically confirmed by the patient's physician and how often, and what restrictions should be placed on the driver's license. Drivers with medical conditions are profiled by their treating physicians, who use the *Guidelines* document developed by the MAB. Level 1 is used to indicate no history or history with full recovery, and no restrictions. Drivers

who are placed in Levels 2 through 5 are required to submit periodic medical reports. Drivers who are placed in Levels 6 and 7 generally have some combination of speed, area, and time-of-day restrictions placed on their licenses, and are required to submit periodic medical reports. Drivers placed in Level 8 may not drive. Drivers with any medical conditions may be referred to the Board, but the most commonly referred cases for drivers of passenger vehicles relate to vision and musculoskeletal disorders. All cases involving passenger vehicle drivers with musculoskeletal disorder profile levels of 4 or more and all cases involving passenger vehicle drivers with vision profile levels of 6 or more are referred to the MAB for review.

An overview of the Functional Ability Profiles for each of the 12 medical conditions is presented in figure 2 on the following page. The functional ability profile for private-vehicle drivers with epilepsy is shown in table 3. With specific regard to licensing drivers with epilepsy and other episodic conditions, drivers may be licensed if they have been seizure free for 3 months on medication without side effects, and will be required to file follow-up medical reports at 6-month intervals. Drivers who have had a single seizure after a long period of being seizure free, or other special circumstance such as an isolated single seizure, may be licensed based on a favorable recommendation from their healthcare professional, with speed, area, and time of day restrictions as recommended by their physician.

Drivers diagnosed with dementia may be allowed to continue to drive in Utah, based on the profile level in which they are scaled by their physician. Dementia is categorized in Category F: Learning, Memory, and Communication. If profiled in Level 8, described as “severe mental retardation or impairment of intellectual functions or communication, or lesser impairment, but with poor socialization and/or emotional control,” they would no longer be allowed to drive. At Level 3, described as “slight intellectual or communication impairment, and good socialization and emotional control,” a driving test may be required at renewal, based on the healthcare professional’s recommendation. At Level 6, described as “moderate intellectual or communication impairment with variable emotional or social control or alteration of competence from use of medications, alcohol, or other drugs” a 1-year follow-up interval is required in addition to restrictions that may be placed on the license based on the physician’s recommendation, including combinations of: speed, area, time of day, need to be accompanied by adult licensed driver or instructor, and driving test required.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Licensing Agency bases its licensing decisions on recommendations made by a driver’s physician, on recommendations made by the MAB, on the visual and medical standards provided in the *Guidelines* document, and on whether the driver can pass the DPS knowledge and road tests.

FOR USE AS AN OVERVIEW ONLY c

Functional ability profiles serve to define a person's physical, mental or emotional health in a way that it can easily be related to issuing regular or limited driver licenses. This table shows, in general, the principle requirements for each level and may be used as a rough guide only. A full narrative description and table for each category are found in **Functional Ability in Driving: Guidelines and Standards For Health Care Professionals**, which is available at a Utah Driver License Division office.

Level	A Diabetes & Metabolic Conditions	B Cardio-vascular	C Pulmonary	D Neurologic	E Epilepsy Epileptic Conditions	F Learning Memory	G Psychiatric Emotional Condition	H Alcohol & Other Drugs	I Visual Acuity	J Musculo-skeletal or Chronic Debility	K Alertness & Sleep Disorders	L Hearing & Balance
1	No history	No past history or fully recovered	No disease or fully recovered	No history or fully recovered	No history or none in 5 yrs w/o medication	No history or fully recovered	No history or no symptoms for 2 yrs.	No history or no problems within 2 yrs.	20/40 in each eye, with normal fields in each eye	No history or fully recovered 1 yr or more	No history or problem for 2 yrs. ESS -6	No current or past balance problem
2	Adult, stable with non-insulin stimulation, diet & oral meds	All Class I rhythm, stable for 6 mo. Symptoms with strenuous act.	Minimal symptoms: No steroids	Minimum impairment, able to control equipment	Seizure free 1 yr, off meds	Minimum difficulty with good adjustment	Stable 1 yr with or without meds	No consequences within past year	20/40 in better eye, normal visual fields in each eye	Minimal loss of function of function recovered 1 yr or more	Problems with good self-management ESS 7-9	Mild balance (Meniere's disease)
3	Stable on insulin-stimulating agent & diet	Class I rhythm stable for 6 mo. Symptoms with strenuous activity	Symptoms on activity, intermittent steroids FYC & FEV>50% normal	Slight impairment, able to control equip.	Seizure free 1 yr, on meds	Slight impairment w/good judgment	Stable 3 mo w or w/o meds	No consequences in past 6 months	20/40 in better eye, visual fields 120° binocular, 60° to right & left	Mild loss of function w/ or w/o compens device	Multimoderate problems, good professional management ESS 10-12	Problems but not incapacitating
4	Stable on insulin for 1 yr	Class II rhythm, stable for 3 mo. Diastolic under 120	Stable with O ₂ or steroids, dyspnea on exertion	Moderate impairment of dexterity	Seizure free 6 months on meds	Moderate impairment with good judgment	Stable 1 mo with meds	No consequences in past 3 months	20/40 in better eye, visual fields binocular 90° total, w/45° to right & left	Moderate loss of function with or without comp device	Moderate prob related to time of day ESS 13-15	Recurring problem, not in past 3 months
5	Stable for 6 months	Class III anticipated aggravation by unmitigated driving	PO2 over 50, symptoms ordinary activity, no cough syncope 3 mos.	Moderate impairment & decreased stamina	Seizure free 3 mo on meds	NOT USED	Minimal dyskenesia, meds which interfere with coordination	No consequences in past 1 month	20/50 in better eye, visual fields binocular 90° with 45° to right & left	Limited joint motion	Moderate problems related to time & circum ESS 13-15	Recurring problems not in past 1 month
6	Stable for 3 months	Class III unstable rhythm, uncontrolled hypertension	Severe dyspnea no syncope within 3 mos	Moderate impairment expected to be temporary	Single recurrence over 2 yrs. Special circum	Moderate impair, variable adjustment from meds, alcohol or drugs	Driving under supervision of adult	Intermittent impairment of function, not in driving or working hours, alcohol or supervision	20/80 to 20/100 in better eye, visual fields 60° with 30° to right & left	Impairment or debility requiring assist of responsible driver	NOT USED	NOT USED
7	Special Circumstances or under evaluation											
8	Severe unstable insulin-depend NO DRIVING	Class IV arrhythmia with loss of conscious uncontrolled Ht, NO DRIVING	Severe dyspnea, syncope within 3 mo NO DRIVING	Impairment incompatible w/driving NO DRIVING	Seizures not controlled or interfering NO DRIVING	Severe impairment & poor adjustment NO DRIVING	Active condition w/sk adjustment NO DRIVING	Chronic use of alcohol or drugs NO DRIVING	Levels 7-9 REFER TO GUIDELINES Level 10 20/200 or worse NO DRIVING	Chronic unsafe conditions NO DRIVING	Severe problem, no meds or unsuccessful NO DRIVING	Chronic balance problems NO DRIVING

a. Level should be followed by suffix if indicated: C=visual correction. For example, a person who has a visual acuity of 20/40 in better eye with glasses would have a Category 1 profile level of 2-C.
 b. For commercial drivers, see appropriate section of Functional Ability in Driving: Guidelines and Standards for Health Care Professionals.
 c. For other considerations, see appropriate section of Functional Ability in Driving: Guidelines and Standards for Health Care Professionals.
 10/24/01

Figure 2. Overview of functional ability profiles used in Utah, showing principal requirements for each level, for each medical category used to define a person's physical, mental, or emotional health.

Table 3. Functional ability profile used in Utah for private-vehicle drivers with epilepsy.

Profile Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of epileptic seizures. History of seizures but none in past 5 years without medication	No	N/A	Private vehicle
2	Seizure free one year off medication; as recommended by health care professional	Yes	2 years	Private vehicle
3	Seizure free one year on medication, without side effects	Yes	1 year ^a	Private vehicle
4	Seizure or episode free 6 months, on medication without side effects	Yes	6 months ^a	Private vehicle
5	Seizure or episode free 3 months, on medication, without side effects	Yes	6 months ^a	Private vehicle
6	Special circumstances not covered above, e.g., single recurrence after long interval (over 2 years) of seizure freedom, etc.	Yes	6 months ^a	Speed, area, and time of day, or as recommended by health care professional.
7	Single seizure or episode, suspected seizure or cluster, or seizures in process of evaluation, or other special circumstances.	Yes	As recommended	To be determined by health care professional
8	Seizures or episodes not controlled, or medication effects interfering with alertness or coordination.	Yes	N/A	No driving

The MAB may recommend license restrictions that include driving within a specific area from home, daylight driving only, maximum speed, mechanical aids, corrective mirrors, and corrective lenses. The MAB may also recommend periodic reexaminations or medical statements for any medical condition, at 3-month intervals, 6-month intervals, 1-year intervals, 2-year intervals, or upon renewal. The MAB may indicate that a driver is medically qualified to drive, but may recommend that the Department perform a road test prior to licensing the driver. Finally, the MAB may recommend denial of a license.

Appeal of License Actions

There is an appeal process for drivers whose privileges have been suspended, revoked, denied, disqualified, cancelled, or restricted (without the convening of a panel). The affected applicant or licensee may within ten days of receiving notice of the action request in writing a review of the division's action by a panel of the MAB. The panel will review medical reports and the driving record, and provide written findings and conclusions to the Department.

Counseling and Public Information and Education

Counseling is not provided by the DPS to drivers with functional impairments, nor are drivers referred to outside resources for counseling. The Agency does not refer drivers for remediation of impairing conditions. The Agency makes public information and educational materials available to older drivers that explain the importance of fitness to drive, and the ways in which different impairing conditions increase crash risk. Information is provided in a brochure entitled, "Arrive Alive After 65."

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor does it provide specialized training for driver licensing personnel relating to older drivers.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system, but does use automated work-flow systems.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Utah's medical review process does not rely on NHTSA 402 funding to support its operation. The Agency indicated that there are no barriers to the implementation of more extensive screening, counseling, and/or referral activities.

Vermont

Organization of the Medical Program

Driver licensing in Vermont is administered by the Department of Motor Vehicles (DMV). Vermont does not have a Medical Advisory Board, nor does the DMV have a separate medical review unit with designated staff trained to evaluate drivers with medical conditions and functional impairments. Individuals who evaluate drivers with medical or functional impairments include DMV Driver Improvement Clerks (who receive letters of concern and mail subject drivers Medical Evaluation forms for completion by their physicians) and DMV Driver License Examiners (who conduct vision, written, and road tests). Individuals outside of the Department who evaluate such individuals include drivers' treating physicians and eyecare specialists and driver training school instructors.

Individuals who make fitness to drive determinations are not anonymous, but they are immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments that could affect safe driving performance are brought to the attention of the Licensing Agency in a variety of ways. First-time and renewal applicants must answer the following question when they complete their license application: *"Have you any physical or mental condition, other than properly corrected eyesight, that could affect your ability to safely operate a motor vehicle? If 'Yes,' provide (or send) details."* Applicants who reply in the affirmative may be required to take a Medical Evaluation form to their physician for completion and return to the Department.

Vision Screening and Vision Standards

Initial applicants (but not renewals) must take and pass a vision test. The Department's acuity standard is 20/40 binocularly or 20/40 monocularly. The field of view standard is 60 degrees or more external, each eye, or 60 degrees or more external and 60 degrees or more nasal. Drivers who cannot meet the DMV's standards must take a form to an eyecare specialist for completion and return to the Department.

An ophthalmologist may recommend that a driver is able to drive safely with vision poorer than 20/40, and the Department will grant driving privileges; there is no Department-specified minimum acuity if an ophthalmologist provides a favorable Eye Report.

Referral Sources

Vermont does not have a mandatory physician reporting law; however the Department accepts reports of potentially unsafe drivers from physicians who choose to report drivers on a

voluntary basis. Doctors may report drivers to the DMV by writing a letter. Physician reports are confidential, except that reports may be admitted as evidence in Departmental hearings, at which time the identity of the reporting source will be revealed. Physicians who report drivers in good faith are not immune from legal action by their patients.

The Licensing Agency also accepts reports of potentially unsafe drivers from the following sources: police officers; the courts, family, friends, and other citizens; hospitals; occupational therapists; and physical therapists. Reporting sources must provide their names, as anonymous reports are not accepted. Sources are not investigated prior to the Agency contacting a driver for possible evaluation.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo reevaluation include a report from any of the sources noted earlier, as well as when an Agency counter person observes signs of functional impairment during the renewal process, and upon application for handicapped parking privileges (depending on the content of the Medical Evaluation). When the Department receives a letter of concern regarding a driver's medical or functional condition, the Driver Improvement Section sends a Medical Evaluation form to the driver, instructing him or her to have a physician complete the form and return it to the Department within 30 days. The physician must provide information (based on an exam performed within the past 6 months) about amputations or medical conditions that exist and blood pressure (if a medical condition exists); whether signs and symptoms have changed in frequency or severity within the past 2 years; whether the patient takes medications whose side effects may interfere with the safe operation of a motor vehicle (and if yes, the name of the medication, dosage, duration of therapy, and side effects); and whether the medical condition causes episodes of unconsciousness, dizziness, confusion, or irrational behavior (and if "yes," date of last episode). The physician is asked to provide a medical opinion, by checking one of the following statements:

- There are no reasonable **medical** grounds to limit driving privileges.
- The patient **is medically fit** to drive a motor vehicle, however, s(he) should:
 - be monitored at the following interval(s): ___ months ___ years;
 - submit progress reports to the DMV : ___ months ___ years;
 - be further evaluated for driving abilityComments: _____
- The patient is **not medically fit** to drive any motor vehicle on the highway.
THE PATIENT'S CONDITION IS IRREVERSIBLE: ___ YES ___ NO.

The Driver Improvement Section reviews the form, and if the physician indicates that the individual should not be driving, the license is suspended until a favorable medical report is received. If the physician indicates that the patient is medically fit to drive, the Department will conduct the standard vision, written, and road examinations. If all exams are passed, no restrictions are added. If some tests are failed, the license is restricted or suspended as necessary. If the road test is failed, the driver will be issued a permit to drive with a licensed instructor or a

person over the age of 25. A road test may be attempted three times within the 30 day restriction period. After the third failure, the license will be suspended, and the driver must wait 6 months to retest.

Drivers who are diagnosed with dementia are allowed to continue to drive in Vermont, until which time a physician notifies the Department (either through a letter of concern or an unfavorable Medical Evaluation) that the person is no longer medically fit to drive.

Medical Guidelines

Vermont procedure requires a physician to make a recommendation regarding medical fitness to drive, without any specific Departmental criteria, and then once cleared by the physician, the driver may take the DMV rules, vision, and road tests.

The Agency no longer has a specified seizure-free period, although at some point in the past, there was a 2-year seizure-free requirement period. The Examiner's Guidebook (rev 4/2000) states, "*If it is determined that an applicant has a physical or mental defect which may affect his or her ability to operate a motor vehicle, especially as it relates to seizures, fainting spells and blackouts, it is the duty of the examiner to obtain necessary information and submit for evaluation. Upon evaluation, it may be determined that the applicant must be free of symptoms for a prescribed period of time and submit regular medical evaluations.*" Reference is made to Title 23, Chapter 9, Section 637 and APA Rule 15, however, neither the Statute or Administrative Procedure rules specify a seizure-free period. The Guidebook further states that, "*If an applicant has epilepsy, diabetes which is controlled by insulin, or any condition which causes fainting or other loss of consciousness, advise the applicant that a medical clearance must be obtained from the Montpelier office before proceeding with the examination.*"

Disposition

License Restrictions, Periodic Evaluations, and Remediation

In making licensing determinations, the Agency relies on the physician's recommendations and whether the driver can pass the vision, written, and road tests. The Department may restrict a licensee to time of day, visual correction, and adaptive equipment. It does not issue geographic or radius from home restrictions. The Agency has written guidelines for special equipment restrictions. The Guidelines indicate that, "*because of the physical conditions of applicants and the types of vehicle equipment used to present a variety of restriction possibilities, situations encountered may not fit some of the categories listed. Therefore, it is important for the examiner to take the necessary time to make sure the applicant is properly restricted, with the focus on establishing restrictions which neither over-restrict nor under-restrict.*" The list of standard restrictions is as follows: corrective lenses, outside mirror on left side, automatically operated transmission, directional signal required, mechanical device to operate brake and clutch simultaneously, automatic transmission and hand-operated dimmer switch, totally equipped for hand operation, and other special restriction. A list of physical conditions is provided in the Guidelines with applicable restrictions.

The Agency may suspend a license if the applicant does not receive a favorable Medical Evaluation, or if the DMV tests are not passed. The DMV may refer/suggest that applicants enroll in a private driver training school. Vermont Statutes (Section 723) state, “*The Commissioner of motor vehicles either in his discretionary authority under this chapter or upon the recommendation of a judge of a court of competent jurisdiction, may require a motor vehicle operator to attend at his own expense a driver retraining course as defined and established by the Department of Motor Vehicles.*” The Agency may also require drivers to undergo periodic reexaminations or to submit periodic physician reports.

Appeal of License Actions

There is an appeal process for drivers who are aggrieved by the Department’s decision to restrict or suspend their licenses due to medical conditions or functional impairments.

Counseling and Public Information & Education

Counseling is not provided to drivers with functional impairments —either by the Agency or through referrals to outside resources— to help them adjust their driving habits appropriately or to deal with potential lifestyle changes that follow from limiting or ceasing driving.

The DMV does not make public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants with conditions that could impair their ability to drive safely, nor is specialized training provided relating to older drivers.

Medical Program Tracking System

The Agency does not use an automated medical records system. A database is employed that contains information about tests taken and failed, and restrictions for periodic examinations and physician reports. The database notifies the Driver Improvement Section when a letter needs to be sent to a driver for reevaluation/reexamination, but does not automatically generate the letter.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support the medical review process. Barriers to implementing more extensive screening, counseling, and/or referral activities include budgetary issues and the lack of alternative transportation options in Vermont.

Virginia

Organization of the Medical Program

Driver licensing in Virginia is administered by the Department of Motor Vehicles (DMV). Virginia has a Medical Advisory Board that was established in 1968, with seven licensed physicians who are currently practicing medicine in Virginia. The medical specialties represented by Board physicians include optometry, internal medicine, neurology, psychiatry, plastic surgery, geriatrics, and nephrology. Members are volunteer consultants to the DMV, working in private practice, in hospital/clinic settings, and in veterans' hospitals. They are appointed by the Governor for a 4-year term. The Chair of the Board is currently vacant, awaiting designation by the Governor. Board members' identities are public, although they are released only upon request. The Board's records and deliberations of individual medical cases discussed in Executive Session are confidential, without exception. The minutes of Board meetings are posted on the Commonwealth Calendar along with the minutes of other public meetings. The minutes include issues discussed during the Public Session of Board meetings. Board members are not immune from legal action.

The functions of the Board are as follows: to advise on medical criteria and vision standards for licensing; to review and advise on individual cases (through the performance of paper reviews); to apprise the Licensing Agency of new research on medical fitness to drive; to advise on procedures and guidelines; and to assist with legislative proposals. For example, the Board established the current seizure/black-out policy, and made recommendations for implementing a way that law enforcement could submit an impaired-driver report electronically to allow the DMV to take action as soon as possible after law-enforcement observation of an impaired driver. Board members meet bi-monthly as a group, and interact by regular mail and e-mail on a case-by-case basis, to make fitness to drive determinations.

The Board reviews approximately 60 cases per year. The DMV is concerned about any condition that alters a person's level of consciousness, vision/perception, judgment, or motor skills. DMV's medical consultant only refers the more complex for review by the Board. The cases generally involve conditions such as seizure disorders, epilepsy, insulin-dependent diabetes, Alzheimer's disease, cardiac conditions, and vision conditions. The Board also reviews cases where the driver contests the Department's medical review action or requirements, and those where the driver has specifically requested review. The Department's licensing actions may be based on the recommendation of the entire Board, or the recommendation of a single member or multiple members.

In addition to the Board, the DMV has a Medical Review Services Unit with staff who are dedicated to medical review activities. The Unit is comprised of five non-medical employees and a staff medical consultant who is a Registered Nurse. Over the past 20 years, the medical consultant has trained and worked very closely with the employees in the Unit. As a result, each Medical Review Services employee has over 20 years of experience reviewing cases, conducting evaluations, and making recommendations regarding medical review action. The Unit reviews

approximately 20,000 to 25,000 medical cases annually. Approximately 250 to 500 new cases are reviewed each month, initiated through letters of concern.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may impair safe driving ability come to the attention of the DMV in many ways. Original applicants and renewal applicants must answer questions about medical conditions when they apply for a license. Original applicants must answer “Yes” or “No” to the following questions, and provide an explanation for “Yes” responses:

- *Do you have a physical or mental condition which requires that you take medication?*
- *Have you ever had a seizure, blackout, or loss of consciousness?*
- *Do you have a physical condition which requires you to use special equipment in order to drive?*

Renewal applicants must respond to the following question:

- *Do you have a physical or mental condition (including disabilities, seizures, blackouts, or loss of consciousness) or take any medication that could affect your ability to safely drive a motor vehicle?*

Drivers who answer in the affirmative must have their physician complete a Customer Medical Report based on an examination within the prior 90-day period. In providing medical information, DMV requests that the physician provide a diagnosis, and indicate whether the patient has been hospitalized as a result of the diagnosis, whether a seizure disorder is present, and whether the patient has had a blackout/loss of consciousness/syncope. The physician is asked to list any medications that are prescribed, provide results of EEG tests, and indicate whether the patient complies with the treatment regime. In addition, the physician is asked to provide an opinion regarding: whether the patient is medically capable of operating a motor vehicle; whether the patient needs to be retested by the DMV, and if so, which tests (written, road, or both); and whether the patient is mentally capable of operating a motor vehicle.

Vision Screening and Vision Standards

Drivers renewing their licenses in person must take and pass a vision screening test. Drivers may renew their driver’s license by alternate means (internet, touchtone telephone, mail or extraTeller) no more than every other 5-year renewal cycle. The vision test requirement is waived for alternate renewals. Virginia’s visual standard is 20/40 acuity or better in one or both eyes (with or without corrective lenses), and 100 degrees or better horizontal vision in one or both eyes. Telescopic lenses may not be used to meet the standard. Applicants who cannot meet the standard must have a vision specialist complete a Vision Screening Report based on an examination within the past 90-day period. The eyecare specialist is asked to provide acuity and

horizontal visual field measurements. The specialist is also asked whether there are any visual defects that would affect the operation of a motor vehicle, whether the patient is capable of operating a motor vehicle, whether the applicant should be restricted to driving during daylight only and/or with corrective lenses, and whether (and how often) an applicant should be required to submit periodic Vision Screening Reports to the DMV. Drivers who cannot meet the standard but have visual acuity of 20/70 or better in one or both eyes and 70 degrees of horizontal vision or better in one eye (or 40 degrees or better temporal and 30 degrees nasal for monocular drivers) will be restricted to driving during daylight hours only.

Virginia allows the use of telescopic lenses for driving, provided that visual acuity is 20/200 or better in one or both eyes through the carrier lens, and 20/70 or better in one or both eyes through the bioptic telescopic lens, which must be mounted to the carrier lens. Horizontal vision (without field expanders) must be 70 degrees or better (or 40 degrees or better temporal and 30 degrees nasal for monocular drivers). An eyecare specialist must certify that the applicant has:

- Been fitted for a prescription spectacle mounted telescopic lens arrangement and has had this arrangement in his/her possession for at least 60 days prior to the application date.
- Clinically demonstrated the ability to locate stationary objects within the telescopic field within one to two seconds.
- Clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating further movement, so that by moving the head and eyes in a coordinated fashion is able to locate the moving object within the telescopic field within one or two seconds.
- Clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
- Experienced levels of illumination which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light and the patient has clinically demonstrated the ability to adjust to such changes.
- Used the lens while walking for practical experience of motion while objects are changing position.

The applicant must certify that he or she has been using the bioptic lens: daily for at least 60 days; while walking or riding a bicycle daily for at least 6 weeks; for spotting objects and identifying road signs successfully as a motor vehicle passenger for at least 6 weeks; to locate and identify objects within the telescopic field within one to two seconds. Bioptic drivers must wear the bioptic and carrier lenses while driving, and driving is permitted during daylight hours only, at least for the first year. After one year of driving with the telescopic lens, the restriction may be lifted if visual acuity is 20/40 or better in one or both eyes without field expanders and the licensee can pass a night driving road skill examination.

