

# CDL Medical Requirements and the Role of Predictive Modeling in Safety and Health Care

By DigitalCT Staff

*“The value of predictive modeling in health care is that it allows us to identify those who are at the highest risk and will most benefit from disease management programs. The goal, of course, is to improve health for those patients and to lower costs for health care.”*

**Dr. Ogian Asparouha, Chief Scientist, MEDai**

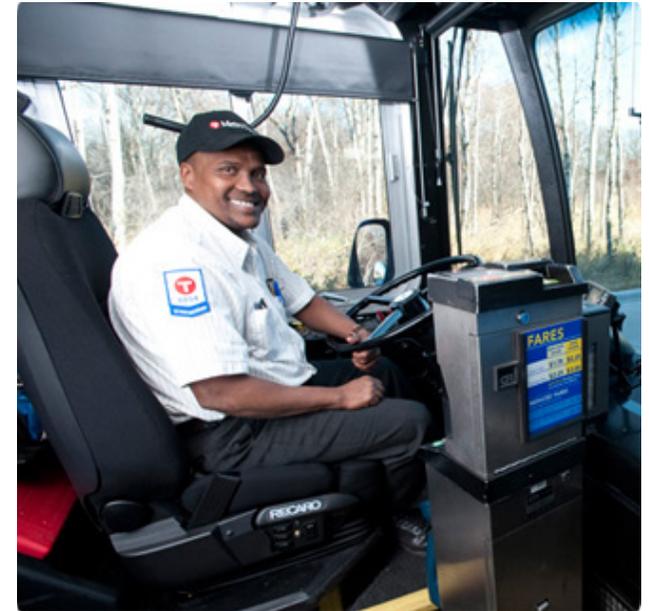
The technological advances associated with medical care have dramatically changed the way we provide health care and treatment. Predictive modeling is an analytical process that helps identify and target health care challenges in a way that can vastly improve a patient’s health and their general living situation. One of the most common of these predictive models is the relationship between early identification of high cholesterol and reductions in heart disease. Testing identifies those in high-risk groups and points them into a treatment protocol based upon diet, exercise and medication. Besides improving the quality of life, this approach saves untold number of dollars when you consider treatment for a heart attack as opposed to preventive care. As the old adage says, “an ounce of prevention is worth a pound of cure.”

Linking testing and risk factors is not without controversy and accepting these kind of linkages is sometimes difficult. There was a steady debate on the cholesterol issue for some time before this approach linking predictive factors became acceptable.

In the last several weeks an issue has arisen in the community and public transportation field over a similar use of predictive health analysis. This case involves the link between risk factors measured using the Body Mass Index (BMI), and its relationship to the sleep disorder known as Sleep Apnea. There is concern that factors such as increased BMI, among others, create potential safety issues for those operating motor vehicles, including those driving in the community and public transportation field.

## Heightened Concerns

Much of the heightened concern and awareness of this issue relates to proposed rules that go into affect in May of this year that affect the medical certification necessary for a Commercial Drivers License. If a driver is required to obtain a CDL, in almost all cases they must also receive a corresponding medical certification, officially known as a Medical Examiner’s Certificate or informally as a DOT Medical Card. A medical exam is



required to obtain the certificate, which includes testing for a number of impairments, which might place a driver at a greater risk for accidents.

SAFETEA-LU required FMCSA to replace the previous system of physicians’ certifications of drivers’ medical fitness with a new regime, as follows (this language is from Section 4116(a) of SAFETEA-LU):

*The Federal Motor Carrier Safety Administration shall: Establish and maintain a current national registry of medical examiners who are qualified to perform examinations and issue*

*medical certificates; remove from the registry the name of any medical examiner that fails to meet or maintain the qualifications established by the Secretary for being listed in the registry or otherwise does not meet the requirements of this section or regulation issued under this section; and, accept as valid only medical certificates issued by persons on the national registry of medical examiners. Further FMCSA may make participation of medical examiners in the national registry voluntary if such a change will enhance the safety of operators of commercial motor vehicles.*

FMCSA published a proposed rule concerning this requirement in December 2008. The Final Rule implementing this requirement was published April 20, 2012. The requirement for state driver licensing agencies to comply with this rule takes effect May 21, 2014.

In other words, as part of these changes, exams must be performed by medical examiners certified through the FMCSA's National Registry of Certified Medical Examiners. The registry is can be found [here](#). Failure to comply with this requirement would be a downgrade of a CDL to a regular drivers' license.