Referral Sources

DMV employees are trained to observe applicants for symptoms of a physical or mental condition that may impair safe driving ability. The Medical Screening section of their training

material states that: *“Physically disabled drivers are most often capable of compensating for their disability and are generally good drivers. The examiner should be unobtrusive and inoffensive when watching for these symptoms. Watch for symptoms as the applicant takes the written test, as the applicant walks or enters the vehicle, and during the road test. If the applicant is missing a limb or is deaf, the examiner must place the appropriate restriction on the driver’s license. If the examiner is unsure how to handle an applicant, the examiner should contact the medical department. Some of the physical factors the examiner should be concerned with are: loss of an outer extremity (hand, arm, foot, leg); hearing; deformity; shakiness; long-term illness; spinal injury (paraplegic); stroke; heart disease; range of motion (arthritis); muscle action (polio, cerebral palsy).”*

The DMV accepts reports of potentially unsafe drivers from physicians; police officers; the courts; family, friends, and other citizens; hospitals; occupational therapists; physical therapists; Department for the Blind and Visually Impaired; attorneys; power of attorneys; and DMV representatives. Physicians in Virginia are not required by law to report drivers with medical conditions or functional impairments to the DMV, but physicians may voluntarily report drivers whose ability to operate a motor vehicle safely may be impaired by such a condition. Physician reports may be made using a DMV Medical Review Request form, the DMV Vision Screening report, the DMV Customer Medical Report form, or on their own letterhead. Physician reports are confidential without exception. Section 46.2-322 of the Code of Virginia states that: *If the driver so requests in writing, the DMV shall give the reasons for the examination, including the identity of all persons who have supplied information to the DMV regarding the driver’s fitness to drive a motor vehicle. However, DMV shall not supply the reasons or who submitted the request if the source is a relative of the driver or a physician treating the driver.* Physicians who report drivers in good faith are immune from liability. Section 54.1-2966.1 of the Code of Virginia specifies that *Any physician who reports to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle which the physician believes affects such person’s ability to operate a motor vehicle safely shall not be deemed to have violated the physician-patient privilege unless he has acted in bad faith or with malicious intent.*

Police officers and others who wish to report a driver to the DMV must do so in writing using the Medical Review Request form (available on the Internet) and provide their names. The DMV does not accept anonymous reports. The individual must describe in detail, the circumstances that led to the request for reexamination, including a description of what appears to be the driver’s mental, physical, or visual impairment. Individuals who report drivers are asked to indicate which of the following should be given, based on observation of the driver: medical examination, vision examination, written examination, or driving skills examination. The identity of the reporting source and the reason for the reexamination may be made available to the driver upon written request of the driver, except for reports from physicians or a relative of the driver. The Medical Review Services staff follows up with reporting sources when additional information or clarification is necessary. Follow up with concerned citizens and friends is done to determine if the report is submitted in good faith.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include referral by any of the sources described above, including self-report of a medical condition, and observation of functional impairment by DMV personnel. When the Medical Review Section receives a report of a potentially unsafe driver, a Customer Medical Report is sent to the driver that must be completed by his or her physician and returned to the DMV within 30 days. Refusal of the person to comply with the reexamination requirement results in license suspension. If the physician indicates that the driver is not capable of driving safely, the Department will suspend the license. If a favorable physician report is received, a driver may be required to take the DMV written exam and/or road test, based on the physician's recommendation and the information provided in the Medical Review Request.

If mental impairment is suspected, the written test will be given. Drivers diagnosed with dementia may be allowed to continue to drive in Virginia if a physician indicates that the patient is in the early stages of Alzheimer's disease or has mild dementia. The DMV will also require the driver to pass the road test and will require periodic medical reports. DMV notifies the driver in writing of any driver licensing test requirements and allows the driver an additional 15 days to comply. Driving privileges for individuals with dementia will be suspended when a physician indicates that the patient is no longer able to drive, or if the individual fails the knowledge or road tests.

A group of approximately 30 Driver License Quality Assurance Specialists are used to administer tests to drivers under medical review by the DMV. These employees are the most experienced License Examiners who also perform the Commercial Driver Skills tests. The road test given to drivers who are under medical review is the same as the test given to original applicants.

Based on the Medical Review Unit's evaluation of the medical information and/or test results, the DMV will determine whether to suspend the driving privilege, restrict the driving privilege, and/or require the driver to submit periodic medical or vision reports.

Drivers who contest the requirement to submit medical reports, drivers who request an administrative hearing because they are aggrieved by the Department's decision, cases where physicians' reports are conflicting, and unusual medical cases are referred to the Medical Advisory Board for review. The Medical Review Section presents each case to the entire Board for a collective decision. At times, Board members will defer to the recommendation of a single specialist who has expertise in the area. But all members have the opportunity to review each case and submit a recommendation. The DMV generally acts on the recommendation of the Board. When cases are not referred to the Board, Medical Review action is taken based on review of medical and vision reports, results of DMV knowledge and road skills tests, feedback from the DMV representative who administered the tests, the DMV seizure/blackout policy (when applicable) and statutory medical review and licensing requirements.

Medical Guidelines

The only medical conditions for which there are written policies are visual acuity/visual fields and seizures/blackouts. The visual requirements and associated restrictions were described earlier. The current seizure/black-out policy states that an individual must be seizure-free or black-out-free for at least six months to establish medication and regain proper medical control before driving. Based on the information received from a driver's physician, an individual who is permitted to continue or regain driving privileges will be placed under medical control with the DMV and will be required to submit medical reports every 3, 6, 12, or 24 months.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Medical review action is taken based upon review of medical and vision reports, results of driver licensing tests (knowledge and road skills), feedback from the DMV representative who administered the tests, DMV seizure/blackout policy (when applicable) and statutory medical review and licensing requirements.

The Board may recommend suspension periods that vary depending on the merits of the case, and may range from 3 months to indefinite. It may also recommend various license restrictions. The Board may recommend further testing in the form of successful completion of driver license tests administered by a Driver License Quality assurance specialist, a driver evaluation performed by a rehabilitation specialist, or additional tests by a treating physician. The Board may also recommend that an individual submit periodic medical and/or vision reports to the DMV, at 3 months, 6 months, 12 months, or 24 months. The Board may recommend remediation such as completion of a driver training course or completion of a driver rehabilitation program.

The DMV may impose the following restrictions on an applicant's driving privilege: automatic transmission; mechanical signal devices; side-view mirror (hearing impaired); all hand controls; quad grip with pin; yoke spinner; tri-post spinner; amputee ring spinner; turn level extension; gear shift extension; left side accelerator; hand control clutch; hand control brake; hand control accelerator; hand control dimmer; all foot controls; auto steering rod and power steering gloves; back brace; left leg brace; chest harness; panoramic mirror; seat cushion; power brakes; built up clutch pedal; corrective lenses; right leg brace; left arm brace; pressure suit; artificial limb; carrier lenses with bioptic telescopic lenses; hearing aids; artificial limb when operating standard shift vehicle; valid ½ hour after sunrise and ½ hour before sunset; restriction from interstate highway driving; restricted to 5 mile radius of home; restricted to 10 mile radius of home; restricted to 25 mile radius of home; corrective lenses for night only; drive only under supervision of rehab services; specially built up seat; built up brake pedal; built up accelerator; power steering; built up dimmer; auto dimmer switch.

The Licensing Agency does not refer individuals to specific facilities or agencies for remediation of impairing conditions; however, the DMV may require that an individual have a more thorough driving evaluation and training at a driver rehabilitation facility.

Appeal of License Actions

There is an appeal process for drivers who are aggrieved by the Department's decision to revoke, cancel, or suspend a license. Drivers may appeal in accordance with the Administrative Process Act. Drivers who wish to appeal action taken by DMV must request (in writing) an administrative hearing. Upon receipt of the hearing request, the DMV medical consultant reviews the case with the Medical Advisory Board. If the Board concurs with the action taken, the medical consultant submits the request and appropriate documents to the DMV Hearing Office. The Hearing Officer follows up with the driver and the medical consultant to schedule the hearing. Once the hearing is conducted, the hearing officer renders a decision, which is approved by the DMV Commissioner. If the driver wishes to contest the hearing decision, he/she may, within 33 days, file a notice of appeal with DMV's Hearing Office. The driver has an additional 30 days to file the petition of appeal with the circuit court in his or her residence jurisdiction. The circuit court makes a ruling based on all of the records DMV has on file related to the case and hearing testimony transcripts provided by the appellant. There is no statutory requirement for DMV to reinstate the driver's privilege while a medical review case is under appeal.

Counseling and Public Information & Education

The Agency does not provide counseling to drivers with functional impairments to help them adjust their driving habits appropriately or to help them deal with lifestyle changes that follow from limiting or ceasing driving. Drivers with functional impairments are not referred to an outside resource for counseling; however, the DMV is required by statute to report to the Department for the Visually Handicapped and the Department of Rehabilitative Services all persons refused a license because of failed vision screening. This information is shared to advise these agencies of persons who may be in need of services.

The DMV does not make public information and educational materials available to older drivers explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk. The DMV website does contain information about the Department's medical review process, vision screening and visual requirements, and information about driving with telescopic lenses. In addition, DMV has submitted information to the Virginia Board of Medicine for publication in its newsletter. The summary included information on: the types of impairments of concern to DMV; the medical review process; DMV's Seizure/Blackout Policy; how to report an impaired driver; and the types of action DMV may take based on medical information and test results.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely (described earlier), but does not provide specialized training for driver licensing personnel relating to older drivers.

Medical Program Tracking System

The DMV does not have an automated medical record system. It maintains a paper file containing medical information and medical review action. Limited information regarding medical review action is also maintained on the DMV's automated mainframe system. The Licensing Agency uses an automated mainframe system to generate correspondence. Once the DMV mainframe system is updated with medical review requirements and action, the system generates Official Notices and Orders of Suspension which are mailed to the customer.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Virginia's medical review process does not rely on NHTSA 402 funding to support its operation. The barriers identified to implementing more extensive screening, counseling, and or referral activities include staffing resources, budgetary limitations, and statutory limitations (authority to release medical information).

Washington

Organization of the Medical Program

The Department of Licensing (DOL) administers driver licensing in the State of Washington. Washington does not have a Medical Advisory Board. Drivers with medical conditions and functional impairments are evaluated by their own physicians, as well as by License Service Representatives (LSRs) in the Driver Examining Division, and by the Medical Section of the Driver Responsibility Division.

There are 338 License Service Representatives (LSRs) in the 68 field offices across the State who evaluate medical and vision certificates returned to field offices, as well as conduct driver interviews, knowledge tests, vision tests, original drive tests, reexamination drive tests, night drive tests, and Special Examinations. A subset of the LSRs (approximately 10 percent) is trained to conduct Special Examinations, which begin from the drivers home and balance the need and skills of a driver.

The Medical Section of the Driver Responsibility Division in Olympia, WA, staffed by three full-time, non-medical customer service specialists selects drivers requiring Reexamination and refers them to the Driver Examining Division. The Medical Section evaluates medical and vision certificates, takes appropriate licensing actions based on LSR and physician recommendations, and maintains records and files pertaining to restrictions, periodic examinations, and medical recertification.

Individuals who make licensing determinations are not anonymous, nor are they immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that may affect their ability to drive safely come to the attention of the DOL in numerous ways. Drivers must physically visit a licensing services office to obtain or renew their licenses. All applicants, including original, renewal, duplicate, and photo-license only, are asked the following question: “*In the last six months, have you had a loss of consciousness or control which could impair your ability to operate a motor vehicle?*”⁸ A Medical Certificate will only be issued if the customer answers “Yes.” When a customer responds in the affirmative, the LSR enters a code into the computer system that starts a pending cycle, gives the customer a Medical Certificate (“Certificate of Physical Examination”), and advises the customer that he or she must have his or her physician

⁸ The wording of the question has been revised several times in response to the ACLU’s criticism that the DOL was requiring too much information from applicants, when asking “*Are you under the care of a physician or taking any medications that could affect your ability to drive safely?*” or “*Are you under the care of a physician for medical conditions such as diabetes, heart disease, epilepsy, stroke, etc.?*”

complete the certificate and mail it back to the driver licensing office that issued the certificate within 30 days. The information provided by a licensed physician, M.D., O.O., Psychiatrist, A.R.N.P., P.A., or P.A.C. must be based on an examination performed within the past three months. The physician is asked to respond to the following questions:

1. Please indicate date of most recent examination (must be within the past 3 months):
2. Does this individual have a condition which may cause a loss of consciousness or control?
If “yes,” indicate month and year of most recent occurrence.
3. Does this individual have a mental or physical condition which may interfere with driving?
4. If you answered “yes” to questions 2 or 3, to which of the following conditions was it related: visual, epilepsy/seizures, heart condition, mental impairment, neurological, diabetes, stroke, drug/alcohol, other (explain).

The LSR also enters an affliction code into the customer’s computer record to identify all disorders that apply, based on careful questioning of the applicant. If a customer answers “Yes” to the medical question, they will be able to continue with the licensing process despite the issuance of a Medical Certificate. They can renew or replace a license document, complete applications, take tests, be issued a permit or license, etc. while awaiting completion of the medical process. The exception to this is if a drive test is required. If a drive test is required, it will not be conducted until the Medical Certificate has been returned and evaluated.

Vision Screening and Vision Standards

A quick acuity test is also performed for drivers renewing their licenses, and is used to determine whether a driver meets the acuity standard of 20/40 with or without corrective lenses with both eyes. Customers with bioptic lenses must pass the exam without the use of the bioptic telescope. A complete vision screening is given to drivers applying for an original license and for those undergoing a reexamination or special examinations, consists of testing both eyes together, left eye, and right eye for visual acuity, phorias, horizontal field, and color. Horizontal field of vision must be at least 110 degrees with both eyes, or 55 degrees with one eye. Customers who fail the vision-screening test (except color) are issued a Certificate of Visual Examination. They must take the certificate to an ophthalmologist or optometrist for completion, and then take or mail it back to the driver’s license office that issued the Certificate within 30 days. The information provided by the vision specialist must be based on an examination performed within the past three months. The LSR enters a code into the computer that indicates a Vision Certificate was given to the customer, which starts a pending cycle.

When a Vision Certificate is returned, the LSR ensures that the examination is current and the form is complete. The LSR will determine whether the vision recertification should be cleared for an unrestricted license issuance, whether a restricted license should be issued, whether a Reexamination or Special Examination should be given, or whether the driving privilege should be denied. If a Medical Certificate was also issued, the LSR will need to wait until the Medical Certificate is received, and then process both Certificates together. Two chapters in the LSR Manual are devoted to issuing and evaluating Vision Certificates. If acuity is

20/40 or better with corrective lenses, then a license will be issued with a corrective-lenses restriction. If acuity is 20/50 to 20/80, the driver is referred for Reexamination. If acuity is worse than 20/80, or the customer uses bioptic lenses, the driver is referred for a Special Examination. If the vision specialist indicates that the customer has a visual condition that could impair night driving, then the driver is referred for a Reexamination including both a day and night drive test, unless the customer waives the night drive test and accepts a daylight driving only restriction. If the total field of vision is less than 110 degrees, then a reexamination is required. If the vision specialist indicates that the driver should be required to submit periodic vision certificates, then the LSR will notify the Medical Section, which will coordinate review cycles with Medical Certificates, if both are required. Restriction codes and codes for required Reexaminations are entered into the computer record. The LSR will contact the driver by phone to advise that the license can be issued, or that he or she will need to come in to take a written and/or drive test. Washington's vision standards are approved by the Academy of Ophthalmology Traffic Safety Committee; the Washington State Medical Association Committee on Vehicle Safety; and the Washington Optometric Association Motorist's Vision Committee.

Referral Sources

LSRs are trained to visually observe customers for obvious impairments such as impaired mobility, paralysis, or loss of a limb. Customers that clearly show signs of dementia or Alzheimer's disease are given a Medical Certificate, as both conditions fall under loss of control. Customers who use a walker, crutches, or wheelchair, have other limited motor function or loss of limbs and have no restrictions or have not had been tested (since their original license) are selected for Reexamination. A Medical Certificate is not required unless their impairments are a result of a chronic illness or accident that resulted in a loss of consciousness or control within the last six months. When a customer is selected for Reexamination, the LSR enters a comment into the customer's computer record to reflect the requirement, conducts the Reexamination, and prepares the Reexamination Report. The LSR Training Manual contains 5 chapters on testing the more complicated and/or impaired drivers, including: questions to ask the driver to obtain more information; selecting Reexaminations; conducting Reexaminations; restricting to required equipment; observing for mobility impairments, attentiveness and compensation; writing Reexamination Reports; explaining road test errors; and conducting the night drive test.

Drivers with medical conditions and functional impairments also come to the attention of the DOL and may require Reexamination as a result of reports by physicians; police officers; the courts; family, friends, and other citizens; hospitals; and occupational and physical therapists. Physicians in Washington are not required by law to report drivers to the DOL, but they may voluntarily report drivers using a specific DOL form "Recommendation for Driver Reexamination" or by writing a letter. Reports are confidential, except that a driver may receive a copy upon written request, and reports may be admitted in judicial review proceedings of drivers determined to be incompetent. Physicians who report drivers in good faith are not granted immunity from civil action by their patients. Law enforcement officers encounter drivers with impairments or questionable qualifications in the normal pursuit of their duties of patrol, enforcement, and crash investigation. Officers as well as hospital workers, doctors, courts, institutions, relatives, etc also send in the "Recommendation for Driver Reexamination" form.

Reporting sources must provide their names, sign the form, and provide first-hand information that is directly related to the driver's ability to operate a motor vehicle safely. The Medical Section investigates all reports to ensure that enough information has been provided to clearly indicate a potential medical or physical problem, and that it is not simply a referral based on age, or discrimination of any other type, or based on a feud between neighbors, spouses, etc.

A mandatory Reexamination is required if a driver has caused a fatality or serious-injury collision, and the person is believed by law enforcement to be incompetent. These drivers are subject to a complete Reexamination, which must be passed within 120 days after the Department receives the police report of the collision.

Evaluation of Referred Drivers

Procedures

If a Medical or Vision Certificate is issued and not returned within the allotted timeframe, the Medical Section will send the driver a letter canceling the driving privilege. When a certificate is returned to a field office, it is evaluated by an LSR, for accuracy and completion; if incomplete, and questions cannot be answered by contacting the physician's office by telephone, another certificate is issued. If the driver has experienced a loss of consciousness within the past 6-month period, the LSR will notify the Medical Section to cancel the driving privilege and any license that may have been issued. If the driver has had a loss of consciousness but it was more than 6 months ago, the LSR will determine whether a Reexamination or Special Examination is needed (i.e., if a driver has not had a loss of consciousness within the past 6 months, but the doctor has indicated that the driver has a medical condition that may interfere with driving). The LSR will also update the computer file if a driver is medically cleared and no longer needs to be monitored, or establish a medical re-certification period as a restriction on the driver's record if a physician indicates a necessity for ongoing monitoring. Medical Certificates are forwarded to the Medical Section on a daily basis, unless a Reexamination is conducted, in which case the certificates are held until the Reexamination has been completed and results are then attached to the certificate and forwarded together. Three chapters in the LSR Manual are devoted to medical referrals, issuing and evaluating Medical Certificates.

Reexaminations may be LSR selected or Department directed. Washington law provides that all individuals who apply for license renewal shall be given a complete Reexamination **unless** the LSR determines that the individual is qualified. The LSR would select a driver for a Reexamination if the individual is clearly impaired and the license/computer record shows no restrictions or previous Reexaminations, or if the condition has changed considerably during the past renewal period or since the last Reexamination. The LSR would obtain more information about the driver's condition by questioning the driver, contacting the Medical Section, and/or by calling the customer's doctor for clarification or direction.

If the Medical Section determines that a Reexamination is necessary (a Department-directed reexamination), a letter will be sent to the Regional Secretary, who will correspond with the customer, send letters, and track the process. The Secretary will first send the driver a 30-day letter with a surrender form. The driver must then contact a local License Service Office to

schedule the Reexamination, or may choose to surrender his or her license. The LSR will conduct the Reexamination and prepare the Reexamination Report.

The Department has detailed, written testing procedures and training modules on how to conduct all tests included in the Reexamination process.

A Reexamination differs from an original examination in that it is aimed at identifying shortcomings and finding correction or compensation. A knowledge test will be given first, if an individual demonstrates confusion, unstable behavior patterns, lack of attention, noticeably uncommon and/or erratic behavior patterns, or other extreme emotional responses (e.g., anger, hysteria, etc.). A Medical Certificate will be issued if a customer exhibits any of the aforementioned behaviors, if one is not already on file. Disqualification on the knowledge test may cause refusal to conduct the skill test. On the actual road test, the LSR observes physically impaired customers for possible requirements of a vehicle equipment restriction. If special equipment is required, the customer must be tested with the equipment installed on his or her vehicle. Area or time limitations can only be considered on the basis of a Special Examination, and after determination that the individual being tested cannot otherwise meet the licensing standards. The Special Drive Test is more extensive than the Reexamination Drive Test (which is similar to the Standard Drive Test, except that verbal communication can be used as needed). The Special Drive Test requires more time and provides more personalized attention. Approximately 34 LSRs have been trained to conduct Special Examinations. In cases where a driving examination is required during darkness, the customer must first qualify on the driving examination during daylight hours. During a Night Driving Test, the customer is directed to drive on well-lit streets as well as on streets that are relatively dark.

Special Examinations are used as a means to examine individuals who cannot meet normal driver qualifications as defined in original examination and Reexamination procedures. They involve interviews with the drivers, often at their own residences, to determine how much driving they do, where they drive, and when they drive. The vision test and knowledge test are conducted if the driver was referred for the Special Exam without undergoing a reexamination (e.g., referred from the courts, enforcement agencies, mental institutions, etc.). Medical and visual certification may or may not be required, depending on the individual circumstances of the case. Road tests are conducted in the area where the driver normally drives, as limited driving may be permitted to avoid hardship and at the same time reduce the hazard in allowing an unqualified person to drive without limitation. Some individuals referred for a Special Examination may require driving instruction to enable them to meet Departmental Standards to hold a license. An instruction permit may be issued with or without the requirement to be accompanied by a commercial instructor depending on the recommendation of the special examiner.

The Office Supervisor will review the Reexamination Report for content and accuracy and forward it to the Technical Consultant or designated reviewer. The Office Supervisor or designee notifies the Regional Secretary that the Reexamination has been completed. The Technical Consultant reviews the Reexamination Report and works with the Supervisor and LSR if it is not acceptable. The Reexamination report is entered into the driver's permanent record and may be used in legal proceedings by the DOL or the public. For this reason, the DOL

emphasizes in the Manuals that the document must stand on its own and must be written as if it were being used for a court case, and must include correct spelling and grammar. The Reexamination Report with all attachments is mailed to the Medical Section.

If a customer fails the first Reexamination, the Office Supervisor or designee will meet with the customer to determine what assistance should be given. This may include referral to a driving school or a recommendation to practice with relatives and friends prior to taking a second Reexamination. The third Reexamination will be conducted by a trained LSR capable of making the decision to either refer the customer for a Special Examination or a fourth Reexamination. Whenever possible, repeat road tests are conducted by a different LSR to avoid any hint of prejudice in the manner in which the tests were conducted. If a customer fails to meet qualification standards because shortcomings are extensive and correction to desirable standards is unlikely, he or she will be referred for a Special Examination. If improvement seems possible with training, then a Reexamination would be scheduled. If minimal special equipment is deemed advisable, the customer is instructed to have it installed before returning for a second Reexamination.

Drivers diagnosed with dementia are allowed to drive in Washington until they become incapable to qualify on the Special Examination program or are judged by their physician to be incompetent due to the mental disability.

Medical Guidelines

Conditions such as diabetes, heart disease, epilepsy, stroke, etc., only require certification if there has been a loss of consciousness or control within the past 6 months. Consequently, customers with stable medical conditions do not require monitoring. The 6-month period is based on input the DOL received from State medical doctors and their medical associations. Washington law (RCW 46.20.041) provides for evaluation of persons for whom the DOL believes may suffer from a physical or mental disability or disease that may affect their ability to drive safely. The evaluation may require demonstration of driving ability as well as a physician's statement certifying the driver's condition. The Medical Section may cancel driving privileges if a driver has a condition that has caused loss of consciousness within the past 6 months if the physician indicates that the condition interferes with safe driving.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing decisions are based on the combination of the information provided by the physician, as well as how the person performs during the Reexamination or Special Examination process.

Restrictions imposed as a result of a Reexamination must be clearly substantiated, and may include, but are not limited to, the following: accelerator extension, all hand controls, outside mirror both sides, back cushion, brake pedal extension, clutch bar, daylight driving only, foot control extensions, hand clutch, hand operated brake, hand operated dimmer, automatic

transmission, automatic turn signals, panoramic mirror, power steering, seat cushion, steering knob, interlock device required, artificial arm, artificial leg, eye patch (to prevent double vision), and oxygen tank. The Department may require periodic medical statements for any physical or mental ability or disease that may affect a person's ability to drive a motor vehicle.

The Agency does not refer drivers for remediation of impairing conditions, beyond referral to driving school when LSR staff believes a driver would benefit from skills training.

Appeal of License Actions

There is an appeal process for drivers whose driving privilege is suspended or restricted for medical conditions or functional impairments.

Counseling and Public Information & Education

Counseling is provided to drivers with functional impairments to help them adjust their habits appropriately and to deal with potential lifestyle changes that may follow from limiting or ceasing driving. When an Examiner is restricting or taking away a driving privilege, he or she provides a list of locally available services to the individual, such as Dial-A-Ride, senior services, transit services, etc.

The Licensing agency does not create public information and educational materials for distribution to older drivers explaining the importance of fitness to drive and ways in which different impairing conditions increase crash risk. But, each of the offices has brochure racks that contain flyers and brochures provided by other agencies such as AARP and AAA, and referrals are made to the Senior Defensive Driving program.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. Basic LSR training is conducted during a 4-hour period using the LSR Training Manual, in addition to annual in-service training. Each Thursday morning, one hour is spent on training material. Training is on-going through supervisor review of Reexamination Reports, ensuring careful observation of the driver and complete documentation of the driver's performance.

Reexamination procedures indicate that "careful screening of all individuals is required of LSRs; Reexaminations will be based on the LSRs judgment." The section of the LSR Training Module relating to selecting applicants for Reexaminations and Conduction Reexaminations contains guidelines for question which help to determine what conditions exist and whether they are temporary, observing for physical impairments, determining how the impairment affects the customer's ability to drive, observing to see how a driver compensates, and determining appropriate restrictions. The Reexamination and Special Examination score sheets require the LSR to mark all areas of the physical assessment that relate to the customer.

Some of the categories can be checked off by interviewing the driver, while others would be observed during the “mobility check phase” before the driver begins the driving portion of the exam, or during the actual road test. For example, if partial paralysis of the left arm is observed, the customer would be asked to demonstrate his or her ability to use turn signals, roll a window up and down, or use hand signals. A customer who has suffered a neck injury would be asked to demonstrate range of motion. LSRs are trained to make clear, concise remarks on the Reexamination or Special Examination Report, such as “the driver has difficulty turning his head to the right to observe for traffic; the driver should install and practice making use of an outside right mirror.” Guidance is also included in the training modules regarding the driver’s attitude and how it affects driving performance.

There is no specialized training relating to licensing older drivers, with the exception that the law requires licensing personnel to monitor the 55-Alive Senior Defensive Driver Program.

Medical Program Tracking System

The Agency uses an automated medical record system and automated work-flow systems. Their Driver Field System (DFS) is a counter workstation originally run from a Unisys platform but has been redesigned to work on a Windows-based PC platform using Visual Basic 6. The program was developed in-house. The Drivers Field System (DFS) application supports business operations in the Licensing Services Offices (LSOs), providing the front-end counter application to the Unisys Mainframe Driver system. The DFS supports the driver license and identification card issuance processes, tracks revenue associated with the transactions, and supports workload reporting. It provides capability for the evaluation of driver histories and eligibility; determination of restrictions and requirements; evaluation of the driver examination results, and authorization or denial of driver licenses. This system also provides "host down" or "off-line" processing that allows the continuation of licensing to most of Washington's drivers even when the Unisys Mainframe Driver system is inaccessible. The DFS application is a Windows-based, rich client application that runs on a PC system. It is a Visual Basic 6.0 application running in a MS Windows 2000 operating system and relies upon Attachmate's Accessory Manager (32 bit) interface to communicate with the Unisys Mainframe. The DFS, in real-time, retrieves and transmits licensing transaction data from/to the Unisys Mainframe Driver system. The application was developed and implemented in 2000-2001 and replaced a DOS-based application written in Turbo Pascal that had been functioning since 1984. Two DFS screens are presented on the following page, the first for entry of medical/visual restrictions, and the second for reviewing a customer’s medical/visual restrictions or clearance. Figures 3 and 4 display the input and tracking screens used in the DFS.

Barriers to Implementing More Extensive Screening, counseling, and Referral Activities

The medical review process in Washington does not rely on NHTSA 402 funding to support its operation. Barriers to implementing more extensive screening, counseling, and/or referral activities include budget and personnel resources, increased wait times, public perception, and legislation to create mandatory reporting.

Drivers Field System

Add/Change a Medical/Vision Restriction

PIC JOHNSTR995BA

Control 031151259

Cycle 3 Year 2002 Month 12

Affliction Codes E

D - Diabetes Mellitus	M - Blackouts
E - Seizure Disorder	N - Neurologic Condition
F - Fainting Spells	O - Other which impacts
H - Cardiovascular Disease	P - Psychiatric Condition
J - Hypertension	Q - Vertigo/Dizziness
K - Chronic Obstructive Pulmonary Disease	S - Stroke or Cerebral Vascular Accident
L - Emphysema	V - Vision

Cleared Medical/Vision Information

Cycle: 9 Affliction: D Year/Month: 2001 12

DFS 123 Print Vision Cert - F5 Quit - ESC Transmit - F10

Rather than an actual year, a code may be entered in this field to note that a medical/visual certificate has been issued but not yet returned.

Figure 3. Washington's Driver Field System input screen.

Drivers Field System Version 2.3.23 DFS 160

Update a License

SUSP PL-REQ Comment MED ALCO

PIC JOHNSTR995BA SSN 123 13 2330 ALT 0 Voter Oregon Donor

Type 39 Exp 1996 Neg 961839A1000 IDType 23 Exp 2007 Neg 030278J1312

Gender F Birthdate 01 01 1901 Intermediate License Military

Name JOHNSON-TEST,TEST RECORD JR Hold Photo

Res Addr NO RESIDENT ADDRESS ON FILE Mail

Res City State Zip County

Out-Of-State Hgt 506 Wgt 160 Eyes HA7 Emancipated

Penalty Fee Reissue Fee 0 CDL Requal Fee 0 New M/C Permit New CDL Permit

Restr 123050 Endorse 0000 CDL Class & Endorse Airbrake Restr

M/C Training 0 Medical 0212 3 E Clear 0112 D

Restr - 1 HAND OPERATED DIMMER OS-Comment Date 00/00/0000

Restr - 2 RESTRICTION TWO OS-Comment

Restr - 3 BRAKE PEDAL EXTENSION Permit 01 04 2001

Restr - 4 1234567890123456789012345678 CDL Permit

Restr - 5 CLUTCH BAR Probation Fee

FTA - F3 Status - F4 PDL Appl - F6 Mail Addr - F9 Quit - ESC Transmit - F10

M/C Appl - F11 Forms - F13 Comments - F14 ID Appl - F15 CDL Appl - F16 Photo - F19

Screen 1 Debug Stored Records 0 Online PHOTO Station 4D

If medical/vision restriction or clearance information exists on the customer's record, it will be displayed to staff on the various application and issuance screens.

Figure 4. Washington Driver Field System status screen.

West Virginia

Organization of the Medical Program

Driver licensing in West Virginia is administered by the Division of Motor Vehicles (DMV) within the Department of Transportation. West Virginia has a Medical Advisory Board that was established in 1974. It consists of five members who are appointed by the Governor, by and with the advice of the Senate, and serve a 3-year term. The Board is composed of 1 optometrist, 1 ophthalmologist, 2 family practice physicians, and 1 neurologist. There is no Head of the Board. Board physicians are paid consultants to the DMV, and work in private practice or in hospital/clinic settings. They are reimbursed for trips to the DMV Headquarters for group meetings, and are also paid \$150 to review each batch of cases mailed to them for review. Board members' identities are public (although the document in which they are named— West Virginia Bluebook— is not widely distributed). They are not immune from legal action. The records and deliberations of the Board are confidential (with the exception that a driver may receive a copy, and records may be admitted as evidence in judicial review proceedings).

The functions of the Board are to advise the Commissioner of Motor Vehicles on medical criteria and vision standards for licensing, and to review and advise on individual cases (through the performance of paper reviews). Cases are referred to the MAB when in-house DMV personnel cannot determine ability to drive based on information provided in medical or vision specialists' reports. These cases usually involve drivers with seizures, diabetes, narcolepsy, mental illness, and visual conditions. Board members meet as a group to make fitness to drive determinations (on a case-by-case basis), but determinations are made more frequently through interaction by mail. Licensing actions may be based on the recommendation of the entire Board, on the recommendation of a subset of the Board, or on the recommendation of a single specialist. Generally, all Board members receive a copy of the files for each case. The exceptions are for some visual and neurological cases, which are submitted to a single specialist. An average of 18 cases are referred to the Board each year. Approximately 11 percent of the cases involve drivers over age 65. Of the 18 cases referred to the Board each year, 13 are denied a license following reevaluation by the Board. Approximately 15 percent of the drivers denied driving privileges are over age 65.

The Division's in-house medical review personnel are non-medical administrative staff in the Driver Improvement Section, who have other responsibilities in addition to medical evaluation. They include the Manager of Driver Improvement, a Supervisor, and a Clerk. They process approximately 300 cases per year.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments that affect safe driving ability come to the attention of the Licensing Agency through a variety of mechanisms. First-

time and renewal applicants must respond to the medical statements shown below, as they complete their license application.

If you have experienced any of the following, you must so indicate, and submit a letter of explanation:

- *Seizures or unconsciousness, emotional or mental illness.*
- *Alcohol or drug problems.*
- *Medical condition(s) affecting my ability to drive safely.*

Drivers who respond in the affirmative must include a Letter of Explanation with their application. The Letter of Explanation, written by the applicant himself or herself, is evaluated by field staff with input from the Driver Improvement Section, to determine whether the applicant can continue with the licensing process or whether the applicant needs to obtain a medical statement from his or her physician. Applicants who have had a seizure within the past 12-month period are denied a license.

Vision Screening and Vision Standards

Original applicants must take and pass a vision test, but there is presently no vision testing requirement for renewal applicants. Numerous attempts to pass legislation requiring vision testing upon license renewal have failed. The visual acuity standard is at least 20/40 in both eyes, with or without corrective lenses. There is no minimum visual field requirement. Applicants who do not meet the minimum visual acuity standard must submit a Report on Visual Examination to the Division, completed by a licensed optometrist or ophthalmologist. The eyecare specialist must provide an acuity measure, and answer the following questions:

- Are corrective lenses needed for distant vision? For near vision?
- Is there any double vision?
 - If so, is it correctable with glasses or other treatment?
- Is there any evidence of eye disease or injury?
 - If so, describe.
 - Can this be compensated for?
- Is there any visual difficulty in seeing at night?
- In your opinion, does this person have sufficient vision to operate a motor vehicle safely?
 - If yes, should there be any restrictions imposed?
 - If so, what restrictions?

The Division will approve an applicant for licensing if the eyecare specialist certifies that: vision can be corrected to a visual acuity level of at least 20/60 in one eye; there is no evidence of disease or rapid deterioration of vision; and the applicant can safely operate a motor vehicle with appropriate restrictions. Applicants whose acuity does not measure 20/60 but for whom the eyecare specialist indicates are able to safely operate a motor vehicle, may be licensed if recommended by the Medical Advisory Board. The Board will consider peripheral vision, depth perception, and color recognition in its recommendation to the Commissioner. The Commissioner may require applicants to pass a road test before being licensed. Drivers may be restricted to driving with corrective lenses, outside mirrors, daytime-only driving, driving during

certain times of the day, driving within a specific radius of home, or driving on restricted routes. Biotopic telescopic lenses may not be used to meet the standard and may not be used to drive.

Referral Sources

Other mechanisms for identifying potentially unsafe drivers are reports received from physicians, police officers, family members, hospitals, occupational therapists, physical therapists, and DMV employees who personally observe signs of impairment. Physicians are not required by law to report drivers with medical conditions or functional impairments that may preclude safe operation of a motor vehicle, but they may voluntarily report patients to the DMV. Physicians may report drivers by writing a letter on their letterhead that indicates that in his or her professional judgment, the licensee has a physical, medical, or emotional condition which jeopardizes his or her ability to operate a motor vehicle. The letter must include the physician's signature. Physician reports are confidential, except that the patient may be provided with a copy upon request and reports may be admitted as evidence in judicial review proceedings. Physicians who voluntarily report drivers are not immune from legal action by their patients. Physician reports account for very few of the referrals that are received by the Division. Attempts to pass legislation that would protect physicians who choose to report drivers have failed, with the exception of legislation protecting Board physicians for their recommendations. Physician reporting may suffer a further decline as a result of Department of Health and Human Services' Health Insurance Portability and Accountability Act that protects patients' medical records and other health information.

Police officers may report drivers using a WVSP form 10 "Recommendation for Driver Clinic Interview" upon investigating a crash in which they suspect that a driver has a medical condition or functional impairment that contributed to the crash, or upon the observation of unsafe driving performance that may be related to a medical condition or functional impairment. Family members may also report drivers when they are concerned about an individual's ability to drive safely. Family members report drivers by writing a letter to the Division that includes the driver's name, address, date of birth, and driver's license (if possible). An explanation of why the person is believed to be unsafe is also required. The Division does not accept anonymous reports, and does not investigate any sources prior to contacting a driver for possible evaluation.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include referral from any of the above-mentioned sources, in addition to self-report of a medical condition, and observation by licensing personnel of signs of impairment. When the Division becomes aware that a driver may have a medical condition or functional impairment that precludes the ability to drive safely, the in-house Driver Improvement staff first mails the driver a Medical and or Vision Report form that must be completed by the driver's treating physician or eyecare specialist and returned within 20 days. Failure to comply results in a medical suspension being placed on the license. The licensee will remain suspended until the requested information is received, reviewed, and approved for licensing, and a reinstatement fee is paid to the DMV.

The kinds of information requested of the physician include whether or not the patient has had any of the following conditions and specific information about each existing condition: diabetes mellitus, musculoskeletal disorder, emotional or mental disorder, cardiovascular disorder, alcohol or drug problem, neurological disorder, visual impairment, or hearing impairment. In addition the physician is asked to respond to the following questions and provide comments and recommendations:

- In your opinion, has the applicant followed your medical recommendations?
- Do you recommend periodic medical evaluation for driver license purposes? If yes, how often?
- In your opinion, should the applicant be restricted as to driving distance (consider distance to work, shopping and church), speed, daylight driving only, etc? If yes, specify.
- In your opinion, can the applicant safely operate a motor vehicle?
- If there are there any other medical conditions not shown on this report that may affect his/her safe operation of a motor vehicle, please describe.

If a Medical or Vision Report is returned by a treating physician that indicates a licensee should not drive, a medical suspension is placed on the license until such time as the condition improves and an updated Medical/Vision report is submitted and reviewed. If the Report indicates that a licensee can continue to drive, but should be restricted, the licensee must have a duplicate license made that lists the restrictions. If the Report indicates that the licensee can continue to drive, but should submit periodic reports, the DMV places the individual on a list to follow up at the designated time. If, after reviewing the Medical/Vision report the in-house Driver Improvement staff cannot determine the applicant's ability to drive, or conflicting reports are received from multiple physicians and further review is desired, the case may be referred to the Medical Advisory Board for review and recommendation.

A driver may be required to undergo a Division Reexamination based on information provided in the referral report, in the Medical Report, or at the recommendation of the MAB. West Virginia Legislative Rule provides that the Division, having good cause to believe that a licensed driver is incompetent or otherwise not qualified to be licensed, may upon written notice of at least five days require the licensee to submit to a vision, written, and driving examination. A Reexamination consists of a vision test, knowledge test, and road test, administered by DMV Driving Examiners. The DMV may suspend or revoke the licensee if he or she refuses or neglects to undergo Reexamination. The driving test is the same test given to new applicants for a West Virginia driver's license, although a Traffic Environment Vision Test may be given to low-vision drivers. In this test, conducted as part of the road test, the Driver Examiner asks the driver to identify and read signs to ensure that his or her vision is adequate for executing maneuvers at appropriate distances. If a driver fails any portion of the Reexamination, he or she may retake that portion upon written request, but must wait 30 days from the date of the first failed exam. If the applicant fails the test a second time, he or she must wait 60 days for a re-test. If an exam is failed for a third time, the applicant must wait 6 months for a retest. After a fourth failed exam, there is a one-year waiting period between each retest.

Medical Guidelines

The DMV relies on Title 91, *Code of State Rules, Series 5: Denial, Suspension, Revocation, or Nonrenewal of Driving Privileges* in reviewing applications for drivers with medical and visual conditions. The *Code* provides visual requirements, but does not provide requirements or guidelines for licensing drivers with any other conditions. The Code states that for medical review, “The Driver’s License Advisory Board shall evaluate each medical case referred to it on an individual basis and make recommendations to the Commissioner for his or her decision.” Although there are no specific regulations regarding seizure disorders, the Division’s policy is to approve drivers for licenses if they have had no seizure activity for the past 12 months. If seizure activity has occurred, the DMV will review the individual’s medical history to ascertain the frequency and severity of such seizures. In general, in accordance with recommendations from past and present Medical Review Board members, an applicant must remain seizure free for 12 months before being approved for driving. The Board may approve a driver who has not been seizure free for 12 months under certain circumstances; however, there are no written guidelines for when such a driver may be considered for licensing. For other conditions, the DMV relies on the treating physician’s assessment of medical fitness to drive. A diagnosis of dementia does not preclude driving privileges, unless accompanied by a physician’s report that indicates that the patient cannot safely operate a motor vehicle.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

Licensing actions are based on the treating physician’s recommendation, on the recommendation of the MAB (for cases that are referred), and on whether a driver can pass the DMV vision, knowledge and road tests. Drivers with medical conditions are considered on a case-by-case basis, as there are no established medical criteria for licensing beyond those established for vision.

The Board may recommend approval or denial or continued licensing, restrictions, additional information from specialists, periodic medical reports, or reexamination of driving abilities. Drivers may be restricted to driving with corrective lenses, outside mirrors, daytime-only driving, driving during certain times of the day, driving within a specific radius of home, or driving on restricted routes.

Drivers are not referred to sources outside of the DMV for such counseling, not are drivers referred to specialists for remediation of impairing conditions.

Appeal of License Actions

Drivers who are aggrieved by the Division’s decision to suspend or restrict their driving privileges may appeal the decision, through a Departmental Hearing. After the Hearing and consideration of all testimony and evidence in the case, the Commissioner will make and enter

an order affirming, rescinding, or modifying his or her earlier order within 70 calendar days. Board members do not participate in Administrative Due Process Hearings.

Counseling and Public Information & Education

Counseling is not provided to drivers who have functional impairments to help them deal with potential lifestyle changes that follow from limiting or ceasing driving or to help them adjust their driving habits appropriately. The Agency does not make public informational and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely, nor is specialized training provided relating to older drivers.

Medical Program Tracking System

The DMV does not use an automated medical record system, but does use automated work-flow systems.

Barrier to Implementing More Extensive Screening, Counseling, and Referral Activities

West Virginia's medical review process does not rely on NHTSA 402 funding to support its operation. No barriers were identified to the implementation of more extensive screening, counseling, and/or referral activities.

Wisconsin

Organization of the Medical Program

Driver licensing in Wisconsin is administered by the Division of Motor Vehicles (DMV) within Department of Transportation (DOT). Wisconsin has a Medical Review Board that is comprised of 152 physicians who are volunteer consultants to the Department, and perform case evaluations when drivers appeal the Department's licensing action. The Board has been active in varying forms for decades, and although in the past it provided advice on content of law and code, its current role is limited to the review of individual cases. The medical specialties represented by Board members include the following: optometry, ophthalmology, cardiology, family practice, internal medicine, neurology, psychiatry, endocrinology, and physiatry. Members are neither nominated nor appointed; they are volunteers who serve terms at their discretion. There is no Head of the Board. Board physicians are either retired physicians, or work in private practice, in hospital or clinic settings, or in Government agencies. Members of the Board are immune from legal action, and their identities are anonymous. Records and deliberations of the Board are confidential, except that they may be admitted as evidence in judicial review proceedings of drivers who choose to appeal.

Board members meet as a group on a monthly basis for disposition of fitness to drive cases, and correspond by mail as needed on a case-by-case basis. In-person Review Boards are scheduled monthly at three locations around the State. Each Review Board consists of three physicians and a DOT representative. By-mail reviews are also provided if requested by the individual appealing the decision. The three physicians review the case and submit a recommendation to the Medical Review Section. The Department considers the Board physicians' recommendations, but the final licensing action is the responsibility of DOT personnel. In the year 2002, the Board reviewed 398 cases, of which 225 drivers were denied a license following review.

The DOT has an internal Medical Review Section staffed by eight Transportation Customer Service Representatives (non-medical administrative staff dedicated to medical review activities) and one full-time Registered Nurse. The Medical Review Section processes over 38,000 files per year.

Identification of Drivers with Medical Conditions and Functional Impairments

Drivers with medical conditions and functional impairments that may affect safe driving ability come to the attention of the Licensing Agency in a variety of ways. Section 235 of the *Driver Licensing Manual* "Evaluating Medical Conditions or Disabilities" states that "driver licensing staff have four basic sources of information to alert them to a potential medical problem or disability. These are: information provided on the license application form; information obtained during conversation with the customer; information from the customer's driving record; and determination of a customer's functional ability." These are discussed in greater detail in the following subsections.

Application Form

First-time and renewal applicants must respond to the following question as they complete their licensing application:

In the past year, have you had a loss of consciousness or muscle control, caused by any of the following conditions? If Yes, check condition(s) and give date _____. () *Brain or Head Injury;* () *Diabetes;* () *Heart;* () *Lung;* () *Mental;* () *Muscle or Nerve;* () *Seizure Disorder;* () *Stroke.*

Drivers who provide an affirmative response must have their physician complete a Medical Examination Report based on an exam not more than 3 months old, and return the report to the Department within 30 days. A 60-day driving receipt is issued when medical reports are required, except when the customer does not meet the vision standard or when the neurological section needs to be completed by a physician for a driver who had an episode or seizure within the past 3-month period. Physicians are required to provide a diagnosis, medications used and dosages; provide detailed responses to questions regarding specific medical conditions the driver may have (e.g., mental/emotional, neurological, endocrine, and cardiovascular/pulmonary), and provide “Yes” or “No” responses to the following questions:

- Is the person’s condition currently stable? If no, explain below.
- Is the person reliable in following the treatment program? If not, explain below.
- Does this person experience side effects of medication which are likely to impair driving ability? If yes, explain below.
- Has this person experienced an episode of altered consciousness or loss of body control during the past 12 months? If yes, explain below and give date.
- Is driving ability likely to be impaired by current uncontrolled use of alcohol and/or drugs? If yes, an alcohol/drug evaluation will be required.
- Does this person experience uncontrolled sleepiness associated with sleep apnea, narcolepsy, or other disorder? If yes, explain below.
- Is driving ability likely to be impaired by limitations in any of the following?
 - Judgment and insight.
 - Problem solving and decision-making?
 - Emotional or behavioral stability.
 - Cognitive function.
- Is driving ability likely to be impaired by limitations in any of the following?
 - Reaction time.
 - Sensorimotor.
 - Strength and endurance.
 - Range of motion.
 - Maneuvering skills.
 - Use of arm(s) and/or leg(s).

In addition, the physician is required to provide a recommendation regarding driving ability, as follows:

- In your opinion, is this person capable of driving safely?
 - Yes.
 - No.
 - Only if a road test is passed.
- Please indicate recommended restrictions.
 - Daylight driving only.
 - _____ miles from home.
 - Other.

Vision Screening and Vision Standards

Drivers with vision problems are identified when they renew their licenses every 8 years, and are required to undergo a vision test. The vision standard for drivers of passenger vehicles is 20/40 acuity in each eye, corrected or uncorrected, and a horizontal temporal field of vision of 70 degrees or more from center in each eye. Applicants may not use a bioptic telescopic lens to meet the visual acuity standards if the lens reduces the field of vision below the standard. Applicants who cannot meet the acuity or visual field standards are referred to a vision specialist for a recommendation, and may be required to take a complete Driving Evaluation, if recommended by the vision specialist. Drivers must have 20/100 visual acuity or better in at least one eye, and 20 degrees field of vision from center in at least one eye. Drivers may be restricted to driving with corrective lenses, during daylight hours only, or driving a vehicle with outside mirrors, depending on recommendations made by the vision specialist and the results of a Driving Evaluation demonstrating compensation for the loss of vision. The eyecare specialist must provide an opinion regarding whether the person is able to drive safely (yes, no, or only if a road test is passed) and to indicate restrictions (corrective lenses, daylight driving only, ___ miles from home, or other). Drivers who have a progressive eye disease (e.g., cataracts, macular degeneration, retinitis pigmentosa, diabetic retinopathy, or glaucoma) may be required to file periodic vision reports with the Department, at 6-month, 12-month, or 24-month intervals. Persons applying for or holding a special restricted operator's license with visual acuity between 20/100 and 20/200, but not including 20/200 in the better corrected eye, as certified by a vision specialist, shall be restricted to daylight hours of operation only.