In order for medical examiners to be qualified for the National Registry, they must first undergo specific training on the physical requirements for CDL medical certification and then pass an exam. In almost all cases, medical certificates had to be supplied to the states as part of the CDL issuing process — but the new feature under this rule is

that only medical professionals on FMCSA's national registry can issue these certificates — which raises a concern among some that there may not be enough certified doctors in a given state or community. CTAA will follow this concern in the coming months.

Previously, FMCSA had advised that public transportation drivers for systems that are units of federal, state or local government had been excepted from the Medical Certification. Today, they acknowledge that many states do require the Medical Card for any CDL holder, so we urge all community and public transit systems to review their mandates with the appropriate state licensing agency.

Although there is concern about the number of certified physicians there is nothing in this regulation that alters the previous issues of how predictive modeling affects drivers who have a high BMI or related conditions. Nothing in this proposal changes the existing requirements. CT Magazine staff spoke directly with FMCA officials about this specific concern. They were clear that neither the BMI or sleep apnea disqualify a person from receiving a CDL, rather it triggers a requirement that an operator is being properly treated from a medical perspective to manage this condition. The key factor here as in other areas is to identify and manage.

### **Preventive Maintenance for Machines and Preventive Care for Operators**

Those who provide community and public transportation fully understand the relation-

ship of reducing risk when it comes to putting quality service on the street. That's why we invest in good maintenance and good training. The health of our operators is also part of our safety culture. The term *safety sensitive* positions is clearly linked to the positive outcomes that are measured in safe and reliable transportation services.

Because of the way predictive medicine has evolved we can help guarantee that safety sensitive staff are fully ready to engage their work in the best possible medical condition. Employee medical insurance like those provided through [CTAA's Insurance Store](#), are part of the solution because they create a path for treatment of conditions that are possible risks to the health of operators. A range of testing and preventative health care services is part of almost every kind of health coverage we offer. For those older operators covered by Medicare, preventive care is also high on the list of priorities. The Affordable Care Act also makes prevention a priority both to improve patient quality of life and cost.

Everyday there are advances in health care, especially in preventive medicine. Today's testing represents a foundation for continuing change where more and more illnesses and diseases can be identified and treated early. Since people are such an essential element to the delivery of community and public transportation services, this linkage will only become more important. In the end, it gives us a new kind of competitive edge.



**The Big Question: Have the Medical Requirements Changed?**

While many medical examiners are becoming more aware of the existing requirements and thereby disqualifying some drivers who were previously certified by examiners unaware of the CDL medical requirements, nothing has specifically changed with the May 21, 2014 date.

As FMCSA states on their website:

**Question:** *Are there new regulations regarding a driver's body mass index (BMI), body fat ratio, weight, neck size, and sleep apnea?*

**Answer:** *Despite rumors to the contrary, no. While research was recently released stating that a driver's BMI is a risk factor for identifying sleep apnea, neither the Federal Motor Carrier Safety Administration (FMCSA) nor the Compliance, Safety, Accountability program currently has any rules that restrict who can be a commercial motor vehicle driver based on BMI or weight, or neck size.*

According to FMCSA officials we spoke with, it is true that Sleep Apnea is a growing safety concern at the agency and that they

want to ensure that DOT-certified doctors are identifying sleep-apnea risk factors and ensure that CDL drivers at-risk are getting proper treatment. Sleep Apnea will not be, accord-

ing to the agency, an automatic failure of the medical exam. Rather, it will trigger (expensive) sleep studies and then treatment before a driver successfully passes the exam. **CT**

**A CDL Refresher**

Since the adoption of the Commercial Motor Vehicle Safety Act of 1986, drivers operating a passenger vehicle of 16 or more passengers (including the driver) must obtain a Class C Commercial Driver's License (CDL). Additionally, many states require drivers operating vehicles carrying between eight and 15 passengers to obtain a CDL.

Here is a quick refresher on when a CDL is required:

- If they operate a motor vehicle with a gross vehicle weight rating (GVWR), gross combination weight rating (GCWR), gross vehicle weight (GCW), or gross combination weight (GCW) of 4,536 kilograms or more in interstate commerce.
- If they operate a motor vehicle designed or used to transport more than 15 passengers (including the driver) in interstate commerce.
- If they operate a motor vehicle designed or used to transport between 9 and 15 passengers, for direct compensation, beyond 75 air miles from the driver's normal work-reporting location, in interstate commerce
- If they transport hazardous materials, in a quantity requiring placards, in interstate commerce.