Referral Sources

Customers may indicate during conversation that they have a medical problem. Licensing personnel are instructed to take the customer aside whenever possible to discuss personal information such as the status of a medical condition. When it is not possible to talk to customers privately, Examiners are instructed to talk quietly and explain that they need to ask a few questions to determine how the condition may affect driving ability. A Driving Evaluation may be warranted, or a medical report issued, depending on the customer's responses. Questions that a license examiner should ask to determine whether a Driving Evaluation is required include: Is the condition new or changed since the last licensing action; Is the condition compensated for in any way; Have you had a skills test previously for this condition? The customer's driving record may have a medical correspondence entry, or a test given or test waived entry that the Examiner should be aware of. If the answer to the first two questions is

“yes” and the driver has not had a previous skills test to assess driving ability, then a Driving Evaluation is given.

Section 235 of the *Driver Licensing Manual* provides standards that licensing personnel employ when observing customers to determine whether they have the functional ability to perform normal tasks required to exercise ordinary and reasonable control in the safe operation of a motor vehicle. Customers who don’t meet the standards and whose license is not properly restricted, may be required to undergo a driving skills test or evaluation, file a medical report, or both. The functional abilities that need to be observed, and the functional standards that need to be applied are provided in table 4.

Table 4. Wisconsin DMV standards used to determine functional ability for driving.

Ability	Standard
Lower body strength, range of motion, mobility and coordination to use foot-operated vehicle controls.	Person is able to walk to a DMV service counter unaided physically by another person or significant support device (i.e., walker, wheel chair, breathing apparatus, or artificial limb). There is no loss (full or partial) of a leg or foot. No excessive shaking, tremor, weakness, rigidity, or paralysis.
Upper body strength, range of motion, mobility and coordination to use hand-operated vehicle controls and to turn the head and body to the left, right, and rear to observe for other traffic and pedestrians.	Person is able to turn the head and upper body to the left and right, and has full use of the arms and hands. There is no loss (full or partial) of an arm. There is no loss of a hand or finger which interferes with proper grasping. No excessive shaking, tremor, weakness, rigidity or paralysis.
To hear other traffic and vehicle-warning devices (i.e., horn or emergency siren).	Person is able to hear the normal spoken voice during the licensing process, with or without a hearing aid.
To see other traffic, road conditions, pedestrians, traffic signs, and signals.	Person is able to meet applicable vision requirements by passing a DMV vision screening or presenting evidence of similar testing by a vision specialist.
Cognitive skills (i.e., to think, understand, perceive, and remember).	Person exhibits cognitive skills. Responds to questions and instructions (i.e., is able to complete an application, knowledge test, or vision screening). No obvious disorientation.
To maintain normal consciousness and bodily control (i.e., ability to respond to stimuli).	Person exhibits normal consciousness and bodily control (i.e., no self-disclosed or obvious incident or segment of time involving altered consciousness. No loss of body control involving involuntary movements of the body characterized by muscle spasms or muscle rigidity, or loss of muscle tone or muscle movement). No obvious disorientation (i.e., responds to questions and instructions. Is able to complete an application, knowledge test, or vision screening).
To maintain a normal social, mental, or emotional state of mind.	Person does not exhibit an extremely hostile and/or disruptive, aggressive behavior, or being out of control. No obvious disorientation.

Other mechanisms from bringing drivers with medical conditions or functional impairments to the attention of the Department include reports from physicians; police officers; the courts; family, friends, and other citizens; hospitals; and occupational and physical therapists. These are described in more detail below.

Wisconsin does not have a mandatory physician reporting law, but physicians may report drivers to the Department by writing a letter that includes the driver's name, date of birth, diagnosis, and the behaviors that lead the physician to believe the driver is unsafe (as diagnosis alone is not enough). Reports from physicians and eyecare specialists are not subject to the Open Record Law (i.e., they are confidential); however, they are available to the driver upon request. Physicians who report drivers in good faith are immune from legal action by their patients.

Police officers and other individuals who volunteer information about unsafe drivers complete a "Driver Condition or Behavior Report." The Department does not accept anonymous referrals, and information contained in behavior reports will be available to the driver under Wisconsin's Open Records law. If a person has important information related to public safety but will not provide the information without a pledge of confidentiality (and the information is not available from other sources), a Pledge of Confidentiality form may be completed. A Pledge of Confidentiality must be signed by a Wisconsin DOT representative to be valid, and cannot be given after the individual has provided information to the Department. The reason that the information will not be provided without the pledge must be provided. Pledges of Confidentiality are not given routinely. Pledges of Confidentiality must be attached to a Driver Condition Report. Condition and Behavior reports must provide positive driver identification and must include information describing incidents or conditions that brought the driver to the attention of the reporting source. Advanced age alone is not considered as "good cause." The Agency investigates all reports other than police or physician reports to ensure a witness name, phone number, and address are provided for verification of the report. The Department investigates reports if there is concern regarding malicious intent.

Evaluation of Referred Drivers

Procedures

The circumstances under which a driver may be required to undergo evaluation include referral by any of the above-referenced sources, including self report of a medical condition and observation by licensing personnel of functional impairments. In addition, drivers who apply for handicapped parking plates must provide a statement from their physician that indicates whether or not their disability impairs their ability to drive safely. They may also be required to demonstrate to the Department that the disability does not impair their ability to driver safely, by taking and passing a Driving Evaluation.

When the Department is advised via a Behavior or Condition Report that a driver is unsafe, the Medical Review Unit will mail a Medical Examination Report to the driver to have completed by his or her physician. If the driver indicates that he or she has had a loss of consciousness or loss of bodily control when applying for a license, the Examiner will provide the driver with the form, and continue with the licensing process by issuing a 60-day driving receipt, unless the loss of consciousness occurred within the past 3 months. If the physician indicates that the applicant is not able to drive safely, driving privileges will be suspended or denied. If the physician indicates that the condition is not well controlled, not presently stable, or that the applicant is unreliable in following the treatment plan, licensing will be deferred. If the

physician indicates that a person is safe to drive only if he or she can pass a road test, then the applicant must undergo a Department Driving Evaluation. A Driving Evaluation is also conducted if the physician indicates that the person is medically acceptable to drive, but driving ability may be impaired due to impairments in reaction time, strength of endurance, range of motion, etc.

If a licensed driver has a physical disability that is stable, his or her functional ability may be assessed with a Driving Evaluation; a medical report is not issued in these cases. The use of medication or hospitalization alone are not cause for issuing a medical report or requiring a Driving Evaluation. Examples of functional impairment for which an Evaluation may be given include: limited mobility of upper body and neck which prevents/restricts ability to check for traffic to the sides and rear of the vehicle; substandard vision; severe arthritis that affects range of motion; and mental/emotional condition or brain trauma. When the Department determines that a reexamination of driving ability is needed, the customer is notified by letter from the Medical Review Unit, and an attempt to schedule the appointment within 15 days is made. A Driving Evaluation and subsequent discussion may take up to one hour. If a Reexamination is requested, the driver must undergo a vision test, knowledge test, and a road test. The entire process must be completed within 60 days of the date the letter was mailed, or the license will be canceled. If a customer cannot pass the reexamination on the second attempt, the driver may voluntarily temporarily surrender the license, or the Department will cancel the license. A second attempt will not be given if a driver presents a safety hazard to him/herself or others; a limited area test may be given, however, at a driver's insistence.

A Driving Evaluation is an examiner-directed, limited test of driving skills for a person already licensed in Wisconsin, during which licensing personnel judge how safely a person with a disability operates a vehicle, with or without special equipment. Only those maneuvers that evaluate the disability are included on the test. After a driver completes an Evaluation, appropriate restrictions are applied to the license and/or inappropriate restrictions are removed. A "skills test," in contrast, is a driving examination consisting of a standard number of driving skills or traffic situations, designed to examine the ability of a person who has not been previously licensed in any jurisdiction to safely operate a representative motor vehicle. Wisconsin's Administrative Code §Trans 104.08 provides that Driving Evaluations may be conducted on either a pre-established route or in an area and at a time that can best demonstrate the person's ability to compensate for a medical condition or functional impairment. It also provides that any of the driving skills specified for the "skills test" may be tested, but a complete skills test shall be administered only if the applicant "demonstrates an inability to exercise ordinary and reasonable control in the operation of the vehicle, and the inability is not related to the medical condition or functional impairment."

A Driving Evaluation must include maneuvers/situations necessary to determine if the person adequately compensates for a condition or impairment. The basic maneuvers that are required for all special examinations are as follows: minimum of two left turns; minimum of two right turns; minimum of two intersections (stopped, through, controlled or uncontrolled); urban and rural area (may be optional on driving evaluations); lane change (may be optional on driving evaluations); driveway turn around (may be optional on driving evaluations); curb stop on hill, hazard recognition; and quick stop. Optional maneuvers are at the examiner's discretion, based

on the reason for the driving evaluation and the person's physical condition or functional ability. The maneuvers listed are minimum maneuver requirements. When conducting re-exams or limited area special exams, there may be more than two left and two right turns or intersections. The examiner must pay particular attention to the customer's range of motion; reaction time; endurance; coordination; speed in operating/moving controls; strength to operate controls; ability to cope with traffic; and alertness and ability to turn head/body. A Limited Area Test is a test given to a customer who is unable to cope with high volume traffic areas or complex traffic situations, but may be able to safely operate a vehicle in his or her home area. The person may have a physical impairment or medical condition that limits his or her driving ability. The test is conducted on routes near the customer's home that he or she uses to go to the doctor, grocery store, etc. A customer does not need to fail a test on a standard route first to qualify for a Limited Area Test. A Limited Area Test will always result in a restricted license.

Medical Guidelines

The Department has administrative rules detailing the medical standards for driver licensing. These are published in Wisconsin Administrative code, Chapter Trans 112. The medical and vision standards were developed based on available research and advice from physicians and vision specialists on the Medical Review Board. Drivers will not be licensed if the medical report shows any of the following:

- Effects or side effects of medication interfere with safe driving, unless the physician indicates that the situation is temporary and not likely to recur.
- Complications of a condition interfere with safe driving as assessed by a physician or as determined by a Driving Evaluation.
- The person is not reliable in following a prescribed treatment program to the extent that noncompliance could affect the person's ability to drive safely.
- There is medical evidence that the person uses alcohol or other drugs to an extent that it has an adverse effect on a medical condition or interferes with treatment for the condition.
- There is medical evidence of a condition that is likely to be accompanied by a syncope or collapse or which otherwise may interfere with safe driving.

Licensing standards for passenger vehicle drivers with specific medical conditions that the Review Board and the Department take into consideration when taking licensing action are provided below.

Conditions affecting cardiovascular function

- There are no current symptoms of coronary artery disease, such as unstable angina, dyspnea, or pain at rest, which interfere with safe driving, as assessed by a physician.
- There is no cause of cardiac syncope present, including ventricular tachycardia or fibrillation, which is not successfully controlled.
- There is no congestive heart failure that limits functional ability and is assessed by a physician as interfering with safe driving.
- Any cardiac rhythm disturbances are successfully controlled.

- There is no automatic implantable cardioverter defibrillator, unless the device is assessed by an electrophysiologist as not interfering with safe driving.
- There is no valvular heart disease or malfunction of prosthetic valves that is assessed by a physician as interfering with safe driving.

Conditions affecting cerebrovascular function

- There is no motor deficit preventing safe driving.
- There is no impairment of reasoning or judgment preventing safe operation of a vehicle, as assessed by a physician.
- There are no medications interfering with the person's ability to operate a motor vehicle safely.

Conditions affecting endocrine function

- A person who applies for, renews, or holds any classification of operator's license may not evidence any frequent or functionally impairing hypoglycemic reactions.

Conditions affecting neurological or neuromuscular function

- The person may not have had an episode of altered consciousness or loss of bodily control caused by a neurological condition for the 3-month period preceding medical review by the Department under this chapter.
- The person adequately compensates for any paralysis or sensory deficit when operating a vehicle.
- Fatigue, weakness, muscle spasm, pain or tremor at rest does not impair safe driving, as assessed by a physician or determined through a driving evaluation.
- There is no decline in cognition to an extent that interferes with safe driving.

Conditions affecting psychosocial, mental, or emotional function

- There is no dementia that is unresponsive to treatment.
- There is no behavior disorder with threatening or assaultive behavior at the time of application.
- Any delusional system does not interfere with safe driving, as assessed by a physician.
- There is no impairment of judgment that interferes with safe driving as assessed by a physician.
- There is no active psychosis that interferes with safe driving, as assessed by a physician.

Conditions affecting respiratory function

- The person does not require medication or treatment that interferes with safe driving.
- There is no dyspnea that interferes with safe driving, as assessed by a physician or determined through a Driving Evaluation.

Conditions affecting sensory function

- Uncorrected or corrected visual acuity of at least 20/100 or better in at least one eye, as assessed by a vision specialist.
- A horizontal, temporal field of vision of 20 degrees or more from center in at least one eye.
- The department shall refer a person for examination by a vision specialist and shall restrict any license issued to a person having less than 20/40 visual acuity or less than 70 degrees of visual fields in each eye.
- No persons with visual acuity of 20/200 or less in the better corrected eye, as certified by a vision specialist, may be issued a special restricted operator's license.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The overall standard that the Licensing Agency uses to make licensing determinations is functional status. The DOT makes the final decision, taking recommendations from physicians (and the Medical review Board, upon appeal) into account. The Board may recommend any restriction types, but the DOT will only act upon those that are objective, measurable, and do not compromise public safety. The Board physicians may recommend cancellation of a license, but cancellations are processed only by DOT authority. The Board may recommend that a driver undergo further testing, but the DOT has no funding for this purpose, and all medical tests must be paid for by the customer. Similarly, the Board may recommend periodic reexaminations or medical statements, but no DOT funding is available; a driver is required to pay for medical testing if the DOT imposes periodic reporting requirements. The Board may recommend further testing in the form of DMV written and road tests. The Board may also provide basic suggestions for remediation of functional abilities. The Agency does not refer drivers for remediation of impairing conditions.

The kinds of restrictions that the DOT may impose include: corrective lenses; hearing aid, or a vehicle equipped with outside rearview mirror; automatic transmission; automatic turn signals; daylight driving only; certain hours only (e.g., between 9:00 a.m. and 3:00 p.m.); complete hand controls; left outside mirror; right outside mirror; adequate seat adjustment; steering knob, power steering, or steering cuff; hand-operated dimmer switch; re-arrangement of pedals or controls; artificial arm, leg, hand, or foot pedal extensions; speed restrictions; radius of home address; no freeway or interstate highway driving; specific county or town roads; not in (name of) city; within (name of) city or village limits only; between residence and work (specify home and work addresses and route). Unenforceable or unreasonable restrictions may not be applied (e.g., low volume traffic, only when accompanied by a licensed driver, local driving only, no driving on National holidays, cities less than 10,000 population).

Appeal of License Actions

There is an appeal process for drivers aggrieved by the Department's decision. Due process includes a three-step appeal process: a review (by the Medical Review Unit) of any new

medical reports that a person submits; an in-person or by-mail evaluation of the case by physicians on the Medical Review Board; and the judicial review system

Counseling and Public Information & Education

The Licensing Agency provides counseling to drivers with functional impairments to help them deal with their driving habits appropriately and/or to deal with potential lifestyle changes that follow from limiting or ceasing to drive. One full-time-employee who is a Nurse Consultant II makes telephone contacts with citizens throughout the State via an Older Driver Hotline. She provides counseling regarding how to handle a driving problem in the family, explains health conditions and driving, locates agency referrals in the local area of the call, and provides information about alternative transportation options.

The Agency makes public information and educational materials available to older drivers that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk. Their brochure, "How Medical Conditions Affect Your Driver License" explains how health problems affect skills and judgment necessary for driving safety, describes functional ability, restrictions, the Agency's vision standard, license cancellation or denial, the Medical Review Board, and temporary surrender. Other brochures created and distributed by the DOT include one geared to older drivers, entitled "Mature Drivers: How Changes in the Body, Driving Laws, and New Car Technology Affect Your Driving Ability;" one geared toward drivers with disabilities that describes the licensing process and products available that provide accessible parking; and another geared to the public, entitled, "How to Report Medically Impaired Drivers." A booklet published by the National Highway Traffic Safety Administration, in cooperation with the USAA Educational Foundation, and the Maryland Research Consortium is also provided to customers, entitled, "Driving Safely While Aging Gracefully" and describes the effects of aging on driving safety and tips for coping to remain a safe driver.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. Field station examiners undergo 8 weeks of off-site classroom training for all licensing functions, in addition to on-the-job training, where they are on probation for the first year of service. Eight hours of classroom training is comprised of medical conditions and physical functionality, based on Wisconsin's *Driver Licensing Manual*, Section 235, "Evaluating Medical Conditions or Disabilities." This section is based on WisDOT Chapter Trans 112: "Medical Standards for Driver Licensing and General Standards for School Bus Endorsements. Specialized training is also provided to licensing personnel relating to older drivers.

Medical Program Tracking System

The Agency uses an automated medical record system and automated work-flow systems (for letter generation, only). The specialized database contains information about customers with medical conditions and the software has rules for tracking when periodic reports are required.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Wisconsin's medical review process does not rely on NHTSA 402 funding to support its operation. Three barriers were identified to the implementation of more extensive screening, counseling, and referral activities. These are: financial/budgetary deficits; lack of resources for personnel; and this is a low-priority issue in the State Government and within the DOT. The medical review program operates on a very low cost/maximal impact basis.

Wyoming

Organization of the Medical Program

Driver licensing in Wyoming is administered by the Department of Transportation. Wyoming does not have a Medical Advisory Board; the medical review program utilizes non-medical administrative staff who have responsibilities in addition to medical evaluation. Department of Transportation (DOT) staff who evaluate drivers with functional impairments or medical conditions includes: 51 Examiners; a Medical Section Supervisor and 2 Administrative Specialists; and 3 Administrators (the Driver Services Program Manager, and the managers for Field Operations, and Internal Operations). Complementing the DOT staff in the medical review program are law enforcement officers, drivers' personal physicians and vision specialists, and family members. Evaluation guidelines for licensing were established using National standards and printed materials, trial and error, and the practical application and continued review of guidelines.

Individuals who make licensing decisions are not anonymous, but they are immune from legal action.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions or functional impairments come to the attention of the Licensing Agency through the following mechanisms: self-report of a medical condition on initial and renewal license applications; reports from physicians, vision specialists, the courts, hospitals, occupational therapists, and physical therapists; and reports of unsafe driving behavior from police officers or family members. A report from any of these sources would result in a driver being required to undergo evaluation, as would the following circumstances: the driver experiences a crash that results in a fatality; or Driver License Examiners observe signs of impairment during the renewal process. More detail is provided below.

First-time and renewal applicants must answer the following questions on the license application form:

- *Do you have paralysis and/or missing limbs? If "Yes" please describe.*
- *Have you lost consciousness due to a seizure, stroke, or insulin shock within the previous 5-year period? If "Yes," what caused the loss of consciousness?*
- *List any physical or mental conditions you are currently being treated for.*

An applicant would be required to have a physician complete a medical form for paralysis or missing limbs only if the condition is the result of a progressive disease. If the applicant's license isn't already appropriately restricted or the Examiner has questions about the applicant's ability to operate a motor vehicle safely, he or she may be required to undergo a driving skills test. If an applicant's loss of consciousness was the result of a stroke, cerebral vascular accident,

seizure, insulin shock, traumatic brain injury, or syncope, the applicant would be required to have a medical exam, and if the report is favorable, the applicant will then be road tested. In order for a driver to be licensed, the medical exam must state that no loss of consciousness and/or motor function has occurred as the result of the affliction for at least one year, or the affliction no longer exists, or the affliction has been medically controlled for a minimum of 3 months.

If the applicant indicates he or she has other physical or mental conditions, the Examiner uses discretion in determining whether a medical statement and/or a skills test will be required.

Vision Screening and Vision Standards

All driver license applicants, including renewing drivers, must take and pass a vision test. When applicants are unable to meet the minimum required acuity of 20/50 (for passenger vehicle licenses) or better with both eyes, with or without corrective lenses, or if the minimum total combined horizontal field of vision requirement of 120 degrees cannot be met, they are given a driver vision evaluation form that must be completed by the driver's vision specialist. Outside mirror and corrective lens restrictions are placed on the license for drivers with acuities falling between 20/50 and 20/100, and daylight only and annual reexam restrictions may be imposed, depending on the vision specialist's recommendations. Telescopic lenses must provide 20/100 acuity.

Referral Sources

Examiners may require a renewal applicant to have a medical form completed by a physician, and/or to take one or all of the DOT tests (road skills, traffic sign, and knowledge test) if they have concerns about an applicant's ability to operate a motor vehicle safely, based on their observation of the applicant. If the applicant does not indicate that he or she has any physical or mental conditions that could affect safe driving ability, but the Examiner observes behavior that could be related to a physical, mental, or medical condition, the Examiner will give the applicant a medical statement form to be completed by his or her physician, and a skills test will be given at the Examiner's discretion.

Applicants for a handicapped placard are required to have the medical form completed by their physician.

Physicians in Wyoming are not required by law to report drivers with medical conditions or functional impairments to the Licensing Agency. However, the Agency will accept reports from physicians who voluntarily choose to report drivers. Physicians who report drivers in good faith are immune from legal action by their patients. Physician reports are confidential, except that the driver may request a copy, and copies may be admitted as evidence in judicial review proceedings.

The Agency only accepts reports of potentially unsafe drivers from citizens who are family members. If friends or other citizens have concerns about a driver, they must make those concerns known to the driver's physician, law enforcement, or a family member, who may in

turn refer the driver. The Agency does not accept anonymous referrals, and does not investigate any referrals prior to contacting a driver to undergo a reexamination. Reports are accepted from other medical professionals such as ophthalmologists, optometrists, occupational therapists, and physical therapists, as well as from the courts and law enforcement officers.

Evaluation of Referred Drivers

Procedures

All drivers who are referred to the Licensing Agency from sources outside of the DOT must have both a vision report and a medical report completed. The medical form contains the diagnosis; information about whether the medical condition is likely to deteriorate within the next 12 months; medication use; the physician's professional opinion regarding whether the patient is physically, mentally, and medically capable of operating a motor vehicle; whether an independent medical evaluation from a specialist in another medical field should be obtained for the purpose of determining driving safety; whether a driving test by a License Examiner is recommended; and what licensing restrictions are recommended. The vision form contains acuity and visual field results, information about whether the visual condition is progressive, and what restrictions are recommended. If these two reports are favorable, then applicants must take and pass a driving skills and a traffic sign and knowledge test administered by DOT Driver License Examiners.

Upon receipt of a request for re-examination received by the three Medical Section employees in the Cheyenne, WY office, a notification letter is sent to the driver indicating that he or he has 10 days to contact an examiner to schedule a reexamination. If a current medical or vision report is required, the driver is notified in the letter that the vision and/or medical evaluation must be submitted at the time of the reexamination. A copy of the letter and a copy of the client's file are sent to the driver exam office located nearest the driver's home. When the driver appears for the reexamination, if the vision and/or medical information submitted at the time of the reexamination does not meet the Department's visual/medical standards, no road test will be given, and the license will be cancelled. If the medical and vision statements are favorable, then the driver must submit to a traffic sign test (and possibly the knowledge test), and successfully complete a road skills test. As a result of the reexamination, a license may be issued with the appropriate restrictions, or a license may be cancelled or denied. If adaptive equipment is recommended as a result of the reexamination, no license will be issued until the adaptive equipment is installed. The Examiner will view the vehicle with the adaptive equipment installed before issuing a license, and may require the driver to demonstrate use of the equipment.

Drivers diagnosed with dementia are allowed to drive in Wyoming, based on their physician's judgment about whether they are safe to continue to drive, and whether they can pass the reexamination driving and knowledge tests.

The reexamination evaluation form and any visual and/or medical evaluations are then submitted by the Examiner to the Cheyenne Office Medical Records Section within 10 days of the date of the reexamination. The Examiner enters driver and vehicle identification information

on the form, as well as mechanical aids used for the test, medications the driver takes, the condition of the road and traffic at the time of the test, observations made during the reexamination (driving errors and driver's response to summary of errors at the end of the test), and recommendations for future testing, restrictions, and conditions for operating a motor vehicle.

Medical Guidelines

Wyoming DOT Rules and Regulations, Section 16, state that a person shall be denied the issuance of a license or have an existing license cancelled if the person is not legally, physically, or mentally qualified to hold a license. Denial of a license will occur when:

- Vision is not at least 20/100 with or without correction in both eyes.
- A report is received by a physician that indicates the driver is not medically, physically, or mentally capable of safely operating a motor vehicle.
- A person is afflicted with a disorder resulting in a loss, interruption, or lapse of consciousness and/or motor function. A denial or cancellation may be reconsidered upon the receipt of a qualified doctor stating that seizures or loss of consciousness have been medically controlled for three months, or the affliction no longer exists, or no loss of consciousness and/or motor function has occurred as a result of the affliction for at least 1 year.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

An Examiner may recommend that the driver seek professional help, such as a commercial driving school, defensive driving course, or a mature driver refresher; may recommend periodic retesting if the driver passed the reexamination but there are questions about future ability; may recommend licensing restrictions; or may recommend no further testing and contact the Cheyenne office to cancel or deny the license.

Restrictions may include: corrective lenses, mechanical aids, prosthetic aids, automatic transmission, outside mirrors, daylight driving only, medical or visual evaluation every 6 months or 1 year, limited mileage, limited road types, limited number of successive hours of driving, limited radius of home, limited speed, no use of alcohol, no use of pain medications when driving, and must use oxygen when driving.

An Examiner could recommend that the driver apply for an instruction permit with restrictions that the driver could use for additional training for a 3-month period, if he or she is unable to demonstrate ordinary and reasonable skills to operate a motor vehicle safely, and the Examiner thinks that the driver will benefit from additional practice or training. The driver would then need to be reexamined to determine if a license should be issued.

Drivers with visual impairments are referred to vision care specialists for remediation of visual problems. Drivers with physical or mental impairments are referred to their own physicians for advice about what kinds of specialists can help with remediation.

Appeal of License Actions

There is an appeal process for drivers whose privilege is suspended or restricted for medical conditions or functional impairments. A driver may request a “contested case hearing or record review” in writing within 20 days of the date the Department has given notice of intent to suspend, revoke, cancel, disqualify, or deny a license. A person may appeal the decision of a Department record review to the Office of Administrative Hearings within 20 days of the Department review.

Counseling and Public Information & Education

The Agency does not counsel drivers with functional impairments to help them adjust to their driving habits appropriately, beyond explaining any restrictions imposed for functional impairments, nor is counseling provided to help drivers deal with potential lifestyle changes that follow from limiting or ceasing driving. Drivers are not referred to outside resources for counseling. The DOT does not make Public Information & Educational materials available to older drivers that explains the importance of fitness to drive and the ways in which impairing conditions increase crash risk.

Administrative Issues

Training of Licensing Employees

The Licensing Agency provides specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely. The *Class C and Re-Exam Examiner’s Training Manual* contains procedures and guidance for administering reexaminations and includes an Appendix describing general medical and physical conditions that affect driving. A page is dedicated to a particular impairment, and included on the page are observable signs/symptoms, driving functions affected, and possible adaptive devices or restrictions. No specialized training is provided relating to the licensing of older drivers beyond a note in the *Training Manual* that they are by far the largest group of drivers referred for reexaminations.

Medical Program Tracking System

The Licensing Agency does not use an automated medical record system; when a medical file must be supplied to an examining station, it must be pulled from microfiche as the DOT does not have a document imaging system. Automated work-flow systems are used to the extent that letters are generated automatically.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

The Agency does not rely on NHTSA 402 funding to support the operation of its medical review process. Barriers to implementing more extensive screening, counseling, and referral activities (including connections to alternative transportation) consist of the need for more training in policies and procedures to implement screening; the need for heightened public awareness and training for referral activities; and the costs, limited resources, and cost effectiveness of alternative transportation in Wyoming (rural areas and vast distances).

APPENDIX A: DATA COLLECTION INSTRUMENT

DATE: January 8, 2003
TO: Driver Licensing Contacts and Medical Advisory Board Contacts
FROM: Michael R. Calvin
Senior Vice President, Programs Division
RE: Medical Advisory Board Project Survey

On behalf of the National Highway Traffic Safety Administration and their contractor, *TransAnalytics*, enclosed is the comprehensive survey mentioned in my memorandum dated October 30. The survey will be used to document the processes the jurisdictions follow in licensing drivers with medical conditions and functional impairments. As you respond to the questions on the following pages, you are encouraged to write in additional information to help describe the organization and operations of your State's Medical Advisory Board (or other unit that addresses drivers with medical conditions and/or with impairments of the functional abilities—visual, physical, and mental—needed to drive safely).

There are three sections to this survey. You should complete Section 1, and then complete **either** Section 2 or Section 3, depending on whether your State/District has a Medical Advisory Board. When checking the response "Other," please provide a description of what this may entail.

Section 1—to be completed by **all** Licensing Agencies, whether or not they have a Medical Advisory Board.

Section 2—to be completed by States/Districts that HAVE a Medical Advisory Board (MAB), Health Advisory Board (HAB), or Medical Advisory Panel.

Section 3—to be completed by States/Districts that DO NOT HAVE a Medical Advisory Board/Health Advisory Board/Medical Advisory Panel.

Additional documentation is also requested such as forms, training materials and sections of your jurisdiction's Vehicle Code. A checklist of requested materials is attached.

TransAnalytics will summarize all survey results. They will also prepare a final report for NHTSA that summarizes the practices of all 50 states and the District of Columbia, highlighting "best practices" identified in this research. This information will be made available to the jurisdictions.

We realize that this survey is quite extensive. If you have questions about specific items, please contact Kathy Lococo of TransAnalytics at 215-855-5380. We appreciate your patience in taking the time to provide thoughtful, complete answers.

Please complete and return the survey by Wednesday, January 29. Thank you!

Completed surveys and attached documentation should be mailed to the following address:

**Kathy H. Lococo
TransAnalytics, LLC
P.O. Box 328, 1722 Sumneytown Pike
Kulpsville, PA 19443**

SECTION 1
(TO BE COMPLETED BY ALL JURISDICTIONS)

1. What government body/department administers driver licensing in your State/District (i.e., Department of Motor Vehicles, Department of Public Safety, Department of Public Health)?

2. Does your State have a Medical Advisory Board (MAB) [also known as Health Advisory Board (HAB) or Medical Advisory Panel]?

YES If YES, what is it called? _____

NO

3. Does your Licensing Agency have an internal medical review unit (that is separate from the MAB that you may have) with designated, trained, professional staff?

<p><input type="checkbox"/> YES</p> <p>If YES...</p> <p>Describe the staff (non-medical and medical) including number and types of specialists—i.e., nurses, driver improvement counselors, driver analysts, etc.</p>	<p><input type="checkbox"/> NO</p> <p>If NO...</p> <p>Check which applies to your medical review program:</p> <p><input type="checkbox"/> Non-medical administrative staff who have other responsibilities in addition to medical evaluation</p> <p><input type="checkbox"/> A formal liaison with the State Health Department</p> <p><input type="checkbox"/> A formal liaison with the State Medical Association</p> <p><input type="checkbox"/> Full-Time Staff Physician(s); How many? _____</p> <p><input type="checkbox"/> Part-Time Staff Physician(s); How many? _____</p> <p><input type="checkbox"/> Permanent Physician Consultant(s); How many? _____</p> <p><input type="checkbox"/> Medical Advisory Board</p> <p><input type="checkbox"/> Other</p> <p>Describe:</p>
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4. Are first-time applicants for a passenger vehicle driver's license required to have a physical exam performed by a physician or other medical practitioner?

YES NO NO, EXCEPT UNDER THE FOLLOWING CIRCUMSTANCES

5. Are applicants required to complete a section that contains questions about medical conditions? (If YES, please attach copy of application).

YES, on first-time applications only

YES, on renewal applications only

YES, on first-time and renewal applications

NO

SECTION 1 (CONTINUED)
(TO BE COMPLETED BY ALL JURISDICTIONS)

6. Are physicians required by law to report drivers to the Licensing Agency who have medical conditions or functional impairments that could affect their ability to drive safely?	
<input type="checkbox"/> YES If YES...	<input type="checkbox"/> NO If NO...
6a What are the conditions that physicians are required to report? (List below, and attach sections of the Vehicle Code or other materials that describe the requirement).	6e Does the Licensing Agency allow reports to be submitted by physicians on a voluntary basis? <input type="checkbox"/> YES <input type="checkbox"/> NO
6b How does the physician provide the Licensing Agency with this information (i.e, a specific Licensing Agency form, a letter written by the physician)? Please provide copies of forms, if used.	6f If YES to 6e, how does the physician provide the Licensing Agency with this information? (i.e, a specific Licensing Agency form, a letter written by the physician). Please provide copies of forms, if used.
6c If a physician fails to report a driver with a medical condition, and then the patient is involved in a crash, can the physician be held liable as a proximate cause of a crash resulting in death, injury, or property damage caused by the patient? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6d If a physician fails to report a driver with a medical condition, can the physician be convicted of a summary criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO	

7. For physicians who report drivers (either by law or on a volunteer basis), are reports confidential?

YES without exception

YES, except in the following conditions (i.e., driver may receive copy upon request; physician reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent): _____

NO

8. Are physicians who report drivers in good faith (either by law or on a volunteer basis) immune from legal action by their patients?

YES NO

SECTION 1 (CONTINUED)
(TO BE COMPLETED BY ALL JURISDICTIONS)

9. From which of the following sources does the Licensing Agency accept referrals of potentially “unsafe” drivers (check all that apply):

- Police Officers
- Courts
- Family
- Friends
- Other Citizens
- Hospital
- Occupational Therapists
- Physical Therapists
- Others (list) _____

10. Does the Licensing Agency accept reports from individuals who do not provide their name (i.e., anonymous referrals)?

- YES NO

11. Are reports from any of the sources investigated before the Licensing Agency contacts a driver for possible evaluation?

- YES NO

If YES, which sources are investigated, and what is the investigation process?

12. What are the circumstances under which a driver may be required to undergo evaluation (check all that apply)?

- Crash with fatality
- Accumulation of points (list how many and time period) _____
- Accumulation of crashes (list how many and time period) _____
- Upon reaching a certain age (list the age) _____
- Upon referral by police
- Upon referral by courts
- Upon referral by physician
- Upon referral by occupational therapist
- Upon referral by family/friends/other citizens
- Upon self report of a medical condition
- Licensing Agency counter personnel observes signs of functional impairment during renewal process
- Expiration of license (list number of days) _____
- Upon application for handicapped parking privileges
- Other (describe) _____

SECTION 1 (CONTINUED)
(TO BE COMPLETED BY ALL JURISDICTIONS)

13. On what basis (or upon whose recommendation) are licensing decisions generally made? (i.e., Licensing Agency generally adheres to MAB's recommendation; Agency generally adheres to recommendations made by driver's physician, Agency adheres strictly to visual and medical standards; Agency generally bases decision on whether driver passes road test, etc.).

14. Is there an appeal process for drivers whose driving privilege is suspended or restricted for medical conditions or functional impairments?

YES NO

15. Does your Licensing Agency provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to operate a motor vehicle safely?

YES NO

If YES, please send any related materials (i.e., training manuals, descriptions of course content, etc).

16. Does your Licensing Agency provide specialized training for driver licensing personnel relating to older drivers?

YES NO

If YES, please send any related materials (i.e., training manuals, descriptions of course content, etc).

17. Does your Licensing Agency make available to older drivers Public Information & Education (PI&E) materials explaining the importance of fitness to drive and the ways in which different impairing conditions increase crash risk?

YES NO

If YES, please send materials.

SECTION 1 (CONTINUED)
(TO BE COMPLETED BY ALL JURISDICTIONS)

18. Does the Licensing Agency provide counseling to drivers with functional impairments:
- to help them adjust their driving habits appropriately, and/or
 - to deal with potential lifestyle changes that follow from limiting or ceasing to drive?

___YES	___NO
If YES...	If NO...
18a. Please list the job title of the person(s) who provides counseling, and describe the counseling activities.	18c. Does the Licensing Agency refer the driver to an outside resource for counseling about how to deal with lifestyle changes as a result of reducing or stopping driving? ___YES ___NO If YES, who/what is the source?
18b. Does the counseling include providing information about alternative transportation options? ___YES ___NO	

19. Does the Licensing Agency refer drivers for remediation of impairing conditions (i.e., vision problems, mental problems, physical problems)?

___YES ___NO

If YES, please identify the kinds of professionals to whom drivers are referred.

20. Are drivers diagnosed with dementia allowed to drive in your jurisdiction?

___YES ___NO

If YES...

- 20a. At what level or stage would driving privileges be revoked?

SECTION 1 (CONTINUED)
(TO BE COMPLETED BY ALL JURISDICTIONS)

21. What barriers exist, if any, to implementing more extensive screening, counseling, and/or referral activities, including connections to alternative transportation?

22. Does your Licensing Agency use an automated medical record system?

YES NO

23. Does your Licensing Agency use automated work flow systems (e.g., scanning of driver license number, automatic letter generation, case manager and workload assignment)?

YES NO

24. Does your medical review process rely on NHTSA 402 funding to support its operation? YES NO

If YES, to what degree?

SECTION 1 (CONTINUED)
(TO BE COMPLETED BY ALL JURISDICTIONS)

25. **OPTIONAL.** It is important that we fully understand the sequence of events/procedures that follow referral of a driver to the Licensing Agency for medical/functional evaluation of fitness to drive. Of particular interest are: (1) the tests conducted (i.e., vision, knowledge, traffic sign, closed course drive test, on-road drive test, tests of mental and physical abilities, medical evaluation by physician, etc); (2) personnel and agencies involved—inside of the Licensing Agency as well as outside of the Agency); (3) how results are conveyed back to the Licensing Agency if someone outside the Agency conducts testing; (4) what kinds of results receive consideration in the licensing decision (test results, physician report, driving record, interview with driver, etc); and (5) how drivers referred for remedial treatments are followed up to ensure fitness to drive has been restored. Please include a flow chart of the process if you have one available.

If you can provide this information at this time, it would be greatly appreciated. If not, it may be deferred to a follow-up telephone contact.

Please provide the following information:

State: _____

Name of person completing survey: _____

Title: _____

Agency: _____

Department: _____

Phone: _____

Fax: _____

Email: _____

CHECKLIST OF REQUESTED MATERIALS

- ✓ Sections of your State’s Vehicle Code that describe the licensing of drivers of passenger vehicles.
- ✓ Forms that drivers complete for original and renewal licenses that request self disclosure of medical conditions that could affect their safe driving ability.
- ✓ Forms used by your Licensing Agency to request medical history from a driver’s physician.
- ✓ Forms that law enforcement, physicians, and private citizens would use to report a driver who exhibits signs of unsafe driving.
- ✓ Forms that counter personnel, driver license examiners, and MAB physicians use to assess functional ability.
- ✓ Any public information and education (PI&E) materials addressing “fitness to drive” issues.
- ✓ Training materials used in educating licensing personnel to observe functional ability.
- ✓ Training materials used in educating licensing personnel in dealing with older drivers.
- ✓ Standards and guidelines for licensing people with specific medical conditions.

*Please continue to Section 2
if your State/District HAS a Medical Advisory Board.*

*Please continue to Section 3
if your State/District DOES NOT HAVE a Medical
Advisory Board.*

SECTION 2

(TO BE COMPLETED BY JURISDICTIONS THAT HAVE A MEDICAL ADVISORY BOARD)

1. In what year was the Medical Advisory Board created? _____

2. How many members are on the Board? _____

3. Is the Board divided into committees or subcommittees? ___ YES ___ NO

If YES, what are the committees, and how many members are on each committee?

4. Please indicate the occupations (for both medical and non medical staff) and medical specialties represented by Board members, and how many members belong to each specialty (i.e., 2 nurses, 1 occupational therapist, 1 neurologist, 2 optometrists, etc.)

- | | | |
|--------------------------------|-------------------------|------------------------|
| ___ Nurses | ___ Neurology | ___ Pharmacologists |
| ___ Occupational Therapists | ___ Orthopedics | ___ Drug/Alcohol Rehab |
| ___ Optometrists | ___ Psychiatrists | ___ General Surgery |
| ___ Ophthalmologists | ___ Psychologists | Other: _____ |
| ___ Cardiologists | ___ Endocrinologists | Other: _____ |
| ___ Family Practice Physicians | ___ Physical Therapists | Other: _____ |
| ___ Forensics | ___ Physiatrists | Other: _____ |
| ___ Internal Medicine | ___ Radiologists | Other: _____ |

5. How are Board members nominated and appointed (i.e., nomination by State Medical Society; appointed by Director of Revenue, State Medical Association, Driver License Administrator, Director of Public Safety, State Department of Health, Commissioner, etc.)?

6. What is the length of term served by Board members? _____

7. What is the profession of the head of the Board? _____

8. What is the employment of the Board physicians?

- ___ Full-time employees of the Licensing Agency
- ___ Part-time employees of the Licensing Agency
- ___ Paid consultants
- ___ Volunteer consultants

9. If Board physicians are NOT employed by the Licensing Agency (i.e., if they are consultants), who are they employed by?

- ___ Private practice
- ___ Hospital/clinic
- ___ Other Government agency (list, if known) _____
- ___ Other (list, if known) _____

SECTION 2 (Continued)

(TO BE COMPLETED BY JURISDICTIONS THAT HAVE A MEDICAL ADVISORY BOARD)

10. Through what mechanisms, and with what frequency, do Board members interact for disposition of fitness to drive cases? (Check all that apply)

In-person meetings as a group

Frequency: Weekly Bi-weekly Monthly As directed by the administrator
 On a case-by-case basis Other: (describe) _____

Teleconference

Frequency: Weekly Bi-weekly Monthly As directed by the administrator
 On a case-by-case basis Other: (describe) _____

Videoconference

Frequency: Weekly Bi-weekly Monthly As directed by the administrator
 On a case-by-case basis Other: (describe) _____

Email

Frequency: Weekly Bi-weekly Monthly As directed by the administrator
 On a case-by-case basis Other: (describe) _____

Regular mail

Frequency: Weekly Bi-weekly Monthly As directed by the administrator
 On a case-by-case basis Other: (describe) _____

11. In what kinds of activities is the Board engaged? (check all that apply):

- Board exists on paper only (i.e., is inactive, or not yet operational)
- Board advises on medical criteria and vision standards for licensing
- Board reviews and advises on individual cases (check all methods used below)
 - Board physicians perform paper reviews (forms submitted by driver's physicians, police, family, driving record, etc)
 - Board physicians conduct in-person interviews with referred drivers
 - Board physicians conduct video interviews with referred drivers
 - Board physicians screen or assess abilities needed to drive safely (visual, mental, physical)
- Board assists in developing standardized, medically acceptable report forms
- Board develops educational materials on driver impairment for the general public
- Board recommends training courses for driver license examiners in medical/functional aspects of fitness to drive
- Board appraises Licensing Agency of new research on medical fitness to drive
- Board conducts or oversees new research on medical fitness to drive.
- Board advises on procedures and guidelines (explain): _____
- Other: _____

SECTION 2 (Continued)

(TO BE COMPLETED BY JURISDICTIONS THAT HAVE A MEDICAL ADVISORY BOARD)

12. List the medical conditions that are referred to the Board for further investigation. (Attach any formal listings used by your Agency)

13. Approximately how many drivers are referred to the Board each year? _____

14. What percentage of these drivers are:

over age 65 _____ over age 75 _____ over age 85 _____

15. Approximately how many drivers are denied a license each year following reevaluation by the Board? _____

16. What percentage of these drivers are:

over age 65 _____ over age 75 _____ over age 85 _____

17. What types of dispositions may the Board recommend or administer? For example:

17a. License restrictions (include geographic, radius from home, time of day, special adaptive equipment, visual corrections, etc.)?

17b. Suspensions?

17c. Further testing (and by whom)?

17d. Periodic reexaminations or medical statements (and for what conditions)?

17e. Types of remediation recommended (specify all types of visual correction, medical intervention, physical therapy, driver training, and others)?

SECTION 2 (Continued)

(TO BE COMPLETED BY JURISDICTIONS THAT HAVE A MEDICAL ADVISORY BOARD)

18. Are licensing actions based on:

- The recommendation of the entire Board
- The recommendation by multiple Board members, but not the entire Board.
- The recommendation of a single Board member/specialist
- Other (describe) _____

19. Are Board members immune from legal (tort) action?

- YES NO

20. Are records and deliberations of the board confidential?

- YES without exception
- YES, except in the following conditions (i.e., driver may receive copy upon request; physician reports may be admitted as evidence in judicial review proceedings of drivers determined to be incompetent): _____
- _____
- NO

21. Are Board members' identities public, or do they remain anonymous?

- Identities are public Identities are anonymous

22. Are annual reports generated that document the activities of the MAB?

- YES NO

23. Is there is any other information about your medical review program that you wish to provide?

SECTION 3

(TO BE COMPLETED BY JURISDICTIONS THAN DO NOT HAVE A MEDICAL ADVISORY BOARD)

4e. Types of remediation recommended (specify all types of visual correction, medical intervention, physical therapy, driver training, and others)?

5. Are the individuals who make licensing determinations immune from legal (tort) action?

YES NO

6. Are the individuals who make fitness to drive decisions anonymous?

YES NO

7. Is there is any other information about your medical review program that you wish to provide?

APPENDIX B: SURVEY AND TELEPHONE INTERVIEW RESPONDENTS

State	Survey Respondent/Interviewee
Alabama	Terry Chapman CDL Coordinator Alabama Department of Public Safety Driver License Division Montgomery, AL
Alaska	Kerry Hennings Driver License & Partnership Development Manager Division of Motor Vehicles Anchorage, AK
Arizona	Kathleen Morley Assistant Division Director Motor Vehicle Division Lupe Valdivia, Medical Review Unit Motor Carrier & Tax Services Arizona Department of Transportation Phoenix, AZ
Arkansas	Susan Sims Manager, Driver Control Arkansas Driver Services Dept. of Finance & Administration Little Rock, AR
California	Sue Bradley Manager III California Department of Motor Vehicles Dept. of Motor Vehicles Post-Licensing Policy Section Sacramento, CA
Colorado	Debra Jerome GP IV Colorado Driver License Administration Motor Vehicle Business Group Department of Revenue Lakewood, CO
Connecticut	Marilyn Lukie Division Chief II DMV Medical Review Division Wethersfield, CT
Delaware	Arthur G. Ericson Chief, Driver Services Delaware Division of Motor Vehicles Dover, DE
District of Columbia	Jacqueline Stanley Acting Administrator Carolyn Garrett, Medical Review Supervisor Customer Services Administration Department of Motor Vehicles Washington, D.C.
Florida	Nancy Bass Medical Review Section Supervisor Selma Sauls, Planner II Department of Highway Safety and Motor Vehicles Medical Review Section Tallahassee, FL

State	Survey Respondent/Interviewee
Georgia	Beth Nisbet, Section Manager Brenda Williford, Program Associate Georgia Department of Motor Vehicle Safety Operations, Driver Services Georgia Department of Motor Vehicle Safety Conyers, GA
Hawaii	Peggy Umetsu Highway Safety Specialist Hawaii Department of Transportation Honolulu, HI
Idaho	Vicky Fisher Motor Vehicle Unit Supervisor Idaho Transportation Department, Driver Services Boise, ID
Illinois	JoAnn Wilson Chief Legislative Liaison Secretary of State Illinois Driver Services Department Springfield, IL
Indiana	Sedalia Rivers Director, Driver License Division Indiana Bureau of Motor Vehicles Indianapolis, IN
Iowa	Jane Holtorf Compliance Officer Iowa Department of Transportation Office of Driver Services Des Moines, IA
Kansas	Martha L. Bean Public Service Administrator Driver Review Section Dept. of Revenue, Division of Vehicles Topeka, KS
Kentucky	Lisa Bowling Coordinator, Medical Review Board 502-564-6800 ext. 2552 Gary Bruner Director, Driver Licensing Kentucky Department of Vehicle Regulation Frankfort, KY
Louisiana	Eula Brooks Motor Vehicle Office Manager Louisiana Office of Motor Vehicles Baton Rouge, LA
Maine	Linda French, Medical Review Coordinator Dawna Dostie, Medical Review Section Maine Bureau of Motor Vehicles Augusta, ME

State	Survey Respondent/Interviewee
Maryland	Robert L. Raleigh, M.D. Director, Medical Advisory Board Carl Soderstrom, MAB Physician Nancy Snowden, Nurse Case Manager Maryland Motor Vehicle Administration Glen Burnie, MD
Massachusetts	Steven A. Evans Director, Medical Affairs/Driver Control Massachusetts Registry of Motor Vehicles Boston, MA
Michigan	Ron Wilson Director, Driver Assessment Division Michigan Department of State Lansing, MI
Minnesota	William Hewitt, Evaluation Supervisor Don Hoechst, Driver Compliance Program Supervisor Minnesota Department of Public Safety Driver and Vehicle Services Division St. Paul, MN
Mississippi	Lane Jenkins, Director, Driver Services Bureau Henry Hood, Director, Driver Improvement/Statistics Mississippi Department of Public Safety Jackson, MS
Missouri	Gina Wisch Computer Info Tech II Department of Revenue Customer Assistance Bureau - License Issuance Missouri Motor Vehicle & Driver Licensing Division Jefferson City, MO
Montana	Anita Drews-Oppedahl Chief, Field Operations Montana Motor Vehicle Division Helena, MT
Nebraska	Sara O'Rourke Driver License Administrator Nebraska Department of Motor Vehicles Lincoln, NE
Nevada	Debbie Wilson Management Analyst, II Nevada Department of Motor Vehicles Carson City, NV
New Hampshire	Darryl Peasley Supervisor of Driver Licensing Division of Motor Vehicles New Hampshire Department of Safety Concord, NH
New Jersey	Kathy Higham Manager, Driver Review Paul Southers, Driver Review New Jersey Department of Transportation Motor Vehicle Services Driver Control & Regulatory Affairs Trenton, NJ

State	Survey Respondent/Interviewee
New Mexico	Curt Sanchez Chief, Driver & Vehicle Services Bureau Marilyn Owens, Medical Unit Motor Vehicle Division State of New Mexico Taxation & Revenue Department Santa Fe, NM
New York	Kevin P. O'Brien Director, Motor Carrier Services Diane Sprague, Medical Review Unit New York Department of Motor Vehicles Albany, NY
North Carolina	Susan Stewart Manager, Medical Review Branch Addie Avery Ass't Dir for Adjudication North Carolina Division of Motor Vehicles Raleigh, NC
North Dakota	Syndi Worrell Chief Examiner North Dakota Department of Transportation Driver's License and Traffic Safety Division Bismarck, ND
Ohio	Cathy Ward, Supervisor Driver License Special Case/Medical Unit Ohio Department of Public Safety Bureau of Motor Vehicles Columbus, OH
Oklahoma	Michael Bailey Medical Supervisor Oklahoma Department of Public Safety Dept. Driver Improvement Division Oklahoma City, OK
Oregon	Bill Merrill Driver Control Manager Oregon Driver and Motor Vehicle Services Salem, OR
Pennsylvania	J.P. Duvall Manager, Driver Qualifications Section Bureau of Driver Licensing Pennsylvania Department of Transportation Harrisburg, PA
Rhode Island	Dennis Gerstmeyer Chief of Operator Control Rhode Island Division of Motor Vehicles Pawtucket, RI
South Carolina	James Barwick Manager, Driver Improvement South Carolina Department of Public Safety Division of Motor Vehicles Columbia, SC

State	Survey Respondent/Interviewee
South Dakota	Cindy Gerber Program Director Driver Licensing Department of Commerce W. Capitol Avenue Pierre, SD
Tennessee	Mary Norman, Master Officer Tennessee Department of Safety Research, Planing, and Development Nashville, TN
Texas	Linda Biline Manager, Driver Improvement Texas Department of Public Safety Driver License Division Austin, TX
Utah	Kurt Stromberg Utah Department of Public Safety, Driver License Division Program Coordinator/Medicals Salt Lake City, UT
Vermont	Michael Smith Chief, Customer Services Vermont Department of Motor Vehicles Montpelier, VT
Virginia	Millicent Ford Deputy Director, Driver Monitoring Division Driver Services Administration Virginia Department of Motor Vehicles Richmond, VA
Washington	Judy L. Groezinger, License Services Manager Dawn Hannum, Joe Clarno, Tom Hitzroth, Susan Christensen Washington Department of Licensing Driver Responsibility Olympia, WA
West Virginia	Raymond Douglas Thompson Manager, Driver Licensing West Virginia Division of Motor Vehicles Charleston, WV
Wisconsin	Jennifer Enright-Ford, Nursing Consultant II Jill Reeve, Medical Review Supervisor Department of Transportation Driver Services Madison, WI
Wyoming	Deb Ornelas Manager, Driver Services Program Wyoming Department of Transportation Cheyenne, WY

**APPENDIX C: SUMMARY TABLES FOR ALL JURISDICTIONS
(FROM SECTION 1 OF THE SURVEY)**

<u>Table</u>	<u>Page</u>
C-1	386
Government Body/Department that Administers Licensing	
Does the Jurisdiction Have a MAB?	
Does the Licensing Agency have an internal medical review unit (separate from MAB) with designated, trained, professional staff?	
C-2	388
Is a physical exam required for 1st time applicants?	
Are applicants required to complete questions about medical conditions?	
C-3	390
Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?	
Are reports by physicians confidential?	
Are physicians who report drivers immune from legal action by their patients?	
C-4	398
From what sources does the Licensing Agency accept referrals of potentially unsafe drivers? (Besides Licensing Agency Personnel, Physicians and Self-Report)	
Does the Licensing Agency accept anonymous referrals?	
Are reports from any sources investigated before the Licensing Agency contacts the driver?	
C-5	402
Circumstances under which a driver may be required to undergo evaluation	
C-6	409
Does the Licensing Agency provide training for its personnel in how to observe applicants for impairing conditions?	
Does the Licensing Agency provide specialized training for licensing personnel relating to older drivers?	
C-7	410
Does the Licensing Agency make PI&E materials available to older drivers re: fitness to drive & impairing conditions?	
Does the Licensing Agency provide counseling to drivers with functional impairments?	
C-8	412
Are drivers diagnosed with dementia allowed to continue to drive?	
Is there an appeal process for drivers suspended or restricted for medical conditions or functional impairments?	
C-9	414
Does the Licensing Agency use an automated medical record system?	
Does the Licensing Agency use automated work flow systems?	
Does your medical review process rely on NHTSA 402 funding to support its operation?	
Barriers to more extensive screening, counseling, and referral activities	

Table C-1

State	Government Body/Department that Administers Licensing	Does the Jurisdiction Have a MAB?		Does the Licensing Agency have an internal medical review unit (separate from MAB) with designated, trained, professional staff?	
		YES	NO	YES	NO
Alabama	Department of Public Safety	v		v	
Alaska	Department of Administration, Division of Motor Vehicles		v		v
Arizona	Arizona Department of Transportation Motor Vehicle Division	v		v	
Arkansas	Department of Finance and Administration, Office of Driver Services/Driver Control		v	v	
California	Department of Motor Vehicles	v (but currently inactive)			v
Colorado	Department of Revenue, Motor Vehicle Business Group		v		v
Connecticut	Department of Motor Vehicles	v		v	
Delaware	Delaware Division of Motor Vehicles, Department of Public Safety	v		v	
District of Columbia	DC Department of Motor Vehicles		v	v	
Florida	Department of Highway Safety and Motor Vehicles	v		v	
Georgia	Georgia Department of Motor Vehicle Safety	v			v
Hawaii	Department of Transportation	v			v
Idaho	Department of Motor Vehicles		v		v
Illinois	Secretary of State, Driver Services Department	v		v	
Indiana	Indiana Bureau of Motor Vehicles	v			v
Iowa	Iowa Department of Transportation, Motor Vehicle Division, Office of Driver Services	v			v
Kansas	Kansas Department of Revenue, Division of Vehicles	v		v	
Kentucky	Department of Motor Vehicles	v			v
Louisiana	Department of Public Safety, Office of Motor Vehicles	v			v
Maine	Department of Motor Vehicles	v		v	
Maryland	Maryland Motor Vehicle Administration	v		v	
Massachusetts	Registry of Motor Vehicles	v		v	
Michigan	Department of State		v	v	
Minnesota	Minnesota Department of Public Safety - Driver & Vehicle Services Division	v		v	
Mississippi	Department of Public Safety	v			v
Missouri	Missouri Department of Revenue, Division of Motor Vehicle and Driver Licensing, Customer Assistance Bureau	v			v

Table C-1

State	Government Body/Department that Administers Licensing	Does the Jurisdiction Have a MAB?		Does the Licensing Agency have an internal medical review unit (separate from MAB) with designated, trained, professional staff?	
		YES	NO	YES	NO
Montana	Department of Justice, Motor Vehicle Division		v		v
Nebraska	Department of Motor Vehicles	v			v
Nevada	Department of Motor Vehicles	v On paper only			v
New Hampshire	Department of Safety, Division of Motor Vehicles		v		v
New Jersey	Division of Motor Vehicles	v		v	
New Mexico	Motor Vehicle Division, Taxation & Revenue Dept.	v			v
New York	New York State Department of Motor Vehicles	v		v	
North Carolina	Department of Motor Vehicles	v		v	
North Dakota	North Dakota Department of Transportation	v			v
Ohio	Ohio Department of Public Safety, Bureau of Motor Vehicles		v		v
Oklahoma	Oklahoma Department of Public Safety	v		v	
Oregon	Driver and Motor Vehicle Services		v		v
Pennsylvania	Pennsylvania Department of Transportation, Bureau of Driver Licensing	v		v	
Rhode Island	Department of Motor Vehicles	v			v
South Carolina	Department of Public Safety, Division of Motor Vehicles	v		v	
South Dakota	Driver Licensing Program in the Department of Commerce & Regulation		v		v
Tennessee	Tennessee Department of Safety	v			v
Texas	Texas Department of Public Safety	v		v	
Utah	Department of Public Safety	v			v
Vermont	Department of Motor Vehicles		v		v
Virginia	Virginia Department of Motor Vehicles	v		v	
Washington	Department of Licensing		v	v	
West Virginia	Division of Motor Vehicles	v			v
Wisconsin	Department of Transportation	v		v	
Wyoming	Wyoming Department of Transportation		v		v
TOTAL (n=51)		37	14	24	27

State	Is a physical exam required for 1st time applicants?			Are applicants required to complete questions about medical conditions?			
	YES	NO	NO, unless driver self reports medical condition, or licensing staff observes symptoms.	YES: first time applicants only	YES: Renewal applicants only	YES: first-time & renewal applicants	NO
Alabama			v	v			
Alaska			v			v	
Arizona			v			v	
Arkansas		v					v
California			v			v	
Colorado			v			v	
Connecticut			v			v	
Delaware			v			v	
District of Columbia			v Plus drivers age 70+ (original and renewal)			v	
Florida			v			v	
Georgia			v	v			
Hawaii			v			v	
Idaho			v			v	
Illinois			v			v	
Indiana			v			v	
Iowa			v			v	
Kansas			v			v	
Kentucky			v			v	
Louisiana			v Also, drivers age 60+ applying for an initial license			v	
Maine			v			v	
Maryland			v Also, drivers age 70+ applying for an initial license			v	
Massachusetts			v			v	
Michigan			v			v	
Minnesota			v			v	
Mississippi			v			v	
Missouri			v			v	
Montana			v			v	
Nebraska			v			v	
Nevada			v Also, drivers age 70+ applying for a renewal license by mail			v	
New Hampshire			v				v
New Jersey			v			v	
New Mexico			v			v	
New York			v			v	
North Carolina			v			v	
North Dakota			v			v	

Table C-2

State	Is a physical exam required for 1st time applicants?			Are applicants required to complete questions about medical conditions?			
	YES	NO	NO, unless driver self reports medical condition, or licensing staff observes symptoms.	YES: first time applicants only	YES: Renewal applicants only	YES: first-time & renewal applicants	NO
Ohio			v			v	
Oklahoma			v	v			
Oregon			v			v	
Pennsylvania	v			v			
Rhode Island			v			v	
South Carolina			v			v	
South Dakota			v			v	
Tennessee			v			v	
Texas			v			v	
Utah			v			v	
Vermont			v			v	
Virginia			v			v	
Washington			v			v	
West Virginia			v			v	
Wisconsin			v			v	
Wyoming			v			v	
TOTAL (n=51)	1	1	49	4	0	45	2

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?								Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?	
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Alabama						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	
Alaska						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive			v
Arizona						v	v			v • Court ordered for judicial review of fitness to drive		v	
Arkansas						v	v			v • Driver may request copy			v
California	v Lapses of consciousness (Includes Alzheimer's Disease and related disorders; seizure disorders; brain tumors; narcolepsy; sleep apnea; abnormal metabolic states, including hypo- and hyperglycemia associated w/ diabetes; inability to perform ≥ 1 activity of daily living; impairments in sensory motor functions)		v if law required reporting				v (for other conditions)			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v only if law required reporting; no statutory immunity for voluntary reporting	

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?						Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?			
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Colorado						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	
Connecticut						v	v			v • Driver may request a copy • Court ordered for judicial review of fitness to drive			v
Delaware	v Loss of consciousness		v		v		v (for other cond)			v • Upon order of court		v	
District of Columbia						v	v			v • Court ordered for judicial review of fitness to drive			v
Florida						v	v		v			v	
Georgia						v	v			v • Court ordered for judicial review of fitness to drive		v	
Hawaii						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive			v
Idaho						v	v			v • Driver may request copy • May be admitted as evidence for review by a hearing officer			v

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?								Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?	
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Illinois						v	v			v • Court ordered for judicial review of fitness to drive		v	
Indiana						v	v			v • Court ordered for judicial review of fitness to drive			v
Iowa						v	v		v			v	
Kansas						v	v			v • Driver (or legal agent) may request copy • Court ordered for judicial review of fitness to drive		v	
Kentucky						v	v			v • Driver may request copy		v	
Louisiana						v	v			v • Driver must seek court order for release of name of reporting source		v	
Maine						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?						Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?			
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Maryland						v	v			v • Court ordered for judicial review of fitness to drive. (Reporting clinician must request confidentiality if that is the wish.)		v	
Massachusetts						v	v				v		v
Michigan						v	v			v • Court ordered for judicial review of fitness to drive			v
Minnesota						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	
Mississippi						v	v		v				v
Missouri						v	v			v • Court ordered for judicial review of fitness to drive		v	
Montana						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?								Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?	
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Nebraska						v	v			v • Court ordered for judicial review of fitness to drive			v
Nevada	v Epilepsy	v			v		v (for other conditions)		v				v
New Hampshire						v	v			v • Driver may request copy • May be used as evidence in a hearing			v
New Jersey	v Recurrent loss of consciousness		v		v		v (for other conditions)			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v provided report is for recurrent LOC	
New Mexico						v	v		v			v	
New York						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive			v
North Carolina						v	v			v • Driver may request copy		v	
North Dakota						v	v			v • Driver may request copy		v	

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?						Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?			
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Ohio						v	v			v • Driver may request copy • Driver may authorize release to others (i.e., attorney) • Court ordered for judicial review of fitness to drive			v
Oklahoma						v	v				v	v	
Oregon	v Currently: Loss of consciousness or control 5/2003: Cognitive & functional impairments that are severe and/or uncontrollable to a degree that may preclude safe operation of a motor vehicle and are not correctable by medication, therapy, surgery, driving device, or technique.		v		v					v • Court ordered for judicial review of fitness to drive		v	
Pennsylvania	v Any condition likely to impair the ability to control and safely operate a motor vehicle	v		v						v • Court ordered for judicial review of fitness to drive		v	
Rhode Island						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?						Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?			
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
South Carolina						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive			v
South Dakota						v	v			v • Court ordered for judicial review of fitness to drive			v (not sure, but nothing in DL statutes)
Tennessee						v	v			v • Driver may request copy			v
Texas						v	v			v • Court ordered for judicial review of fitness to drive		v	
Utah						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	
Vermont						v	v			v • Revealed during hearing			v
Virginia						v	v		v			v	

Table C-3

State	Are physicians required by law to report drivers to the licensing agency who have medical or functional impairments affecting safe driving ability?								Are reports by physicians confidential?			Are physicians who report drivers immune from legal action by their patients?	
	YES	Can a physician who fails to report, be held liable as a proximate cause of a subsequent crash caused by a patient?		Can physicians who fail to report be convicted of a summary offense?		NO	Does the licensing agency allow reports to be submitted on a voluntary basis?		YES without exception	YES, except in the following conditions	NO	YES	NO
		YES	NO	YES	NO		YES	NO					
Washington						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive			v
West Virginia						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive			v
Wisconsin						v	v			v • Driver may request copy		v	
Wyoming						v	v			v • Driver may request copy • Court ordered for judicial review of fitness to drive		v	
TOTAL (n=51)	6	3	3	1	5	45	45 (+4 where reporting required for specific cond)	0	6	43	2	30	21

Table C-4

State	From what sources does the Licensing Agency accept referrals of potentially unsafe drivers? (Besides Licensing Agency Personnel, Physicians and Self-Report)									Does the Licensing Agency accept anonymous referrals?		Are reports from any sources investigated before the Licensing Agency contacts the driver?	
	Police officers	Courts	Family	Friends	Other citizens	Hospital	OTs	PTs	Other (list)	YES	NO	YES	NO
Alabama	v	v	v	v	v	v	v	v			v	v	
Alaska	v	v	v	v	v	v	v	v	Accepted by anyone, but must be specific and verification of source is required.		v	v	
Arizona	v	v	v	v	v	v	v	v			v	v	
Arkansas	v	v	v	v	v	v	v	v			v		v
California	v	v	v	v	v	v	v	v	Anyone & any agency	v		v	
Colorado	v	v	v			v					v		v
Connecticut	v	v	v	v	v	v	v	v	<ul style="list-style-type: none"> • Conservator • Other licensing jurisdictions 		v	v	
Delaware	v	v	v			v			Other persons "acceptable to sec'y of public safety" i.e., , driver ed. teachers		v		v
District of Columbia	v	v	v	v	v	v	v	v	Psychologists	v			v
Florida	v	v	v	v	v	v	v	v			v	v	
Georgia	v	v	v	v	v	v	v	v	Anyone		v		v
Hawaii	v	v					v	v			v		v
Idaho	v	v	v			v	v	v			v		v
Illinois	v	v									v	v	

Table C-4

State	From what sources does the Licensing Agency accept referrals of potentially unsafe drivers? (Besides Licensing Agency Personnel, Physicians and Self-Report)									Does the Licensing Agency accept anonymous referrals?		Are reports from any sources investigated before the Licensing Agency contacts the driver?	
	Police officers	Courts	Family	Friends	Other citizens	Hospital	OTs	PTs	Other (list)	YES	NO	YES	NO
Indiana	v	v	v	v	v	v	v	v	<ul style="list-style-type: none"> • Pastor • Reports from other States 		v		v
Iowa	v	v	v	v	v	v	v	v			v		v
Kansas	v	v	v	v	v	v	v	v			v	v	
Kentucky	v	v	v	v	v	v	v	v			v		v
Louisiana	v	v	v			v	v	v			v		v
Maine	v	v	v	v	v	v	v	v	<ul style="list-style-type: none"> • Nurse Practitioners • P.A.'s • Home Health Workers 		v		v
Maryland	v	v	v	v	v	v	v	v	<ul style="list-style-type: none"> • nurses • nurse practitioners 	v		v	
Massachusetts	v	v	v	v	v	v	v	v			v		v
Michigan	v	v	v	v	v	v	v	v	• other State agencies		v	v	
Minnesota	v	v	v	v	v	v	v	v	• Social Workers		v		v
Mississippi	v	v	v	v	v	v	v	v			v		v
Missouri	v	v	v			v	v	v			v	v	
Montana	v		v	v		v	v	v			v	v	
Nebraska	v	v	v	v	v	v	v	v	Any person concerned about a person's capability to operate a motor vehicle safely		v	v	
Nevada	v	v	v	v	v	v	v	v	other agencies		v		v

Table C-4

State	From what sources does the Licensing Agency accept referrals of potentially unsafe drivers? (Besides Licensing Agency Personnel, Physicians and Self-Report)									Does the Licensing Agency accept anonymous referrals?		Are reports from any sources investigated before the Licensing Agency contacts the driver?	
	Police officers	Courts	Family	Friends	Other citizens	Hospital	OTs	PTs	Other (list)	YES	NO	YES	NO
New Hampshire	v	v	v	v	v	v	v	v			v	v	
New Jersey	v	v	v		v	v	v				v	v	
New Mexico	v	v	v	v	v	v	v	v	Any member of the public can write a letter of concern about a driver	v			v
New York	v	v	v	v	v	v	v	v			v		v
North Carolina	v	v	v	v	v	v	v	v			v		v
North Dakota	v	v	v			v	v	v			v	v	
Ohio	v	v	v	v	v	v	v	v	• Social service agencies		v	v	
Oklahoma	v	v	v	v	v	v	v	v			v		v
Oregon	v	v	v	v	v	v	v	v			v	v	
Pennsylvania	v	v	v	v	v	v	v	v	any person authorized to diagnose and/or treat illnesses (EMTs)		v	v	
Rhode Island	v	v	v	v	v	v	v	v			v		v
South Carolina	v	v					v				v		v
South Dakota	v	v	v	v	v	v	v	v			v	v	
Tennessee	v	v	v	v	v	v	v	v		v			v
Texas	v	v	v	v	v	v	v	v		v		v	
Utah	v	v	v	v	v	v	v	v			v		v

Table C-4

State	From what sources does the Licensing Agency accept referrals of potentially unsafe drivers? (Besides Licensing Agency Personnel, Physicians and Self-Report)									Does the Licensing Agency accept anonymous referrals?		Are reports from any sources investigated before the Licensing Agency contacts the driver?	
	Police officers	Courts	Family	Friends	Other citizens	Hospital	OTs	PTs	Other (list)	YES	NO	YES	NO
Vermont	v	v	v	v	v	v	v	v			v		v
Virginia	v	v	v	v	v	v	v	v	<ul style="list-style-type: none"> • Dep't for Blind & Vision Impaired • Attorneys • Power of Attorneys 		v	v	
Washington	v	v	v	v	v	v	v	v	v		v	v	
West Virginia	v		v			v	v	v			v		v
Wisconsin	v	v	v	v	v	v	v	v			v	v	
Wyoming	v	v	v			v	v	v	• Vision specialists		v		v
TOTAL (n=51)	51	49	48	39	39	48	48	46		6	45	24	27

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
Alabama					v	v	v	v	v	v				
Alaska			v		v	v	v	v	v	v	v		v If physician discloses any lapse of consciousness	.
Arizona					v	v	v	v		v	v			
Arkansas					v	v	v	v	v					
California	v		v 3 in 12 mo		v	v	v	v	v	v	v			v whenever DMV has evidence driver's medical condition could affect driving ability
Colorado	v		v 2 crashes in 3 years		v	v	v		v	v	v	v more than 1 year		
Connecticut	v in conjunction w/report by police or physician; not an internal trigger		v in conjunction w/report by police or physician; not an internal trigger		v	v	v	v	v	v	v		v	
Delaware			v 2 crashes in 24 mo		v	v	v		v	v	v			

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
District of Columbia	v			v 70 and above (require ments allow, but agency does not enforce)	v	v	v	v	v	v	v		v	
Florida					v	v	v	v	v	v	v			
Georgia					v	v	v	v	v	v	v			
Hawaii	v				v	v	v	v		v	v			v Government agency employee
Idaho					v	v	v	v	v family only	v	v			
Illinois				75 (Road Test)	v	v	v			v	v			
Indiana					v	v	v	v	v	v	v			
Iowa	v		v		v	v	v	v	v	v	v			
Kansas	v		v		v	v	v	v	v	v	v			v Public info. such as newspaper article describing a crash due to blackout or seizure
Kentucky	v				v	v	v	v	v	v	v			

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
Louisiana			v Crash reports indicating a physical impairment as a condition contributing to the crash		v	v	v	v	v	v	v		v	
Maine			v 3 in 3 years		v	v	v	v	v w/physician input	v w/physician input	v	v 5 years	v w/physician input	
Maryland	v				v	v	v	v	v	v	v		v	v Clients applying for reinstatement of revoked privilege who have incurred 2+ impaired driving incidents
Massachusetts	v				v	v	v	v	v	v	v		v	

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
Michigan	v	v 12 points in 2 years	v 3 crashes in 2 years		v	v	v	v	v	v	v			v <ul style="list-style-type: none"> • 3 violations for probationary drivers • Driver acquires a 6-point violation • Driver acquires 2 violations and 1st = 4 points • Driver acquires a violation following mandatory suspension • Violation of restricted license • After indefinite suspension or revocation to evaluate return of driving privilege
Minnesota	v				v	v	v	v	v	v	v		v	
Mississippi					v		v	v	v	v	v			
Missouri	v	v	v		v	v	v	v	v	v	v	v		
Montana	v				v		v	v	v		v	v after 90 days		
Nebraska					v	v	v	v	v	v	v			
Nevada	v				v	v	v	v	v	v	v		v	

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
New Hampshire	v			v renewal after age 75	v	v	v	v	v	v	v	v > 3 years		
New Jersey	v		v 2 charge-able in 6 months		v	v	v	v	v	v	v			v Hospitals & Rahab Centers
New Mexico	v				v	v	v	v	v	v	v			
New York					v	v	v	v	v	v	v			
North Carolina					v	v	v	v	v	v	v			v Crash reports that indicate that driver's health may have contributed to the crash
North Dakota					v	v	v	v	v	v	v			
Ohio	v if requested by law enf. or courts	v 12 in 2 years	v if requested by law enf. or courts		v	v	v	v	v	v	v			
Oklahoma					v	v	v	v	v	v	v	v 3 years	v	
Oregon	v			v (age 50, vision only)	v	v	v	v	v	v	v			

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
Pennsylvania				v random eye/physical screening at age 45	v	v	v	v	v	v	v			
Rhode Island					v	v	v		v	v	v		v	
South Carolina			v 4 in 24 months		v	v	v	v		v	v	v expired over 6 months		
South Dakota	v				v	v	v	v	v	v	v	v knowledge test required for expiration > 31 days		
Tennessee	v				v	v	v	v	v	v	v			v Crashes where lead investigating officer indicates possible medical condition as contributing factor

Table C-5

State	Circumstances under which a driver may be required to undergo evaluation													
	Crash with fatality	# Points	# Crashes	Age	Police referral	Court referral	Physician referral	Occupational therapist referral	Family friend other citizen referral	Self report of medical condition	License Agency Counter Person Observation	Expired license	Handicap parking permit application	Other
Texas					v	v	v	v	v	v	v			v • Driving record reflects 3 alcohol-related involvements/convictions in 10 years • Police agency crash report where medical concern may be a crash factor
Utah	v		v 2 or 3, in 1 year		v	v	v	v	v	v	v			
Vermont					v	v	v	v	v	v	v		v Depending on content of medical evaluation	
Virginia					v	v	v	v	v	v	v			
Washington	v				v	v	v	v	v	v	v			
West Virginia					v		v	v	v	v	v			
Wisconsin					v	v	v	v	v	v	v		v	
Wyoming	v				v	v	v	v	v (family)	v	v		v	v Info on license application
TOTAL (n=51)	25	3	15	5	51	48	51	47	47	49	48	8	14	

Table C-6

State	Does the Licensing Agency provide training for its personnel in how to observe applicants for impairing conditions?		Does the Licensing Agency provide specialized training for licensing personnel relating to older drivers?	
	YES	NO	YES	NO
Alabama		v		v
Alaska		v		v
Arizona		v		v
Arkansas		v		v
California	v		v	
Colorado		v (one is in development)		v
Connecticut	v			v
Delaware	v			v
District of Columbia		v		v
Florida	v		v	
Georgia		v		v
Hawaii	v			v
Idaho		v		v
Illinois		v		v
Indiana		v		v
Iowa	v			v
Kansas		v		v
Kentucky		v		v
Louisiana		v		v
Maine	v			v
Maryland		v	v	
Massachusetts		v		v
Michigan	v		v	
Minnesota		v		v
Mississippi		v		v
Missouri	v			v
Montana	v			v
Nebraska		v		v
Nevada	v			v
New Hampshire		v		v
New Jersey		v		v
New Mexico		v		v
New York		v		v
North Carolina	v			v
North Dakota	v			v
Ohio		v		v
Oklahoma		v		v
Oregon	v			v
Pennsylvania		v		v
Rhode Island		v		v
South Carolina		v		v
South Dakota	v			v
Tennessee		v		v
Texas	v			v
Utah		v		v
Vermont		v		v
Virginia	v			v
Washington	v			v
West Virginia		v		v
Wisconsin	v		v	
Wyoming	v			v
TOTAL (n=51)	20	31	5	46

Table C-7

State	Does the Licensing Agency make PI&E materials available to older drivers re: fitness to drive & impairing conditions?		Does the Licensing Agency provide counseling to drivers with functional impairments?					
	YES	NO	YES	If YES, does counseling include alternative transportation information?		NO	If NO, does the Licensing Agency refer driver to outside source for counseling?	
				YES	NO		YES	NO
Alabama		v				v		v
Alaska	v					v		v
Arizona		v				v		v
Arkansas		v				v		v
California		v (except as part of current pilot project)				v		v
Colorado		v				v		v
Connecticut		v				v	v	
Delaware		v				v	v	
District of Columbia		v				v		v
Florida	v		v	v				
Georgia		v				v		v
Hawaii		v				v		v
Idaho	v					v		v
Illinois		v				v		v
Indiana		v				v	v	
Iowa	v		v	v				
Kansas	v		v	v				
Kentucky		v				v	v	
Louisiana		v				v		v
Maine		v				v	v	
Maryland	v		v	v				
Massachusetts	v					v		v
Michigan	v		v	v				
Minnesota		v				v	v	
Mississippi		v				v		v
Missouri		v				v		v
Montana		v	v	v				
Nebraska		v				v		v
Nevada		v				v		v
New Hampshire		v				v		v
New Jersey		v				v		v
New Mexico		v				v		v
New York		v				v		v
North Carolina		v				v		v
North Dakota		v				v	v	
Ohio		v				v		v
Oklahoma		v	v		v			
Oregon	v					v		v
Pennsylvania	v					v		v
Rhode Island		v				v		v
South Carolina		v				v		v

Table C-7

State	Does the Licensing Agency make PI&E materials available to older drivers re: fitness to drive & impairing conditions?		Does the Licensing Agency provide counseling to drivers with functional impairments?					
	YES	NO	YES	If YES, does counseling include alternative transportation information?		NO	If NO, does the Licensing Agency refer driver to outside source for counseling?	
				YES	NO		YES	NO
	South Dakota		v	v	v			
Tennessee		v				v		v
Texas		v				v		v
Utah	v					v		v
Vermont		v				v		v
Virginia		v				v		v
Washington	v		v	v				
West Virginia		v				v		v
Wisconsin	v		v	v				
Wyoming		v				v		v
TOTAL (n=51)	13	38	10	9	1	41	7	34

Table C-8

State	Are drivers diagnosed with dementia allowed to continue to drive?			Is there an appeal process for drivers suspended or restricted for medical conditions or functional impairments?	
	YES	If YES, What level or stage would privilege be revoked?	NO	YES	NO
Alabama	v	• Unfavorable physician report		v	
Alaska	v	• Unfavorable physician report		v	
Arizona	v	• Unfavorable physician report • Failure on road test		v	
Arkansas	v	• Unfavorable physician report		v	
California	v	• Mild (if driving test failed); otherwise moderate or severe		v	
Colorado	v	• Unfavorable physician report • Failure on written or road test		v	
Connecticut	v	• Unfavorable physician report • Failure on the road test		v	
Delaware	v	• Unfavorable physician report		v	
District of Columbia	v	• Unfavorable physician report		v	
Florida	v	• Mini Mental Statue Evaluation ≤ 23 • Negative recommendation from neuropsychologist		v	
Georgia	v	• Unfavorable physician report		v	
Hawaii	v	• Unfavorable physician report		v	
Idaho	v	• Unfavorable physician report		v	
Illinois	v	• Unfavorable physician report		v	
Indiana	v	• Unfavorable physician report		v	
Iowa	v	• Unfavorable physician report		v	
Kansas	v	• If annual medical report is not turned in • Unfavorable physician report • Failure on the road test		v	
Kentucky	v	• Unfavorable physician report • Failure on the road test		v	
Louisiana	v	• Unfavorable physician report • When the MAB denies driving privileges		v	
Maine	v	• Unfavorable physician report • Failure on written or road test		v	
Maryland	v	• Unfavorable physician report for drivers w/early & mild dementia; persons w/moderate or severe dementia are not considered fit for driving		v	
Massachusetts	v	• Unfavorable physician report • Recommendations of driving rehab programs. • Failure on road test		v	
Michigan	v	• Unfavorable physician report • Failure on vision, written, road sign or road test		v	
Minnesota	v	• Unfavorable physician report • Failure on written or road test		v	
Mississippi	v	• Unfavorable physician report • Failure on road test		v	
Missouri	v	• Unfavorable physician report • Failure on road test		v	

Table C-8

State	Are drivers diagnosed with dementia allowed to continue to drive?			Is there an appeal process for drivers suspended or restricted for medical conditions or functional impairments?	
	YES	If YES, What level or stage would privilege be revoked?	NO	YES	NO
Montana	v	• Failure on road test		v	
Nebraska	v	• Unfavorable physician report		v	
Nevada	v	• Unfavorable physician report • Driver's noncompliance with reevaluation		v	
New Hampshire	v	• Unfavorable physician report • Failure on road test		v	
New Jersey	v	• Unfavorable physician report • MAB recommendation against driving		v	
New Mexico	v	• Unfavorable recommendation by MAB		v	
New York	v	• Unfavorable physician report		v	
North Carolina	v	• Unfavorable physician report		v	
North Dakota	v	• Unfavorable physician report		v	
Ohio	v	• Unfavorable physician report		v	
Oklahoma	v	• Unfavorable physician report • Failure on road test		v	
Oregon	v	• Unfavorable physician report When a •DMV has determined that an individual cannot drive safely		v	
Pennsylvania	v	• Unfavorable physician report • Failure on road test		v	
Rhode Island	v	• Unfavorable physician report		v	
South Carolina	v	• Unfavorable physician report		v	
South Dakota	v	• Unfavorable physician report • Failure on road test		v	
Tennessee	v	• Unfavorable physician report		v	
Texas	v	• Unfavorable physician report • Unfavorable recommendation by MAB		v	
Utah	v	• Functional Ability Profile Level 8: Strength, sensory, coordination, or cognitive impairment incompatible with any driving		v	
Vermont	v	• Unfavorable physician report		v	
Virginia		• Unfavorable physician report • Failure on knowledge or road skills test		v	
Washington	v	• Unfavorable physician report • Failure on knowledge or road skills test		v	
West Virginia	v	• Unfavorable physician report		v	
Wisconsin	v	• When cognitive deficits impair judgment, insight, problem solving		v	
Wyoming	v	• Unfavorable physician report • Failure on knowledge, signs, or road skills test		v	
TOTAL (n=51)	51		0	51	0

Table C-9

State	Does the Licensing Agency use an automated medical record system?		Does the Licensing Agency use automated work flow systems?		Does your medical review process rely on NHTSA 402 funding to support its operation?		Barriers to more extensive screening, counseling, and referral activities			
	YES	NO	YES	NO	YES	NO	Funding	Personnel	Legislation	Other
Alabama	v		v			v	v	v		• Privacy
Alaska		v		v		v	v			
Arizona		v		v		v	v	v	v	
Arkansas		v		v		v				None
California		v	v			v	v			
Colorado	v		v			v	v	v		
Connecticut		v		v		v	v		v	
Delaware		v		v		v	v	v		
District of Columbia	v		v			v			v	
Florida		v	v			v	v	v		
Georgia		v		v		v	v	v		
Hawaii		v		v		v	v	v		
Idaho	v		v			v	v		v	
Illinois		v		v		v				None
Indiana		v		v		v			v	
Iowa		v	v			v	v			
Kansas	v		v			v	v	v		• Large, rural state • Conflict of interest to recommend 1 doctor over another
Kentucky	v			v		v	v		v	
Louisiana		v	v			v				• Time consuming • Longer wait time
Maine		v		v		v	v			• Administrative approval
Maryland		v (but under dev.)	v			v				• Shortage of OT's with CDRS credentials • Shortage of alt trans options (affordable & attractive to Sr. Citizens) • Shortage of professional driving schools accredited for training and implementing OT prescriptions

Table C-9

State	Does the Licensing Agency use an automated medical record system?		Does the Licensing Agency use automated work flow systems?		Does your medical review process rely on NHTSA 402 funding to support its operation?		Barriers to more extensive screening, counseling, and referral activities			
	YES	NO	YES	NO	YES	NO	Funding	Personnel	Legislation	Other
Massachusetts	v			v		v	v	v		
Michigan	v		v			v	v	v		<ul style="list-style-type: none"> • limited research re: screening • alt trans is sparse
Minnesota		v	v			v	v			
Mississippi		v		v		v				none
Missouri		v	v			v			v	<ul style="list-style-type: none"> • Buy in, funding, and resources for 2 agencies: Dept of Revenue & MO State Hwy Patrol
Montana		v	v			v				None
Nebraska		v		v		v	v			<ul style="list-style-type: none"> • Security issues if outside resource performs screening
Nevada		v		v		v				<ul style="list-style-type: none"> • Techs do not have training for these activities
New Hampshire		v		v		v			v	
New Jersey		v	v			v				None
New Mexico		v		v		v	v			
New York	v		v			v	v		v	
North Carolina	v		v			v	v		v	
North Dakota		v		v		v			v	
Ohio	v		v			v	v		v	
Oklahoma	v		v			v	v		v	
Oregon		v	v			v	v			<ul style="list-style-type: none"> • DMV limited in type of services it can provide; educational activities should be conducted by other agencies
Pennsylvania	v		v			v	v		v	<ul style="list-style-type: none"> • regulation
Rhode Island		v		v		v				None
South Carolina		v		v		v	v		v	<ul style="list-style-type: none"> • Information
South Dakota		v		v		v	v			
Tennessee		v		v		v			v statutory	

Table C-9

State	Does the Licensing Agency use an automated medical record system?		Does the Licensing Agency use automated work flow systems?		Does your medical review process rely on NHTSA 402 funding to support its operation?		Barriers to more extensive screening, counseling, and referral activities			
	YES	NO	YES	NO	YES	NO	Funding	Personnel	Legislation	Other
Texas		v	v			v	v		v	<ul style="list-style-type: none"> • Subjects availability to public or specific transportation due to homestead
Utah		v	v			v				None
Vermont		v		v		v	v			Not much alt. trans in VT
Virginia		v	v			v	v	v		Statutory limitations (authority to release medical info.)
Washington	v		v			v	v	v	v	wait time public perception
West Virginia		v	v			v				N/A
Wisconsin	v		v			v	v			Low priority issue in State gov't and within DOT
Wyoming		v	v auto. letter gen.			v				<ul style="list-style-type: none"> • Training in policies and procedures for screening • Training and public awareness for referral activities • costs & limited resources for alt. trans, plus cost effectiveness in rural areas and vast distances
TOTAL (n=51)	15	36	28	23	0	51	35	17	17	

**APPENDIX D: SUMMARY TABLES FOR JURISDICTIONS WITH MABs*
(FROM SECTION 2 OF THE SURVEY)**

<u>Table</u>	<u>Page</u>
D-1	418
Year MAB created	
Number of members on the Board	
Is the Board divided into committees or subcommittees?	
How members are nominated	
Length of term served by members	
Profession of the head of the Board	
D-2	422
Occupations & medical specialties represented by Board members	
D-3	426
Employment of Board physicians	
If Board physicians are not employed by Licensing Agency, by whom are they employed?	
D-4	428
Mechanisms and frequency of Board member interaction	
D-5	431
Activities in which the Board is engaged	
D-6	434
Number of drivers referred to the Board annually	
Number of drivers denied a license annually, following re-evaluation by the Board	
D-7	436
Disposition types the Board may administer or recommend	
Are licensing actions based on: recommendation of entire Board; recommendation by multiple Board members, but not entire Board; recommendation of a single Board member or specialist; or other?	
D-8	438
Are Board members immune from legal action?	
Are records and deliberations of the Board confidential?	
Are Board members' identities public or anonymous?	
Are annual reports generated that document the activities of the MAB?	

Table D-1

State	Year MAB created	Number of members on the Board	Is the Board divided into committees or subcommittees?		How members are nominated	Length of term served by members	Profession of the head of the Board
			YES	NO			
Alabama	1979	18		v	Director of Public Safety	No Term Limit	Psychiatrist
Arizona	1986	9		v	Division Director	3 years	State Administrator
Connecticut	1981	14		v	Nominated by State Medical Society (Optometrists nominated by CT Assoc. of Opt.); Appointed by Commissioner of Motor Vehicles	4 years	Ophthalmologist
Delaware	1953	≥ 3		v	Medical Society	no set period	Physician, Dir. Div. Public Health
Florida	1952	currently: 13 Law provides for 12-25		v	Recommended by: Executive Director of DHSMV Approved by: Governor's Cabinet	4-year staggered terms	Internist
Georgia	1975	7		v	Driver License Administrator	Indefinite	
Hawaii	1970	7		v	Nominated by Governor; approved by legislature	4 years; limited to 2 consecutive appointments	Optometrist
Illinois	1975	12		v	Selected by the Secretary and/or representatives of Medical Review Unit	Discretion of the Secretary	Internal Medicine
Indiana	1983	5		v	Appointed by Commissioner of the Bureau of Motor Vehicles	Unlimited	Commissioner of the BMV
Iowa	Unknown	6 to 12	v 3 teams of 2 to 4 doctors		Nomination by State Medical Society	Undefined	No "head"
Kansas	1969	3 (+ 3 open positions)		v	Driver Review Staff and/or Director of Vehicles	Life	No chair

Table D-1

State	Year MAB created	Number of members on the Board	Is the Board divided into committees or subcommittees?		How members are nominated	Length of term served by members	Profession of the head of the Board	
			YES	NO				
Kentucky	1970's	8		v	Appointed by Secretary of Transportation	Indefinite	Chaired by Commissioner of Dept. of Vehicle Regulation of Transportation Cabinet or his rep.	
Louisiana	1968	18		v	Nominated by State Medical Society; Appointed by Governor	2 years; Longer if reappointed	Neuro-surgeon	
Maine	1970's	7		v	Secretary of State	2 years	Physiatrist	
Maryland	1947	17		v	Appointed by Motor Vehicle Administrator	3 years	Physician	
Massachusetts	Unknown	15 voting members by law (but have 23 to ensure quorum for voting sessions)	v		Appointed by Registrar of Motor Vehicles, approved by Commissioner of Public Health	no specifics	Commissioner of the Dept. of Public Health	
Minnesota	Unknown, but more than 20 years ago.	3		v	Appointed by Director, Driver & Vehicle Services, DPS	Open ended	Neurology	
Mississippi	1965	7		v	Appointed by Trustees	1 year	Executive Director	
Missouri	1998	3		v	Appointed by Director of Dept. of Revenue	4 Years	Director of Revenue	
Nebraska	1995	6		v	Appointed by Director of DMV with advice and recommendation from Director of Health & Human Services	4 years	Elected by Board	
Nevada	1982	0	Board is on paper only.					

Table D-1

State	Year MAB created	Number of members on the Board	Is the Board divided into committees or subcommittees?		How members are nominated	Length of term served by members	Profession of the head of the Board
			YES	NO			
New Jersey	1977	8 currently	v		Recommended by Director (upon advice of Medical Society of NJ and NJ Optometric Assoc), and appointed by Governor	No specific term	Independent
New Mexico	1989	3		v	Appointed by the Director of the Motor Vehicle Division, with the assistance of the Secretary of Health	One year contract - renewable	MD - General Medicine
New York	1998	12	v		Appointed by the Commissioner of Motor Vehicles	3 years	Ophthalmologist
North Carolina	1964	16 (inc. Medical Advisory Board/DMV and Medical Review Board/HHS)		v	Commissioner of Motor Vehicles and Dept. of Health & Human Services	Indeterminate	Commissioner of Motor Vehicles, or his designee (Manager of the Medical Evaluation Branch or Medical Review Board Hearing Officers/DMV nurses for Hearings)
North Dakota	1988	10		v	Recommendation of ND Medical Assoc.	Indefinite	Dir. Driver License: Traffic Safety Div.
Oklahoma	1977	7 Medical Advisory Committee (laws) 2 Medical Advisory Board (paper reviews)		v	Commissioner of Health Speaker of the House Senate Pro Tem Commissioner of Public Safety Governor	2- to 3-year terms	Medical Doctor, occupational health specialty
Pennsylvania	early 1960's	13		v	Nominated by State Medical Society; Appointed by Secretary of Transportation	Unlimited	Dir., Bureau of Driver Licensing

Table D-1

State	Year MAB created	Number of members on the Board	Is the Board divided into committees or subcommittees?		How members are nominated	Length of term served by members	Profession of the head of the Board
			YES	NO			
Rhode Island	1992	5 Physicians 2 Advocates		v	DMV Administrator recommends; Governor appoints	3 years	General Practitioner
South Carolina	1966	13		v	<ul style="list-style-type: none"> • State Medical Association • Optometric Assoc. • Dept. Health & Environmental Control 	Indefinite	Preventive medicine
Tennessee	1983	Board is made up of volunteer licensed physicians on staff at a local hospital in Nashville, TN, whose sole purpose is to review and advise on individual fitness to drive cases when requested by the DPS. The Board does not function as a "Board."					
Texas	1970	9	v		Appointed by Commissioner of Dept. of Health	2 years, renewal at time of expiration of current term	Endocrinologist
Utah	1978	6		v	Appointed by Commissioner of Public Safety	4 years; staggered so that half the Board is appointed every 2 years	Endocrinologist
Virginia	1968	7		v	Governor	4 Years	Currently vacant awaiting designation by Gov.
West Virginia	1974	5		v	Appointed by the Governor, by and with the advice and consent of the Senate	3 Years	Equal membership
Wisconsin	Unknown; active in varying forms for decades	152		v	Volunteers	At members' discretion	No "head" as DOT makes final decisions
TOTAL (n=34)			5	29			

Table D-2

State	Occupations & medical specialties represented by Board members																									
	Nurses	Optometrists	Ophthalmologists	Cardiologists	Family Practice	Internal Medicine	Neurology	Orthopedics	Psychiatrists	Psychologists	Endocrinologists	Physiatrists	Pharmacologists	Drug/Alcohol Rehab	Pulmonary Disease Specialists	Diabetes Specialists	General Surgery	General Practice	Gerontology	Chiropractor	Internal Med/Geriatrics	Geriatrics	Emergency Medicine	Occupational Medicine	Other	
New York		v	v	v		v	v	v		v												v	v		<ul style="list-style-type: none"> • AAA • State Office on Aging • State Office for the Disabled/Disabled Advocate 	
North Carolina	v		v			v	v	v	v																	
North Dakota		v	v		v		v		v																	<ul style="list-style-type: none"> • Agency Medical Coordinator • Agency Chief Examiner • Agency Director
Oklahoma			v			v	v	v	v	v					v								v	v		
Pennsylvania		v	v	v	v	v	v	v	v																	<ul style="list-style-type: none"> • Dir., Bureau Driver Licensing • PennDOT Chief Counsel • Advisory Council on Drugs and Alcohol <ul style="list-style-type: none"> • State Police • State Health Dept.
Rhode Island		v					v	v										v								<ul style="list-style-type: none"> • Advocate for the elderly • Advocate for people w/ disabilities

Table D-2

State	Occupations & medical specialties represented by Board members																								
	Nurses	Optometrists	Ophthalmologists	Cardiologists	Family Practice	Internal Medicine	Neurology	Orthopedics	Psychiatrists	Psychologists	Endocrinologists	Physiatrists	Pharmacologists	Drug/Alcohol Rehab	Pulmonary Disease Specialists	Diabetes Specialists	General Surgery	General Practice	Gerontology	Chiropractor	Internal Med/Geriatrics	Geriatrics	Emergency Medicine	Occupational Medicine	Other
South Carolina		v	v	v		v	v					v													• Preventative medicine
Tennessee	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	v	NOTE: All specialists at Baptist Hospital (Nashville, TN) serve as consultants, but do not function as a Board
Texas			v		v	v					v	v						v							• Dermatologist
Utah			v				v				v											v			
Virginia		v				v	v		v													v			• Internal Medicine/Nephrology • Plastic Surgery
West Virginia		v	v		v		v																		
Wisconsin	v	v	v	v	v	v	v		v		v	v													
TOTAL (n=35)	5	20	30	13	17	21	34	16	23	6	7	7	1	1	2	3	3	4	2	1	3	6	6	3	

Table D-3

State	Employment of Board physicians				If Board physicians are not employed by Licensing Agency, by whom are they employed?			
	Full-Time employees of Licensing Agency	Part-time employees of Licensing Agency	Paid consultants	Volunteer consultants	Private practice	Hospital or clinic	Other Gov't Agency (list)	Other (list)
Alabama				v	v			
Arizona			v		v	v		
Connecticut				v		v	v	retired
Delaware				v	v			President (State Employee)
Florida		Chair is part-time OPS employee working 6 hrs/wk		v	v			
Georgia				v				Volunteers
Hawaii				v	v			Retired
Illinois			v		v			Retired
Indiana			v		v	v		
Iowa				v	v			
Kansas			v		v			
Kentucky			v		v			
Louisiana				v	v			
Maine				v	v	v		
Maryland	(Director and Associate Director)		(14 Physicians)		v	v	Social Security Admin.	v
Massachusetts				v	v	v		
Minnesota				v	v			
Mississippi				v	v	v		
Missouri				v	v			v
Nebraska				v	v			
New Jersey				v	v			retired
New Mexico			v		v			
New York				v	v			

Table D-3

State	Employment of Board physicians				If Board physicians are not employed by Licensing Agency, by whom are they employed?			
	Full-Time employees of Licensing Agency	Part-time employees of Licensing Agency	Paid consultants	Volunteer consultants	Private practice	Hospital or clinic	Other Gov't Agency (list)	Other (list)
North Carolina	3 staff DMV Medical Advisors 2 Hearing Officers (Nurses)		4 Contract DMV Medical Advisors				7 Medical Review Board Doctors (Hearings) employed by Dept. Health Human Services	
North Dakota				v	v	v		
Oklahoma				v	v			
Pennsylvania				v	v	v		
Rhode Island				v	v			
South Carolina				v	v		Dept. Mental Health	USC School of Medicine
Tennessee			v	v	v	v		
Texas			v		v			
Utah				v	v			
Virginia				v	v	v	Veteran's Hospital	
West Virginia			v		v	v		
Wisconsin				v	v	v	v	retired
TOTAL (n=35)	2	1	11	25	32	13	6	10

Table D-4

State	Mechanisms and frequency of Board member interaction									
	In-Person meetings as a group	Frequency	Telecon-ference	Frequency	Videocon-ference	Frequency	Email	Frequency	Regular Mail	Frequency
Alabama	v	Annually					v	Case-by-case basis	v	Case-by-case basis
Arizona	Board members do not interact to make fitness to drive determinations									
Connecticut	v	at least twice a year							v	case-by-case basis
Delaware	v	case-by-case basis	v	case-by-case basis			v	case-by-case basis	v	case-by-case basis
Florida	v	As directed by Administrator							v	<ul style="list-style-type: none"> • Case-by-case basis • Chairman reviews cases 2 times/wk in the office
Georgia									v	Case-by-case basis
Hawaii	v	Monthly			v	Occasion-ally to involve the neighbor island counties				
Illinois	v	At the call of the Secretary, as frequently as deemed necessary								
Indiana	v	Every 4 months					v	Case-by-case basis	v	Case-by-case basis
Iowa	All are independently reviewed on a case-by-case basis									

Table D-4

State	Mechanisms and frequency of Board member interaction									
	In-Person meetings as a group	Frequency	Telecon-ference	Frequency	Videocon-ference	Frequency	Email	Frequency	Regular Mail	Frequency
Kansas									v	Monthly
Kentucky	v	Monthly							v	Weekly
Louisiana	v	Case-by-case basis	v	Case-by-case basis					v	case-by-case basis
Maine									v and fax	case-by-case basis
Maryland					v	case-by-case basis			v	case-by-case basis
Massachusetts	v	<ul style="list-style-type: none"> As directed by Administrator Case-by-case basis (Rare) 	v	<ul style="list-style-type: none"> As directed by Administrator Case-by-case basis (Rare) 					v	<ul style="list-style-type: none"> As directed by Administrator Case-by-case basis (Rare)
Minnesota									v	case-by-case basis
Mississippi			v	Case-by-case basis					v	Case-by-case basis
Missouri	v	As directed by administrator, but no more than 4 times per year, by law	v	Case-by-case basis			v	Case-by-case basis	v	Case-by-case basis
Nebraska	v	As directed by administrator								
New Jersey	v	As needed	v	As needed					v	Case-by-case basis
New Mexico			v	<ul style="list-style-type: none"> As directed by Admin. Case-by-case basis 					v	<ul style="list-style-type: none"> As directed by Admin. Case-by-case basis

Table D-4

State	Mechanisms and frequency of Board member interaction									
	In-Person meetings as a group	Frequency	Telecon-ference	Frequency	Videocon-ference	Frequency	Email	Frequency	Regular Mail	Frequency
New York	v	Bi-monthly								
North Carolina	v	Monthly	v	case-by-case basis			v	case-by-case basis		
North Dakota	v	<ul style="list-style-type: none"> • As directed by Administrator • Annual Meeting 	v	case-by-case basis					v	case-by-case basis
Oklahoma	v	Weekly								
Pennsylvania	v	As directed by Administrator								
Rhode Island	v	Monthly								
South Carolina	v	As directed by administrator							v	Case-by-case basis
Tennessee									v	case-by-case basis
Texas	v	Bi-weekly								
Utah	v	Monthly								
Virginia	v	Bi-monthly					v	Case-by-case basis	v	Bi-monthly
West Virginia	v	Case-by-case basis							v	Case-by-case basis
Wisconsin	v	Monthly							v	Case-by-case basis as needed
TOTAL	25		9		2		6		23	

Table D-5

State	Activities in which the Board is engaged													
	Board exists on paper only	Board advises on medical criteria and vision standards	Board reviews & advises on individual cases	For individual case review, methods used				Board develops report forms	Board develops educational material	Board recommends training courses for DLEs in medical fitness to drive	Board apprises Agency on new research	Board conducts or oversees new research	Board advises on procs. & guidelines	Other
				paper reviews	in-person interviews	video interviews	screening or assessment							
Massachusetts		v	v	v				v	v	v	v		v	
Minnesota			v	v										
Mississippi			v	v										
Missouri		v	v	v				v					v May review rules & regs. or procedures upon request	v advises on testing for adequate assessment
Nebraska		v	v	v				v						
Nevada	v													
New Jersey		v	v	v				v						
New Mexico		v	v	v									v	
New York		v							v				v	
North Carolina		v	v	v DMV Doctors	v DHHS Doctors		v DHHS Doctors	v					v	
North Dakota		v	v	v				v						
Oklahoma		v						v					v	
Pennsylvania		v	v	v very limited basis				v			v	v	v	

Table D-5

State	Activities in which the Board is engaged													
	Board exists on paper only	Board advises on medical criteria and vision standards	Board reviews & advises on individual cases	For individual case review, methods used				Board develops report forms	Board develops educational material	Board recommends training courses for DLEs in medical fitness to drive	Board apprises Agency on new research	Board conducts or oversees new research	Board advises on procs. & guidelines	Other
				paper reviews	in-person interviews	video interviews	screening or assessment							
Rhode Island		v	v	v	v									
South Carolina		v	v	v				v			v		v	
Tennessee			v	v										
Texas			v	v									v	
Utah		v	v	v	v			v			v			
Virginia		v	v	v							v		v	v Legislative proposals
West Virginia		v	v	v										
Wisconsin			v	v	v									v In the past, Board MD's advised on content of law and code
TOTAL (n=36)	1	30	33	33	5	1	3	22	4	2	12	2	18	4

Table D-6

State	Number of drivers referred to the Board annually	Percentage over			Number of drivers denied a license annually, following re-evaluation by the Board	Percentage over		
		age 65	age 75	age 85		age 65	age 75	age 85
Alabama	Unknown	unknown			Unknown	Unknown		
Arizona	<5	unknown			Unknown	Unknown		
Connecticut	1,000	~75% age 65 and older			Unknown	Unknown		
Delaware	38 in 2002	unknown			~ 30%	unknown		
Florida	In 2002: 6,225 new cases 4,967 follow-up cases	unknown			1,272	unknown		
Georgia	10	10%	0%	0%	10	10%	0%	0%
Hawaii	250 to 600	unknown			~ 25%	unknown		
Illinois	1,148	unknown			unknown	unknown		
Indiana	900	unknown			225	15%	15%	15%
Iowa	182	23%	16%	4%	5 (plus n=? vision referrals)	5%	7%	20%
Kansas	50 to 80	5%	19%	0% (in 2002)	50%	1%	1%	1%
Kentucky	1,200	unknown			482	unknown		
Louisiana	52	15%	21%	7%	17	11%	23%	11%
Maine	25	[mostly younger cases (< age 65)]			20	[mostly younger cases (< age 65)]		
Maryland	13,000 (50% are alcohol/drug-related)	For non-alcohol/drug related cases: approximately 38% age 65+			1,271	unknown		
Massachusetts	< 10	unknown			unknown	unknown		
Minnesota	60	0	0	0	40	0	0	0
Mississippi	10	50%	10%	5%	80%	40%	75%	95%
Missouri	unknown	unknown	unknown	unknown	unknown	unknown	unknown	unknown
Nebraska	5	0	0	20%	1	0	0	0
New Jersey	700	unknown			unknown	unknown		
New Mexico	3,000 to 4,000	30%	60%	10%	300 to 400	20%	70%	10%
New York	Board does not review fitness to drive cases							

Table D-6

State	Number of drivers referred to the Board annually	Percentage over			Number of drivers denied a license annually, following re-evaluation by the Board	Percentage over		
		age 65	age 75	age 85		age 65	age 75	age 85
North Carolina	36,000/yr referred into Medical Program; 600 to 960 referred to Medical Review Board for hearings	unknown			unknown	unknown		
North Dakota	3 to 5	Predominantly drivers < 30; older drivers more accepting of agency decision/action			3 to 5	unknown		
Oklahoma	Board does not review fitness to drive cases							
Pennsylvania	5	unknown			unknown	unknown		
Rhode Island	300 to 500	35%	25%	20%	55	unknown		
South Carolina	100 to 300	unknown			unknown	unknown		
Tennessee	50	unknown			30	unknown		
Texas	7,000	unknown			490	unknown		
Utah	250 to 500	10%	12%	15%	12 to 25	25%	35%	50%
Virginia	60	unknown			unknown	unknown		
West Virginia	18	11%	16.50%	0%	13	15.38%	7.69%	0%
Wisconsin	In 2002: 398	unknown			In 2002: 225	unknown		

Table D-7

State	Disposition types the Board may administer or recommend					Are licensing actions based on:			
	License restrictions	Suspensions	Further testing	Periodic re-exams or medical statements	Remediation	Recommendation of entire Board	Recommendation by multiple Board members, but not entire Board	Recommendation of single Board member or specialist	Other
Alabama	v	v	v	v		v	v	v	
Arizona	v	v	v	v	v			v	
Connecticut	v	v	v	v			v	v	
Delaware	v	v	v	v	v			v	
Florida	v	v	v	v	v	v	v	v	
Georgia	v	v	v				v majority of 3 physicians		
Hawaii	v	v	v	v	v		v Recommendation of majority of quorum		
Illinois	v	(Cancellation/denial)	v	v			v	v	
Indiana	v	(Invalidation of driving privileges)	v	v	v		v		
Iowa	v	v	v	v	v				v Majority
Kansas	v	Revocation or denial of renewal	v	v	v	v Consensus			
Kentucky	v	v	v	v	v	v			
Louisiana	v	v	v	v	v		v		
Maine	v	v		v			v (in rare cases)	v	
Maryland	v	v	v	v	v			v	
Massachusetts	v	(medical surrender)	v	v			v (Committee)		
Minnesota	v	(cancellation)		v				v	

Table D-7

State	Disposition types the Board may administer or recommend					Are licensing actions based on:			
	License restrictions	Suspensions	Further testing	Periodic re-exams or medical statements	Remediation	Recommendation of entire Board	Recommendation by multiple Board members, but not entire Board	Recommendation of single Board member or specialist	Other
Mississippi	v	v	v		v			v	v DPS Hearing Officer
Missouri	v	v	v		v	v	v	v	
Nebraska	v	(denial)	v	v	v	v		v	
New Jersey	v	v	v	v	v		v		
New Mexico	v	v		v				v	
New York									v the recommendation of the licensing agency's medical consultants and by stipulations as outlined in NYS regulations (MAB does not review individual cases for fitness to drive determinations)
North Carolina	v	(cancellation)	v	v			v		
North Dakota	v		v	v		v	v	v	
Oklahoma									
Pennsylvania	v	v	v	v				v	
Rhode Island		v	v	v	v	v	v	v	
South Carolina	v	v	v	v				v	
Tennessee	v	v	v	v				v	
Texas	v	(revocation)	v	v			v		
Utah	v	(denial)	v	v		v		v	
Virginia	v	v	v	v	v	v	v	v	v Staff Medical Consultant (RN)
West Virginia	v	v	v	v		v	v	v	
Wisconsin	v	(cancellation)	v	v	v		v		
TOTAL (n=35)	32	33	30	30	17	11	19	21	

Table D-8

State	Are Board members immune from legal action?		Are records and deliberations of the Board confidential?				Are Board members' identities:		Are annual reports generated that document the activities of the MAB?	
	YES	NO	YES, without exception	YES, except in the following conditions	Conditions	NO	Public	Anony-mous	YES	NO
Alabama	v			v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 		v			v
Arizona	v		v				v			v
Connecticut	v			v	Driver may request a copy			v (generally)		v (but meeting minutes are distributed to members)
Delaware	v		v		Proceedings and documents may be used at court appeal (Office of State Attorney General)			v		v
Florida	v			v	Driver may request copy		v		v	
Georgia	v			v	<ul style="list-style-type: none"> • Driver may request copy, if a hearing is requested in 15 days • Court ordered 			v		v
Hawaii	v			v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 		v			v
Illinois	v			v	Court order			v		v
Indiana		v		v	May be admitted as evidence in judicial review			v		v
Iowa	v		v					v		v
Kansas	v		v				v			v
Kentucky	v		v					v	v	
Louisiana	v					v	v			v
Maine	v			v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 			v		v

Table D-8

State	Are Board members immune from legal action?		Are records and deliberations of the Board confidential?				Are Board members' identities:		Are annual reports generated that document the activities of the MAB?	
	YES	NO	YES, without exception	YES, except in the following conditions	Conditions	NO	Public	Anony-mous	YES	NO
Maryland	v			v	client may have copy of record if there is a hearing		v		v	
Massachusetts		v				v	v		v	
Minnesota	v			v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 			v		v
Mississippi		v	v					v		v
Missouri	V					v meetings open to public, yet names and identifying info. on specific cases remains confidential	v			v
Nebraska	v			v	When appealed		v			v
New Jersey	v					v	v			v
New Mexico	v		v				v			v
New York	v						v			v
North Carolina	v			v	• Driver may request copy		v		v	
North Dakota	v			v	• Driver may request copy		v			v
Oklahoma	v							v		v
Pennsylvania	v			v	• May be admitted as evidence in judicial review		v		v	

Table D-8

State	Are Board members immune from legal action?		Are records and deliberations of the Board confidential?				Are Board members' identities:		Are annual reports generated that document the activities of the MAB?	
	YES	NO	YES, without exception	YES, except in the following conditions	Conditions	NO	Public	Anony-mous	YES	NO
Rhode Island	Unknown			v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 		v			v
South Carolina	v			v	<ul style="list-style-type: none"> • May be admitted as evidence in judicial review 			v		v
Tennessee	v			v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 			v		v
Texas	v			v	<ul style="list-style-type: none"> • May be admitted as evidence in judicial review 			v	v	
Utah	v			v	<ul style="list-style-type: none"> • May be admitted as evidence in judicial review 		v			v
Virginia		v	v				v			v
West Virginia		v		v	<ul style="list-style-type: none"> • Driver may request copy • May be admitted as evidence in judicial review 		v			v
Wisconsin	v			v	<ul style="list-style-type: none"> • May be admitted as evidence in judicial review 			v	v	
TOTAL (n=35)	29	5	8	21		4	20	15	8	27

**APPENDIX E: SUMMARY TABLES FOR JURISDICTIONS WITHOUT MABs
(FROM SECTION 3 OF THE SURVEY)**

<u>Table</u>	<u>Page</u>
E-1	442
Departments & organizations that evaluate drivers with medical impairments or functional impairments	
Specialties/job titles & number of individuals who evaluate drivers	
How evaluation guidelines were established	
E-2	446
Disposition types the Licensing Agency may administer or recommend	
E-3	447
Are the individuals who make licensing determinations immune from legal action?	
Are individuals who make fitness to drive decisions anonymous?	

State	Departments & organizations that evaluate drivers with medical impairments or functional impairments	Specialties/ job titles & number of individuals who evaluate drivers	How evaluation guidelines were established
Alaska	<ul style="list-style-type: none"> • Juneau Driver Licensing • ADED certified therapists • physicians • state road examiners 	<ul style="list-style-type: none"> • Driver License Manager (1) • Records & Licensing Supervisor (1) • Field Office Managers & Supervisors (13) • Driver's Control Supervisor (1) • State road examiners (43) 	Regulations & input from other states (Montana & Oregon)
Arkansas	<ul style="list-style-type: none"> • Department of Finance and Administration, Office of Driver Services/Driver Control <ul style="list-style-type: none"> • Physicians • Eye Care specialists 	24 Driver Control hearing Officers	Statute and regulations to enforce the statute requiring competency of drivers.
California	Department of Motor Vehicles, Driver Safety Branch	DMV Field Office Division (Licensing Examiners) conducts law, vision & driving tests. Results given to DMV Driver Safety staff (Hearing Officers, who may also conduct tests if face-to-face meeting with driver required)	DMV Policy staff, with assistance from medical experts outside staff & reconvening of MAB for more formalized revision of DMV guidelines
Colorado	<ul style="list-style-type: none"> • Dept. of Revenue, Motor Vehicle Business Group • Rehabilitation Providers 	Rehabilitation Providers: Occupational & Physical Therapists	Rehabilitation Providers' Guidelines are ADED-based. Physicians base their decisions of these groups' findings. License agency bases decision on physician's opinion and whether driver can pass test.
District of Columbia	DC Department of Motor Vehicles, Medical Review Branch	<ul style="list-style-type: none"> • 1 Medical Review Supervisor • 4 non-medical administrative staff 	Past legislative and regulatory processes

State	Departments & organizations that evaluate drivers with medical impairments or functional impairments	Specialties/ job titles & number of individuals who evaluate drivers	How evaluation guidelines were established
Idaho	County Drivers Licensing Agency and the Division of Motor Vehicles	2 technical records specialists	Idaho Statute & Recommendations from visual and medical specialists
Michigan	<ul style="list-style-type: none"> • Driver Assessment Division of the Department of State • Driver License Appeal section evaluates drivers w/ alcohol impairments 	Driver Assessment Division: 26 driver analysts Medical Review Section of Driver Assessment Division: 7 State assistants, 1 driver analyst, 1 section manager	Standards were established with assistance of leading medical authorities and in conjunction with established standards of other DMV's in U.S., following review with advisory medical personnel. Motor vehicle code established legal authority to set guidelines.
Montana	Department of Justice, Motor Vehicle Division	30 Driver Examiners 5 Headquarters Staff	Policy & Administrative rules
Nevada	Department of Motor Vehicles, Field Services Division	Counter Technicians & Driving Evaluators	Based on AAMVA recommendations

State	Departments & organizations that evaluate drivers with medical impairments or functional impairments	Specialties/ job titles & number of individuals who evaluate drivers	How evaluation guidelines were established
New Hampshire	Bureau of Hearings & Bureau of Highway Patrol & Enforcement	Hearings Examiners (numerous) Sergeant - Motor Carrier Unit (1) Licensing Examiners (26)	State Statute & Administrative Rule
Ohio	<ul style="list-style-type: none"> • BMV Driver License Special Cases Medical Unit Evaluators • Ohio State Highway Patrol Driver License Examiners <ul style="list-style-type: none"> • Physicians • Optometrists & Ophthalmologists • Driver License Rehabilitation Facilities <ul style="list-style-type: none"> • Hospitals 	<p><u>Ohio DPS Personnel:</u></p> <ul style="list-style-type: none"> • 8 Medical Unit Customer Service Assistants, trained to evaluate medical information and examination forms. Also trained in Unit procedures, policies, Ohio Law. • State Highway Patrol Driver License Examiners, trained to evaluate driving skills and need for special adaptive equipment. <p>Physicians, eyecare specialists, PT's and OT's are not employed or contracted by Ohio DPS, except for OSU School of Optometry contracted eye doctors.</p>	Through recommendations of and approval by DPS Medical Consultant and legal counsel
Oregon	DMV & State Health Office	<ul style="list-style-type: none"> • 3 MD's in State Health Office • 1 Driver Safety Manager in DMV Driver Safety Unit • ~300 Transportation Service Reps in DMV Field Offices (15 to 20 currently trained as Driver Improvement Counselors for At-Risk Driver Program, with plan for at least 1 trained counselor in each of 60 field offices across States) 	<ul style="list-style-type: none"> • AAMVA • Oregon Medical Association <ul style="list-style-type: none"> • DMV • State Health Office
South Dakota	Driver Licensing Program in the Department of Commerce & Regulation	<ul style="list-style-type: none"> • Driver's physicians • Driver Licensing Examiner Supervisors (3 Statewide) 	State Law
Vermont	<ul style="list-style-type: none"> • VT DMV • Physicians • Driver Training School Instructors 	<ul style="list-style-type: none"> • Driver Improvement Clerks • Driver License Examiners <ul style="list-style-type: none"> • Drivers' Physicians • Driver Training School Instructors 	Drivers' physicians provide medical clearance, and drivers must pass DMV exams

State	Departments & organizations that evaluate drivers with medical impairments or functional impairments	Specialties/ job titles & number of individuals who evaluate drivers	How evaluation guidelines were established
Washington	<p>Driver Examiners Driver Responsibility</p>	<ul style="list-style-type: none"> • 3 Customer Service Representatives evaluate medical and vision certificates submitted to Headquarters (phone & paper contact). • License Service Representatives in 68 field offices conduct drive tests, reexamination and special exams 	<p>Dept. of Licensing in conjunction with physicians and their Medical Associations</p>
Wyoming	<ul style="list-style-type: none"> • Wyoming Department of Transportation • Enforcement observation & referral <ul style="list-style-type: none"> • Physician • Medical & vision community <ul style="list-style-type: none"> • Family 	<ul style="list-style-type: none"> • 51 Examiners • 3 in the Medical Section (Supervisor + 2 Administrative Specialists) • 3 Administrators (Manager Driver Licensing, Manager Field Operations, Manager Internal Operations) 	<ul style="list-style-type: none"> • Nationally printed materials • National standards <ul style="list-style-type: none"> • Trial & error • Practical application & continued review & applicability

State	Disposition types the Licensing Agency may administer or recommend				
	License restrictions	Suspensions	Further testing	Periodic re-exams or medical statements	Remediation
Alaska	<ul style="list-style-type: none"> • Geographic • Radius from home • Time of day • Daylight only • Automatic transmission only • Special adaptive equipment • Visual corrections 	<ul style="list-style-type: none"> • (cancellations, not suspensions) 	<ul style="list-style-type: none"> • ADED certified therapists 	<ul style="list-style-type: none"> • degenerative eye diseases & any conditions that deteriorate mental or physical abilities 	<ul style="list-style-type: none"> • Based on physician's recommendation
Arkansas	<ul style="list-style-type: none"> • Daylight only • Corrective lenses • Special adaptive equipment 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • recommended by hearing officers; administered by state police licensing examiners 		
California	<ul style="list-style-type: none"> • Any deemed necessary 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	
Colorado	<ul style="list-style-type: none"> • Automatic Transmission • Daylight driving only • Glasses or corrective lenses • Left side rear-view mirror • Hand controls • 25 mile radius • With driver education instructor • Rehabilitation permit 	<ul style="list-style-type: none"> • (Cancellations or denials, not suspensions) 	<ul style="list-style-type: none"> • 		<ul style="list-style-type: none"> •
District of Columbia	<ul style="list-style-type: none"> • Visual correction • Daytime only • Left outside mirror • Automatic transmission only • Hand controls • Special adaptive Equipment 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	
Idaho	<ul style="list-style-type: none"> • Geographic • Radius from home • Time of day • Adaptive Equipment • Visual correction • No freeways or highways • Must drive with licensed adult • Automatic transmission only 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	

Table E-2

State	Disposition types the Licensing Agency may administer or recommend				
	License restrictions	Suspensions	Further testing	Periodic re-exams or medical statements	Remediation
Michigan	<ul style="list-style-type: none"> v • Radius of home • Time of day • Adaptive equipment • Visual adaptive equipment (telescopic lenses) • Training w/CDRS • Daylight only • Limited freeway driving 	v	v	v	v
Montana	<ul style="list-style-type: none"> v • Geographic • Radius from home • Time of day • Special adaptive equipment 	v	v	v	v
Nevada	<ul style="list-style-type: none"> v • Geographic • Radius from home • Time of day • Speed not to exceed 45 mi/h • Special adaptive equipment • Corrective lenses • Telescopic device • Hearing aid • Yearly vision exam • Yearly medical letter 	v		v	v vision only
New Hampshire	<ul style="list-style-type: none"> v • Corrective lenses • Mechanical aids • Prosthetic aids • Outside mirrors (for deaf persons) • Daylight only (as advised by physician) 	v	v	v	v
Ohio	<ul style="list-style-type: none"> v • Adaptive equipment • Visual correction <ul style="list-style-type: none"> • Area • Time 	v	v	v	v vision only
Oregon	<ul style="list-style-type: none"> v • Geographic • Radius from home • Designated routes <ul style="list-style-type: none"> • Time of day • Adaptive equipment • Visual correction 	v	v	v	v
South Dakota	<ul style="list-style-type: none"> • Corrective lenses • No driving outside of town • Driving within 50 mile radius of home only • Specially equipped vehicle • No night driving 	v (Cancellation, not suspension)	v	v	v

State	Disposition types the Licensing Agency may administer or recommend				
	License restrictions	Suspensions	Further testing	Periodic re-exams or medical statements	Remediation
Vermont	<ul style="list-style-type: none"> v • Time of Day • Adaptive equipment • Visual Correction 	v	v	v	
Washington	<ul style="list-style-type: none"> v • Geographic • Radius from home • Time of day • Adaptive Equipment • Visual correction 	v	v	v	
Wyoming	<ul style="list-style-type: none"> v • Mechanical controls • Prosthetic aids • Automatic transmission • Outside mirrors • Daylight driving only • Employment only • Corrective lenses • Others (medical evaluation 6 mo, mileage, radius, speed, when not on pain meds., etc) 	v	v	v	
TOTAL (N=16)	16	16	15	14	9

Table E-3

State	Are the individuals who make licensing determinations immune from legal action?		Are individuals who make fitness to drive decisions anonymous?	
	YES	NO	YES	NO
Alaska	v			v
Arkansas	v			v
California	v			v
Colorado	v			v
District of Columbia	v			v
Idaho	v			v
Michigan		v		v
Montana		v		v
Nevada		v		v
New Hampshire		v (but examiners have limited protection from liability)		v
Ohio		v		v
Oregon		v		v
South Dakota		v		v
Vermont	v			v
Washington		v		v
Wyoming	v			v
TOTAL (N=16)	8	8	0	16